Telehealth and COVID-19

March 19th, 2020
The National Consortium of Telehealth Resource Centers (NCTRC) consists of 14 Telehealth Resource Centers (TRCs). As a consortium, the TRCs have an unparalleled amount of resources available to help virtual programs across the nation, especially within rural communities. Each TRC is staffed with telehealth experts to who are available to provide guidance and answer questions. As telehealth continues to gain more visibility and recognition in healthcare, the TRCs will remain positioned to provide assistance for all.
Webinar Tips and Notes

- Your phone &/or computer microphone has been muted.
- **Due to the large number of attendees, please do not flood the Q&A function.**
- If we do not reach your question, please contact your regional TRC. There may be delays in response time: https://www.telehealthresourcecenter.org/contact/
- Please fill out the post-webinar survey.
- The webinar is being **recorded**.
- Recordings will be posted to our YouTube Channel: https://www.youtube.com/c/nctrc
The National Consortium of Telehealth Resource Centers have released a COVID-19 Telehealth Toolkit. Its purpose is to assist organizations with the implementation of telehealth. View the full toolkit here:

Agenda

1. Introduction
2. COVID-19 Panelist Discussion
3. Q&A with Panelists
4. Technology Overview from TTAC
5. Q&A with Technology Specialist, Jordan Berg
6. Policy Overview from CCHP
7. Q&A with Executive Director, Mei Kwong
8. Conclusion

Thank you for attending our webinar. This will be recorded and made available after the session. To avoid flooding the Q&A, please direct your questions to your regional TRC at https://www.telehealthresourcecenter.org/contact/.
Kerry Palakanis, DNP, FNP-C  
Executive Director Connect Care Operations  
Intermountain Healthcare

Dr. Kerry Palakanis is the Executive Director of Connect Care at Intermountain Healthcare in Utah where she heads up the direct to consumer telehealth product lines. She is a Family nurse practitioner who has worked for over 28 years in family practice specializing in rural health and telemedicine. Dr. Palakanis has served as a featured speaker at State and National programs on issues related to rural health care delivery and telemedicine, has provided testimony to state and federal legislature on telemedicine bills, has received state and federal grants for telemedicine programs, piloted remote patient monitoring grant program; consulted in the development of a national chronic disease management and collaborates with various companies to develop/initiate innovative programs to provide connectivity and telehealth solutions.

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Art Saavedra, MD/PhD, MBA
Endowed Chair of Dermatology
Chief of Ambulatory Strategy and Operations
University of Virginia Health System

Dr. Saavedra specializes in the diagnosis and care of complex medical dermatology and his clinical interests include HIV dermatology, severe drug reactions that manifest with dermatologic complications, and care of oncologic and post-transplant patients. He has a particular focus on advanced therapeutics and the development of algorithms for the novel treatment of poorly understood skin disorders. He is considered one of the national experts in the care, management and immunopathology of Graft-versus-host disease. Dr. Saavedra is an editor of Fitzpatrick’s Color Atlas and Synopsis of Clinical Dermatology, the most widely read dermatology atlas for diagnosis and treatment of skin conditions. He has performed funded research and has been elected to the HealthCare Advisory group for the American Academy of Dermatology. He is also the immediate past president for the Virginia Dermatology Society and is on the Board of the American Medical Dermatology Society.

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Intermountain Connect
Intermountain Healthcare – At a Glance

Helping people live the healthiest lives possible

- **23** Hospitals, 2,800 Licensed Beds
- **185** Clinics
- **39,500** Caregivers
- **2,200** Employed Physicians & APCs, 3,500 Affiliates
- **45%** Utah’s population cared for annually

Telehealth Services

- **Launch in 2013** – 420 visits
- **1300** Access Points
- **500+** Providers using telehealth
- **1.2 million** Projected telehealth encounters in 2020

SelectHealth

- **1 million+** Members across Utah, Nevada and Southern Idaho
Patient Care Management
Intermountain’s Virtual Services and Programs

**Programs**
- Critical Care
- Crisis Care
- Infectious Disease
- Oncology
- Hospitalists
- Neonatal Resuscitation
- Stroke
- Neuro Critical Care
- Connect Care Urgent Care
- Sleep Medicine
- Speech Therapy
- Wound Care
- Pediatric Services:
  - Cranio-facial clinic
  - Hospitalist
  - ICU
- Neurology
- Nutrition
- Spina Bifida
- Trauma
- Urology
- Wound Care

**Services**
- Critical Care
- Crisis Care
- Infectious Disease
- Oncology
- Hospitalists
Command Center Floorplan is designed for cross-collaboration

- Operations/Admin
- Technical Support
- Collaboration Areas
- Patient Access
- Clinical
Leveraging Telehealth during the COVID-19 Crisis

- Converted over 50% of Command Center to Covid-19 Call Center
  - Nurses answering 3000 calls/day
  - Connect Care volumes increased from average of 150 visits/day to over 350 visit/day
  - Tele-Infectious Disease, Tele-hospitalists and Command Center personnel coordinating screening and care of COVID-19 cases.
- Redeployed/trained staff from closed operations to telehealth
- Rapid deployment of Scheduled Video Visit technology to service lines
- Centralized result management with scripting
- Only flight services transporting COVID cases
- COVID-19 monitoring program via RPM
Panelist Discussion

• First of all, some background. What are the basic goals of the public health response to an outbreak like COVID-19? What does it mean to "flatten the curve"?
• What has your organization done with telehealth to respond to COVID-19? What are the specific clinical and epidemiological goals of this response, and how did your organization implement the program?
• What are some of the ways that various other healthcare organizations (hospitals and clinics) are using telehealth technologies to respond to the current situation, and what are the goals of those applications?

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Panelist Discussion (cont.)

• What are some specific ways that rural hospitals and safety net clinics can respond to the outbreak? If they have or can quickly acquire telehealth capabilities, what are some ways they might consider using it most effectively?

• Reducing inpatient load is a key goal of the response. In a virus like COVID-19, what are some key considerations that determine who can be managed at home vs who needs to be managed in the hospital? How can managers, directors, and support staff help develop pathways that their organizations can use to evaluate and respond?

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Telehealth Technology Overview

Patient Side
- Mobile Devices
- At Home

Provider Side
- Web-Based/Link Connect
- Laptop/USB

Platform
- Web-Based
  - Encrypted
  - BAA
- Scalability
- Reliability
- Ease of Use

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Telehealth Technology Overview

Infrastructure/Bandwidth
• Increased Demand
  • Healthcare
  • Education
  • Work From Home
  • Social Distancing

ISP/Carrier
• “Keep Americans Connected” pledge
  • No Terminations
  • Waive late fees
  • Wi-Fi Hotspots
• Boost Speeds
• Remove Data Caps

Data Prioritization

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Telehealth & COVID-19: Policy

National Consortium of Telehealth Resource Centers
March 19, 2020

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
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)
## CMS Telehealth Policy - Now

<table>
<thead>
<tr>
<th>Pre-COVID-19</th>
<th>With Waiver Instituted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic Limitation (must take place rural area/non-MSA)</td>
<td>Temporarily waived. All geographic locations now qualify</td>
</tr>
<tr>
<td>Specific type of health site (specific list of eligible facilities and narrow exceptions for the home)</td>
<td>Temporarily waived. Other locations can now act as the originating site such as the home.</td>
</tr>
<tr>
<td>Eligible Providers (specific list of providers)</td>
<td>No change. FQHCs and RHCs, allied health professionals still cannot act as distant site providers.</td>
</tr>
<tr>
<td>Modality – Live Video with Hawaii &amp; Alaska allowed to use Store &amp; Forward</td>
<td>No change. However, some services can be provided via “technology-based communications” that are not considered “telehealth” by Medicare</td>
</tr>
<tr>
<td>Services</td>
<td>No change. However, CMS has said that the removal of the location restrictions will apply to delivery of all eligible services that are reimbursed if provided via telehealth, not just those related to treatment of COVID-19</td>
</tr>
<tr>
<td>Facility Fee</td>
<td>Any sites that come in under the waiver (ex: hospital in an urban area) are NOT eligible to receive a facility fee.</td>
</tr>
<tr>
<td>OTHER QUESTIONS</td>
<td>CMS FAQ</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>HR 6074 said to utilize telehealth to provide services under the waiver, I need a prior existing relationship.</td>
<td>That requirement is still there but CMS has said that HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.</td>
</tr>
<tr>
<td>Do co-pays and out-of-pockets still apply?</td>
<td>Still applies, but the OIG is providing health care providers flexibility to reduce or waive fees.</td>
</tr>
<tr>
<td>Can smartphones be used?</td>
<td>Under HR 6074, yes.</td>
</tr>
<tr>
<td>How much flexibility do I have under HIPAA now? Is Facetime OK?</td>
<td>OCR “will exercise enforcement discretion and waive penalties for HIPAA violations.” Keep in mind you may still have state requirements to meet. OCR guidance: <a href="https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html">https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html</a></td>
</tr>
<tr>
<td>Licensure</td>
<td>It appears the licensure requirement to be licensed in the state the patient is located in was waived for Medicare reimbursement. Does not impact state law.</td>
</tr>
</tbody>
</table>

The declaration of the national emergency enacted one of the exceptions to the Ryan Haight Act for telehealth (telemedicine as it is referred to in the Act).

For as long as the Secretary’s designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.
- The practitioner is acting in accordance with applicable Federal and State law.

https://www.deadiversion.usdoj.gov/coronavirus.html
FQHC/RHC

- What does the waiver mean for FQHCs/RHCs under Medicare?
  - FQHC/RHCs still CANNOT act as distant site providers
  - However, facilities excluded from acting as originating sites due to geographic limitations are now eligible
  - Additionally, there are other services not considered “telehealth” that utilize telehealth technologies that FQHCs and RHCs can provide
## TECHNOLOGY ENABLED/COMMUNICATIONS-BASED SERVICES

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>MODALITY</th>
<th>AVAILABLE TO FQHC/RHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtual Check-In Codes G2010, G2012</td>
<td>Live Video, Store-and-Forward or Phone</td>
<td>Yes</td>
</tr>
<tr>
<td>Interprofessional Telephone/Internet/EHR Consultations (eConsult)</td>
<td>Can be over phone, live video or store-and-forward</td>
<td>No</td>
</tr>
<tr>
<td>99446, 99447, 99448, 99449, 99451, 99452</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remote monitoring services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chronic Care Management</strong> (CCM); Complex Chronic Care Management (Complex CCM); Transitional Care Management (TCM); Remote Physiologic Monitoring (Remote PM); Principle Care Management (PCM)</td>
<td>RPM</td>
<td>CCM, TCM</td>
</tr>
<tr>
<td>Online Digital Evaluation (E-*Visit) – G2061-2063</td>
<td>Online portal</td>
<td>No</td>
</tr>
<tr>
<td>Online medical Evaluations – 99421-99423</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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. Some go into effect at a later date.

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
States updating Medicaid policies to utilize telehealth

- Licensure waivers – many centering around certain rules in Medicaid but also around meeting certain deadlines and renewals

- Expanded policies to include provision of services via phone

- Waiving of co-pays, deductibles, etc.
Florida – Approved
• Payable claims by out of state providers not enrolled in FL Medicaid (certain conditions need to be met)

California – Submitted
• Waiver of face-to-face requirement for FQHCs, RHCs and Tribal Health
• General request to allow for greater flexibility to use phone and telehealth
CCHP Website – cchpca.org
Subscribe to the CCHP newsletter at cchpca.org/contact/subscribe
Thank You!

www.cchpca.org

info@cchpca.org

877-707-7172
TRC Virtual Events

**Northeast TRC:**
TeleDentistry to Expand Dental Access in the Northeast – March 25, 2020
https://zoom.us/webinar/register/WN_vzgYGb3CTKmuRkEEqZ5thw

Telehealth to Expand HIV and Opioids Treatment in the Northeast – May 20, 2020
https://zoom.us/webinar/register/WN_Y1BKNyKHTH6QMt4rFhTCFw

**Northwest Regional TRC:**
NRTRC TAO Virtual Conference 2020 – April 15 – 17, 2020
https://nrtrc.org/annual-conference

**Southwest TRC:**
Developing Telemedicine Services – March 23, 2020
https://telemedicine.arizona.edu/training/developing-telemedicine-services/webinar/2020-03-23

Check www.telehealthresourcecenter.org for updates and future events.
Our Next Webinar

The NCTRC Webinar Series

Occurs 3rd Thursday of every month.

Telehealth Topic: COVID-19 and Telebehavioral Responses Across the Lifespan
Date: April 16th, 2020
Times: 11 AM – 12 PM (PT)
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Please participate in this brief perception survey (will also open after webinar):

https://www.surveymonkey.com/r/XK7R72F