Telehealth Tuesday: Telehealth, Virtual Services & Person-Centeredness

TRUDY BEARDEN, PA-C

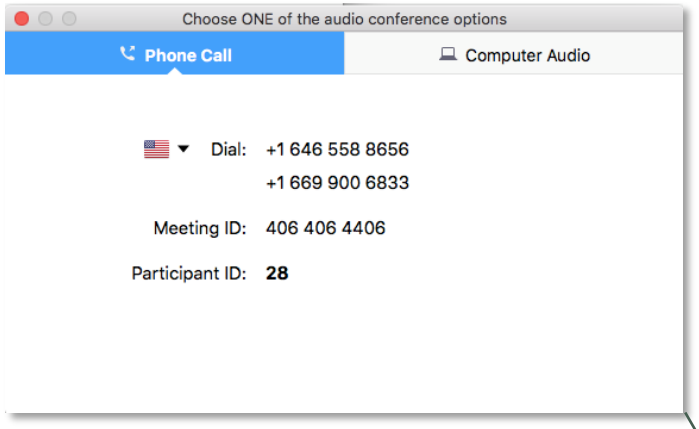
APRIL 20, 2021

Zoom tips and tricks!

CHAT: Please jump in if you have something to share, but we also have this nifty chat function.

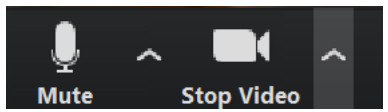
ATTENDANCE: If there are multiple attendees together on the call, please list the names and your location in the chat box

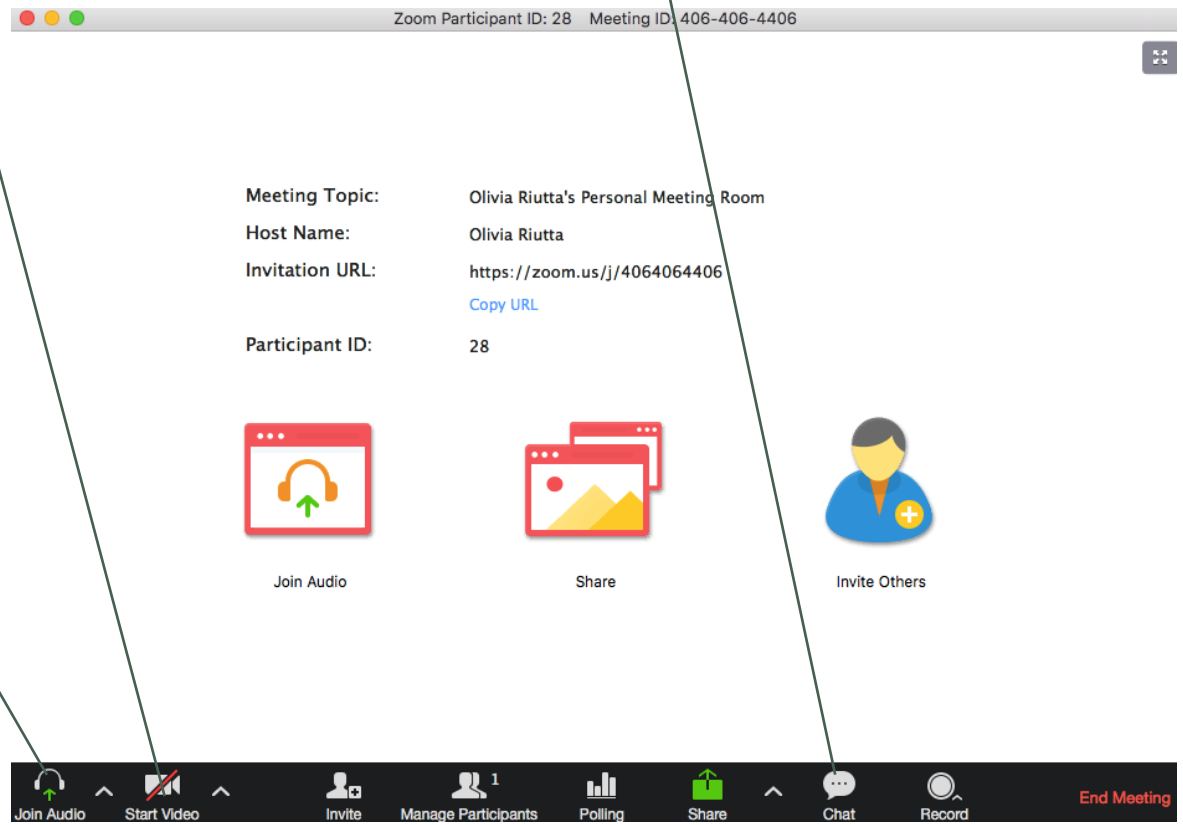
VIDEO: We want to see you!
If your camera isn't on, start your video by clicking here.



AUDIO: You can use your computer speakers or your phone for audio. The phone is generally better quality. If you click "Join Audio," this "Choose one…" box will pop up. If you dial in, just make sure you include your audio code.

MUTE/UNMUTE: *6 or click the mic on the bottom left of your screen.





Upcoming HCCN Sessions

TELEHEALTH TUESDAY SESSIONS

3rd Tuesday of each month at 11:00 a.m.

May 18: Remote Patient Monitoring for Patient Care

June 15: Privacy and Security Considerations with Telehealth

HIPAA Webinar Series with Susan Clarke
Thursday, June 17 at 11:00 a.m.
Thursday, September 16 at 11:00 a.m.
Thursday, December 16 at 11:00 a.m.

OTHER HCCN EVENTS

Azara DRVS User Group
3rd Thursday of the month at 10:00 a.m.

May 20th: DRVS Playbook/DRVS for Quality Review

June 17th at 10:00 a.m.: PVP

CURES Act Compliance: Policy Review Webinar
April 21st 11:00 a.m.

Big Sky Care Connect Outreach & Q&A
April 29 at 1:00 p.m.

MPCA Events

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Telehealth, Virtual Services & Person-Centeredness

Trudy Bearden, PA-C

Senior Consultant/Telehealth Lead

April 20, 2021

Learning Objectives

- Take a deep dive into the person-centered aspects of telehealth
- Explore patient-centered workflows and best practices
- Expand access by considering other options for remote service delivery

Telehealth and Virtual Service Options

- Telehealth
- Telephone Evaluation and Management (E/M) (only during PHE)
- Virtual Communication Services: virtual check in and remote evaluation of pre-recorded patient information
- E-visits – Online Digital Evaluation Services
- Remote physiologic monitoring
- Chronic and principal care management
- Behavioral health integration and CoCM
- Interprofessional consultation

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On the edge of our seats…

- Norris Cochran, current Acting Secretary of Health and Human Services, indicated in a Jan 22, 2021 letter to state Governors that the Department intends to **extend the declaration of a Public Health Emergency (PHE) through at least the end of 2021**.
- "Among other things, the PHE determination provides for the ability to streamline and increase the accessibility of healthcare, such as the practice of telemedicine."

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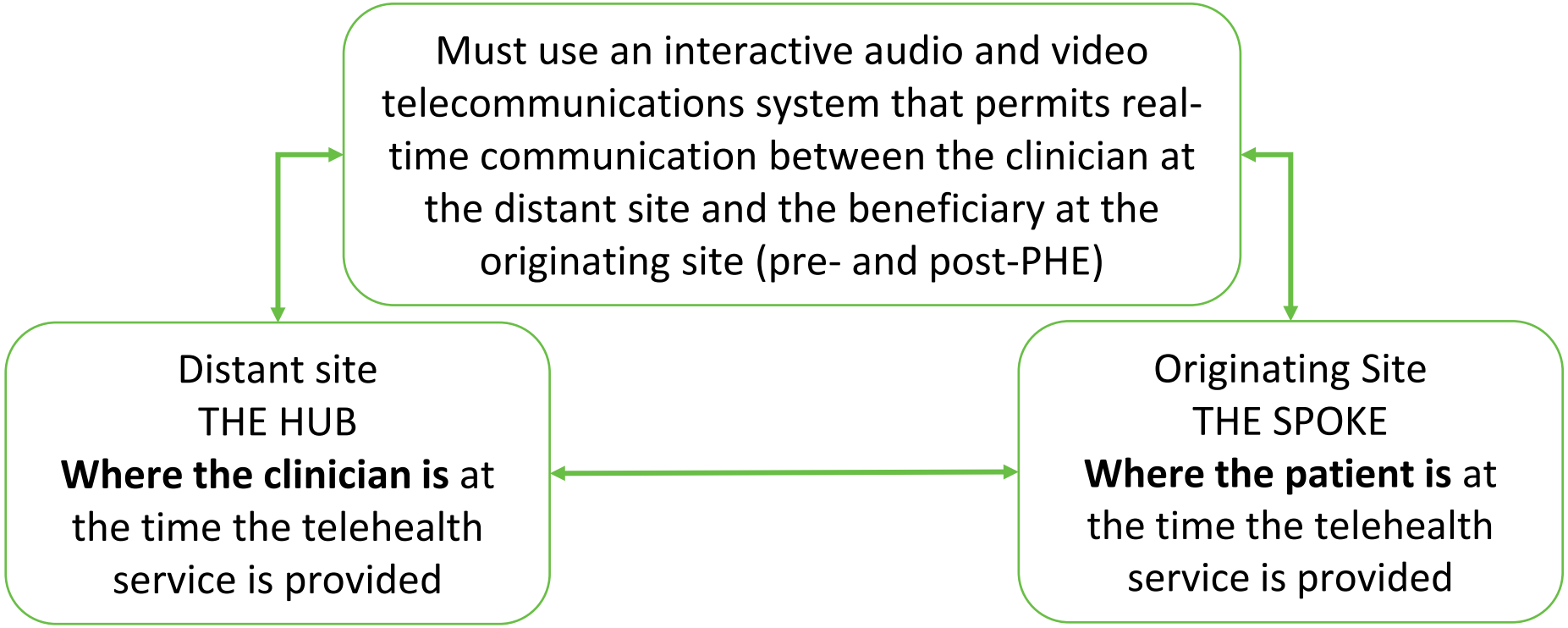
https://ccf.georgetown.edu/wp-content/uploads/2021/01/Public-Health-Emergency-Message-to-Governors.pdf

Telehealth Services



Originating Site Fee
Q3014 → $27.02

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Telehealth Options

Medicare Beneficiaries

- CMS Telehealth List of Services
  - ~ 270 during the public health emergency – usually ~ 110.
  - Physician Fee Schedule Look-Up Tool
  - MT Medicaid Physician Fee Schedule
- Center for Connected Health Policy - Montana

List of Telehealth Services

List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth.

List of Telehealth Services for Calender Year 2021 (ZIP) - Updated 03/30/2021

Trudy is not a billing expert; nothing today should be construed as billing advice. Check EVERYTHING with your biller/coder!

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Telehealth Options

Medicare Beneficiaries

- New & Established E/M Visits
  - 99202-99215 (99201 was deleted starting in 2021) – G2025 FQHC/RHC
  - Note as of 2021 → codes can be based on encounter time

Code	Encounter Time
99202-New Level 2	15-29
99203-New Level 3	30-44
99204-New Level 4	45-59
99205-New Level 5	60-74
99211-Est Level 1	0-9
99212-Est Level 2	10-19
99213-Est Level 3	20-29
99214-Est Level 4	30-39
99215-Est Level 5	40-54

Time component includes total non-face-to-face and face-to-face time per patient per 24-hour day; documentation should include the total number of minutes spent and how that time was accrued.

Activities that count toward the encounter time:

- Preparing to see the patient (e.g., review of test results, pre-visit planning)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluations
- Counseling and educating the patient/family/caregiver
- Documenting clinical information in the medical record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (as long as it is not reported separately)

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Telehealth Service Details G2025 - $99.45

New and established E/M visits (As per the CY 2021 Physician Fee Schedule Final Rule 99201 is deleted.)

Advance care planning (ACP) 30 min AND additional 30 min: RNs can provide portions of ACP (CMS' Advance Care Planning Fact Sheet and FAQs (check question #4 "Who can perform ACP services?"))

Transitional care management (TCM) – 7 days and 14 days (CMS TCM FAQs, CMS has not yet updated the TCM Fact Sheet)

Initial and subsequent annual wellness visits (AWV): RNs can conduct several elements of these visits and can execute ongoing processes to ensure Medicare beneficiaries continue to receive their AWVs. (CMS' Medicare Wellness Visits Quick Start Guide)

- **Medical nutrition therapy** (MNT) – individual and group
- **Diabetes self-management training** (DSMT) – individual and group
- **Chronic kidney disease patient education** – individual and group

Unsure about "group" for health centers as they traditionally can only deliver the individual sessions.

Counseling visit to discuss need for lung cancer screening using low dose CT scan (CMS' Medicare Coverage of Screening for Lung Cancer with Low Dose Computed Tomography)

Treatment for opioid use disorder – several codes and services

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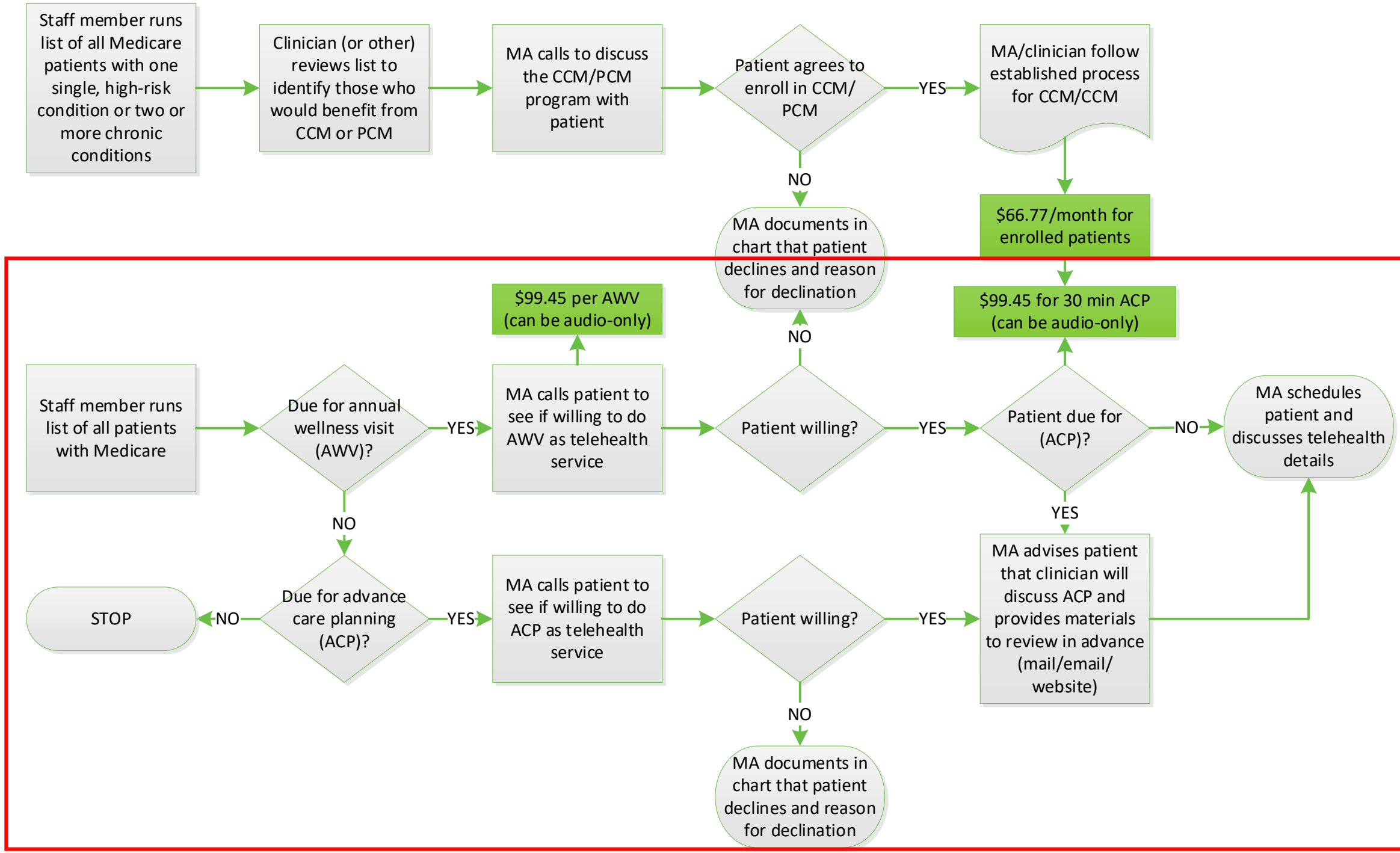
Telehealth Service Details G2025 - $99.45 MAYBE…

Smoking and tobacco use cessation counseling visit – 3 – 10 min AND > 10 min
Alcohol and substance use assessment/intervention 15 – 30 min AND > 30 min
Annual alcohol misuse screen AND behavioral counseling for alcohol misuse
Annual depression screening
Intensive behavioral counseling for cardiovascular disease
Behavioral counseling for obesity
High intensity behavioral counseling to prevent sexually transmitted infection


Staff member runs list of all Medicare patients with one single, high-risk condition or two or more chronic conditions
Clinician (or other) reviews list to identify those who would benefit from CCM or PCM
MA calls to discuss the CCM/PCM program with patient
Patient agrees to enroll in CCM/ PCM
YES
NO
MA/clinician follow established process for CCM/CCM
$66.77/month for enrolled patients
MA documents in chart that patient declines and reason for declination
$99.45 per AWV (can be audio-only)
$99.45 for 30 min ACP (can be audio-only)
Staff member runs list of all patients with Medicare
Due for annual wellness visit (AWV)?
YES
NO
MA calls patient to see if willing to do AWV as telehealth service
Patient willing?
YES
NO
Patient due for (ACP)?
NO
YES
MA schedules patient and discusses telehealth details
STOP
NO
Due for advance care planning (ACP)?
YES
MA calls patient to see if willing to do ACP as telehealth service
Patient willing?
YES
NO
MA advises patient that clinician will discuss ACP and provides materials to review in advance (mail/email/ website)
MA documents in chart that patient declines and reason for declination

FQHC Telehealth Billing Resources

- New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency
- Rural Crosswalk: CMS Flexibilities to Fight COVID-19
- COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing – note section M "Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)"
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): CMS Flexibilities to Fight COVID-19

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Workflow – Short List of Considerations

- Map the process for scheduling, getting information to the patient and supporting the patient to attend a virtual visit (and more!)
- Find a solution for huddles and pre-visit planning
- Identify and address preventive and chronic gaps in care
- Clarify who will document what in the patient chart and how , while optimizing team-based care.
- Focus on aspects of workflows that impact patients' experiences and/or that are patient-facing
- Identify situations where handoffs are likely to occur and outline the step-by-step process

Standard, written workflows are even more important when working virtually to ensure patient safety, quality and efficiency. Telehealth visits are the same as in-person visits only they are conducted using audio and video and have a few challenges like performing physical exams.

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Equity

Telehealth Barriers and Potential Solutions for Patients

- While telehealth can expand access, it also exacerbates health inequity.
- To engage in telehealth, patients need the following.
  - Private, quiet, safe space
  - Device with camera and microphone
  - Stable internet with adequate bandwidth
  - Someone to help those with limited digital proficiency
- Use the following slides to consider and find potential solutions for your patients

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Equity

Telehealth Barriers and Potential Solutions for Patients

Connectivity – lack of internet connection or data plan

- Identify federal or state programs to help pay for internet (e.g., FCC Lifeline Support for Affordable Communications, EveryoneOn, National Digital Inclusion Alliance)
- Provide pre-paid phones
- Dispense pre-paid data or internet/wireless service cards
- Provide mobile hot spots
- Work with the local partners to find community-based solutions that can provide connectivity and more (e.g., library, senior center, places of worship, employers)

Connectivity – lack of broadband in patient's location

- While this may be a difficult barrier to overcome until reliable, high-speed broadband is available in the patient's location, consider lack of broadband as social determinant of health and document as structured data for future reference (e.g., we do not keep offering telehealth visits if in the same location) and for possible reports.
- Develop a broadband availability map using available sources for majority of the geographic area served by the health center.
- Check into Starlink to see if it is an option in your/your patients' area.

Equity

Telehealth Barriers and Potential Solutions for Patients

Lack of phone/data plan to talk on phone

- Provide pre-paid phones and/or data plan cards
- Call patients at the beginning of the month/cycle when they are likely to still have minutes – with their permission to use those minutes for the call we are making
- Use a mobile or landline phone at a community-based option

Lack of device with camera and microphone

- Have staff deliver device to patients' homes (and help with navigating technology) Off-Site Video Collaboration – 3-min video on how this can work
- Consider a mail-to-patient option that provides easy option for the patient to return the device
- Direct the patient to nearby community-based locations that have agreed to help/host with telehealth visits

Equity

Telehealth Barriers and Potential Solutions for Patients

Low digital proficiency

- Offer practice virtual visits
- Make allowances (e.g., more time) – reassure patient that it will get easier with time
- Send clear easy to read/understand instructions in advance by mail
- Provide training if patient is interested
- Provide staff (e.g., community health worker, promotora) to patient's location to help navigate the technology
- Direct the patient to nearby community-based locations that have agreed to help/host telehealth visits
- Ask if family/caregivers can help

Cognitive impairment and those with intellectual/developmental disabilities

- Request having family/caregiver join
- Consider whether virtual service is the best option if patient can make it to health center
- Speak slowly and clearly – send post-visit notes and treatment plan by mail

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Equity

Telehealth Barriers and Potential Solutions for Patients

Language/translation needs

- Know and connect with translation services; have arranged and ready to go at time of call (e.g., Process to Add Interpreter to Zoom)
- Note that this can be a significant barrier and depending on a clinic's patient population, arranging and coordinating translation services can be complex and time-consuming

Hearing impaired

- Speak clearly and help patient turn up volume; ask patient if speaking louder is helpful
- Ensure patient has headset with noise cancelling feature to block out ambient noise; send patient a headset if they do not have one
- Check with patient beforehand if telehealth is the best option and/or what other accommodations can be made

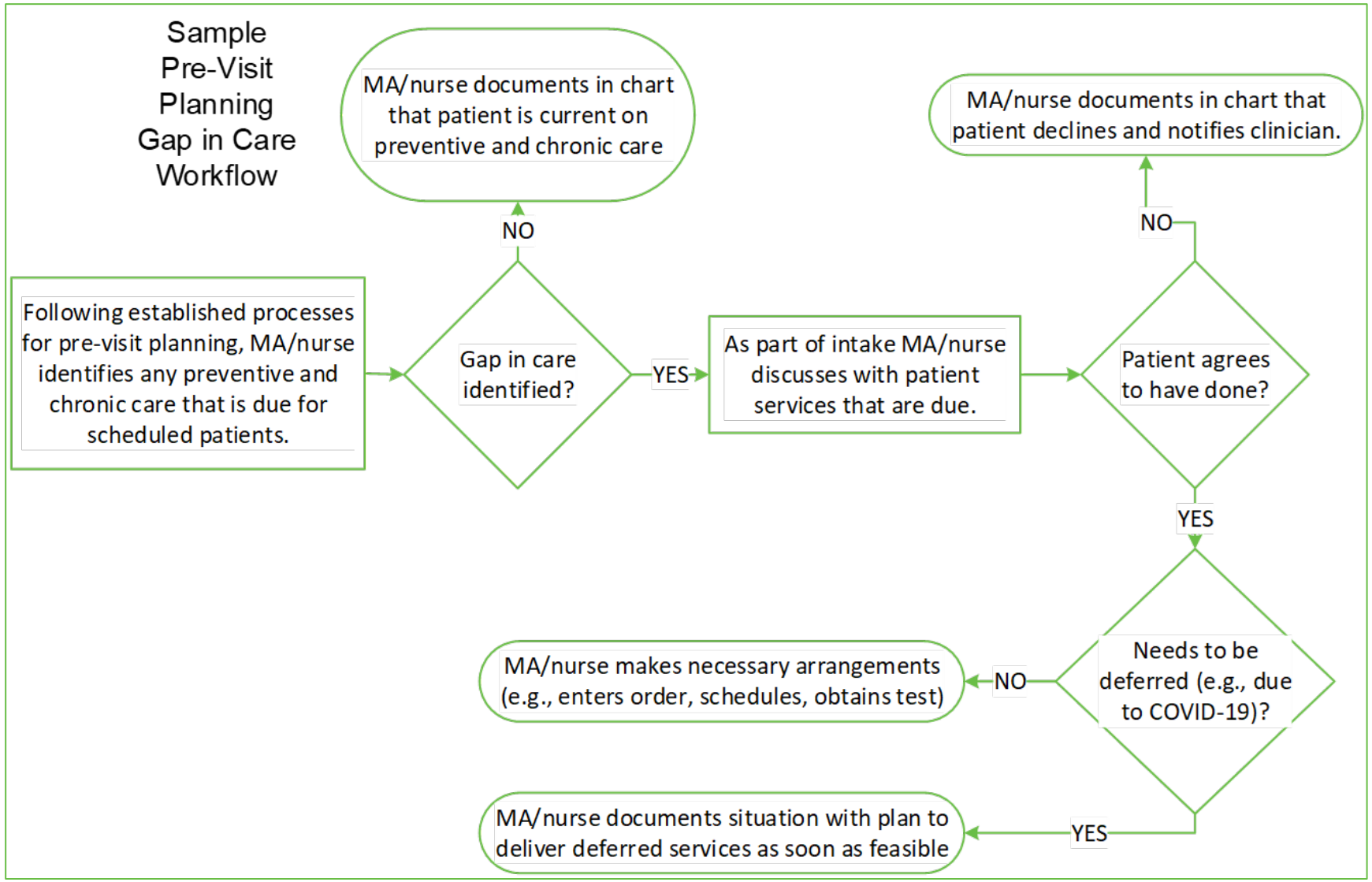
Private quiet place that is safe

- Talk to the patient about safe options – if there are none, the team may need to accommodate the best the patient can do
- If possible, direct the patient to nearby community-based locations that have agreed to help/host telehealth visits

Homelessness

- Bring device to people who are homeless to engage in telehealth visits

Simplified Pre-visit Planning Workflow Example



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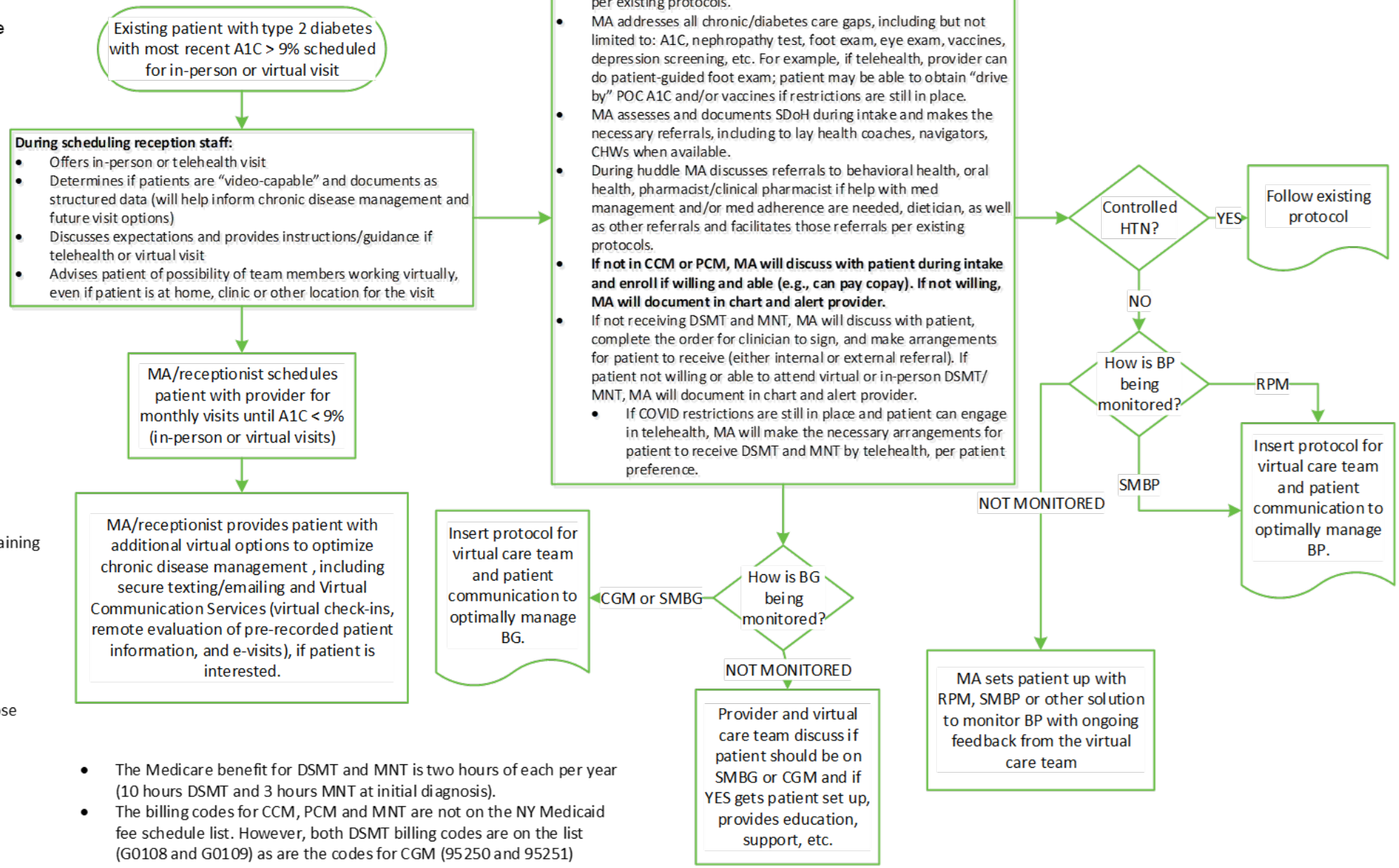
Sample Workflow for the Virtual Care Team for Chronic Disease Management for Uncontrolled Diabetes



Acronyms

BG – blood glucose
BP – blood pressure
CCM – chronic care management
CGM – continuous glucose monitoring
DSMT – Diabetes Self-Management Training
HTN – hypertension
MA – medical assistant
MNT – Medical Nutrition Therapy
POC – point of care
PCM – principal care management
RPM – remote physiologic monitoring
SDoH – social determinants of health
SMBG – self-monitoring of blood glucose
SMBP – self-measured blood pressure

- The Medicare benefit for DSMT and MNT is two hours of each per year (10 hours DSMT and 3 hours MNT at initial diagnosis).
- The billing codes for CCM, PCM and MNT are not on the NY Medicaid fee schedule list. However, both DSMT billing codes are on the list (G0108 and G0109) as are the codes for CGM (95250 and 95251)

Before the Tele-Visit (Way Before)

- How do patients know their options? What is standard scripting when patients call to schedule an appointment? Expectations?
- What's the best way to get the word out? 7 x 7…
  - Website
  - Posters in clinic
  - Patient partners
  - On hold message
  - Reception staff
  - Text/email/mail campaign
  - What else?
- Outreach and empanelment (e.g., high-risk individuals)

Words matter! Consider "Patients need to be educated about telehealth" vs. "How can we best support patients with telehealth?"

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Before the Tele-Visit
Possession → 9/10s of the… ☺

- "Do you have a smartphone, tablet, or desktop computer with camera and internet? If patients have one of the three, they can be considered "video-capable." → track it – know who has what: options – audio and video vs. audio only
- Consider as social determinant of health?
- Solutions?
  - Community-based solution to ensure video-capability
  - Employer solution
  - Deliver tablets to patients that lack them
  - Onsite support for high-risk patients
  - What else?

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Before the Tele-Visit
Accommodations

- Hearing/vision impaired
- Cognitive impairment (for whatever reason)
- Language/translation needs
- Limited digital proficiency – learning curve
- Solutions?
  - Non-clinician caregivers, patients' family members – may be platform specific
  - Health care ambassadors
  - Practice visits
  - Translation services (e.g., Zoom)
  - In-person visit
  - What else?

"Most of my video visits are spent looking at the ceiling fan."

Ikram, U et al. 4 Strategies to Make Telehealth Work for Elderly Patients. Harvard Business Review. 2020.11.24.

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Technology – Back Up Plans – Written?

- Don’t have the link
  - How is it sent? Email – does that work for everyone? Text – do participants know how to “find” it?
- Can’t connect – how will you trouble shoot?
- Glitchy video
- Poor audio quality - yours and theirs
- Emergency situations… need to call 911 – or the number in their area!!
- Build in time and assume that the first few sessions may be a bit technobumpy ☺

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Day of Tele-Visit - Processes

- How optimized is our workflow from our patients' and staff perspective?
  - Remember those shoes?
  - Map the workflow. Confirm. Measure. Improve. Measure.
- Is the care team optimized for telehealth?
- How are we huddling?
- How do we know what can be better?
  - Feedback – best practices: make it easy, collect a lot, do it immediately, act on it, circle back, make sure changes result in improvement, hardwire the change, measure

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Day of Tele-Visit

- What person-centered information do we need at our fingertips before initiating the tele-visit?
  - Possesses what is needed for telehealth?
  - Needs accommodations?
  - Has proficiency? Successfully attended telehealth visit before?
  - Know preventive and chronic care gaps and who will address what and how; what is the plan for deferred services?
  - Info on co-pay or out-of-pocket expenses
  - What else?

During Tele-Visit (Techno-Human Stuff)

- ✓Clear identification of each member on the care team for the patient
- ✓Consent – who does it, how documented?
- ✓Documentation – scribing, two screens, etc.
- ✓Camera – placement and eye contact – explain to patient what's going on (pro tip from our patient advisors!)
- ✓Background – what does the patient see and hear?
- ✓Mic and sound check for both "parties"
- ✓Stable internet/connection & back-up plan if not
- ✓On hand support and plan for all "techno-problems"
- ✓Acknowledge when others speak

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Quality Assurance

- How do we ensure all patients receive the same high value of service regardless of gender, race, insurance, clinician, etc.?
- What is your “telehealth perspective”?
  - Effective modality for health care service delivery
  - Not a stop-gap during the public health emergency
- Inequity and barriers – doesn’t quite belong here but…
- Training

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The Person-Centered Side of Telehealth Billing

- Acknowledge that patients may not understand why they have to pay the same amount for a telehealth visit as an in-person visit
- BE TRANSPARENT
- Know before the visit what the patient's payments will be
- Let patients know in advance what the amount will be
- Make it easy to pay deductibles and co-pays
  - What is your workflow? Best practice is to collect co-pays prior to the visit as part of check in
- Know what the requirements are for MT Medicaid

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Takeaway

- We often have blind spots about how we can be more person-centered, but all it takes is heightened awareness, and we can make impactful changes.

Telehealth and Virtual Service Options

✓Telehealth

- Telephone Evaluation and Management (E/M) (only during PHE)
- Virtual Communication Services (VCS): virtual check in and remote evaluation of pre-recorded patient information
- E-visits – Online Digital Evaluation Services

G0071 - $23.73 for VCS, including e-visits

- ~~Remote physiologic monitoring~~ but…all 5 codes on MT fee schedule
- Chronic and principal care management
- Behavioral health integration and CoCM
- ~~Interprofessional consultation~~ but…

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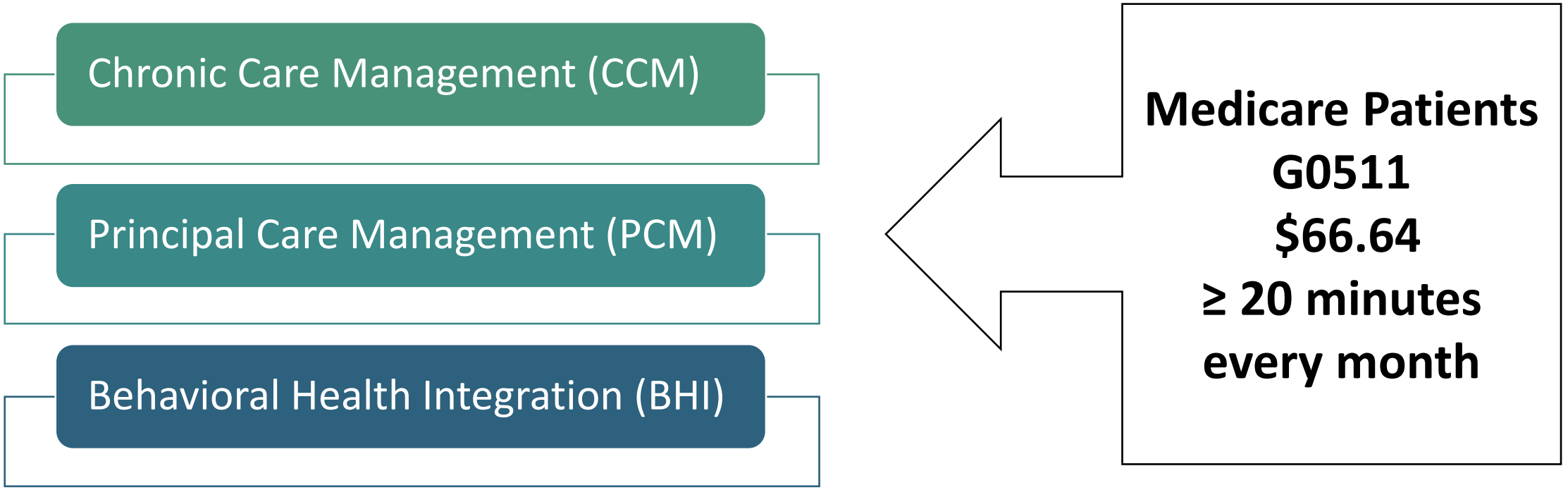
CCM, PCM & BHI for FQHCs



As of Jan 1, 2021 FQHCs can provide and bill for PCM

Behavioral Health Integration (BHI) and Psychiatric Collaborative Care Services (CoCM)

Cheat Sheet on CMS Medicare Payments for Behavioral Health Integration Services - Rural Health Clinics

&

CMS MLN Booklet Behavioral Health Integration Services

Behavioral Health Integration	Psychiatric Collaborative Care Model
G0511 (~$67)	G0512 (~$157)
≥ 20 minutes every month	≥ 70 minutes in the first calendar month and ≥ 60 minutes in subsequent calendar months
Can be furnished by auxiliary personnel under general supervision	Team must include: the treating provider, a behavioral health care manager, and a psychiatric consultant.

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Questions and Discussion

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Thank you!

Telehealth Funding Opportunities

ROUND 2 COVID-19 TELEHEALTH PROGRAM PORTAL OPENS APRIL 29TH

Round 2 of the Telehealth Program will provide an additional $249 Million to support health care providers and patients

This funding is intended to support up to 100% of providers' costs to provide telehealth and connected care services to patients at their homes or in mobile locations in response to the pandemic.

Health Centers can apply for funding for the following uses to provide critical connected care:

- Telecommunications
- Internet Access Services (Voice, Data and Mobile Data)
- Devices (normally not funded)
- Devices must be connected
- Must be health care devices like blood pressure monitors with a clear health care purpose
- FCC won't fund devices at home that collect information with manual reporting

For additional information on eligibility and the application process, review the Application Process Guidance available on the Universal Service Administrative Company's COVID-19 Telehealth Program webpage at https://www.usac.org/about/covid-19-telehealth-program/

DISTANCE LEARNING AND TELEMEDICINE (DLT) PROGRAM GRANTS

The United States Department of Agriculture (USDA) recently announced that it is accepting applications for Distance Learning and Telemedicine (DLT) Grants program to help provide educational and medical services in rural areas. The DLT program helps fund distance learning and telemedicine services in rural areas to increase access to education, training and health care resources that are otherwise limited or unavailable.

USDA plans to make $44.5 million available in fiscal year 2021. Of this amount, $10.2 million is intended for projects that provide substance use disorder treatment services in rural areas.

Eligible applicants include most state and local governmental entities, federally recognized tribes, nonprofits, and for-profit businesses. Applications must be submitted electronically through grants.gov **no later than June 4, 2021**.

DLT program includes capital grant for equipment, software and broadband facilities. Rural focus, but urban providers can participate

15% Matching Funds are required

HCCN Health Center Controlled Network

MPCA

Emergency Broadband Benefit Program

WHAT IS THE BENEFIT?

- Up to $50/month discount for broadband services;
- Up to $75/month discount for broadband services for households on Tribal lands; and
- A one-time discount of up to $100 for a laptop, desktop computer, or tablet purchased through a participating provider.
- The Emergency Broadband Benefit is limited to one monthly service discount and one device discount per eligible household.

WHO IS ELIGIBLE?

A household is eligible if one member of the household:

- Qualifies for the Lifeline program, including those who are on Medicaid or receive SNAP benefits;
- Receives benefits under the free and reduced-price school lunch program or the school breakfast program, including through the USDA Community Eligibility Provision, or did so in the 2019-2020 school year;
- Experienced a substantial loss of income since February 29, 2020, and the household had a total income in 2020 below $99,000 for single filers and $198,000 for joint filers;
- Received a Federal Pell Grant in the current award year; or
- Meets the eligibility criteria for a participating provider's existing low-income or COVID-19 program.

Please check the FCC's website here for more information.

Questions?

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