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

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NC Department of Health and Human Services

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

Lakeisha Moore
Office of Rural Health

Dr. John E. Jenkins
Greensboro AHEC

Mei Wa Kwong, JD
Executive Director
Center for Connected Health Policy

Amanda Martin,
Executive Director
Center for Rural Health Innovation

May 18, 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

Numbers inside symbols indicate the number of sites within the respective county.
Federal Qualified Health Center data: last updated on February 5, 2019
Free and Charitable Clinics data: last updated on February 5, 2019
Health Department data: last updated on February 5, 2019
Ott Health Resource Center data: last updated on February 5, 2019
School Based Health Center data: last updated on January 22, 2019
School Based Health Center (Telemedicine) data: last updated on January 22, 2019
Critical Access Hospital data: last updated on February 5, 2019
Agenda and Housekeeping

Agenda

• CME is available (Lisa Renfrow)

• Presentation of Telehealth Best Practices in Creating a Digital Health Strategy (The past 7 weeks in review)

• Telehealth Policy – Center for Connected Health Policy (Mei Wa Kwong, JD, Executive Director, CCHP)

• Telehealth Best Practices – Center for Rural Health Innovation (Amanda Martin, Executive Director, CRHI)

• 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

• Please include your name and e-mail address if you submit a question through the webinar Q&A function, especially Telehealth Billing and Coding Questions.

• The goal of today’s webinar is to highlight telehealth best practices 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 here for reference.
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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.

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 have signed disclosures confirming they 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 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 May 18, 2020 session only. Continuing education credit is not available for those who view the archived webinar.
Effective leaders help others to understand the necessity of change and to accept a common vision of the desired outcome." ~ John Kotter

Telehealth, for many of us started in a crisis, but it will remain a part of our care delivery system.

THE WHY:
This graph illustrates a potential future production scenario for practices during and after COVID-19.

**Potential COVID-19 Productivity Scenarios**

*Historical Average*

1. Surge
2. Back to Normal
3. New Normal

*Production Decreases Due to COVID-19*

*Projected drop in office based visits at the onset of the pandemic-ECG consultants*
Our Shared Goals for Telehealth:

- Offering virtual visits for simple acute issues
- Proactive conversion of routine follow-ups to virtual visits
- Clear online information and guidance
- Practice management of at-risk patients
Best Practices from Best Practices

- Amazingly quick deployments
- Great on-line information
- Remote check-in
- Safe spaces
- Platform choice guidance
- Parking lot visits
- Hot spots and Tablets
- Teaching old dogs new tricks
Help from AHEC Practice Support

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


Telehealth Resource Centers

Provide FREE RESOURCES for Telehealth program development and sustainability
- Clinical Portal/ EHR Integration
- Direct Secure Messaging
  - Provider Directory
- Notification Service
  - NC*Notify
- Registries/Integrations
  - NCIR
  - ELR
  - Diabetes
  - CSRS
NC Broadband Adoption Potential Index
By Census Tract

‘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
The Future of Digital Health
What coming next?
Integrating Digital Health into office flows

**Clinical Staff**
- Symptom specific questionnaires
- Choose and complete questionnaire for an asynchronous e-visit

**Providers**
- Clinician assessment with personalized response
- Highly reliable templated responses

**Clinical and non-clinical staff follow pathways**
- Templated Post visit plan with Scheduled Follow-up if needed
- Manage patients questions between visits via portal accelerate visit type as needed

**Pre-Visit Planning**
- Visit type and technology needs determines planning e.g. prevention, acute or maintenance
- Minimize wait times
- Virtual Check-in And Rooming process

**Office Check-in**
- Front desk registration

**Rooming**
- Rooming standard work
- Efficient chart use and documentation

**Face to Face Visit**
- Audio/visual or telephonic communication with provider

**Virtual Visit**
- Includes technology check registration and data collection

**Virtual!**
- Post Visit Plan with scheduled Follow-up if needed

**Manage patients Between Visits via Telephone, Telemedicine, and Portal**
- Leverage technologies such as AI and chat bots

**Between visit care to include virtual care management, virtual specialty consultations, and remote monitoring of chronic conditions**

**Post Visit Plan with scheduled Follow-up if needed**

**Pop Health and Prevention!**

**EHR linked Asynchronous forms populate visit information**

**Tailor to the patients needs**

**Rebalancing Care Delivery**

**Visit Scheduling**
- Assessment protocol to determine visit type need with scripted explanations of visit types
- Front door staff creates standard work
May 18, 2020
The Role of Virtual Visits in Responding to COVID-19
NC AHEC & Office of Rural Health Telehealth Webinar Series

TELEHEALTH POLICY CHANGES IN COVID-19

CENTER FOR CONNECTED HEALTH POLICY (CCHP)

is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

Mei Wa Kwong, JD, Executive Director, CCHP
DISCLAIMERS

- Any information provided in today’s talk is not to be regarded as legal advice. Today’s talk is purely for informational purposes.
- Always consult with legal counsel.
- CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.
ABOUT CCHP

- Established in 2009
- Program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012
- Work with a variety of funders and partners
CCHP PROJECTS

- 50 State Telehealth Policy Report
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition
NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org

2 National Resource Centers
12 Regional Resource Centers
TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS

Search by Category & Topic

Medicaid Reimbursement
- Live Video
- Store & Forward
- Remote Patient Monitoring Reimbursement

Private Payer Reimbursement
- Private Payer Laws
- Parity Requirements

Professional Regulation/Health & Safety
- Cross-State Licensing
- Consent
- Prescribing
- Misc (Listing of Practice Standards)
Much of the telehealth policy that exists revolves around reimbursement, what gets paid. The policy is further broken down into four general categories where there may be limitations.
The Medicare policy on the use of technology to provide services is in two buckets:

- **Telehealth**
- **Tech-enable/Comm-based Services**
## CMS Telehealth Policy - Now

<table>
<thead>
<tr>
<th>Subject Area</th>
<th>Policy During COVID-19</th>
<th>Policy FQHC/RHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic/Site location for patient</td>
<td>No geographic restrictions, patient allowed to be in home during telehealth interaction</td>
<td>No geographic restrictions, patient allowed to be in home during telehealth interaction</td>
</tr>
<tr>
<td>Location of provider</td>
<td>Provider able to provide services when at home, need not put home address on claim</td>
<td>Provider able to provide services when at home</td>
</tr>
<tr>
<td>Modality</td>
<td>Live Video. Phone will be allowed for codes audio-only telephone E/M services and behavioral health counseling and educational services. Other modalities allowed for Communications Based Services</td>
<td>Live Video. Phone will be allowed for codes that are audio-only telephone E/M services and behavioral health counseling and educational services. Other modalities allowed for Communications Based Services</td>
</tr>
<tr>
<td>Type of provider</td>
<td>All health care professionals to bill Medicare for their professional services.</td>
<td>Temporarily added to list of eligible providers by CARES Act</td>
</tr>
</tbody>
</table>
## CMS Telehealth Policy - Now

<table>
<thead>
<tr>
<th>SUBJECT AREA</th>
<th>POLICY DURING COVID-19</th>
<th>POLICY FQHC/RHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services</td>
<td>Approximately 180 different codes available for reimbursement if provided via telehealth. List available <a href="#">HERE</a>.</td>
<td>Can only provide the services on <strong>THIS</strong> list via telehealth and be reimbursed by Medicare.</td>
</tr>
<tr>
<td>Amount of reimbursement</td>
<td>Same as would received if it had been provided in-person (Fee-for-service rate). Some rates for telephone visits have been increased.</td>
<td>$92.03</td>
</tr>
<tr>
<td>Modifiers</td>
<td>Per the final interim rule, providers are allowed to report POS code that would have been reported had the service been furnished in person so that providers can receive the appropriate facility or non-facility rate and use the modifier “95” to indicate the service took place through telehealth. If providers wish to continue to use POS code 02, they may and it pays the facility rate.</td>
<td>For services delivered January 27, 2020 - June 30, 2020  <strong>RHCs</strong>: Use G2025 with CG modifier. 95 modifier can be appended, but is not required.  <strong>FQHCs</strong>: Must report 3 HCPCS/CPT codes: (1) the PPS specific payment code: (2) the HCPCS/CPT code that describes the service with the 95 modifier: (3) G2025 with modifier 95  <strong>Beginning July 1, 2020</strong>  <strong>FQHCs/RHCs</strong>: Only submit G2025. RHCs should no longer use CG modifier.</td>
</tr>
</tbody>
</table>
# CMS Telehealth Policy - Now

<table>
<thead>
<tr>
<th>OTHER ISSUES</th>
<th>POLICY DURING COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dialysis Patients</strong></td>
<td>Secretary has power to waive requirements that home dialysis patients receiving services via telehealth must have a monthly face-to-face, non-telehealth encounter in the first three months of home dialysis and at least once every three consecutive months.</td>
</tr>
<tr>
<td><strong>Hospice</strong></td>
<td>During an emergency period, the Secretary may allow telehealth to be used to meet the requirement that a hospice physician or nurse practitioner must conduct a face-to-face encounter to determine continued eligibility for hospice care.</td>
</tr>
<tr>
<td><strong>Providers needing to put their home addresses</strong></td>
<td>Allow physicians and other practitioners to render telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from their currently enrolled location.</td>
</tr>
<tr>
<td><strong>Hospitals &amp; Originating Site Fee</strong></td>
<td>Hospitals can bill an originating site fee when the patient is at home. <a href="#">Guidance</a>.</td>
</tr>
<tr>
<td><strong>Hospital-Only Remote Outpatient Therapy &amp; Education Services</strong></td>
<td>Hospitals may provide through telecommunication technology behavioral health and education services furnished by hospital-employed counselors or other health professionals who cannot bill Medicare directly. Includes partial hospitalization services and can be furnished when the beneficiary is the home. <a href="#">Guidance</a>.</td>
</tr>
</tbody>
</table>
### CMS Telehealth Policy - Now

<table>
<thead>
<tr>
<th>OTHER ISSUES</th>
<th>CMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal of frequency limits</td>
<td>Subsequent inpatient visit limit of once every three days (CPT codes 99231-99233): Subsequent SNF visit limit of once every 30 days (CPT codes 99307-99310) • Critical care consult of once per day (CPT codes G0508-G0509).</td>
</tr>
<tr>
<td>Stark Laws</td>
<td>Some waivers allowed for Stark including hospitals and other health care providers can pay above or below fair market value to rent equipment or receive services from physicians; health care providers can support each other financially to ensure continuity of health care operations</td>
</tr>
<tr>
<td>Supervision/Practice Top of Licensure</td>
<td>Some supervision changes including allowing live video for physician supervision.</td>
</tr>
</tbody>
</table>

Pre-COVID-19, FQHCs & RHCs were not allowed to act as distant site providers in the Medicare program. The CARES Act changed that and during a public health emergency, they can provide services as a distant site provider using telehealth. UPDATED APRIL 30, 2020.

<table>
<thead>
<tr>
<th>THE QUESTION</th>
<th>CMS INSTRUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>What modality may be used?</td>
<td>For telehealth, FQHCs and RHCs may furnish services through an interactive audio and video telecommunications system and certain services via audio-only. Some services not considered “telehealth” but use telehealth technologies also available. See “Virtual Communications Services” below.</td>
</tr>
<tr>
<td>What provider in my FQHC/RHC can provide services?</td>
<td>Any health care practitioner working at an FQHC/RHC as long as its within his/her scope of practice.</td>
</tr>
<tr>
<td>Can my practitioners furnish services when they are at home?</td>
<td>Yes, the health care practitioner does not need to be located at the FQHC/RHC during the telehealth interaction.</td>
</tr>
<tr>
<td>What services can be provided?</td>
<td>Only the services that are approved for coverage when delivered via telehealth. The list of services can be found <a href="#">HERE</a>.</td>
</tr>
<tr>
<td>THE QUESTION</td>
<td>CMS INSTRUCTION</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Will an FQHC get their PPS rate/RHC their AIR rate?</td>
<td>No. The CARES Act required a methodology based upon the fee-for-service rates be used to calculate an amount to be paid for telehealth services provided by FQHC/RHCs. This amount is $92.03.</td>
</tr>
<tr>
<td>If the FQHC and RHC don't get their PPS/AIR rate, does the Medicare Advantage (MA) wrap-around payment apply to these services?</td>
<td>No. Wrap-around payment for distant site telehealth services will be adjusted by the MA plans.</td>
</tr>
<tr>
<td>Co-pays?</td>
<td>For services related to COVID-19 testing including those done through telehealth, RHCs/FQHCs must waive the collection of co-insurance from beneficiaries. Use the “CS” modifier on the service line.</td>
</tr>
<tr>
<td>THE QUESTION</td>
<td>CMS INSTRUCTION</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Will the costs for providing telehealth be used to determine the PPS/AIR?</td>
<td>No, but the cost still must be reported on the appropriate cost form. For RHCs - Form CMS-222-17 on line 79 of Worksheet A in the “Cost Other Than RHC Services.” FQHCs use CMS-224-14, on line 66 of Worksheet A, “Other FQHC Services.”</td>
</tr>
<tr>
<td>Do I need to get informed consent?</td>
<td>Not for telehealth, but you do for Care Management and Virtual Communication Services. The consent can be obtained at the same time the services are being furnished and can be obtained by someone working under the general supervision of the RHC/FQHC practitioner and direct supervision of obtaining the consent is not required.</td>
</tr>
</tbody>
</table>
BILLING - RHCs

For RHCs, services provided January 27, 2020 to June 30, 2020, use G2025 with modifier “CG.” The AIR rate will be paid, but these claims will automatically be reprocessed in July with the new payment rate. The RHC will not need to resubmit these claims. Beginning July 1, 2020, CG modifier no longer needed.
MEDICARE GUIDANCE TO FQHCS/RHCS

BILLING - FQHC

- For FQHCs, services provided between January 27, 2020 to June 30, 2020 that are also FQHC qualifying visits, three HCPCS/CPT codes for distant site telehealth services must be used: 1) PPS specific payment system code: G0466, G0467, G0468, G0469 or G0470; 2) The HCPCS/CPT code that describes the services furnished via telehealth with modifier 95; and G2025 with modifier 95.

- These claims will be paid at the FQHC PPS rate until June 30, 2020, and automatically reprocessed beginning on July 1, 2020, at the $92.03 rate. FQHCs do not need to resubmit these claims for the payment adjustment. When furnishing services via telehealth that are not FQHC qualifying visits, FQHCs should hold these claims until July 1, 2020, and then bill them with HCPCS code G2025. Beginning July 1, 2020, FQHCs will only be required to submit G2025 where modifier 95 may be appended but it is not required.
## Technology Enabled/Communications-Based Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Modality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtual Check-In Codes G2010, G2012</td>
<td>Live Video, Store-and-Forward or Phone</td>
</tr>
<tr>
<td>Interprofessional Telephone/Internet/EHR Consultations (eConsult)</td>
<td>Can be over phone, live video or store-and-forward</td>
</tr>
<tr>
<td>G94446, G9447, G9448, G9449, G9451, G9452</td>
<td></td>
</tr>
<tr>
<td>Remote monitoring services:</td>
<td>RPM</td>
</tr>
<tr>
<td>Chronic Care Management (CCM); Complex Chronic Care Management (Complex CCM); Transitional Care Management (TCM); Remote Physiologic Monitoring (Remote PM); Principle Care Management (PCM)</td>
<td></td>
</tr>
<tr>
<td>Online Digital Evaluation (E.*Visit) - G2061-2063</td>
<td>Online portal</td>
</tr>
<tr>
<td>Online Medical Evaluations - 99421-99423</td>
<td></td>
</tr>
</tbody>
</table>

Virtual Communication Services are **NOT** considered telehealth services by Medicare. These services use telehealth technologies like live video as well as the telephone.

- May provide virtual check-in services which can be done via live video, phone, or asynchronously. G2010 or G2012.
- May use online digital evaluation and management services. These are non-face-to-face, patient initiated, digital communications on a secure patient portal. CPT Codes 99421-99423

**TO BILL FOR THE ABOVE SERVICES,** FQHCs/RHCs use code G0071 and it can be either alone or with other payable services. For G0071 claims submitted on or after March 1, 2020 to end of the PHE, the rate paid is $24.76.
ADDITIONAL SERVICES

- Temporarily altered process in how new services are approved for reimbursement if delivered via telehealth.
- During the PHE, will use a subregulatory process to modify services included on the Medicare telehealth list.
- When CMS receives a request to add or identifies by internal review a service that can be furnished in full (as described by the relevant code) in a manner similar to in-person, it will post on the listing of eligible services delivered via telehealth.
MEDICAID REIMBURSEMENT BY SERVICE MODALITY
(Fee-for-Service)

Live Video
50 states and DC

Store and Forward
Only in 14 states

Remote Patient Monitoring
22 states

As of October 2019
40 states and DC have telehealth private payer laws

Parity is difficult to determine:

- Parity in services covered vs. parity in payment
- Many states make their telehealth private payer laws “subject to the terms and conditions of the contract”

As of October 2019
Common telehealth policy changes

- Allowing home to be an eligible originating site
- Allowing telephone to be used to provide services
  - Note: May only allow G2012/G2010
- Requiring health plans, managed care and private to cover telehealth services and offer parity
Less common telehealth policy changes

- Expanding use of other modalities besides phone
- Expanding the list of eligible providers to include others such as allied health professionals
- Waiving consent requirements, usual an adjustment made such as allowing it to be verbal consent
Allowed telephone E&M codes (99441-99443)
Online Digital E/M Codes (99421-99423)
eConsult/Interprofessional Consultations (99446-99449)
Allowing allied health professionals to bill for telehealth delivered services.

https://medicaid.ncdhhs.gov/blog/2020/04/07/special-bulletin-covid-19-34-telehealth-clinical-policy-modifications-
What does the telehealth landscape look like in a post-COVID-19 world?
Some policy changes will remain
But questions/issues will need to be resolved
- Connectivity/Broadband
- Digital Divide
- Licensure
- Where else can it be deployed?
Telehealth: Health care from the safety of our homes.

During the COVID-19 Public Health Emergency, we don't have to choose between medical care and social distancing. When patients can get health care through telehealth — and doctors can provide it — we protect ourselves, our families, and our communities.

Learn more about telehealth

For patients
Find out what telehealth is, what you'll need (not much), and what to expect from a visit. You can also check out our tips on finding telehealth options.

For providers
Get information to help you provide telehealth, get up to speed on recent COVID-19 related policies, and learn what patients will need to use telehealth.

For providers
This content is for doctors and other healthcare professionals, including individual practitioners and hospital staff.

COVID-19 risk assessment tools
For the sake of your patients and to reduce the load on the healthcare system, clinicians should consider COVID-19 risk assessment tools when making telehealth appointments. These tools help assess risk levels for COVID-19 and inform care decisions.

Finding telehealth options
If you've found telehealth to be a good option, you might want to consider using it regularly. Here are some tips for finding telehealth options in your area.

Understanding telehealth
If you're new to telehealth or need a refresher, this section is for you. It covers the basics of telehealth and what patients and providers need to know.

For providers
Planning your telehealth workflow
Preparing for telehealth
Preparing patients for telehealth
Policy changes during the COVID-19 Public Health Emergency

HHS TELEHEALTH WEBSITE

https://telehealth.hhs.gov/
CCHP Website - cchpca.org

- Telehealth Federal Policies -
  https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies
- State Emergency Waivers/Guidances -
  https://www.cchpca.org/resources/covid-19-related-state-actions

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Thank You!

www.cchpca.org
info@cchpca.org
Effective & Successful Telehealth Practices

Amanda K. Martin, MHA
May 18, 2020
Eleanor Health offers a comprehensive set of services to meet your needs - from those who want to reduce substance use risk to those who have a SUD diagnosis. Every component of our care model can be delivered virtually, in the clinic or in the community.

- **Recovery Support:** Community Recovery Partners (CRP) provide support and coaching needed to remove barriers to mental and physical health goals.

- **Therapy:** Virtual individual, group, and family therapy session with a licensed therapist or counselor.

- **MAT (Medication-Assisted Treatment):** Same day virtual visits with a licensed medical professional to receive a prescription medication to help reduce alcohol, cigarette or opioid use.

- **Psychiatry:** Comprehensive psychiatric evaluation and ongoing medication management for mental health conditions such as depression, anxiety and trauma.

- **Nursing:** Nurse care management to address new or ongoing physical health needs through virtual visits with one of our nurses.
164 providers

200,000+ patient visits per year
Mid-Atlantic Telehealth Resource Center

https://www.matrc.org/matrc-telehealth-resources-for-covid-19/
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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