

Conducting a Primary or Acute Care Telemedicine Visit

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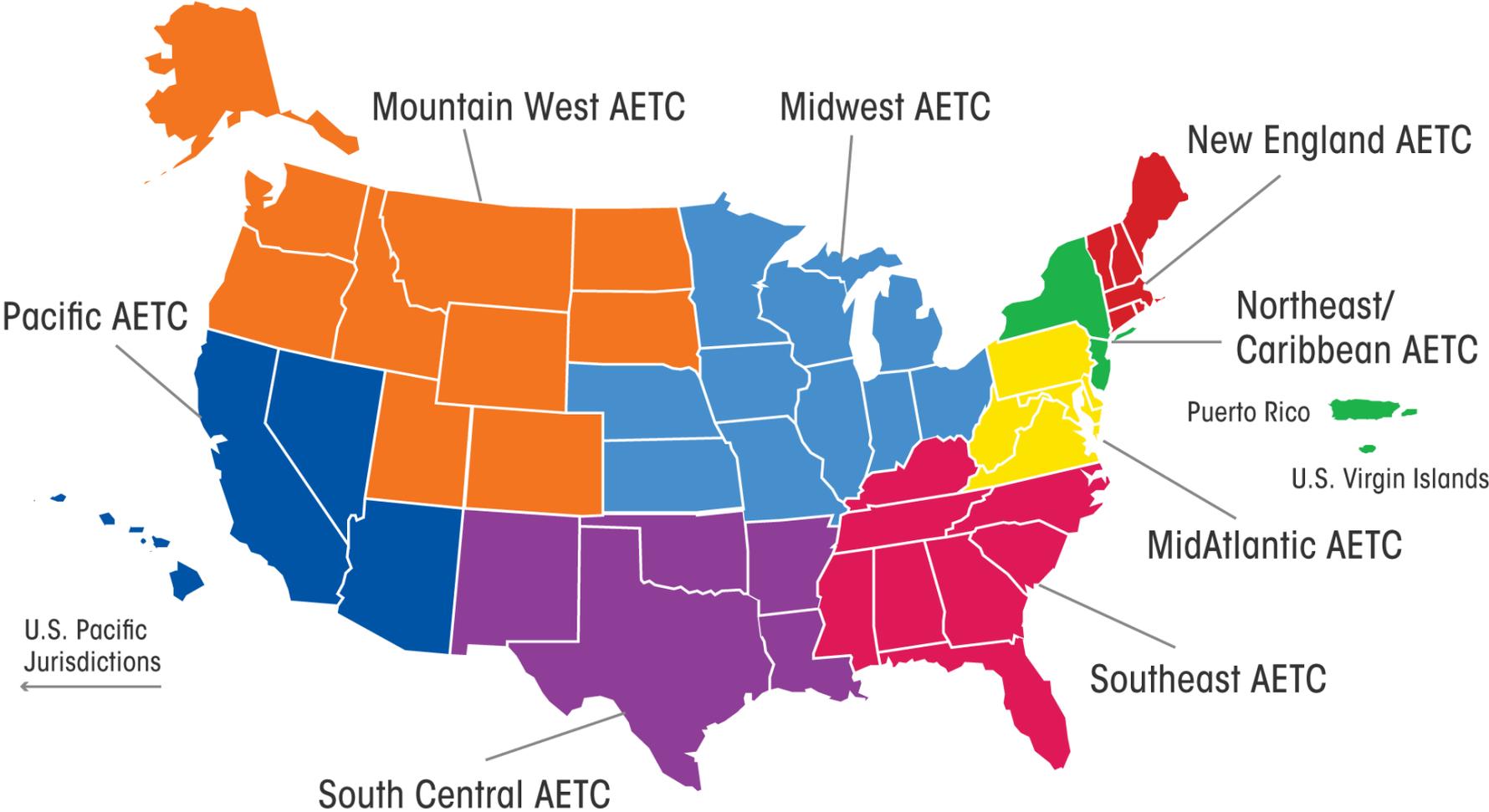
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- Thanks to John Nelson, PhD for use of some of his slides



AETC Regional Training Centers



mwaetc.org/

aidsetc.org/about



Disclosures

In the last year, I have served as a consultant to Gilead Sciences and Premera.

Objectives

- To understand tactics to develop a well-rounded telehealth program: move telemedicine into part of your standard operations
- To outline the elements of documentation of a telemedicine visit
- To understand considerations of health equity in your telemedicine program and proactively & reactively address patient barriers
- To outline infrastructure components needed to support ongoing success of your telehealth program

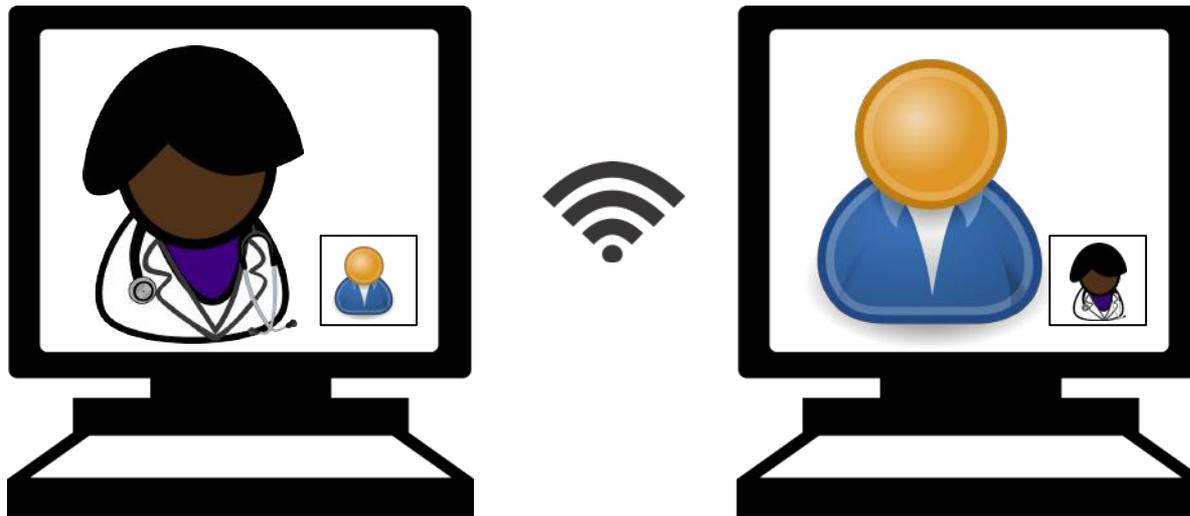
Telehealth Definition

“The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration.”

([HRSA](#), 2020)

Telemedicine Definition

“Two-way, real time interactive communication between the patient, and the ...practitioner at the distant site. The use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.”
(CMS, 2020)



Telehealth and HIV Care

- Telehealth helps to bridge that gap, in terms of both direct patient–provider contact and training local primary care providers to offer comprehensive HIV care thereby expanding the clinical HIV workforce.
- To keep pace with advances in technology and improve care delivery to hard-to-reach clients, the Health Resources and Services Administration’s Ryan White HIV/AIDS Program (RWHAP) supports programs that supplement traditional HIV care with telehealth.

*Laura W. Cheever, M.D., Sc.M. Associate Administrator for the HIV/AIDS Bureau, HRSA
[CAREAction Newsletter October 2019](#)*

Bedak J, et al. The impact of COVID-19 on HIV care provided via telemedicine – past, present, and future. [Current HIV/AIDS Reports](#) (in press).

Telemedicine and Quality of Care

- Increased quality health care while reducing demand on resources (time and cost)
- Direct telehealth has been shown to result in similar positive health outcomes as “in-person” care
- Similar clinical outcomes including treatment adherence, quality-of-life, psychological and emotional status for people with HIV taking antiretroviral therapy (ART) compared to “in-person” care



HRSA. 2019. Telehealth Programs. www.hrsa.gov/rural-health/telehealth/index.html.

Young J, et al. 2019. IDSA Position Statement on Telehealth and Telemedicine as Applied to the Practice of Infectious Diseases. *Clin Infect Dis* 68(9):1437–43.

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Dandachi D, et al. 2019. Integration of Telehealth Services in the Healthcare System: With Emphasis on the Experience of Patients Living with HIV. *J Investig Med* 67(5):815–20.

What is/not appropriate for telemedicine?

Good use cases:

- Follow-up of chronic conditions such as mental health concerns, well-controlled HIV, HTN, DM, obesity and COPD
- Discussion of test results (labs, imaging)
- Counseling about diagnostic and therapeutic options
- New or established patients with skin conditions

Not so good use cases:

- Anything requiring a procedure
- Abdominal pain
- Eye complaints
- Gynecologic complaints
- Highly nuanced care or multiple complex problems
- Any situation in which the physical exam would change your recommendation or treatment plan

Know the Law in Your State or Territory

Keep in mind

- What is “legal” and what is “reimbursed” are not always the same
- What is allowed by state law may not equate to specific professional licensure regulations
- Many states relaxed *temporarily* licensure requirements

Specific issues to note

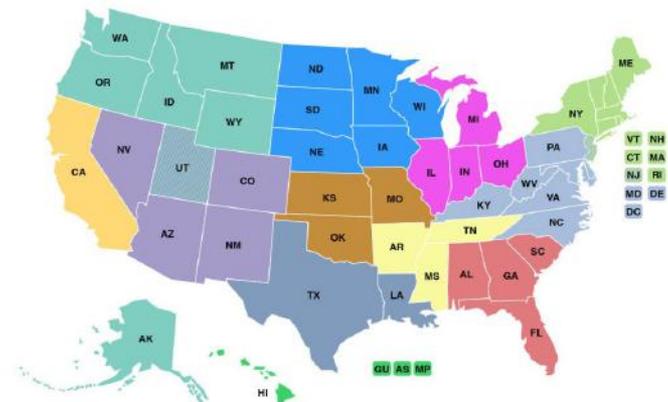
- Can a provider establish care (initial visit) via telemedicine?
- Restrictions about where patient and provider are physically located during visit?
- Can telemedicine be provided via telephonic (audio only) or requires both audio and video communication?
- Restrictions when a provider requires “supervision” by another provider?
- Prescribing of controlled substances (Ryan Haight Act)

Policy and Law Resources

- <https://www.cchpca.org/telehealth-policy/cross-state-licensing>
- AMA Telehealth Implementation Playbook.
<https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>
- <https://www.hrsa.gov/rural-health/telehealth/resource-centers>
- <https://www.nrtrc.org/>
- <https://www.fsmb.org/>
- <http://ctel.org/>

Telehealth Resource Centers (TRCs)

If you are a provider looking for technical assistance, please contact the regional TRC in your state. You can also visit the websites of the [national TRCs](#) for additional resources focused on technology assessment and telehealth policy.



Sample Telemedicine Workflow

Before the Visit

- **Identify Patients**
 - Determine how clinic identifies telemedicine candidates
 - Have screening criteria for when patients request telemedicine
 - Use scripting to discuss telemedicine with patients and set expectations
- **Schedule Appointment**
 - Template telemedicine visits; throughout the day, in a block, etc.?
 - Clearly identify appointment is via telemedicine when scheduling; eg. specific visit type, etc.
 - **Best Practices:** Identify whether interpreter is needed; Identify a callback number for patients in case there are connection issues
- **Educate Patients**
 - Provide instructions on how to do telemedicine
 - Provide necessary materials; ex. links to platform etc.
 - **Best Practice:** Provide appointment confirmation messages and reminders

Have clearly defined roles and responsibilities for each step



Telemedicine Workflow

Day of the Visit: Checking in – Handoff to Provider

- **Check in Patients**

- Determine when patients will be checked in for visits; before appointment, beginning of day, etc.?
- Determine what check-in processes can be done remotely; ex. insurance verification, collection of copays, patient consent etc.?

- **Perform Intake**

- Connect interpreter if needed
- Document, verify, and/or complete typical intake elements; ex. reason for visit, allergies, pharmacy, medication reconciliation
- Collect patient reported vitals such as blood pressure, heart rate, temperature, and weight. Note that these were “patient reported”.
- **Best Practice:** Know how to troubleshoot connection issues for patients, get their phone number and where they are (in case you have to call 911)

- **Handoff to Provider**

- Determine process for signaling intake is complete and patient is ready for provider
- Determine what to do with patients during handoff; ex. virtual waiting rooms

Telemedicine Workflow

Day of the Visit: Provider

- **Reiterate Consent**
 - Explain telemedicine's risks and benefits and obtain verbal consent
 - Be ready to end visit and reschedule if you determine visit is not appropriate for telemedicine
- **Perform & Document Visit**
 - Document visit summary and follow up care
 - Order any necessary prescriptions, tests, etc.
 - Document clearly that visit was done via telemedicine
 - Enter necessary CPT codes and modifiers

Visit Logistics

- Good environment
 - Front lighting, quiet, consider what's in your bkgd.
- Introduce yourself/show badge/scan room
- Camera placement
 - Eye level
- Professional clothing
- Do NOT record!!!



Which background is preferable?



Consent and Documentation

Example: Language for Telemedicine's risks and benefits

"I cannot provide the same evaluation as in a face to face visit. I may need you to come in for further evaluation or care."

"The technology is encrypted and secure; however, no technology is 100% hack-proof. In addition, the technology is dependent on a reliable Internet connection."

"If at any time you would like to be seen in-person, we will terminate the visit and connect you to the most feasible in-person care."

Example: Telemedicine Dot Phrase

Distant Site Telemedicine Encounter

I conducted this encounter from {entity name} via secure, live, face-to-face video conference with the patient.

*{Patient name} was located at *** with {enter who was present with the patient}. Prior to the interview, the risks and benefits of telemedicine were discussed with the patient and verbal consent was obtained.*

Documentation (con't)

- **Document as you normally would** (HPI, etc). Additionally, I recommend stating start and stop times.
- **Physical exam:** enter any patient reported vitals (temp, wt, HR/BP, SpO2) and fact that patient was assisting in exam.
- **Example of an abd complaint PE:**
 - Cons: well appearing, no apparent distress
 - Eyes: conj clear w/o icterus, pallor or injection
 - ENT: nose w/o external redness or drainage, OP clear w/ good dentition, MMM.
 - CV: no LE edema or cyanosis
 - Resp: nl WoB, no audible wheezing
 - GI: flat, non-distended, NT to self-palpation
 - Skin: no spider angiomas, no lesions
 - Heme/Lymph: pt palpated no SM, SC or axillary LAD, no ecchymoses
 - Endo: no acanthosis nigricans
 - MHE: linear thought process, euthymic, nl rate and vol speech
 - Neuro: alert and oriented, no flap or tremors. Moving UE appropriately.

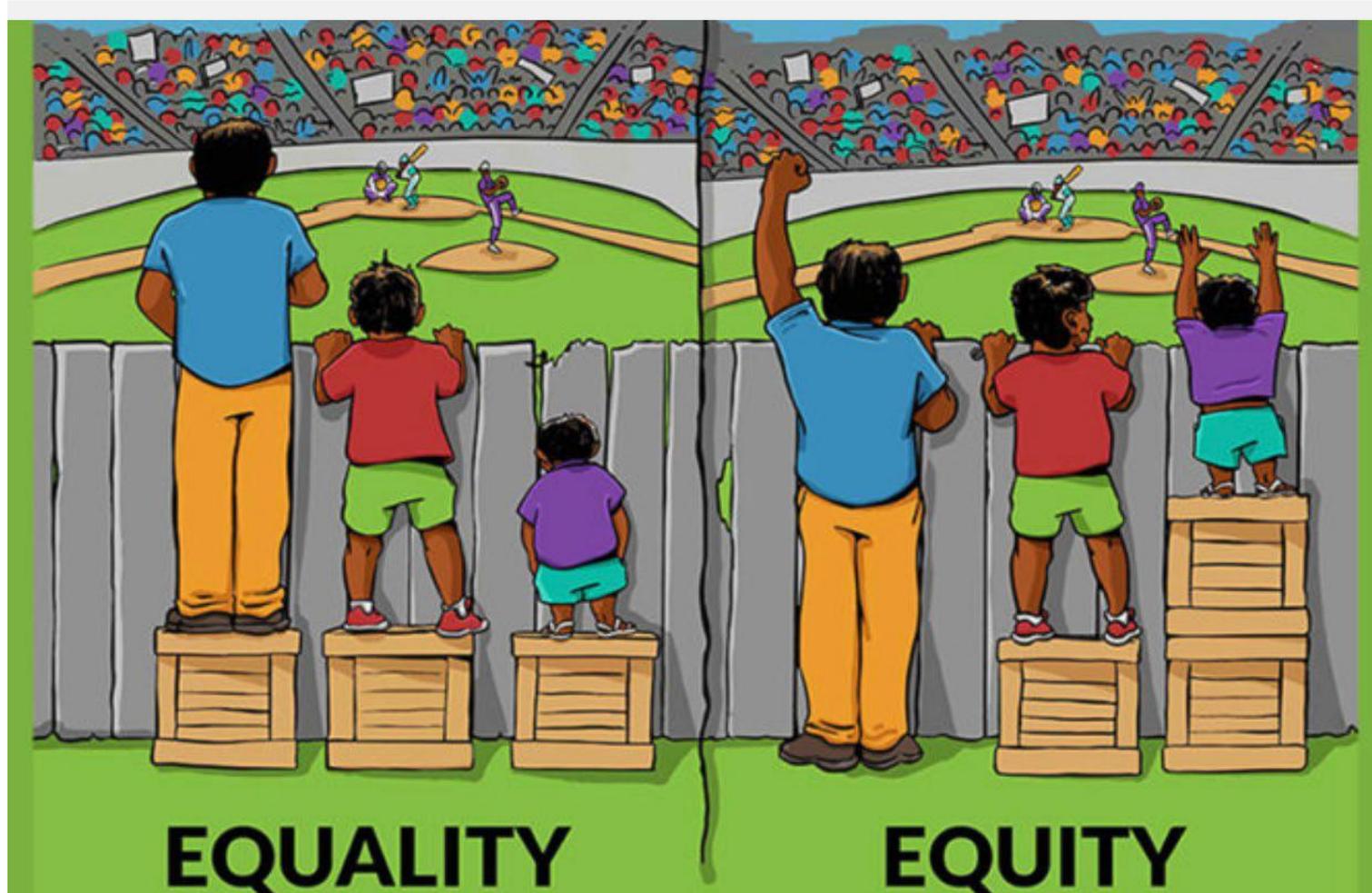
Changes in Medicare Telemedicine Reimbursement

- *Temporarily* removed geographic restrictions (pts can be anywhere, rural or urban, home or office)
- Established or new patient
- Expanded list of provider types (PT, OT, speech therapists, etc)
- Primary care exemption applies for residents doing primary care by telemedicine
- Clinician can do from home



For more info: <https://www.americantelemed.org/policy/covid-19>

Health Equity



Slide courtesy Bessie Young, MD

Health Equity

Health Care Must be: Safe, Effective, Patient-Centered, Timely, Efficient, Equitable

- Rapid shift to telemedicine during COVID is showing increasing rates of “digital divide” in access to & utilization of healthcare services for subsets of the population.
- Vital to think about your vulnerable populations & what can be done to support them in access to care.
- Appreciate that **privacy** can be a challenge
- Recognize **implicit bias**: services must be offered to ALL patients despite your assumptions of whether they will want to utilize them:
 - “My elderly patients struggle with technology, they’ll never use telemedicine.”

Wood BR, et al. Advancing Digital Health Equity in Infectious Diseases and HIV Medicine. *Clin Infect Dis (in press)*. Oct 9:ciaa1525. doi: 10.1093/cid/ciaa1525.



Health Equity

Consider the needs/barriers of your patients & address these

- When Building your Program:

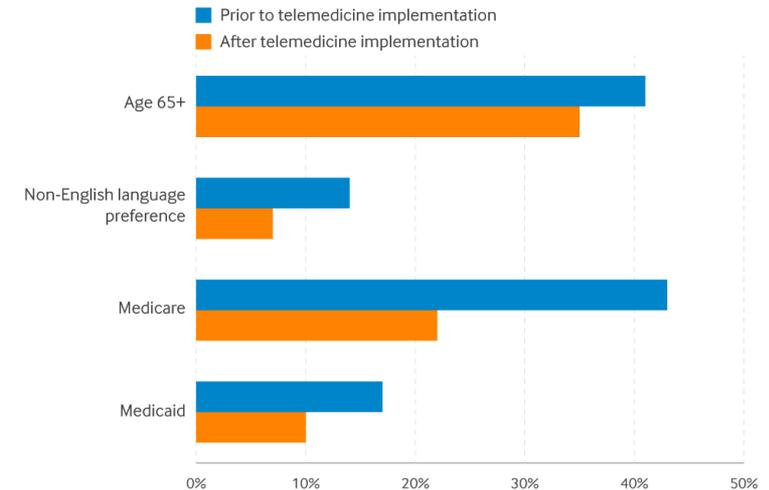
- Develop patient-facing materials in multiple languages & formats (i.e. written & video)
 - Consider reading level; seek input from patient advocacy and education groups.
- Provide opportunities for in-person support:
 - Staff/volunteers in clinic to help “connect” patients after in-person visits so they are ready next time
 - Process to call patients in advance of their first visit to help set up
 - Partner with libraries, community-based organizations
- Ensure your video platform has interpreter services & closed-captioning options built in and easy to use
 - Include details on how to do this in your training materials

Be Aware of Digital Divide

- **Elderly:** make up 18% of population and more likely to have chronic disease, but only 55% own smartphone or have broadband Internet access; only 60% able to find website or send an email
- **Poor & low income:** 71% own smartphone, 53% have basic digital literacy
- **Rural:** 63% have broadband, 71% own smartphone

Patient Visits by Age, Language, and Insurance Before and After Telemedicine Scale-Up

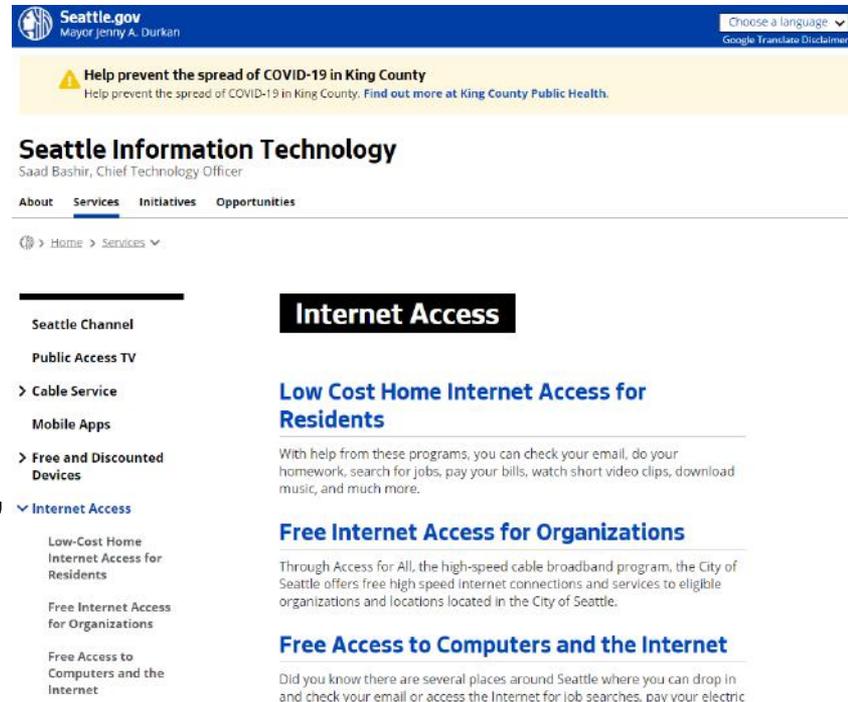
This chart shows the proportion of patient visits seen by age, language preference, and insurance type prior to (2/17–2/28/2020) and after (3/23–4/3/2020) scaled-up telemedicine implementation to address the Covid-19 pandemic at the UCSF General Internal Medicine Primary Care Practice (P=0.002 for age ≥65 and P<0.001 for other comparisons). A significantly smaller proportion of visits after scaled-up telemedicine implementation were with vulnerable patients.



Source: The authors
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Working in Low Bandwidth, Low Tech Access Scenarios

- There are many new programs for low cost or free devices and broadband during COVID19
 - Local government, Medicaid, Internet service providers
- Many students have received tablets and laptops for schoolwork, could they be used for a video visit?
- Kiosk or hub and spoke model
- Piggyback on other infrastructure



The screenshot shows the Seattle Information Technology website. At the top, there is a blue header with the Seattle.gov logo and Mayor Jenny A. Durkan's name. A yellow banner below the header contains a warning icon and the text: "Help prevent the spread of COVID-19 in King County. Help prevent the spread of COVID-19 in King County. Find out more at King County Public Health." Below the banner, the page title is "Seattle Information Technology" with Saad Bashir, Chief Technology Officer, listed below it. A navigation menu includes "About", "Services", "Initiatives", and "Opportunities". The "Services" menu is expanded, showing a list of services: "Seattle Channel", "Public Access TV", "Cable Service", "Mobile Apps", "Free and Discounted Devices", and "Internet Access". The "Internet Access" service is selected and expanded, showing three sub-services: "Low-Cost Home Internet Access for Residents", "Free Internet Access for Organizations", and "Free Access to Computers and the Internet". The main content area features a black box with the text "Internet Access" in white. Below this, there are three sections: "Low Cost Home Internet Access for Residents" with a brief description of services, "Free Internet Access for Organizations" with a description of the "Access for All" program, and "Free Access to Computers and the Internet" with a description of public access points.

<https://www.seattle.gov/tech/services/internet-access>; <https://www.phila.gov/2020-03-25-staying-connected-during-covid-19/>



Developing a Well-Rounded Telehealth Program

Telemedicine as Part of Your “Normal” Operations:

Telemedicine is here to stay - shift from the mindset of telemedicine as a temporary patch to being part of your standard menu of options for patients.

- Get feedback from providers & staff: What’s going well and what could be improved?
- Get feedback from patients: How are your tools and resources working?
- Assess your utilization data: Which clinics/providers are doing well - what best practices can they share? Which are struggling – what are their barriers/needs?

References and Resources

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- <https://www.aap.org/en-us/professional-resources/practice-transformation/telehealth/Pages/Evaluation.aspx>
- <http://www.ihl.org/communities/blogs/recommendations-for-designing-high-quality-telehealth>
- <https://www.qualityforum.org/ProjectDescription.aspx?projectID=83231>

Questions?

Reminder

- Evaluation
- Submit Additional Questions
- Request Individualized Technical Assistance

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THANK YOU!