



MINNESOTA GERONTOLOGICAL SOCIETY

FREE WEBINAR
June 11, 2020
12:00 - 1:15 pm

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

By: Roberta Meyers, MD, MPH, Hennepin Healthcare;

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

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

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

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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”**

Pandita, D. (2020, March 24) Telemedicine Town Hall, Hennepin Healthcare Systems, Minneapolis, MN

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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

Centers for Medicare & Medicaid Services. (2020, March 30) Physicians and Other Clinicians: CMS Flexibilities to Fight Covid-19. <https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>



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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

Gillespie SM, Moser,A., Gokula M, et.al. Standards for the use of telemedicine for evaluation and management of resident change of condition the nursing home. J Am Med Dir Assoc 2019;20:115-122.



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Pre-COVID: What was learned?

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

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- Gillespie SM, Moser AL, Gokula M, et.al. Standards for the use of telemedicine for evaluation and management of resident change of condition in the nursing home. J Am Med Dir Assoc 2019;20: 115-122
 - Gillespie SM, Wasserman EB, Wood NE, et. al. High-intensity telemedicine reduces emergency department use by older adults with dementia in senior living communities. J Am Med Dir Assoc 2019; 20: 942-946

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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
GRECC Connect Overview. Gerischolars. Retrieved May 24,2020, from <https://www.gerischolars.org/mod/page/view.php?id=1111>

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MARCH 2020: COVID PANDEMIC MASSIVE, (TEMPORARY) REGULATORY CHANGES



The Trump Administration issued an unprecedented array of temporary regulatory waivers and new rules to equip the American healthcare system with maximum flexibility to respond to the 2019 Novel Coronavirus (COVID-19) pandemic. This unprecedented temporary relaxation in regulation will help the healthcare system deal with any patient surges by giving it tools and support to create non-traditional care sites and staff them quickly.

Telehealth
People with Medicare can now get telehealth services from their home, increasing their access to care.

Care by Phone
Patients can consult with a doctor, nurse practitioner, psychologist, and others and Medicare will cover it.

Rapidly Expand Health Care Workforce
A physician who has to self-quarantine can be recruited to provide care virtually, or oversee care delivered by other clinicians through interactive video/ audio conferencing. And Medicare will pay for providers who are licensed in one state to provide care in a different state if they are needed. Health systems can provide care options that use population management strategies like triaging based on COVID status as well as clinical status, employing doctors, nurses and other staff to better manage high patient volumes. Clinicians who are not fully employed during the emergency can be repurposed to provide care in other areas.

Testing Patients Where They Are
If a person has a physician order for a lab test for COVID-19, they can go to a drive-up testing center. Or, a laboratory may be able to send someone to their home to collect a test sample.

Making the Most Use of Community Health Care Resources
Hospitals can transfer patients to different types of units and facilities to keep patients safe and free up beds.

COVID-only Care Centers
During the Public Health Emergency, hospitals and dialysis centers can set up COVID-only centers to help reduce transmission to others.

Expanding Hospital Capacity
Community resources like hotels, convention centers and surgery centers can be converted for hospital care.

Patients Over Paperwork
Administrative burdens have been reduced dramatically and permit frontline providers to triage patients and coordinate care despite high volume and extraordinary system stresses. By extending quality reporting deadlines and suspending medical necessity documentation, we are giving time back to doctors so they can focus on their patients. For example, provider documentation requirements for prior authorization are temporarily suspended. Additionally, we made regulatory changes to provide temporary relief from many audit and quality reporting requirements so that providers, healthcare facilities, Medicare Advantage health plans, Part D prescription drug plans, and states can focus on providing needed care to Medicare and Medicaid beneficiaries affected by COVID-19.

PATIENTS OVER PAPERWORK

Graphic Overview of Flexibilities. (2020 March 30) CMS, Retrieved June 6, 2020 from <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>

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Challenges in the Rapid Ramp-Up to SNF Video Visits

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

Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency. HHS. Retrieved May 25,2020, from <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

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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



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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”



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Challenges in the Rapid Ramp-up

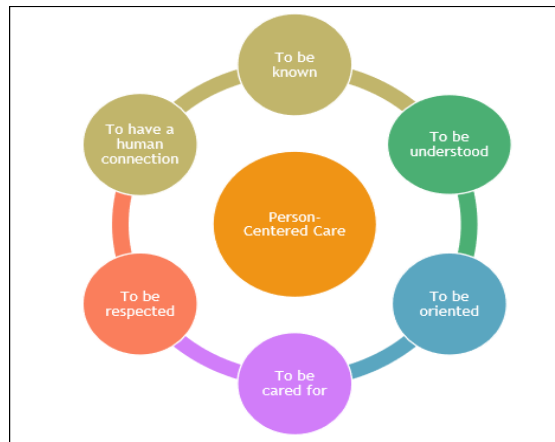
- Need for a “telepresenter”
- Technical issues
 - Hardware
 - Internet connectivity
 - Making the connection to the provider

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

- Christian N, King-Mallory R, Blackwelder R. Evaluating the effects on hospital encounters after implementing after-hours telemedicine visits in a senior living facility. J Am Med Dir Assoc 2020; 21 B20, abstract presented AMDA-PALTC Society Conference, Atlanta, GA, March 7-10.
- GRECC Connect Overview. Gerischolars. Retrieved May 24,2020, from <https://www.gerischolars.org/mod/page/view.php?id=1111>

Patients Tell Us What is Meaningful



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

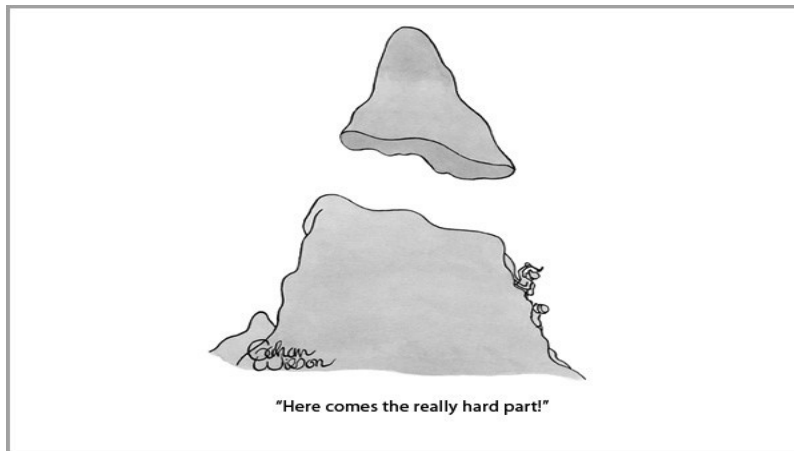
And when the Public Health Emergency ends?

- 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!





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Q & A

Roberta Meyers, MD, MPH, Hennepin Healthcare

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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.

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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

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