Telehealth Triage: How To Use Telehealth During COVID-19

April 23, 2020









Welcome and Introduction to the Webinar

Mei Wa Kwong, JD

Executive Director

Center for Connected Health Policy



About the California Telehealth Policy Coalition



CALIFORNIA TELEHEALTH POLICY COALITION



In 2011 when AB 415, the Telehealth Advancement Act, was winding its way through the legislative process, an ad hoc group of statewide organizations supporting the bill formed. Including such groups as the California Primary Care Association, the California Hospital Association and the California Rural Health Association, these groups met in meetings convened by CCHP in order to be apprised of any developments around AB 415 and share information with each other.

With the successful passage of AB 415, the group continued to meet and eventually formed into the California Telehealth Policy Coalition. From a handful of organizations, the membership has grown to include over eighty-five entities

that include consumer groups, medical systems, payers, providers, technology representatives and others. CCHP continues to act as the convener of the Coalition and hosts monthly conference calls with continued support from the California Health Care Foundation in this work.





Please visit our website for more information or if you are interested in joining.

Purpose and key objectives of today's webinar



Educate stakeholders on telehealth basics and how it can be used for triage and treatment during and beyond COVID-19

- Share family, patient and provider perspectives on how telehealth can facilitate care delivery, particularly during the COVID-19 pandemic
- Increase attendee interest in using telehealth to meet patient, health plan member and other constituent needs
- Enhance attendee knowledge of telehealth modalities, use cases, and key considerations during COVID-19

Agenda and preliminary announcements

Introduction to telehealth, moderator

Mei Wa Kwong, JD, Executive Director, CCHP

Family and patient perspectives

- Ginger Moyles
- Julie Bates, MS, Gerontologist, Associate State Director, AARP of California

Provider perspectives

- Sean Johnson, MHA, BSN, RN, Vice President of Applications and Analytics, Sansum Clinic
- Kate Williamson, MD, Pediatrician and Primary Care Informaticist Children's Hospital of Orange County; President, AAP Chapter of Orange County
- Misty D. Humphries, MD, MAS, RPVI, FACS, Associate Professor, Vascular and Endovascular Surgery, UC Davis Health

Facilitated question and answer

• Timi Leslie, Founder and President, BluePath Health



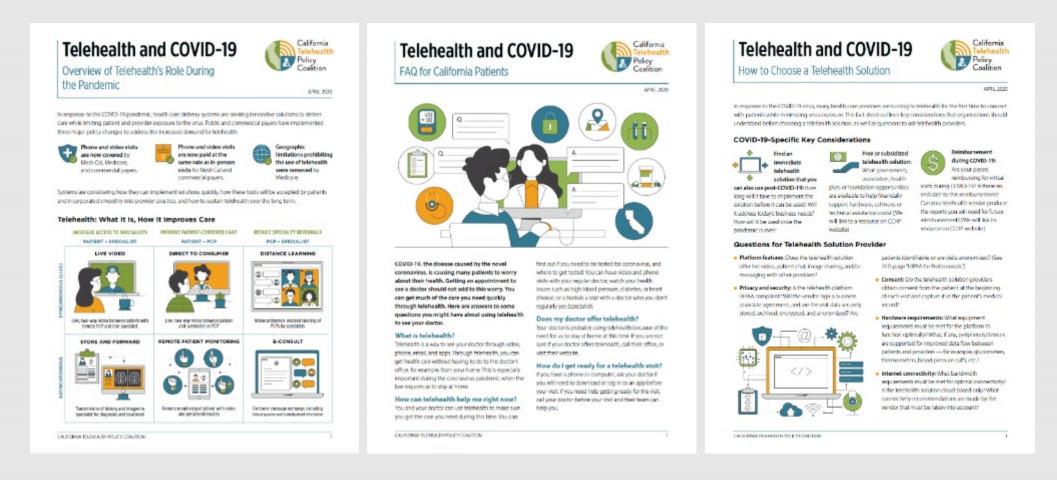
Attendees will remain muted during the webinar.



Please submit any questions you have during the webinar in the Q&A box, not the chat box.

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New Coalition fact sheets on telehealth



Fact sheets will be sent out with a copy of today's materials and are available on our website.

Many thanks to the sponsors of today's webinar







What telehealth is, and how it can improve care



IMPROVE PATIENT-CENTERED CARE

REDUCE SPECIALTY REFERRALS

PATIENT - SPECIALIST

PATIENT - PCP

PCP - SPECIALIST

LIVE VIDEO



SYNCHRONOUS (LIVE)

ASYNCHRONOUS

Live, two-way video between patient with remote PCP and tele-specialist

DIRECT TO CONSUMER



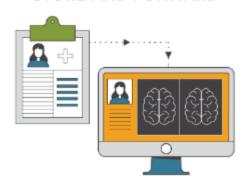
Live, two-way video between patient and generalist or PCP

DISTANCE LEARNING



Videoconference-enabled training of PCPs by specialists

STORE AND FORWARD



Transmission of history and images to specialist for diagnosis and treatment

REMOTE PATIENT MONITORING



Remote monitoring of pitient with video and peripheral devices

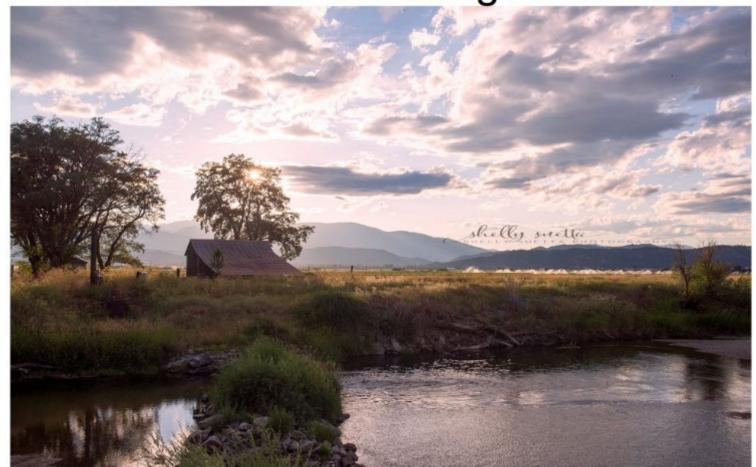
E-CONSULT



Electronic message exchange, including clinical question and related patient information

Ginger Moyles, Parent from Siskiyou County

Scott Valley- Siskiyou County
Just south of the Oregon Border



Ginger Moyles – Siskiyou County













Telehealth and the Older Adult



Julie Bates MS Gerontologist Associate State Director

AARP, Telehealth and Our Members



Do Medicare and private insurance cover telehealth?

- The Centers for Medicare & Medicaid Services (CMS) broadened access to telehealth services in response to the coronavirus public health emergency.
- Medicare pays health providers to offer many telehealth services to Medicare beneficiaries for evaluating and managing your health, including mental health counseling, common office visits, and preventative health screenings.
- For private insurance, most insurance providers are expanding coverage for telehealth services during the coronavirus pandemic and waiving cost-sharing like copays, deductibles and coinsurance.



How much does telehealth cost your patients?

- Health insurance companies across the country have taken action to remove cost barriers to getting care through telehealth services.
- For those with Medicare, beginning March 6, 2020, and for the duration of this public health emergency, Medicare can pay for office, hospital and other visits via telehealth for all beneficiaries. Generally, beneficiaries will pay the same out-of-pock costs for telehealth as they would for an in-person visit.
- The Department of Health and Human Services has offered flexibility for health care providers to reduce or waive cost-sharing for telehealth visits paid by Medicare.



Preparing your Patients for a Telehealth Visit



- Provide clear instructions on how to access the visit, at what time and what to do if they need to wait.
- Make sure they are tech-ready. They will need a decent smartphone, tablet or PC for a remote consultation, along with a reliable broadband or cellular connection to the internet, especially for video.
- Let them know if they need to visit the practice's patient portal. Do they need download an app? Will you email or text10 minutes before your designated appointment time.
- Remember this is new for most of your older patients!

AARP resources for older adults







Telehealth Timeline Sansum Enterprise Applications

3/13/2020	Communicated Cancellation of Clinics
3/15/2020	 Built Basic Telehealth Encounter Enrolled All Providers with Zoom Basic Accounts (we already have licensed HIPAA version for administrative purposes
3/17/2020	 Went Live with Telehealth 1.0 (Encounter in EHR and Separate Scheduling in Zoom) Licensed from Zoom Epic MyChart Integration Functionality (App Orchard)
3/31/2020	 Went Live with Full MyChart Zoom Integration Non-MyChart visits Occur with Separate Zoom Schedule
4/13/2020	 Revamped Patient Text Reminder System to help with patient prep (links to Zoom Test, links to support sites)
4/28/2020	 Going Live with Non-MyChart Zoom Integration (can SMS or Email Patient Zoom URL directly from Epic)

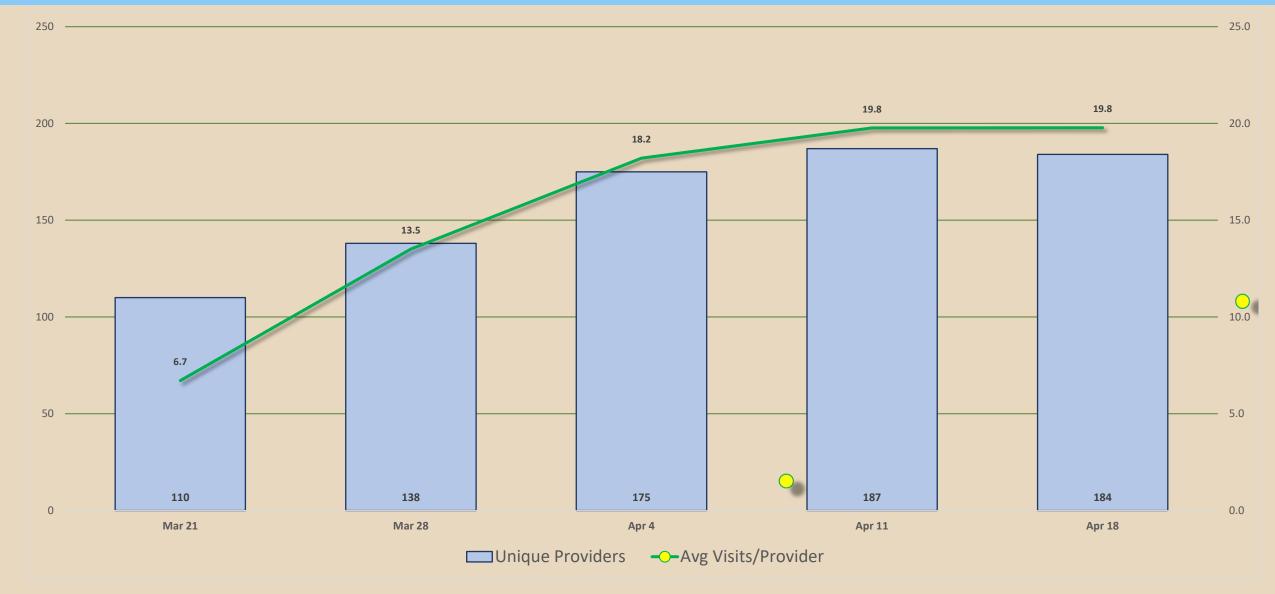


Telemedicine Volumes by Week



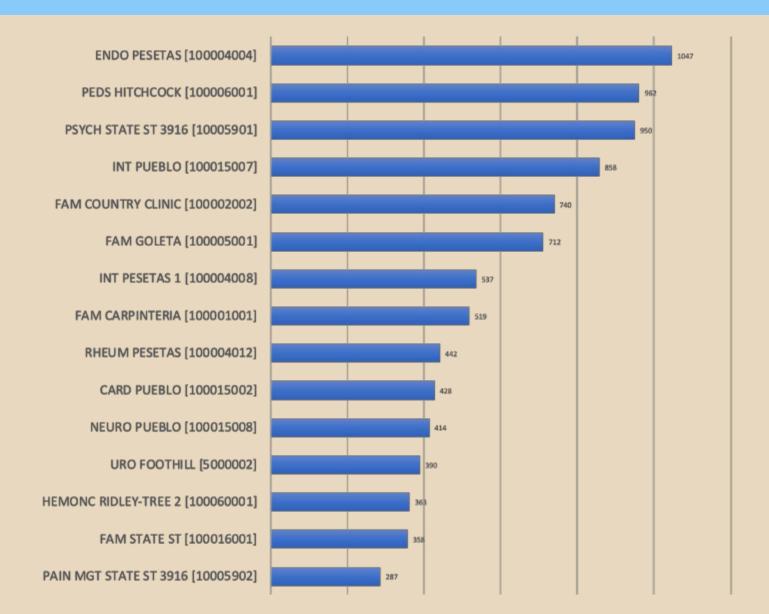


Providers – Average Visits/Week



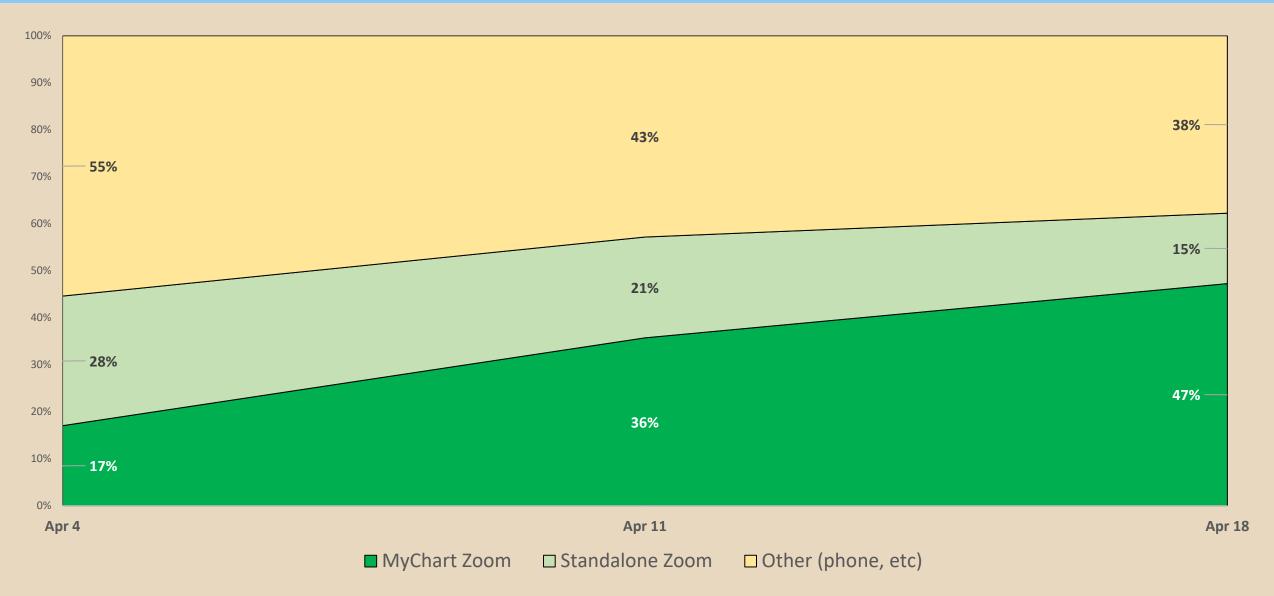


Adoption by Department





Providers – Average Visits/Week



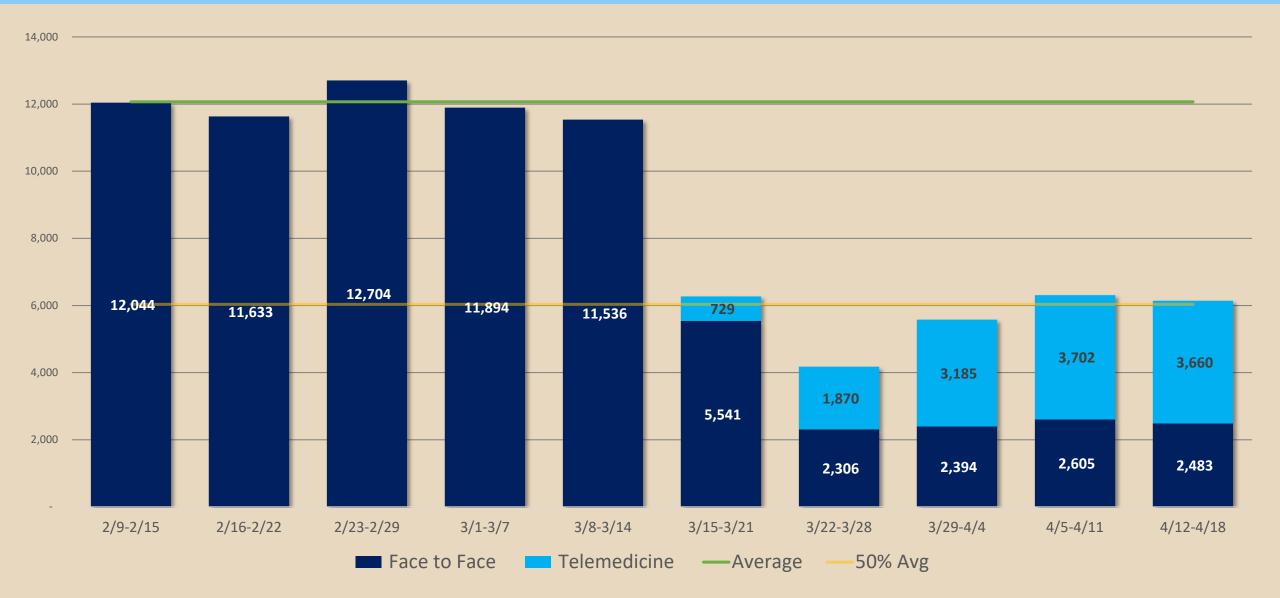


MyChart – Active Patients/Month





Total Visits by Week (blue Telemed)





Marketing



Community Health is Our Commitment



WE ARE OPEN

- · In-clinic appointments as needed
- Urgent Care for unplanned medical conditions
- · Telehealth visits for primary & specialty care

Balancing the needs of all our patients with promoting the best course for public health, we are trying to reserve in-clinic appointments for patients who need to be seen in person. Many appointments are being conducted via Telehealth, allowing you to see a Sansum doctor from the safety of your home.

Please call (805) 681-7500, or visit telehealth.sansumclinic.org, and we can help you determine if a Telehealth visit is medically appropriate for you.

Urgent Care at 215 Pesetas Lane is open daily from 9:00 am to 4:00 pm for unplanned medical conditions.

Text #COVID to (805) 681-7500 for immediate information about COVID-19 symptoms, Telehealth appointments, and more.



200 Doctors. 30 Specialties. 23 Locations.

Working together to get our community through this challenging time.

SANSUMCLINIC.ORG





Kate Williamson, MD

President, AAP-OC Chapter & Governing Board of AAP-CA

Primary Care Informaticist, CHOC Children's





Pediatrician

CHOC: Guidance For Providers On How To Have A Successful Visit





A successful virtual physical exam

Providing a virtual physical exam is a new skillset for most physicians and advanced practice professionals. These tips are designed to help you make the virtual physical evaluation more effective and efficient.

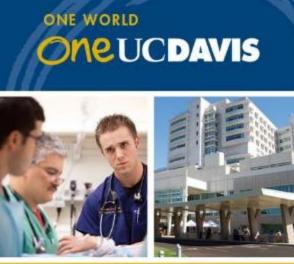
Tips for success

- Ensure the patient is comfortable and privacy is respected, particularly if clothing will need to be removed during the exam:
 - Ask non-essential staff/family members to leave the respective rooms, when appropriate.
- Assure the best possible video experience:
 - Ask for window blinds to be closed before beginning the visit.
 - Check lighting for optimal visualization of the patient.
- Explain that the video visit is not recorded, meets HIPAA requirements, and cannot be posted or forwarded.
- Talk the patient/parent throughout the exam:
 - Be engaging and encourage cooperation from the patient and parent throughout the exam.
 - Acknowledge that, at first, the exam will "feel" different than an in-person exam.
 - Be comfortable asking the patient and/or parent to adjust lights, move closer or farther from the camera, remove objects obstructing your view, speak more loudly, etc.
 - Direct them to remove clothing, as necessary, and remember to tell them when it is OK to put their clothing back on.
- Ask the patient and their parent to help you perform exam maneuvers, when appropriate, to encourage their participation:
 - Tell them how to palpate to localize pain.
 - Explain how to perform range of motion maneuvers.
 - Describe the landmarks you use in clinic to find the right location for an exam component, such as ribs or pelvic bone.
- 6. Watch carefully and ask them to repeat anything that appears questionable.
- 7. Verbalize what you think you are seeing, allowing the patient and their parent to clarify as needed.
- Refer to in-person care if the video exam is not adequate to provide high-quality medical decisionmaking.











UCDAVIS HEALTH SYSTEM

Vascular Center

Telemedicine for Specialty Services and Triage of Urgent Issues

Misty D. Humphries, MD, MAS, RPVI, FACS

Why Expand Telemedicine

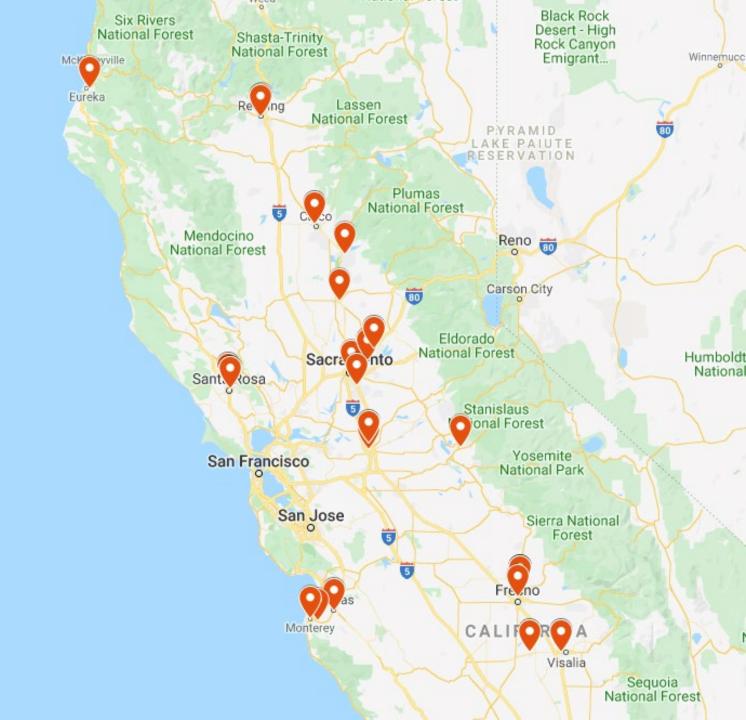
- Minimize Patient Risk of Exposure But Still Take Care of Them
 - Postoperative Patients
 - Surveillance Patients
 - Chronic Patients with New Complaints
 - New Patients Triage
- Keep You and Your Staff Working
- Maintain A Revenue Stream
- Bring Quality Care to Everywhere



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UCDAVIS HEALTH

Access to Specialty Care



Who to See When

- Triage
 - Patients with nonurgent needs, but with high concerns (fear of life-threatening complications)
 - Schedule Procedure after Phase 3 reopening
 - Patients with urgent needs, and physician concerns
 - Schedule Procedure NOW, COVID testing prior
 - Patients with intermediate needs, but can likely wait until Phase 2 reopening

Call and schedule in 4-6 weeks



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Pick Your Platforms: Integrate EMR and Billing

- Doxy.me, Google G Suite Hangouts Meet, GoToMeeting, InTouch Health,
- Mend, Mundaii
- Skype for Business, swyMed, Teladoc, Updox, Vsee, Zoom for Healthcare
- iPhone, Android
- Coordinate with Billing/Back Office



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Specialty Needs to do Telemedicine Long Term

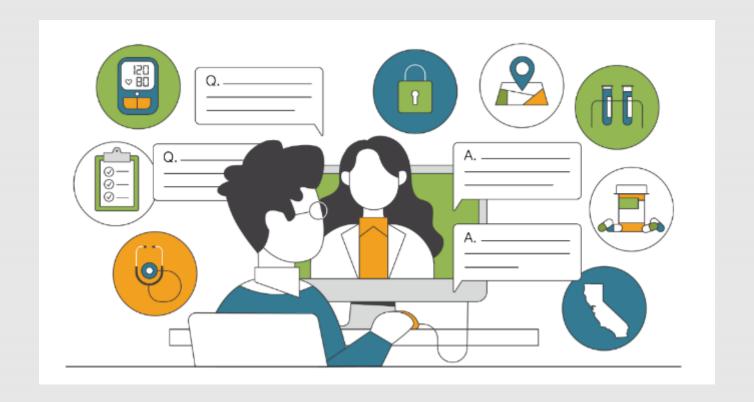
- Improved image sharing between facilities
 - All radiographic images able to be shared through cloudbased software
- Increased provider willingness to do telemedicine in rural primary care setting
 - Either by the Provider
 - -Or as a hub for patients to come for good Internet Access
- Improved Electronic Medical Record sharing
 - -Ability to speak to each other seamlessly
- Better broadband access in rural areas



Telehealth 101

Facilitated question and answer

Timi Leslie
Founder and President
BluePath Health



Please submit your questions in the Q&A box.

Thank you again to today's sponsors







Please visit our website for more information: https://www.cchpca.org/about/projects/california-telehealth-policy-coalition.