

CCI
CENTER FOR CARE
INNOVATIONS

Welcome!

- You are NOT muted upon entry.
- To mute/unmute yourself to ask a question or comment:
 - Via computer: Click the microphone icon in your Zoom menu
 - On the phone: Press *6
- You may also chat in questions via the chat box in Zoom.
- Please Note: This call will be **recorded**.



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California
Health Care
Foundation



CALIFORNIA
TELEHEALTH
RESOURCE
CENTER

Sustainable Models of Telehealth in the Safety Net
Clinic Check In Call
April 14, 2020

Agenda

- Care Delivery During COVID-19 - Clinic Summary (5 min)
- Round Robin Clinic Updates (45 min)
- Reminders & Closing (10 min)

Appendix – Key resources and info re: COVID-19 & Telehealth



Care Delivery Models During COVID-19

Clinic	Primary Care	Specialty Care	Platform	Provider Location
Ampla Health	Visits are being done in person, over the phone, live video and on a mobile units	Specialist doing directly to patient's home with staff support using virtual waiting room.	Zoom	Clinics and a mobile unit
Borrego Health	Visits are being done in person, over the phone and live video	Most specialty appointments are over the phone or live video direct to the patients home. Had to cancel appointments that require physical exam or labs	Microsoft Teams	Clinic and home
Chapa De Indian Health	Combination of in person, phone and video visits	Direct to the patient's home. Some patients being seen at the clinic.	Zoom and phone	Clinic and home
CDSP	Combination of phone and in person visits	Patients come into the clinic for specialty care visits	OTTO coming soon	Clinic
El Dorado	In person, video and phone	Telemed2u direct to the patient's home with support staff in the clinics.	Zoom for Telemed2u, Doxy.me for primary care	Clinic
Neighborhood	Combination of phone, video, and in person visits. Only have 4 of 14 sites open providing care	Temporarily stopped providing several specialty care services including retinal exams. Psych provided direct to patients home w/ phone or live video	Doxy.me	Home and clinics, rotating weekly
Open Door	Video and phone; limited in person (urgent only after COVID screening)	Direct to patients home with support staff working in the clinics	Doxy.me and MyChart	At home or in clinic
Shasta	In person and phone	Directly to patient home with support staff at the clinic	Zoom for specialty visit	Staff and providers working in the clinic
West County	All the staff and providers work from home	Telemed2u direct to the patient's home, but very few because appointments usually require labs or tests	Zoom	Home only

Round Robin, Checking In...

Each clinic has 3 minutes.

Please share about what is top of mind for your organization currently. Some starter ideas:

- What are some of the major changes at your clinic since the start of the pandemic?
- What's working well?
- What are you struggling with right now?
- What questions do you have for each other?



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BORREGO HEALTH TELEHEALTH TRACKING/REPORTING



Borrego Health Tableau Reports

APPOINTMENT DASHBOARD















- Patient Count of Scheduled Appointments
- Trend Analysis over time
- Appointments scheduled by Reason Code:
 - Telehealth (in-clinic)
 - Remote Telehealth (Patient not in-clinic)
 - Telephone
- Sort available by Provider, Location, Date range, Reason code
- Status:
 - Occurred
 - Rescheduled
 - No Show
 - Canceled

PRODUCTIVITY REPORT

- Claims submitted tracked by Reason Code
- Sort by: Telehealth/Telephone
 - Location
 - Date Range
 - Provider Specialty
 - Patient Detail



Borrego Health Appropriate Visits

Telehealth Appropriate Visits			
 Appointment Reason Codes	 Telehealth - Patient at Home	 Telehealth - Patient in Clinic	 Telephone Only
	RTELCO (Remote Telehealth Complex)	TELHEA (Telehealth Complex)	TELPHO (Telephone Visit)
	RTELBA (Remote Telehealth Basic)	TELBAS (Telehealth Basic)	
Provider: 5 Important Steps: (Medical necessity must be documented in all visits)	1. Document if you received verbal consent from the patient to proceed with the Telehealth visit that day (on every encounter note).		
	2. Document location of the Patient during the visit (Home, Clinic _____, Phone) and document why we are doing a Telehealth visit: (i.e. Public Health Emergency recommendation or Quarantined).		
	3. Document location of the Provider during the visit (Home, Clinic _____).		
	4. If the visit is conducted by telephone - ensure the visit was over 5 minutes or do not submit charge.		
	5. Submit your charges with the Telehealth E/M or appropriate CPT Code that ends with a ",T" (i.e. 99212,T or 90832,T)		
If the Patient notes with any of the following Nurse Triage by Phone is required: Fever or Cough or Shortness of Breath - (Transition to Provider Telehealth Video Visit as needed)			
Disclaimer: Any condition may be overridden per provider discretion and as needed transition from Telephone or Telehealth video to request patient to come in-person			
Condition/Symptom (Established Patients Only)	Telehealth (Video Visit) 	Telephone 	Required In-person (Reschedule for in-person) 
Allergy Management	 either		
Arthritic Pain	 either		
Exacerbation of Asthma / COPD			

Care Delivery Models During COVID-19

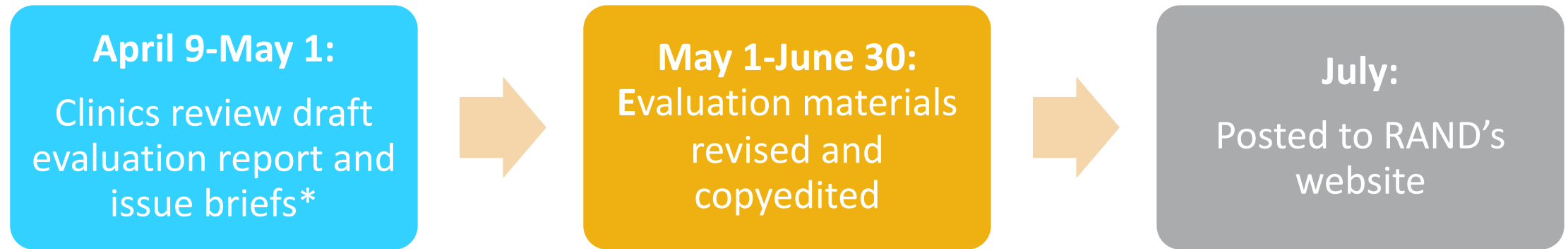
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What support would be helpful moving forward?

Initial ideas:

- Collecting workflows and sharing online in a central location
 - Scheduling & Changing In-Person to Remote Visits
 - Patient Check In
 - MA Process
 - Remote specialist (Direct to consumer)
- Informal group open office hours to ask questions
- More informal check in calls like this to share what you are doing and ask each other questions
- Peer sharing on specific topics (e.g. walk through workflows, training providers, talking with patients about telehealth, etc.)
- *Other ideas?*

SMTSN Evaluation Report



***Please provide any comments by May 1.** The draft report was sent to you on April 9. Health centers are de-identified except for first 10 pages; review this section for accuracy.

Upcoming SMTSN Virtual Sessions



May 12, 2020 | 1pm – 2:30pm

- SMTSN Evaluation
- Clinic Touch Point



June 16, 2020 | 12pm – 2pm

- SMTSN Final Session
- Stay tuned for pre-work instructions

<Funding Opportunity> COVID-19 Telehealth Program

Will provide \$200 million in funding, appropriated by Congress as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, to help health care providers provide connected care services to patients at their homes or mobile locations in response to the novel Coronavirus 2019 disease (COVID-19) pandemic.... Will provide immediate support to eligible health care providers responding to the COVID-19 pandemic by fully funding their telecommunications services, information services, and devices necessary to provide critical connected care services...

- Information & Application: <https://www.fcc.gov/covid-19-telehealth-program>
- Video Recording:

<Webinar Tomorrow> Telehealth Technology 101 April 15 at 1pm PT



CCI is launching a new webinar series to answer your urgent telehealth technology implementation questions. Dan Kurywchak has been helping organizations around the world start-up telehealth programs for 20+ years at UC Davis Medical Center, Intel, California Telehealth Network, and Telemedicine.com. In this first session, he'll share his technical and equipment considerations when starting up a telehealth and virtual care program, and hopes to hear from you to understand what questions you have.

Thank You!

Please email alexis@careinnovations.org or russellj@ochin.org



Appendix

- Key Resources – COVID & Telehealth
- Medicare FFS Telehealth Coverage
- Medi-Cal Payment for Telehealth

Key Resources – COVID-19 and Telehealth

- CTRC: <https://caltrc.org/knowledge-center/covid-19-telehealth/>
- CCI Resource Center: <https://www.careinnovations.org/covid-19-resources/>
- CCI Academy (online community): <https://academy.careinnovations.org/>
- [Center for Connected Health Policy COVID-19 Policy Updates](#)
- [California Primary Care Association COVID-19 FAQs](#)
- [CMS COVID-19 page](#)
- [DHCS COVID-19 page](#)

MEDICARE FEE FOR SERVICE TELEHEALTH COVERAGE

Key Subject Areas	Current Policy Under COVID-19
Location of Patient	Rural and site limitations are removed.
Eligible Services	Medicare expanded the list of eligible services provided via telehealth.
Eligible Providers	Changes in HR 748 added Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to the list of eligible providers for this emergency period only.
Prior Existing Relationship	Services via telehealth and remote patient monitoring and virtual check-in can be provided to new and established patients.

Source: Center for Connected Health Policy

More information at www.cchpca.org covid-19 telehealth coverage policies page

Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019-Novel Coronavirus (COVID-19)

- DHCS said verbally on a publicly available [CPCA Webinar \(Presentation Slides\)](#) on 4.2.2020 that clinics can provide telehealth services to patients who are at home and clinic providers can be at home as well (during the public health emergency).
- The guidance is in this document (see Section III (FQHC/RHC starting on page 8)): https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth_Other_Virtual_Telephonic_Communications_V3.0.pdf