Telemedicine for Physical and Mental Health: Lessons Learned from the Pandemic

By: Roberta Meyers, MD, MPH, Hennepin Healthcare;
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FREE WEBINAR
June 11, 2020
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Minnesota Gerontological Society Webinar
June 11, 2020
Roberta Meyers MD, MPH
Objectives

Appreciate lessons learned in providing routine primary care to patients in nursing facilities using telehealth

Anticipate the potential role of telehealth for this population at the conclusion of the COVID-19 pandemic

Definitions

Telehealth: remote delivery of a healthcare service
  • Remote monitoring, e.g., ambulatory blood pressure monitoring
  • Telemedicine
    Asynchronous: e.g. e-visit, e-consult
    Synchronous: “video visit”

Telemedicine in SNFs Pre-COVID

- Limited Reimbursement
- Originating site requirement: “designated rural area”
- Patient location:
  - Clinic, hospital or skilled nursing facility
- Established patient
- Once monthly for skilled nursing facility visits

Pre-COVID: Innovations in Skilled Nursing Facilities

- After hours acute visits
- Outside the usual reimbursement model
- Why?
  - Decrease emergency department visits
  - Avoid re-hospitalization penalties
  - Reduce cost in non-traditional funding models
  - Maintain preferred referral networks

Pre-COVID: What was learned?

- ED visit reduction: 8.8% to 37%
- Decreased hospitalization
- Ontario Canada: improved access to subspecialties for remote areas


Pre-COVID: VA GRECC*-Connect Program

Access to geriatric care for Veterans in 15 sites in rural areas
- Improved provider to provider consultation (primary care to specialist)
- Required patient to be at a community based outpatient clinic to connect to consultant at a tertiary care VA

*Geriatrics Research Education and Clinical Center
MARCH 2020: COVID PANDEMIC MASSIVE, (TEMPORARY) REGULATORY CHANGES


Challenges in the Rapid Ramp-Up to SNF Video Visits

• Making the video connection
  • “Secure” connection requirement
  • Healthcare organizations could require higher standards

Challenges in the Rapid Ramp-Up

• Provider cannot be physically present at the SNF
• Patient/surrogate consent
• Patient privacy
• Billing codes (professional): same as in-person visits
• Facility Billing: Medicare allows “facility” fee billing for their part of the cost of the visit

Bardakh A, Cerelius C, Handler S, Zorowitz RA. (2020, April 22) Telehealth Services for Post-Acute Care and Long-Term Care Medicine during the Covid-19 Pandemic. Webinar, AMDA-The Society of Post-Acute and Long-Term Care Medicine. MDH. (2020 April 29) Issue Brief: Recent temporary changes in coverage/reimburse for telemedicine for Medicare, MHCP, and insurers subject to MN 62.671

Challenges: Workflow

• Access to facility web-based electronic record crucial
• Lab review
• Orders
  • Provider computer order entry
  • Telephone orders
  • Faxed orders
  • “Dropping off at the door”
Challenges in the Rapid Ramp-up

• Need for a “telepresenter”
• Technical issues
  • Hardware
  • Internet connectivity
  • Making the connection to the provider

Is Telemedicine an Effective Way to Provide Care?

• Pre-Covid after hours acute care in SNFS, MD survey
  • 92.5%: telemedicine better than telephone triage
  • 26.9%: equal to in-person visit (73% did not)
  • 84%: useful for making a diagnosis

• GRECC-Connect Video Visits (score on 1-5 scale)
  • Patient satisfaction: 4.3

Patients Tell Us What is Meaningful

![Diagram](Hennepin Healthcare System Patient Experience Office, April 2020)

Lessons Learned from Telemedicine in the Pandemic

- Maintains access to care when a pandemic limits in-person skilled nursing facility visits **due to safety**
- Requires
  - Learning new rules and new technical skills
  - SNF resources: telepresenter, technology
- Creates a health care disparity for patients who lack of access to a health care organization’s patient portal
Lessons Learned

- Satisfies requirements
  - Face-to-face visit for post-discharge services and “regulatory” visits
- Facilitates chronic care management
- Does not replace in-person visits
  - Changes in condition
  - New problems
  - Significant change in medical plan of care

And when the Public Health Emergency ends?

- HIPAA guidelines?
- Reimbursement?
- Origination location?
- Patient-centered best practices?
The Future…

• Access
  • Specialty consultations/mental health visits
  • Difficult to schedule specialty visits
  • Transportation barriers
• Efficiency
  • Quick follow-ups?
  • Required face-to-face orders at discharge
  • Changes in patient condition (video better than phone triage)

Thank you!

*Here comes the really hard part!*

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Q & A

Roberta Meyers, MD, MPH, Hennepin Healthcare

Teletherapy:

John E. Brose, PhD, LP, LADC, LMFT, Founder, CEO, Associated Clinic of Psychology

Psychologists and Psychiatrists at Associated Clinic of Psychology have become creative problem solvers in their use of telehealth to continue delivering care to this vulnerable population at this unprecedented time.
Q & A

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Questions or Comments:
contact info@mngero.org

Next Webinar: July 15, Noon - 1:00 pm
Electronic Monitoring and the Status of Congregate Living
Cheryl Hennen - State Long-Term Care Ombudsman