HRS COVID-19 Task Force Message: Telehealth

Telehealth expansion: Globally, telehealth is expanding as clinicians seek ways to treat their patients and lower risk of exposure to COVID-19 for both patients and staff. In the U.S., beginning March 6, 2020, Medicare will pay for office, hospital, and other visits provided via telehealth, including in patient’s homes. Importantly, CMS “will not enforce a requirement that patients have an established relationship with the physician providing telehealth.” See CMS Telehealth Toolkit.

The HIPAA Security Requirement of the U.S. Department of Health and Human Services (HHS) will exercise its enforcement discretion, and will not impose penalties for non-compliance with HIPAA rules for the “good faith provision of telehealth during the COVID-19 nationwide public health emergency,” allowing use of non-public facing platforms to connect with patients (e.g., FaceTime, Google Hangout, Zoom, Skype). See HHS FAQs for details:

1. Recommendations for Initiating and Billing for Telemedicine Visits:

Wide variation exists in telemedicine capabilities and experience. HRS offers the following resources:

A. Special CPT Coding Advice for COVID-19 public health emergency CPT reporting for COVID-19 testing.
B. CMS payment policies and regulatory flexibilities
C. HRS Members may access sample process flows and details available via HRS Communities.

2. Tips for Success

Before the telemedicine visit, set expectations with the patient:

- Explain what resources and/or equipment they will need (an email account for the visit link; a smartphone or tablet, laptop, or desktop computer with camera, etc), what will happen, and what they will see and should anticipate.
- Provide your contact information and advise the patient to call with problems.
- Notify the patient of any known glitches or problems and how to navigate these issues.
- Attain patient’s consent for billing and confirmation of the risks and benefits of a virtual visit.

Ask the patient to prepare for the visit the best they can. Patients should:
Complete any online information needed (surveys, consent to treat, review of systems, family history, etc.).

Send in any device transmission or biostatistical data (e.g. wearable ECG) before the visit.

Record weight, blood pressure and heart rate, if possible.

Prepare a list of questions to discuss with the physician.

Have a medication list (name and dosage) ready for review.

Attain patient’s consent for billing and confirmation of the risks/benefits of a virtual visit.

Test your own equipment before time of visit. Anyone involved in the visit should understand the patient user-experience and workflow step-by-step to help the patient troubleshoot and navigate any problems.

Prepare room and technology

- Be prepared for the visit with all software needed (like your EMR for record access) ready to be used.
- Login in advance.
- Have the camera set at eye level, with your face and body centered so the patient can read your nonverbal cues and facial expression.
- Make sure your face is well lit. Backlight is bad. Try to have a light in front of you to light your face.
- Turn off all device pop-ups and notifications.
- Have references and visuals available to "screen share" for education.
- Make sure the environment in which the visit is conducted is private and professional.
- Consider the use of headphones to protect patient privacy

Interaction with patient

- Make sure the patient can hear and see you. Ask them!
- Always notify the patient of anyone else in the room who can hear what is being said.
- Give the patient expectations of how the visit will be conducted. Remember, the patient is trusting you to guide them through this experience.
- When talking to the patient, look into the camera to mimic eye contact.
- When looking away from the camera, explain what you are doing.
- Be very clear with post visit instructions and a care plan. Send this to them electronically for their reference.