TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.
School *of* Nursing

Telehealth in a Pandemic

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Objectives

1. Review current drivers in telehealth

2. Discuss current policies related to telehealth delivery

3. Examine methods for patient assessment & documentation for reimbursement

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Disclosures

There are no disclosures to report

Telehealth Historical Evolution

1879 Lancet article- use of telephone for office visits

1924 *Radio News* forecasts seeing patients via radio & V/C

1950s teleradiology in Canada

1960s & 70s NASA pioneered remote telemedicine

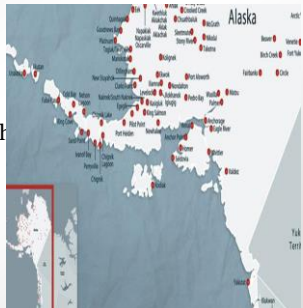1967 Mass General first video-based clinic at Boston Logan airport

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Telehealth Historical Evolution

1998 *Alaska Telehealth Solutions* rolled out

2006 Federally funded *Telehealth Resource Centers*

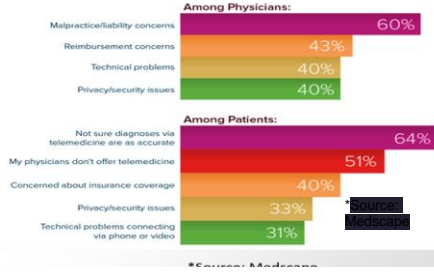## Initial Vision of Telehealth

To provide services in remote areas- Alaska was the first state to use telehealth on a regular basis

The potential for telehealth to improve health care delivery & access was not recognized

In person visits were assumed to be the standard of care

Reasons for Low Adoption

Perceived Barriers to Telemedicine

Among Physicians:

Malpractice/liability concerns	60%
Reimbursement concerns	43%
Technical problems	40%
Privacy/security issues	40%

Among Patients:

Not sure diagnoses via telemedicine are as accurate	64%
My physicians don't offer telemedicine	51%
Concerned about insurance coverage	40%
Privacy/security issues	33%
Technical problems connecting via phone or video	31%

*Source: Medscape

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COVID-19: Telehealth Crash Course

1135 Waiver Public Health Emergency

- Video technology & HIPAA

  May use non-HIPAA compliant v/c

- Location and types of patients

  Patient location is not dictated

  Telemedicine may be used for all health conditions

COVID-19 and TeleHealth

1135 Waiver Public Health Emergency

Reimbursement

- Same as in-person visits at the same rate
- Co-pays can be reduced or waived for telehealth visits paid for by federal healthcare programs

Prescribing controlled substances- Ryan Haight waiver

- May issue prescriptions for controlled substances without a prior in-person evaluation if 3 conditions are met (CMS, 2020)

Interoperability Information Sharing/Blocking

21st Century Cures Act (2016)

"HIT technology that:

- (a) enables the secure exchange of electronic health information with, and use of electronic health information from, other health information technology *without special effort on the part of the user,*

- (b) allows for the complete access, exchange, and use of all electronically accessible health information for authorized use under applicable state and federal laws, and

- (c) does not constitute *information blocking.*"

(Riplinger, 2016)

The Office of the National Coordinator Cures Act Final Rule

Requires that patients can electronically access all electronic health information (EHI) at no cost

- Provide patients and healthcare providers with secure access to health information

- Increases innovation, optimization, and competition by providing the patient with more choices

- Calls out the healthcare industry to reach higher and standardize interfaces to allow for more seamless communication between systems and applications

(ONC, 2020)

Impact on Telehealth Delivery

Ambulatory Visits by Type and US Region (#)
● Office Visits ● Telehealth Visits ● Total Visits

Ambulatory Visits - US (163,251,526 Total Visits)

Fox & Sizemore (2020). Telehealth: fad or the future. Epic Health Research Network

Consumer Feedback

- 94% of persons who used telehealth for the first time reported satisfaction
- Older adults least likely to be satisfied with telehealth
- 52% of users reported at least one barrier to access

  Limited service- 24%

  Confusing technology- 17%

  Lack of awareness of cost – 15%

- 35% experienced a problem during the visit- audio issues most common   (J.D. Power, 2020)

NP Feedback on Rapid Implementation

A lack of policies and protocols to guide who were candidates for telehealth

Workflow systems not established

NPs had to utilize different assessment skills for diagnosing

Patients lacked confidence in the use of technology

Majority of primary care visits held by telephone due to:

  a.) bandwith issues b.) lack of familiarity with technology,

  c.) lack of devices in the home for v/c

Telemedicine: Practice Suggestions

Telemedicine: Pre-Visit

- Participate in provider telemedicine training
- Ideally utilize HIPPA compliant and user-friendly platform
- Ensure adequate technology/professionalism
  - *Website Manner (eye contact, privacy, attire)*
- Train nursing/office staff appropriately
- Scheduling concerns
- Pre-Visit Patient Education

Examples of HIPAA Compliant Vendors

- Skype for Business / Microsoft Teams
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet
- Cisco Webex Meetings / Webex Teams
- Amazon Chime
- GoToMeeting
- Spruce Health Care Messenger

(HHS, 2020)

Public/Non-Public
Remote Communication Products

With proper notice to patients that these applications MAY introduce privacy risks, and with the implementation of all privacy and encryption settings, providers may consider using third-party applications.

More Secure	Not Secure
Apple FaceTime	Facebook Live
Facebook Messenger Video Chat	Twitch
Google Hangouts Video Chat	TikTok
WhatsApp Video Chat	Any public chat room
Zoom	
Skype	

(HHS, 2020)

Tele-etiquette Criteria

1. Verifies the identity of the patient and relationship of any other individuals in the encounter.
2. Introduces self & any other participants & roles, explains confidentiality & limits to confidentiality. States that the visit is not recorded.
3. Reviews the protocol of the telehealth visit and what to expect.
4. Explains what to do if connection is lost. Verifies call back number.
5. Asks the patient if they are able to hear and see the interviewer clearly
6. Looks directly at the patient (camera lens) and communicates clearly
7. Appropriate lighting for the encounter to see your face clearly
8. Clutter and noise free environment without distractions such as pets or children
9. Professional appearance
10. If APRN is conducting visit from home and others are in the household place a sound blocking device outside of the room so conversations cannot be overheard

Telemedicine:
The Visit

- Ensure adequate Telemedicine consent
- History, History, History: Ask many questions and listen
- Remote Physical Exam: Possible, just different
  - *Utilize evidence based criteria/rules: Ottowa ankle rules, Roth score, Centor score*
- Bring patient into clinic for In-Person exam if needed!!!

One of the secrets of practicing telemedicine is knowing when to not practice telemedicine……. (D. Feldman, 2020)

- Summarize management plan
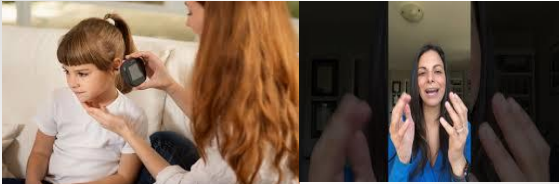 - *Shared Decision Making*

Telemedicine: Post Visit

- DOCUMENT, DOCUMENT, DOCUMENT
  - *Increase medical decision making rationale in plan*
  - *Include any patient refusal of treatment*
    (This takes time-ensure adequate visit length)
- Comply With Billing Requirement For Payment

Health Care Apps & Devices

Your on Demand Medical Exam

Wireless Medical Devices & Software FDA Oversight

Digital Health Innovation Action Plan

1. Software applications & devices for patients to manage their disease condition & promote health are not required to have FDA approval.

2. Software as a Medical Device; when software & device are <u>designed to diagnose &/or treat a disease</u> FDA approval is required (SaMD) (U.S. Food & Drug Administration, 2019)

FDA Approved Medical Devices

Tytocare Home Exam Kit

Apple OS 5.1.2,

Alive Cor Kardia Mobile

Mira hormone tracking system

Anykit Otoscope adapter

Health Care Apps

46,360 healthcare apps June 2020 (Statista, 2020)

Difficult for practitioners to remain current on digital technologies & evidence for use

Limited evidence for the efficacy of health apps (Matthews, S. et al, 2019)

Recommendation to create a digital formulary for patients that contain apps selected for their efficacy & usability (Byambasuren, Sanders, Beller & Galsziou, 2018)

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