



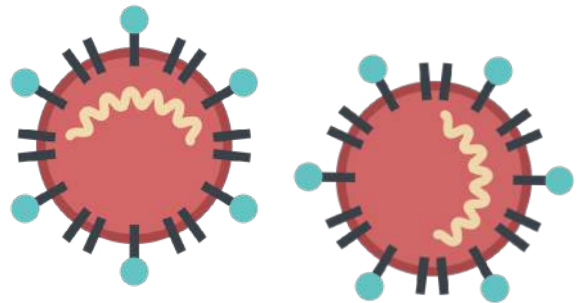
National Consortium of Telehealth Resource Centers

COVID-19 Telehealth Toolkit

March 18, 2020 (Updated April 2020)

What is COVID-19?

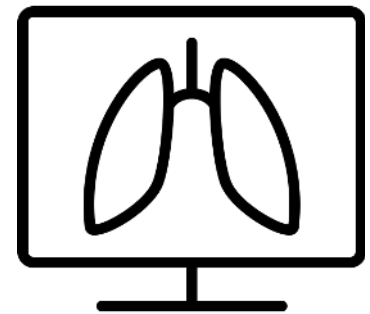
Coronavirus disease 2019 (COVID-19) is a novel coronavirus that has not been previously identified. Symptoms include cough, difficulty breathing, fever, and mild to severe respiratory illness. According to the [Centers for Disease Control and Prevention \(CDC\)](#) the virus currently spreading at different levels throughout the country. Global efforts at this time are focused on lessening the spread and impact of the virus.



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.

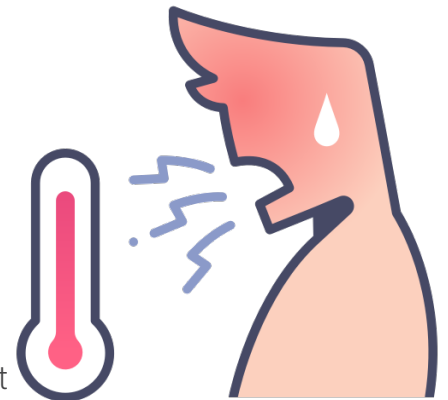
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How Can Telehealth Be Used in Response to COVID-19?

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. Using technology is essential to limiting healthcare provider exposure, as viral overload becomes increasingly evident to mortality over time.

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 Information for Healthcare Professionals:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

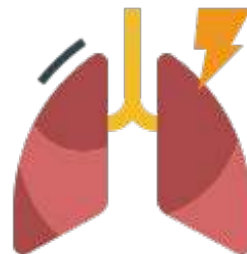
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How Can Telehealth Be Used in Response to COVID-19? (cont.)

Recovering From COVID-19

Recent developments have shown that not only is preventative care necessary to reduce ED visits and intensive care unit (ICU) admission, aftercare addressing long-term effects and bodily damages of COVID-19 are equally discerning.

Damage to the lungs have been found in patients who have recovered from COVID-19. A recent [study published in February 2020](#) found that patients recovering from COVID-19 pneumonia have shown lung abnormalities with greatest severity in chest CT scans approximately 10 days after onset of symptoms ([Pan et. al, 2020](#)).



While models of lung rehabilitation by exercises and COPD were mentioned in earlier versions of this toolkit, TRCs have concluded that it is not a major concern for telehealth planning. Further evaluation shows telehealth planning should be focused on primary/preventative care providers, triaging via vital intakes, and at-home monitoring to ensure the safety of healthcare providers and patients.

Lessons From the Field

Telehealth can help supplement the [shortage of ICU pulmonologists](#) as hospitals and other healthcare organizations move through the COVID-19 pandemic. This [study from 2014](#) shows that teleICU directed ventilator rounds were associated with significant improvements in reducing ventilator duration and ICU mortality ([Kalb et. al, 2014](#)). The model shows a promising approach to increasing specialty care accessibility and possibly reducing transfers from community hospital ICUs.

The unique virtual forum designed by the teleICU service served as a shared data entry point. This was a useful for multidisciplinary teams. When coupled with specific workflows dedicated to ventilator management, the teleICU ventilator rounds assisted in decision making even when all health providers were unavailable to meet. The study notes that an advantage of this framework was the capacity to leverage limited manpower and provide healthcare services that may not have been available.

However, in application to the COVID-19 pandemic, it is important to note that the framework in the study was implemented well after the initiation of teleICU services. Additionally, at the rate of spread of the virus, healthcare services may drastically differ in environments and staffing. This could largely inhibit the potential of telehealth services, especially for rural and community clinics. This is not to discourage the use of telehealth, but may be seen as an opportunity for innovation and enhanced cooperation between rural and urban healthcare organizations.

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.

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Policy Issues

What's Covered?

Medicare

During this Public Health Emergency, the federal government has issued several temporary waivers that have expanded the ability to use telehealth in Medicare. The rural and site limitations will no longer apply. Patients can now be located in either rural or urban areas and in other non-healthcare 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 see the Center for Connected Health Policy's (CCHP) fact sheet on telehealth policy changes for more details at 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 website to learn about current state laws and reimbursement policies in your state.

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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.

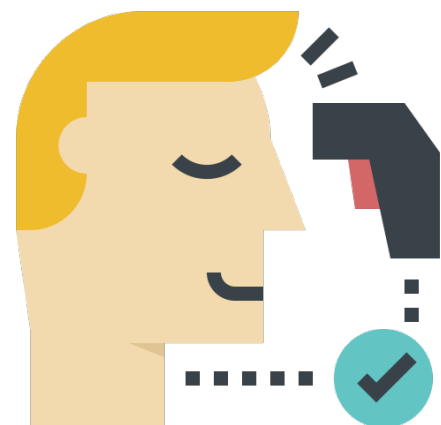
CCHP on Private Payers, an excerpt from CCHP's [Telehealth Coverage Policies in the Time of COVID-19](#):*

"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?

What the patient has to pay when receiving services via telehealth varies. Medicare has allowed providers flexibility regarding co-pays, but unless it is for COVID-19 testing or directly related to the treatment of COVID-19, out-of-pocket expenses are not waived. 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.*

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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.](#)

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Additional Resources

Other Telehealth Resources and Tools

Several TRCS and organizations developed resources that can help set up telehealth programs to address COVID-19. Also included are videos and toolkits that address telehealth etiquette, technology, implementation, and a directory that lists telehealth providers below:

- [U.S. Department of Health and Human Services' \(HHS\) telehealth and COVID-19 resource page.](#)
- [Mid-Atlantic Telehealth Resource Center's \(MATRC\) overview of telehealth implementation.](#)
- [Northeast Telehealth Resource Center \(NETRC\) COVID-19 Epidemic Telehealth Webliography Toolkit.](#)
- [South Central Telehealth Resource Center's \(SCTRC\) telehealth etiquette series.](#)
- [Southwest Telehealth Resource Center's \(SWTRC\) Service Provider Directory.](#)
- [CCHP's COVID-19 Telehealth Coverage Policies.](#)
- [Telehealth Technology Assessment and Resource Center's \(TTAC\) technology toolkits.](#)
- [American Medical Association's Quick Guide to Telemedicine in Practice.](#)

Vendors Offering Free or Reduced Cost Platforms*

[MATRC](#) also houses a comprehensive telehealth resource page. Please see their website for a list of vendors offering free/low-cost resources:

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

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.