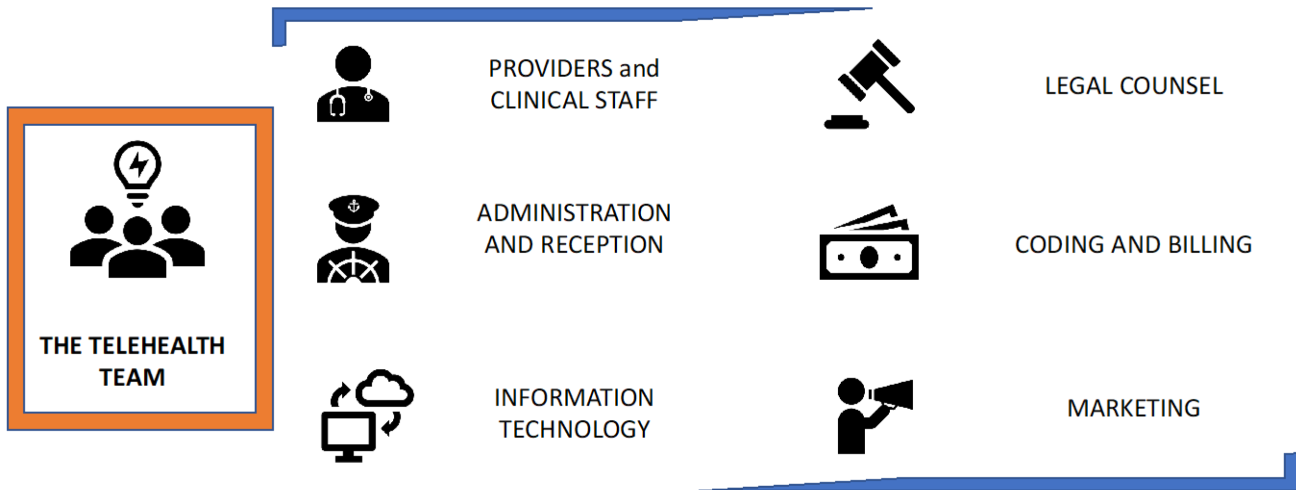
GETTING YOUR TELEHEALTH PROGRAM STARTED: OVERVIEW

General Structure from AMA TELEHEALTH IMPLEMENTATION PLAYBOOK (available online)

Identifying a NEED: This was easy during the pandemic. Outside of the pandemic, starting a telehealth program may by for different reasons. You may want to give patients an option to see you from their home for

certain appointments especially if they have difficulty with transportation. You may need to utilize providers away from your office setting. Your hospital may lose neurology coverage and require a Teleneurology or Telestroke program to keep patients at your local hospital.

Forming a Team: Choose key players from diverse backgrounds in your organization who are knowledgeable, positive, energetic and ready for a challenge.



Check your malpractice coverage: Make sure your telehealth visits are covered under your malpractice umbrella. If there is ambiguity, ask for specific clause regarding telehealth.

Making the Case: Political and Financial Buy-in
Clear the project with the administration and providers. Present the project to those who will be involved. Evaluate interest and support. Ask for opinions and ideas from those who will be using the system.

Decide on Your Audio Video Vendor: Best place to start is with your EHR vendor. Ask them if they have capability to do audio-visual visits through a portal. If not, ask if they have any special capabilities with third-party audio-visual vendors which could have potential to enhance your telehealth experience. The possibilities in the audio-visual vendor market are numerous and growing. The following is a list in no certain order of preference, is not comprehensive and is not meant to imply preference or bias. Each facility should do their own search and choose an appropriate vendor. Going with HIPAA compliant vendor from the start is suggested as HIPAA compliance is likely to be a requirement post COVID-19 emergency. Often, it is best to have both the option of using the EHR Portal for these visits and a third party audio-visual vendor as not all patients will be willing to use the portal.

- DoxyMe
- Doximity
- ZOOM for Healthcare

- Team Meetings
- Cisco WebEx
- WebMD
- FaceTime
- EHR Portal Access
- There are many more…

DO NOT USE FRONT FACING SOFTWARE such as TikTok, Facebook Live etc. as this is not compliant with Office of Inspector General (OIG).

HIPAA LAW:

- Telehealth provision or use does not alter a covered entity's obligations under HIPAA, nor does HIPAA contain any special section devoted to telehealth. Therefore, if a covered entity is utilizing telehealth that involves Personal Health Information (PHI), the entity must meet the same HIPAA requirements that it would if the service was provided in-person.
- Best to acquire an Audio-Visual platform with HIPAA compliance and use a BAA (Business Associate Agreement) such that that company is also bound by HIPAA compliance

Contracting: audio-video vendor, software, hardware. Define costs, negotiate contract with vendors. Evaluate and make a choice. Negotiate a Business Associate Agreement to protect HIPAA requirements.

- **Audio-Visual Telehealth Visits**: These can be achieved directly through the EHR if available or can be done through a third-party vendor as noted above. Most providers find it easier to navigate a telehealth visit with **access to video of the patient at the same time as access to the EHR chart.** Some systems allow for patient video feed at the top of screen with the EHR chart underneath. This is best as the provider is able to maintain eye contact most of the time. Other systems do not allow this. Discuss this issue with your EHR vendor. Your hardware needs are largely dependent on this issue.
- **Hardware**: The following scenarios are all possible:
  - 2 screens can be achieved with a second computer monitor attached to a desktop with camera and headset with microphone
  - 2 laptops: one for audio-visual platform and one for the EHR
  - 1 laptop with video feed of the patient at the top of screen and the EHR open to patient chart below. Beware: Often there are limitations of view and function in the EHR when choosing this method.
- **Camera and Sound:** The quality of the experience is often related to the quality of the sound and picture. It is worthwhile to invest in a good camera and headset for a desktop or invest in a laptop with a good camera and microphone. Test before you buy. Make sure the end users are comfortable with what you are choosing. A headset is imperative if there is any noise in the background in area where visit will occur (not ideal).
- **Digital timer:** Many providers find a digital kitchen timer helpful to quantify time spent on a telehealth visit.
- **Originating Site Equipment:** If your clinic plans on being an originating site (RHC and FQHCs), you may want to consider designation of and exam room to become a "Video Room" with extra audio-visual equipment such as a tele-otoscope and tele-stethoscope.
- **Patients will need hardware and software too:** Patient device such as smart phone, tablet or computer connected to Wi-Fi or cellular network will be necessary. If you are using your EHR portal, they will need access to your portal and instruction before the first telehealth visit. If you are using a third-party vendor for audio-visual platform, they will have to download the application from their "app store" in order to be able to connect. If patients do not have access to devices, you can "loan" out devices and mobile Wi-Fi units or ask your community library to provide a device with internet access and private room for these services. If you feel this is not possible and a face-to-face visit is not feasible, yet you

need video input for the visit, you could set up a video room in your clinic where patient can access audio-video and complete the visit. (Note: this example is not a telehealth visit as both patient and provider are at the same location. It is a regular office visit.)

- **Audio only visit:** Nothing much is required. Both parties need a mobile phone or a land line. There are no OIG requirements here.

  IN SUMMARY:

  FOR PROVIDERS:

  - Desktop/camera/microphone, consider dual monitor
  - Laptop with quality camera/microphone, consider second laptop or desktop for viewing EHR
  - Consider headphones with microphone for better sound quality and decreased background noise
  - Digital kitchen timer
  - Good background and lighting above and in front of face, not behind.
  - Door which locks or sign on door "In Session" to ensure someone does not enter room and show up on the patient's screen.

  FOR PATIENTS

  - iPads, tablet
  - Laptop
  - Desktop, camera, microphone
  - Smartphone
  - Telephone if using audio only
  - Access to internet via Wi-Fi or cellular

Evaluate Your Internet and Cellular Network: High speed internet with at least 3 mbps up and 3 mbps down is minimum necessary for a decent conversation. More is definitely better in this department. Consider upgrade in speed if possible. Remember it is not just your internet or broadband access that is important, but the patient's as well. This will play a huge role in the success of your telehealth program. NOTE: DSL dial up is unlikely to be sufficient. You can **evaluate internet and cellular plans/speed availability in your area by accessing website**: www.broadbandnow.com

Assess Your Office Space: Providers and clinical staff will need **convenient, quiet, private, well-lit areas** to digitally connect with patients. Best lighting is overhead with soft desk lighting directed upward on the face of the provider. There should be a lock on the door and an appropriate background free of clutter and distractions. Prevent family and pets from casually entering the room. It is preferrable to exclude windows in the background. If an appropriate background is not available, artificial backgrounds are available on most vendor websites.

DESIGNING THE WORKFLOW: This is a very important step. Start with the workflow suggested below. Spend time to make changes to fit your unique office situation as these details and make or break your telehealth program. Providers will become easily frustrated if this is not carefully organized beforehand. Use a staff member as a test patient in the EHR and run through the whole process. Test, tweak, test again. When you feel you have it running smoothly, pick a few of your tech savvy patients and do a test run with them, asking for feedback after the experience.

Example: TELEHEALTH VIDEO-AUDIO PLATFORM SET-UP

AV Platform	SET UP BAA WITH AUDIO VISUAL VENDOR HIPAA Compliant
SET UP	SET UP AUDIO VISUAL ACCOUNT FOR EACH PROVIDER
SHARE	SHARE the User-Name (usually a designated email account) and Password with the Receptionists and Nursing staff so they can book Audio-Visual sessions.
SEND	SEND EMAIL TO THE PATIENT ON BEHALF OF THE PROVIDER inviting patient to the Audio-Visual SESSION and include LINK.

Start with the following:

1. **Patient Selection**: What patient problems/complaints are suitable for telehealth? Which ones are not appropriate? (see section "Information for Clerical Staff" for more guidance on this topic.
2. How will your staff and providers be able to **identify a telehealth apt** vs a face-to -face appointment in the schedule? Different color, wording? How will the provider know if this is an audio only visit vs an audio-visual visit? Which phone number does the patient want to use? Is the visit on the portal or is it on the audio-visual platform?
3. **Scheduling**: Will you allow telehealth to be mixed in with other appointments during the day or will you set aside certain time slots for telehealth appointments?
4. Is the **check-in and check-out process** different for telehealth vs other visits? Who will collect the co-pays and deductibles?
5. Who will contact the patient to **initiate the visit**? Should this be the medical assistant or the LPN? NOTE: best to limit the number of phone calls to a patient on the day of the telehealth visit. Limit the number of staff member interactions with the patient if possible. Patients find endless phone calls before the telehealth visit to be a burden. Does the LPN obtain consent, enter the patients home vitals, chief complaint, medication reconciliation and brief review of systems? Is this portion of the process done with audio only or will the nurse use audio-visual capability as well? **NOTE: For CMS Quality Payment Program, patient's home vitals cannot be used for meaningful use unless they are ELECTRONICALLY UPLOADED directly from the patient's device to your EHR. This information cannot be manually recorded for this purpose. You can add the BP and the weight reported by the patient, but these values cannot be used to satisfy meaningful use requirements.**
6. How will the **hand off** from nurse to provider occur? How does the nurse let the provider know the patient is online and is ready to be seen? Who sets up the visit in the audio-visual platform? Does your EHR have capability to show this transfer without verbal notification?
7. Who is responsible for getting a **patient set up** with the portal or the appropriate app prior to the first telehealth visit? Is this done by the nurse on the first visit?
8. **Meaningful Use/Promoting Interoperability**: This is still required for each CMS telehealth visit if the coding applied requires it. During the PHE, the audio-visual visits are seen as the same as face-to-face

visits and therefore meaningful use criteria apply. Remind your staff to collect your quality measure information, for example: the Flu status, smoking status, fall risk, depression screening, BP (if electronically capable) etc.

9. **Discuss with provider**: Do they plan to document the visit in real time while on video/phone with the patient or do they plan to perform the visit and document afterwards? Reminder: **All CMS AUDIO ONLY telehealth visits are based on TIME SPENT. There must be a time recorded on each of the audio only visits for coding.** For audio-visual visits, the provider has the option to code according to medical decision making. It may be advantageous to record time in audio-visual appointments as well to give the coder the chance for maximal reimbursement for work done. How will the hand off back to LPN, medical assistant or receptionist occur when the telehealth visit is completed by the provider?
10. **EHR Documentation**: Documentation must be distinctly different from regular office visits. It may be best to develop a "Telehealth Template" for your EHR set to require certain elements. There must be documentation of the following:
    a. Labelling as a "telehealth visit"
    b. Verbal or written consent from patient for visit
    c. Location of the patient, including state
    d. Location of the provider, including state
    e. Licensure of the provider in the state where patient is physically present
    f. Time Spent during the visit

    NOTE: It may be helpful to set certain EHR template elements as "required" such that the note cannot be "signed" until certain required elements are completed. This would include coding if required by your organization.

Prepare the Care Team: Once your team has details of these 10 elements of workflow achieved, it is time to TEST, TWEAK and TEST again until things are running smoothly.

Partnering with your Patients: With patient needs in mind, consider a marketing program (Flyers with billing, videos, Facebook announcements, on hold announcements, mailing cards, TV/Radio announcements) to inform your patients of your telehealth project. Inform them of their options and responsibilities. Consider adding a few tech savvy patients to your Telehealth Team in order to receive feedback and suggestions. Start by asking a few select patients to do trial telehealth visits.

Implementing: GO SLOW and BUILD!!! Start with one provider or pod. Learn from the issues you find. When things are working better, roll out to other providers and locations.

Evaluating for Success: Look at the goals you set at the beginning. Did you achieve them? What are the barriers? How can barriers be overcome? Were the goals unrealistic? Consider developing a Patient Telehealth Survey to evaluate some of your questions. Do you need to or want to set new goals?

Scaling: What is next in your project? Do you want to tackle Transitional Care Visits via telehealth and help prevent hospital readmission? How about identifying your most non-compliant diabetic patients and arranging for Medical Nutritional Therapy via telehealth? Consider having providers use telehealth visits to handle problems identified through on call service on the weekends and nights to help prevent patient visits to the ER and Urgent Care. Perhaps these problems could be handled via telehealth on nights and weekends instead to improve access to care?