



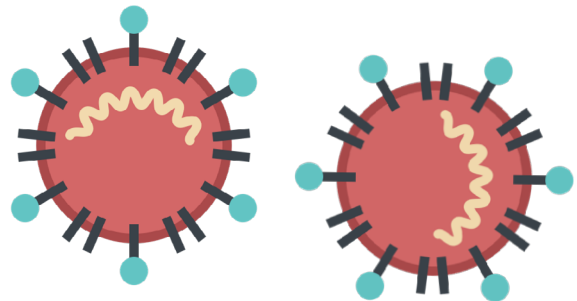
# National Consortium of Telehealth Resource Centers

## COVID-19 Telehealth Toolkit

March 18, 2020

### What is COVID-19?

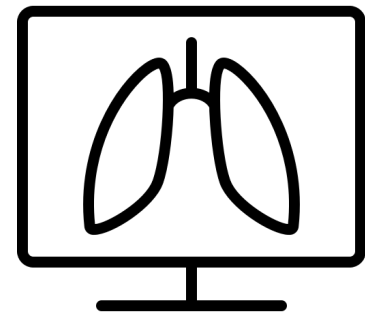
Coronavirus disease 2019 (COVID-19) is a novel coronavirus that has not been previously identified. Symptoms include cough, difficulty breathing, fever, and mild to severe respiratory illness. According to the [Centers for Disease Control and Prevention \(CDC\)](#) the virus currently seems to be easily spreading throughout communities in the United States ([community spread](#)), meaning “some people have been infected and it is not known how or where they became exposed”.



### What is Telehealth?

The [Health Resources and Services Administration \(HRSA\)](#) of the [U.S. Department of Health and Human Services](#) defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration.

Telehealth can address COVID-19 and other epidemic situations by limiting exposure to infection for vulnerable populations and health care workers. Telehealth can also expand the reach of resources to communities that have limited access to needed services. This allows patients to receive health services away from settings where potential for contracting COVID-19 are high, such as hospitals, health clinic waiting rooms, private practices, etc.



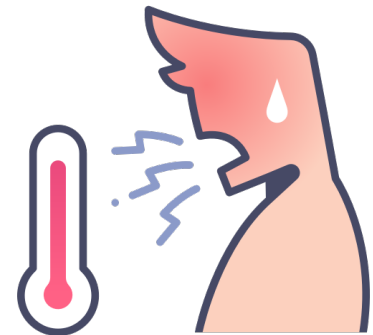
The [National Consortium of Telehealth Resource Centers \(NCTRC\)](#) is composed of 12 regional and 2 national federally-funded telehealth resource centers (TRCs) who offer assistance and resources for the planning and implementation of telehealth operations. [Reach out to your regional TRC](#) for more information on telehealth and COVID-19. For a comprehensive collection of resources related to telehealth and COVID-19 response refer to the [Northeast Telehealth Resource Center \(NETRC\) COVID-19 Epidemic Telehealth Webliography Toolkit](#).

# COVID-19 Telehealth Toolkit

## How Can Telehealth Be Used in Response to COVID-19?

### Monitoring Symptoms

Telehealth can be used to identify potential and confirmed mild/moderate cases without person-to-person contact. Phone screening, virtual visits, and remote patient monitoring (RPM) data can help guide providers and patients in deciding when to escalate a case.

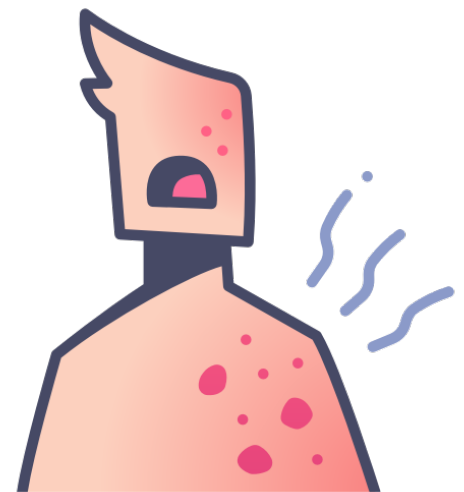


While telehealth can help reduce exposures, reduce Emergency Department visits, and enable remote monitoring of symptoms, it does have limitations. There are certain procedures that would still need to take place in-person. For example, patients would still need to be physically present for collection of samples for laboratory testing and imaging. Another example would be nurses, who are in frequent contact with inpatients and need to physically administer medications, hook up IVs, etc.

### Caring for Inpatients

Healthcare providers at all levels of a care team (nutritionists, respiratory therapists, physicians, nurses, etc.) can easily check-in on admitted patients and monitor their conditions.

Although live-video is the most common use of telehealth for inpatient care, RPM can also be crucial in effective inpatient treatment of COVID-19 while preventing provider-to-patient contact. For example, a recent [study](#) examines the benefits of a low-cost breath analyzer module that remotely monitors chronic obstructive pulmonary disease (COPD) patients. While further efforts are needed to verify reliability and robustness of data transmission via telemedicine, the RPM technology offers the unique opportunity to monitor patient health non-invasively ([Radogna et. al, 2020](#)). Similarly, this technology could be widely used in an inpatient COVID-19 environment where quality care can be provided without contact, and reduces risk for health providers, patients and caregivers.



#### **CDC Guidelines Disposition of Hospitalized Patients and Infection Control**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

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

# COVID-19 Telehealth Toolkit

## How Can Telehealth Be Used in Response to COVID-19? (cont.)

### Providing Healthcare Remotely

In an outpatient setting, telehealth allows providers to remotely monitor patients that are self-quarantined at their homes. This can greatly reduce capacity in several healthcare settings by addressing mild cases remotely and again, reducing unnecessary exposure to the healthcare workforce.



In the event of larger quarantines, health providers can still be in contact with patients to regularly monitor their condition and refer to additional treatment as appropriate. This is especially important, as healthcare providers can offer guidance remotely to caretakers at-home and other on-the-field healthcare providers. Additionally, treating patients who are particularly vulnerable to COVID-19 but still require interaction with their health care providers for their condition via telehealth, can limit their exposure to areas where there is greater opportunity to come into contact with COVID-19.

### Ideas From the Field

In an [article](#) from 2019, researchers at the University of Alabama Birmingham (UAB) found that telemedicine platforms can help reduce rehospitalization in COPD. The study focused on a 12-week pulmonary rehabilitation program that was delivered in patients' homes, via telehealth, resulting in significant decrease in rehospitalization, reduced patient costs, and improved clinical outcomes. In recent news, it has been reported that respiratory complications may occur in recovered COVID-19 patients. Applying similar COPD telehealth tactics could prove to be beneficial for discharged patients.

There are other types of technology that can be utilized to support COVID-19 respiratory treatment. A [study](#) in 2018 examines the potential for digital technology to improve adherence and personalization for patients with respiratory diseases. Technology such as electronic inhalers, text messaging, and self-management tools were used to measure improvement in patient outcomes ([Blakey JD, et. al 2018](#)). The technology assisted patients by reminding them to practice regular therapeutic techniques, a method that can also be adopted for recovering COVID-19 patients.

### Other Provider Benefits

Healthcare workers are constantly exposed to COVID-19, which could lead to a workforce shortage among healthcare providers if they fall into quarantine. This [article](#) published in 2020 highlights organizations that used existing telehealth infrastructures to have quarantined doctors to treat patients. Those with established telehealth programs have allowed quarantined providers to treat patients, ensuring the safety of both parties. Telehealth has shown to be an invaluable tool, providing methods for quarantined providers to safely treat patients.

# COVID-19 Telehealth Toolkit

## Policy Issues

### What's Covered?

#### Medicare

Utilizing the waiver power provided in HR 6074, the Secretary has waived certain restrictions on the use of telehealth in Medicare. During the current emergency, the rural and site limitations will no longer apply. Patients can now be located in either rural or urban areas and in other non-health care type sites, such as the home, when receiving telehealth delivered services. All eligible telehealth services can be provided under these relaxed location requirements, not just those related to treating COVID-19. The CMS FAQ can be found:

<https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>.

You can also check out CCHP's fact sheet on telehealth policy changes for more details at [cchpca.org](http://cchpca.org).

There are other options that are not considered "telehealth" by CMS that providers can use to deliver services through technology. Providers can bill Medicare for virtual check-in services through several communication modalities, which include G2012 (telephone) and G2010 (captured video/image) if they are patient-initiated.

CPT codes 99421 – 99423 and HCPCS codes G2061 – G2063 (as applicable) are also billable under Medicare for virtual check-ins, but must be initiated by the patient. Providers are allowed to educate patients on the availability of these services.

Further information can be found in this CMS fact sheet:

<https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>

#### Medicaid

Each state Medicaid program will vary on how it treats telehealth. Some states have very expansive policies that will allow for telehealth to be used more extensively to monitor and treat coronavirus than others. Check the [Center for Connected Health Policy's \(CCHP\) website](http://Center for Connected Health Policy's (CCHP) website) to learn about current state laws and reimbursement policies in your state.

# COVID-19 Telehealth Toolkit

## Policy Issues (cont.)

### What's Covered?

#### Private Payers

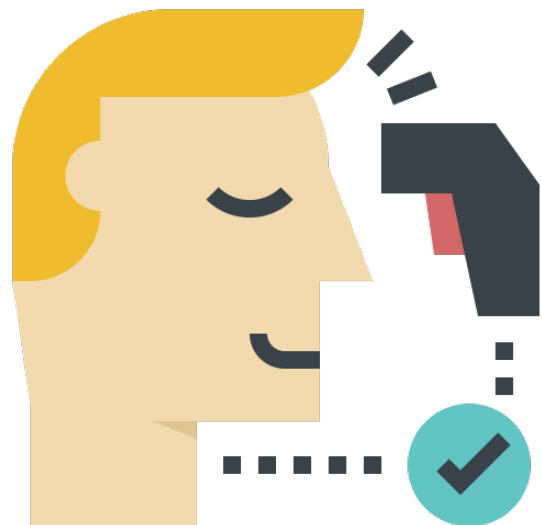
According to an [American Hospital Association \(AHA\) article](#), CMS' latest update through federal entitlement programs state that private payers are starting to adjust their policies in response to COVID-19. For example, Blue Shield is eliminating prior authorization for COVID-19 related services, covering full costs of diagnostic tests, increasing access to medication, and expanding access to telehealth and healthcare hotlines.

*CCHP on Private Payers, an excerpt from CCHP's [Telehealth Coverage Policies in the Time of COVID-19\\*](#):*

"Several health plans have announced that they will make telehealth more widely available or offer telehealth services for free for a certain period of time. Some of the announcements have come from Aetna, Cigna and BlueShield BlueCross. Additionally, Vice President Pence had announced that he had secured a commitment from the health plans to cover telehealth services, but no details or which plans had agreed were given."

### How Much Do Patients Have to Pay?

Out-of-pocket costs will vary depending on the type of patient insurance. It was announced in March, 2020 by Vice President Pence that health plans will cover telehealth interactions. The details remain vague at this time, so the extent of coverage is not known. However, many of the larger plans have been waiving co-pays, deductibles and offering to cover costs for testing and treatment of COVID-19. Some insurance plans have been more expansive with their policies to cover telehealth interactions not directly related to COVID-19.



For an At-A-Glance summary of the current telehealth policy coverage, view CCHP's [Telehealth Coverage Policies in the Time of COVID-19\\*](#).

*\*This is a living document and will be updated periodically. Check [CCHP's website](#) frequently for updates and revisions.*

# COVID-19 Telehealth Toolkit

## How Telehealth Has Helped in Past Epidemic/Pandemic Incidences

Although America has little experience in an outbreak as severe as COVID-19, there are similar scenarios where the application of telehealth has proven its potential, particularly in the Infectious Disease field. The Infectious Disease Society of America (ISDA) supports the use of technology and telehealth in an [article](#) published in 2019. It encourages the field of Infectious Disease to utilize telehealth, as it can lead to high patient satisfaction, improve outcomes, and reduce costs ([Young et. al, 2019](#)). Similar applications can be practiced to reduce the impact of the COVID-19 outbreak.

A [study](#) from 2019 highlights and encourages the use of telehealth in Infectious Disease practices, looking at the HIV pandemic as one example. In an outpatient setting, pre-exposure prophylaxis (PrEP) teleservices were established to reach at-risk communities. HIV providers were made available online at a dedicated community center ([Abdel-Massih and Mellors, 2019](#)). Although efficiency of the program and outcome results are to be determined, the study still demonstrated the benefits of telehealth during a pandemic.

In another example from an [article](#) in 2018, the University of Virginia (UVA) offered telehealth solutions during the Ebola crisis in Africa of 2014 – 2016. Telehealth offered value in other areas such as nutrition, social services, and other solutions that made treatment easier. For example, physicians overseas utilized telehealth by holding vials of medical tests to the camera, allowing physicians in the United States to make judgement calls – effectively saving time by overcoming time-consuming Personal Protective Equipment (PPE) protocols.

Similar applications of telehealth can be used with COVID-19. Efficient and quick communication between health providers and patients is necessary in a fast-paced environment, where COVID-19 information and conditions are in constant flux. Telehealth has overwhelming potential to play an important role, especially during an outbreak or escalation where communication and time is essential to saving lives.

### Additional Articles and Evidence of Telehealth in Epidemic Situations

- [Gavidia M. Telehealth During COVID-19: How Hospitals, Healthcare Providers are Optimizing Virtual Care. American Journal of Managed Care, March 13, 2020.](#)
- [Muoio, D. In-Depth: Surging Flu is a Proving Ground for Digital Health, Telemedicine. MobiHealth News, February 2, 2018.](#)
- [Ohannessian R. Telemedicine: Potential Applications in Epidemic Situations. Eur. Res. Telemed. 4\(3\): 95– 98, 2015.](#)
- [Romm S. Telemedicine Emerging as a First Line of Defense During Flu Season. Physicians Practice, February 25, 2019.](#)
- [Terry K. Telehealth Seen as a Key Tool to Help Fight COVID-19. Medscape Medical News, March 4, 2020.](#)
- [Wicklund E. Coronavirus scare gives telehealth an opening to redefine healthcare. mHealth Intelligence, March 5, 2020.](#)

# COVID-19 Telehealth Toolkit

## Additional Resources

### American Medical Association's Quick Guide

In an effort to keep our health care workers and patients safe amid the COVID-19 pandemic, the American Medical Association (AMA) has designed this quick guide to support physicians and practices in expediting the implementation of telemedicine, so care can continue to be provided to those who need it most.

[American Medical Association. Quick Guide to Telemedicine in Practice.](#)

### Vendors Offering Free or Reduced Cost Platforms\*

<https://rightmetrics.com/>

<https://info.vidyo.com/vidyo-license.html>

<https://www.bluestreamhealth.com/covid-19-general-guidance/>

<https://www.cloudbreak.us/>

<https://www.ring.md/>

<https://www.adaptivetelehealth.com/index.php/provider>

### Other Sources for Training\*

Telehealth Coordinator – Online Training (TRC Resource):

<https://www.telehealthtrain.org/>

Foundations of Telehealth (provides CME/CE):

<https://telehealthvillage.com/product/foundations-of-telehealth/>

Telehealth Etiquette Video Series (TRC Resource):

<https://learntelehealth.org/telehealth-etiquette-series/>

Telemedicine: Conducting an Effective Physical Exam (provides CMEs):

<https://cme.jefferson.edu/content/telemedicine-providers-conducting-effective-telehealth-physical-exam>

Board Certified Telemental Health Training (includes online credentials):

<http://www.startelehealth.org/credentials>

Alternate Registration Link: <https://www.cce-global.org/credentialing/bctmh>

\*The NCTRC is not in a position to either endorse or recommend any of the vendors on this list. We strongly encourage you to do your due diligence when making a vendor selection. There may be other vendors also making available platforms for free or at a significantly reduced price in response to COVID-19. These are the ones that have been brought to our attention.

This toolkit was made possible by the 14 Telehealth Resource Centers and administered through grant #G22RH30365 from the Office for the Advancement of Telehealth, Federal Office of Rural Health Policy, Health Resources and Services Administration, Department of Health and Human Services.