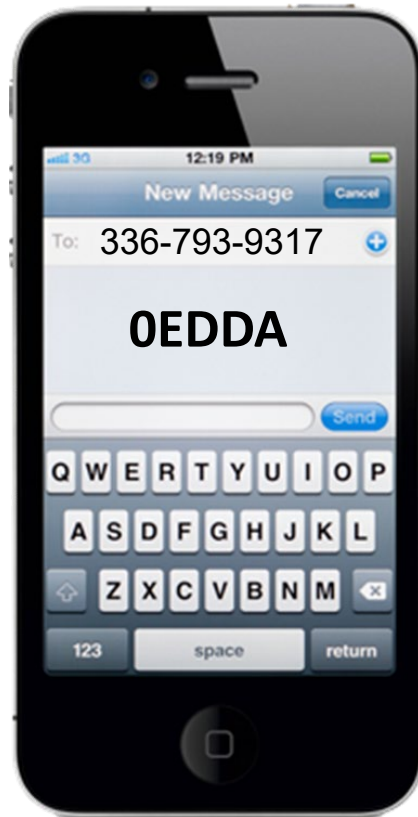# Telehealth Best Practices
Sharing practical ideas during the COVID-19 pandemic

Attention **All** Participants
To Receive CME Credit
Text Code: **0EDDA**
To: **336-793-9317**
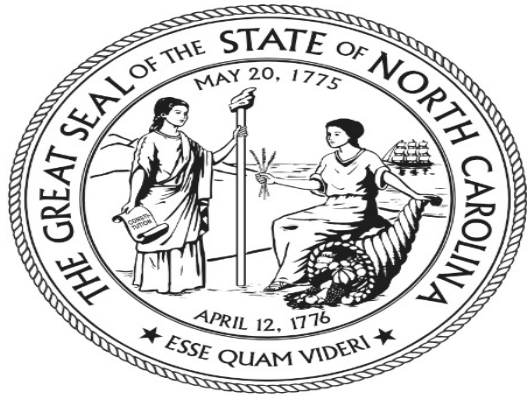***MyAHEC account is required for credit**
For more instructions visit:
www.nwahec.org/textreg

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=4440402&CustomerID=324

Lakeisha Moore Office of Rural Health

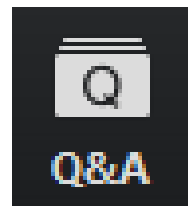**Dr. John E. Jenkins Greensboro AHEC**

Tina Lee, Director of Business Operations AMCHC

Jessica Brehmer NC Health Information Exchange Authority

May 4, 2020

Logistics for Telehealth Best Practices

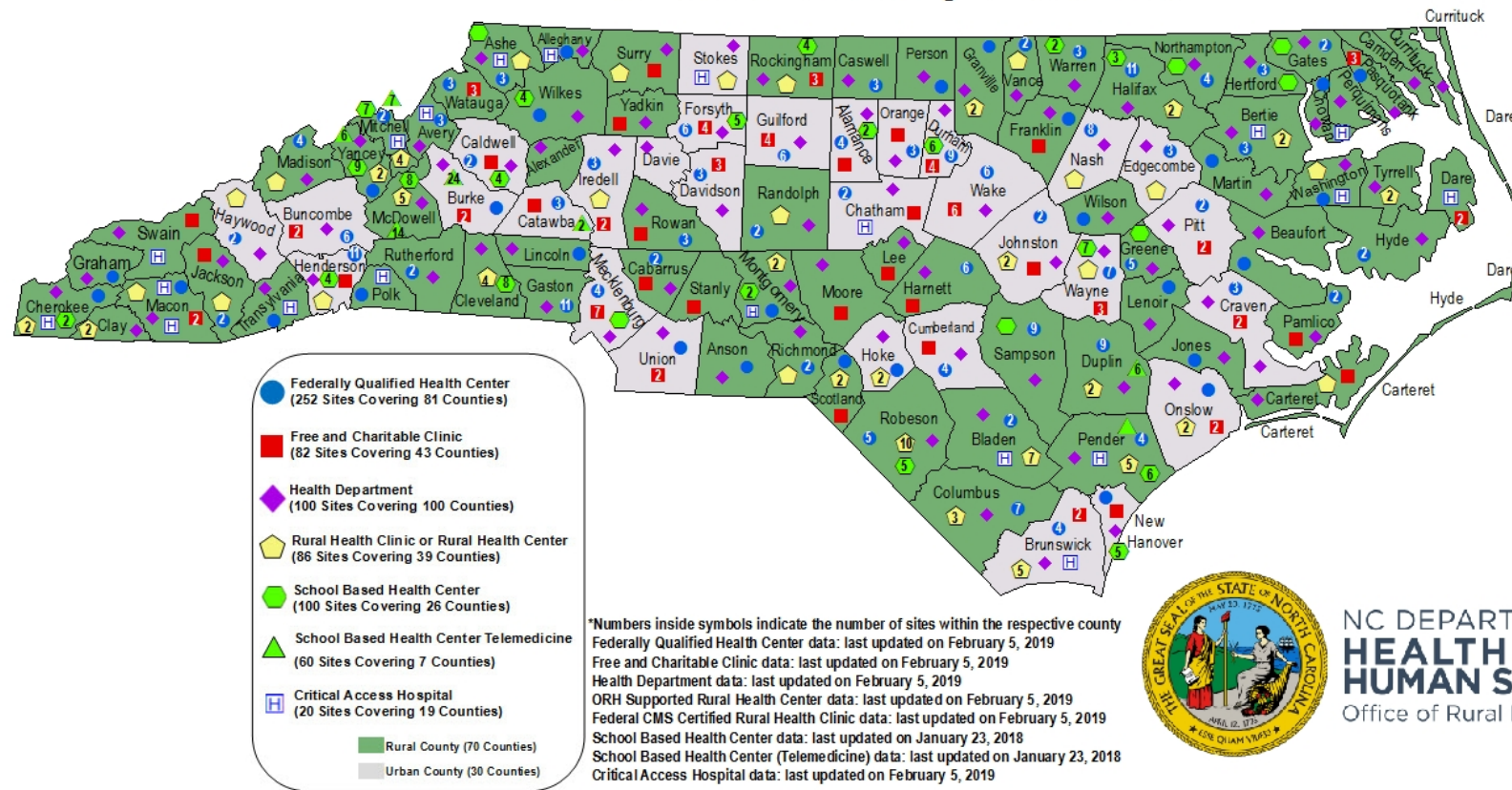## Questions during the live webinar

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 (**Ryan Wilkins**)

- Presentation of Telehealth Best Pediatric and Adolescent Practices in responding to COVID-19 (**Dr. Jenkins and special guests**)

- Telehealth Best Practices at Appalachian Mountain Community Health Centers (**Tina Lee, Director of Business Operations**)

- NC HealthConnex (HIE) Resources (**Jessica Brehmer, NC HIEA**)

- 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.

- The goal of today's webinar is to highlight telehealth best pediatric and adolescent 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.

Telehealth Best Practices
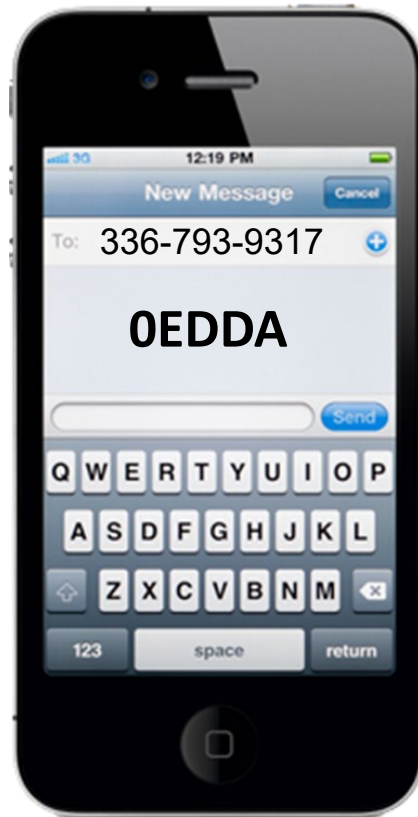
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Area L AHEC
Bridging Education to Quality in Health Care
Part of the NC AHEC Program

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.**

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 (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 May 4, 2020 session only.
Continuing education credit is _not_ available for those who view the archived webinar.**

Telehealth Implementation
Best Practices Episode 6

"Change brings opportunity"
-Nido Qubein

Part One: Quality Process Improvement
Liz Griffin, Greensboro AHEC

Part Two: Learning from Leaders
Dr. Cora-Bramble Children's National
Dr. Cable Kaiser Permanente
Dr. Mankin Mainline HealthCare

Part Three: Your Coding Questions
Paula Locklear
Felicia Coats

Part Four: Quality Process Improvement
Measure What Matters

THE WHY:
ACCESS *for special populations*.
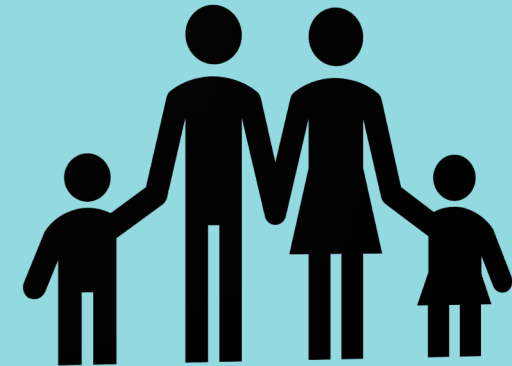
A New Toolkit for Telehealth Visits for Behavioral and Mental Health Providers

Toolkit for Telehealth Visits for Behavioral and Mental Health Providers

» Why did your team undertake this project?

» How were the materials developed and vetted?

» What is the product?

» Where can we find it?

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

NORTH CAROLINA AHEC

NC AHEC PRACTICE SUPPORT
The NC resource for practice improvement and success

── NC AHEC Telehealth* Toolkit ──
for Behavioral and Mental Health Providers in the COVID-19 Emergency
*Includes telemental health, telepsychiatry, and telebehavioral health services.

Before the Telehealth Session

Ensure telehealth is the proper format for your patient's visit.
- Consider the patient's cognitive capacity and history regarding cooperativeness with treatment professionals.

Make sure the physical space is adequate.
- Use a private setting or room, such as a den or bedroom with doors that can be closed. Inform patients to do the same.
- Pre-check lighting. Physical space should be well lit and provide a comfortable ambiance.

Pre-check usability of the telehealth platform, internet access, and equipment.
- Check that the videoconferencing platform is properly set up for you/your patient, including appropriate computer/device settings.
- Some systems require that a program or application is downloaded first. If possible, use platforms that are HIPAA compliant and only require the patient to click on a link. For more info, refer to **Appendix A: HIPAA Compliant COVID-19 Telehealth Platform Crosswalk**.
- If possible, offer assistance to the patient prior to the scheduled appointment time.

Adjust for telehealth-specific nuances of your appearance.
- Dress as you would during a face-to-face visit. Watch out for stripes or busy patterns—they can be distracting in video.
- Place your camera at eye level. If using a laptop, place it on a stable, flat surface to prevent unintended movements.
- If possible, record yourself doing a practice session. Check for the following:
    - You are centered in your camera's view.
    - You maintain good eye contact. This means you look at your camera lens rather than the patient on your computer screen.

Learning from Thought Leaders

Current State

» A significant number of wellness visits, scheduled check-ups, and immunizations have been missed during Covid-19.
  › This has the potential to create a secondary health crisis. https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html
» Patients remain wary of in-person services.
» Not every service can be provided virtually.
» Distancing guideline will remain in place for a significant time and will effect our in-person capacities.

The Transition Office

» Assemble stakeholder teams to write the policies and procedures for reopening practices.
  › Key to address both staff and providers concerns.
  › Consider having patient members of your planning teams.
  › **Data driven rescheduling of vulnerable patients first.**
» Kaiser has opened four regional offices for in-person care while the other focus on virtual care.
» Main Line and Children's are preparing for measured reopening most offices to meet mitigation rules.
  › Limiting the number of providers in office.
    › Allows more rooms per in-person provider flow for cleaning and turnover.
    › More space in the waiting rooms for social distancing.
  › ½ of staff will be off site doing virtual visits **which will remain a significant focus of care.**

Addressing Patient Concerns

» Walk in care by virtual visits in the parking lot with a smart phone or tablet.
» Register by phone or online and wait in car until texted that the nurse "*will room you now*."
» Drive by or designated "safe" times for immunizations, labs, or other services
  › Special customer hours. Examples: Open one hour early for immunizations or labs only. Vulnerable patient hours.
  › Hybrid visits with virtual care and specially timed in-person services
» **Develop a communication plan for patients and community.**

You asked for it! More Coding Information

BCBS and Medicaid Billing for Telephonic _Office Visits_

» **Medicaid, BCBS, and certain Medicare Advantage** plans allow a telephonic visit between a provider and a patient to be billed as an office visit using office visits CPT codes 99212-99215. The chart documentation would be as close as possible to an in-person visit with clear clinical decision making. Medicaid will pay at 80% Parity to outpatient visits (Bulletin 80).

» BCBS requires that you to bill these visits with POS (place of service) code 02 and the –CR modifier (for catastrophe/natural disaster). BCBS pays at parity.

» Medicaid requires that the POS to be the actual location of the provider and also requires the –CR modifier.

» **Medicare has new rules and _reimbursement_ for telephonic management visits. See the link below for details.***

BCBS and Medicaid telehealth visits

» Both BCBS and Medicaid will also cover audio/visual or telehealth visits at parity with office visits. With Medicaid, the POS is the _actual service location of the provider_ and you are asked to use the –CR modifier (for catastrophe/natural disaster). BCBS requires that you to bill these visits with POS (place of service) code 02 and the –CR modifier.

» Remember with Medicare, the POS is 11 so that you will receive full payment!

New Coverage for Medicaid Well Child Visits

See NEW NC Medicaid Bulletin here for full details

*https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

Guidance on Telehealth

For this purpose Telehealth is defined as audio/visual.

- Telemedicine services may be provided to both **new and established patients.**
- **Coverage and payment parity with in-person care for visits with audio/video component.**
- No prior authorization or in-person examination is required for new patients to receive telemedicine or telepsychiatry services.
- Covered providers may use video applications such as FaceTime, Facebook Messenger, Google Hangouts, Skype, etc. for telehealth without risk of penalty for noncompliance with HIPAA Rules during COVID-19 pandemic.
- There are no restrictions on originating or distant sites for non-FQHC/RHCs.

FQHC, FQHC Look-Alikes and RHCs

- FQHCs, FQHC Look-Alikes and RHCs are now considered eligible distant sites.
- Complete billing resources available for FQHCs/RHCs at the MATRC website here under the FQHC section.

Dates of service: Providers may bill for allowed telehealth services delivered on or after

March 10, 2020 for NC Medicaid

Guidance on Visits

For Children Under 24 Months of Age

- NC Medicaid recommends in-person visits for the vast majority of Well Child services to children under 24 months of age.
- A limited set of services may be delivered via telemedicine to children under 24 months of age if circumstances prevent a provider from delivering the Well Child service in-person.
- If a telemedicine visit is provided to a child under 24 months of age, he/she should have an in-person Well Child visit as soon as possible, when the provider and family mutually agree it is safe.

For Children Over 24 Months of Age

- **For children 24 months and older, NC Medicaid recommends that providers consider telemedicine to deliver a broad range of Well Child services, as is clinically appropriate.**
- Providers should use their clinical judgement to determine what components of well child services are appropriate to be performed during the telemedicine visit.

Providers are encouraged to administer immunizations to their patients during the COVID-19 pandemic. The provider may deliver vaccine counseling by telemedicine and then administer the vaccine at a later date (e.g., via curb-side vaccine services). The immunization administration fee would be billed at the time of vaccine administration by the provider.

Medicare

Telephone Evaluation, Management/ Assessment and Management Services, and Behavioral Health and Education Services

- A broad range of clinicians, including physicians can now provide certain services by telephone to their patients.

- Medicare payment for <u>telephone evaluation and management</u> visits using CPT codes 99441-99443 is equivalent to Medicare payment for office/outpatient visits with established patients effective as of March 1, 2020. (Parity with the allowable for office visits 99211-99213).

- When clinicians are furnishing an evaluation and management (E/M) service that would otherwise be reported as an in-person or telehealth visit, using audio-only technology, practitioners may bill using these telephone E/M codes provided that it is appropriate to furnish the service using audio-only technology and all of the required elements in the applicable telephone E/M code (99441-99443) description are met.

- https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

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 to 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!

Measure to Improve

Key Performance Indicators

» Leading indicators are inputs. They tell you if you are on track to meeting KPI's or your goals.
» Lagging indicators tell you about outcomes. They tell you if you produced the desired results.

Measure what matters!
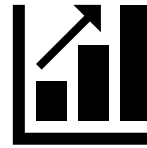
Possible Leading indicators

» Measure the number of virtual visits
  › Per provider/day. Look for trends.
  › By age, demographics
  › Per type
    › Check-in's
    › Acute
    › Management
    › Wellness
» Measure time to complete. Look for trends.
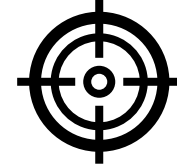
Possible Lagging Indicators

» Levels of charge/complexity
» Visits that resulted in a referral
  › Specialist
  › Laboratory
  › Immunization
» Improvements in trend data
» Visits that need to be converted to face to face
» Technology failures. Conversions to telephonic?

TELEHEALTH

Tina Lee

Director of Business Operations

APPALACHIAN MOUNTAIN COMMUNITY HEALTH CENTERS

- COVID-19 has forced all of us to think outside the box and come up with creative ways to provide healthcare to our communities. We find ourselves doing visits in our parking lots for acutely ill patients or for our high risk patients to avoid unnecessary exposure.

- Telehealth is something we have been working toward implementing for some time. Now we are finding ourselves using it daily to provide primary care, behavioral health visits and pediatric visits.

► We are currently using a Telehealth platform called doxy.me to connect our patients with our providers. Doxy.me is very user friendly and easy for patients to connect. When patients schedule appointments they are given a link to sign into. Before the appointment time the medical assistant will call the patient, review medications, allergies and obtain any vitals the patient is able to give them. The medical assistant assures the patient is connected for their virtual visit with the provider.

APPALACHIAN MOUNTAIN
COMMUNITY HEALTH CENTERS

- We have begun using iPads in our parking lots for patients that do not have the technology to do a Telehealth visit at home. Patients may not have access to a smartphone or computer for these visits or if they do they may not have adequate internet services at their home to allow connectivity for the visit. They can come to our clinic at their given appointment time, the medical assistant will collect vitals, review medications and allergies. The patient will then be connected to the provider via doxy.me on the iPad. The patient is able to receive their healthcare while sitting in their car.

- Being a Community Health Center we are a safety net provider for a vulnerable patient population. We provide health care for the uninsured, underinsured and the homeless. We have found using iPads is instrumental in getting these patient the care they need. Our Peer Support Specialists are able to go into the community (camps, housing projects, shelters, street) and connect the patients to a provider via Microsoft Teams on the iPad.

- AMCHC is continually striving to come up with innovative ways to meet the needs of our communities.

NC HealthConnex
Powering Health Care Outcomes

NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY

AHEC and ORH Telehealth Webinar

NC HealthConnex Services

May 4, 2020

Jessica Brehmer
Development & Outreach Specialist

NC DIT | NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY

NC HealthConnex by the Numbers

We connect health care providers to safely and securely share health information through a trusted network to improve health care quality and outcomes for North Carolinians.

STATE DESIGNATED

SECURE

PARTNERSHIP

NC HealthConnex, By the Numbers:

- Over 55,000 providers with contributed records
- 6,000 + health care facilities live submitting data, including 113 hospitals
- 5,000 + health care facilities in onboarding
- 100 million+ continuity of care documents (CCDs)
- 9M+ unique patient records
- Over 225 unique EHRs engaged, 80 + live
- 5 border and intra-state HIEs connected, including connections to the VA and DoD

NC HealthConnex
Powering Health Care Outcomes

Exchange-based Services

NC HealthConnex Services (Full Participants)

NC HealthConnex Suite of Services

Promoting Interoperability and Meaningful Use	Notification Services	Controlled Substance Reporting System Migration
NC HealthConnex helps providers meet specific requirements and measures set by the Centers for Medicare and Medicaid Services.	Notifications provide insight into patients' health care activity across North Carolina.	NC HealthConnex is working with the NC Department of Health and Human Services and Appriss Health to combat the opioid epidemic in North Carolina.

- **Clinical Portal/ EHR Integration**

- **Direct Secure Messaging**
  - Provider Directory

- **Notification Service**
  - NC*Notify

- **Registries/Integrations**
  - NCIR
  - ELR
  - Diabetes
  - CSRS

Clinical Portal

Clinical Portal – Functional Roles

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.

Exchange

Neighboring Connections via eHealth Exchange

- ETHIN (East Tennessee)

- GaHIN (Georgia's state-designated HIE)

- GRACIE (Regional GA HIE)

- MedVirginia (Richmond, Va.)

- SCHIEX (South Carolina)

- VA HIE (Veterans Administration)

- DMIX (Dept. of Defense)

Foundation

Exchange

Notifications

Pop Health & Analytics

NC HealthConnex
Powering Health Care Outcomes

eHealth Exchange Update

eHealth Exchange™

Participating organizations mutually agree to support a common set of standards and specifications that enable the establishment of a secure, trusted, and interoperable connection among all participating Exchange organizations for the standardized flow of information, by:

- Sending health information to other participating organizations

- Finding and requesting copies of healthcare information from other participating organizations where permitted by law and policy

- Matching patients to their data without a national patient identifier

- Subscribing to receive updates to health information

Who is Connected?

Connectivity spans all 50 states, representing:

- 4 federal agencies
- 75% of US hospitals
- 70,000 medical groups
- 3,400 dialysis centers
- 8,300 pharmacies
- 120 million patients
- 47 state & regional HIEs

https://ehealthexchange.org/participants/

NC HealthConnex
Powering Health Care Outcomes

Direct Secure Messaging

What is Direct Secure Messaging?

DSM is similar to a secure form of email, that allows a provider to send PHI through a secure network to other providers who also have a DSM account.

What is the benefit?

- Increased reporting capability for Meaningful Use/Promoting Interoperability

- Send referrals to other providers

- Initiate transitions of care

- A safe, secure, and HIPAA compliant method for sending and receiving patient health information

**This is a free service to providers with a Full Participation Agreement

Notifications | Addressing Challenges

NC Notify
Event Notifications Powered by
NC HealthConnex

- Knowing where patients receive care outside of an Organization or EHR network

- Limited patient search capabilities in the clinical portal -- Finding events in the HIE requires the Provider explicitly search for a Patient

- Ensuring and supporting successful transitions of care if the health care provide is *__not__* notified of events in a timely manner

Foundation

Exchange

Notifications

Pop Health & Analytics

NC HealthConnex
Powering Health Care Outcomes

Notifications

NC*Notify (Event Notifications) – How It Works

Step 1:

Subscriber submits Patient File to NC HealthConnex to monitor

Technical Details:
- Flat file with patient demographics
- Sent via sFTP

Step 2:

Participants submit Admission & Discharge Messages
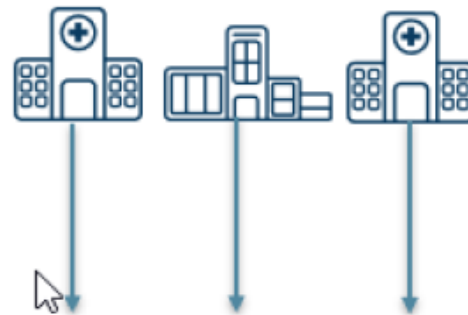
Step 3:

Subscriber receives Result File

Technical Details:
- Flat file with patient demographics and visit details
- Sent via sFTP
- Subscriber defines delivery schedule

Notifications

Advancing Notification Services

Roadmap

	v 1.0 Oct 2018	v 2.0 April 2019	v 3.0 April 2020	v 4.0 Oct 2020
	V1.0	**V2.0**	**V3.0**	**V4.0**
Frequency of Notifications	Daily		Realtime	
Format/method	File via sFTP	DSM SMS Text Notification	EHR via HL7	FHIR API
Triggers Generating Notifications	ED, Inpatient, Ambulatory Admissions & Discharges		Immunization administered; Patient monitored by another organization	Disease registry addition; Critical lab value received
Panel Details	Participant defined; Multiple files per panel		Use health plan member file	Computed real time via message flow and attribution methodology
Subscription Configuration				Defined in Panel; Self-service portal
Content	Basic visit details (date, visit type, location)	Chief complaint and diagnosis	Provider details (admitting, attending, etc.); Immunization gaps	CCD Social data Disease state data CIE data

Help Meet Tier 3 Requirement

NC **Health**Connex
Powering Health Care Outcomes

Notifications   Future State - V3 & V3+

Along with near real-time HL7 notifications, other enhancements in V3+include :
- Auto Attribution
- Patient Panel Loader
- Web-Based Notification Platform – A dashboard-like platform accessible through the NC HealthConnex Clinical Portal that provides:
  - o More efficient view of patient notifications
  - o Exporting abilities for reporting
  - o Care coordination enhancement tool

Benefits - NC*Notify

- Providers are notified when their patients have received care in other care settings

- Schedule follow up appointments with patients

- Follow up on medications prescribed or other discharge instructions

- Insight to provide continuity in care to **reduce avoidable readmissions**

- Insight to **achieve financial goals** under value-based care contracts

- Utilize for compliance with state and federal quality initiatives, including Meaningful Use/Promoting Interoperability

NC **HealthConnex**
Powering Health Care Outcomes

How to Access Services

- Your organization must enroll in each service
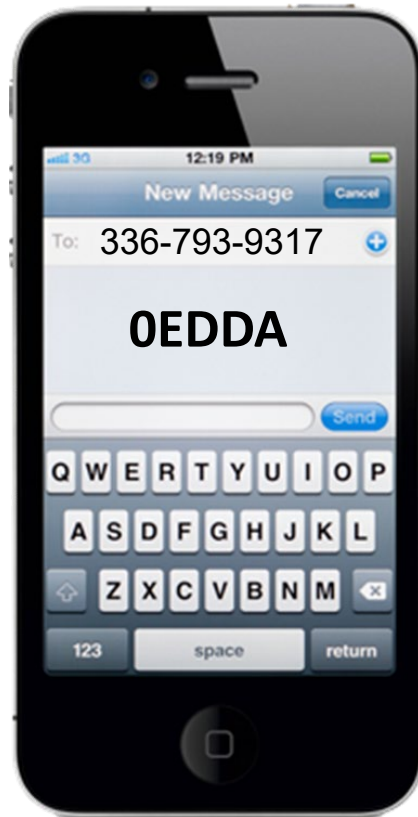
- Click on each box for more information

For more information visit:
www.nchealthconnex.gov

Tel: 919-754-6912
E-mail: hiea@nc.gov

919-754-6846
Jessica.Brehmer@nc.gov

NC **Health**Connex
Powering Health Care Outcomes

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

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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

CCNC Website - https://www.communitycarenc.org/newsroom/coronavirus-covid-19-information
E-mail - ccncsupport@communitycarenc.org

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