NC Department of Health and Human Services

The Role of Virtual Visits in Responding to COVID-19

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https://www.captionedtext.com/client/event.aspx?EventID=4406178&CustomerID=324

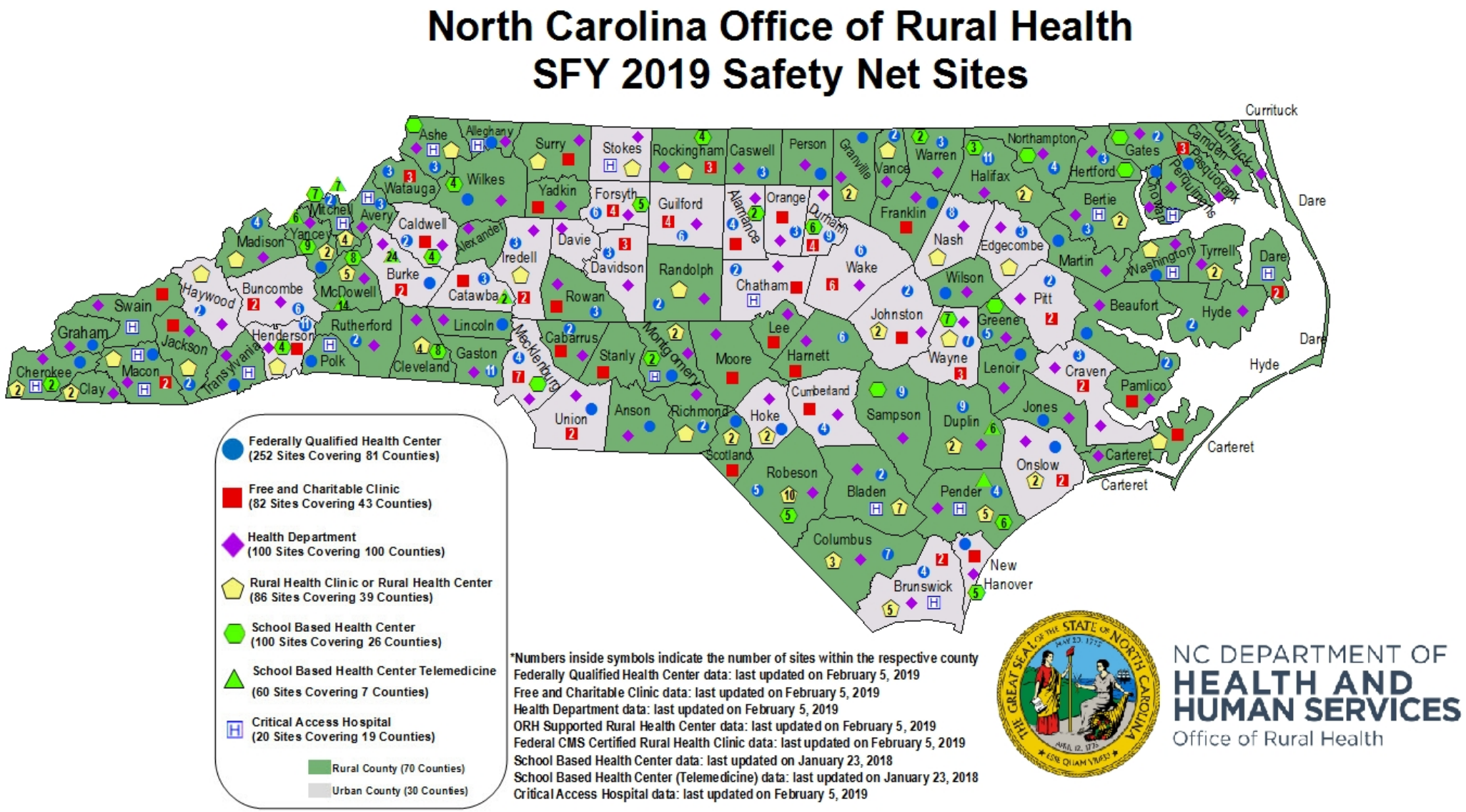
Lakeisha Moore
Office of Rural Health

Dr. John E. Jenkins
Greensboro AHEC

Chris Weathington
NC AHEC

March 30, 2020

WELCOME SAFETY NET SITES



AGENDA AND HOUSEKEEPING

Agenda

- Presentation on The Role of Virtual Visits in Responding to COVID-19 (Dr. John E. Jenkins)
- Resources for Telehealth Billing (Chris Weathington)
- Question and Answer (Robyn McArdle)
  - Please submit your questions through Q&A (not chat)

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
- Please use the Q&A feature of the webinar to submit questions rather than the Chat box.
- The goal of today's webinar is to introduce health care providers to using telehealth and associated workflows specific to COVID-19.
- There are additional webinars on COVID-19 clinical care and NC Medicaid billing listed on the NC AHEC COVID-19 Resource webpage.

Call to Action

The CDC has advised healthcare facilities to explore alternatives to face-to-face screenings for the new coronavirus. Given the ease of transmission and the delayed onset of symptoms for COVID-19, healthcare providers are doing as much as possible to keep patients out of clinics and hospitals for unnecessary visits.

Resources from across the State of North Carolina have combined to help our providers deliver safe and effective virtual care to our citizens.

NORTH CAROLINA AHEC

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Rural Health

Important Definitions

Digital Health is the convergence of digital technologies with heath, healthcare, and living to enhance the effectiveness and efficiency of healthcare delivery while making medicine more personalized and precise for the communities we serve.

Telemedicine "is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status". Telemedicine allows health care professionals to evaluate, diagnose and treat patients in remote locations using telecommunications technology.

Telehealth describes the use of audio/visual technology to provide real time care and may be referred to as virtual visits, m-health visits or "synchronous visits". The terms telemedicine and telehealth may be used interchangeably.

Virtual Patient Communication (NC Medicaid definition) is the use of technologies other than video to enable remote evaluation and consultation support between a provider and a patient or a provider and another provider. Covered virtual patient communication services include telephone conversations (audio only); virtual portal communications (e.g., secure messaging); and store and forward (e.g., transfer of data from beneficiary using a camera or similar device that records (stores) an image that is sent by telecommunication to another site for consultation).

Originating Site is where the patient is located

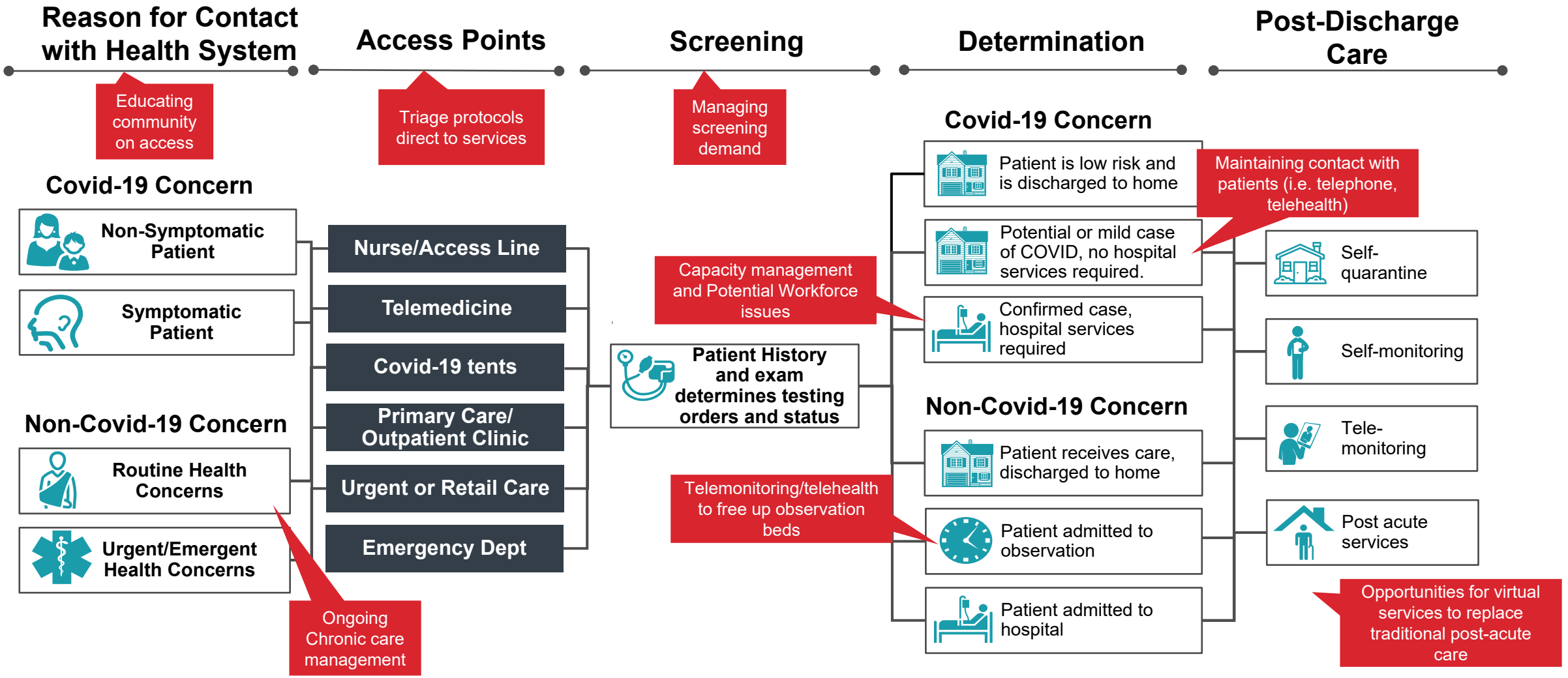
Distant Site is where the provider is located

Parity is the same payment rate as in-person care

The Role of Virtual Visits in Responding to COVID-19

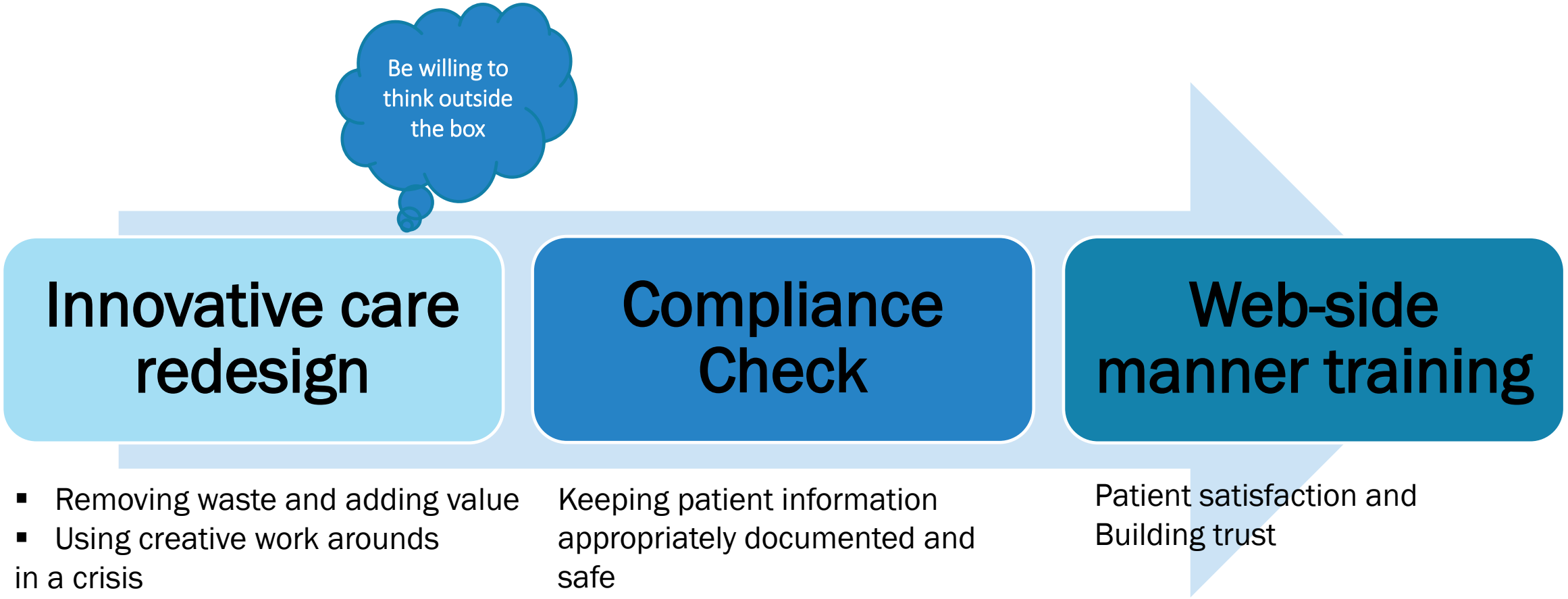
A Quick Playbook

Patient Journey with Digital Health Opportunities During Covid-19 Pandemic



Adapted from ECG Consultants and Cone Health

EFFECTIVE USE OF DIGITAL HEALTH REQUIRES RETHINKING CARE DELIVERY



Define your telehealth technology plan

- If your practice already uses a telehealth platform, determine the best method(s) to increase patient volumes related to a screening clinical workflow
- If you do not have telehealth in place you may contact a vendor for a rapid response **COVID-19** screening platform and set up a call routing process to connect patients with providers trained on screenings.
- OR you can start out with basic & free audio/visual technology today.
- NOTE: Avoid social media platforms for the visit.

Develop clinical and operational protocols

- Build teams
- Develop screening and testing protocols
- Recruit and train care teams on proper protocols
- Determine hours of operation, schedules, and caseloads for management
- Confirm follow up and notification protocols
- Coordination with all clinical and operational staff and with local HD

Create and execute on marketing

- Inform patients of the ability to contact practice through digital health technology by multiple modalities (portal, web, social media, e-mail).
- Clinical review of all patient facing materials including FAQ's
- Promote digital health screening as your "front door"

CALL OR CLICK BEFORE YOU COME IN

YOUR TEAM MAY BE ABLE TO PROVIDE THE CARE YOU NEED WITH A TELEPHONE CALL OR A VIRTUAL VISIT WITHOUT LEAVING YOUR HOME.

SAFER CHOICES FOR WAVED VIDEO CONNECTIONS

- **How do I download zoom for free?**
  - Here's what you need to do to use **Zoom** for **free** video conferencing: **Download Zoom** from the homepage of the developer and install it on your PC. Create a personal account on the homepage of the developer. Use the credentials to log into your account directly from the program's interface.
  - https://zoom.us/support/download

- **How do I download WebEx for free?**
  - The new free service is called **WebEx Meet.** It allows you to hold WebEx meetings with up to four other people. For the most part it offers all of the features most people will need for a small web conference.
  - https://www.webex.com/

- **How do I download Skype for free**
  - Skype has both desktop and mobile versions. Be sure to note if your windows, OS, or android to get the right download.
  - https://www.skype.com/en/get-skype/

HOW TO USE A FREE SERVICE FOR AN : AUDIO VISUAL VISIT

- For users of outlook 365
  - Access the webex.com website
    - Follow “home>preferences>scheduling>scheduling permission pathway and enter the email address of your designee for scheduling. Exit.
    - Next go into your outlook calendar on your desktop and click on File in the upper right hand corner. Click on account settings , scroll to delegate access, add your scheduler and click on the top level of access (My delegates only, but send me a copy…) Then “OK”.
    - This allow you administrative staff to schedule the WebEx with you and the patient(s) Use a common title “virtual visit for (provider) and (patient). You may invite other parties such as an interpreter to join either telephonically or full A/V.
    - Create a clear workflow for your office staff.

- Proposed Scheduling flow
  - Patient calls to be seen or has scheduled follow up that can be virtual (establish an office policy).
  - Time is agreed, virtual appointment is placed in the appointment calendar. Email and phone # documented.
  - Outlook invite created in providers calendar for time of visit. Invite sent to provider first to put on calendar.
  - Scheduler then goes into office outlook and creates a “new email” to patients email address. Subject : virtual visit with (provider). Copy the WebEx details to paste into the pt invite
  - Suggested content: You have a virtual visit with your provider. This email contains a link to connect you at the time of the appointment. Please do not reply to this email. If you have questions please call you provider’s office. If you have a medical emergency call 911. (Add details of time and paste WebEx meeting details with a “how to download WebEx when asked”.)

COVID 19 Outpatient Triage: High Level Flow

DRAFT

Patient calls Office

RN checks for chart in EHR; if not, does quick reg. Make sure you get email and cell information

RN opens telephone encounter in EHR. Completes Initial Screening using COVID brief protocol for symptoms or possible exposure

Answer to Initial screening Questions

No

Assure patient low risk of COVID;
Refer to website (s) for information on how to take precautions;
Refer to MD office if sick w/ non COVID symptoms

https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-frequently-asked-questions

Yes to symptoms or exposure

RN completes Nurse Triage Assessment in COVID *smartform* or practice form

Answers yes to ANY RN Triage Questions?

Yes

RN tells patient that a provider will call back or send a video link to do a clinical evaluation

RN notifies provider on schedule, provides patient contact info, high level info on positive screening

Office schedules either a phone call or video visit with the patient A link is sent with consent for a telehealth visit Goal of evaluation by provider is to segment patient into

- **Low risk -** Self mgmt. at home. Self monitor.
- **Potential / likely COVID** but does not require hospital support services – initiate telemonitor protocol
- **Suspected high risk case of COVID** in a patient that likely requires hospital services

Testing should be order based on most recent State and CDC guidelines

No

Testing should be order based on most recent State and CDC guidelines

RN Advises patient:
If has travel risks, has been exposed to someone with laboratory confirmed Covid-19 or has been exposed to a person under investigation for COVID-19-

- Self-isolate at home, do not go to work, school, supermarket, etc., and notify local Health Department
- Initiate local testing referral policies for confirmation
- Use supportive measures and follow protective measures
- Call Back if symptoms occur
- Refer to website for information on treating illness at home and other COVID information

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/index.html

High risk

- Call ED to make referral / heads up
- Instruct the patient to put on a surgical/procedure mask prior to or upon entering the facility.
- Instruct the patient to follow hand and respiratory hygiene and cough etiquette.
- Notify local health department

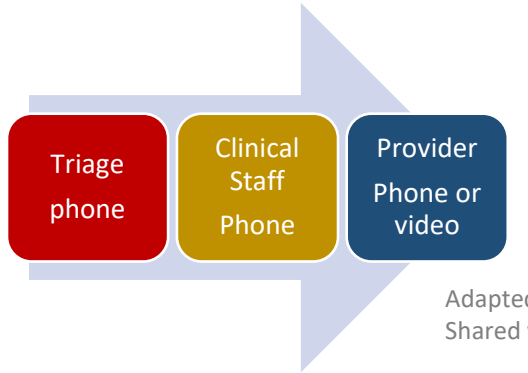
Low Risk

Self Management and monitoring for change in symptoms
Currently recommend not to test low risk

Potential risk

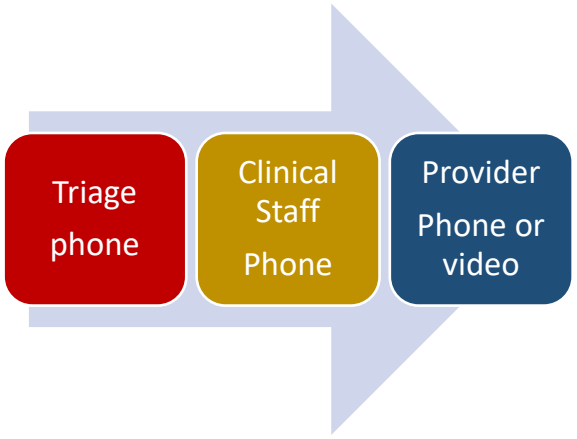
- Instruct to self-quarantine
- Provide self-management instructions
- Enroll in tele-monitor program – team does daily check ins (14 days or until symptoms resolve)
- Obtain contacts list (form)
- Notify Health Department
- Testing only if indicated by State and CDC guidelines

Telemonitor Program



Adapted by GAHEC from Atlantic Health System
Shared with permission

Key Components to effective triage for Covid-19



Basic Three Questions	Extended symptoms	Provider Assessment
Fever	Fever >100.4	Determination of care plan based on presentation.
Cough	Difficulty breathing or talking	Referral for testing as indicated by current state protocols.
Shortness of Breath	Blue lips	Enrollment in monitoring protocols or appropriate follow-up.
	Acting confused	
	Slurred speech	
	Coughing up blood	
	Signs of low blood pressure	
	High risk comorbidities	

Modifiers:
Travel risk
Exposure to POI
Occupational exposure

Low risk
Moderate risk
High risk

https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-frequently-asked-questions

https://www.ncdhhs.gov/covid-19/faq

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

KEY SAFETY AND COMPLIANCE ISSUES: SUGGESTED BEST PRACTICES

HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/INDEX.HTML?S_CID=BB-CORONAVIRUS-2019-NCOV-NCIRD

Pre-Video Visit

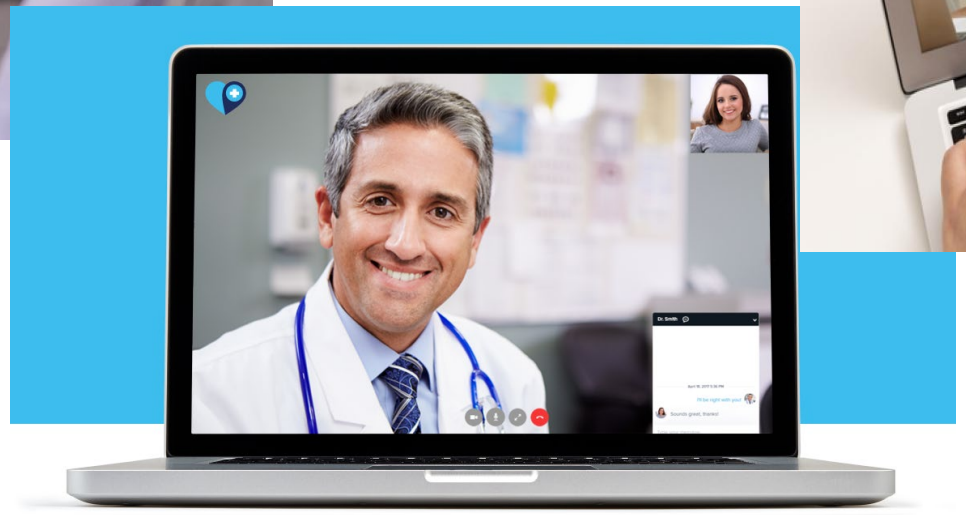
- The waiver applies to technology NOT to your home or office. Conduct the visit in a secure place.
- Consent to treat should be incorporated into the process. Suggested best practices are:
  - Incorporate consent form into the video visit invite. “By clicking the link provided you have read the consent form and are giving permission to treat”.
  - Copy and paste link to information in invite
  - Add information for “what to expect” when they are asked to download the link. NOTE ALL NECESSARY “YES” answers.
  - Consider having a help number.

Documentation

- Develop a protocol for Covid-19 visit types. Use electronic medical record (EHR) capabilities.
- Clear documentation of assessment and plan including referrals, recommendations, and follow up.
- Track referrals for health department data.
- Provide necessary forms for testing either by portal, text, or email.
- Text, email, or send via patient portal a copy of your instructions
- Have a written follow up procedure for your office.

Components of Success for Virtual Visits

A Quick Guide



IN TELEHEALTH THE PATIENT “SEES” MORE THAN JUST YOU

Examine these encounter photos. What do you see?

WEB-SIDE MANNER

- Ensure eye contact by adjusting the webcam to eye level
- Consider the room setting and lighting
- Sit at a desk or table
- Improve visit efficiency by being on time
- Dress appropriately for the virtual visit
- Address patients by their names
- Introduce yourself and explain your role
- Validate the patient’s concerns
- Clarify your actions with the patient
- Don’t be afraid to admit you need help
- Ask the patient for feedback on this visit

Telemonitoring, AWV's and Management Virtual Visits

Practical Practice Ideas

Leverage Virtual Visits for Acute Issues and Chronic Follow-up

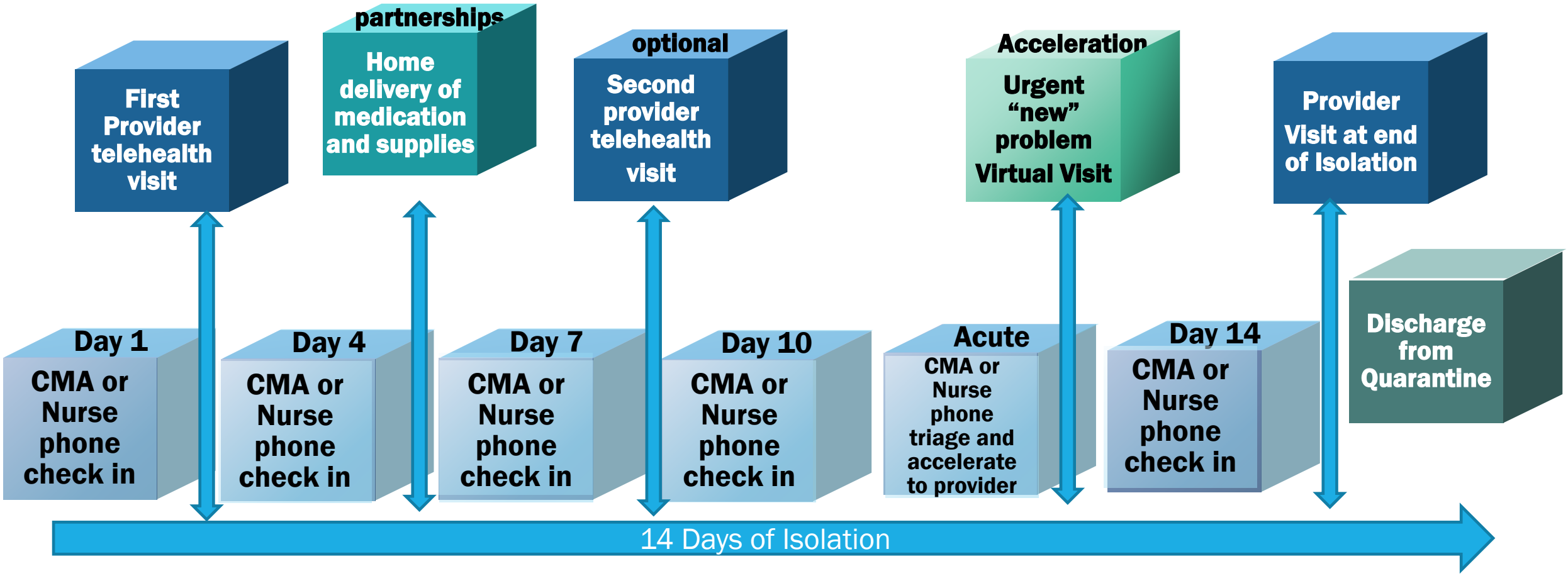
Asynchronous visits driven by questionnaires and responses

Proactive conversion of routine follow-ups to virtual visits

Offering virtual visits for simple acute issues

Practice management of at-risk patients

1. ASSESS TECHNOLOGY WITH PATIENT OBTAIN CONSENT TO ENTER VIRTUAL TELEMONITORING PROGRAM
2. EPISODIC TELEPHONIC VISITS AND TWO VIRTUAL VISITS ARE SCHEDULED WITH THE PATIENT
3. TELEPHONIC CHECK-INS 99441-3 BASED ON TIME: *NOTE IN MEDICAID THE CHECK-IN MUST BE COMPLETED BY AN APP OR MD*
4. AT LEAST TWO SCHEDULED PROVIDER TELEHEALTH VISITS TO UPDATE CLINICAL ASSESSMENT AND DISCHARGE FROM QUARANTINE 99212-5 (02) U07.1
5. AS REQUIRED, TELEHEALTH VISITS FOR ACUTE ISSUES OR CHRONIC CARE MANAGEMENT ISSUES 99212-99215 (TIME AND COMPLEXITY)



Covid-19 Telemonitoring Flow for Patient Isolation GAHEC 3/25/2020

AWV's though Telehealth

Scheduling

Schedule eligible AWV in EHR on virtual visit form or on OV form with notation "telehealth"

Confirm if patient is able to do an audio-visual visit.

Note in schedule if the patient does not have the technology to complete an audio visual visit

Setting Up The Visit

Scheduler schedules the visit with the patient and reminders are sent through the patient portal, text or email.

FAQ's should be prepared for the scheduler.

Sending the Link

A best practice is to send the link nearer to the time of the visit as a reminder.

Be sure to send a telehealth consent, instructions on use, the link , and a support number for technical difficulties.

Be sure to sent the link from a general email address.

Connecting

Ask the patient to click on the link to enter the visit a few minutes early.

BE sure to use good web side manor, addressing the patient by first name and keeping "virtual" eye contact.

Completing

Vitals can be obtained by watching the patient weigh, take temp, or BP.

Document the visit and send an email or portal message with the care plan.

Initial AWV – G0438 (includes personalized prevention plan of service)

Subsequent AWV – G0439 (includes personalized prevention plan of service

MYTHS OF TELEHEALTH

Again, be willing to think outside the box.

Telehealth reimbursement doesn't match what the office visit will pay

FACTS

- Telephonic visits pay a portion of the office visit.
- Audio/visual visits can pay at comparable office visit rates.
- COVID-19 reimbursement will be retroactive.

https://www.ama-assn.org/system/files/2020-03/covid-19-coding-advice.pdf

Older patients or those living in rural areas aren't able to access telehealth options

FACTS

- Older patients can be quite proficient with technology.
- Telephonic visits are audio via landline or cell phone (i.e. NC Medicaid)
- Can use Zoom, WebEx, Skype, etc. with patients accessing via cell phone (no broadband needed).
- Many housing developments have free WI-fi.
- It's important in effective scripting to encourage use & comfort.

Practices will need expensive telehealth equipment and it's complicated

FACTS

- Simple audio solutions can be used (landline, cell phone)
- Simple audio/visual solutions are available via Skype, Facetime, etc.
- If a virtual health platform is needed, free or low-cost solutions are available.
- Workflows can be easy to manage and assistance is available.

A Brief Primer on Reimbursement

A Quick Guide

Private Insurance

Health Plan	Website
BCBSNC	https://blog.bcbsnc.com/coronavirus-providers/
United	https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19.html
Aetna	• Guidance on telehealth • General clinical updates
Cigna	• Testing reimbursement • Telehealth update
Humana	• Message for clinicians with resource links • Telehealth guidance

Medicare

- CMS has broadened access to Medicare telehealth services so that patients do not have to travel to a healthcare facility and can receive services from their home or healthcare facility.
- CMS has expanded this benefit on a temporary and emergency basis under the 1135 waiver authority.
- Available to help patients who need routine care, chronic disease management, or keep vulnerable patients with mild symptoms in their homes.
- Enables a range of providers to participate including physicians, APPs, clinical psychologists, and licensed clinical workers.
- Medicare coinsurance and deductible do apply but allows healthcare providers to reduce or waive cost-sharing arrangements.
- Includes E&M visits, mental health counseling, preventive health screenings.

Medicare HCPCS/ CPT Code	Criteria for Use	Patient Relationship with Provider
99201-99215	Office or other outpatient visit	For new or established patients. Must use interactive audio and visual (Skype and Facetime is ok). HHS will not conduct audits to ensure prior relationship existed for claims submitted during this public health emergency. For complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
G0425-G0427	Telehealth consultations, emergency dept or initial inpatient	
G0406-G0408	Follow-up inpatient telehealth consultations furnished to patients in hospitals or SNFs	

Medicare HCPCS/CPT Code	Criteria for Use	Patient Relationship to Provider
G2012 Telephone, Audio/Video, Secure Text, Email or Portal **G2010** Captured video or images	Brief 5-10 minute check-in with provider via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	For established patient in their home. May not be related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours. Patient must verbally consent to receive services. Medicare coinsurance and deductible apply.

Medicare HCPCS/CPT Code	Criteria for Use	Patient Relationship to Provider
99421-99423 Physicians & APPs **G2061-G2063** PT, OT, Speech/Language Pathologists, Clinical Psychologists	Communication between a patient and their provider through an online patient portal. Each code level progresses from 5-10 minutes to 11-20 minutes to 21 or more minutes.	For established patients in all types of locations including home. Patient must generate initial inquiry. Communications can occur over a 7 day period. Patient must verbally consent. Medicare coinsurance and deductible apply.

ICD-10 Dx Code	Criteria for Use
Z20.828	Visit for COVID-19 symptoms, contact with and (suspected) exposure to other viral communicable disease

NC MEDICAID

Dates of service

- On or after March 10, 2020

Telephonic codes (audio only):

- Established patients only
- CR Modifier

Telehealth (telemedicine/telepsychiatry) codes (audio/visual):

- New and established patient visits, MD/DO/APP to MD/DO consultations, portal communication
- GT & CR Modifiers
- Coverage and payment parity
- Expanded use of technology
- No restrictions on originating or distant sites
- FQHC, FQHC Look-Alikes and RHCs are now considered distant sites
- Telehealth codes can be found at: https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicaid/covid-19-telehealth

NC MEDICAID

	Change
Originating Site	Allows telehealth to be provided in a patient home or non-traditional site of service (previously narrow)
Distant Site	Allows all enrolled medical providers to provide telehealth services (previously consultative)
Prior Authorization	Removes requirement for prior authorization to receive telehealth services
Eligible Providers	Phase 1: Expands to include primary care (all MD/PA/FNP/CNM) and behavioral health services (PsyD, LCSW/As, LPC/As, LCAS) Phase 2: Expands to include dental, clinical pharmacists, specialized therapies, diabetic educators
Covered Services	Allows broad utilization including video cell technology Allows for parity payments
HIPAA Compliance	Allows temporary flexibilities on certified HIPAA compliant technology in emergency circumstances
FQHC/RHC	Allows FQHCs and RHCs to bill as distant sites (CMS does not allow this for Medicare and previously not covered)

RESOURCES AND 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