

MWAETC Implementing Telemedicine Webinar Series

Session #1: Getting Started in Telemedicine

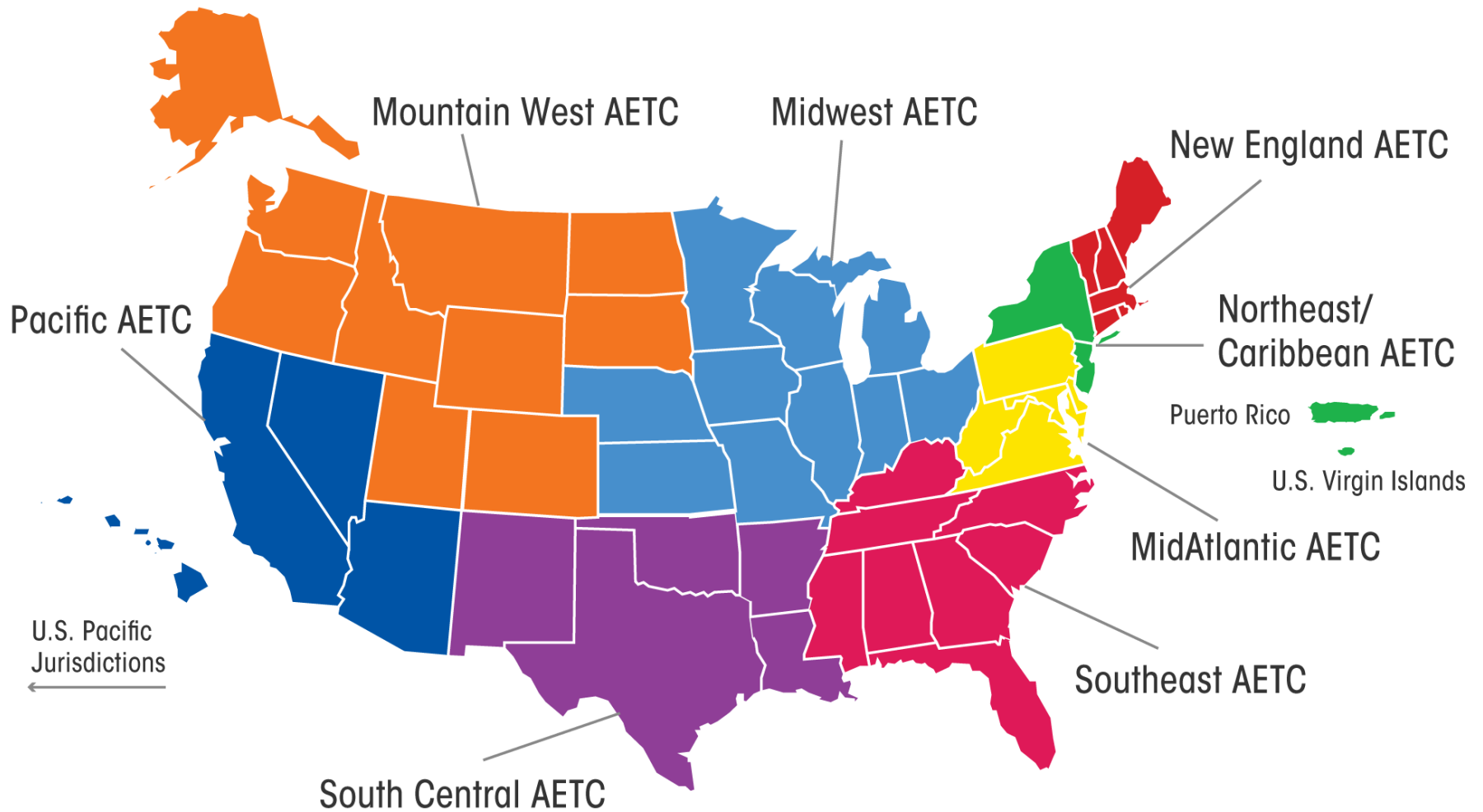
**John Scott, MD, MSc, FIDSA
Medical Director, Digital Health
UW Medicine**

Last Updated: Jun 2, 2020

Logistics

- This webinar is being recorded.
- All participant microphones are muted.
- Type in questions or comments through the chat box to **Everyone** or to **Laurie Sylla**. Laurie Sylla, our director, will be compiling the questions and sharing them with our presenter during the Q&A portion of the program. Please do not submit your questions directly to the presenter. He will be not be monitoring the chat box.
- After today's session you will receive an email with a link to an evaluation for today's session- we would appreciate you filling this out, and another link to a portal where you will be able to submit questions for an FAQ that we will post on our website, or request an individualized technical assistance session with our presenter and his team members.

AETC Regional Training Centers



mwaetc.org/

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SESSION #1: GETTING STARTED IN TELEMEDICINE

**John Scott, MD, MSc, FIDSA
Medical Director, Digital Health
UW Medicine**

Disclosures

In the last year, I have served as a consultant to Gilead Sciences and Premera.

Format for webinar and office hours

- Theme of the week
 - Workflows in Telemedicine
 - Payment Policy
 - Technology
 - Clinical Best Practices
 - Miscellaneous
- 15-20 min didactic
- Q&A for remaining time: Please type in questions into chat now!
- Posting of recording and Q&A to AETC website
- Request 15 min block on Tue or Thurs for technical assistance

Objectives

- Describe how to develop a strategy and checklist for starting a telemedicine program
- List the components of a successful telemedicine program

Poll Question #1

Before COVID19, my clinic or hospital where I work provided live, synchronous video visits

A. Agree

B. Disagree

Poll Question #2

Since COVID19, my clinic or hospital has started to provide live, synchronous video visits

A. Agree

B. Disagree

Pre-COVID Situation: Solid Foundation

- Growth in telemedicine has been steady and consistent (30% YoY growth at UW Medicine)
- Cheaper, easier to use and more reliable technology
- Improving reimbursement landscape
- Increasing consumer comfort level with technology
- Good fit for volume to value
- Many digital natives entering workforce

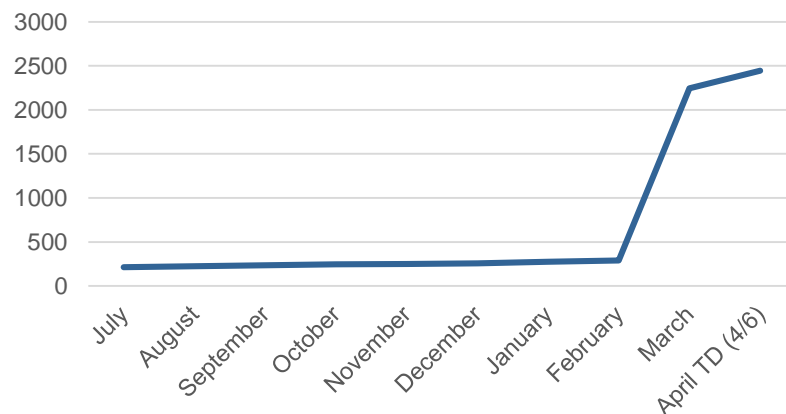
What changed with COVID19?

- Stay at home orders in every state
- Preservation of PPE, limited testing, and protection of HCW and resources
- Need for technology to help with triage of potential SARS-Cov2 infected patients as well as ongoing care of chronic diseases
- Many barriers removed to telemedicine (technology, reimbursement, licensing)

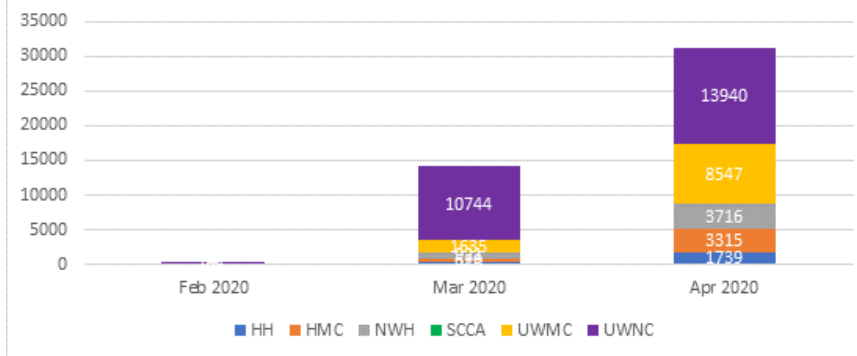
Logarithmic Growth in Telemedicine

- Almost all large health systems saw 10-100x increase in TH visits
- Increased #s of trained and equipped providers
- UWM: 100x
- PSJH: 30x
- Cleveland Clinic: 17x

Privileged Providers



Epic Monthly Telemedicine Visits*
Feb - April 2020



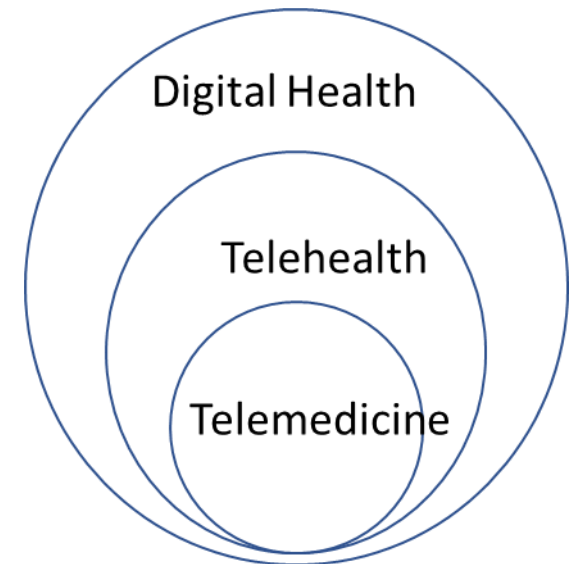
“The genie’s out of the bottle”

"I think the genie's out of the bottle on this one," Seema Verma, the CMS administrator, said. "I think it's fair to say that the advent of telehealth has been just completely accelerated, that it's taken this crisis to push us to a new frontier, but there's absolutely no going back."



But first, some definitions

- ✓ “**Telehealth** is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.”
- ✓ Often used interchangeably with **telemedicine**, but telemedicine is technically focused on clinical aspects of care.
- ✓ **Digital and connected health** is defined as the use of digital, mobile, wearable, or other innovative technologies that facilitate the tracking and monitoring of health status and behavior outside the clinical encounter, with the goal of fostering more patient-centered, technology-enabled, and insight-driven healthcare.



Different Methods of Telehealth



1. Live, face-to-face consultation



3. Remote monitoring



2. Store and forward (aka “asynchronous”)



4. Case-based teleconferencing

How is a virtual visit different from in person?

- Preparation: getting vital signs, forms signed
- Technology: more moving parts
- Documentation and billing: just slightly different
- Provider: may be at home or different location

Key Question:

What information do you need to make a diagnosis or formulate a care plan?

What is/not appropriate for telemedicine?

Good use cases:

- Follow-up of chronic conditions such as mental health concerns, HTN, DM, obesity and COPD
- Discussion of test results (labs, imaging)
- Counseling about diagnostic and therapeutic options
- New or established patients with skin conditions

Not so good use cases:

- Anything requiring a procedure
- Abdominal pain
- Eye complaints
- Gynecologic complaints
- Highly nuanced care or multiple complex problems
- Any situation in which the physical exam would change your recommendation or treatment plan

How to get started?

- What question or problem(s) are you trying to solve?
- Survey existing resources, technology, relationships, experience and personnel with expertise in telemedicine
- Recruit your team
 - IT
 - Billing/compliance
 - Legal
 - Marketing
 - Finance
 - Clinical and admin leadership
- Define success (SMART goals)



Please see the checklist of action items that we've developed ([link here?](#))

Looking ahead at work

- Select a vendor or technology platform
- Define policies, procedures and workflows
- Describe how to advertise to and educate patients
- Create training of staff
- Think about launch, scale and stabilization support
- Incorporate into QI/A activities



Defining success in telehealth

- Number of visits
- Patient satisfaction and experience
- Provider experience
- Clinical outcomes
- Financial outcomes
- Equity and inclusion

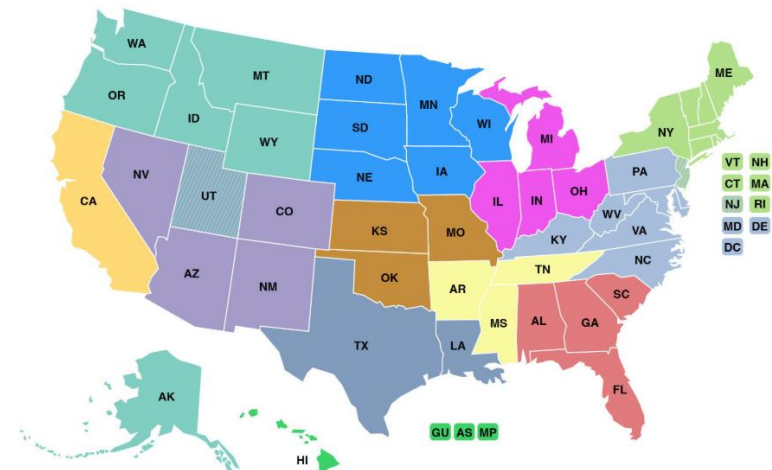


Resources

- American Medical Association. Telehealth Implementation Playbook. <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>
- <https://www.hrsa.gov/rural-health/telehealth/resource-centers>
- <https://www.nrtrc.org/>
- <https://www.fsmb.org/>
- <http://ctel.org/>

Telehealth Resource Centers (TRCs)

If you are a provider looking for technical assistance, please contact the regional TRC in your state. You can also visit the websites of the [national TRCs](#) for additional resources focused on technology assessment and telehealth policy.



Poll Question #3

My most urgent question pertains to:

- A. Billing/Coding
- B. Technology
- C. Workflows
- D. Finances
- E. Patient Needs/Issues
- F. Something else

Questions?

Reminder

- Evaluation
- Submit Additional Questions
- Request Individualized Technical Assistance

Session #2: Workflows in Telemedicine

Monday, June 15, 2020

9:30 AM (AKDT), 10:30 (PDT), 11:30 (MDT), 12:30 (CDT)

REGISTER HERE

https://mwaetc.org/event/?ER_ID=39110

Implementing Telemedicine Webinar Schedule

Session #3: Telemedicine and Payment Policy

Monday, June 29, 2020; 9:30 AM (AKDT), 10:30 (PDT), 11:30 (MDT), 12:30 (CDT)

Session #4: Telemedicine Technology

Monday, July 13, 2020; 9:30 AM (AKDT), 10:30 (PDT), 11:30 (MDT), 12:30 (CDT)

Session #5: Clinical Best Practices for Telemedicine

Monday, July 20, 2020; 9:30 AM (AKDT), 10:30 (PDT), 11:30 (MDT), 12:30 (CDT)

Session #6: Telemedicine Q&A

Monday, July 27, 2020; 9:30 AM (AKDT), 10:30 (PDT), 11:30 (MDT), 12:30 (CDT)

Acknowledgment

This Mountain West AIDS Education and Training Center (MWAETC) program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,059,557 and as part of another award totaling \$400,000 with 0% financed with non-governmental sources.

The contents in this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

THANK YOU!