NC Department of Health and Human Services

Telehealth Implementation Best Practices

Sharing practical ideas during the COVID-19 pandemic

RCC (Relay Conference Captioning)
Participants can access real-time captioning for this webinar here:
https://www.captionedtext.com/client/event.aspx?EventID=4409135&CustomerID=324

Lakeisha Moore
Office of Rural Health

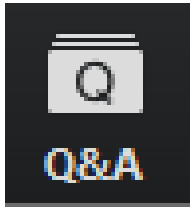
Dr. John E. Jenkins
Greensboro AHEC

Randy Jordan, CEO
NC Association of Free and Charitable Clinics

April 13, 2020

Logistics for Telehealth Best Practices

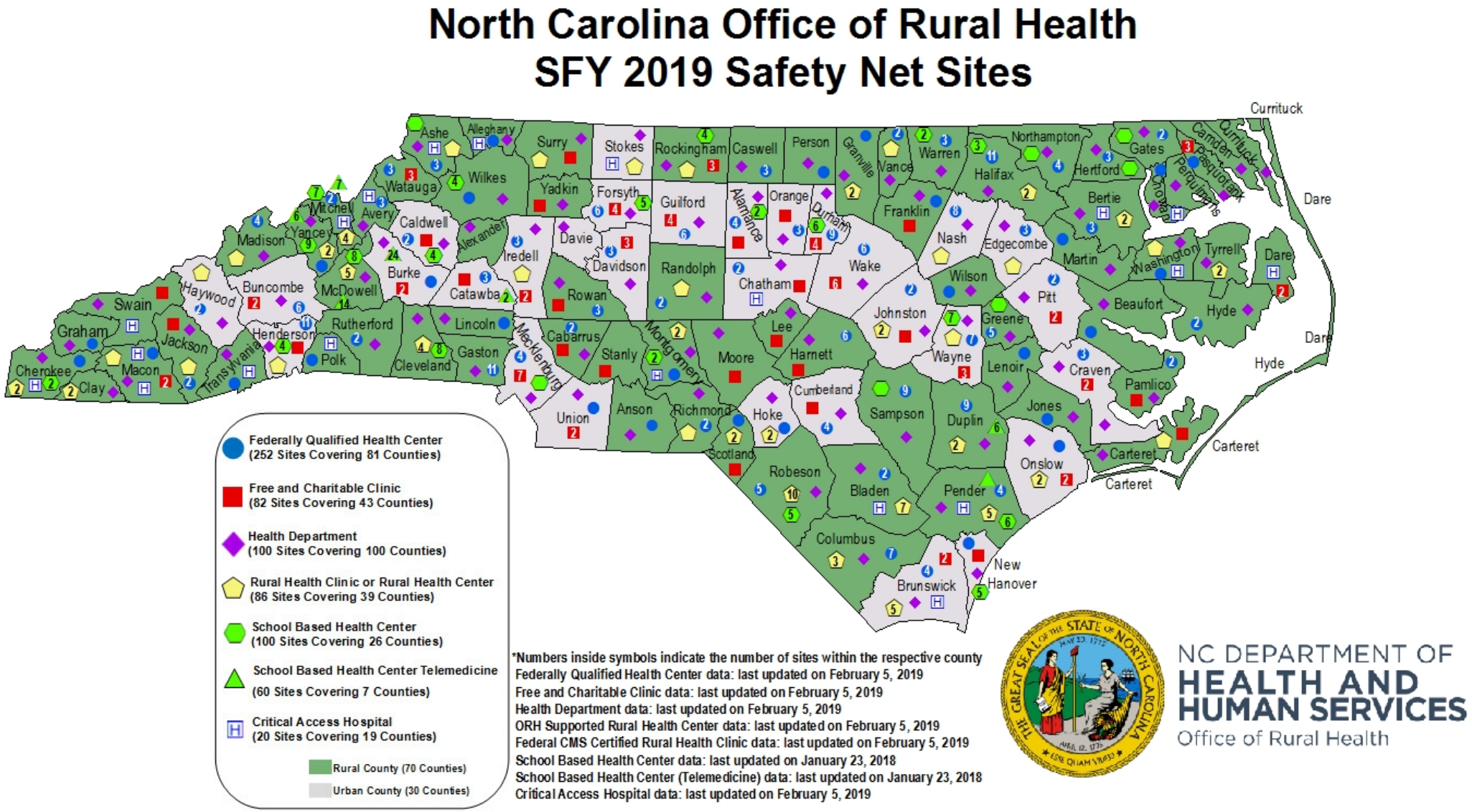
Questions during the live webinar



Technical assistance

technicalassistanceCOVID19@gmail.com

Welcome safety net sites



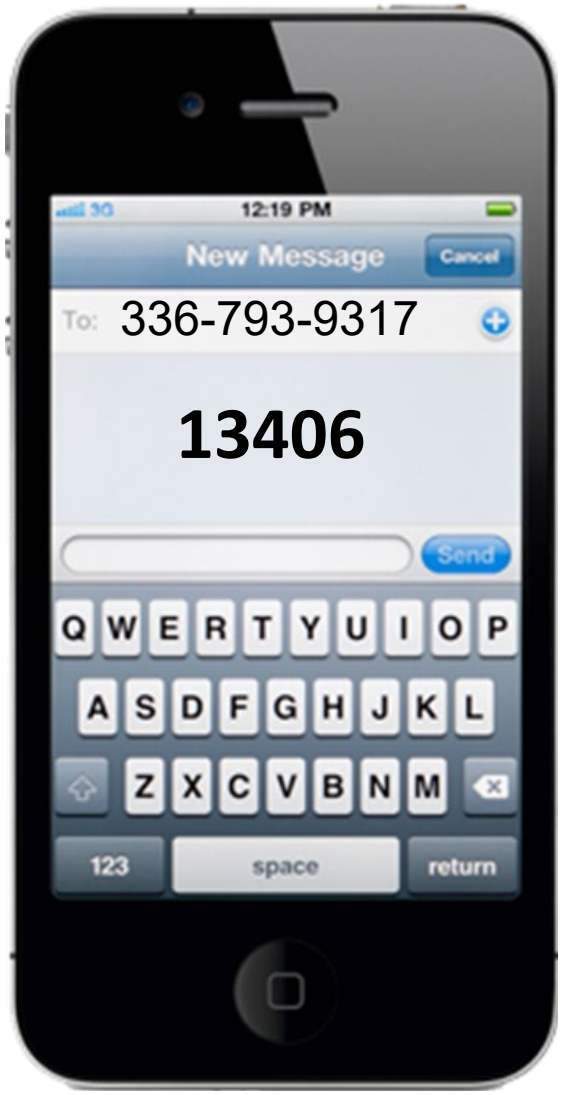
Agenda and Housekeeping

Agenda

- CME is available (Lisa Renfrow)
- Presentation of Telehealth Implementation Best Practices in responding to COVID-19 and Telehealth FAQs (Dr. John E. Jenkins, Paula Locklear, and Felicia Coats)
- A Rapid Deployment Model for Telemedicine (Randy Jordan, Mark Scheerer, and Dr. Andrew Barbash)
- NC HealthConnex – (Jessica Brehmer)
- 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 implementation and other telehealth resources specific to COVID-19.
- There are additional webinars on COVID-19 clinical care, NC Medicaid updates, and more listed on the NC AHEC COVID-19 Resource webpage.



Attention **All** Participants

To Receive CME Credit

Text Code: **13406**

To: **336-793-9317**

***MyAHEC account is required for credit**

For more instructions visit: **www.nwahec.org/textreg**

Area L AHEC

Bridging Education to Quality in Health Care

Part of the NC AHEC Program

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 **1.0 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), which is the equivalent of 1.0 contact hours.**

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DEFINITION OF A COMMERCIAL INTEREST

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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 13, 2020 session only. Continuing education credit is not available for those who view the archived webinar.

Telehealth Implementation Best Practices Episode 3

The first thing you've got to do is recognize the environment you're in. And that takes a different set of skills.

You've got to think that everything you've learned was learned in the past.

I might be the absolute best manager to operate a practice a year ago—in a different environment.

You have to look at what plan is going to work in this environment? *From Charles Bayless*

THE WHY: ACCESS, ACCESS, ACCES

THE MESSAGE:

Stay home except for essential needs

Wear a mask if you go out

Social distance everywhere

Wash your hands

We are still here for you !

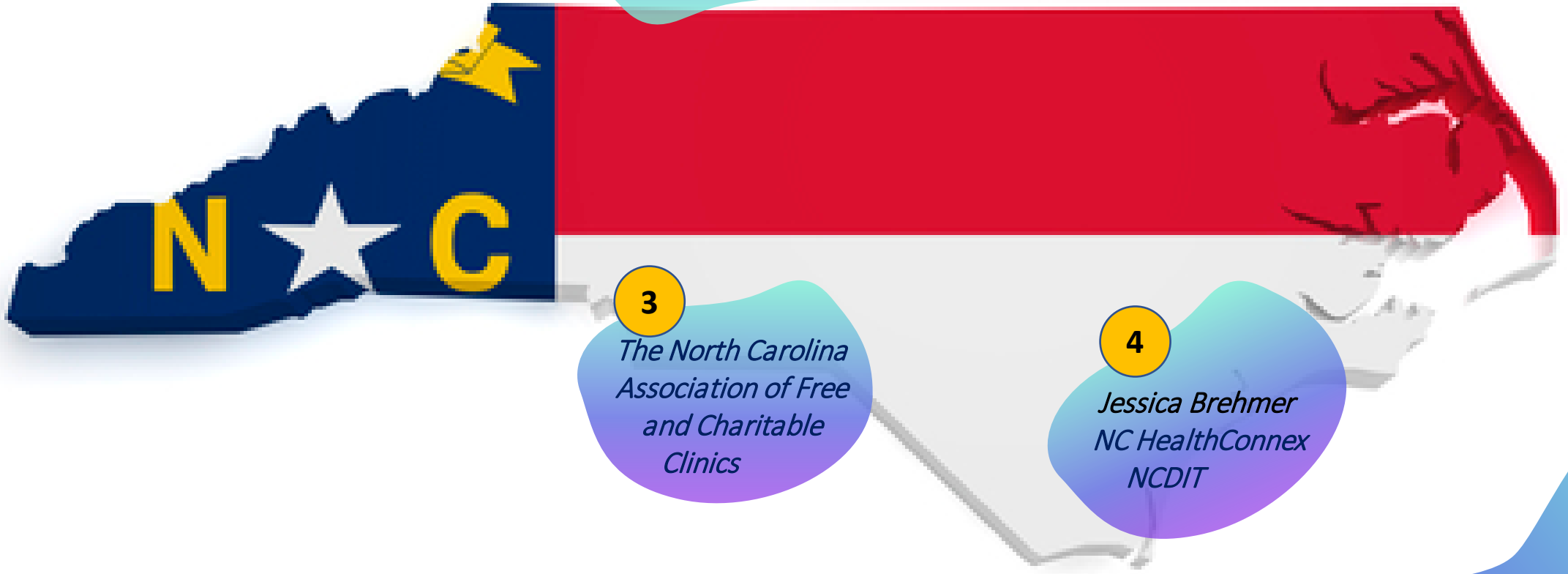
But we can manage most of your chronic and acute needs through virtual technology while keeping you safe and at home or able to go to your essential job.

DO NOT FORGET TO ASK THE COVID-19 THRE

Cough? Fever? Shortness of breath?

Today's webinar

Session Three:



1. *John Jenkins MD*
   GAHEC
   Quick review of operational pearls

2. *Paula Locklear*
   Felicia Coats
   Quick Coding Pearls

3. *The North Carolina Association of Free and Charitable Clinics*

4. *Jessica Brehmer*
   NC HealthConnex
   NCDIT

Virtual Operational Pearls

Telephonic medicine:

1. Call the patient by name
2. Make sure there is a smile in your voice
3. Know the limits of the medium.
4. Never hang up first.

Virtual Visits (audio/visual)

1. Set visit expectations.
2. Follow a familiar flow with the patient.
3. Dress professionally (confidence builder).
4. Have a neutral (no distractions) backdrop
5. Get consent for a virtual visit.
6. Document in an office note.
7. Watch the patient obtain vitals for your documentation.
8. Most visits are 99213 for established pt.

Office:

1. Consider separate Covid-19 access such as a cough clinic with Covid-19 triage.
2. Have a “safe” lab draw and immunization site for routine/wellness.
3. Convert walk-in’s to virtual (loaner tablets).
4. Develop FAQ’s and “how to complete a visit for patients

Routine Virtual Visit Types

Follow up visits :
Scheduled follow ups and rechecks

Acute Visits:
1. Expectation creation for common simple issues
2. When possible document a photo

Management of chronic problems:
1. Create protocols for required data or labs
2. Observe vitals and elicit patients for components of exam**

Wellness visits:
1. AWV's*
2. Adult wellness (lab and immunizations)
3. Well child?

Telemonitoring:
1. Covid-19 quarantine
2. CHF, COPD, ASTHMA**

Covid-19 screening
Underlies every contact

* March 30th webinar

** April 6th webinar

Virtual Primary Care

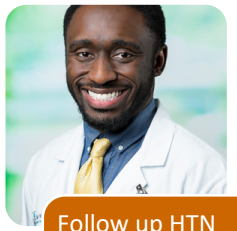
By automating best practices and deploying digital health tools the patient's team can create a personalized plan of action for most routine wellness activities

New Patient Wellness exam

- Exam Kit mailed
- Appropriate screening labs scheduled by patient online
- Obesity and HTN

Life Coach

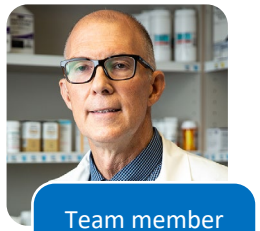
Referral to virtual live coach to set up well weight plan



Follow up HTN

- Medication started
- HTN follow up
- Peripherals data analyzed
- Protocol launched

Sensor Alert for HTN . Team member has virtual visit



Team member refers to pharmacist for med titration. HTN protocol updated

Flu Like symptoms are treated in on line urgent care visit

Yearly Wellness visit

- Care Gap closure call prior
- Pt online schedules gap visits and labs

Monthly touch base by asynchronous or AI

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Monthly touch base by asynchronous or AI

Monthly touch base by asynchronous or AI

Monthly touch base by asynchronous or AI

Set up wellness exam and gap closures

Monthly touch base by asynchronous or AI

March April May June July Aug Sept Oct Nov Dec Jan Feb March

™

Monthly check-in by either asynchronous questionnaires via text or portal or phone calls.

Future state: chat bots will use AI to interact with the patient for check-in visits

Frequently Asked Telehealth Billing Questions

- Is there a difference in telehealth and telephonic coverage for new versus established visits?
- What are the payor requirements for coding, specifically the E&M visit code, modifier and location of service?
- Are annual wellness exams, physicals or well child checks covered by telehealth?
- Are FQHCs/RHCs able to perform and bill for telehealth with Medicare and Medicaid patients?
- What is the effective date for payors so that we can retroactively file claims?

NC AHEC Telehealth Resource Center

Includes billing/coding tip sheets for Medicare and NC Medicaid

https://www.ncahec.net/covid-19/telehealth-resources

AMA Physician Practice Relief Guide

Includes information on small business loans and Medicare advanced payments

https://www.ama-assn.org/system/files/2020-04/physician-practice-financial-relief-guide.pdf

The Role of Virtual Visits in Responding to COVID-19

A Rapid Deployment Model for Telemedicine

The experience of the NC Association of Free and Charitable Clinics during COVID-19

Presenters: Randy Jordan, CEO – NCAFCC
Mark Scheerer, Deputy Director – NCAFCC
Dr. Andrew Barbash, Tele-Neurologist – Rockville, Maryland

North Carolina Association of Free & Charitable Clinics

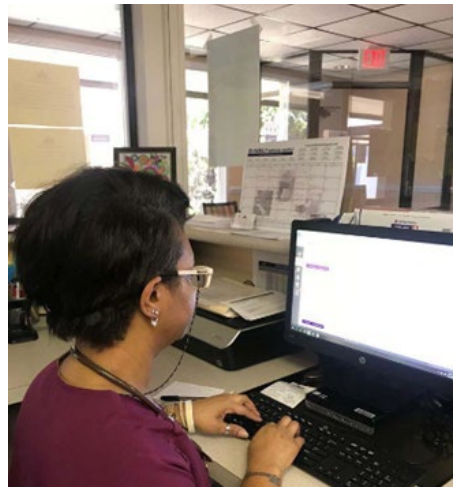
www.ncafcc.org

An Overview of NCAFCC's Telemedicine Initiative

2018

- NCAFCC initiated a telemedicine-based, free neurology consult service
- The telemedicine platform was donated by a vendor to all NC free and charitable clinics
- A small pilot group of clinics was aided by Dr. Andrew Barbash, an experienced tele-neurologist, who provided training to pilot clinics

North Carolina Association of Free & Charitable Clinics



Caring Community Clinic in Jacksonville helps the medically uninsured using telemedicine.

www.ncafcc.org

An Overview (con't)

- At the onset of COVID-19 in North Carolina, NCAFCC's leadership decided to rapidly deploy a strategy of clinics using telemedicine to triage, screen and treat their own patients.

- A favorable group contract was negotiated with a telemedicine vendor to grant access to telemedicine to up to 55 member primary care clinics.

An Overview (con't)

- In mid-March, NCAFCC's Deputy Director and Dr. Barbash immediately began enrolling member clinics in the platform and conducting training through webinars and individual clinic training consults that could fully onboard a clinic with no telemedicine experience in less than three hours.

- Within two weeks, NCAFCC stood up telemedicine services in 36 of its member clinics.

NCAFCC's Telemedicine Rapid Deployment Strategy

Keys to Success

- Value of NCAFCC's prior years of experience with telemedicine
- The Role of a Super-User
- Training Sessions
- Access to a virtual help desk

How NCAFCC Member clinics are using telemedicine during the COVID-19 pandemic

The Importance of Workflow Considerations in Onboarding Telemedicine

Disruption or Integration?

The role of the Apractis Clinic portal in onboarding telemedicine for NC's free and charitable clinics

The future of telemedicine in medical practice settings post-COVID-19

Special acknowledgment to the following for generously underwriting NCAFCC's telemedicine program.

Kate B. Reynolds Charitable Trust
Investing in Impact

Biogen Foundation™

updox

North Carolina Association of Free & Charitable Clinics

www.ncafcc.org

Telemedicine Resources

NCAFCC website: Four-part series on NCAFCC's Healthy Neighbors podcasts "Introduction to Telemedicine" (www. ncafcc.org – Podcast tab on home page)

North Carolina Association of Free and Charitable Clinics
1399 Ashleybrook Lane, Suite 110
Winston-Salem, NC 27103

Randy Jordan, CEO randy@ncafcc.org
Mark Scheerer, Deputy Director mark@ncafcc.org

Telemedicine Vendor: Updox www.updox.com

NC HealthConnex
Powering Health Care Outcomes

NC HealthConnex Clinical Portal

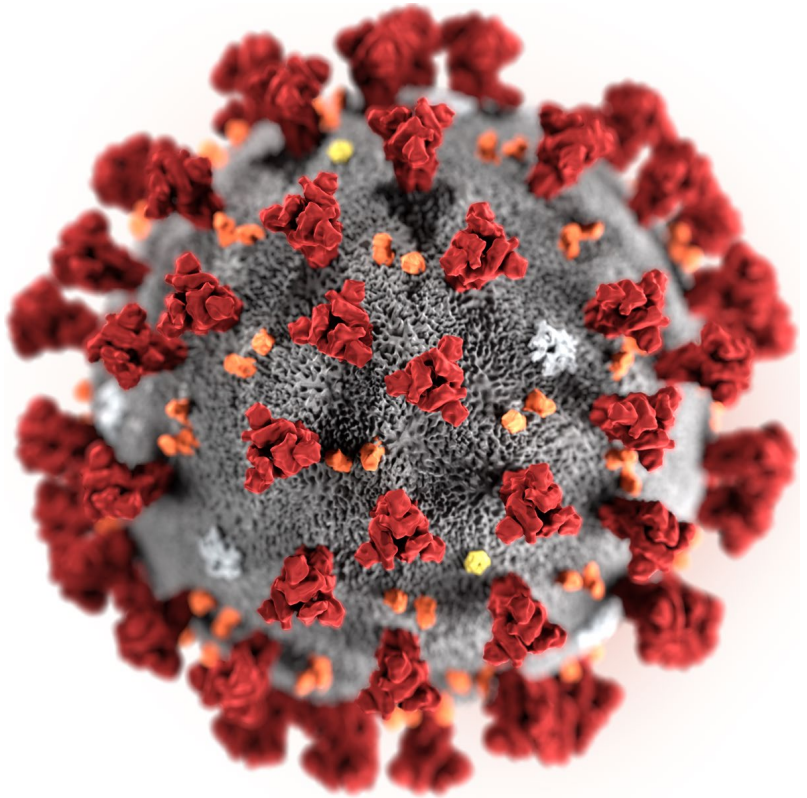
AHEC – ORH Telehealth Virtual Office Hours Webinar - COVID-19 Response

Jessica Brehmer

NC DIT NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY

COVID-19 NC HealthConnex Use Cases

- New Patient Test/Lab Results
- Hospital Encounters
  - Neighboring states
  - VA
  - Dept. of Defense
- Vaccines
- Medications



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Exchange

Web-based Portal

Uni-directional Connection

Electronic Health Record

Clinicians enter data into EHR and that data is automatically sent to HIE

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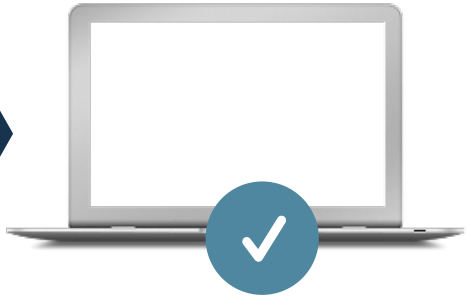
Data Provided

Clinicians who have care relationships with their patients are able readily access that data



Log in using any browser

**50% of participants are sending real-time data

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Exchange

Electronic Health Record Integration

Bi-directional Connection

Electronic Health Record

Clinicians enter data into EHR and that data is automatically sent to the HIE

Data Sent into EHR

Clinicians who have care relationships with their patients are able readily access that data via their EHR

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Clinical Portal – Functional Roles

Clinical Portal Functionality	Clinician	Clerical	PAA User Admin	Clinician & PAA Admin
View Clinical Portal Home Page	X	X		X
View User Administration Home Page			X	X
Search for Patients	X	X		X
View Recent Patients	X	X		X
Break the Privacy Seal (Patient Level Access)	X			X
View Demographics	X	X		X
View Encounter History	X			X
View Problems	X			X
View Procedures	X			X
View Lab & Pathology Results	X			X
View Radiology Reports	X			X
View Clinical Documents	X			X
View Continuity of Care Documents	X			X

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Clinical Portal – Functional Roles Examples

Level	Description	Common Examples
%HS_Clinician	This level of access is assigned to a credentialed health care provider or someone who works under a credentialed health care provider to provide patient care functions.	• Physician • Physician Assistant • Nurse Practitioner • Nurse • Resident or Intern • Therapist • Pharmacist
%HS_Clerical	This level of access is assigned to a user who may access the Clinical Portal to search for patients and verify demographics. This level of user may not access clinical data.	• Practice Manager • Administrator • Billing Clerk • Medical Assistant II • Registration Staff
%HS_PAA User Administrator	This level of access is assigned to a user who maintains NC HealthConnex Clinical Portal end user accounts for their organization, including password management. This level of user may not access any patient data.	• Participant Account Administrator (PAA) • Healthcare Organization (HCO) Staff
%HS_Clinician & %HS_PAA User Administrator	This level of user maintains NC HealthConnex Clinical Portal end user accounts for their organization, including password management, and is also a health care provider or works under a health care provider to perform patient care functions. This level of user may access all the administrative and clinical functionality within the Clinical Portal.	• A clinician or health professional who is the PAA and also requires patient access.

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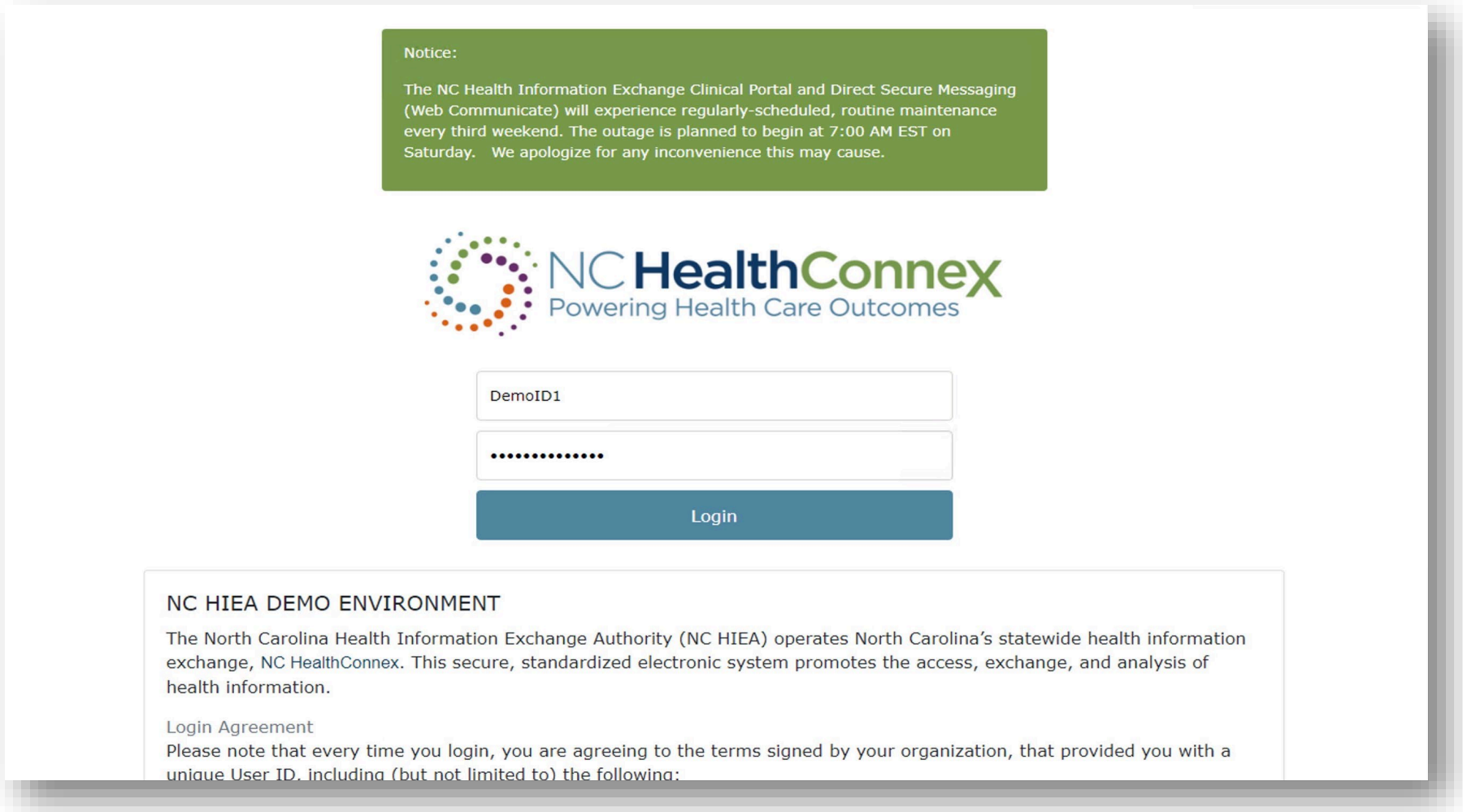
Logging into the Web-based Clinical Portal



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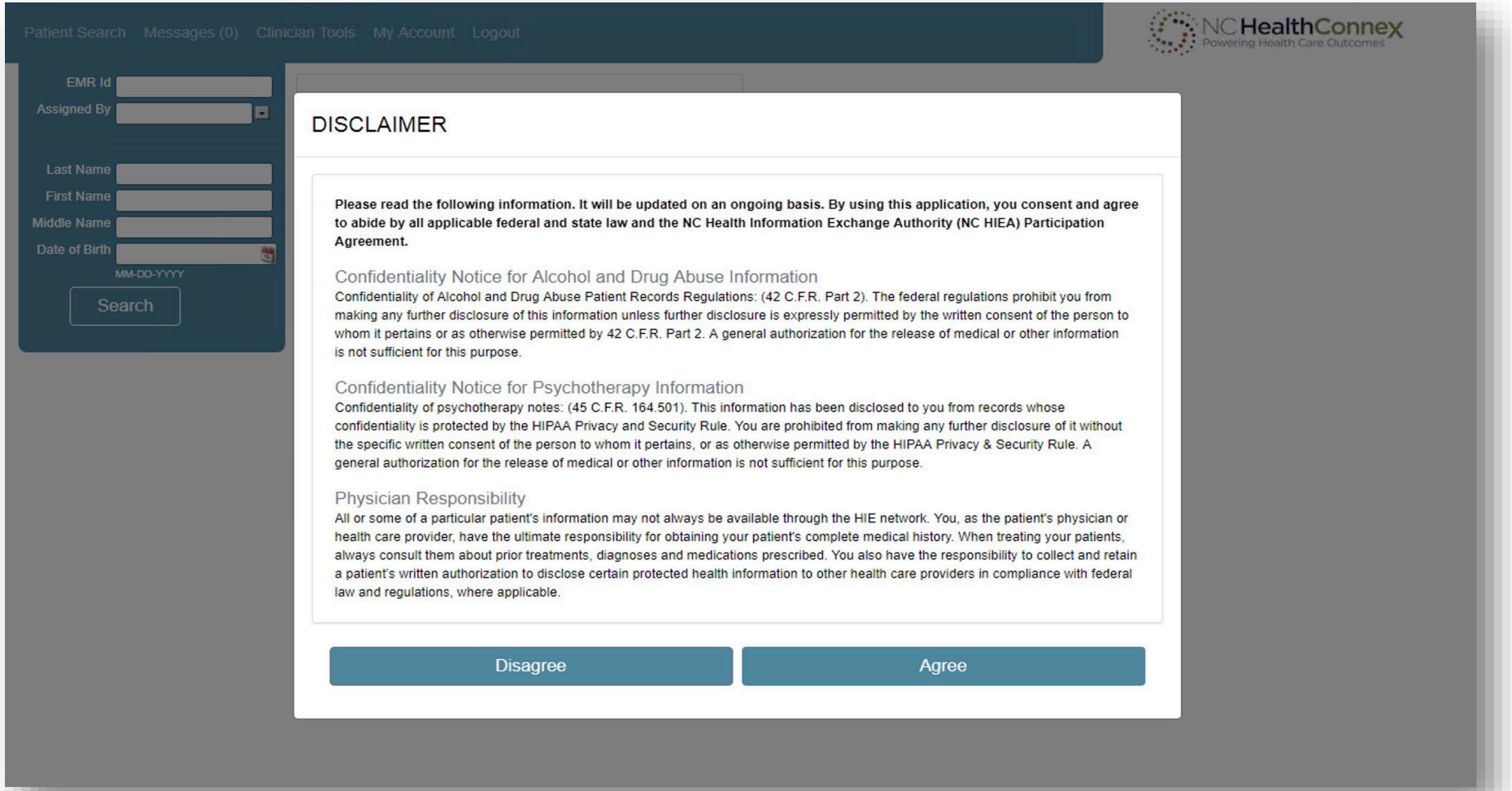
Web-based Portal



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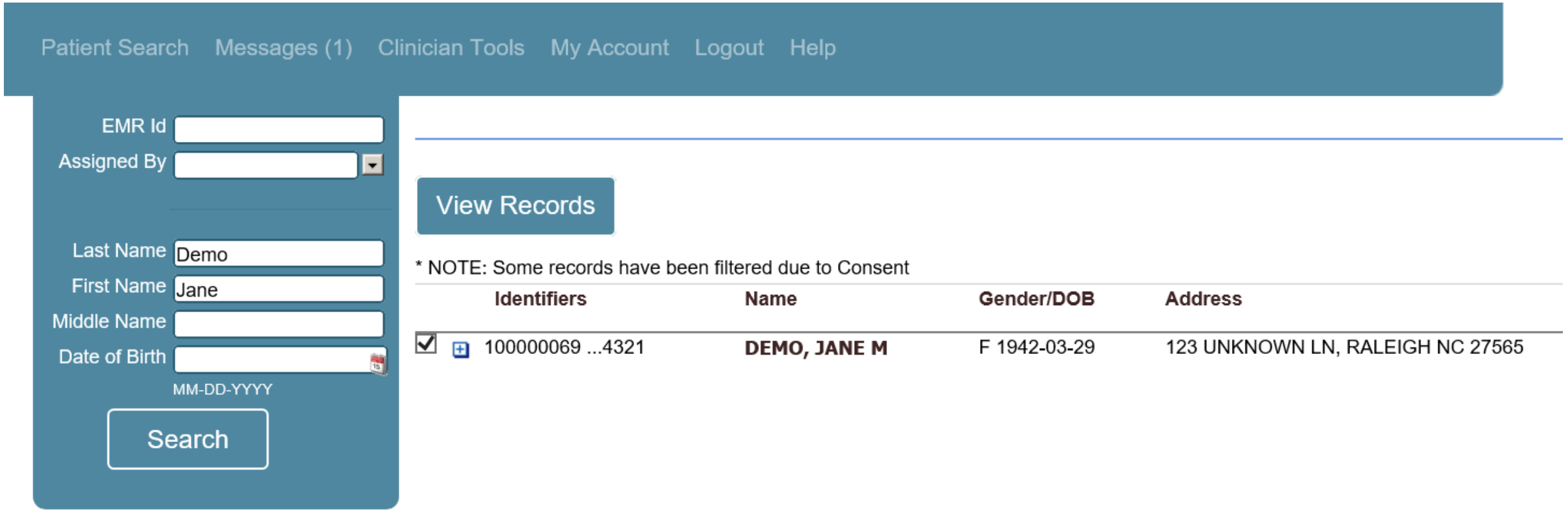
Patient Search



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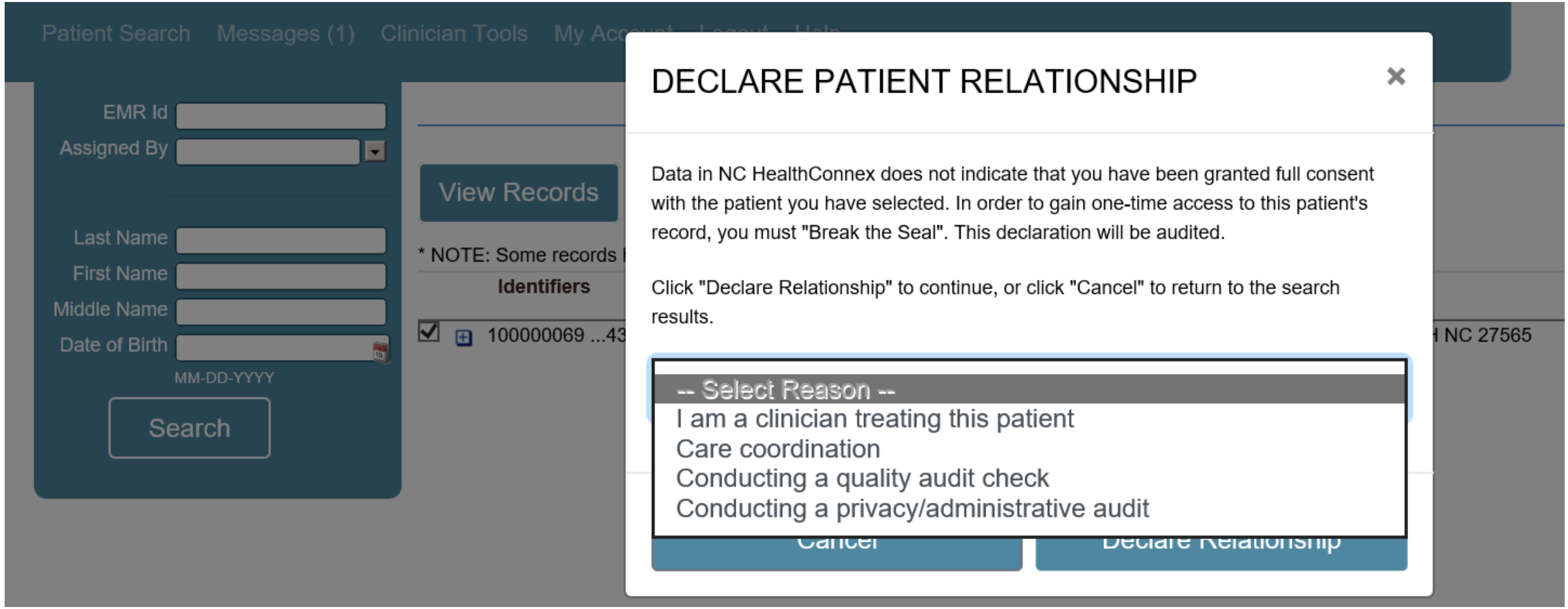
Break the Seal



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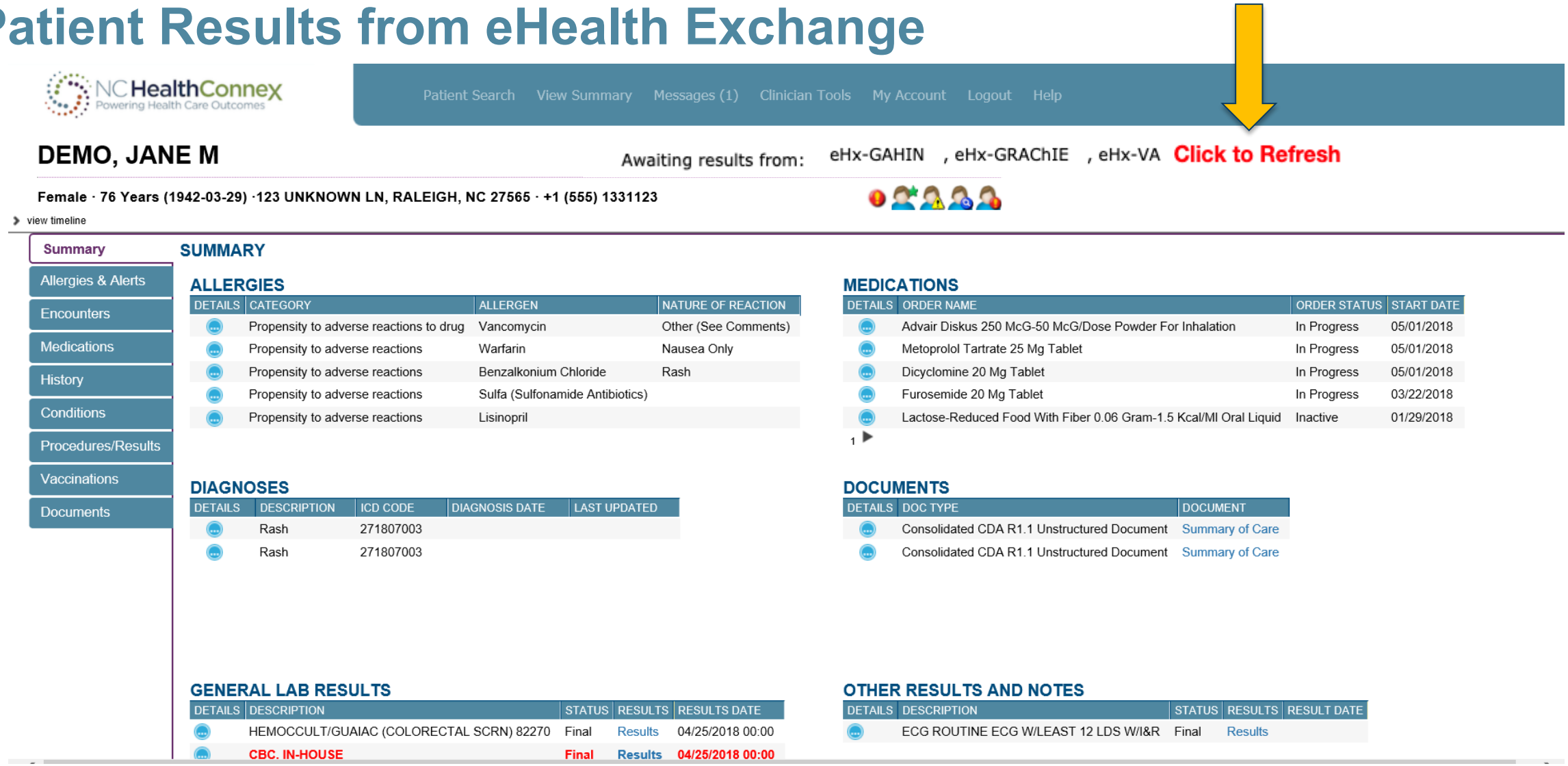
Patient Results from eHealth Exchange



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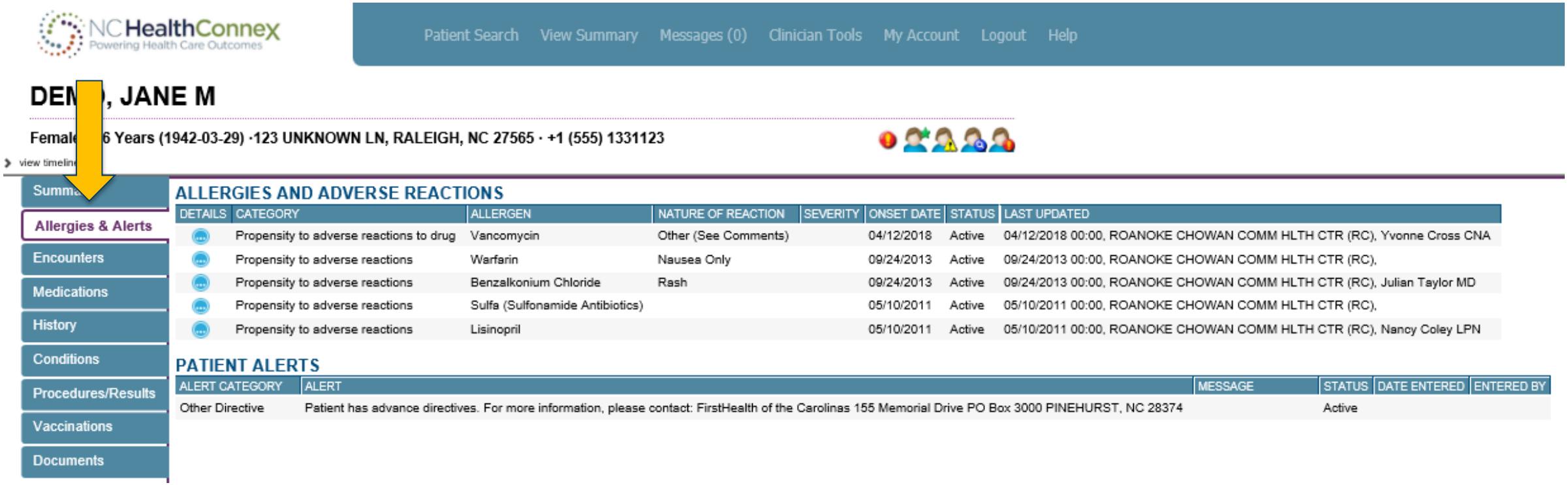
Allergies



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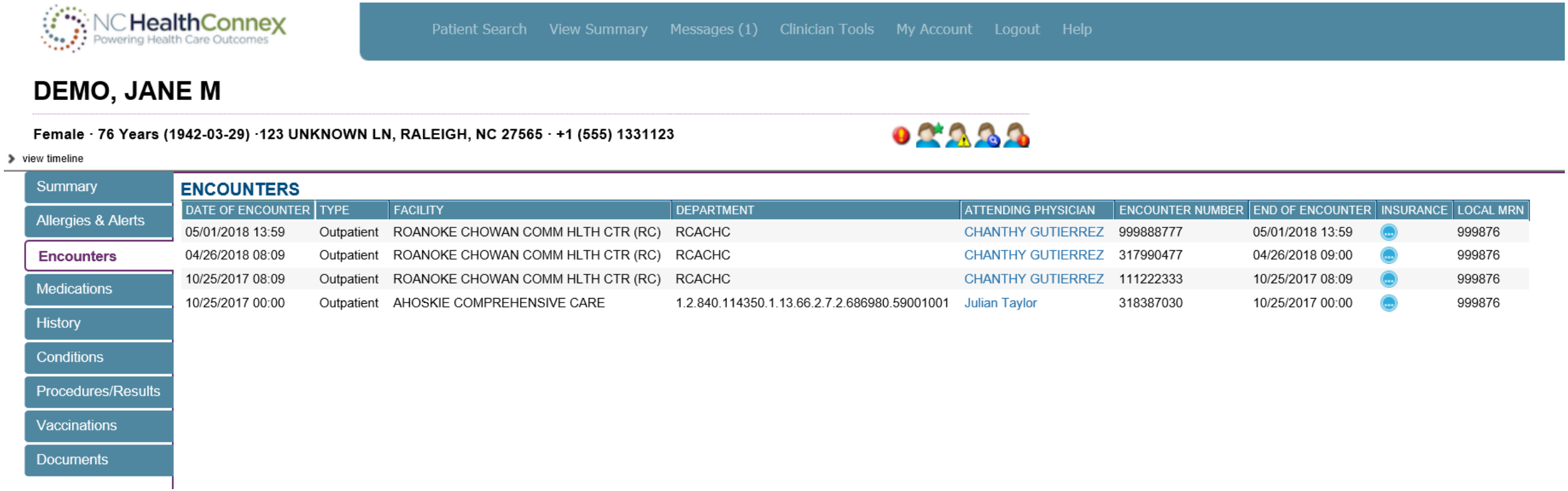
Patient Encounters



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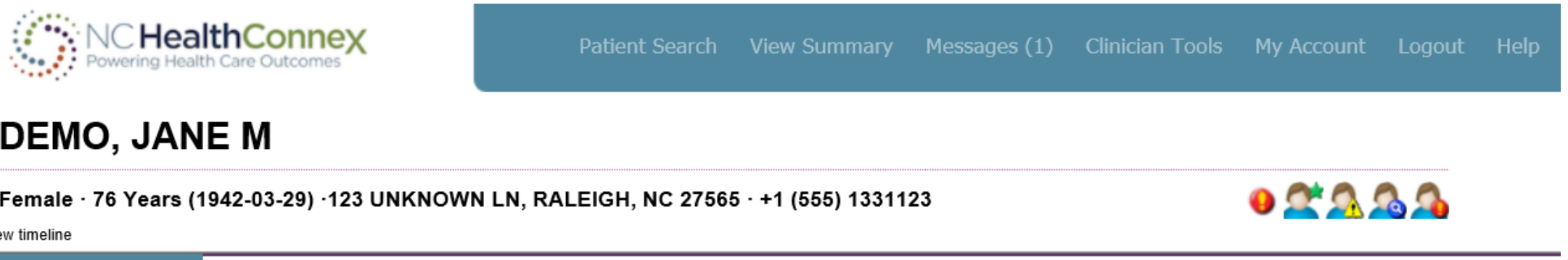
Medications



RECENT MEDICATIONS

DETAILS	ORDER NAME	DOSE	DRUG ROUTE	START DATE
	Dicyclomine 20 Mg Tablet	3 Caps/day		05/01/2018
	Metoprolol Tartrate 25 Mg Tablet	1 Caps/day		05/01/2018
	Advair Diskus 250 McG-50 McG/Dose Powder For Inhalation	2 per day		05/01/2018
	Furosemide 20 Mg Tablet	1 Cap	oral (C38288_t13)	03/22/2018

HISTORICAL MEDICATIONS

DETAILS	ORDER NAME	DOSE	DRUG ROUTE	ORDERED ON
	Lactose-Reduced Food With Fiber 0.06 Gram-1.5 Kcal/Ml Oral Liquid	3 {can}	oral (C38288_t13)	01/29/2018
	Triamcinolone Acetonide 0.025 % Topical Cream	2 Apply	topical	10/25/2017
	Nitrofurantoin Monohydrate/Macrocrystals 100 Mg Capsule	1 Caps/day		10/25/2017
	Potassium Chloride 20 Meq/15 Ml Oral Liquid	1 Tbsp		10/24/2017

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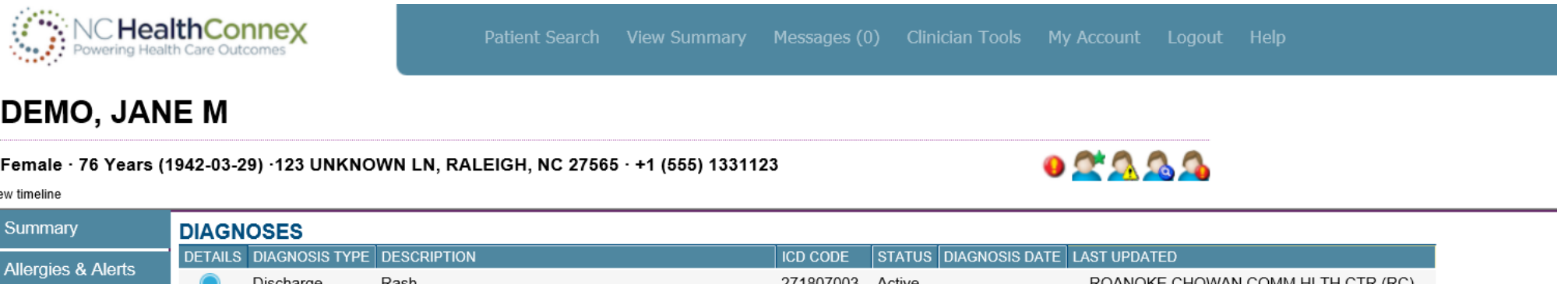
Conditions



DIAGNOSES

DETAILS	DIAGNOSIS TYPE	DESCRIPTION	ICD CODE	STATUS	DIAGNOSIS DATE	LAST UPDATED
	Discharge	Rash	271807003	Active		ROANOKE CHOWAN COMM HLTH CTR (RC)
	Discharge	Rash	271807003	Active		ROANOKE CHOWAN COMM HLTH CTR (RC)

PRESENT ILLNESS

DESCRIPTION	ONSET DATE	END DATE	PROBLEM	STATUS	LAST UPDATED
Chronic allergic rhinitis	05/01/2018		Chronic allergic rhinitis	Active	05/01/2018 20:03
Dyslipidemia	05/01/2018		Dyslipidemia	Active	05/01/2018 20:49
Constipation, chronic	03/04/2014		Constipation, chronic	Inactive	03/04/2014 21:12
Conjunctivitis	04/23/2013		Conjunctivitis	Active	04/23/2013 22:12
Candidal dermatitis	09/28/2012		Candidal dermatitis	Inactive	09/29/2012 02:13
Seborrheic keratosis	09/28/2012		Seborrheic keratosis	Inactive	09/29/2012 02:13

PAST ILLNESS

DESCRIPTION	ONSET DATE	END DATE	PROBLEM	STATUS	LAST UPDATED
Moniliasis of mouth	08/27/2014	05/01/2018	Moniliasis of mouth	Resolved	08/27/2014 23:03 ROANOKE CHOWAN COMM HLTH CTR (RC)
Insomnia	04/23/2013	05/01/2018	Insomnia	Resolved	04/23/2013 22:21 ROANOKE CHOWAN COMM HLTH CTR (RC)
Hyponatremia	04/23/2013	05/01/2018	Hyponatremia	Resolved	04/23/2013 22:21 ROANOKE CHOWAN COMM HLTH CTR (RC)
Obesity, unspecified	10/07/2011	03/27/2014	Obesity, unspecified	Resolved	ROANOKE CHOWAN COMM HLTH CTR (RC)

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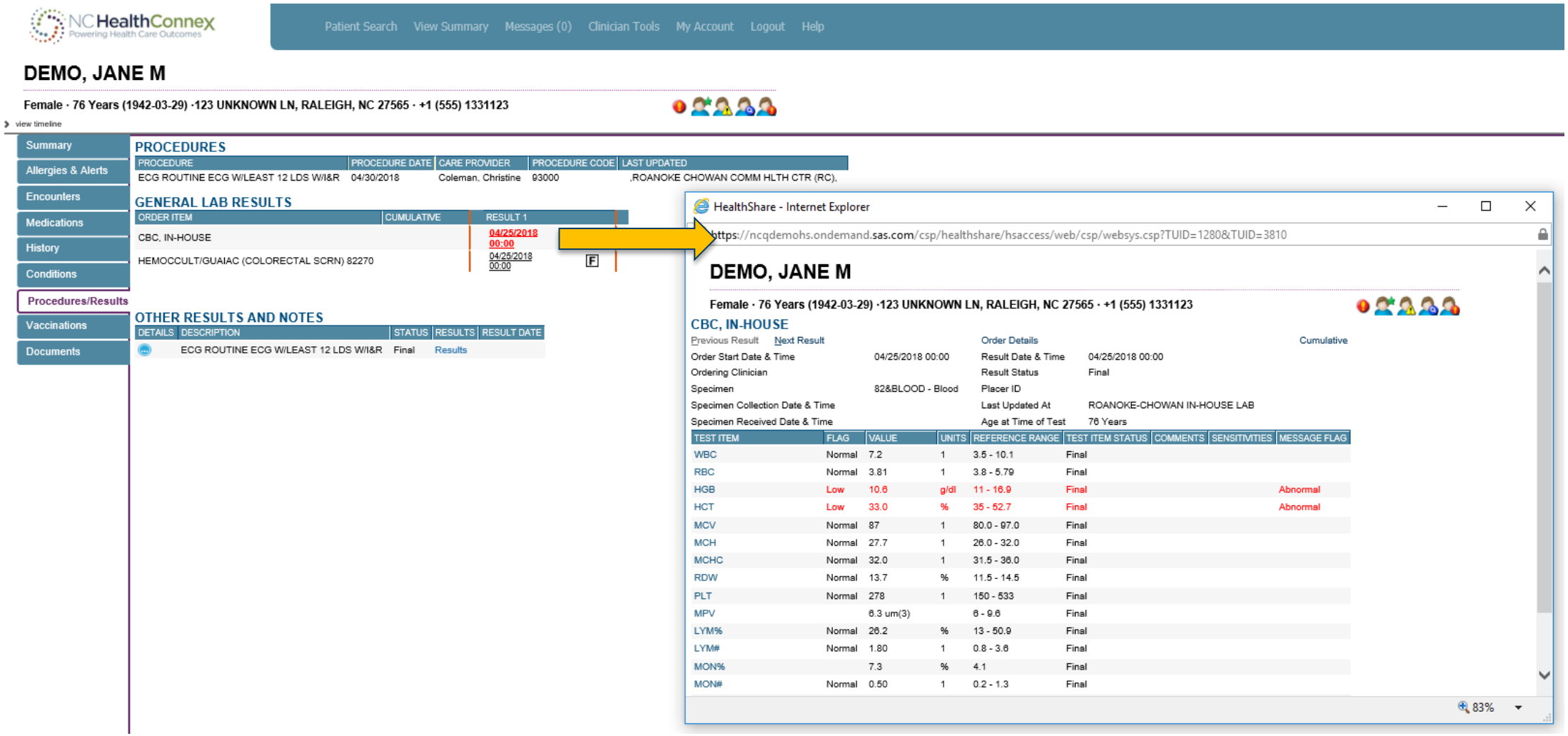
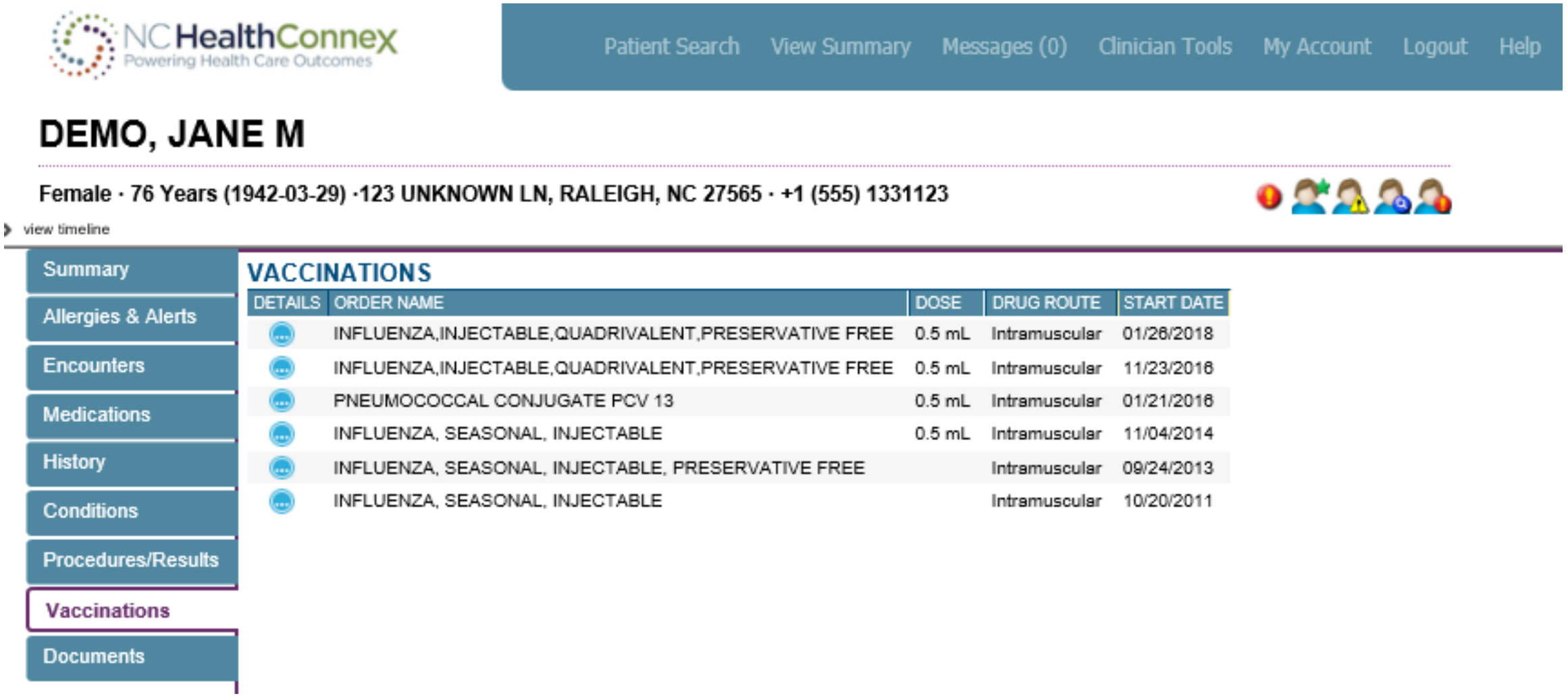
Procedures/Results



Vaccines



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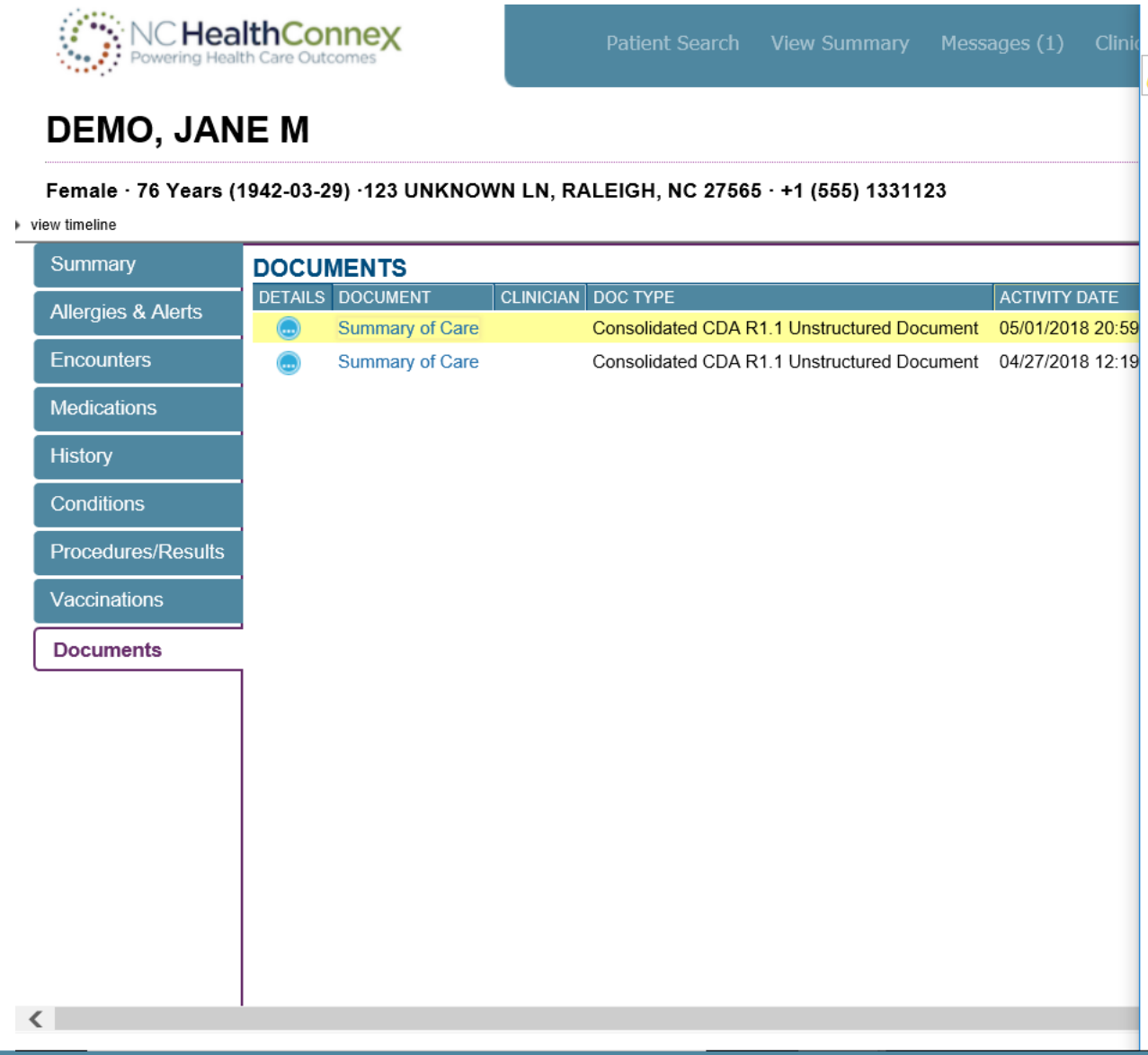
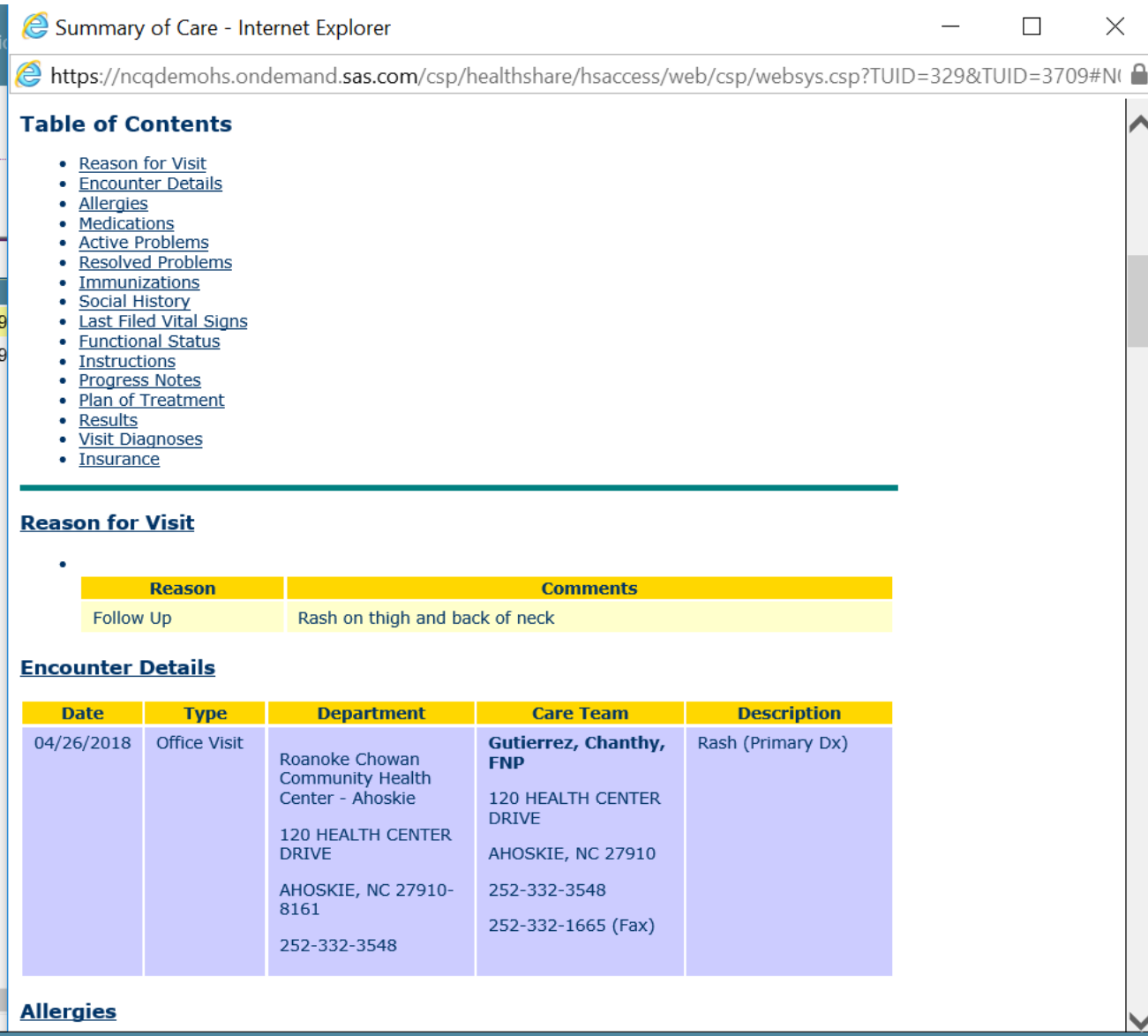
Documents - Continuity of Care Document





Exchange

Clinical Portal
How to Gain Access

Reach out to your PAA!

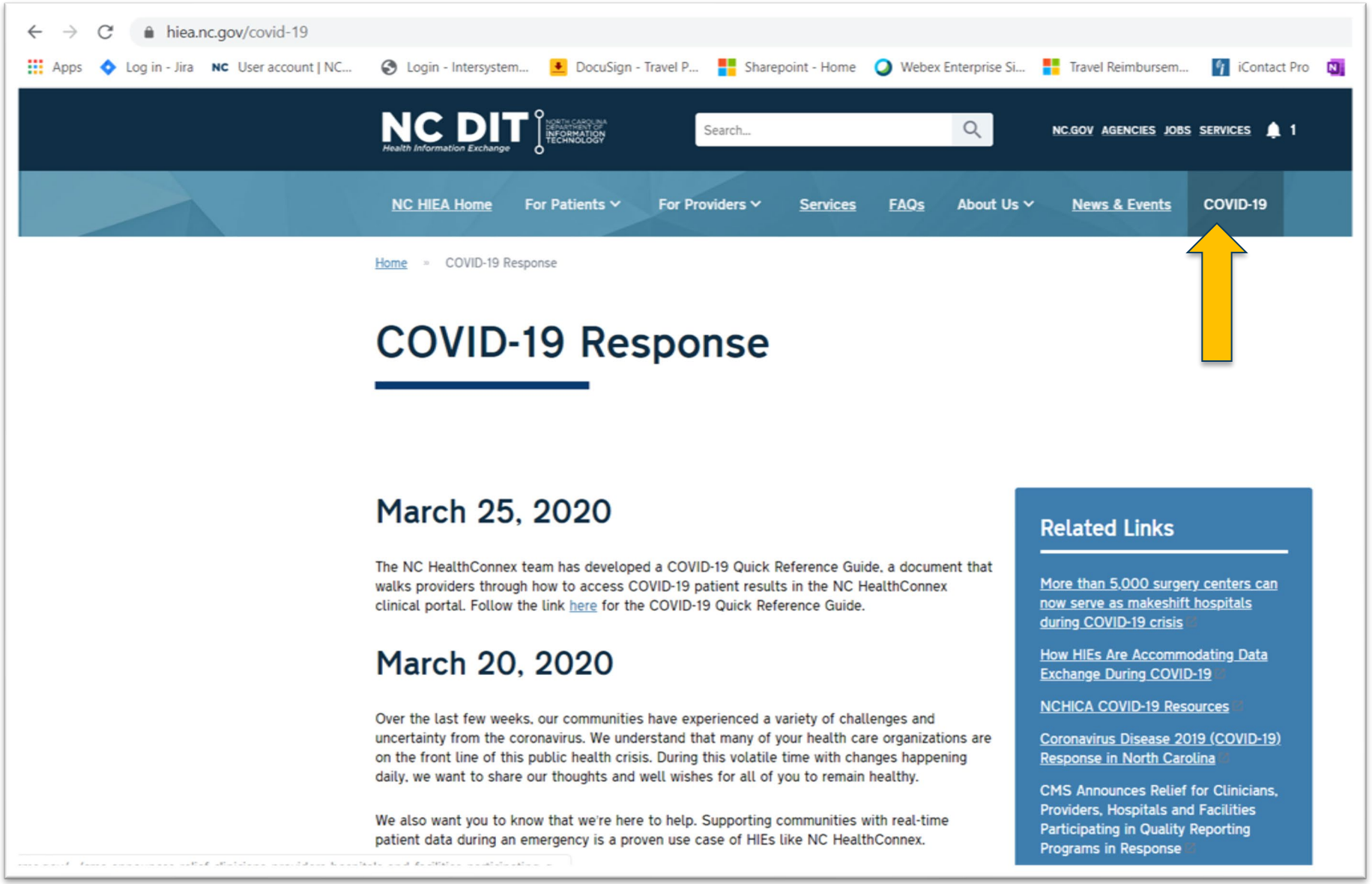
Your PAA will be able to request a portal account for you by emailing HIESupport@sas.com.

Please note: PAAs are the only individuals that can request credentials for staff members.

NC HealthConnex
Powering Health Care Outcomes

Additional Covid-19 NC HealthConnex Resources

Website:
hiea.nc.gov/covid-19

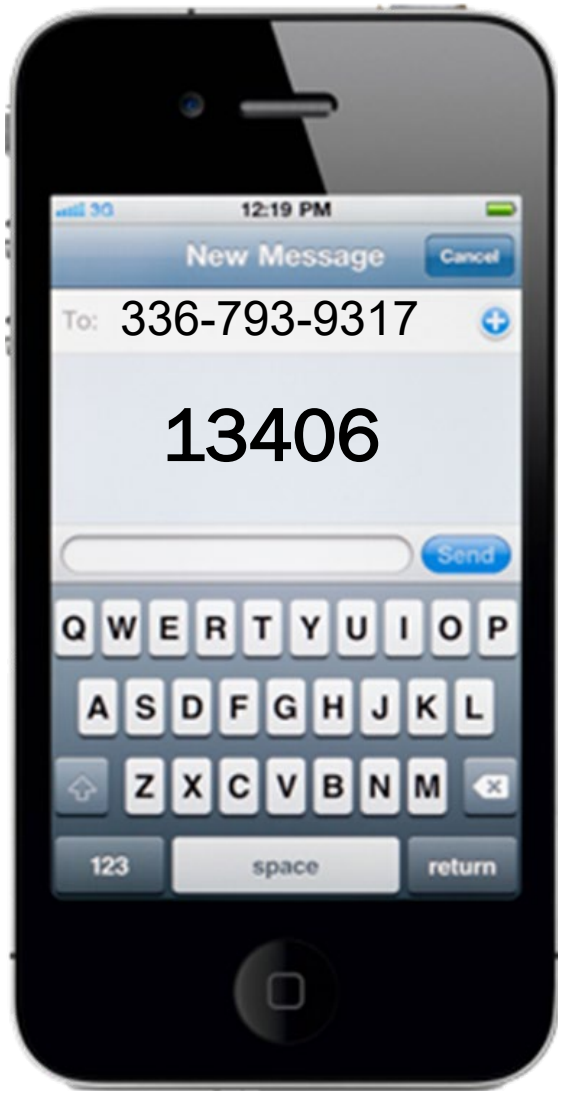


Questions?

For more information visit:
www.nchealthconnex.gov

E-mail: hiea@nc.gov

NC HealthConnex
Powering Health Care Outcomes



Attention **All** Participants

To Receive CME Credit

Text Code: **13406**

To: **336-793-9317**

***MyAHEC account is required for credit**

For more instructions visit: **www.nwahec.org/textreg**

FCC Announces $200 Million in COVID-19 Telehealth Funding

1. **Obtain an eligibility determination form from the Universal Service Administrative Company (USAC) – Form 460**

2. **Obtain an FCC Registration Number (FRN);**

3. **Register with System for Award Management**

https://www.fcc.gov/covid-19-telehealth-program

TELEHEALTH TECHNICAL ASSISTANCE CONTACT INFORMATION

Safety Net Health Care Providers

- **Safety Net Provider Questions and Telehealth Technical Assistance Requests – Contact NC Office of Rural Health (ORH)**
  - **NC ORH Website - https://www.ncdhhs.gov/divisions/orh**
  - **Email – ORH_Telehealth@dhhs.nc.gov**

Health Care Providers

- **Health Care Providers Questions and Telehealth Technical Assistance Requests – Contact NC Area Health Education Centers (AHEC)**
  - **NC AHEC - https://www.ncahec.net/practice-support/what-we-do/**
  - **Email - practicesupport@ncahec.net**

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