

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.