Welcome to the Telehealth ECHO Practice Management (and Forms)

Funding

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• For educational and quality improvement purposes, we will be recording this video-session

• By participating in this clinic you are consenting to be recorded – we appreciate and value your participation

• If you have questions or concerns, please use the chat or email shanna.peters@kansasaap.org

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Housekeeping

• This session will be recorded for educational and quality improvement purposes.
• Please do not provide any protected health information (PHI) during any ECHO session.
• IT Trouble? Chat with Amy Trollinger or email amy.trollinger@kansasaap.org

Please turn on your video!
Please enter your name and organization in the chat box.

Introduce Yourself

Please mute your microphone when not speaking.

Microphones

5 min: Introduction
25 min: Lecture
5 min: QI Review
20 min: Case/Discussion
5 min: Close

Agenda
Today’s ECHO Faculty

• Stephanie Kuhlmann, DO, FAAP
• Kristen Stuppy, MD, FAAP
• Kathy Farrell, MD, FAAP

Telehealth ECHO Practice Management (and Forms)

Stephanie Kuhlmann, DO, FAAP
Disclosures

• I have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity

• I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

Objectives

• Highlight additional practice tips
• Provide template examples and resources for forms
• Discuss what happens beyond the pandemic
Stay aware

- The field of telehealth is exponentially growing
- Laws rapidly changing
- Ensure your practice is staying up to date
- Consult with legal counsel
- Consult with malpractice coverage
- Have a strong administrative leader who is well versed and trained in telehealth methods and compliance

Keep it simple

- Make sure your methods and processes are streamlined
- Use administration tools (scheduling, documenting, billing, etc.) that are easy to use
- Keep the end user in mind
- Develop a proper documentation protocol
Ensure success

• Successful implementation is a team effort
  • Clarify roles and expectations
  • Open communication and feedback
• Visualize the workflow from all stakeholder’s perspectives
  • Ensure alignment
• All staff should be trained and aware
  • Start with those that are most enthusiastic
  • Identify a “super user” for on-going training and assistance

Monitor and improve

• Have routine meetings for feedback
  • Evaluate strengths and weaknesses routinely
  • Centralize feedback
• Establish a baseline and set success metrics
  • Track outcomes
• Utilize Quality Improvement methodology
  • Make adjustments or implement new ideas in a structured and organized manner
Sample Documents (aap.org)

Template ‘Swimlane’ Workflows

Telehealth Visit Protocol
This document provides best practices for telehealth sessions. However, specific practices may vary based on the unique needs of each organization. It is recommended that any telehealth protocol be reviewed by legal and regulatory counsel.

Steps:
1. Identify the patient and record the telehealth appointment.
2. Screen the patient for symptoms consistent with COVID-19.
3. Review the patient’s medical history and current medications.
4. Evaluate the patient’s vital signs and other pertinent findings.
5. Document any new diagnoses or changes in the patient’s health status.

Disclaimer: This document is provided as a reference for practices developing their own protocols and may be subject to local laws. This document is an advisory tool and should not be used as legal or regulatory advice.

Sample Documents (aap.org)

Telehealth Patient Recruitment Sample Letter

The announcement of a new telehealth service to your practice may be shared broadly through your practice website or on an individual basis with a family that you believe might benefit from telehealth visit. This can be a helpful tool to raise awareness of your practice and to enhance the patient experience.

Name of Practice

Dear Patient and Family,

We are writing to inform you of an upcoming telehealth event that will be taking place. As a part of this event, we are offering a free telehealth consultation for patients.

The telehealth event will be held on [date] from [time] to [time]. During the event, we will be offering free telehealth consultations to patients who are interested in learning more about telehealth services. The event is open to all members of the public, and we encourage you to take advantage of this opportunity.

One of our staff members will be on hand to answer any questions you may have about the event or the telehealth services we offer. If you have any questions or concerns, please don’t hesitate to contact us.

Sincerely,

[Your Name]

Sample Documents (aap.org)
Sample Documents (aap.org)

TELEHEALTH ACKNOWLEDGEMENT FORM

1. I understand that my health care provider: __________________________ has recommended to me that I engage in a telehealth appointment with __________________________________________________________ provider.

2. My health care provider has explained to me how the telehealth technology will be used to connect me with a provider. Telehealth appointments may be conducted by videoconferencing, video images, still (high-quality) photo images, or by telephone conference. I understand that the appointment will not be the same as a direct patient/provider interaction. The provider will advise me in the same room as my health care provider. I understand that the health care provider may use devices such as a stethoscope or otoscope or other peripheral devices to assist in the examination.

3. I understand there are potential risks to the technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the telehealth appointment if it is found that videoconference connections are not adequate for the situation. I understand that I can discontinue the telehealth appointment at any time.

4. I understand that my health care information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the appointment other than my healthcare provider and specialty health care provider in order to operate the equipment. The above mentioned people will all maintain confidentiality of the information shared. I further understand that I will be informed of their presence during the consultation and that they will have the right to request the following (1) and specific details of my medical history/physical examination that are personally sensitive to me, (2) all non-medical personnel to leave the telehealth examination room, and (3) to terminate the telehealth appointment at any time.

5. I have also been advised that I may discontinue the telehealth appointment at any time.

6. In an emergency situation, I understand that the responsibility of the telehealth specialist or provider may be to direct me to emergency medical services, such as emergency room. If the telehealth provider may choose to advise and assist in my local provider. The telehealth specialist or provider’s responsibility will end upon the termination of the telehealth connection.

7. I understand that billing for the telehealth consultation may occur from 1) the primary care provider and/or telehealth provider, or both as a facility from the site from which I am presented. Billing is at the discretion of the provider. Billing procedures will be explained to me.

8. I have read this document carefully, and understand the risks and benefits of the telehealth appointment and have had my questions regarding the procedure explained and I hereby consent to participate in a telehealth appointment visit under the terms described herein.

Patient/Guardian signature [__________]
Date and Time [______/______/______]

Disclaimer: This sample document is provided only as a reference for practices developing their own materials and may be adapted to local needs. This document may or may not represent official AAP policy or guidelines and the AAP is not responsible for its use. You should consult an attorney who is knowledgeable about the laws of the jurisdiction in which you practice before creating or using any legal documents.

Transitioning from the pandemic

- Will it stay or not?
  - Expansion of the originating site
  - Expansion of providers
  - Expansion of services
  - Expanded use of technology

- What needs more answers?
  - Licensure/credentialing
  - HIPPA/privacy
  - Broadband/connectivity
  - Reimbursement from health plans
What have we learned?

“The unprecedented increase in telehealth use during the current crisis is both a challenge and an opportunity to assess its impact on access to care, the quality of care, and the financial impact on the health care system.”

Where do we go?

“Enacting coverage parity, providing fair payment; requiring insurers to allow all contracted physicians to receive reimbursement for remote visits, expanding acceptable modalities increasing digital literacy, and addressing geographical and originating site barriers are among the areas that need to be addressed.”
References and Additional Resources

• TELEHEALTH (healthit.gov)
• MATRC Telehealth Resources for COVID-19 Toolkit – MATRC
• https://youtu.be/J_Fr-eMtv20
• Heartland Telehealth Resource Center | Telehealth Solutions (heartlandtrc.org)
• Telehealth_2_rev.pdf (aap.org)
• Sample-Tel...-Procedures.pdf (matrc.org)
• AMA® Telehealth Implementation Playbook | AMA (ama-assn.org)
• Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic — United States, January–March 2020 | MMWR (cdc.gov)
Case Presentation

Questions and Discussion

- Patient with potential ADHD who need a workup
  - How do I get the Conners or Vanderbilt forms filled out by parent and teacher for their evaluation?
- 18-month-old Well Child Check and/or potential developmental delay
  - How do I get the ASQ and MCHAT to the parent’s parent prior to evaluation?
- Newborn Well Child Check
  - How do I do the maternal depression screening (Edinburg PPD scale)?
- Teenager with a potential mood disorder
  - How do I get the PHQ-9a (or any other testing) to them?
- 5 year old with Autistic like behaviors
  - How do I administer the CAST or other screening?