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Transitioning to Telehealth: Today’s Guidelines for Future Sustainability

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Abstract

The coronavirus disease 2019 pandemic has brought about many changes and catapulted telehealth into the mainstream of health care delivery. Audio and video conference health care visits have become commonplace and have impacted geographic barriers and access to care issues with the potential for care coordination in our fragmented health care delivery system. To make this dramatic shift from face-to-face health care to telehealth care, providers must learn to quickly transition to this new format. A discussion of the structure, process, and outcomes of telehealth addresses provider and consumer concerns and sets up guidelines for incorporating telehealth and patient satisfaction into your practice.

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Telehealth is here to stay, thanks to new payment rules from the Centers for Medicare and Medicaid Services (CMS). Reimbursement is available for services provided when the patient and provider are in different locations, communicating via telephone, secure messaging, video chat, internet, streaming media, or via remote patient monitoring applications. Telehealth encompasses a broad range of services that not only support clinical health care but also include patient and professional health education, public health projects, and administrative initiatives. Telemedicine is narrower in scope and refers to remote services that support clinical patient care.

Electronic care delivery has evolved rapidly due to the coronavirus disease 2019 (COVID-19) pandemic and may be a significant factor in improving our capacity to handle threats to the nation’s health security. Our readiness and ability to respond to health care emergencies and disasters can be enhanced with telehealth. Expanding telehealth can potentially transform health care delivery by overcoming geographic barriers and expanding access to care, particularly in rural areas, and it has the potential for care coordination in our fragmented system.

Telehealth visits can complement face-to-face health care to conveniently connect providers to patients in their own homes as well as connecting providers to each other to enhance coordination of care. Smartphones and everyday communication technologies are presently allowed, due to an emergency waiver from the Health Insurance Portability and Accountability Act (HIPAA). Establishing a patient-provider relationship is a requirement for a telehealth visit; however, Health and Human Services will not audit this during the public health emergency.

Up to March 2020, Medicare reimbursed 3 types of telehealth services in rural, suburban, and urban locations: patient-provider visits, virtual check-in, and e-visits through a patient portal. The Medicare Telehealth Care Provider Fact Sheet with a summary of services and Current Procedural Terminology (American Medical Association) codes can be accessed at https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet. Since the beginning of the pandemic CMS has added more than 135 services to the Medicare telehealth services list, such as emergency department visits, group psychotherapy, psychological testing, custodial care, home visits, cognitive assessment and care planning, initial inpatient and nursing facility visits, and discharge day management services. As of January 1, 2021, Medicare will pay for 144 services performed via telehealth, and 60 of these additions will remain permanent. The top 5 changes are (1) allowing direct supervision via interactive audio-video technology; (2) allowing synchronous audio or audio-video extended assessments; (3) reducing telehealth frequency limits in nursing facilities to 14 days; (4) allowing telehealth billing by therapists; and (5) adding reimbursement for numerous permanent and temporary telehealth services.

The Emergency Declaration Blanket Waivers for Health Care Providers issued by the federal government on March 1, 2020, took an aggressive approach to modifying regulatory requirements of health care delivery due to the COVID-19 pandemic. CMS updated the blanket waivers in effect on December 1, 2020, which remain effective until the end of the emergency declaration. The list of eligible providers of telehealth services who may bill for care provided has been expanded to include all health care professionals who are eligible to bill Medicare for services, including physical therapists, occupational therapists, and speech pathologists, to name a few. CMS has also waived requirements for video-only technology and now allows the use of audio-only equipment to...
conducted in the state in which they reside. It is important to know whether that state requires the provider to be licensed in the state. Also be aware that many states require a prior relationship with the patient or a face-to-face visit before treating and prescribing medications via telehealth. A face-to-face visit has always been the requirement in most states before prescribing controlled substances. Although these requirements may be waived now due to the COVID-19 pandemic, they may resume once the extenuating circumstances are resolved. Current state laws and reimbursement policies can be accessed at https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies#.

A preferred service model is one that works best with the patients and the clinical practice. Consider all relevant federal and state laws. Some key factors to consider are:

- Face-to-face video conferencing or audio conferencing to assess symptoms and treat or determine whether an office visit is necessary.
- An originating site to schedule and connect the provider, the patient, and any needed specialist to establish a treatment plan and store and transmit data or images for feedback.
- Contracting with a telehealth service or home care service to provide consultation and direct care to the patients in a clinical practice.
- Using remote patient monitoring equipment (Table).

Telehealth service models run the gamut of health care services, and some examples include the direct provision of health care, serving as an organizing site to connect patients to other providers for a consultation, serving as an organizing site for medical data and images/test results to forward to specialists for review and feedback, serving as a site to provide direct patient consultations via telehealth to a provider’s current or new patients, and serving as a monitoring site to use telehealth monitoring applications to manage chronic illness and supplement face-to-face care. When setting up the service model for a telehealth practice, be mindful of long-term needs. If the intention is to incorporate telehealth into a long-term practice model, be sure to only set up HIPAA-compliant services and platforms. The office of Health and Human Services has developed a vendor list for suppliers of HIPAA-compliant video communications.

Evaluate the technology needs and adherence to state and federal privacy and record retention laws needed for the practice. When considering different platforms and systems, such as video conferencing, store-and-forward technology, and electronic medical records, make sure they are HIPAA-compliant and United States
Food and Drug Administration (FDA) approved or cleared. Ensure that all systems are encrypted, password protected, and that the technology company conforms to all HIPAA regulations.15 Some key factors to consider are:

- Technical requirements are met for peripheral devices such as otoscopes or electronic stethoscopes.
- Informed consent and documentation software adhere to HIPAA requirements and are encrypted.16
- Technologies in use are FDA approved or cleared.
- Technology meets the bandwidth and service quality required.
- An emergency plan is in place for any acute patient situation or technology failure.

When developing a telehealth practice site, be sure to post a notice regarding any policies or procedures for a telehealth visit as well as a consent form. The telehealth consent form should contain any policies developed and exactly what the patient can expect during the visit and as follow-up to care. Examples of informed consent forms can be found on the site for the Federation of State Medical Boards (FSMB).17 Documentation of the telehealth visit in the electronic health record should include the same documentation required for a face-to-face visit to provide continuity of care. Remember, an emergency plan of care should be established for a telehealth visit, such as a written protocol that is applicable for the service provided.17

Understand the technical, clinical, and regulatory telehealth practice guidelines to choose a telehealth service model that will be successful for the practice. Some key factors to consider are:

- Guidelines for telehealth from an appropriate specialty nursing organization and the state board of nursing.
- Technical capacity and affordable equipment to meet the needs of the practice.
- Sustainability and compliance with evolving regulations, technologies, and policies.

Familiarity with telehealth equipment and technology is essential to providing seamless care. It is beneficial to do a test run of a virtual visit with office staff before launching to troubleshoot any problems. Initially having technology support available during the start of telehealth visits is beneficial, and it is wise to establish other means of communication, such as telephone or email contact, in case there are problems with the telehealth connection.

Process for an Outpatient Telehealth Visit

Telehealth requires some skill and new techniques, but the fundamental principle that influences the patient experience is patient-centered communication. It is important to assess the patient’s comfort and experience with telehealth technology and to provide a written and/or virtual orientation before the actual telehealth visit. A patient-oriented telehealth checklist may be beneficial to promote patient comfort and to help organize their questions and expectations.

Checklist Items May Include:

- Testing computer equipment before the visit
- Information technology support phone number for questions before the visit
- Alternate means of contact with the provider if the virtual visit fails
- Completion of medical information online before the visit or available for the visit

- A list of questions or concerns the patient may have or their reason for the visit
- The ability to record or transcribe the treatment plan of care and medication prescribed

Before the patient visit, the provider should review patient records and any imaging or testing results that have been received in order to remain present during the encounter. Turn off all electronic notification technology and have a private, quiet, well-lit space to conduct the virtual visit. Introduce yourself and your credentials and wear professional attire with a name tag, if possible. Try to avoid writing notes or viewing documents that will interrupt the patient’s view of you during the virtual visit. If viewing documentation during a visit is necessary, consider dual monitors so you are able to keep the patient involved during the visit.

Engaging Patients in a Virtual Visit

- Connect patients to the practice via the patient portal to facilitate telehealth scheduling, billing, and document sharing.
- Begin the virtual encounter by focusing on the patient’s goals, preferences, and priorities.
- Actively listen to their response and summarize and reflect on their statement. Enable the patient’s priorities to lead the discussion.
- Formulate a plan based on shared decision making with the patient, and request their summary of the plan to ensure comprehension.
- Always end the virtual encounter with their assurance that you have answered their questions, and confirm contact information and patient portal access in case questions arise.
- Documentation should include that the encounter was via telehealth, the location of the patient and provider, the date and stop and start time, the patient’s consent to the virtual encounter, other providers or personnel on the visit, and the reason for using telehealth.

Telehealth Format for a Virtual Encounter

An electronic health record note to document findings for a telehealth visit should include pertinent information needed to make an accurate diagnosis and plan of care. Many providers use a SOAP note format for an episodic visit that consists of

- Subjective information: Chief concern, history of present illness, past medical history, medications, immunizations, allergies, family history, social history, health maintenance, review of systems
- Objective findings: physical examination, laboratory findings
- Assessment of all findings: primary diagnosis, differential diagnoses
- Plan of care: treatment plan including medications, additional testing, patient education, referrals, and return visit

During a virtual encounter, all information requested should be the same as a face-to-face encounter except for the physical assessment. When assessing physical findings, examination maneuvers can be modified to elicit pertinent information.

- Inspection techniques for a chief concern can be facilitated by asking the patient to focus the video camera on various parts of the body or position their body for the provider to evaluate for a problem. This can help the provider when assessing for fatigue, general appearance, cooperation.
Auscultation cannot be performed unless a stethoscope is available. However, the provider can inquire about abnormal sounds with deep breathing and ask the patient to take a deep breath or inquire about abdominal rumbling or joint popping in certain positions. Palpation can also be modified by instructing the patient to perform some simple maneuvers such as pushing on various parts of their body and evaluating for tenderness or pain. The patient can also be instructed on how to palpate a pulse and where to perform the examination.

Tools to assist the patient with a virtual examination are becoming more available such as smartphone devices like pulse oximeters and glucometers. Preparing patients to use the evolving technology and assessment tools is essential for patient understanding and satisfaction and accurate virtual encounters. An introduction for Conducting Physical Exams via Telehealth can be accessed at https://www.youtube.com/watch?v=JD57aWmGBF0

Outcomes of Telehealth Care Delivery

Before the COVID pandemic, Medicare reimbursement for telehealth was limited to rural areas. Even so, an overview of 950 studies showed that clinical outcomes and patient satisfaction were equal or better than usual care and that telehealth home monitoring and counseling for chronic illnesses and behavioral health was beneficial. Remote intensive care units showed reduced mortality in critically ill patients and no difference in outcomes from usual care in those less ill. Remote teams were shown to be important. Emergency telehealth consultations and data sharing showed impact when speedy decisions and interventions mattered. Advanced practice nurses can now expand their reach, thanks to COVID-19 initiated changes in CMS regulations and reimbursement for telehealth audio and video conferencing visits. With a robust communication structure via internet-connected patient portals and painstaking attention to detail, there is great potential for high-quality outcomes with virtual care. Patient and provider comfort and skill has increased with telehealth use, and virtual visits provide easier access and more convenience for the patient. A focus on strategies for long-term integration of this method of health care delivery in clinical practice is essential, because telehealth is here to stay.

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