Telehealth Implementation Best Practices
Sharing practical ideas during the COVID-19 pandemic

Lakeisha Moore
Office of Rural Health

Dr. John E. Jenkins
Greensboro AHEC

Jay Ostrowski, CEO
Adaptive Telehealth

Jeffrey Sural, Director
NC Broadband Infrastructure Office

April 27, 2020

RCC (Relay Conference Captioning)
Participants can access real-time captioning for this webinar here:
Logistics for Telehealth Best Practices

Questions during the live webinar

Technical assistance
technicalassistanceCOVID19@gmail.com
Welcome safety net sites

North Carolina Office of Rural Health
SFY 2019 Safety Net Sites
Agenda and Housekeeping

**Agenda**

- CME is available (Lisa Renfrow)
- Presentation of Telehealth Best Practices in responding to COVID-19 (Dr. Jenkins with guests Kim Schwartz, Chris Weathington, Paula Locklear, and Felicia Coats)
- Telehealth Best Practices across the region (Jay Ostrowski, Adaptive Telehealth)
- Broadband Infrastructure Office (BIO) Resources across North Carolina (Jeff Sural, BIO Director)
- Question and Answer (Robyn McArdle)
  - Please submit your questions through Q&A

**Housekeeping**

- This Webinar is being recorded and will be available on the ORH and AHEC websites with slides
- If we are unable to ask the presenters your question during the session, we will consider the question for future webinar topics. You can also e-mail questions after the session to questionsCOVID19telehealth@gmail.com
- The goal of today’s webinar is to highlight telehealth best practices for billing and other telehealth resources specific to COVID-19.
- There are additional webinars and resources on COVID-19 clinical care, NC Medicaid updates, and more listed on the NC AHEC COVID-19 Resource webpage and the CCNC webpage.
Attention All Participants
To Receive CME Credit
Text Code: DF5C1
To: 336-793-9317
*MyAHEC account is required for credit
For more instructions visit:
www.nwahec.org/textreg
ACCREDITATION
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the North Carolina Medical Society (NCMS) through the joint providership of Area L AHEC, Office of Rural Health, NC AHEC Program Office, Northwest AHEC, and Greensboro AHEC. Area L AHEC is accredited by the NCMS to provide continuing medical education for physicians.

CREDIT
The Health Education Foundation/Area L AHEC designates this educational activity for a maximum of 0.8 AMA PRA Category 1 Credits(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. All non-physicians will receive 0.1 hour of Continuing Education Units (CEUs) and 0.8 contact hours.

DISCLOSURE
The Health Education Foundation/Area L AHEC adheres to ACCME Essential Areas and Policies regarding industry support of continuing medical education. Commercial support for the program and faculty relationships within the industry will be disclosed at the activity. Speakers and planners will also state when off-label or experimental use of drugs or devices is incorporated in their presentations. Presenters and planners for this activity do not have commercial relationships and that they will not be discussing any off-label or investigational drugs. No commercial support has been received for this activity.

DEFINITION OF A COMMERCIAL INTEREST
A commercial interest is any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. Within the context of this definition and limitation, the ACCME considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

Government organizations, Non-health care related companies, Liability insurance providers, Health insurance providers, Group medical practices, For-profit hospitals, For-profit rehabilitation centers, For-profit nursing homes, Blood banks, and 501-C Non-profit organizations (Note, ACCME screens 501c organizations for eligibility. Those that advocate for commercial interests as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint sponsor, but they can be a commercial supporter.)

Continuing education credit is available for participants who attend the live April 27, 2020 session only. Continuing education credit is not available for those who view the archived webinar.
“Quality in a service or product is not what you put into it. It is what the client or customer gets out of it.”
Peter Drucker.

Part One: Conversations with thought leaders
Kim Schwartz, CEO RCCHC
Chris Weathington, NCAHEC

Part Two: Conversations with our coders
Paula Locklear, Felicia Coats
Access as measured by RVU production today has dropped. What do we need to know to take us to a better tomorrow?

Most practices saw a significant drop in production due in part to:
- Cancelled and rescheduled visits
- Early implementation of telehealth

Telehealth implementation began to flatten the curve but was limited by:
- Visit types
- Visit times
- Provider adoption
- RVU/reimbursement per visit

The future we reach depends on the next steps we take:
- Chart a new strategy for care delivery
- Service and operational excellence
  - Support the front line*
  - Inform the customer
  - Make visits work for all parties
- Appropriate technology partnerships
- “Reinventing care”

* The new practice front door may be digital!
### Three Imperatives to Leveraging Telehealth

#### Support the front line
- Create standard work *with* and for each member of the team.
- Start slow to power up.
- Develop support training for providers.
- Measure to improve.
- Remember that the front door is now *digital* as you train staff and providers.

#### Inform the Customer
- Patients have service expectations.
- The best way to succeed is set clear expectations and exceed them if possible!
- Market the WHY, HOW, and WHAT.
- Have customer friendly FAQ’s.
- Solve for on-time scheduling.
- *Know* and engage your customer.
- Have a customer support line.

#### Make the visit work for all
- The technology should seem invisible. “It’s the visit …”
- Chose technology that makes it as simple as possible for the patient.
- Practice, practice, practice to make sure the team is comfortable with the process.
- Be intentional with scheduling goals.
- Plan for different visit types.

---

**Remember you are prototyping:**
- Prototypes are messy. You are “learning” by “doing”.
- Prototypes test ideas and can fail. Fail quickly and move on!
- Prototypes spark new ideas. Listen to your team!
Practice Support Resources & Lessons Learned from the Field

» **Practice Support & Telehealth Resources for Providers**
  - Education on virtual health platform options, billing & coding, clinical workflow redesign

» **Telehealth Success Examples**
  - Strong practice manager and medical director collaboration & leadership
  - Implement new standardized workflows with checklists, staff assignments, scripts, visit types
  - While practice may have a preferred virtual health solution, be flexible with patient
  - Well implemented pre-visit planning and coordination with patient
  - Parking lot wi-fi hot spots, use of tablets for patients
  - Focus on high risk patients with data from EHR (diabetes, hypertension, asthma, TCM)
  - Practice on staff members to work out implementation bugs
Telehealth Challenges
- Provider or staff resistance to telehealth
- Waiting until its too late or giving up while the fiscal & productivity losses mount
- Not willing to be creative and try things out, listen to ideas from the team
- Unwillingness to invest time in standardizing workflow, maximizing use of admin & clinical staff
- Letting perfection being the enemy of good, it’s a work in progress (Keep It Simple Stupid)
- Letting professional colleagues or competitors get ahead of them

What Makes Us Smile
- Seeing how far practices have come with telehealth in such a short period of time
- When COVID-19 pandemic is gone, successful practices will have enhanced the patient experience
- Payors and government are learning how this can work and address public health needs
Kim Schwartz

CEO, ROANOKE CHOWAN COMMUNITY HEALTH CENTER
What are some of the ways that you support your teams during this crisis?

» Outward signs of acknowledgement
What are some of the ways that you support your teams during this crisis?

» Hazardous Duty Vacation Leave – as a non-profit we don’t have cash to pay a differential so we established 2x vacation leave accrual for staff that are required to participate direct patient care and 1.5 accrual for those staff that have to work on site – no accrual for remote work.
What are some of the ways that you support your teams during this crisis?

» Intentional Communication from a central source – weekly videos from CEO, Board, HR – Every Friday we have a Celebrations Email.
» Updating positions and benefits status every two weeks – example, we notified everyone this week that all positions are fully covered through May 8.
What have you seen that’s working well?

» Nurse Case Management of all COVID-19 Tested and Suspect not tested during quarantine period
What have you seen that’s working well?

» Curbside Hotspot
What have you seen that’s working well?

» We are all in this together with the patients – NEW for everyone!
What have you seen that’s working well?

» Drive Up Pharmacy adaptation
87 year old seasoned provider adapting to virtual visits – leading the way! Telehealth will provide a means for those who were considering aging out – now excited about the possibilities of Telehealth as a real option.
What you have seen that could be improved?

» How much time it takes to get a patient ready for a virtual visit
What you have seen that could be improved?

» Recognition that our service area has less than 50% Broadband access
What you have seen that could be improved?

» Drive Up Pharmacy - concern for safety
Are there “ah ha” learnings….

» Emergency Preparedness is a part of our life due to Hurricane Season – accustomed to quick response which led us to activating so quickly in the first two weeks – Internal joke about “They are so Tuesday.” We were having daily EP meetings – switched the name of the EP to the UP – Update and Planning – meet 3x per week for 30 min. -as we recognized we might have to do both with Hurricane season right around the corner.
Are there “ah ha” learnings….

In this time, there is not much explanation on the “Why”, although from Day 1 we defined our 5 prime directives – Flatten the Curve, Keep folks out of higher levels of care, Conserve PPE, Access to care and Safety for everyone involved.
**Learning from Coding Experts**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is confusion over the terms <strong>telephonic</strong> and <strong>telehealth</strong>. Can you clear up how Medicare uses these terms?</td>
<td>- <strong>Telehealth</strong> generally refers to a “virtual visit” using an <strong>audio/visual platform</strong> where medical information is communicated face-to-face between providers and patients.&lt;br&gt;- <strong>Telephonic</strong> refers to <strong>audio</strong> communication where medical information is shared between a provider and a patient in a non-face-to-face visit. Telephonic visits are generally patient initiated.&lt;br&gt;- In limited cases, a telehealth visit can be completed via telephonic means when the connection fails.</td>
</tr>
<tr>
<td><strong>BlueCross Blue Shield</strong> has issues some new guidelines for covered visits. Can you give us a brief look at the changes?</td>
<td>- Telehealth visits use audio/visual platforms. During the pandemic many patients may not have access to devices or internet service; therefore <strong>BCBSNC is allowing an audio only visit to be considered a “virtual visit” and treated as a face-to-face visit.</strong> Comment: most MA plans also follow this policy as well.&lt;br&gt;- This audio only visit would be billed with Office outpatient Evaluation &amp; Management codes for established/new patient visits and require the POS 02 and –CR modifier.</td>
</tr>
<tr>
<td>Last Session there was confusion over the service codes for <strong>RHC’s</strong> and <strong>FQHC’s</strong>.</td>
<td>- The correct place of service for a <strong>Rural Health Center is 72</strong>&lt;br&gt;- The correct place of service for a <strong>Federally Qualified Health Center is 50</strong></td>
</tr>
<tr>
<td>My nurse had a triage call prior to an office visit (or virtual visit). Can I bill for both?</td>
<td>- No, you may not bill a separate nurse triage call that promoted an office visit within 24 hours of the patient call. If the provider documents a review of the triage notes in the office visit they may use the time/complexity factors to influence the level of the CPT charge.&lt;br&gt;- Comment: This scenario does not support the timed E-visit codes. Virtual check-ins are with providers and are intended to prevent the need for an office visit. Example: “The blood pressures you provided are near where we expected. You don’t need to be seen sooner. Let’s keep next weeks visit as planned”</td>
</tr>
</tbody>
</table>
Telehealth Technical Assistance

JAY OSTROWSKI
MA, LPC-S, NCC, ACS, BC-TMH

- CEO / Behavioral Health Innovation
- CEO / Adaptive Telehealth
- Technical Advisor / Mid-Atlantic Telehealth Resource Center
- Licensed Professional Counselor
- Licensed Professional Counselor Supervisor
Success is not Simple.

Success

what people think it looks like

what it really looks like
You Can Do This. We’re Here To Help.

Examples

- Counseling
- Telepsychiatry
- TeleMAT
- Primary Care
- Specialty Consults
- Case Management
TECHNICAL ASSISTANCE
MID- ATLANTIC TELEHEALTH RESOURCE CENTER (MATRC)

MATRC.org
STARTED WITH TELEMETRICAL/BEHAVIORAL HEALTH

- We have a great website called the Telebehavioral Health Center of Excellence with a large number of online resources just for you.

- If you are one of the many behavioral health providers and practices getting ready to ramp up with telehealth offerings in response to COVID-19, this 40 minute Telebehavioral Health: A Quickstart Guide to Direct-To-Consumer Care video tutorial will walk you through what you absolutely need to know to get going.

- If you are serious about telemental/behavioral health, you can get yourself Board Certified as a Telemental Health Provider (9 modules, $50 per module). Click Here or Click Here for more information and to sign up.

- The American Psychiatric Association has developed a Telepsychiatry Toolkit as well as the Child & Adolescent Telepsychiatry Toolkit that you might find useful.

- For those of you who specialize in Substance Use Disorder Treatment and Recovery Services:
  - The Addiction Technology Transfer Center (ATTC) Network, funded by SAMHSA, recently offered this webinar on Tips for Using Videoconferencing to Deliver SUD Treatment and Recovery Services
  - The ATTC Network is also currently offering this Telehealth Learning Series for SUD Tx and Recovery Support Providers (five one-hour sessions each week with access to experienced providers, training tools, checklists and more)
  - The Substance Abuse and Mental Health Services Administration (SAMHSA) has issued COVID-19 Public Health Emergency Response and 42 CFR Part 2 Guidance
  - The DEA has provided this Policy Guidance on Use of Telephone Evaluations to Initiate Buprenorphine Prescribing
  - The DEA has provided this Policy Guidance on Use of Telemedicine While Providing Medication Assisted Treatment (MAT)

- If you still have more questions after looking through the above resources, make sure you take advantage of our Virtual Office Hours.
Technical Assistance

TELEHEALTH AND THE FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

There have been many policy level changes specifically impacting telehealth and FQHCs during this pandemic. We have gleaned some of the Frequently Asked Questions about Telehealth from the HRSA Health Center Program website and included additional useful resources specific to FQHCs. Please make sure you also review our other sections pertaining to general policy changes as a result of COVID-19 that are relevant to all health care providers.

Scope of Service
Federal Tort Claims Act (FTCA)
Medicare Reimbursement
Telehealth Program Development

$ TELEHEALTH REIMBURSEMENT AND COVID-19

WHAT HAPPENS WHEN THE PANDEMIC IS OVER?
Technical Assistance

TBHCOE.MATRC.org

Providing video clinical services from clinic-to-clinic seems straightforward on the surface. But small differences in clinic operations and clinic setting can make implementation cumbersome, eliminating the efficiencies promised by technology. Get grant-funded advice about overcoming these issues from vendor-neutral experts and learn more about applying the best practices in clinic-to-clinic. Browse the TBHCOE site for more.
Help is just a click away.

JAY OSTROWSKI
MA, LPC-S, NCC, ACS, BC-TMH

MID-ATLANTIC TELEHEALTH RESOURCE CENTER (MATRC)
MATRC.org

TELEBEHAVIORAL HEALTH CENTER OF EXCELLENCE
TBHCOE.MATRC.org
North Carolina Area Health Education Centers and Office of Rural Health
Telehealth Virtual Office Hours Webinar
Jeff Sural, Director
April 27, 2020
Current Status

• ISPs reporting networks handling traffic
  • Moving from urban centers to suburban
• EM situation reports positive
• No major issues with 911 calls
• ISPs have stepped up to help
• Many local governments and school districts providing WiFi access, hotspots, buses with WiFi
• Coordination and cooperation between state agencies and between state and local governments
• Situation highlights the unserved areas and challenges and accentuates the need for accelerating permanent solutions
Broadband Availability

94.8% NC Households with Access

93.5% US Households with Access
NC Broadband Availability and Quality Index
By Census Tract

'The Broadband Adoption Potential Index' is a compilation of eight indicators (see below for list) combined to create a holistic measure of broadband access in NC's counties. For more information about the methodology, purpose, and how to understand your county's score visit: www.ncbroadband.gov

Broadband Availability and Quality Index Indicators:
• Percent of the population with access to 25/3 Mbps broadband service
• Percent population with access to 100/20 Mbps broadband service
• Percent population with access to fiber
• Ratio of upload to download median advertised speeds
• Households per square mile
• Percent housing units built in 2010 or later
• Percent population with access to no providers
• Percent population with access to DSL only
North Carolina Wireless Service Inventory

EVDO/EVDO Rev A

Carolina West Wireless

Data Source: GeoTel Communications, LLC
North Carolina Wireless Service Inventory

LTE Service

Carolina West Wireless

Data Source: GeoTel Communications, LLC
North Carolina Wireless Service Inventory

LTE Service

Sprint

Data Source: GeoTel Communications, LLC
North Carolina Wireless Service Inventory

LTE Service

T-Mobile

Data Source: GeoTel Communications, LLC
North Carolina Wireless Service Inventory

EVDO/EVDO Rev A

US Cellular

Data Source: GeoTel Communications, LLC
North Carolina Wireless Service Inventory
EVDO/EVDO Rev A
Verizon Wireless

Data Source: GeTel Communications, LLC
2017/2018 Broadband Adoption Rates

ADOPTION AT ANY SPEED
- US: 78.3%
- NC: 85.1%

ADOPTION, 25/3
- US: 59.4%
- NC: 60.2%
'The Broadband Adoption Potential Index’ is a compilation of eleven indicators (see below for list) combined to create a holistic measure of county’s broadband adoption potential. For more information about the methodology, purpose, and how to understand your county’s score visit: www.ncbroadband.gov

Broadband Adoption Potential Index Indicators:
- Percent households with a DSL, cable or fiber-optic subscription
- Percent population ages 18 to 34
- Percent population age 25 or more with bachelor’s or more
- Percent households with children
- Percent workers age 16 and over working from home
- Percent population ages 65 or over
- Percent households with no internet access
- Percent households with no computing devices
- Percent population in poverty
- Percent noninstitutionalized population with a disability
- Percent households with limited English
COVID-19:

NCDIT Immediate Response
Immediate Response

- FCC Pledge: don’t terminate service; waive late fees; open WiFi hotspots

- Governor Cooper call with NC internet service providers
  - Most above and beyond FCC pledge

- Interactive map, website listing free and reduced-price internet offerings and public WiFi access locations: ncbroadband.gov/covid19broadband/

- Identify resources to procure school bus equipment to support WiFi access

- Providing LEAs and DPI with guidance and support on convenience contracts for cellular service, tablets, hot spots, and laptops and negotiate better prices for duration of emergency; NCDIT Cybersecurity support

- Interagency Coordination/Communication: DPI, DHHS, EM, Counties, COGs
Immediate Response

- Expedite rolling payments for existing GREAT grant recipients to encourage faster deployment.
- Exploring FCC waiver to allow school networks to serve as backhaul ($6M/mo.)
- Support the Attorney General’s convening responsibility pursuant to EO 124 with telecommunications providers regarding consumer protection rules
- Expedite issuance of next generation Dig Once policy
  - Expedite issuance of guidance to local governments for municipal road projects.
- Use DIT iCenter authority to identify pilot sites for small-scale wireless projects
- DIT/DHHS to identify opportunities for investment on telehealth, including possible appropriation requests
COVID-19: Near-term Solutions
Near-term Solutions

- Request that private sector internet service providers:
  - Extend the FCC pledge terms for an additional 90 days.
  - Offer free or cost-based equipment and service for 6 months or until first of the next school year leveraging the FCC’s lifting of the E-rate ‘no gift’ rule, provide free equipment, computers to schools.
  - State-negotiated agreement with fiber-optic manufacturers and tower companies to provide low-cost or low-lease rates for providers awarded federal or GREAT grants.
  - Request ISPs submit accurate coverage data to enable better identification of unserved households.
Near-term Solutions

• Request federal emergency appropriation to include block grants to the states to support the purchase of hotspots, cellular enabled laptops and equipment for Wi-Fi on buses.

• In conjunction with next-generation Dig Once policy issuance, urge local governments, sanitary districts, tribes, and others political subdivisions to relax or allow joint trenching, pole attachments, etc., with streamlined permitting and temporary waiver of fees (or retrospective fair and equitable fee structure as determined by PUC).
Near-term Solutions

- Identify resources to support procurement of up to 100,000 devices and services for unserved students for 6 months.
  - Homework gap currently estimated at 197,139 households.
  - Governor’s last budget included $5M for devices for LEAs to close homework gap.
  - Device estimate may be lower due to number of students who live in areas with no cellular service, as well as households with multiple students.
COVID-19: 
Long-term Solutions
Long-term Solutions

• Ensure adequate federal grant funding is coming to the state
• Increase GREAT Grant to $135M and amend grant proposal evaluation criteria to specifically fund areas not funded through federal programs and allow DIT flexibility to amend criteria and protest process for projects during state of emergency.
  • GREAT amendment or new program to support low-orbit satellite service; subsidy to rural homeowners for the equipment.
• Pass FIBER NC act allowing county and local governments to finance or install infrastructure for use by internet service providers.
• Establish tax credit for broadband providers that accept federal Lifeline subsidy for home access.
• Require health insurance coverage for telemedicine services and connectivity costs.
• Consumer Protections:
  o Raise the broadband definition to 25/25 to create a minimum service threshold that can be used for grant funding
  o Hold ISPs to a contractual commitment: if you say 10/1, then serve at 10/1
  o Home equipment standards
Additional Resources

NCBroadband.gov
https://www.ncbroadband.gov/covid19broadband/

NCOneMap.gov
https://www.nconemap.gov/

NCBroadband.gov/covid19
https://www.ncbroadband.gov/covid19broadband/
Attention **All** Participants
To Receive CME Credit
Text Code: **DF5C1**
To: **336-793-9317**
*MyAHEC account is required for credit*
For more instructions visit: [www.nwahec.org/textreg](http://www.nwahec.org/textreg)
Telehealth Technical Assistance is Available

Contact Us

Safety Net Health Care Providers
NC ORH Website - https://www.ncdhhs.gov/divisions/orh
Email – ORH_Telehealth@dhhs.nc.gov

Health Care Providers
NC AHEC - https://www.ncahec.net/practice-support/what-we-do/
   Email - practicesupport@ncahec.net
   facebook.com/ncahec  twitter.com/ncahec

   E-mail - ccncsupport@communitycarenc.org

State COVID-19 website: www.ncdhhs.gov/COVID19