

# Getting Started in Telemedicine

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# What Changed with COVID-19?

## PRE-COVID FOUNDATION

- Growth in telemedicine steady and consistent
- Cheaper, easier to use and more reliable technology
- Increasing consumer comfort level with technology
- Many digital natives entering workforce
- Improving reimbursement landscape
- Good fit for volume to value



## POST-COVID CHANGES

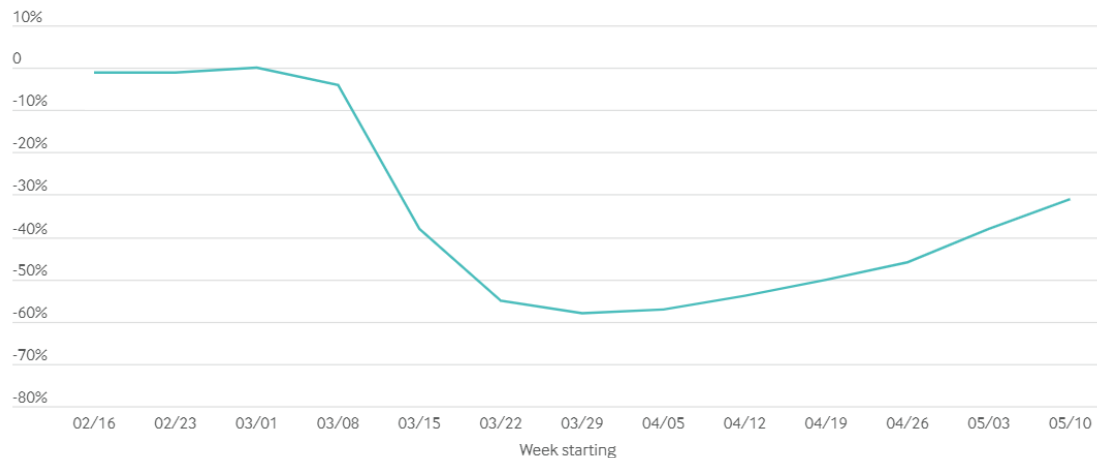
- Stay at home orders in every state
- Preservation of PPE, limited testing, and protection of healthcare workers and resources
- Need for technology to help with triage of potential SARS-Cov2 infected patients as well as ongoing care of chronic diseases
- Many barriers removed to telemedicine (technology, reimbursement, licensing)

Acknowledgement: Joe Kvedar, MD

# Ambulatory Practices Face Mounting Instability

Outpatient visits in the U.S. **decreased nearly 60%** in March-April 2020. Clinics are rebounding, but the number of visits is still 1/3 of those seen before the pandemic...

Percent change in visits from baseline



...In some cases, leading to **financial instability**

The pandemic could put your doctor out of business

Primary-care practices were barely eking by. If patients stay away too long, they'll crumble.

Hospitals were struggling before the pandemic. Now they face financial disaster

By David Shulkin for *CNN Business Perspectives*

COVID-19 Shuttters Some Private Practices

<https://www.commonwealthfund.org/publications/2020/apr/impact-covid-19-outpatient-visits>

<https://www.washingtonpost.com/outlook/2020/04/24/pandemic-could-put-your-doctor-out-of-business/?arc404=true>

<https://www.cnn.com/2020/04/22/perspectives/hospitals-funding-coronavirus/index.html>

<https://www.medpagetoday.com/infectiousdisease/covid19/85637>

# Telehealth Waivers During COVID-19

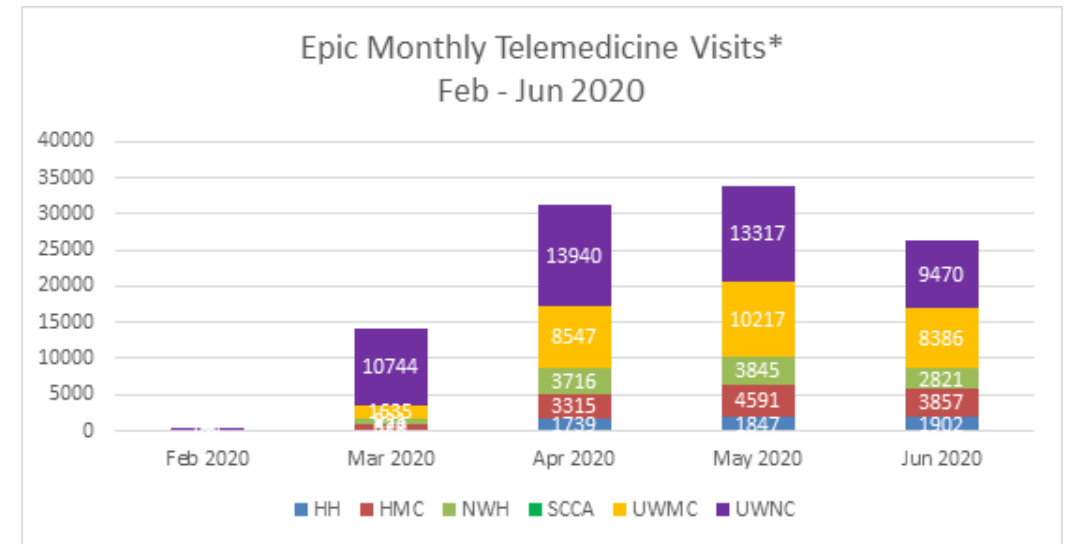
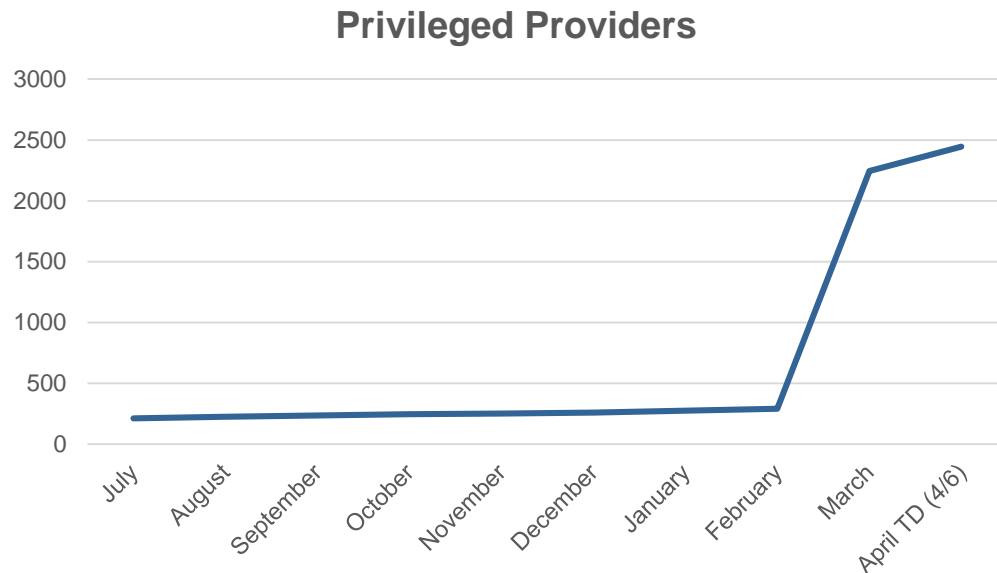
- Centers for Medicare and Medicaid Services released waivers to increase access to and coverage for telehealth during COVID-19\*
- Key waivers\*\* relevant for ambulatory providers include:
  - **No geographic restrictions**
  - Patients are allowed to be **home** during telehealth interactions
  - Providers are able to provide services when at **home**
  - Reimbursement for **180 different codes**, including codes for live video and audio-only telephone
  - **Reimbursement rates are the same as if services had been provided in-person.** Audio reimbursement rates have also been increased
- Future extension of waivers unknown

\*Policies for FQHC/RHC facilities vary

\*\*Summary of all of waivers [here](#)

# Logarithmic Growth in Telemedicine

- Almost all large health systems saw **10-100x** increase in telehealth visits
- Increased numbers of trained and equipped providers



- **UWM: 100x**
- **PSJH: 30x**
- **Cleveland Clinic: 17x**

## “The Genie’s Out of the Bottle”

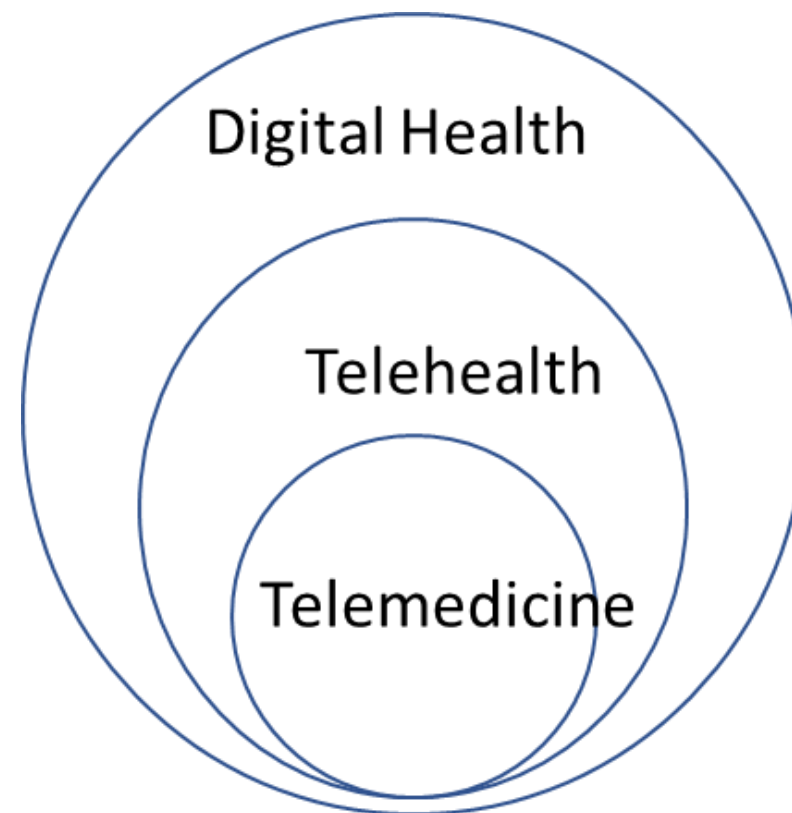
"I think the genie's out of the bottle on this one," Seema Verma, the CMS administrator, said. "I think it's fair to say that the advent of telehealth has been just completely accelerated, that **it's taken this crisis to push us to a new frontier, but there's absolutely no going back.**"



<https://www.beckershospitalreview.com/telehealth/the-genie-s-out-of-the-bottle-on-this-one-seema-verma-hints-at-the-future-of-telehealth-for-cms-beneficiaries.html>

## But First, Some Definitions

- ✓ **Telehealth** is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.”
- ✓ **Telemedicine** is often used interchangeably with “telehealth,” but telemedicine is technically focused on **clinical aspects of care**.
- ✓ **Digital and connected health** is defined as the use of digital, mobile, wearable, or other innovative technologies that facilitate the tracking and monitoring of health status and behavior outside the clinical encounter, with the goal of fostering more patient-centered, technology-enabled, and insight-driven healthcare.



<https://www.hrsa.gov/telehealth/>

## How is a Virtual Visit Different from an In-Person Visit?

- **Preparation:** Getting vital signs, forms signed
- **Technology:** More moving parts
- **Documentation and billing:** Just slightly different
- **Provider:** May be at home or different location

### *Key Question:*

What information do you need to make a diagnosis or formulate a care plan?



# What Is (or Is Not) Appropriate for Telemedicine?

## GOOD USE CASES

- Follow-up of chronic conditions such as mental health concerns, HTN, DM, obesity and COPD
- Discussion of test results (labs, imaging)
- Counseling about diagnostic and therapeutic options
- New or established patients with skin conditions

## NOT SO GOOD USE CASES

- Anything requiring a procedure
- Abdominal pain
- Eye complaints
- Gynecologic complaints
- Highly nuanced care or multiple complex problems
- Any situation in which the physical exam would change your recommendation or treatment plan

# How Do I Get Started?



- What question or problem(s) are you trying to solve?
- Survey existing resources, technology, relationships, experience and personnel with expertise in telemedicine
- Recruit your team
  - Information Technology
  - Billing/compliance
  - Legal
  - Marketing
  - Finance
  - Clinical and admin leadership
- Define success using tools like SMART (Specific-Measurable-Achievable-Relevant-Time-based) goals

# First Steps

- Select a vendor or technology platform
- Define policies, procedures and workflows
- Describe how to advertise to and educate patients
- Create trainings for staff
- Think about launch, scale and stabilization support
- Incorporate into Quality Improvement/Assurance activities



# Defining Success in Telehealth

-  Number of visits
-  Patient satisfaction and experience
-  Provider experience
-  Clinical outcomes
-  Financial outcomes
-  Equity and inclusion

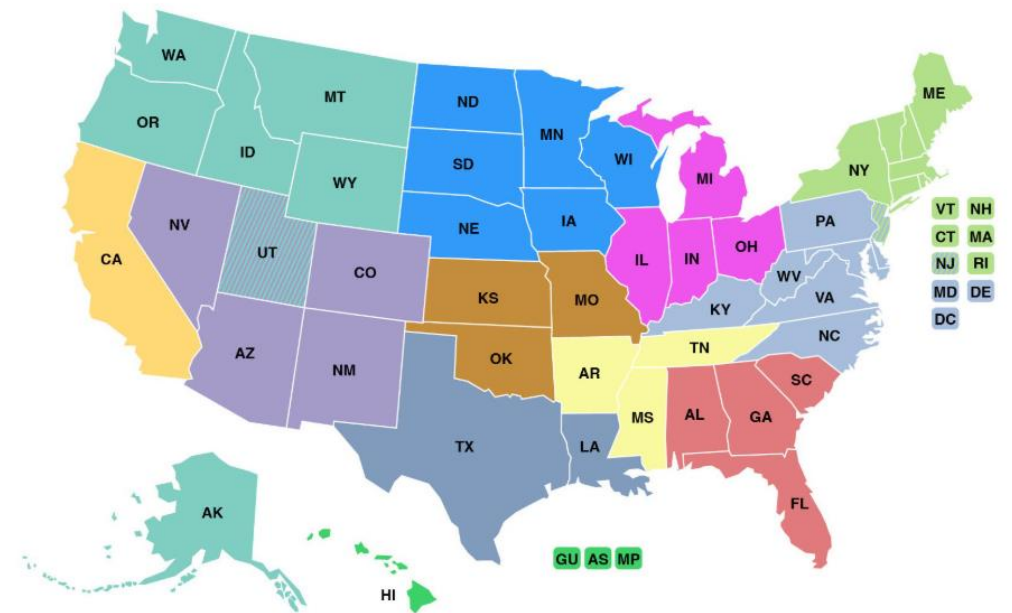


# Resources

- **American Medical Association. Telehealth Implementation Playbook.** <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>
- **HRSA Telehealth Resource Centers.** <https://www.hrsa.gov/rural-health/telehealth/resource-centers>
- **American Telehealth Association.** <https://www.americantelemed.org/covid-19/>

## Telehealth Resource Centers (TRCs)

If you are a provider looking for technical assistance, please contact the regional TRC in your state. You can also visit the websites of the [national TRCs](#) for additional resources focused on technology assessment and telehealth policy.



# Your Telemedicine Questions, Answered

*Please submit your questions through the Q&A.*

