

# Incorporating Telemedicine in rheumatology practice

## *CSRO Meeting*

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*Henry Ford Medical Group*

*Clinical Associate Professor at Wayne State University*



# Disclosure

- None, related to his talk.

# Outline

- Telemedicine Definition
- Telemedicine relevance and benefits
- What to know/have to start telemedicine
- Reimbursement/documentation, etc
- Challenges
- Questions

# Definition of Telemedicine

Delivery of health care services...using information and communications technologies...in the interests of **advancing** the health of individuals and their communities.

- Consultation
- Health assessments
- Diagnosis
- Treatment

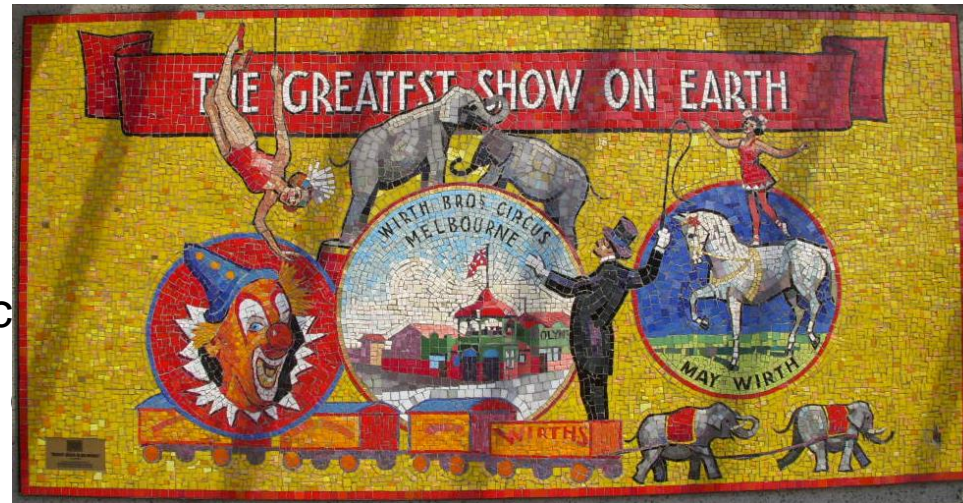


<http://www.harbus.org/2018/can-telemedicine-solve-the-ballooning-healthcare-budget/>



# Disruptive innovation

- **Cirque du Soleil** - founded in Baie-Saint-Paul, Canada in 1984 by two former street performers
  - Barnum & Bailey Circus 1887-May 21th, 2017 (130 years!)
  - Cirque du Soleil 1984-???



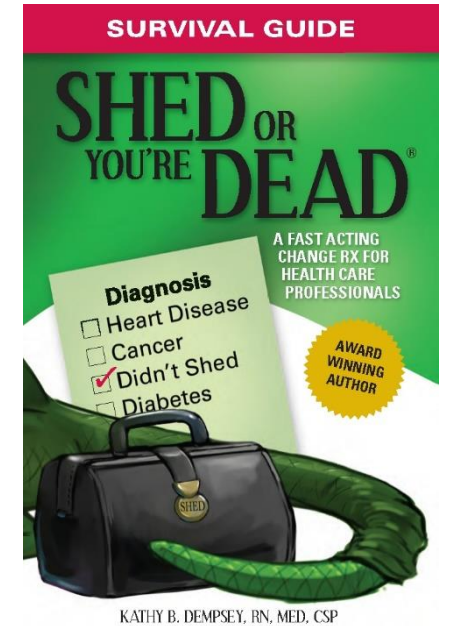
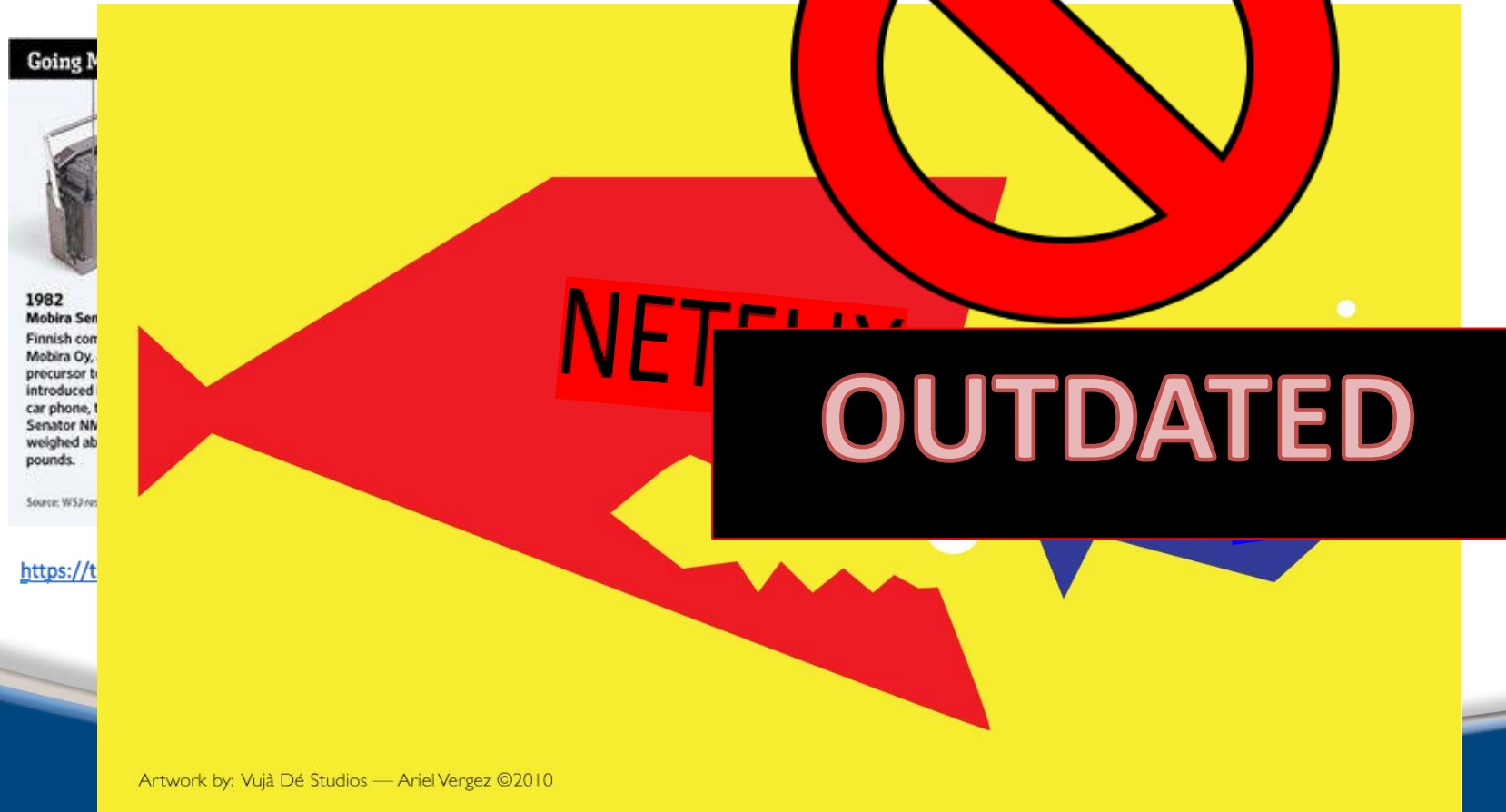
- Leaders in continually c  
motivate their teams to

- Get curious.
- Crave what's next.
- Defy tradition.
- Get scrappy.
- **Adapt fast.**

*Josh Linkner, All Leadership Meeting Keynote Speaker*

# Adapt fast

- Technology is moving fast, so health care delivery method



[http://www.singlesdesign.com/book\\_survivalGuide.php](http://www.singlesdesign.com/book_survivalGuide.php)

amazon

## Simple comparison

Telemedicine

- Telemedicine is to medicine as online shopping is to in store shopping
- Advantages
  - Fast and easy
  - Saves money and time
  - No need to Leave your house
- Disadvantages:
  - difficult to be sure of the physical findings
  - just like you can not be sure of the fit and appearance of the clothes bought online
- If it does not work for you, return the item bought online
- In the case of telemedicine you can always ask the patient to come to clinic.
  - At least great screening → more efficient office visit



# Relevance of Telemedicine

- Inadequate infrastructure in rural/district hospitals
- Large number of indoor/outdoor patients requiring referral for specialized care
- **Pandemic Crisis**
- **Low-availability of Health Experts** in district/remote hospitals
- Lack of adequate opportunities for training or continuing Medical Education for Doctors in Rural/Remote Health facilities.





# Telemedicine History

- It began with a Boston traffic jam
  - 1967 Boston Logan Airport to Massachusetts General Hospital
  - *Jay Sanders, MD -- often called "The Father of Telemedicine"*



# Projected Clinical FTE



	2005	2010	2015	2020	2025	2030
2005 Projected Supply	4,946	5,019	4,940	4,806	4,643	
2005 Projected Demand	4,946	5,422	5,968	6,584	7,219	
2015 Projected Supply			4,997	4,470	3,645	3,455
2015 Projected Demand			6,115	6,796	7,490	8,184

Figure E-5. Comparison of Projected Supply and Projected Demand of Adult Rheumatologists  
 Note. Data from 2005 workforce study (2005 to 2025); Data from the 2015 workforce study (2015 to 2030).

# Value Creation - Quadruple Aim Goals



## Quality/Health Outcomes

- **Proactive care** at the time that people most need it, **increase touchpoints**
- ☐ Improve **timely access** to specialists and limit disparities in care
- ☐ **Reduce wait time and no-show rate, and exposure** to healthcare settings
- ☐ Patients diagnosed/treated earlier can result in improved outcomes



## Affordability

- ☐ Enhance operational efficiencies, higher productivity
- ☐ Promotes **site of care shift to lower cost settings**
- ☐ Opportunity for **reduced footprint cost** and reduce cost of care
- ☐ Home monitoring programs can **reduce high-cost hospital visits**



## Customer Experience

- ☐ Enable easier access, simplified navigation, and **ability to manage their own interactions**
- ☐ **Attract and engage** patients, partners, and providers early and often
- ☐ Align with consumer interest in technology
- ☐ Trusted comprehensive continuum of care, **personalized mix of virtual & in-person care**



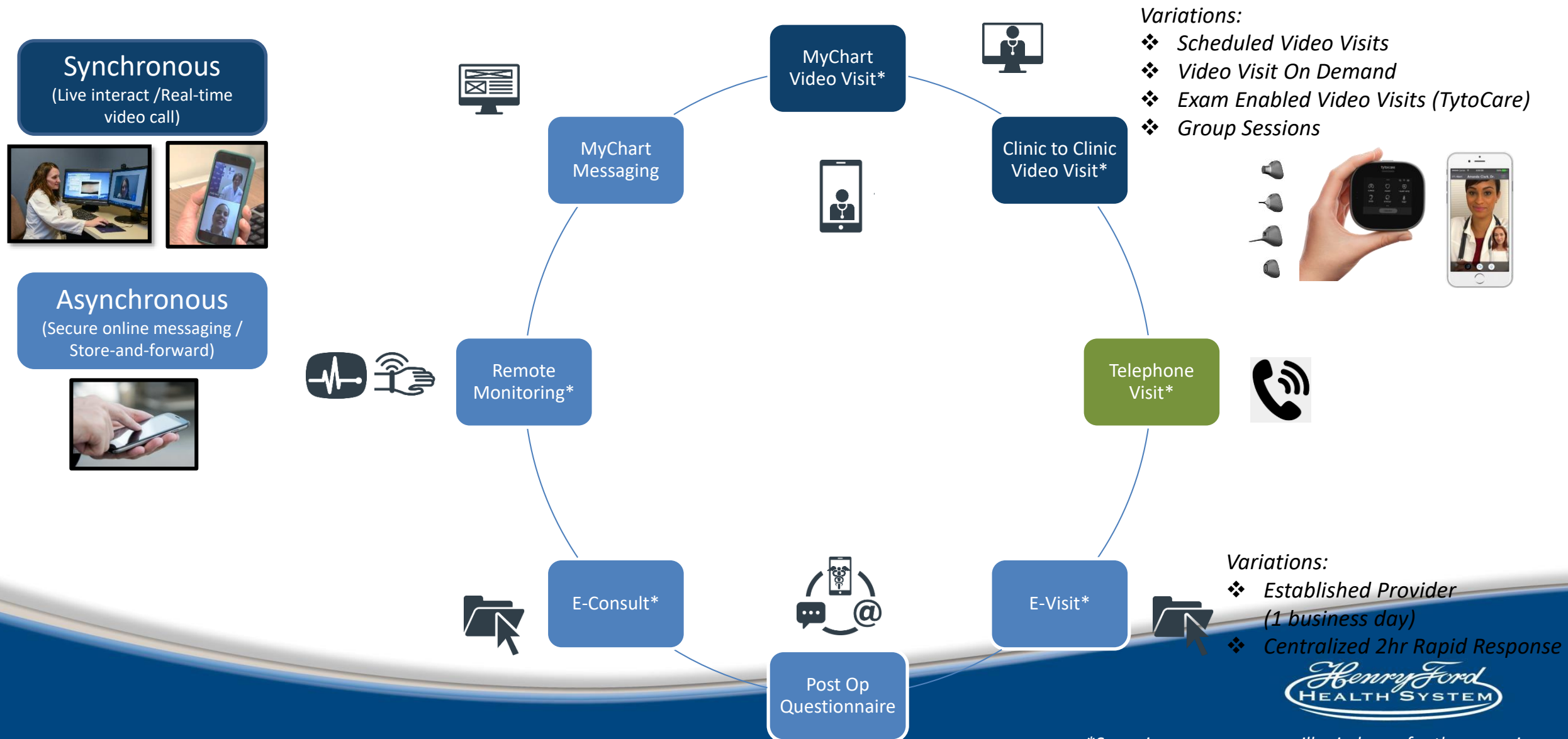
## Clinician Experience

- ☐ Ability to **see patient within new context** (home) – see patient as a person
- ☐ More flexibility in work environment and access to health team
- ☐ Assist in **addressing clinical resource shortages and misdistribution of providers**



Virtual Care is a Tool, Not a Self-Contained Strategy

# Virtual Care Capabilities



Source: [Virtual Care at a Glance](#)

\*Some insurance payers will reimburse for these services



# Virtual Care System Trend – System Data

You can filter on any of the items to the left

**Type**  
All

**Date Slicer**  
This - Year  
1/1/2021 - 12/31/2021

**Market**  
All

**Business Unit**  
All

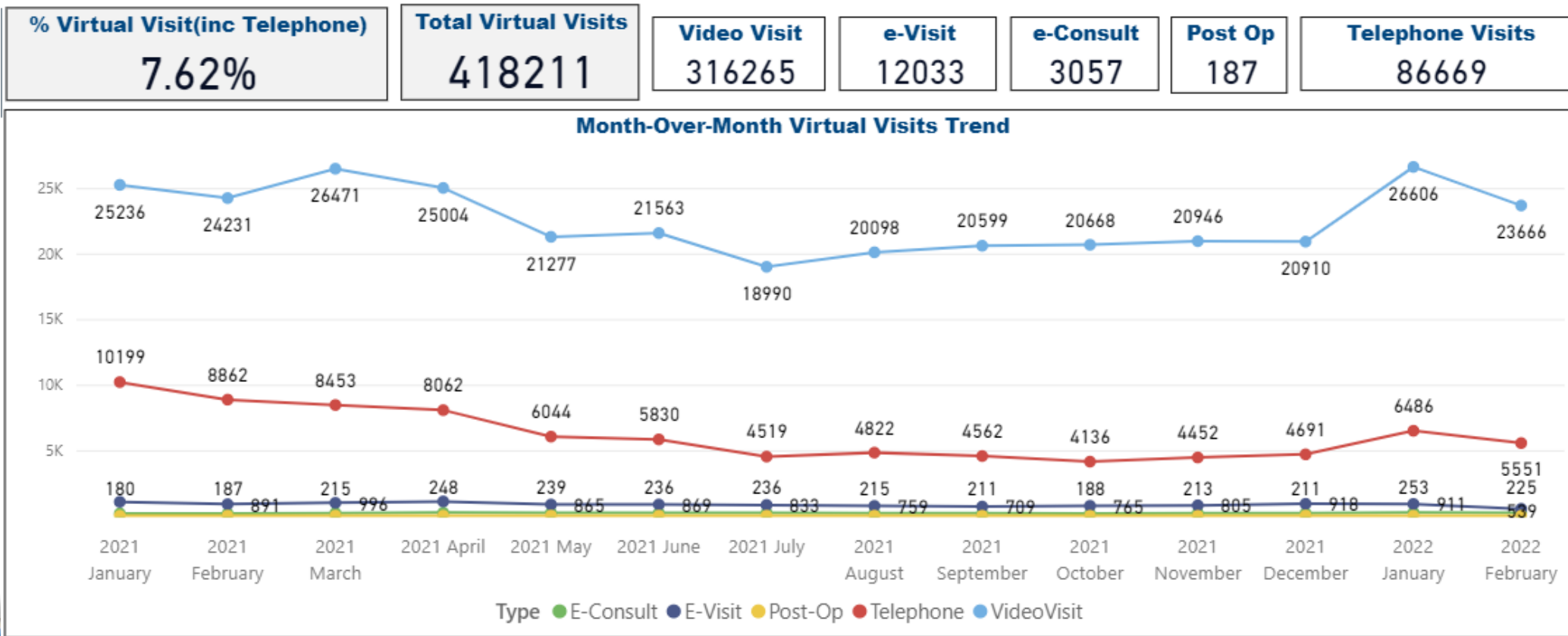
**Location Name**  
All

**Department Specialty**  
All

**Department Name**  
All

**Video Method**  
All

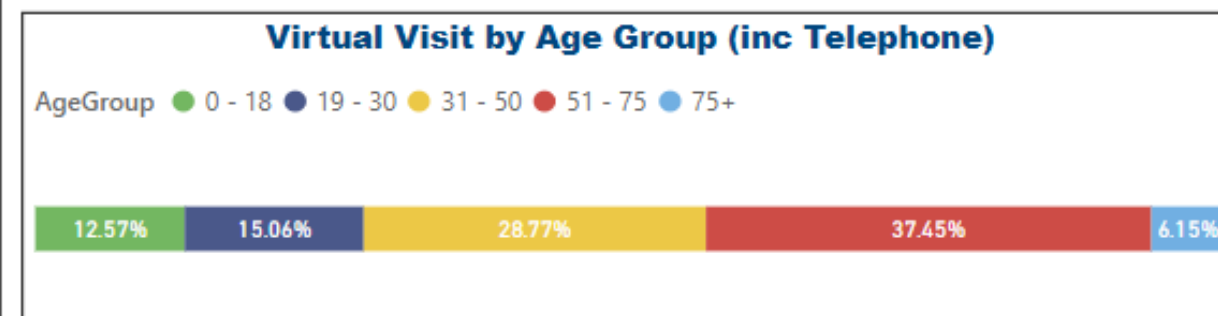
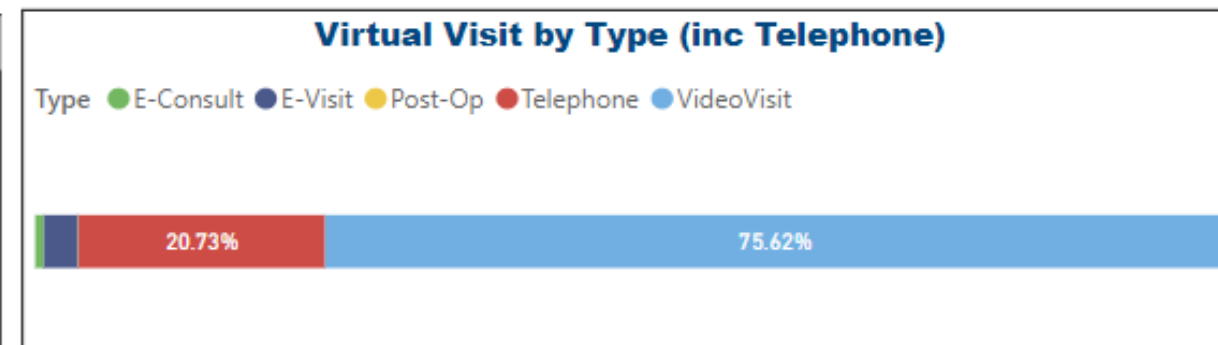
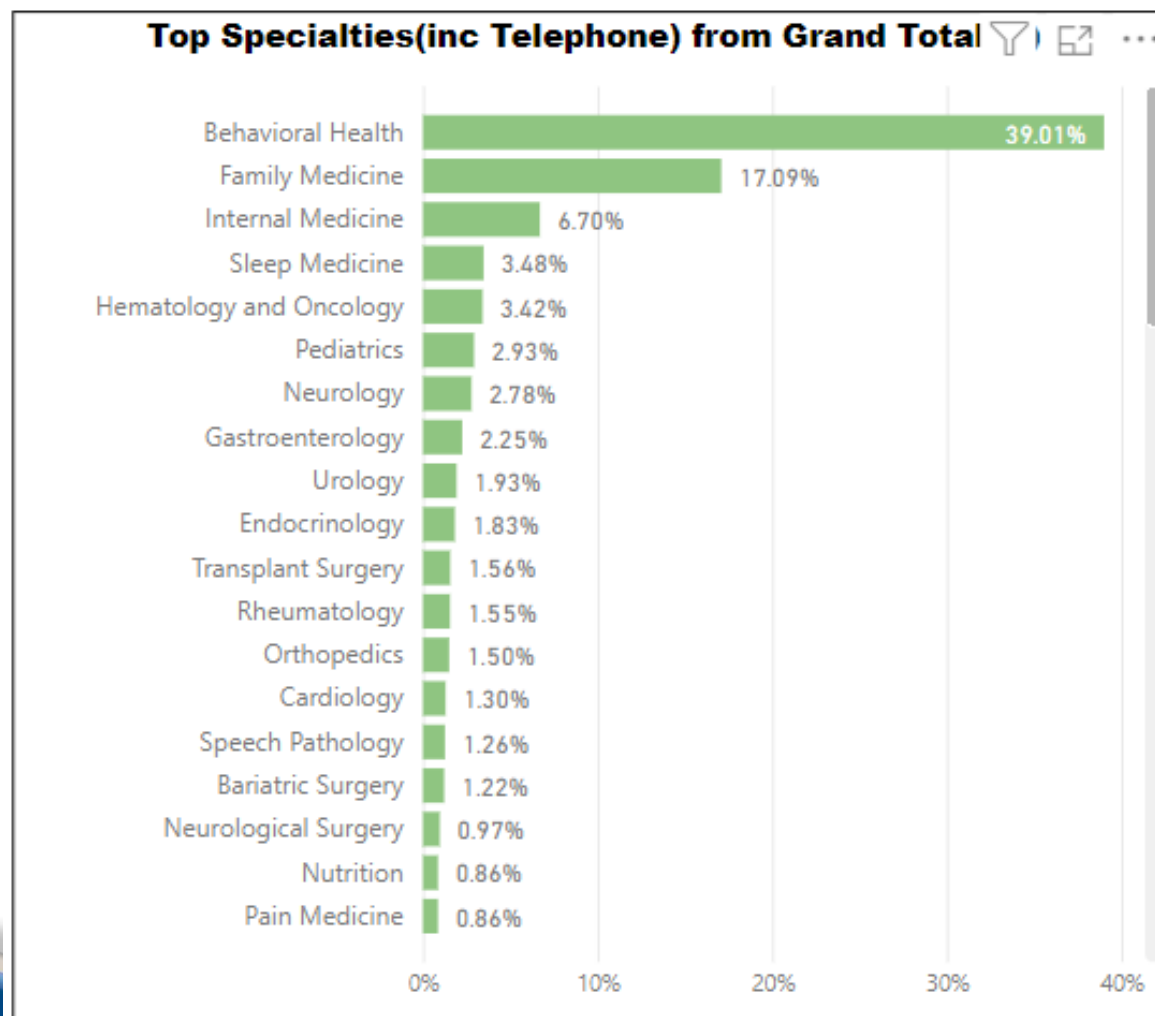
**Visit Type**  
All



Note: System data, including HFMG and HFAMG (not HFCC/JHN/Alliance).  
Date Range 1/1/21 to 2/28/22, data retrieved 3/1/22



# Virtual Care System Trend – Updated



Note: System data, including HFMG and HFAMG (not HFCC/JHN/Alliance).  
Date Range 1/1/21 to 2/28/22, data retrieved 3/4/22

Type

All

Date Slicer

Last 1 Years

1/20/2021 - 1/19/2022

Market

All

Business Unit

All

Location Name

All

Department Specialty

Rheumatology

Department Name

All

Video Method

All

Visit Type

All

% Virtual Visit(inc Telephone)

20.42%

Total Virtual Visits

5277

Video Visit

4389

e-Visit

31

e-Consult

46

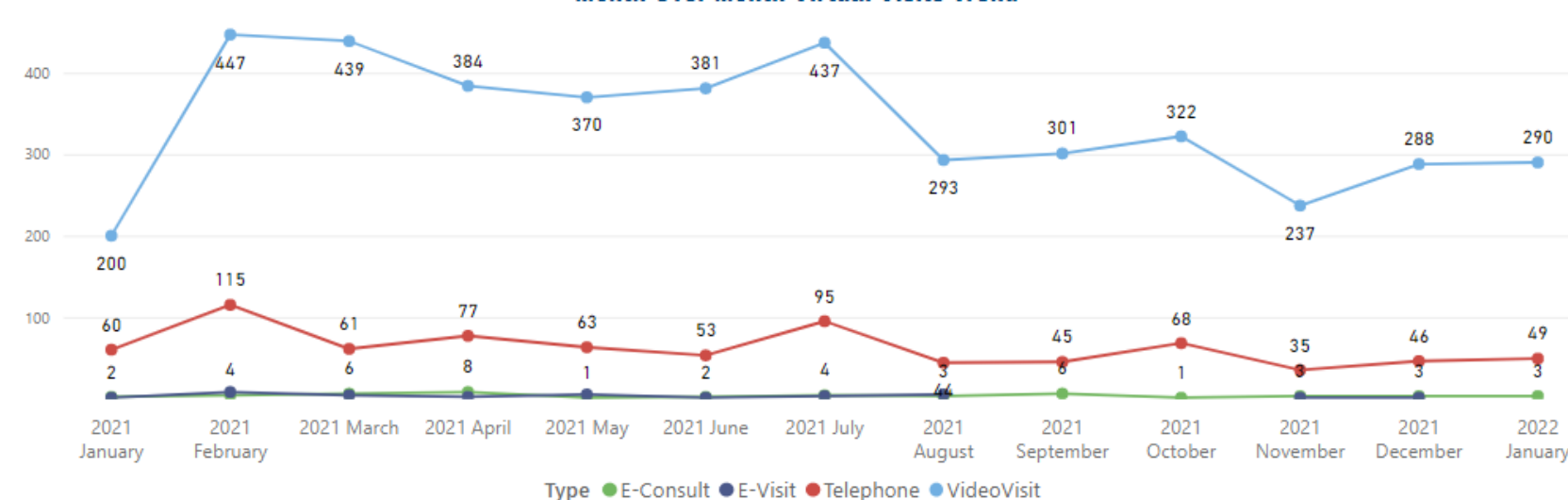
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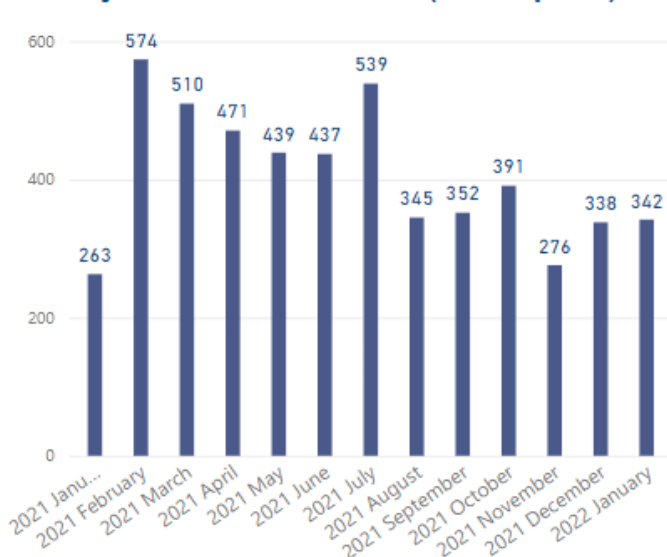
Telephone Visits

811

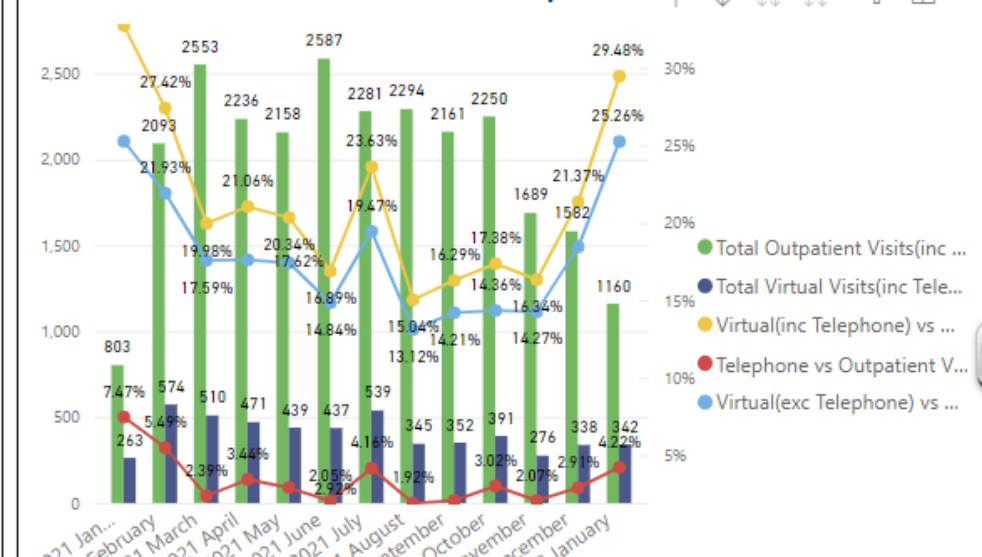
Month-Over-Month Virtual Visits Trend



System Virtual Visit Growth(inc Telephone)



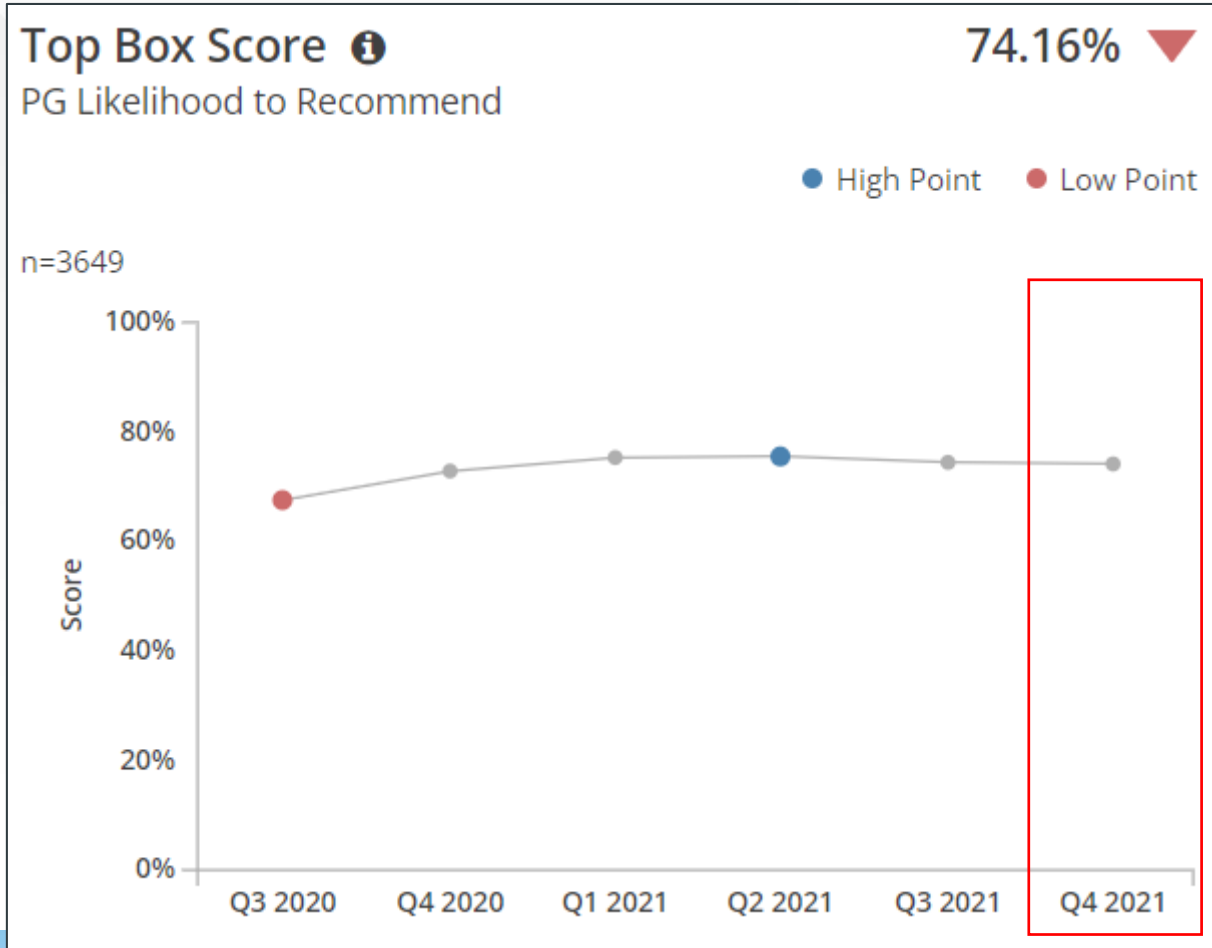
Virtual Visits vs Outpatient V



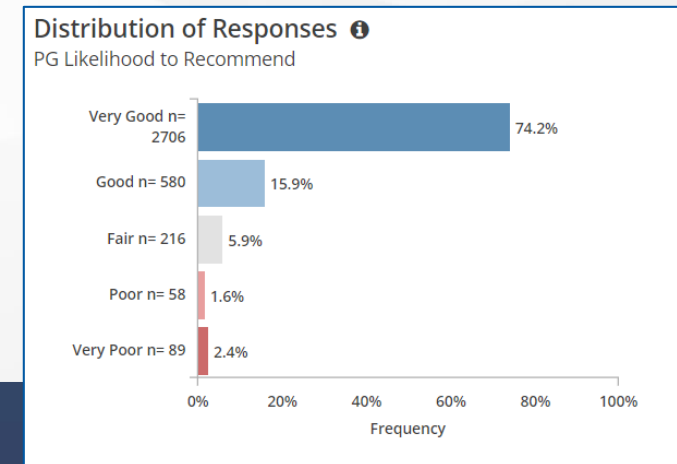
# Top Box Score: Likelihood to Recommend

Q4 2021: HFAH & HFMG

**System Data**



Quarter	Total Responses	Top Box %
Q1 2020	386	78%
Q3 2020	11,676	74%
Q3 2020	5346	68%
Q4 2020	5196	73%
Q1 2021	5532	75.33%
Q2 2021	4185	75.53%
Q3 2021	3549	74.44%
<b>Q4 2021</b>	<b>3649</b>	<b>74.16%</b>



# How about physical exam

- Does everyone need exam?
- How extensive?
- How frequently?
  - Initial exam; follow-up exam; acute/urgent visit
- Which disease state?
  - Gout
  - OA
  - PMR
- Examination by whom?

# Difficulties making a fist in Clinically Suspect Arthralgia; an easy applicable phenomenon predictive for RA that is related to flexor tenosynovitis

Fenne Wouters<sup>1</sup>, Florus J. van der Giesen<sup>1</sup>, Xanthe M.E. Matthijssen<sup>1</sup>, Ellis Niemantsverdriet<sup>#1</sup>, Annette H.M. van der Helm-van Mil<sup>#1,2</sup>

- Pts with arthralgia <1 yr
- Contrast-enhanced 1.5T MRI of the wrist and MCP2-5 joints was performed and scored for synovitis, bone marrow edema, tenosynovitis and MCP extensor peritendinitis.
- HR for developing inflammatory arthritis:
  - ↓ fist closure – 2.33 (1.38-3.93)
  - ↓ grip strength – 1.62 (1.04-2.54)

Fist closure



Fist strength



**Conclusion:** Difficulties making a fist in Clinically suspected arthralgia is a sign of underlying flexor tenosynovitis. Incomplete fist closure in particular is predictive for RA-development.

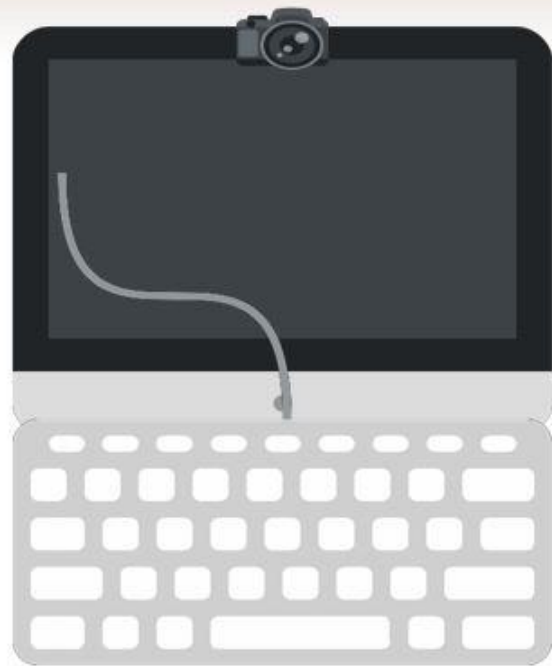


# Smart Phone Medical Devices



# What do you need?

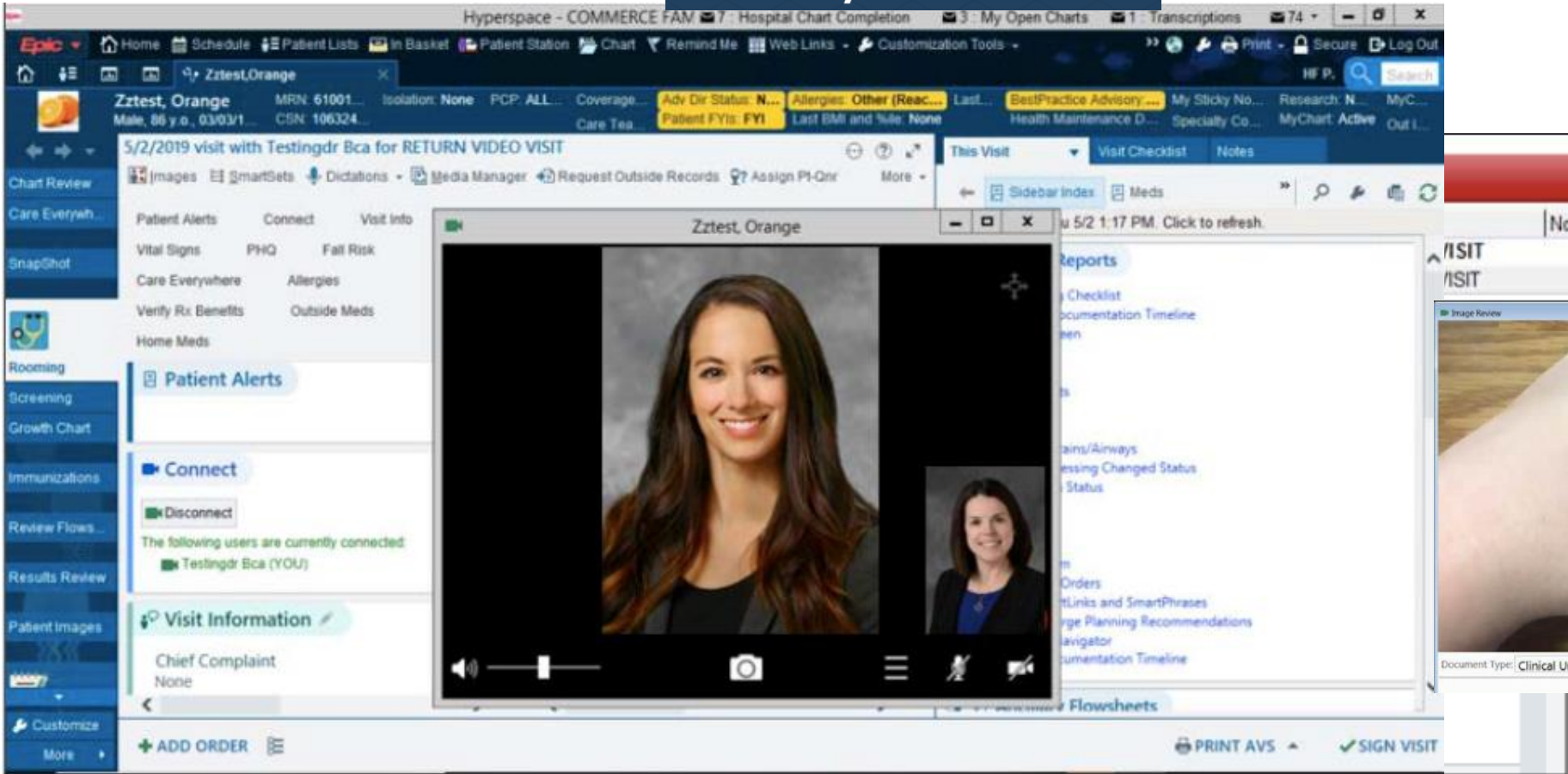
- [Equipment](#)
- Choose a Vendor
- Licensing
- Credentialing
- Documentation
- Reimbursement
- Multiple EMR/Imaging and lab systems
- Contract
- Medication prescription
- infusion



# What do you need?

- Equipment
- [Choose a Vendor](#)
- Licensing
- Credentialing
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# Video Exam Visit Enhanced Examinations



## Traditional Video Visit Examination

- History
- Assess the level of patient distress
- Psychiatric exam
- Low level skin exam



## Video Visit Enhanced Examination

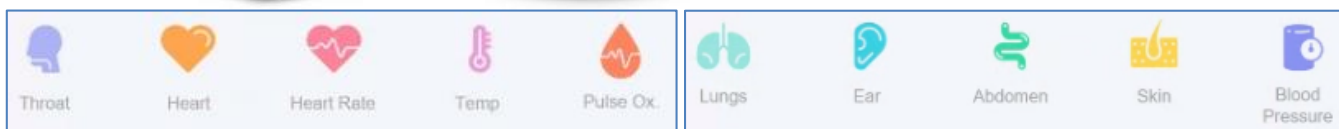
- History
- Assess the distress of the patient
- Psychiatric exam
- **Enhanced skin exam**
- **Otoscope attachment**
- **Complete head and neck exam (except palpation)**
- **Auscultate the lungs, heart, and abdomen with stethoscope attachment**
- **Bluetooth compatible with other devices for weight, blood pressure & pulse ox**

## Henry Ford Virtual Exam Kit (powered by TytoCare)

- Touch screen
- IR Thermometer
- Camera
- Intelligent lighting



*TytoCare enhanced examinations give a broader spectrum of care that we can provide virtually and **integrated in Epic/MyChart***



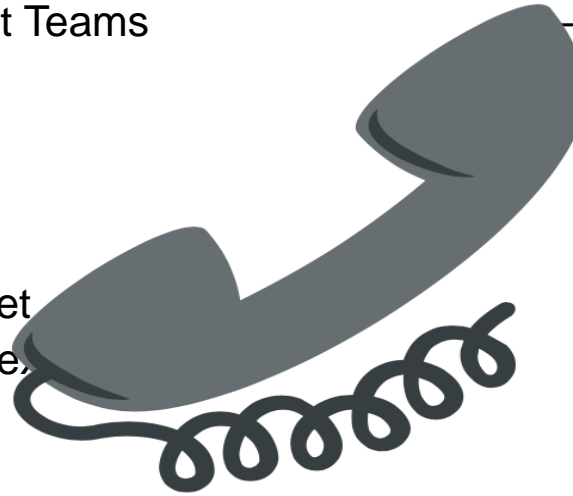
# Choose a vendor

- **Some vendors with HIPAA-compliant video communication products**

- Skype for Business / Microsoft Teams
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet
- Cisco Webex Meetings / Webex
- Amazon Chime
- GoToMeeting
- Spruce Health Care Messenger
- Others

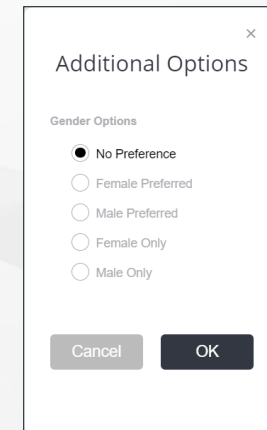
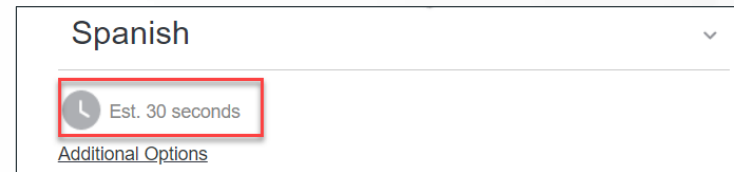
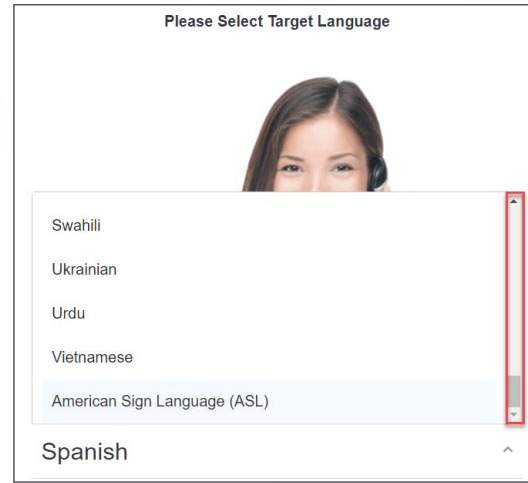
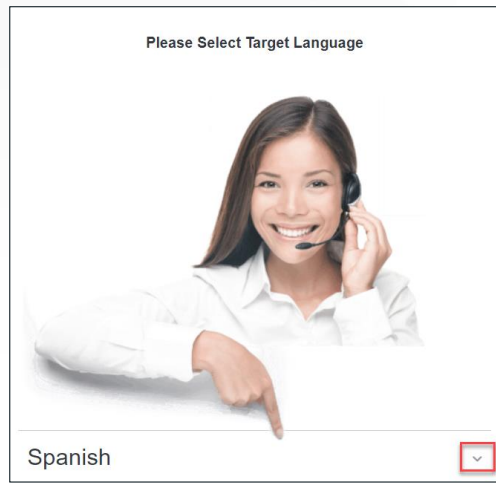
- **Non HIPAA-compliant video communication**

- Facebook Live
- Twitch
- TikTok



# Adding Video Interpreter from Voyce

- Voyce Website can be saved as “favorite” or launched from a shortcut icon on desktop
  - <https://www.voyceglobal.com/Client?Company=HenryFord&SAMLAutoRedirect=Y>
- From Voyce Home page, click **Any Meeting**
- You can use drop down menu or begin typing desired language



# What do you need?

- Equipment
- Choose a Vendor
- [Licensing](#)
- Credentialing
- Documentation
- Reimbursement
- Multiple EMR/Imaging and lab systems
- Contract
- Medication prescription
- infusion

# Provider State Licensure Requirement

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- The legal requirement is that the distant telehealth provider must be ***medically licensed in the state in which the patient is physically located*** in order to render care
- Few states have waived this licensure requirement (and list is dwindling)
- Some states have instated expedited Telehealth Licensure application processes

## Available Now:

- FL Out-of-State Telehealth Licensure Application Process

## In Process:

- AZ Out-of-State Telehealth Licensure



# What do you need?

- Equipment
- Choose a Vendor
- Licensing
- Credentialing
- [Documentation](#)
- Reimbursement/billing/coding
- Multiple EMR/Imaging and lab systems
- Contract
- Medication prescription
- infusion

# Documentation

- ☐ **Make sure to put the patient Consent for providing telehealth in your note.**
- ☐ **Do I need to document a History and Exam?**
  - ☐ History and Exam are no longer needed to determine Level of Service.
  - ☐ History and Exam should be documented based on the providers discretion, keeping in mind other providers need your information for future visits.
- ☐ **Does this apply to in-person office visits?**
  - ☐ Currently these rule changes only apply to Video Visits.
- ☐ **Is this a long-term change or will we go back to the old rules?**
  - ☐ As of now, these changes are temporary through the COVID crisis.

# What do you need?

- Equipment
- Choose a Vendor
- Licensing
- Credentialing
- Documentation
- [Reimbursement/billing/coding](#)
- Multiple EMR/Imaging and lab systems
- Contract
- Medication prescription
- infusion

# Reimbursement/billing/coding

- For the duration of the emergency, Medicare will pay for telehealth services furnished to beneficiaries “in all areas of the country in all settings” at the same rate of as regular, in-person visits.
- HHS will not conduct audits to track whether there was a prior patient-physician relationship for claims submitted during the public health emergency
- Patients must initiate services, but physicians may inform their patients on the availability of telehealth services.

## Payer specific PHE waivers:

- ☐ Location of patient - originating site expansion to home
- ☐ Expanded eligible telehealth service codes
- ☐ Expanded modalities - Audio only telehealth accepted by some payers
- ☐ Telephone encounters/codes
- ☐ Out-of-pocket costs/co-pay waived
- ☐ Claim modifier/place of service for telehealth services

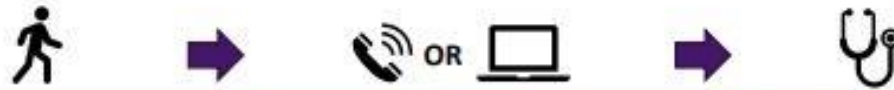


## Scenario 9 – (COVID-19 or Non-COVID-19 case): Telehealth / Telephone visit



Action	Patient evaluated via: E/M Telehealth, Telephone Visit	
Who is performing	Physician / QHP	
Applicable CPT Code(s)	E/M Telehealth <sup>1 2 3</sup>	Telephone Visit New and Established Patients
	<i>New Patient (CPT times)</i>	
	99202 (15-29 min) 99203 (30-44 min) 99204 (45-59 min) 99205 (60-74 min)	99441 (5-10 min)
	<i>Established Patient (CPT times)</i>	99442 (11-20 min)
	99212 (10-19 min) 99213 (20-29 min) 99214 (30-39 min) 99215 (40-54 min)	99443 (21-30 min)
ICD-10CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 codes: U07.1, Z11.59, Z03.818, Z20.828, Z11.52, Z20.822, Z86.16, M35.81, M35.89, J12.82	
Place of Service	11 Physician Office or other applicable site of the practitioner's normal office location	
Notes	<ol style="list-style-type: none"> <li>1 CMS requires use of modifier 95 for telehealth services; other payors may require its use</li> <li>2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.</li> <li>3 CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM)</li> </ol>	

**Scenario 8 – (COVID-19 or Non-COVID-19 case):** Patient receives virtual check-in OR on-line visits via patient portal/e-mail (not related to E/M visit) OR telephone call from qualified nonphysician (those who may not report E/M)



Action	Communication method	Patient evaluated	
Who is performing		Physician / QHP	Qualified nonphysician (may not report E/M)
Applicable CPT Code(s)	Virtual Check-Ins Telephone	G2010 Remote Image G2012 Virtual Check-In	98966 (5-10 min) 98967 (11-20 min) 98968 (21-30 min)
	Online Visits (eg EHR portal, secure email; allowed digital communication)	99421 (5-10 min) 99422 (11-20 min) 99423 (21 or more min)	98970/G2061 (5-10 min) 98971/G2062 (11-20 min) 98972/G2063 (21 or more min)
ICD-10CM codes		Non-COVID-19 patient: Code applicable diagnoses COVID-19 codes: U07.1, Z11.59, Z03.818, Z20.828, Z11.52, Z20.822, Z86.16, M35.81, M35.89, J12.82	
Place of Service		11 Physician Office or other applicable site of the practitioner's normal office location	

A virtual check-in pays professionals for brief (5-10 min) communications that mitigate the need for an in-person visit, whereas a visit furnished via Medicare telehealth is treated the same as an in-person visit

# Reimbursement/billing/coding

## ☐ What can be included in time calculation?

- ☐ Discussion(s) with other healthcare providers, for example:
  - ☐ Other Physicians
  - ☐ APPs
  - ☐ Pharmacists
  - ☐ Nurses, MA
  - ☐ Ancillary Staff (i.e. Speech, Dieticians, etc.)
- ☐ Discussion with family members with or without the patient present
- ☐ Researching conditions
- ☐ Chart review
- ☐ Reviewing images and results

# Reimbursement/billing/coding

## ☐ What are the rules to pick a LOS based on Time?

- ☐ The times listed are a range for each LOS selection and includes any time spent treating the patient but **only on the day of the encounter.**
- ☐ Non-face to face time on the day of the encounter can be included in the time calculation **if it is documented in the note.**
- ☐ The counseling and coordination of care statement is no longer needed.

## ☐ What is a good example of documenting time for a 99214 visit?

- ☐ I spent 28 minutes addressing patient's care today. This included a discussion regarding compliance, importance of close monitoring of his joint swelling and evaluation labs, allergies and medications.



# What do you need?

- Equipment
- Choose a Vendor
- Licensing
- Credentialing
- Documentation
- Reimbursement/billing/coding
- Medication prescription
- Infusion Medication

Rya  
(DE)

## ***Medicare Physician Supervision requirements:***

Direct physician supervision is no longer required for non-surgical extended duration therapeutic services provided in hospital outpatient departments and critical access hospitals. Instead, a physician can provide a general level of supervision for these services so that a physician is no longer required to be immediately available in the office suite.

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>



# Prepare yourself (and your team)

- Integration of video visits into clinic flow/schedule:
  - Video Visit Schedule Blocks
- At Scheduling: Talk to your schedulers
  - Ensure they know you offer virtual options
  - Share patient resources
- Pre-Visit: Talk to your support staff
  - Will they be proactively reaching out to your patients prior visit
    - Patient Technical Risk Score calculated in Epic
    - Proactive patient outreach (24-48 hr or 10-20 min)
    - Will they virtually rooming patients prior to video visits
- Access to video enabled devices (computer or iPhone):
  - In clinic exam rooms or workspaces

"Was, Great idea."


8		Video Visit Technical Risk Score	
		Mychart, Betty — Score calculated: 5/26/2021 15:48	
4		Not MyChart Active	
1		No eCheck-in Last 3 Months	
1		No Video Visit Last 3 Months	
1		Patient Age 65+	
0		Patient Needs Interpreter	
1		No MyChart Mobile App	



# Start of a Video Visit Checklist

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- Introduce yourself *(and care team)* and **have badge visible**
- Confirm clear audio & video
- Camera placement
  - Eye contact
  - Explain to patient what is going on/what you are doing
- **Confirm patient location**
  - Patient is in state you have medical licensure to render care
  - **Patient is not driving**
- Review next steps/back-up plan if disconnected
- Set agenda for video visit
- If documenting or looking away from the camera, make sure to communicate that to the patient



*“During the visit I was only able to see my doctor from the nose/eyes up. It was very zoomed in and I could not see her whole face.”*

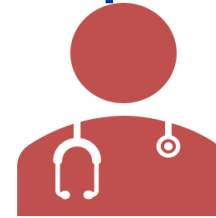
# In Case of an Emergency - New

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## Facilitate contact with a 911 operator at the patient location

- Provider must be able to identify the specific patient physical location, need to get at the beginning of a call
- In case of an emergency:
  - From a separate phone (mobile preferred), dial 911
    - Say "My name is \_\_\_\_\_ from \*\*\* hospital. The emergency is not at my location. I need to be transferred to the local Emergency Services for my patient who is located at [patient location/address]."
  - Stay on the line with the operator, and patient, until emergency services can be at the patient location
  - Complete an RL Form about event

# Typical 15 min RA follow up



## MA/Nurse:

Check the connection

Disease activity assessment: Rapid score, HAQ

Put in refill request

What is the 2 major concerns that you want to discuss today?

## Physician/provider

**5 min** history/subjective assessment

**3 min** objective assessment

- RAPID3, HAQ
- Virtual joint inspection
- Still photo capture

**5 min** discuss the assessment and plan

**2 min** re-cap and summarize

Telemedicine has resulted in...

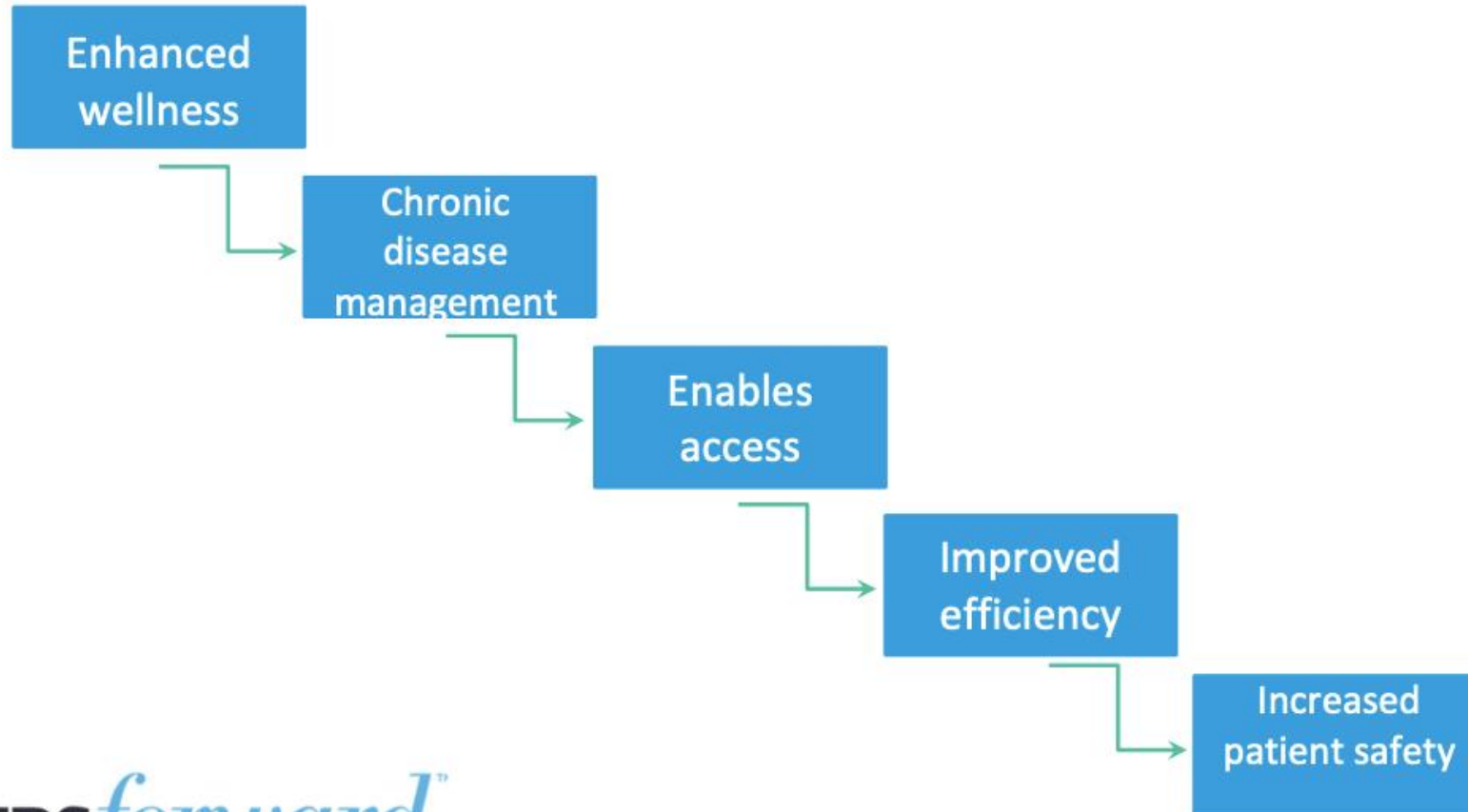


**Reduced** morbidity and mortality  
**Improved** patient outcomes  
**Lowered** overall cost of care





## Why should you embrace telemedicine?



**STEPS***forward*<sup>™</sup>  
POWERED BY THE . AMERICAN MEDICAL ASSOCIATION

**AMA**  
AMERICAN MEDICAL  
ASSOCIATION

*Henry Ford*  
HEALTH SYSTEM

# Challenges

- Constantly changing environment
- Provider & Care Team communication and compliance
- Regulations (i.e. waivers & state licensure) –
  - What will post-crisis look like?
  - Telemedicine license
- Reimbursement/Insurance Coverage
  - Monitoring payer telemedicine policies/modifiers
  - Managing inconsistency of payer requirements
  - Ensure benefit level insurance verification for telehealth

# Challenges

- Technology
  - Choose the right vendor/what features you are looking for?
    - Integrating with your EMR
    - Supporting group visit
    - Ease of use for the patient
    - Send a link to the patient
  - Admin and clinical support
  - Reliability & scalability
  - 24/7 support model (patient/consumer and provider)
  - Further expansion into wearable devices and remote patient monitoring

# Challenges

- Scheduling
  - Video visit
  - In person visit
  - Telephone visit
  - E-visit
  - Hospital consult
  - How to stay on time/on the schedule?
- How to communicate with your patient if you are running behind?
- What to do if you lose the connection in the middle of the visit?
- How about Hybrid visits?
- What if the patient has technology issue or does not speak English?
- How about supervising residents/fellows?



Centers for Medicare & Medicaid Services

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**Telehealth** <

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## List of Telehealth Services

List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth.

[List of Telehealth Services for Calendar Year 2022 \(ZIP\)](#) - Updated 01/05/2022

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# Post COVID Telemedicine

## Ensuring Telehealth Expansion Act

Introduced in House (01/15/2021).

## Telehealth Modernization Act

The bill extends certain flexibilities that were initially authorized during the public health emergency relating to COVID-19

1. rural health clinics and federally qualified health centers to serve as the distant site (i.e., the location of the health care practitioner)
2. the home of a beneficiary to serve as the originating site (i.e., the location of the beneficiary) for all services (rather than for only certain services)
3. all types of practitioners to furnish telehealth services, as determined by the Centers for Medicare & Medicaid Services.

# Summary

- Engage right Provider, Staff, and Administrator
- Telehealth will be the standard of medical care.
- Incorporate Virtual monitoring (e.g telephone, internet), disease measures (e.g. RAPID3), and imaging modalities (e.g. ultrasound, wireless/wearable devices) in your workflow
- Keep monitoring reimbursement, malpractice coverage, and logistics
- Communicate importance of telemedicine and future role in healthcare delivery
- Standardize the processes and use it consistently.
- If you do not have a digital/virtual strategy, you do not have a healthcare strategy

# Recourses

- American Medical Association
- American Telemedicine Association
- National Consortium of Telehealth Resource Centers
- American College of Physicians

