Telemedicine in the era of COVID-19

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What are we doing?

- In-person allergy clinics have all been cancelled!!!
- No new allergy shots started!
  - Frequency of established allergy shot patients are being reduced as much as possible.
- Biologics converted to home administration as much as possible
- Facilitated telemed visits continue for now- mostly in remote communities
- Appointments are being converted to video or telephone visits or they are being postponed for several months
- New appointments (new or established) only being offered as virtual visits.
  - No in-person visits are being scheduled.

Telephone encounters

- Is supposed to be patient initiate
  - With Teams, the patient logs in to the conference
- Assessment is not from a service provided within the previous 7 days
- assessment will not lead to a service with the next 24 hours or soonest available appointment.
- Duration of medical discussion is documented by Physician or APRN:

- 99441= 5-10 minutes
- 99442= 11-20 minutes
- 99443= 21-30 minutes

Recent Changes

- As of March 6, 2020, Medicare will pay to treat COVID-19 (and for other medically reasonable purposes) using telemedicine services
- Relaxation of HIPAA regulations to permit providers to use their personal devices to see patients.
- To get COVID-19 tests to the public more quickly, the U.S. Food and Drug Administration has waived the normal regulation

Medicare Telehealth Frequently Asked Questions March 17. 2020

- The requirement that a physician and patient have an established relationship has been waived by CMS, therefore, physicians can treat either New or Established patients via telehealth or telephone and are billable.

https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf

DOCUMENTATION REQUIREMENTS

- Assessment and plan, including clinical assessment of the complexity of patient's condition, as well as plan of treament.
  - This must be included and wouldn't be compromised by the telehealth setting.
  - If additional workup is required this should be noted as well.
- Provider should document the total time spent rendering this service as well as the mode of telehealth (Audio or Video), and the location of both provider and patient.

https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf

DOCUMENTATION REQUIREMENTS

- Providers should document the encounter as they would a normal, in-person office visit.
- History to Include CC, HPI, ROS, and PFSH as these are all subjective and obtainable.
- Exams will be limited, but consider what is appropriate and medically necessary.
  - For example, 1 organ system examined might include a brief statement regarding the patient's appearance.

https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf

DOCUMENTATION SCENARIOS

- This is a Telehealth visit via telephone audio and or telephone. The patient was located at their home and I am located…
- This is a Telehealth visit for a new patient from patient's home via video while I am located…
- Time spent in medical discussion with patient from their home via telephone audio only was 22 minutes from 9:00 AM to 9:22 AM.

https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf

Example

- **Present for Televisit**
- Patient/Family: Parent/Guardian only
- Providers/Team Members: _
-
- **Visit Details**
- Consent for visit to be conducted by Telehealth: Electronic Consent sent to family/patient
- Consent for treatment: Verbal consent from parent/guardian
- Modality: Audio-Visual
- Patient/Family Physical Location: Personal residence in state of MO
- Provider Physical Location: Personal residence in state of MO
-
- **Time Attestation**
- Time call/video started: _
- Time call/video ended: _
- Total time: _ minutes
- (note: Teams automatically stamps the start time, stop time and elapsed time)

Exam (12 systems) by TM

- **Exam:**
- **Vital signs:** Weight- Resp Rate-
- **General**: No apparent distress. Awake, alert, well-appearing.
- **HEENT**: _Normocephalic and atraumatic. Mucous membranes are moist. No periorbital edema. Facial muscles move symmetrically.
- **Neck**: Neck is symmetrical with trachea midline.
- **Eyes**: Conjunctiva and eyelids normal bilaterally. Pupils equal and round bilaterally.
- **Respiratory**: breathing unlabored, no tachypnea.
- **Cardiovascular**: No edema, no pallor, no cyanosis.
- **Abdomen**: Non-distended.
- **Skin**: No concerning rash or lesions observed on exposed skin.
- **Extremities**: Normal range of motion observed. No peripheral edema.
- **Neuro**: Mood and behavior appropriate for age.
- **Musculoskeletal**: Symmetric and appropriate movements of extremities.

fsmb
FEDERATION OF STATE MEDICAL BOARDS

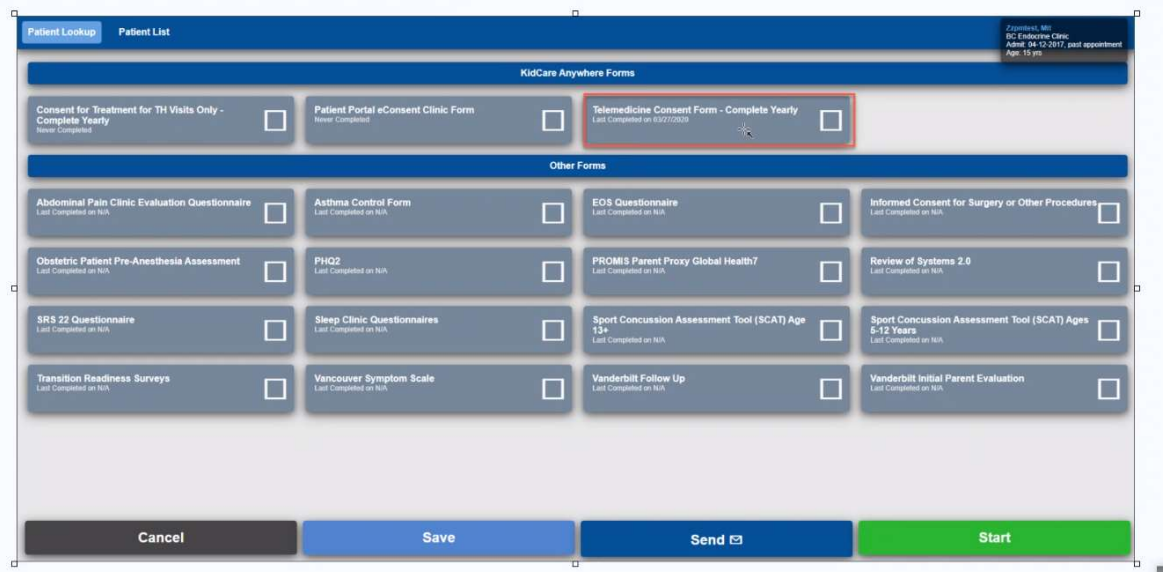
States Waiving Licensure Requirements/Renewals in Response to COVID-19

March 31, 2020

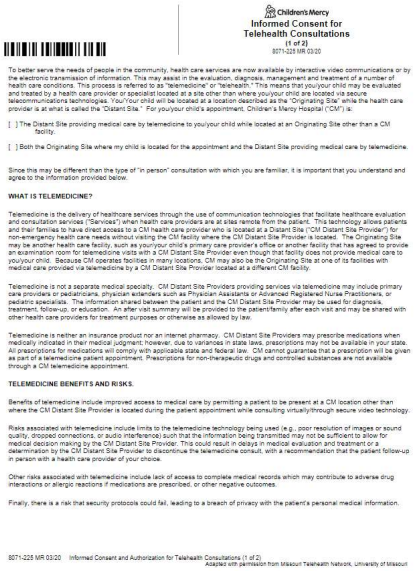
State	Note	Citation
Alabama	The Alabama Board of Medical Examiners and the Medical Licensure Commission have adopted emergency administrative rules and procedures allowing for the emergency licensing of qualified medical personnel. These measures will allow physicians and physician assistants who possess full and unrestricted medical licenses from appropriate medical licensing agencies to apply for and receive temporary emergency licenses to practice in Alabama for the duration of the declared COVID-19 health emergency.	ALBME Press Release Board of Med Guidance Temporary Emergency License Requirements State Resource Page
Alaska*	No changes related to licensing or renewals.* A pending bill in the Legislature, SB 241, says, in part, "... Notwithstanding any other provision of law, during the public health disaster emergency declared by the governor... a professional or occupational licensing board... may grant a license, permit, or certificate on an expedited basis to an individual who holds a corresponding license, permit, or certificate in good standing in another jurisdiction to the extent necessary to respond to the public health disaster emergency. A license expedited under this section expires on the earlier of September 1, 2020; or the date the governor determines... that the public health disaster emergency no longer exists..." * For as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met: 1) The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice 2) is conducted using an audio-visual, real-time, two-way interactive communication system. 3) The practitioner is acting in accordance with applicable federal and state law	Emergency Declaration AK SB 241 Guidance re: Telemedicine State Resource Page
Arizona	Allows ADHS to waive licensing requirements to provide healthcare officials with assistance in delivering services during times of heightened demand. The Director of the Arizona Department of Health Services, pursuant to the Declaration of Emergency issued by the Governor... may establish... a process for the temporary waiver of the professional licensure requirements necessary for the implementation of any measures... establish requirements for registering providers with out-of-state licenses who will be permitted to provide services in Arizona with out-of-state licenses... * A state agency or board that licenses individuals or entities as indicated herein shall: a) Defer requirements to renew licenses that have an expiration date between March 1, 2020 and September 1, 2020 by six months from the expiration date, unless those requirements can be completed online; b) Defer requirements to complete continuing education by six months, , unless those requirements can be completed online or due to the nature of the license is not practical; c) Suspend any rules that prevent or limit the amount of online or alternative learning hours permitted to issue or renew a license...	Press Release Dept. of Health Services Admin. Order Executive Order 2020-17 re: CME/Renewals State Resource Page
Arkansas*	No changes related to licensing or renewals. * In an effort to assist with the COVID-19 health crisis, the Arkansas State Medical Board voted to grant emergency temporary licenses to Arkansas medical residents who have completed at least one year of postgraduate training and have the written recommendation of their program director.	Emergency Temporary Application State Resource Page
California	Any out-of-state personnel, including, but not limited to, medical personnel, entering California to assist in preparation for, responding to, mitigating the effects of, and recovering from COVID-19 shall be permitted to provide services in the same manner as prescribed in Government Code section 179.5. The EMS Authority will only accept requests for out of state medical personnel approval from a California medical facility, telehealth agency contracted with a California medical facility or a staffing agency providing staffing to California medical facilities, that intends to utilize these resources. * A medical facility, telehealth agency or staffing agency which desires to utilize medical professionals with out-of-state certifications or licenses during the COVID-19 State of	Emergency Declaration Temporary License Application

1

Consents



Consents



Children's Mercy
Informed Consent for Telehealth Consultations
(1 of 2)
8071-225 MR 03/20

To better serve the needs of people in the community, health care services are now available by interactive video communications or by the electronic transmission of information. This may assist in the evaluation, diagnosis, management and treatment of a number of health care conditions. This process is referred to as "telemedicine" or "telehealth." This means that you/your child may be evaluated and treated by a health care provider or specialist located at a site other than where you/your child are located via secure telecommunications technologies. You/Your child will be located at a location described as the "Originating Site" while the health care provider is at what is called the "Distant Site." For you/your child's appointment, Children's Mercy Hospital ("CM") is:

[ ] The Distant Site providing medical care by telemedicine to you/your child while located at an Originating Site other than a CM facility.

[ ] Both the Originating Site where my child is located for the appointment and the Distant Site providing medical care by telemedicine.

Since this may be different than the type of "in person" consultation with which you are familiar, it is important that you understand and agree to the information provided below.

WHAT IS TELEMEDICINE?

Telemedicine is the delivery of healthcare services through the use of communication technologies that facilitate healthcare evaluation and consultation services ("Services") when health care providers are at sites remote from the patient. This technology allows patients and their families to have direct access to a CM health care provider who is located at a Distant Site ("CM Distant Site Provider") for non-emergency health care needs without visiting the CM facility where the CM Distant Site Provider is located. The Originating Site may be another health care facility, such as your/your child's primary care provider's office or another facility that has agreed to provide an examination room for telemedicine visits with a CM Distant Site Provider even though that facility does not provide medical care to you/your child. Because CM operates facilities in many locations, CM may also be the Originating Site at one of its facilities with medical care provided via telemedicine by a CM Distant Site Provider located at a different CM facility.

Telemedicine is not a separate medical specialty. CM Distant Site Providers providing services via telemedicine may include primary care providers or pediatricians, physician extenders such as Physician Assistants or Advanced Registered Nurse Practitioners, or pediatric specialists. The information shared between the patient and the CM Distant Site Provider may be used for diagnosis, treatment, follow-up, or education. An after visit summary will be provided to the patient/family after each visit and may be shared with other health care providers for treatment purposes or otherwise as allowed by law.

Telemedicine is neither an insurance product nor an internet pharmacy. CM Distant Site Providers may prescribe medications when medically indicated in their medical judgment; however, due to variances in state laws, prescriptions may not be available in your state. All prescriptions for medications will comply with applicable state and federal law. CM cannot guarantee that a prescription will be given as part of a telemedicine patient appointment. Prescriptions for non-therapeutic drugs and controlled substances are not available through a CM telemedicine appointment.

TELEMEDICINE BENEFITS AND RISKS.

Benefits of telemedicine include improved access to medical care by permitting a patient to be present at a CM location other than where the CM Distant Site Provider is located during the patient appointment while consulting virtually through secure video technology.

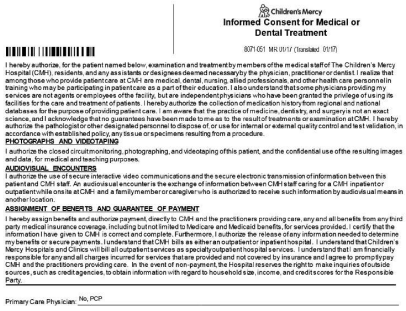
Risks associated with telemedicine include limits to the telemedicine technology being used (e.g., poor resolution of images or sound quality, dropped connections, or audio interference) such that the information being transmitted may not be sufficient to allow for medical decision making by the CM Distant Site Provider. This could result in delays in medical evaluation and treatment or a determination by the CM Distant Site Provider to discontinue the telemedicine consult, with a recommendation that the patient follow-up in person with a health care provider of your choice.

Other risks associated with telemedicine include lack of access to complete medical records which may contribute to adverse drug interactions or allergic reactions if medications are prescribed, or other negative outcomes.

Finally, there is a risk that security protocols could fail, leading to a breach of privacy with the patient's personal medical information.

8071-225 MR 03/20 Informed Consent and Authorization for Telehealth Consultations (1 of 2)
Adapted with permission from Missouri Telehealth Network, University of Missouri

- You need the following:
  - Consent for treatment – annual
  - Consent to be seen by telehealth- annual
  - Consent for use of the patient portal



Children's Mercy
Informed Consent for Medical or Dental Treatment
8071-051 MR 01/17 (Translated 01/17)

I hereby authorize, for the patient named below, examination and treatment by members of the medical staff of The Children's Mercy Hospital (CMH), residents, and any assistants or designees deemed necessary by the physician, practitioner or dentist. I realize that among those who provide patient care at CMH are medical, dental, nursing, allied professionals, and other health care personnel in training who may be participating in patient care as a part of their education. I also understand that some physicians providing my services are not agents or employees of the facility, but are independent physicians who have been granted the privilege of using its facilities for the care and treatment of patients. I hereby authorize the collection of medication history from regional and national databases for the purpose of providing patient care. I am aware that the practice of medicine, dentistry, and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the result of treatments or examination at CMH. I hereby authorize the pathologist or other designated personnel to dispose of or use for internal or external quality control and test validation, in accordance with established policy, any tissue or specimens resulting from a procedure.

PHOTOGRAPHS AND VIDEOTAPING

I authorize the closed circuit monitoring, photographing, and videotaping of this patient, and the confidential use of the resulting images and data, for medical and teaching purposes.

AUDIOVISUAL ENCOUNTERS

I authorize the use of secure interactive video communications and the secure electronic transmission of information between this patient and CMH staff. An audiovisual encounter is the exchange of information between CMH staff caring for a CMH inpatient or outpatient while onsite at CMH and a family member or caregiver who is authorized to receive such information by audiovisual means in another location.

ASSIGNMENT OF BENEFITS AND GUARANTEE OF PAYMENT

I hereby assign benefits and authorize payment, directly to CMH and the practitioners providing care, any and all benefits from any third party medical insurance coverage, including but not limited to Medicare and Medicaid benefits, for services provided. I certify that the information I have given to CMH is correct and complete. Furthermore, I authorize the release of any information needed to determine my benefits or secure payments. I understand that CMH bills as either an outpatient or inpatient hospital. I understand that Children's Mercy Hospitals and Clinics will bill all outpatient services as specialty outpatient hospital services. I understand that I am financially responsible for any and all charges incurred for services that are provided and not covered by insurance and I agree to promptly pay CMH and the practitioners providing care. In the event of non-payment, the Hospital reserves the right to make inquiries of outside sources, such as credit agencies, to obtain information with regard to household size, income, and credit scores for the Responsible Party.

Primary Care Physician: No, PCP

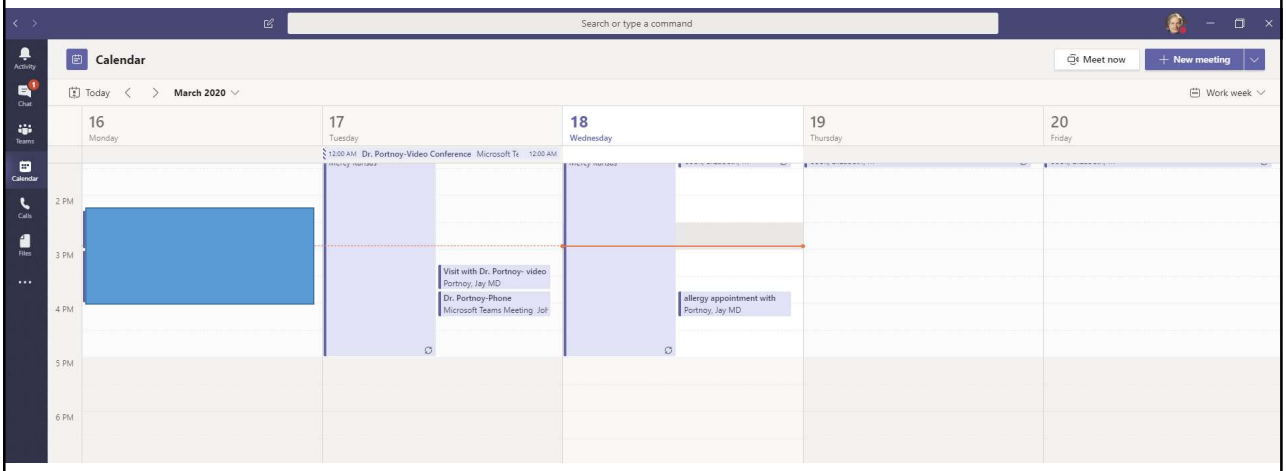
What platform to use?

- There are several commercial ones including:
  - InTouch
  - America Well
- We are using Microsoft Teams
  - Is part of Office 365
  - No fee for its use
  - Is HIPAA compliant
  - Is the easiest platform to use that we have found

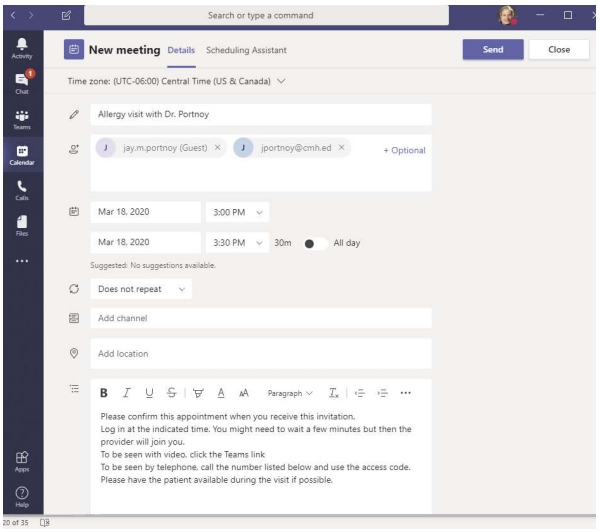
How to see a patient using Teams

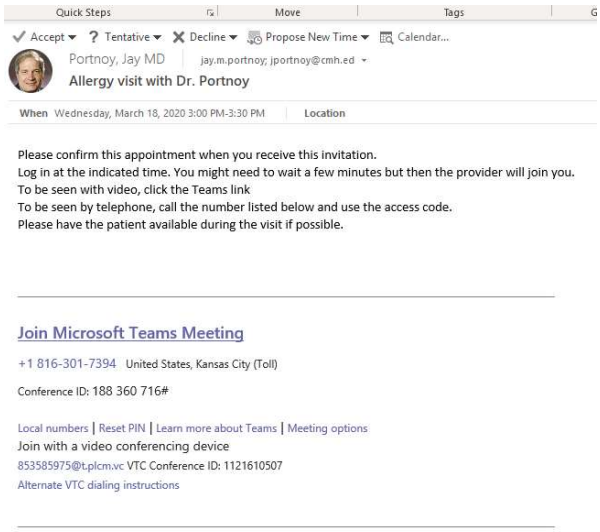
- Contact the patient if an in-person visit needs to be rescheduled or
- For new patients offer them a video or telephone visit
- You need to get the patient's e-mail address
- Log into Teams and schedule a calendar appointment
  - Send an invite to the patient (using their e-mail address)
  - Send an invite to yourself (so that it goes on your calendar)
  - Send an invite to the nurse (if you want a nurse to be included for teaching)
  - Note: multipresence is easy with Teams
- In your invite ask the patient to confirm the visit.
  - You will receive a confirmation message

Scheduling an appointment with Teams



Scheduling an appointment

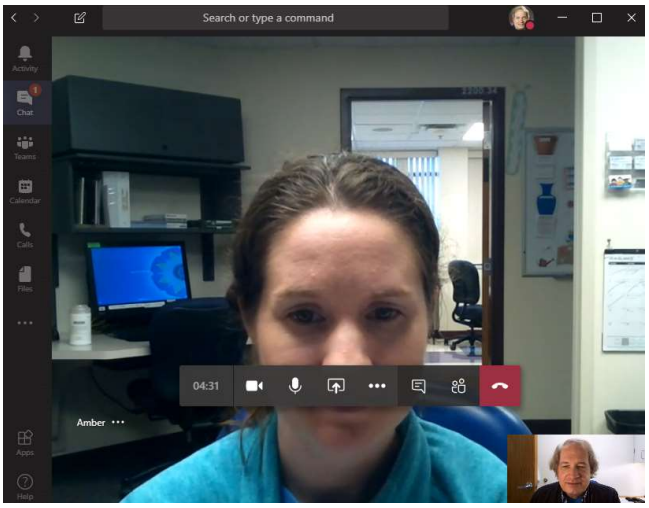




Information to send to patient

- Title of invitation: (Patient initials0 AAI Video Conference- Dr. (provider name), eg: D.J. AAI Video Conference-Dr. Portnoy
- Add the following information to the body of the invitation:
  - Please accept this appointment when you receive it.
  - Please have the child present when the visit takes place.
- Below there are few steps to be taken prior to your appointment date/time that are essential
  - Download the TEAMS APP to your smart phone/computer https://teams.microsoft.com/downloads
  - Click the attachment in this email for the steps to follow once the app has been downloaded to your device.
  - Click on this pre-registration link provided, verifying the information on your account https://www.childrensmercy.org/PreRegistration/Home/Location/
- At the time of the visit do the following:
  - For a video visit, click the Join Teams Meeting link. This is preferred.
  - For a telephone visit or if you are having difficulty with the video connection, call the indicated phone number and use the access code to connect.
  - Please keep in mind this is a virtual meeting room and you may need to wait for the provider just as you would in an in-person setting.
  - The attached pdf has suggestions for troubleshooting if you have difficulty connecting.

Joining the Appointment



Other Considerations

- The patient may initially be in a waiting room.
  - You will see that when you log in.
  - Click the link and they will be admitted to the conference.
- You can have your EMR open in another window if you have 2 monitors
- Alternatively, use Teams from an iPad and your EMR on your computer
- The nurse can stay on for teaching while you go to another call

Inpatient Consults

- Many hospitals now have Telemed equipment- often rural
  - They are eager to provider specialty care to inpatients
- You would need to be able to log into the hospital's equipment.
  - This is often fairly easy depending on their platform.
- You need to have staff privileges in the hospital
- You must be licensed in the State where the hospital is located
- Arrangement for professional billing
  - The hospital would bill for the facility fee

Our process (inpatient consults)

- We have an iPad on each inpatient unit
- The nurse on the unit connects to the consultant via Teams
- iPad is taken to the room where the consultant talks with the patient/parent
- Isolation rooms (ie: COVID-19 patients):
  - The iPad is placed in a zip-lock bag before being passed into the room
- If an exam is needed, the attending on the floor does it with the consultant observing

The Coronavirus Outbreak | LIVE Latest Updates Maps Markets U.S. Impact Common Questions Newsletter

Can Smart Thermometers Track the Spread of the Coronavirus?

A company that makes internet-connected thermometers has followed the flu more closely than the C.D.C. can. Now the devices may be turning up cases of Covid-19.

Kinsa Health has sold or given away more than a million smart thermometers to households. Tony Cenicola/The New York Times

We believe this latter data point — which we're calling "atypical illness", may in some cases be connected to the COVID-19 pandemic.

Created in collaboration with Benjamin Dalziel, Oregon State University.

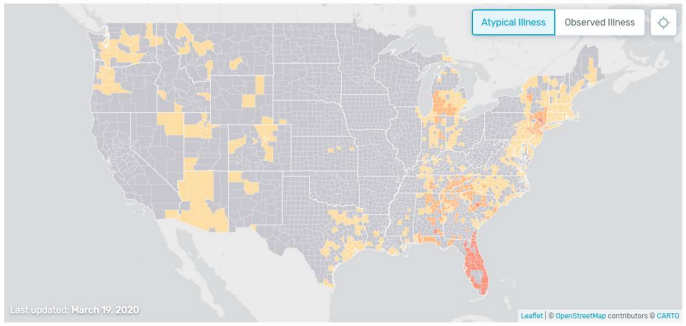
Oregon State University

Look up influenza-like illness near you:

Search zip code or county name

Atypical Illness Levels

None Low Mild Moderate High Severe



United States
Atypical illness levels detected

How to read this chart:

This chart allows you to compare Kinsa's observations of the influenza-like