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LeadingAge New York
Virtual Annual Conference
Telehealth: The Regulatory Landscape

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TELEHEALTH - BASIC CONCEPTS

- *Originating Site* = location where the patient is at the time the service is provided via a telecommunications system.
- *Distant Site* = the site at which the physician or practitioner delivering the service via a telecommunications system is located.
- *Interactive telecommunications system* = multimedia communications equipment that includes, at a minimum, *audio and video* equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner.

MEDICARE'S RULES PRIOR TO THE COVID-19 PHE

Originating Site

- Must be located in either a *rural* Health Professional Shortage Area or a county outside of a Metropolitan Statistical Area.
- Limited to specified facilities.
  - SNFs qualified; Patients' homes and ACF's did not.
  - Geographic limits did not apply to the diagnosis, evaluation or treatment of acute stroke or to substance use disorder treatment.

Distant Site

- Medicare does not pay for services that are furnished by a physician/ practitioner located outside the U.S.

MEDICARE'S RULES PRIOR TO THE COVID-19 PHE

What Services Could Be Provided?

- Telehealth Services were limited to substituting for:
  - in-person encounters for professional office visits,
  - office psychiatry services,
  - a limited number of other physician fee schedule services,
    - ➢ Limited to CPT/HCPCS codes included on CMS' List of Telehealth Services.
      - ❖ Updated annually.
  - inpatient or emergency department consultation services furnished to beneficiaries in hospitals or SNFs if certain criteria were met.

MEDICARE'S RULES PRIOR TO THE COVID-19 PHE

Providers of Telehealth Services Were Limited to:

- Physicians
- Nurse practitioners
- Physician assistants
- Nurse-midwives
- Clinical nurse specialists
- Clinical psychologists
- Clinical social workers
- Registered dietitians or nutrition professionals
- CRNAs

MEDICARE'S RULES PRIOR TO THE COVID-19 PHE

How Telehealth Services Could be Provided:

- Interactive telecommunications system (audio and video)
  - Telephones, facsimile machines, and electronic mail systems *did not* meet the definition of an interactive telecommunications system.
- Other Remote Services:
  - Virtual Check-ins
  - E-visits
  - Remote interpretation of diagnostic tests
    - These services are not considered "telehealth" and were not subject to geographic limitations.
    - Could only be provided to *established* patients.
    - Documentation of patient consent required for each service.

MEDICARE'S RULES PRIOR TO THE COVID-19 PHE

Limits on Nursing Home Telehealth Services

- The Federal requirement (at 42 C.F.R. §483.30 [c])that each resident be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter *could not be a telehealth service.*
  - Subsequent nursing facility care services were limited to one telehealth visit every 30 days
    - This 30 day limit was not applicable to certain consults.

MEDICARE RULES WAIVED / EXPANDED UNDER THE SECTION 1135 WAIVER, THE CARES ACT AND THE IFR

Originating Site

- *Expanded* - Effective March 6, 2020, Medicare will pay for telehealth services furnished in *all areas of the country in all settings (i.e.*, in any health care facility and even in a beneficiary's home).

Distant Site

- No change – cannot be provided outside of the U.S.

Services that may be Provided via Telehealth

- *Significantly expanded* for dates of services March 1, 2020 to the end of the PHE. Includes:
  - Emergency Room visits
  - Initial nursing facility visits and NF discharge day management
  - Group psychotherapy
  - End Stage Renal Disease Services
  - Therapy Services

MEDICARE RULES WAIVED / EXPANDED UNDER THE SECTION 1135 WAIVER AND THE CARES ACT

Who May Provide Services ?

- *Expanded* -- *All* health care practitioners who are authorized to bill Medicare for professional services. Now includes:
  - Physical therapists
  - Occupational therapists
  - Speech language pathologists
  - And others
- Certain auxiliary personnel (e.g., Respiratory Therapists) who can not independently bill Medicare may furnish and bill telehealth services incident to an eligible billing practitioner.

MEDICARE RULES WAIVED / EXPANDED UNDER THE SECTION 1135 WAIVER AND THE CARES ACT

How Telehealth Services may be Provided:

- CMS waived the requirement in 42 CFR §483.30 for physicians and non-physician practitioners to perform in-person visits for nursing home residents
  - Such visits may be conducted, as appropriate, via telehealth options.

MEDICARE RULES WAIVED / EXPANDED UNDER THE SECTION 1135 WAIVER AND THE CARES ACT

How Telehealth Services may be Provided:

- Medicare now allows *certain* telehealth services to be provided using *audio-only* communication technology.
  - The *expanded* list of Medicare telehealth services by CPT Code is available at: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
    - This list indicates which codes may be provided "audio only" and which must be provided by audio and video.
    - Note: some codes were designated "audio only" effective March 1st – others on April 30th.

Audio–only includes, for example:

- 90791 Psych diagnostic evaluation
- 90832 Psych tx w patient 30 minutes
- 92507 Speech/hearing therapy
- 94004 Vent mgmt nf per day
- 97161 PT eval low complex 20 min
- 99441 Phone evaluation/ management physician/ qhp 5-10 minutes
- G9685 Acute nursing facility care

MEDICARE RULES WAIVED / EXPANDED UNDER THE SECTION 1135 WAIVER AND THE CARES ACT

How Telehealth Services may be Provided:

- In addition to what's included on the telehealth list, Medicare will separately pay for audio only telephone assessment and management visits (CPT codes 98966-98968) with health care professionals who cannot independently bill for E/M phone visits.
  - For example, certain therapists, social workers, and clinical psychologists.
  - Note: Medicare pays substantially lower rates for telephone services.

- All other codes not designated as "audio only" *must be* provided using two-way, real time interactive communication devices *(audio and video).*

MEDICARE RULES WAIVED / EXPANDED UNDER THE SECTION 1135 WAIVER AND THE CARES ACT

Other "communication based services"

- Virtual Check-ins
- E-visits
- Remote interpretation of diagnostic tests
  - During the PHE, these services may be provided to both *new* and established patients.
  - Patient consent need only be obtained annually.

CERTAIN HIPAA ENFORCEMENT ACTIONS WAIVED

- During the PHE, the DHHS Office for Civil Rights (which oversees and enforces HIPAA) exercised its discretion in an effort to remove barriers to the provision of telehealth services.
  - Some technologies and the way they are used might not fully comply with HIPAA rules, however . . .
  - OCR announced it would *not impose penalties* during the PHE on certain potential violations related to telehealth.

HIPAA ENFORCEMENT

"Covered health care providers will not be subject to penalties for violations of the HIPAA Privacy, Security, and Breach Notification Rules that occur in the good faith provision of telehealth during the COVID-19 nationwide public health emergency."

Office of Civil Rights FAQs on Telehealth and HIPAA during the COVID-19 Nationwide Public Health Emergency

https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf

HIPAA ENFORCEMENT

- OCR gave its ok to telehealth delivered via phone or computer using *non-public facing* remote communication technologies.
- The telehealth service can be for any service – does not have to be related to diagnosis/treatment of COVID-19.

Non-Public Facing Platforms include:

- Face Time
- Facebook Messenger
- Zoom
- Skype
- Google Hangouts
- GoToMeeting
- And others

HIPAA ENFORCEMENT

- Even when using non-public facing platforms, OCR recommends that providers notify patients of the potential privacy risks.
- OCR will also not impose penalties for lack of a Business Associate Agreement with tech vendors or other noncompliance with the HIPAA rules relating to the “good faith” provision of the telehealth services during the PHE.

HIPAA ENFORCEMENT

- OCR directs that *Public-facing platforms* not be used, including services such as:
  - Facebook Live
  - Twitch
  - TikTok
    - Use of these platforms to deliver health care services would likely not be considered "*the good faith provision of telehealth.*"

OTHER ENFORCEMENT WAIVERS

- To the extent that patients were required to have a prior established relationship with a physician/ practitioner (*e.g.,* CPT 99441 – telephone E/M service) CMS has stated that it will not conduct audits to ensure that such a prior relationship existed for claims submitted during the PHE.
  - Thus, even patients without established relationships with a physician may receive telehealth services.

MEDICARE REIMBURSEMENT FOR TELEHEALTH SERVICES

- Professional Fees: *Prior to the PHE*, Medicare paid for telehealth services based on the Physician Fee Schedule *facility* rate.
  - Physicians reported Modifier 02 to indicate a telehealth services.
- *Under the PHE,* Medicare pays the non-facility (office) rate as if the services were furnished in person.
  - Physicians/practitioners may report the place of service (POS) code that would have been reported had the service been furnished in person and should use the telehealth Modifier (95).

MEDICARE REIMBURSEMENT FOR TELEHEALTH SERVICES

- No change: Medicare pays a flat fee to the site hosting the telehealth visit.
  - A SNF serving as an originating site may bill HCPCS code Q3014 (telehealth originating site facility fee).
    - Outside PPS/Not subject to consolidated billing rules.
    - Medicare pays the lesser of 80% of the actual charge or 80% of the originating site facility fee.
- There is no mechanism for this for adult care facilities, which presently must absorb any costs they incur to facilitate telehealth visits.

MEDICARE REIMBURSEMENT FOR TELEHEALTH SERVICES

- Beneficiaries are responsible for any unmet deductible and for coinsurance.
  - However, all cost-sharing for Medicare beneficiaries is waived for COVID-19 testing and visits related to the testing.
    - Modifier CS must be appended to these claims.

MEDICARE REIMBURSEMENT FOR TELEHEALTH SERVICES

- Cost–sharing (continued)
  - For other telehealth services, the DHHS Office of Inspector General announced in March that:
    - it will not subject providers to administrative sanctions for reducing or waiving any cost-sharing obligations relating to telehealth services furnished during the COVID-19 PHE, should the provider choose to reduce or waive these obligations.
    - OIG also stated that it will not view the furnishing of subsequent services occurring as a result of free telehealth services, without more, "as evidence of an inducement" under the Civil Monetary Penalties Law.

MEDICAID TELEHEALTH SERVICES- REQUIREMENTS WAIVED PURSUANT TO EXECUTIVE ORDER AND DOH

- NY's Medicaid Program also expanded telehealth services during the PHE, *effective March 1, 2020*.
  - No limits on originating sites.
  - In addition to traditional telemedicine (*i.e.*, synchronous, two-way electronic audio/visual communications), Medicaid also now *permits telephone encounters* for assessment, monitoring, and evaluation and management services where a face-to-face encounter is not recommended and a telephone session is appropriate for the patient.

MEDICAID TELEHEALTH SERVICES

Who can provide telehealth services?

- Medicaid previously had a more expansive list (as compared to Medicare) of health care providers that could provide telehealth services.
- This has been further expanded during the PHE to include *any* qualified practitioner, including those provisionally enrolled in Medicaid (*e.g.*, out-of-state practitioners).

HOW ARE MEDICAID TELEHEALTH SERVICES REIMBURSED?

- Generally, professional services are paid at the Medicaid fee-for-service rate.
  - Exception: When the telehealth practitioner's services are included in the nursing home's rate, the telehealth practitioner must bill the nursing home.
  - If the telehealth practitioner's services are not included in the nursing home's rate, the telehealth practitioner should bill Medicaid as if he/she saw the beneficiary face-to-face, appending the applicable modifier (95 or GT).
    - ➢ See NY Medicaid Update May 2020

      https://health.ny.gov/health_care/medicaid/program/update/2020/docs/mu_no05_2020-03-21_covid-19_telehealth.pdf

MANAGED CARE PLANS

- Medicare Advantage Plans
  - Effective for the 2020 Medicare Advantage Plan year, MA Plans were allowed to offer additional telehealth benefits not otherwise available under Original Medicare, without geographic limitation, including:
    - 24/7 nurse hotline
    - Patients able to receive care from home (including assisted living facilities) rather than travelling to a hospital.
- Medicaid Managed Care
  - All Medicaid fee-for-service telehealth rules are applicable to Medicaid managed care. The Plans may establish different claiming requirements (*e.g.*, specialized coding).

NEW YORK TAKES ACTION TO EXPAND THE USE OF TELEHEALTH SERVICES

- Thinking beyond the PHE
- Public Health Law 2999-cc (amended April 1 and June 17, 2020)
  - Revised the definition of "telehealth" to include audio-only telephone communication
    - As may be defined in Medicaid Program regulations.
      - (which have not yet been proposed).
  - Expanded the list of Telehealth providers.

NEW YORK TAKES ACTION TO EXPAND THE USE OF TELEHEALTH SERVICES

- Public Health Law 2999-ee (adopted April 1, 2020, revised June 17, 2020).
  - Directs the Commissioner of DOH to consult with OMH, OASAS, OPWDD and other agencies to define by regulation additional modalities for the delivery of health care services via telehealth, including but not limited to:
    - audio-only or video-only telephone communications, online portals and survey applications,
    - additional categories of originating sites at which a patient may be located at the time health care services are delivered appropriate for the populations served.

FRAUD AND ABUSE CONCERNS

- DHHS Office of Inspector General 2018 Report:
  - For 31 out of 100 claims reviewed, CMS paid for telehealth services that did not meet Medicare Requirements.
  - OIG estimated that Medicare could have saved $**3.7 million** during the audit period (2014 and 2015) if Medicare rules had been followed.

Improper claims were submitted:

- for services provided at non-rural originating sites;
- by ineligible institutional providers;
- for services provided at unauthorized originating sites;
- for services provided by an unallowable means of communication;
- for non-covered services; and
- for services provided by a physician located outside the United States.

TELEHEALTH FRAUD DURING THE PHE

- Relaxed rules = more opportunity to cheat the system.
  - On March 20, 2020, Attorney General William Barr directed all U.S. Attorneys to prioritize the detection, investigation, and prosecution of all COVID-19 related fraud.
  - CMS reports that it "is examining our data from many angles" . . . . to "monitor program integrity implications" such as:
    - practitioners who may be offering shorter telehealth visits with patients to maximize payment, or
    - billing more visits than are possible in a day.

Source: Health Affairs Blog, Post by Seema Verma, July 15, 2020

TELEHEALTH FRAUD DURING THE PHE

- Other possible telemedicine violations/crimes include:
  - False claims using
    - fraudulent diagnoses,
    - phantom patients,
    - fake telemedicine appointments and
    - fictitious treatments.
  - Billing virtual check-ins or e-visits as telehealth visits (to obtain a higher reimbursement rate)
  - Illegal kickbacks:
    - payments of kickbacks in exchange for a physician prescribing or ordering durable medical equipment and diagnostic tests

HEADLINES

- February 2020: Two Owners of Telemedicine Companies Charged for Roles in $56 Million Conspiracy Related to Orders of Orthotic Braces.
  - The indictment alleges that the owners agreed to solicit and receive illegal kickbacks/bribes from patient recruiters, pharmacies, brace suppliers and others in exchange for arranging for doctors to order medically unnecessary braces for Medicare beneficiaries over a two-year period.
    - Physicians wrote orders after only a short telephone call with patients with whom they did not have a doctor-patient relationship.
    - Each owner was charged with conspiracy to defraud the U.S. and to pay and receive kickbacks; conspiracy to commit health care fraud and wire fraud; receiving kickbacks, and conspiracy to commit money laundering.

Questions

CONTACT INFORMATION

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Lourdes M. Martinez is a Partner/Director at Garfunkel Wild, P.C., which she joined in 1998. She is a Co-Chair of the firm's Compliance and White Collar Defense, and a member of the HIPAA Compliance and Health Care Practice Groups.

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Using Telehealth to Improve Access and Outcomes During COVID-19

Presented By:
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About Parker

- A major health and rehabilitation center located in New Hyde Park, NY, comprised of a 527-bed skilled nursing facility, offering a comprehensive system of post-acute care, including short-term rehabilitation, nursing and medical services.
- We also offer a diversified network of outpatient services including:
  - Home Health Care Program
  - Hospice Program
  - Palliative Care Program
  - Research and Grants
  - Pharmacy
  - Physician Services
  - Queens-Long Island Renal Institute, Inc.
  - AgeWell New York, LLC
  - Physician Home Visits Program

Our Telehealth Experience

2005

Began using telehealth in our home care program to monitor medication compliance.

2018

Piloted Early Sense Contact Free Patient Monitoring across three domains: heart rate, respiratory rate, and motion to help enable early detection of patient deterioration, prevent falls and pressure ulcers.

March 2020

Amid COVID-19 PHE implemented Healow telehealth in House Calls Program and FaceTime in the Nursing Home.

April

- Parker received a grant from FCC funds could be used for (i) telecommunications services and broadband connectivity services, (ii) data and information services, and (iii) internet-connected devices and equipment.

August

Implemented Healow telehealth in the Nursing Home.

September

- Rolled out Amazon Echo Shows on COVID and PUI/ PUM unit for nursing visits.

Our Goals Amid PHE

- Reduce unnecessary exposure to COVID-19 for patients as well as providers who are vulnerable to COVID-19.
- Monitoring of patients quarantined/ isolated.
- Improve capacity of providers who were required to work remotely (part of our emergency plan to preserve our workforce).
- Allow quarantined providers to continue to treat patients.

Changes in Medicare Coverage for Telehealth During COVID-19

- Allows beneficiaries in any area to receive telehealth services.
- Services can originate from home and be provided to patients who are at home – All services included not just those for treatment of COVID-19.
- Allows telehealth video conference visits to be delivered via smartphone.
- Eliminates the requirement for a pre-existing relationship between patients and provider.
- Expanded reimbursement.
- Expanded providers eligible to provide telehealth services.

Changes in Medicare Coverage for Telehealth During COVID-19

- Providers must use an interactive audio and video telecommunications system, including Zoom, FaceTime and Skype, that permit real-time communication between the provider and nursing home resident.*
- The waiver (CMS waiver 1135) also allowed use of audio only equipment for evaluation and management services, behavioral health and educational services. Significant for seniors who may lack access to internet or a connected device.

*Note: The HHS Office for Civil Rights – agreed to exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as Zoom, FaceTime or Skype, during the COVID-19 Public Health Emergency (PHE).

Safety and Security

- In response to the COVID-19 pandemic, the federal government eased telehealth regulations to make the service as widely available as possible through the Coronavirus Preparedness and Response Supplemental Appropriations Act and the CARES Act.

- The HIPAA laws were relaxed to extend the range of telehealth options providers can use during the health crisis. However, we wanted a HIPAA compliant option as the best and safest option for our patients.

How We Started

1. Obtain senior leadership approval for telemedicine.

2. Established a telehealth working group of including chief nursing officer, medical director and executive leadership as well as IT to support telemedicine.

3. Identified a team of "super users" to help support use of telehealth.

4. The team selected the vendor/software, hardware, and connected devices.

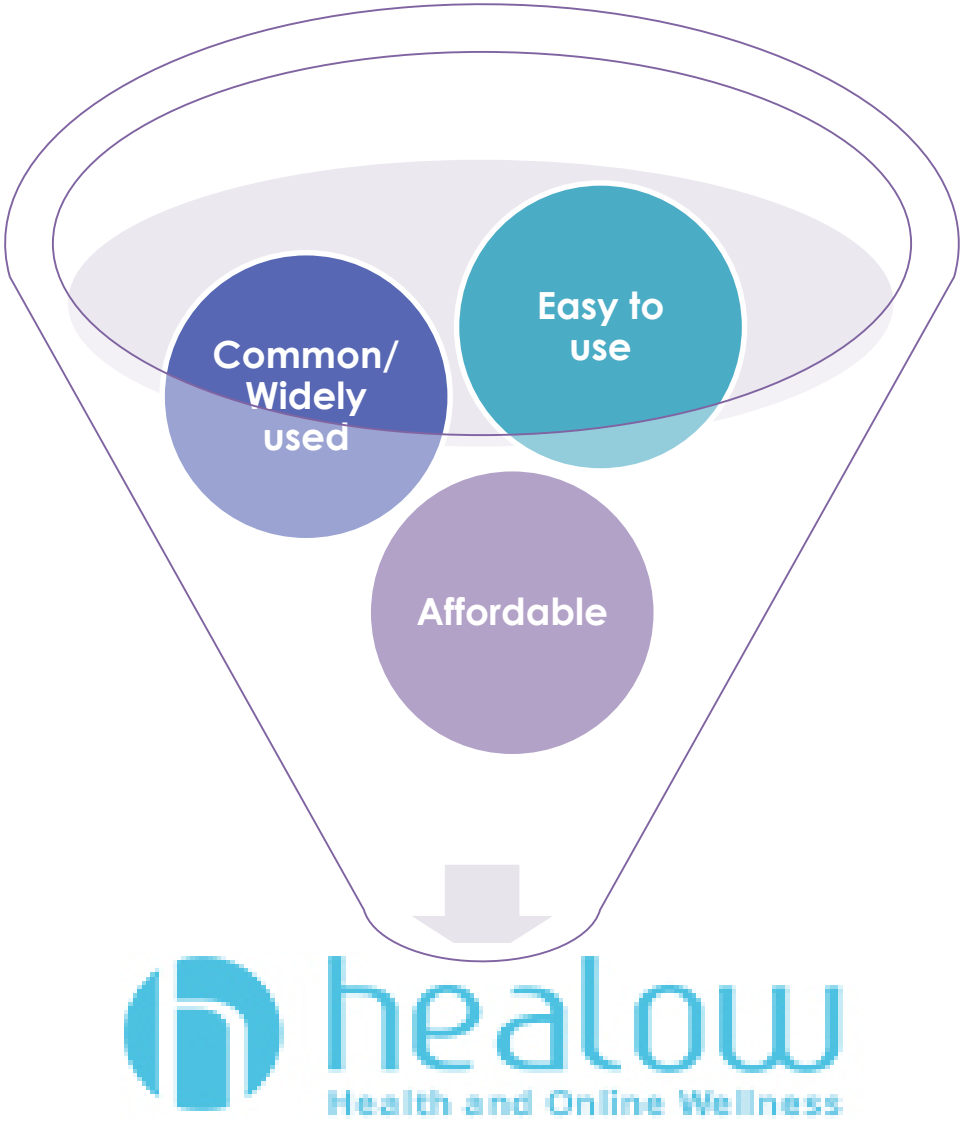
Telehealth Working Group

Team Member	Role	Responsibilities
Senior Leader (SVP for Research)	Project Manager	• Implementation/completion of program on time. • Convene and organize workgroup. • Assign tasks. • Lead development of workflow as well as policies and procedures. • Measure of success. • Monitoring and data collection.
Provider Champion (Medical Director)	Lead conduct of remote visits	• Conduct visits remotely. • Coordinate with on site staff regarding scheduling and information / assessments needed. • Help other providers (physicians and nurse practitioners) become comfortable using the technology. • Review required documentation following visit.
Clinical Champion (Chief Nursing Officer)	Supervise staff conducting visits with the resident	• Training an supervision of telehealth technicians (see description). • Infection control of telehealth equipment.
Technical Expertise (IT Director)	Responsible for telehealth software and hardware.	• Assist with selection of equipment and software. • Setup and configuration of equipment. • Tech support to users.

What Did We Look for in a Telehealth Solution?

1. HIPAA compliant
2. Scalable - Designed for all kinds of specialties
3. Affordable
4. Easy to use – did not require an in-depth training session or pages of documentation to get started. No manuals.
5. Convenient for staff
6. Equipment – use devices everyone was most comfortable with: smartphone, tablet, or laptop.*
7. Easily schedule appointments.
8. Ability to Conduct on-demand visits without the need to schedule an appointment or give out a phone number.
9. Ability to collect data from wearable devices to collect vital signs.*
10. Stand-alone telehealth option.

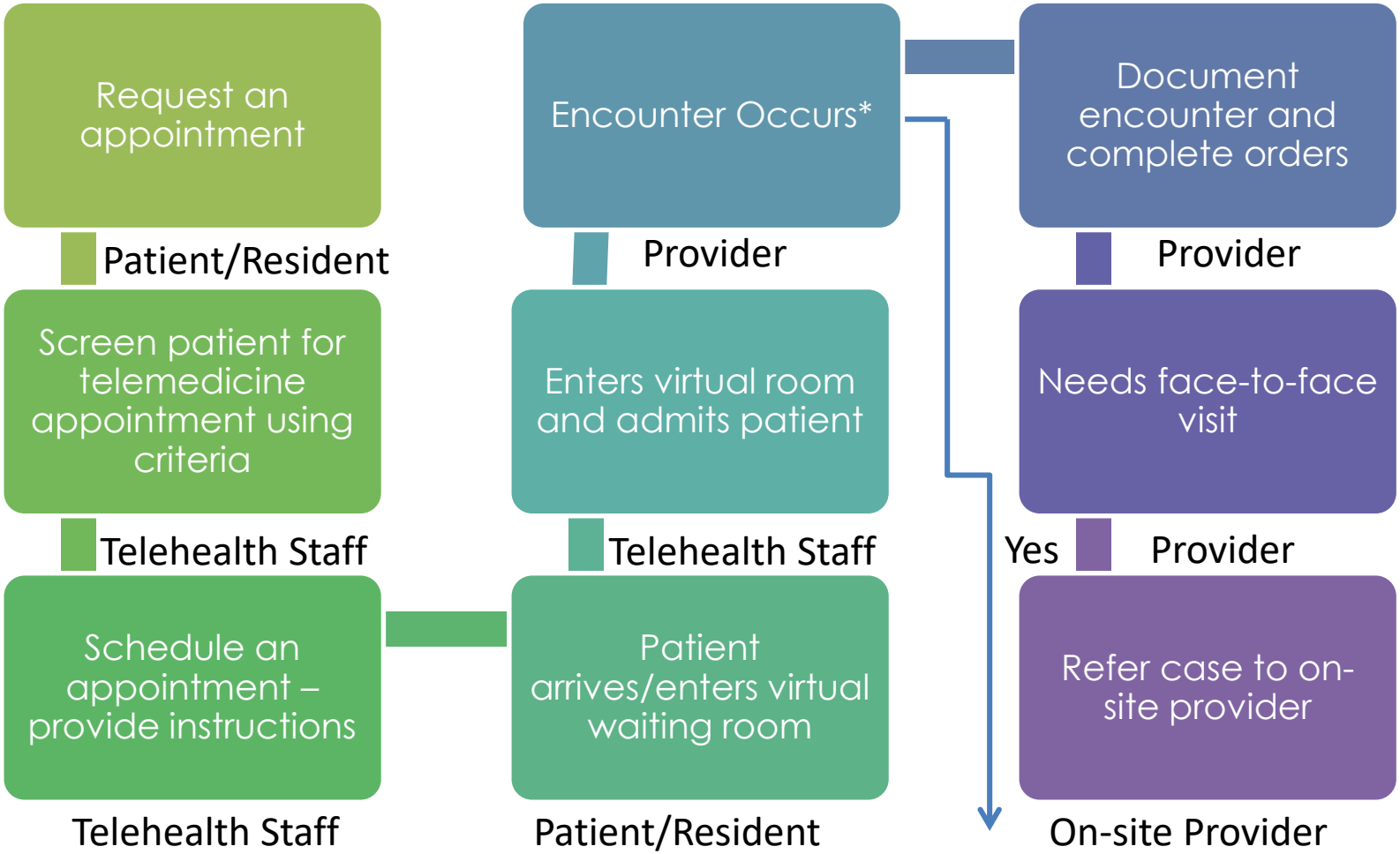
*Note: Equipment must meet infection control requirements. Must be able to disinfect equipment using standard methods.


Common/ Widely used
Easy to use
Affordable
healow
Health and Online Wellness

Key Workflow Considerations

- How will residents/designee be informed of the telehealth program.
- What staff will be responsible for scheduling appointments.
- Who will coordinate the visit between the resident/patient and the provider.
- Who will explain the process to the patient/resident.
- Who will obtain consent.
- Who will handle documentation, billing, and follow up.
- In terms of "remote monitoring" how will that be handled.
- What data will be captured and where will it be stored/integrated.
- How can existing staff manage these new tasks and accommodate the normal delivery of care in the nursing home.

Workflow Mapping

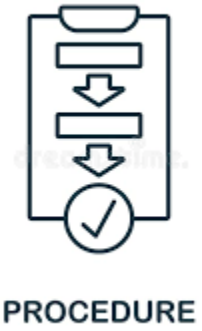


- Obtain consent and document
- Taking history
- Review medications
- Remote Exam
- Review diagnostic studies
- Formulate plan of care
- Order prescriptions and tests if appropriate

Parker Jewish Institute
FOR HEALTH CARE AND REHABILITATION

Telehealth Policies

- Develop telemedicine policies that are incorporated into existing policies.
  - Administration and billing
  - Appointment scheduling and cancellations
  - Patient consent
  - Patient selection
  - Physician surroundings
  - Prescribing medications and treatments
- Cite CMS waiver regulations.
- Work with staff to delineate the step-by-step operational details that are consistent with existing clinical and operational processes.
- Don't forget to cover Infection Control of equipment.
- Develop checklist(s).



Telehealth Technician

- Telehealth staff specially trained and able to properly operate all video conferencing equipment and medical peripheral devices to ensure safe and competent operation of the equipment for clinical encounters.
- Provide outreach to patients, may schedule clinical encounters ensuring that the clinician is scheduled and credentialed to perform the clinical encounter.
- Prior to the clinical encounter, the patient is contacted to remind them of their appointment. This process should mirror the existing process for contacting patients in a traditional encounter, but it is critical that patients are reminded they will be seen on video conferencing technology.
- When the appointment is scheduled, telehealth staff will ensure patient is registered in Healow app.

Before the Visit

- Team identifies patients / providers eligible.

- Residents/patients or their designee should be contacted by telehealth staff before their visit to inform and instruct patients about how to do a visit, including use of the Healow App, if appropriate, or any measurements to be taken in advance, or procedures to be performed.

- Where appropriate, consider using medical and nursing students to contact the patient/resident ahead of the telehealth visit to obtain self-reported vitals, acquire medication lists, and screen for chronic disease status, where appropriate.

During the Visit

- The day of the clinical encounter, telehealth staff secure a private room for the clinical encounter. Telehealth staff shall ensure that everyone involved in the clinical encounter are made aware of everyone who is in each room, including those who may be off camera.
- Obtain consent from the patient prior to the encounter and document in medical record.
- Ensure that video conferencing technology is connected at least 10 minutes prior to the encounter time to allow for testing and troubleshooting.

During the Visit

- Explain to the patient what will occur during a clinical encounter to prepare them for their experience.
- Takes the resident/patient into a secure, private room for the clinical encounter and obtains any vital signs or pertinent information prior to the clinical encounter (e.g., EKG, etc.).
- Assist with the communication of patient information and may assist with exam such as palpating the patient under the direction of the examining provider.
- Manipulates the video conferencing equipment, cameras and medical peripheral devices.

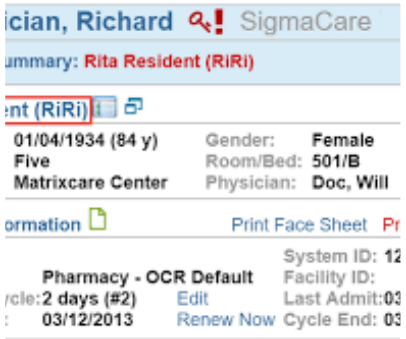
After the Visit

- Immediately after the encounter, the encounter form and medical record documentation is completed.

- Medical Record Documentation: Providers must document all telemedicine services in the facility's medical record. The physical location of the resident/patient as well as the physical location of the provider must be documented as well as everyone involved in the clinical encounter, including those who may be off camera. Additional documentation needs are dictated by the service or procedure performed. All other documentation guidelines apply to services rendered via telemedicine.

Overview of Encounter

Doctor ‘s View



Doctor’s View

Patient’s View

Patient/Resident

Connected Devices:

- Temperature
- Pulse Oximeter
- Heart rate
- Electrocardiogram
- Otoscope
- Dermascope
- Blood Pressure

Platforms: Sigmacare EHR; Healow/Eclinical Works.

Providers

- Providers must be licensed in the state where the patient is (originating site) and credentialed at the originating site if it is another health care facility.

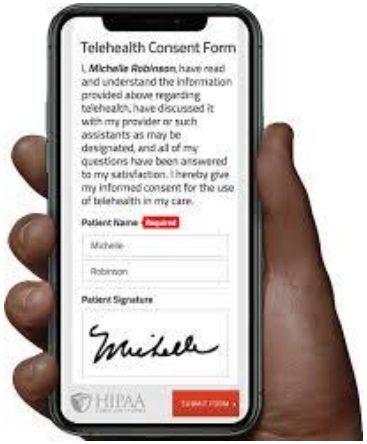
- Providers are responsible for being aware of and abiding by the current rules/laws governing the state of the originating sites relating to prescribing medications.

Consent

- Prior to the delivery of health care via telemedicine, the provider providing the telemedicine services must ensure patient/resident or the patient's legal representative's is advised about the proposed use of telemedicine, any potential risks, consequences, and benefits and obtain the patient's consent:
  - He/she has the right to withhold/withdraw consent to telemedicine at any time, without affecting his/her right to present/future care/treatment or the loss/withdrawal of any program benefits to which he/she or his/her legal representative would otherwise be entitled.

Consent

- The patient legal representative must sign a written statement, prior to the delivery of health care via telemedicine, indicating that he/she understands the information provided and that this information has been discussed with him/her by the primary care physician and/or his/her designee.
- He/she is entitled to be given a description of the potential risks, consequences, and benefits of telemedicine.



Eligibility – Who and When

- ✓ To the extent possible telehealth visits should be conducted with patients that the provider has an established relationship.
- ✓ No emergency or after hours visits.
- ✓ Routine visits.
- ✓ Advance care planning.
- ✓ Treatment of common / existing problems.

Note: All services that a covered health care provider, in their professional judgment, believes can be provided through telehealth in the given circumstances of the current emergency are allowable.

Framework for Provision of Telehealth Care

Potential for Patient harm	Examples	Substantial community transmission	Minimal to moderate community transmission	No to minimal community transmission
Highly likely **Deferral of in-person care highly likely to result in patient harm**	• Signs/symptoms of stroke or heart attack • Dental emergencies • Acute abdominal pain • Treatment for certain cancer diagnoses • Well visits	• Provide care without delay; consider if feasible to shift care to facilities less heavily affected by COVID-19.	• Provide care without delay; consider if your facility can provide the patient's care, rather than transferring them to a facility less affected by COVID-19.	• Provide care without delay while resuming regular care practices.
Less likely **Deferral of in-person care may result in patient harm**	• Vaccinations • Change in symptoms for chronic conditions • Musculoskeletal injury • Certain planned surgical repairs • Physical or occupational therapy	• If care cannot be delivered remotely, arrange for in-person care as soon as feasible with priority for at-risk* populations. Utilize telehealth if appropriate.	• If care cannot be delivered remotely, work towards expanding in-person care to all patients in this category. Utilize telehealth if appropriate.	• Resume regular care practices while continuing to utilize telehealth if appropriate.
Unlikely **Deferral of in-person care unlikely to result in patient harm**	• Routine primary or specialty care • Care for well-controlled chronic conditions • Routine screening for asymptomatic conditions • Most elective surgeries and procedures	• If care cannot be delivered remotely, consider deferring until community transmission decreases. Utilize telehealth if appropriate.	• If care cannot be delivered remotely, work towards expanding in-person care as needed with priority for at-risk* populations and those whose care, if continually deferred, would more likely result in patient harm. Utilize telehealth if appropriate.	• Resume regular care practices while continuing to utilize telehealth if appropriate.

Outcomes

- Supports continuity of care.
- Increased provider productivity because providers could see more patients.
- Reduction in ER visits and hospitalizations - easier to monitor patients on a daily or on-going basis.
- Enhanced resident and patient satisfaction.
- Reduction in spread of infections.
- Reduce PPE.


LESSONS
LEARNED

Lessons Learned

- Training and support of staff is extremely important.
  - Adoption and understanding of new technology takes time.
- Telehealth requires change in current clinical practices.
  - Ongoing education and support of telehealth technicians is critical.
- Go slow and scale up. Much easier to address problems.
- Change in workflow is difficult.
  - Involve clinicians, IS, operations, and leadership at the outset.
- During the crisis, many unexpected issues came up – leadership team needed to come up with a multitude of solutions (provider access to equipment, adequate internet connections, limited access to technological devices (e.g., smartphone, tablet, computer) needed for a telehealth visit or connectivity issues, level of comfort with technology for providers, support staff and patients, acceptance of conducting virtual visits in lieu of in-person visits by HCP and patients.

Tips for Success

- Designate a champion.
- Include IT early
- Involvement of team from the inception is key.
- Buy-in from physicians.
- Physicians need significant individualized support initially.
- Scale up WIFI and VPN access, if needed to support new technology.
- Empower staff. Give then the tools and training to troubleshoot and solve small problems on their own.
- Identify super-users so they can help their co-workers.
- Weekly meetings to review utilization, discuss problems.

Tips for Success

- Complete a technology test including practice using the apps and video, so both the physician and nursing home staff are comfortable with the technology prior to the telehealth appointments.
- Determine what and how the information will be sent to the provider.
- Consider requiring a brief telephone call between the provider and telehealth technician to review the follow-up items/needed information and address any questions or clarify information.

What's Next

- Although it is highly probable that the telehealth expansion will become permanent (a telephone is not telehealth, privacy and security guidelines will be enforced.)—Need to figure out a way to provide equipment to patients at home.

- Adding other disciplines services like: transitional care/discharge planning, social service, mental health, dieticians, health educators, etc.

- Continuous patient monitoring of high-risk patients.

- Improve reliability of our technology.

Recommendation

- While the government has loosened Medicare restrictions on telehealth in SNFs and made more funding available, those advances will only continue while the emergency is in place.
- Once the pandemic is under control, those Medicare restrictions may return, and the extra funding will dry up.
- Nursing homes are a tremendous growth opportunity for telehealth.
- If you have not started to implement a telehealth program, do it now.
- Remember to collect data on outcomes and document use cases.

Thank You!

For follow-up questions, please contact:
Lorraine Breuer at lbreuer@parkerinstitute.org or (718) 289-2102.

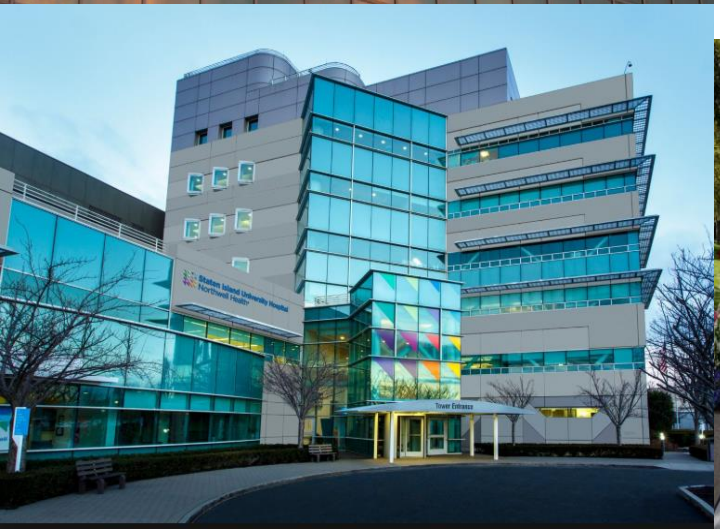
Using Telehealth to Improve Access and Outcomes During COVID-19

Gerard M. Kaiser

Executive Director of SNF Services

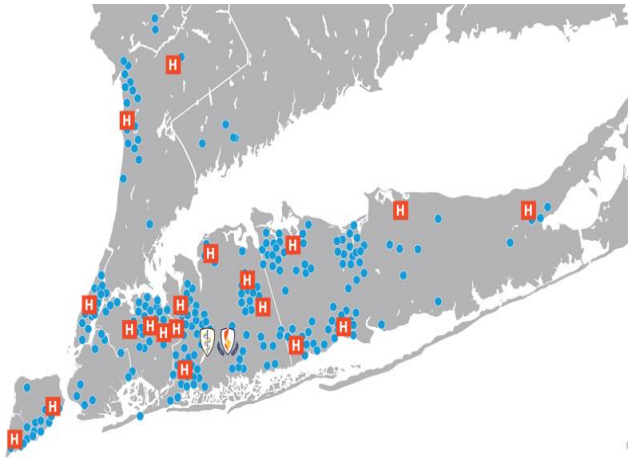
Northwell Health℠

Northwell Health Overview



Northwell Health Overview

- Comprehensive and full continuum of care
- 23 hospitals including:
  - 1 children's hospital
  - 2 psychiatric hospitals
- 3 skilled nursing/subacute facilities
- 2 Transitional Care Units (TCU's)
- Over 700 ambulatory locations
- Over 50 urgent care centers
- 69,000 employees
- Largest private employer in NYS
- 13,600 affiliated physicians
- Over 4,000 employed physicians
- More than 16,000 nurses



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Overview of Stern and Orzac SNF's

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Stern Family Center for Rehabilitation
Overview

252 Bed SNF

200 Sub-Acute Care

52 Long-Term Care

6 Inpatient Hospice Beds

61 Central Oxygen/Suction Beds

Capability Highlights:

- Employed Medical Staff
- IV Medications/Feeding – ABX, IV Pain Management, PCA Pumps, TPN
- Blood Transfusions
- BiPap, Cpap, Hi-Flow Oxygen
- Tracheostomy Care
- Post Cardiac Surgery/Transplant – Heart Transplant, LVAD, Zoll Life Vest

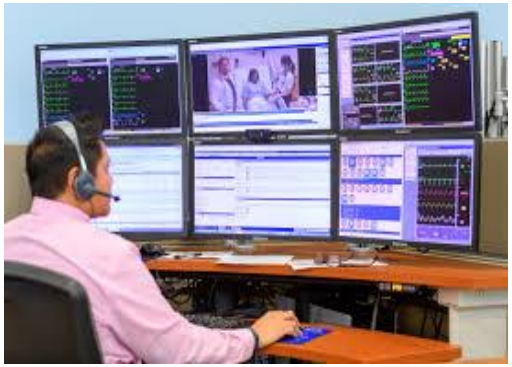
Northwell Health™

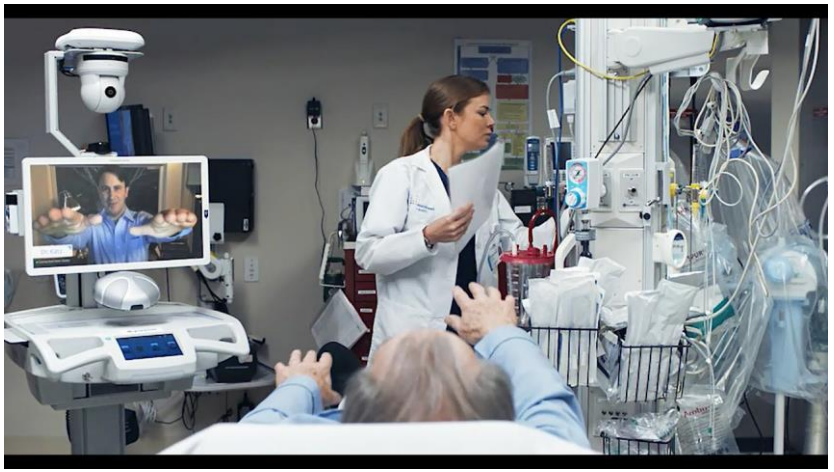
Orzac Center for Rehabilitation
Overview

- 120 Bed SNF
- 108 Sub-Acute Care
- 12 Long-Term Care
- 4 Inpatient Hospice Beds
- Capability Highlights
  - Northwell Hospitalist Attending Physician Program
  - IV Medications – ABX, IV Pain Management, PCA Pumps, TPN
  - Blood Transfusions
  - BiPap, Cpap, Hi-Flow Oxygen
  - Tracheostomy Care
  - Post Cardiac Surgery/Transplant – Heart Transplant, LVAD, Zoll Life Vest

Northwell Health

Telehealth Services at Northwell Health





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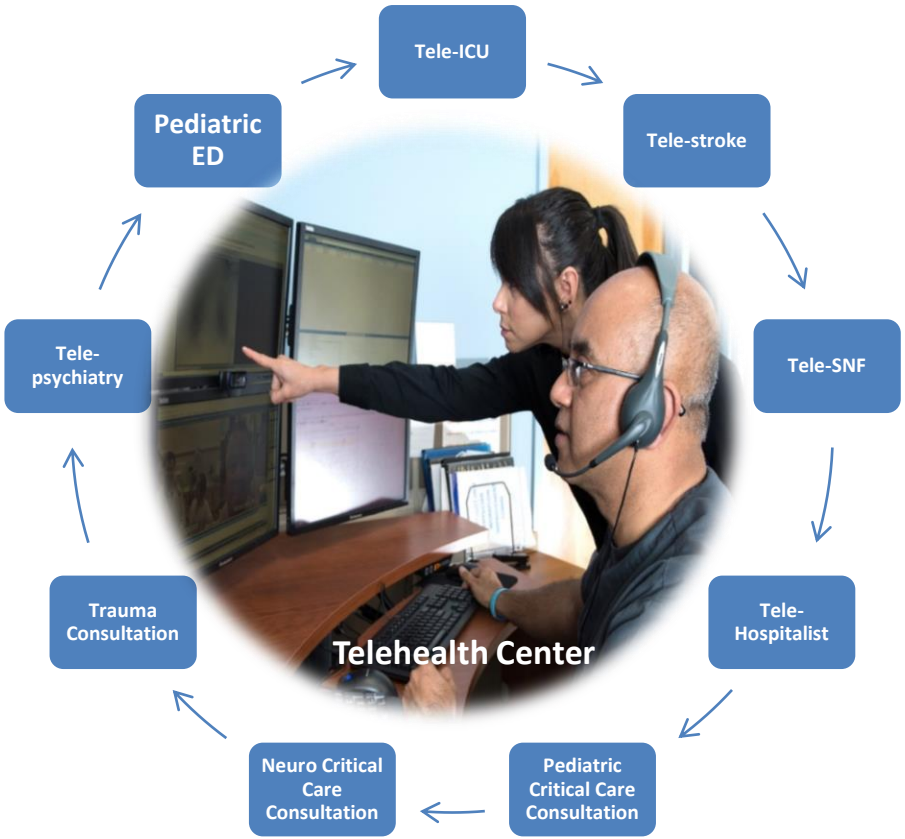
TeleHealth Services at Northwell Health



Tele SNF Program

Northwell Health℠

Northwell Health℠

Initial Telehealth Program Basics

- Implemented in 2018
- Telehealth program supported by Tele-ICU and Tele-Hospitalist clinicians located at 15 Burke Lane in Syosset, New York
- Utilize (3) mobile carts for telehealth consultations (one for each floor in facility).
- Utilize when physicians and NP were not physically present in facility:
  - 5PM – 8AM weekdays
  - 2PM – 8AM weekends

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COVID-19 PANDEMIC RESPONSE

- Both Stern and Orzac were geographically located within the epicenter of the NYS COVID-19 pandemic from March through June 2020.
- At that time, we were admitting COVID + patients to our SNFs from Northwell Hospitals. Prior to the prohibition by the Governor in May, we had admitted well over 100 positive patients to our facilities.
- Both SNF's had nosocomial outbreaks of COVID + patients and residents within our facilities.
- At Stern, we converted 92 SNF beds on 3 nursing units to COVID+ acute care beds to assist North Shore University Hospital (NSUH) with meeting the surge of hospitalized patients. This was in addition to a 50 bed tent hospital that was erected in the shared parking lot of NSUH and Stern, and utilization of 700 beds at NSUH dedicated to COVID + patients.

COVID-19 Telehealth Response

- During the crisis, we continued to provide primary care services to our patients and residents through in-person visits by our employed and voluntary attending medical staff.
- Telehealth was utilized under it's original intent at the SNFs for acute changes in condition on off-hours and also to meet the medical needs of our patients and residents including tele-psychiatry, tele-psychology, tele-oncology and other tele-consultations.

Northwell Health™

AMWELL APPLICATION AND PLATFORM

- Northwell Health utilizes the Amwell platform for telehealth services.
- Amwell is a HIPAA compliant telehealth application that Northwell Health has contracted with for clinician and patient services. Utilization of the platform by clinicians requires licensing and user credentials.
- Employed clinicians within Northwell Health have access and privileges to the Amwell platform. Non-employed/voluntary clinicians do not have licensing rights to use Amwell at Northwell.
- Amwell provides both the hardware and application program to Northwell.
- https://business.amwell.com/

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Benefits/Challenges of Amwell

Benefits:

- Established platform within Northwell Health;
- All employed clinicians have licensing rights to utilize;
- Minimal hardware costs if not using telehealth monitors/carts;
- Supported by Northwell IT Team;
- Highly secure system

Challenges:

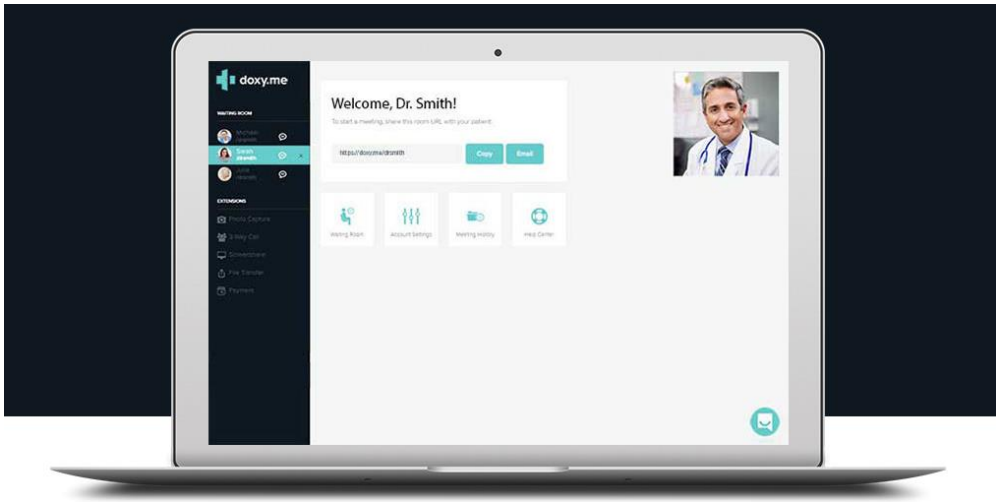
- Not an option for voluntary clinicians within Northwell;
- Telehealth monitors/carts are expensive;
- Licensing fees for users;
- Difficult to set up initially.

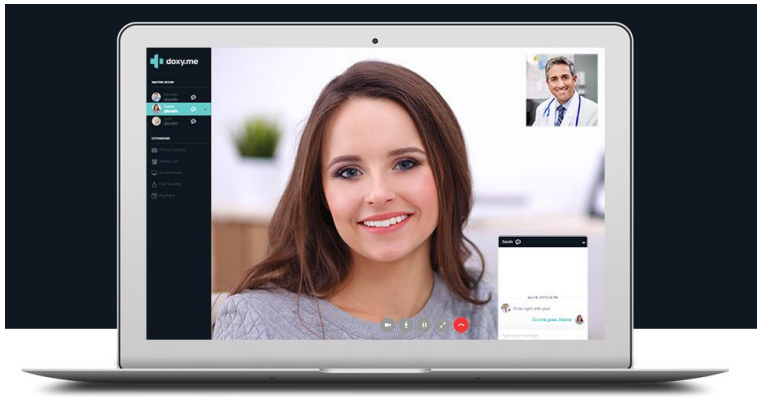
Amwell Hardware and Application

Doxy.me WEB BASED SERVICE

- We utilized Doxy.me for all voluntary clinician consultations.
- **Doxy.me** is a telemedicine solution designed for healthcare providers and mental health practices of all sizes. The solution is HIPAA compliant and offers a secure platform, video conferencing, and virtual waiting room features. A mobile device app is available for iOS and Android smartphones.
- It is a free web based application that is compatible with web browsers such as Chrome and Safari allowing us to use with existing hardware including laptops, tablets and smartphones without the need of downloading and installing additional applications and programs.
- https://doxy.me

DOXY.ME Application





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Benefits of Doxy.me

- **No Download Required**
- **Free to use.** No licensing fees.
- **Worldwide Usage** - HIPAA, GDPR, PHIPA/PIPEDA, & HITECH compliant.
- **BAA Included** - All individual providers get a free Business Associate Agreement (BAA) with Doxy.me.
- **Simple and convenient to use** – Patients can see their doctor from anywhere. They just click their personalized room link (like doxy.me/YourDrsName) to join them for a video call.
  - Laptop with Google Chrome – Allow access to Mic and Camera
- **Private and secure** – 128 BIT All data is encrypted, sessions are anonymous, and none of your information is stored. We adhere to HIPAA, PIPEDA, and GDPR data privacy requirements.

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Tele-Consultation Process

- Patient list is sent to consultant.
- Consultant contacts the unit to give them their doxy/Amwell room and time the doctor will meet with the patient.
- The unit secretary and/or the nurse for that patient sets up the unit work station on wheels (WOW) at the specified time.
- The nurse remains with the patient while the consult is being completed in case the consultant has any questions the nurse can assist with.
- WOW is cleaned and then transported to next patient room for next visit scheduled for that day.
- Same process is set up for all consultation visits whether or not they use Amwell or Doxy.me.
- Remote VPN was established for all consultants to access the EMR to document visits.

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Benefits of the Tele-Consultation Process During COVID-19

- No interruption in medical services provided to patients;
- Limit potential exposure of COVID-19 to patient and clinician;
- Patient/Family saves on transportation costs;
- Save on PPE utilization and testing of clinicians;
- Ease of use for clinician;
- Billable service under Pandemic Emergency waivers;
- Minimal investment in hardware (iPad, tablet)

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Challenges of the Tele-Consultation Process During COVID-19

- Loss of the “personal touch” of consultant visit;
- Staff time during the tele-visit (nursing, social work);
- Lack of knowledge on using tablet/iPad by patients;
- Lack of tech knowledge by clinicians on use of telehealth;
- Maintaining cleanliness of the tablet/iPad;
- Service is billable under Pandemic Emergency waivers only. Not permanent.
- Convincing clinicians to come back to facility for visits.

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Telehealth Application Utilized by Northwell at Home During COVID-19

- 12,562 telehealth visits performed during COVID-19 crisis.
- Telephonic visits were used primarily prior to COVID-19.
- Implementation of telehealth within 48 hours of emergency declaration in NY.
- Northwell at Home uses the Amwell platform:
  - Supplements in person visits;
  - Two way audio-visual functionality;
  - HIPAA compliant
  - Interpreter services
- Telehealth visits utilized before and/or after in person visits to supplement assessment and to limit exposure to patients/caregivers by team members.
- Collaboration between homecare referral center and discharge planning to screen patients with AV availability and identify type of device (i.e. smartphone, tablet);
- Patients without telehealth capability were visited telephonically.

Questions?

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