



Post- Pandemic Telehealth, Telemedicine, and Quality of Care in a Virtual Environment.

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Presented By:

Martha Ross, MHA, RHIA

Health Information Management Consultant



Agenda

- The Pandemics impact on the current and future state of healthcare
- Keeping current on telehealth regulations
- Planning for a sustainable virtual care delivery model
- Best practices for a hybrid workforce
- Telehealth Clinical Documentation
- Addressing quality of care in a virtual environment



Learning Objectives

- Be aware of the changes in healthcare post-pandemic
- Adapt to healthcare in a virtual environment
- Adjust healthcare delivery models to adapt to virtual care
- Current telehealth regulations
- Manage a hybrid workforce
- How to maintain quality of care in a virtual environment



COVID- 19 (SARS-CoV-2) Pandemic Overview

- First case was identified in Wuhan, China on December 12, 2019.
- After more than 118,000 cases in 114 countries and 4, 291 deaths, World Health Organization (WHO) officially declares the COVID-19 a global pandemic on **March 11, 2020**.
- On December 11, 2020, the U.S. Food and Drug Administration (FDA) approved an emergency use administration of the Pfizer- BioNTech COVID- 19 vaccine. Followed by Moderna's approval on December 18, 2020.



COVID- 19 (SARS-CoV-2) Pandemic Overview

- As of March 29th of this year, 269, 965, 210 people in the U.S. have at least received one dose of the vaccine. That's about 81% of the population.
- 69% of the population are considered fully vaccinated in the U.S.
- On **May 11, 2023**, the Department of Health and Human Services(HHS) declaration of the public health emergency brought about by the COVID-19 Pandemic is set to expire.



Changes in Healthcare brought about by the COVID-19 Pandemic

- **Staff shortages**

- An estimate of 2.5 million women and 1.8 million men have left the workforce since the start of the pandemic

- **Increased telehealth/ telemedicine usage**

- Telemedicine visits accounted for 13% of all medical claims compared with 0.15% in April 2019, an 86-fold increase.

- **Decline in ER visits**

- 61.9 million visits less compared to pre-pandemic levels

- **Boom in telework**

- Between 2019 and 2021, the number of people primarily working from home tripled from 5.7% (roughly 9 million people) to 17.9% (27.6 million people), according to the U.S. Census Bureau.



Medicare- Keeping Current on Telehealth Regulations

Permanent Changes:

- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can serve as a distant site provider for behavioral/mental telehealth services.
- Medicare patients can receive telehealth services for behavioral/ mental health care in their home.
- There are no geographic restrictions for originating site for behavioral/mental telehealth services.
- Behavioral/mental telehealth services can be delivered using audio-only communication platforms.
- Rural hospital emergency department are accepted as an originating site.



Medicare- Keeping Current on Telehealth Regulations

Temporary Changes through 12/31/2024:

- Medicare patients can receive telehealth services authorized in the [Calendar Year 2023 Medicare Physician Fee Schedule](#) in their home.
- There are no geographic restrictions for originating site for non-behavioral/mental telehealth services.
- Some non-behavioral/mental telehealth services can be delivered using audio-only communication platforms.
- An in-person visit within six months of an initial behavioral/mental telehealth service, and annually thereafter, is not required.
- Telehealth services can be provided by a physical therapist, occupational therapist, speech language pathologist, or audiologist.



Medicare- Keeping Current on Telehealth Regulations

Temporary changes through May 11, 2023:

- Telehealth can be provided as an excepted benefit
- Medicare-covered providers may use any non- public facing application to communicate with patients without risking any federal penalties — even if the application isn't in compliance with HIPAA.



Medi-Cal- Keeping Current on Telehealth Regulations

- The California Department of Healthcare Services (DHCS) implemented broad temporary flexibilities relative to telehealth modalities.
- As DHCS looks to the future, the Department has permanently adopted several of these flexibilities and additional policies for Medi-Cal covered benefits and services to be provided via telehealth across delivery systems when clinically appropriate.



Medi-Cal- Keeping Current on Telehealth Regulations (Continued)

- Continue coverage of synchronous video and audio-only telehealth coverage across multiple services and delivery systems, including Tribal health providers as covered during the PHE.
- Continue coverage of asynchronous telehealth across many services and delivery systems including Tribal health providers.
- Continue parity in reimbursement levels between in-person services and select telehealth modalities.
- Continue to reimburse Tribal FQHCs at the Alternative Payment Methodology (set at the AIR) and FQHCs/RHCs at PPS rate for otherwise billable visits delivered via telehealth. Continue exemption from site limitations for patient or provider.



Medi-Cal- Keeping Current on Telehealth Regulations (Continued)

- Clarify providers may only establish a relationship with new patients in-person or via synchronous video telehealth visits, subject to certain protections.
- Adopt Modifier 93 for audio-only services for Tribal health programs, FQHCs, and RHCs
- Require providers to obtain consent once before the initial delivery of telehealth services. Enhance existing consent requirements to require additional information be shared with beneficiaries
- Allow Medi-Cal managed care plans to use clinically appropriate video synchronous interaction as a means of demonstrating compliance with the network adequacy time or distance standards.



Planning for a Sustainable Virtual Care Delivery Model

- Healthcare providers have been steadily increasing their use of telehealth over the past decade, but the COVID-19 pandemic served as a catalyst for the rapid adoption of this technology, and it's here to stay. One survey found more than 80% of physicians are offering virtual care services — up from just 13% in 2019 — and nearly all consumers surveyed have used telehealth services at some point during the pandemic.
- This sudden spike in demand meant practices needed to quickly adapt to new workflows, technology, and training. However, this is leading many to question whether these swiftly developed telehealth programs will be sustainable in the years to come.
- Virtual care is here to stay, so it's important that healthcare practices are evaluating telehealth programs to ensure they can scale and adapt to the rapidly changing healthcare landscape.



Planning for a Sustainable Virtual Care Delivery Model (Continued)

- **Scalability:** Will the technology solution be able to grow with the business needs of your practice?
- **Flexibility:** Can the system be easily pivoted to accommodate different functions and specialties when needed?
- **Training:** How easy and how often will staff need to be retrained with the system?
- **Security:** Is the vendor staying on top of HIPAA requirements, offering business associate agreements, and incorporating new security/encryption measures into the system?
- **Accessibility:** Can patients easily use the system? Do they need to download an app, and what information must they provide?



Planning for a Sustainable Virtual Care Delivery Model (Continued)

In an ideal sustainable virtual care delivery model, a telehealth program must be:

- Easily upgraded as need
- Accommodating to different functions
- Secure and compliant to HIPAA requirements
- Easy-to-use for both patient and provider



Best Practices for a Hybrid Workforce

- One of the largest undertakings for any health center leader or manager is ensuring adequate staffing to meet their organizational workforce goals. The COVID-19 pandemic has empowered management to get creative regarding where their staff works.
- Telehealth, while not new, is used more widely than ever as a result of the COVID-19 pandemic. In addition to providers who may be working remotely, other members of the health center staff, including call center and scheduling personnel, may also be working from home either temporarily or on a permanent basis. These changes to where staff work necessitate that health center leadership adapt the way they recruit, onboard, and engage their teams. Leadership must develop practices that promote engagement in diverse ways with staff, regardless of their location.



Best Practices for a Hybrid Workforce

Proper Onboarding

Establish expectations for those working remotely or as part of a hybrid team

1. Establish expectations
2. Training on electronic tools
3. IT support



Best Practices for a Hybrid Workforce

Proper Introductions

Allow proper introductions to the health center itself and other team members

1. At least one day in- person orientation
2. Set up one-on-one meetings with colleagues



Best Practices for a Hybrid Workforce

Communication and Transparency

Prioritize communication and transparency among teams and supervisors

1. One day of in- person orientation
2. Set up one-on-one meetings for staff and colleagues



Best Practices for a Hybrid Workforce

Teambuilding Activities

Prioritize communication and transparency among teams and supervisors

1. Virtual check-ins
2. Open virtual meetings
3. Virtual kudos program



Best Practices for a Hybrid Workforce

Regular Check-ins with Supervisors and Team Members

Connect and stay in touch

1. Team meetings
2. One-on-ones



Best Practices for a Hybrid Workforce

Leadership Support

1. Transparency
2. Model healthy boundaries



Best Practices for a Hybrid Workforce

Prioritizing Mental Health

1. Establish work hours
2. Employee Assistance Program (EAP)



Telehealth Clinical Documentation

Telehealth is a trend that will continue even after the pandemic runs its course. Regardless of whether the care is delivered in-person or virtual, the required levels of skill and expertise and the standard of care are the same.

Clinical documentation plays a significant role in demonstrating regulatory compliance, establishing medical necessity for billing, and defending the provider in the event of a licensing board complaint or professional liability claim. Due to the unique differences between an in-person patient visit and telehealth, documentation plays an essential role in proving that the standard of care has been met. The practice of telehealth creates additional and specific documentation requirements.



Telehealth Clinical Documentation

Modality: Specify clearly in the patient's record the telehealth modality used.

Examples:

- secure audio-video session using [name of] telehealth platform
- telephone medication management consultation



Telehealth Clinical Documentation

Geography: Note the patient’s physical location and geography. For example, including “at her home in Tennessee”. This is necessary for billing purposes and determining venue in the event of regulatory or professional liability action. Also document the provider’s location as “in the clinic,” “from the hospital,” or “from the home office.”



Telehealth Clinical Documentation

- **Informed consent:** Obtain informed consent for telehealth visits. Advise patients about the risks of a telehealth visit, including the potential for technical difficulties, information security concerns, and that it may be necessary to convert the visit to an in-office visit depending on patient needs. In the progress note, summarize the discussion, the questions asked and answered, and the patient's decision. Include a copy of the signed consent form.



Telehealth Clinical Documentation

Others present: Include documentation of all participants. Others may be present at the patient’s location and may assist with or affect the quality of the visit. Document in the progress note the name and relationship of all individuals present on the patient’s side of the interaction. For example, document “visit conducted with child sitting on mother’s lap.” On the provider’s side, document the names of assistants who are present and their purpose. For example, a medical assistant may serve as a chaperone during remote sensitive visual examinations. In addition, document the use of interpreters who assist from a third location by video or telephone.



Telehealth Clinical Documentation

Time spent: in medical discussion must be explicitly documented to support the procedure code billed, including start/stop times, if required for the service (e.g., psychotherapy)



Addressing Quality of Care in a Virtual Environment

- The pandemic has dramatically aided in relaxing telemedicine regulations.
- Based on aggregated payer data covering 150 million privately insured individuals in the US, by April 2020 telemedicine visits accounted for 13% of all medical claims compared with 0.15% in April 2019, an 86-fold increase.
- Virtual care refers to patient-physician interactions related to diagnosis, evaluation, and management conducted remotely using some combination of text, audio, or video.



Addressing Quality of Care in a Virtual Environment

- In 2001, the Institute of Medicine described high-quality care as being safe, effective, efficient, timely, patient centered, and equitable. This Viewpoint uses this framework to assess the current state and challenges of virtual care and suggests three principles to guide the development of assessing virtual care going forward.



Principle 1: Safe and Effective

- Avoid patient harm.
- Deliver evidence-based care.

Common issues with providing virtual care that challenges safety and effectiveness:

- **Misdiagnosis/ Diagnostic Accuracy**



Recommendations to Improve Diagnostic Accuracy in Telemedicine

Recommendations to Improve Diagnostic Accuracy in Telemedicine

Recommendations	Key Actors
Invite the patient to demonstrate various health-related behaviors in the context of their home environment.	<ul style="list-style-type: none"> • Health systems, providers, and patients
Invite the patient to engage a family member or patient advocate, either with them in person or geographically distant, in the discussion of symptoms, thus providing a more complete picture of the patient’s condition.	<ul style="list-style-type: none"> • Health systems, providers, patients, and families
Train providers in televisit best practices and making diagnoses virtually, including conducting limited physical exams and looking for signs and symptoms related to mental health.	<ul style="list-style-type: none"> • Health systems and providers
Train providers to identify clues from observing the patient in their home environment, including adaptation/coping and problem-solving.	<ul style="list-style-type: none"> • Health systems and providers
Consider using ancillary support, for example, a community nurse who conducts a home visit and then connects by video to a specialty clinic to relay the patient’s health information.	<ul style="list-style-type: none"> • Health systems and providers • Community organizations



Principle 2: Efficient and Timely

- Maximize the benefit of available resources and avoid waste.
- Reduce wait times and harmful delays.
- Common issues with providing virtual care that challenges efficiency and timeliness:
 - **Unnecessary visits**
 - **Unnecessary testing** ordered by MD's to compensate for the absence of a physical examination.



Recommendation

- Reduce Unnecessary Visits and Testing

Determine when a virtual visit is not appropriate from the get-go



Principle 3: Patient-Centered and Equitable

- Respectful of patient preference and values
- Provide care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status

Common issues with providing virtual care that challenges equity:

- Technological challenges
- Socio-economic challenges



Recommendations

Technological challenges

- Care providers can talk to their patients about this technology to get a better sense of whether they will utilize a telehealth program, including sending and receiving personal health information, answering texts, and setting up automatic reminders. Providers can also help their patients modify this technology, so they can use these devices more efficiently. Patients can increase the size of the text on the screen to improve visibility. They can also use audio translations if they have trouble seeing. Patients can also use larger devices to help them navigate the keys and controls.

Socio-economic challenges

- Working with patient and see what best suits their situation.



Guiding Principles

As health systems, health plans, and health technology companies expand their virtual care offerings, several principles could be helpful to guide this pursuit:

- Virtual care should achieve comparable safety and effectiveness as traditional care.
- Virtual care should achieve a net increase in efficiency within the health care system and not add to the total cost of care.
- Virtual care should be respectful of patient preferences and values and not exacerbate health care disparities within a population.



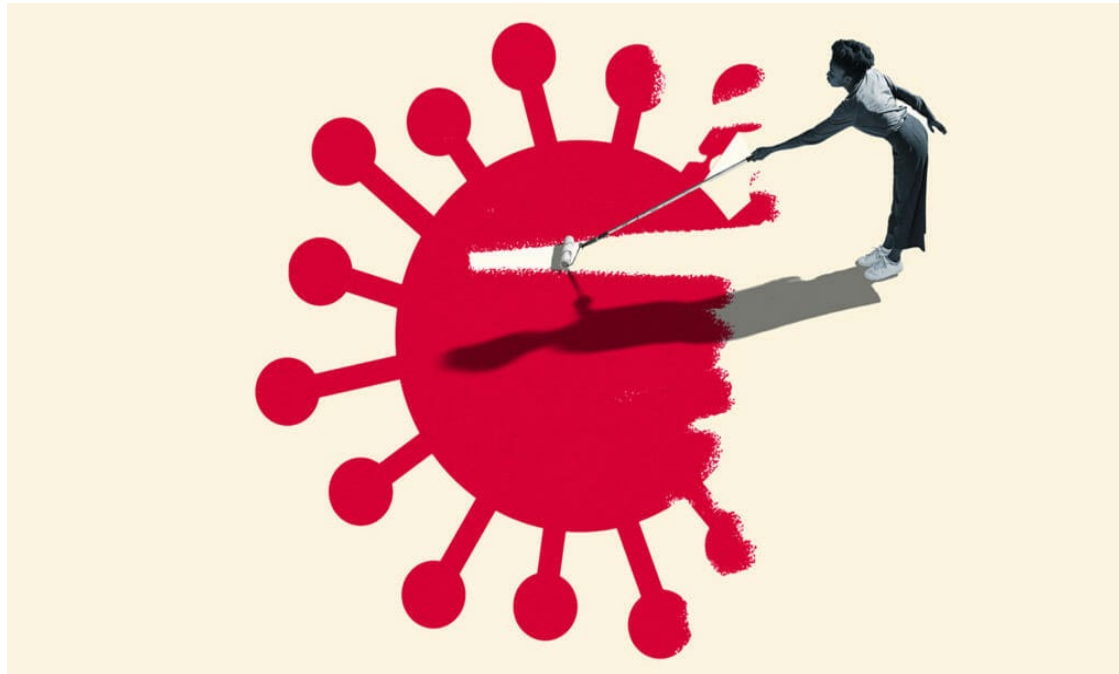
Presentation Recap

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Question

When is the declaration of the public health emergency brought about by the COVID-19 Pandemic set to expire?





Answer

May 11, 2023!





Question

What are the three principles provided by the Institute of Medicine to guide the development of assessing the quality of care in a virtual setting?





Answer

1. Safe and Effective
2. Efficient and Timely
3. Patient- Centered and Equitable



Question

What are some best practices when working with a hybrid workforce?





Answer

1. Proper Onboarding and Introductions
2. Leadership Support
3. Team Building Exercises
4. Prioritizing Mental Health
5. Communication and Transparency
6. Regular Check-ins with Supervisors and Team Members





Resources

- [Covid-19 Timeline](#)
- [Covid-19 Vaccine Tracking](#)
- [Public Health Emergency Transition Roadmap](#)
- [Telehealth Policy Changes](#)
- [IOM- Quality of Care in a Virtual Environment](#)



Questions?

Contact Information:

Martha Ross

Martha.Ross@ihs.gov

(530) 309-4667