

Telehealth Implementation & Workflow Tips During the COVID-19 Emergency

The following information is based on regulations declared by the Secretary of the Department of Health and Human Services on 1/31/20 and will be effective until the COVID-19 Public Health Emergency ends

Why implement telehealth?

During the COVID-19 emergency, it is important for everyone to practice social distancing and stay at home. The Medicare population, especially those with comorbid conditions, are most at risk. Telehealth provides an opportunity for patients to stay home and receive healthcare for non-emergency medical conditions.

What services can be provided using telehealth?

Services normally provided in-person can be provided via telehealth **during the COVID-19 emergency**. This includes common office visits, mental health counseling and preventive health screenings. View the [full list of covered services](#).

How can I quickly implement telehealth in my practice?

During the COVID-19 emergency, you can use any mobile computing device or technology such as a smart phone, tablet or laptop that has audio and video capabilities for two-way real-time interactive communication. Examples include FaceTime, Skype, Google Hangouts video and Zoom.

HIPAA violation penalties will be waived when this technology is used as long as providers exercise good faith. You must ensure the technology is secure; therefore, applications on public platforms such as Facebook Live, Twitch and TikTok cannot be used. Telehealth technology platforms offered by IT and EHR vendors can also be used, but there may be fees involved.

What can I do if my Medicare patients don't have a computer or smart phone?

Many Medicare beneficiaries do not have a smart phone or computer or know how to use one effectively. If patients are unable to obtain assistance from a family member, neighbor or friend to use audio and video technology, then other methods of virtual healthcare can be used:

- **Virtual Check-in:** a patient can contact you by telephone, text, e-mail or the patient portal to discuss whether an office visit is necessary. You can remotely evaluate a recorded video and/or image if provided one. The medical issue discussed cannot be related to a visit within the previous 7 days or lead to a visit within the next 24 hours (or first available appointment). **During the COVID-19 emergency**, this service can be provided to both new and established Medicare patients.
- **E-Visit:** an established patient can contact you via the patient portal. The e-visit covers communication during a 7-day period.

How to Prepare for Telehealth:

- ✓ Check with your malpractice insurance carrier to ensure your policy covers telemedicine before you proceed.
- ✓ Form a small team with at least one clinical person and one non-clinical person to lead the decision making.
- ✓ Determine your budget and factor in fees for one-time purchases as well as ongoing maintenance, upgrades and refreshes. Discuss “must have” features and “nice to have” features.
- ✓ **Technology:**
 - **During the COVID-19 emergency**, CMS relaxed the requirement to use a HIPAA-compliant platform so technology such as a smart phone, tablet and computer are allowed. FaceTime, Skype and Zoom are examples and are free of charge (less than 40 minutes for ZOOM). Consider offering more than one option to accommodate your patients’ experience or comfort level with one application over another.
 - If you have an electronic health record (EHR), contact your vendor to see if they offer telehealth functionality.
 - If considering commercial telehealth technology, research and compare each platform’s capabilities and costs and analyze how each fits into your business plan. Consider asking peers or medical associations for recommendations. Inquire if the vendor will provide timely technical support when needed.
- ✓ **Miscellaneous equipment:**
 - Reliable high-speed Internet connectivity with 4G or 5G bandwidth
 - Web camera – check the computer(s) in your office to see if they include a web camera. If not, you will need to purchase some. They are in high demand right now, so order ASAP.
 - Microphone
 - Dual screens to accommodate EHR data entry (optional)
- ✓ **Environment issues:**
 - Determine the location where clinicians will provide telehealth services. You must ensure privacy (HIPAA), avoid background noise and have adequate lighting for clinical assessment.
 - **During the COVID-19 emergency**, a clinician can provide telehealth services from their home and bill the service as though it occurred from their office location.
- ✓ **Marketing campaign:**
 - Determine how you will notify patients that telehealth services are available.
 - Send a mass e-mail to active patients who are registered with your patient portal.
 - Call or send a postcard to non-patient portal users.
 - Advertise on your practice website and post on Facebook or other social media. Sample message:

Keep Your Appointment from the Safety of Your Home

Attention all <practice name> patients:

For your health and safety and to reduce the risk of being exposed to the coronavirus, we are offering virtual appointments. You can use a smart phone or computer that has a camera and a microphone for the virtual “telehealth” visit.

Please contact us now to learn more about this opportunity to receive healthcare without leaving your home.

<practice logo>

✓ **Coding and billing:**

- Review coding and billing regulations applicable **during the COVID-19 emergency** and be aware that they will probably change when the emergency is lifted.
- Determine how you will collect and process payments for telehealth visits since the patient will not be in the office. **Medicare co-payments are waived **during the COVID-19 emergency.***

✓ **Roll-out plan:**

- Decide if you want to offer scheduled visits, virtual “walk-in” hours or both.
- Create an office policy that includes:
 - Triage protocol
 - A list of medical conditions, complaints and visits that are amenable to telehealth
 - A process to identify patients with chronic conditions so that you can offer telehealth appointments to ensure there is not a lapse in their healthcare needs
 - Guidelines on appointment length (for example: initially schedule 20-30 minutes per telehealth visit to work out technology issues, then decrease time as everyone gains experience)
 - A process to refill prescriptions
 - A process for referrals
- Share the following communication tips with all involved staff:
 - Turn off other web applications and notifications during visits
 - Adjust webcam to eye level to ensure eye contact
 - Speak clearly and deliberately
 - Use non-verbal language to signal that you are listening
 - Pause to allow transmission delay
 - Narrate your actions if you need to turn away or look down to take notes, etc.
- **Perform several test visits to ensure everyone is comfortable with the new process and technology barriers are addressed (use staff and/or family members for testing)**

✓ **Back-up plan:**

- Create a plan when there are technical difficulties and you are unable to use audio and video during the scheduled time. One option is to have a telephone call, which is covered by Medicare **during the COVID-19 emergency.**
- If multiple clinicians are in the office providing telehealth services simultaneously, it may exceed your office’s Internet or Wi-Fi capabilities, which degrades the quality of the video. Consider having some clinicians provide telehealth from their home.



Workflow Step 1: Administrative Staff/Nurse

- ✓ If the patient has never used the specific audio/visual platform, consider a practice session with the patient prior to the appointment to avoid delays during the appointment time.
- ✓ On the day prior to the appointment, send the patient a reminder and provide the link to download the app or software, or other instructions, as applicable. Sample reminder message:

Telemedicine Appointment Reminder

Dear Patient,

You have a telehealth visit scheduled on <date> at <time> with <clinician name>. You can use any smart phone, iPad, laptop or computer that has a camera and microphone because your clinician will need to see and hear you during the visit. Your device must be connected to the Internet.

Click on the link in blue below and follow the instructions when it is time for your appointment. If you have connection issues, please call our office at <XXX-XXX-XXXX> and we will try to resolve the problem. If we are unable to do so, our clinician will speak to you on the telephone. The telephone appointment is also covered by Medicare during the COVID-19 emergency. <link to appointment, if applicable>

Thank you,
<clinician or practice name>

- ✓ At the time of the appointment, assist the patient in securing a connection, troubleshoot issues and check the patient in.
- ✓ Obtain verbal consent for telehealth services and document consent in the medical record. See example below.

Verbal Consent for Telemedicine Services

Date: _____ Patient Name: _____

Patient has verbally requested and consented to participating in a telemedicine visit. The patient understands there may be a copayment, deductible and cost sharing for this service, depending on their coverage. This consent is active for a period of one year from today.

Staff Name: _____

Staff Signature: _____

- ✓ Collect co-payment (if applicable). This is waived for Medicare patients **during the COVID-19 emergency**.
- ✓ Ask patient the reason for the visit and enter the chief complaint in EHR.
- ✓ Ask patient if they took their temperature, BP, pulse or weight prior to visit and if so, document.
- ✓ Review medications.
- ✓ Notify clinician that patient is ready to be seen.

Workflow Step 2: Clinician

- ✓ Administrative staff/nurse will tell you when the patient is ready. Review the patient’s complaint and medical record, then begin the clinical portion of the visit.
- ✓ Provide care as you would during an office visit. Based on the patient’s complaint, assess to see if they look ill, appear to be in pain, have labored breathing or have a physical issue they can show you, such as swollen feet, a contusion, a rash, etc. Determine if a face-to-face office visit is warranted based on observations. If not, continue with the elehealth visit.
- ✓ Complete documentation, including orders, updating the care plan and charges.
 - Include location of patient and clinician during the visit: *“Virtual visit completed by clinician located in office and patient located in their home.”*
 - Include wording to note technology used and limitations: *“History reviewed and examined patient with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system.”*
 - Include wording about follow-up: *“Discussed circumstances under which a face-to-face office visit would be appropriate versus a telehealth visit.”*
- ✓ Verbalize and clarify next steps, such as if a follow-up appointment is necessary and review care plan and prescription orders.
- ✓ Notify administrative staff/nurse when finished so they can check the patient out.

Workflow Step 3: Administrative Staff

- ✓ Schedule follow-up appointment if appropriate (office or telehealth).
- ✓ Check patient out.
- ✓ Send patient a visit summary.
- ✓ Consider sending a feedback survey so you can improve your telehealth process.

Resources:

- [CMS Telehealth Toolkit for General Healthcare Practitioners](#)
- [CMS Telehealth Toolkit for End Stage Renal Disease Providers](#)
- [CMS Flexibilities to Fight COVID 3.30.20](#)
- [CMS Medicare Telemedicine Health Care Provider Fact Sheet 3.17.20](#)
- [CMS COVID Waivers 4.21.20](#)
- [CMS COVID FAQs 4.17.20](#)
- [AMA Telehealth Playbook](#)
- [AMA Telemedicine Quick Set-up Guide](#)
- [AMA Telehealth Coding During COVID Emergency](#)
- [AMA Tips for Keeping Your Practice in Business During COVID Pandemic](#)
- [AAFP Telehealth Information](#)
- [Telemedicine: A Practical Guide for Incorporation Into Your Practice](#)
- [Mid-Atlantic Telehealth Resource Center](#)
- [HIPAA, Civil Rights, and COVID](#)
- [FCC COVID-19 Telehealth Program](#)

