Sustainable Models of Telehealth in the Safety Net
In-Person Workshop
November 15, 2019
Sacramento, CA
Welcome health center leaders, telehealth coordinators, and health plan representatives!
1. Opening Plenary: Changes in the Telehealth Policy Environment: Opportunities and Challenges

2. Telehealth Spotlight #1

3. Team Time: Review Progress in the SMTSN Initiative

4. Lunch with health plan partners

5. Telehealth Spotlight #2

6. Making Telehealth Sustainable
    1. Telehealth Coordinators Break Out
    2. Health Center Leaders and Payers Break Out

7. Closing & Evaluation Survey
WELCOME, TELEHEALTH TEAMS!

This website is a support center for the use of Sustainable Models of Telehealth in the Safety Net participants. Program updates, report due dates, resources, newsletters and more will be posted to this website. This website is managed by Center for Care Innovations.

For more information about Sustainable Models of Telehealth in the Safety Net, please visit the program page.

www.careinnovations.org/telehealth-portal/
Housekeeping

- Restroom location
- Lunch from 12:00 - 12:45
- Finish by 3pm
Promising Practices for Health Centers – Clinic Site Feedback Form

**To reduce or deal with no-shows**

<table>
<thead>
<tr>
<th>This SHOULD NOT be a promising practice</th>
<th>You have TRIED this at your organization</th>
<th>You would WANT to try this strategy in the future</th>
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<tbody>
<tr>
<td>Double back appointments</td>
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<td>Send multiple reminders</td>
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<td>Help patients with transportation</td>
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<td>Encourage telehealth coordinator(s) to develop a relationship with patients</td>
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<td>Arrange to have blood draws completed same-day, on-site (if requested by specialist) to save the patient a trip and bundle multiple activities into one telehealth visit</td>
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<td>Additional Promising Practices? (please add below)</td>
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**To reduce buy-in for telehealth**

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<thead>
<tr>
<th>This SHOULD NOT be a promising practice</th>
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<tr>
<td>Include signage about telehealth in waiting rooms</td>
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<td>Have PCPs socialize the idea of telehealth/discuss its benefits prior to it being offered by referral coordinator (e.g., reassure patients that the telehealth visit is similar to something familiar like using telephone to talk to family members)</td>
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<td>Have patient participate in a telehealth demo</td>
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<td>Integrate telehealth into the clinical workflow, including team-based decision-making around patient readiness for telehealth services (this is especially salient for behavioral health telehealth)</td>
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<td>Additional Promising Practices? (please add below)</td>
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**To improve provider buy-in for telehealth**

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<td>Assign a clinician champion</td>
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<td>Train all NPs, PAs, referral coordinators, and front desk staff on telehealth offerings and workflows during the onboarding process</td>
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<td>Have the telehealth coordinator attend provider meetings to share regular updates on telehealth offerings and to proactively address clinician concerns; also have a clinician champion discuss the benefits of telehealth at these meetings</td>
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<td>Have the telehealth coordinator build relationships and establish open lines of communication with administrative staff in other departments, particularly for specialties that are provided both in person/on-site and via telehealth.</td>
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<td>Additional Promising Practices? (please add below)</td>
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**To facilitate PCP and specialist communication**

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<th>You would WANT to try this strategy in the future</th>
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<td>Include PCPs in telehealth visits (this also can help to ensure the visit is billable)</td>
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<td>Hold a huddle that includes the PCP, nurse, MA and specialist prior to the live video telehealth visit, using the video (this allows for communication about things that the specialist might not pick up on during the telehealth visit, such as whether the patient smells of alcohol)</td>
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<td>Encourage direct lines of communication between PCP and specialist (i.e., try to prevent requiring coordinator to serve as a middle man)</td>
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<tr>
<td>Designate a telehealth coordinator or MA to monitor for lab/x-ray results and facilitate communication between PCPs and specialists</td>
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<tr>
<td>Establish workflows for PCP-specialist communication (if not via EHR)</td>
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<tr>
<td>Additional Promising Practices? (please add below)</td>
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SMTSN Program Goals

Expand access to specialty telehealth services

Develop sustainable telehealth programs in the safety net

Understand how to expand and sustain telehealth programs

Share lessons with other safety net organizations
“Telehealth Trifecta” Team

Veenu Aulakh
Alexis Wielunski
Chris Perrone
Jeanne Russell
Kathy Chorba

CCI | CENTER FOR CARE INNOVATIONS
California Health Care Foundation
CALIFORNIA TELEHEALTH RESOURCE CENTER
Participating Sites and Health Plans

Partnership

Healthplan of California

Ampla Health

Open Door

West County Health Centers

Chapa-De Indian Health

El Dorado Community Health Centers

Neighborhood Healthcare

Inland Empire Health Plan

Borrego Health

California Health & Wellness

Clinicas de Salud del Pueblo, Inc
Over 50,000 Completed Telehealth Encounters to Date
All Sites Total Encounters in SMTSN Initiative

Telehealth Encounter Volume
What has caused changes in volume?

Drivers of volume increases
- Gain a provider
- Start a new service
- Increase in provider availability
- Gain support staff
- Promotion of services

Drivers of volume decreases
- Contract ends
- Loss of a provider or support staff
- Loss of grant funding
- Specialist cancels clinic
- Natural disasters
Telehealth Utilization by Specialty Type
June 2019 Snapshot

- Mental Health: 52%
- Diabetic Retinal Exams: 29%
- Neurology: 5%
- Rheumatology: 3%
- Endocrinology: 3%
- MAT: 2%
- Other: 6%

Other: Dental, Pediatric (Endo, Neuro), Nephrology, Transgender care
Key Changes in Telehealth Policy for FQHCs in 2019

Rebecca Picasso, Program Director, California Telehealth Resource Center
Key Changes in Telehealth Policy for FQHCs in 2019

Rebecca Picasso, Program Director
California Telehealth Resource Center
picassor@ochin.org
916.265.2765
Small Changes
BIG IMPACT
FQHCs or RHCs are only allowed to be an originating site for traditional Medicare services, as long as they are in an eligible location.

a. If a billable provider has a medical need to be in the room with the patient during the telehealth consult, an FQHC or RHC may bill their PPS rate for an in person visit.
b. If there was no medical need for a provider to be present during the consult, the FQHC or RHC is eligible to bill a Q3014 as a part B payment to the MAC.

FQHCs and RHCs are eligible to utilize some of Medicare’s Virtual Care services as of 1/1/2019. There are no geographic or place of service restrictions for Virtual Care.

1. Virtual Check-Ins are billed with G0071. The rate charged will be the physician fee schedule rate, not the PPS rate.
2. Remote Evaluation of Pre-Recorded, Patient Submitted Photos or Recorded Video are also billed with G0071.
3. Chronic Care Management and Remote Physiological Monitoring: If a FQHC or RHC has a CCM program, they are allowed to bill for RPM services. The code billed is G0511.
Expansion of Telehealth 2019 Overview

**SUPPORT for Patients Act**
- Removed the geographic and originating site restrictions for OUD and cooccurring BH disorders

**BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE** (AKA Virtual Check-Ins)
- When a physician or other qualified health care professional has a brief, non-face-to-face, check-in with a patient via communication technology to assess whether the patient’s condition necessitates an office visit
- Not labeled telehealth, therefore not subject to telehealth restrictions
- Must be an established patient
- **Code G0071 (FQHC/RHC)**

**REMOTE EVALUATION OF PRE-RECORDED PATIENT INFORMATION** (AKA Store and Forward)
- Remote professional evaluation of patient-transmitted information conducted via pre-recorded “store and forward” video or image technology
- Not labeled telehealth, therefore not subject to telehealth restrictions
- Must be an established patient
- **Code G0071 (FQHC/RHC)**

**CHRONIC CARE MANAGEMENT (CCM)**
- FQHC/RHC bill for chronic care management services using **G0511** and includes

**REMOTE PHYSIOLOGICAL MONITORING** (AKA Remote Patient Monitoring)

One of the most frequently asked questions is “What activities count towards the 20 minute requirement for the G0511”?

The answer would be:
- Video chat, phone calls, emails, and messaging with the patient and their caregiver and family members
- Lab, report, and image review and processing
- Care plan creation, revision, and review
- Chart documentation
- Med reconciliation, overseeing patient self-management of meds
- Med refills
- Referring to, and consulting with other providers and time spent closing the referral loop
- Communicating with home and community based providers
- Remote monitoring of physiological data
- Post-discharge follow-up
SUPPORT for Patients Act

As of **July 1, 2019** CMS removed the geographic restrictions and the home was made an eligible originating site for Medicare patients for purposes of treating substance use disorder with or without co-occurring mental health disorders.

Please note that the home does not qualify for the originating site fee.

Let’s talk openly about your use of substances.
These interactions are **patient initiated** telephone or live video interactions. They involve a physician or non-physician practitioner having a brief, **at least 5 minute**, check-in with an **established patient to assess whether the patient needs to come in for an office visit**.

The virtual check-in must be for a condition not related to an E/M service provided within the previous 7 days and does not lead to an E/M service or procedure within the next 24 hours or soonest available appointment.

There are no frequency limitations at this time.

Billable providers are physicians, nurse practitioners, physician assistants, certified nurse midwives, clinical psychologists, and clinical social workers. If the discussion could be conducted by a nurse, health educator, or other clinical personnel, it would not be billable as a virtual communication service.

The practitioner may respond to the patient’s concern by telephone, audio/video, secure text messaging, email, or use of a patient portal.

FQHCs and RHCs are allowed to bill for a Virtual Check-In. Virtual Check-Ins at an FQHC or RHC are billed with **code G0071**. The rate charged will be the physician fee schedule rate, not the all-inclusive rate (AIR) or prospective payment system (PPS).
Remote Evaluation Services – Store & Forward

Remote evaluation services are patient initiated and consist of a practitioner evaluating an established patient’s transmitted information via pre-recorded video or image.

The services can only be billed if the condition is not related to a service provided within the previous 7 days and does not lead to a service provided within the next 24 hours or soonest available appointment.

There are no frequency limitations at this time.

Billable by physicians, nurse practitioners, physician assistants, certified nurse midwives, clinical psychologists, and clinical social workers. If the discussion could be conducted by a nurse, health educator, or other clinical personnel, it would not be billable as a virtual communication service.

The practitioner may respond to the patient’s concern by telephone, audio/video, secure text messaging, email, or use of a patient portal.

FQHCs/RHCs are allowed to bill for Remote Evaluation services when an established patient sends recorded video or images to the FQHC/RHC. Remote Evaluation Services are billed with code G0071.
Fee-For-Service Recap for FQHCs or RHCs

**Telehealth to the patient’s home:** FQHCs/RHCs are allowed to provide live video telehealth services to the patient home, however, the following conditions will be in place:

1. The patient must be an established patient and either homeless, homebound, or a migratory or seasonal worker.

2. The FQHC or RHC may bill its PPS rate for services provided outside the four walls. The FQHC or RHC must maintain documentation demonstrating that the person is homeless, homebound, or a migratory or seasonal worker. The FQHC or RHC shall meet all of the following requirements:
   a. The visit must be at the patient’s residence.
   b. The person rendering the service must be employed or under contract with the FQHC or RHC at the time the services are rendered.
   c. Services must be rendered within the FQHC’s HRSA approved service area.
**Originating Site** is where a patient is located at the time health care services are provided. The type of setting where services are provided for the patient or by the health care provider is not limited. The type of setting may include, but is not limited to, a hospital, medical office, community clinic or the patient’s home.

**Distant Site** is where a health care provider who provides health care services is located. The distant site for purposes of telehealth can be different from the administrative location.

1. Be licensed in the State of California
2. Enrolled as a Medi-Cal provider
3. Be located in California or reside in a border community *
4. A health care provider who is part of a group, with an office physically located in California, may reside outside California.

* Border communities:
  - **Oregon**: Ashland, Brookings, Cave Junction, Grants Pass, Jacksonville, Klamath Falls, Lakeview, Medford, Merrill
  - **Nevada**: Carson City, Henderson, Incline Village, Las Vegas, Minden, Reno, Sparks, Zephyr Cove
  - **Arizona**: Bullhead City, Kingman, Lake Havasu City, Parker, Yuma
eConsult

The health care provider at the **distant site** may use the following CPT code in conjunction with the modifier GQ:

**99451**: Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time.

99451 is not separately reportable or reimbursable if any of the following are true:

- The distant site provider (consultant) saw the patient within the last 14 days.
- The e-consult results in a transfer of care or other face-to-face service with the distant site provider (consultant) within the next 14 days or next available appointment date of the consultant.
- The distant site provider did not spend at least five minutes of medical consultative time, and it did not result in a written report.

**FQHCs and RHCs are not eligible to bill for eConsult. Some Managed Medi-Cal plans may reimburse for an FQHC/RHC to use eConsult. This is done on a plan by plan basis.**
COMING SOON
Medicare OUD and MAT Treatment Codes

In the 2020 proposed Physician Fee Schedule, Medicare is proposing to add 3 monthly bundled payments for MAT treatment. The proposed codes are:

G2086: Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month.
G2087: Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month.
G2088: Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure).

Medicare Advantage Plan Expansion

CMS finalized changes that would allow Medicare Advantage beneficiaries to access additional telehealth benefits, starting Jan 1, 2020. These additional telehealth benefits offer patients the option to receive health care services from places like their homes, rather than requiring them to go to a healthcare facility.

Historically, Medicare Advantage plans have been able to offer more telehealth services, compared to Traditional Medicare, as part of their supplemental benefits. Starting in 2020, it will be more likely that Advantage plans will offer the additional telehealth benefits outside of supplemental benefits, expanding patients’ access to telehealth services from more providers and in more parts of the country than before, whether they live in rural or urban areas.
Health Plan Updates
Partnership HealthPlan of California
Inland Empire Health Plan
California Health & Wellness
Sustainable Models of Telehealth Workshop

Date: Friday November 15, 2019
Time: 9:30am – 3:00pm
Location: UC Davis Medical Center, Sacramento, CA
4 Key Changes to PHC’s Telehealth Program

1. Telehealth (TH) Policy Changes
2. Billing, Reimbursement & Reporting
3. Data and Information Request & Sharing
4. Expanding Network Adequacy
TH Policy Changes

- Telehealth Criteria
- Econsult reimbursement for Distant Sites
- Telephone Visits In Lieu Of Office Visits
- Provider To Patient Telehealth Communication (Consumer on-demand)
- Patient Consent
- Telehealth Provider Requirements

- Telehealth Equipment
- Store & Forward Specialty Expansion
- Originating Site Fees
- Professional Services
- Eligible Covered Services
- Non-eligible Services
- Exclusions/Limitations
Billing, Reimbursement & Reporting

- Claims systems updated (decrease denials)
- Configuration of new codes for FQHC’s, RHC’s and IHS providers
- Provider manual and information dissemination
- Align telehealth reporting requirements with DHCS, DMHC and CMS
- Understand PPS and wrap rates
- Modifying telehealth coordination support
Data & Information Sharing

- Sustainability measures & efforts
- Provider satisfaction & metrics
- Time to care
- Distance to care
- Total Population (adults vs. peds)
- # of outside referrals
- Specialties provided
- Telehealth provider & vendor usage
- % of membership serviced
- Workflow processes
Expanding Network Adequacy

- Partnering with multiple specialist groups
- Broadening specialist base
- Provide access to care for minors
- Modifying existing provider contracts to include telehealth
Total Video Visits
Jan – Sept 2019

Total Visits by Site
- West County - 107
- SCHC - 0
- Open Door - 1315
Total eConsults Jan – Sept 2019

Closed eConsults by Site

- **West County**
- **SCHC**
- **Open Door**

**Total Consults by Site**
- **West County** - 107
- **SCHC** - 0
- **Open Door** - 1315
Jan - Sept 2019
eConsults by Close Code

% of eConsults Closed

- Patients Needs Addressed: 57%
- Pending Diagnostics: 24%
- Pending Therapeutic Trial: 11%
- Specialty Change: 3%
- Refer for Face-to-Face Visit: 5%
• Making a two-pronged incentive program:
  • 1st component based on total utilization
  • 2nd component is based on utilization percentage of total member population
• Incentivizing eConsult: each count as 3 telehealth visits
• Incentivizing Outside Referrals: each count as 3 telehealth visits
• Video visits count as 1 telehealth visit: all sources
Reminder: Telehealth Coordinator Call
Date & Time: November 22, 2019 at 11am PT
Topic: No-Show Mitigation Strategy
Speaker: Dr. Ursula Hempstead
Location: Webex
• Continue to expand to 150 total PCP sites by 2020

• Require eConsults as the first step in any specialty referral request, for participating PCPs

• Sustain buy-in from PCPs
  – Incentive or reimbursement opportunities?
  – Improve on built in “clinical triage” *(When is an eConsult not needed?)*

• FQHCs
• Strategies for expansion of Telehealth Services

• Revise Referral System

• Use telehealth to expand the specialty network
  – Vendors ("telehealth only") groups where appropriate
  – Allow existing contracted Providers to expand scope of practice

• Improve marketing techniques
Questions & Discussion

Chris Perrone
Telehealth Spotlight #1: Developing the right “combo” of contracts to sustain telehealth

Leslie Warner, Telemedicine Manager, Shasta Community Health Center
Telemedicine Contracting

Leslie Warner
Telemedicine Program and Promotion Manager
Shasta Community Health Center
Current Specialties

- Pediatric Psychiatry
- Pediatric Endocrinology
- Pediatric Neurology
- Pediatric Immunology
- Perinatology
- Rheumatology
- Adult Psychiatry
- Adult Neurology
- Pain Management
- Pediatric Infectious Disease
Models of Telemedicine

- Provider in the room:
  - UC Davis pediatric appointments require MD in visits
    - SCHC provider writes note, can bill for their encounter

- SCHC staff in the room:
  - Majority of visits, clinical staff assist the specialist
    - Specialist are credentialed and can bill under their name

- No staff in the room:
  - Only for adult mental health appointments
    - Specialist are credentialed and can bill under their name
Current Specialist Vendors

- Iris Telehealth
- TeleMed2U
- Clinicians Telemed
- UC Davis Medical Center
- PCSD Psychiatric Centers at San Diego
- Shasta Community Health Center
Types of Telemedicine Contracts

- **SCHC invoiced per encounter:**
  - Ideal contract type for the health center
    - Health center does not pay for missed appointments
      - Higher rates as an incentive for specialist

- **SCHC invoiced for the specialist time:**
  - Typically hourly rate, purchase blocks of time
    - Health center pays for missed appointments
      - Less expensive rates, still not inexpensive
Why Contracting Matters

- Credentialing:
  - Specialist is then included in EMR, and considered a provider

- Reimbursement:
  - Charges can be submitted under specialist name

- Negotiations:
  - Contracts can be negotiated to better serve both parties

- Expansion:
  - Allow more access to other specialties and specialist
Elements of a Good Contract

- **Term:**
  - Term should not be evergreen, but instead should aim for a renewal period between 1-5 years. This requires that all parties review the existing contract for appropriateness, and change what is necessary in subsequent agreements.

- **Termination:**
  - Termination without cause is an important clause in any contract. The ability to leave a contract outside of material breach can benefit an organization in many ways. It is important to always ensure that this clause is present in any agreement.
Elements of a Good Contract

- **Scope of Services**
  - A clear Scope of Services that lays out deliverables and timelines is essential in maintaining a strong working relationship. This will hold both parties accountable and enforce clear standards of work.

- **Access to Books and Records**
  - This clause is required by the General Controller of the United States. It states that in case of an audit, the other party has kept historical books and records of financial data in regards to the agreement.
Elements of a Good Contract

- **Excluded Persons**
  - Health centers should include in all contracts, whether clinical or administrative, a clause that pertains to prohibiting person(s) that have been excluded from participating in Medicare or Medicaid. This clause solidifies an understanding that the health center will not contract with anyone that is prohibited from participating in federal programs.

- **Credentialing**
  - All telemedicine contracts, or contracts that let’s physicians outside of your own facility treat your patients, must have a clause that clarifies who is responsible for credentialing. Either your health center will credential, or the other party. If the other party is responsible, use language in the clause that shows you will accept and acknowledge their credentialing.
Elements of a Good Contract

- **Governing Law**
  - Ensure that governing law takes place where services are rendered, or in an uninterested state.

- **HIPAA**
  - Make sure that all contracts adhere to state and federal confidentiality laws and regulations, including but without limitation to HIPAA regulations 45 CFR parts 160-164.

- **Other Elements to Consider:**
  - Technical problems, equipment failures, power outages
  - Cancellations of clinics, time frames and cost
  - Method and rate of compensation
Why Mixed Models Work

- Health center can make a profit
- Not all vendors will invoice per encounters
- Industry standard is to invoice hourly rate
- Not all visits will be billable
- Ability to create better access for patients
Team Time: Review Progress in the SMTSN Initiative

Kathy Chorba, Executive Director, California Telehealth Resource Center
## GOALS

- Discover best practices and efficiencies in telehealth clinic workflow
- Illuminate profitability (and therefore sustainability) for different models of care
- Increase volume of telehealth services offered (thereby increasing access to care)

## PROGRESS

- Learning Community collaboration via webinars, in-person meetings and site visits to share best practices
- Partnership with Workflow Engineer to document “present state” and discover improvements for “future state” clinic workflow
- Completed the Sustainability Worksheet to discover a basic understanding of the factors that affect profit/loss
- Clinics have been able to meet volume goals, some despite major setbacks
1. Review and discuss your clinic portfolio
   - Charter
   - Monthly volume data
   - Workflow diagrams
   - Sustainability worksheet
   - Annual report

2. Identify challenges and opportunities for post-grant sustainability

3. Complete challenges and opportunities form and be ready to present to the group

Report Back:
1 Minute per clinic group
Lunch
12:00 – 12:45
Telehealth Spotlight #2: Using Telehealth with In-house Specialists

Alex Delira, Retinal Scan & Telehealth Coordinator, Neighborhood Healthcare
Neighborhood Healthcare: Telepsych Program

Alex Delira
November 15, 2019
Who We Are

Location: San Diego & Riverside Counties
Population Served:
- Low-income, medically underserved, uninsured, and underinsured
- 5% Homeless (approximately 3700)
- Behavioral Health integrated in all primary care clinics
Approximately 67k unique patients, 271k visits/year
- 61% Female, 39% Male
- 73% Medi-Cal, 5% Dual Elig, 7% Medicare
- 40% Monolingual Spanish

# of Clinic Sites: 16

Services: Primary Care, Behavioral Health, Dental, Women’s Health, Podiatry, Pharmacy, Lab, Prenatal, Pediatrics, Chiropractic, Acupuncture
“Community health is about more than just vaccines and checkups. It’s about giving people the resources they need to live their best lives. At Neighborhood, this is our vision. A community where everyone is healthy and happy. At Neighborhood, we are Better Together.”
Telepsych Team Members

Success is dependent upon teamwork!
• Multiple clinics
  • One for Provider
  • One for Patient
• Multiple Teams
  • Customer Care Representatives
  • Patient Service Representatives
  • Medical Assistants
  • Translators (as needed)
  • IT
• Communication
  • Training, retraining, and retraining
  • Live time program oversight (visit types, scheduling, billing)
  • Care coordination
Telehealth with In-house Telepsych Specialist

Benefits for using In-house Specialist:
• A single provider can provide services to multiple clinics from their home site
• Decrease on provider’s travel time and mileage reimbursement
• Increase patient panel at a faster rate
• Short notice cancellations or reschedules for Telepsych, we can use appointment slots to schedule face-to-face appointments to continue increasing productivity
• Filling up appointment gaps helps reduce provider down time and patient wait

Process to start Telehealth Provider:
• Strategically assign provider for Telehealth Services based on patient and clinic needs
• Credential provider with appropriate insurance carriers, including cross county credentialing as needed
• Equipment training with Telehealth Coordinator
• Assigning provider Dept and visit types for accurate appointment scheduling
Telepsych Workflow

Patient Home Site:
• Schedule appointment accurately (Clinic site, Dept, Visit type, Provider, Reason)
• **2 Days prior to appointment**
  • Appointment Confirmations (Text message and/or phone confirmation)
  • Scrub Schedule
• **Day of appointment**
  • **PSR:**
    • Check-in patient: provide consent/screening forms, scan all completed forms immediately
  • **MA:**
    • Start of Telepsych Clinic: Turn on cart and make sure equipment is working
    • Take vitals and collect UA (if needed). MA communicates with provider through Skype
    • MA will call provider through Telehealth Cart
    • Introduce patient to provider and confirm patient identification
    • MA exits room once provider is ready to start Telepsych session
    • End of session: provider skypes MA to request forms or labs and confirm follow up visit
    • MA escorts patient to lab or front desk

Provider’s site:
• Provider’s MA will set up and turn on Telehealth Cart
## Telepsych Trouble Shooting Guide

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<th>Telehealth Cart</th>
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<tr>
<td>Telepsych Cart Trouble Shooting:</td>
</tr>
<tr>
<td>• Make sure all cables are completely connected</td>
</tr>
<tr>
<td>• TV monitor is turned on</td>
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<tr>
<td>• Remote Control is charged</td>
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| If you get “No Connection Message”: |
| • Check wall/ phone connection is an active line at BOTH sites |
| • Check IT room for wall/ phone connection number, make sure line is connected to portal |
| • Telepsych cable line should be labeled in IT room |
Thank you for your time and attention. Any questions?

www.nhcare.org
Alejandra.Delira@nhcare.org
Making Telehealth Sustainable Break Outs
Sustainability Break Outs

Break Out 1:
Telehealth Coordinators
[stay in this room]

Break Out 2:
Health Center Leaders & Health Plans
[Follow Veenu]
Making Telehealth Sustainable – Telehealth Breakout

Jeanne Russell, Project Coordinator, CTRC
Alexis Wielunski, Program Manager, CCI
Over 50,000 Completed Telehealth Encounters to Date
Telehealth Utilization by Specialty Type
June 2019 Snapshot

Mental Health: 52%
Diabetic Retinal Exams: 29%
Neurology: 5%
Rheumatology: 3%
Endocrinology: 3%
MAT: 2%
Other: 6%

Other: Dental, Pediatric (Endo, Neuro), Nephrology, Transgender care
What has caused changes in volume?

**Drivers of volume increases**
- Gain a provider
- Start a new service
- Increase in provider availability
- Gain support staff
- Promotion of services

**Drivers of volume decreases**
- Contract ends
- Loss of a provider or support staff
- Loss of grant funding
- Specialist cancels clinic
- Natural disasters
Small Group Discussions

• What is the current state of your telehealth program? (current contracts & specialties, # of visits/staff/sites, etc.)

• What is one challenge you are facing in your telehealth program? Or, what questions do you have for other coordinators?
Support for Coordinators

• Brainstorm:
  • How can we help you in the last 6 months of the initiative?
  • What questions do you still have about telehealth operations and sustainability? What needs more clarity?
  • What would be helpful for staying connected and sustaining this learning community of telehealth coordinators?
• Write one idea per sticky – write as many ideas as you can
Closing and Evaluation
Promising Practices Group Activity

Include PCPs in telehealth visits (this also can help to ensure the visit is billable)

<table>
<thead>
<tr>
<th>Place a sticker in this box if this is your current practice</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Place a sticker in this box if this is a practice you would like to begin</th>
</tr>
</thead>
</table>
Reflections from Today

Chris Perrone
What’s Next? Program Updates & Resources

- Final Report
- Final In Person Workshop: May 2020
- Continue to Submit Monthly Data through March 2020
WELCOME, TELEHEALTH TEAMS!

This website is a support center for the use of Sustainable Models of Telehealth in the Safety Net participants. Program updates, report due dates, resources, newsletters and more will be posted to this website. This website is managed by Center for Care Innovations.

For more information about Sustainable Models of Telehealth in the Safety Net, please visit the program page.

www.careinnovations.org/telehealth-portal/
To refresh your memory ....

CHCF hired RAND to conduct a third-party evaluation of SMTSN

RAND is a nonprofit research organization based in Santa Monica

The evaluation team has expertise in telehealth and program evaluation
Our evaluation aims to answer several research questions.

Q1: ACTIVITIES
- To what extent were the SMTSN elements implemented?
- Which features of the initiative contributed to impact?

Q2: CHALLENGES AND FACILITATORS
- What are the barriers/facilitators to telehealth? To SMTSN?

Q3: OUTCOME
- What was the impact of the initiative on telehealth utilization? Patient and provider experience?

Q4: ADDITIONAL COSTS
- What additional costs were incurred by the health centers to implement and maintain increased volume of telehealth?

Q5: SUSTAINABILITY
- How can the initiative be sustained in health centers?

Q6: LESSONS LEARNED
- What lessons were learned from the initiative?
- What are the implications for replication and scale-up?
With your help, we’ve made great progress!

May
Final research and implementation plans

February
Sustainability Focus Groups

Sept–December
Site Visits

July
Final report and issue briefs

2018

Jun–Sept
Telehealth Coordinator and Payer Phone Interviews

March
Provider Survey

December–April
Data Analysis

We are Here!
The evaluation will result in four products

Main Report: Focus on experiences of FQHCs in expanding telehealth

Issue Brief 1: Costs to maintain a high volume telehealth program

Issue Brief 2: Promising practices for telehealth implementation

Issue Brief 3: The role of payers in telehealth; payer’s perspective
Questions about the evaluation? Email us!

- Allison: Ober@rand.org
- Lori: Luscherp@rand.org
Telehealth Coordinator
Online Curriculum Update
Presentation Overview

• **Why** are we doing this?
• **Who** is developing the content?
• **What** is included in the curriculum?
• **Where** will this be posted?
• **How** can people access this?
• **When** will it be available?
Why are we doing this?
“Doesn’t this content already exist somewhere?”

Excellent content is available

Payment Required
- Online certificate and certification courses
- single use, per customer
- Classroom based
- single use, per customer, + travel expense
- Onsite - customized+ hands-on for entire staff
- single use per site

Free - Online
- Not available to the public – members only
- Available to the public
- Single topic focus, not all-inclusive
- Have to search lots of websites to find content
- Outdated
Why are we doing this?

A comprehensive collection of basic information developed specifically for the telehealth coordinator should be available in one location, free of charge to everyone

- Requested by health plans interested in extending telehealth services to new clinic sites
- Requested by HRSA funded clinic sites
- Requested and “last-mile” funding provided by the California Health Care Foundation (CHCF)
- Basic telehealth orientation for new and existing telehealth coordinator staff to be used for pre, post, or refresher training
Something to Keep in Mind

• *This eTraining provides an introduction to key concepts and resources to assist telehealth coordinators in building the knowledge and skills needed to successfully fill their role. It can also be used as a refresher course for those looking to revisit core information and/or update skills.*

• *This eTraining does not provide a certification, nor is it meant to replace certification for those interested in pursuing that level of training. To find resources for more in-depth, certificate training, please visit our website: http://caltrc.org/knowledge-center/training/*
What’s Included in the Curriculum?

- Telehealth Overview
- Technology
- Defining your Program Needs
- Team Roles and Preparing for the Visit
- Reimbursement and Legal Considerations
- Developing Successful Programs Part 1
- Developing Successful Programs Part 2
- Challenges, Solutions and Funding
Module 1: Telehealth Overview

- Telehealth history
- Expansion
- The future of telehealth
- Benefits of telehealth
- What does telehealth look like?
  - Definitions and subcategories
  - Provider site
  - Patient site
- Applications
  - live video
  - store and forward
  - remote monitoring
  - mHealth, etc.
Module 2: Technology Overview

- Basic technology terminology
- Simple solutions: laptop, tablet, cellular devices
- Telemedicine system solutions and set-up
- Medical peripherals
Module 3: Defining Your Program Needs

- Identifying the specialty needs of your population
- Equipment requirements for each specialty
- Considerations in meeting special population needs

Module 4: Team Roles and Consultation Preparation

- Policies and procedures, staff roles and job descriptions
- Consultation Preparation
- Patient side
  - Set-up, before, during, after
  - Coordinator etiquette
  - Patient
- Provider side
  - Set-up, before, during, after
  - Provider etiquette
  - Coordinator / Provider interaction
- Training & Testing
  - Mock patient clinics
  - Dry runs with colleagues
Module 5: Reimbursement and Legal Considerations

Billing & Reimbursement

- Medicaid
- Medicare
- Private Payers

Working with Health Plans: Demonstrating the benefit of telehealth

- Providing access to care for (__) volume of patients in (__) specialties for (__) length of time with (__) success

Legal considerations

- Privacy issues
- State & Federal legal issues
- Credentialing
- Contracting
Modules 6 & 7: Developing Successful Telehealth Programs

- Time and Project management
- Workflow
- Staff training

Elements contributing to success

- Realistic goal setting and timeline (developing a program charter)
- Data collection and documentation

Measuring program success

- Multi media video clips
- Articles

Success stories

- No show rates
- Patient and Provider buy-in

Handling challenges

- Provider joins in the last few minutes
- Patient only; f/u with PCP later
- Contracted provider (no PCP in room & provides direct prescribing)

3 models

- Importance of keeping updated on new technologies, procedures, and using available resources
- Continuing education with peers
  - Peer to peer collaborative events to share new developments and best practices

Educatio

- Tracking visits
- Tracking technology issues and solutions
- Tracking operational problems and solutions

Record Keeping

- Developing material to demonstrate the benefits of telehealth to different targeted audiences
  - Patients, providers, leadership and staff
  - General public education

Marketing
Module 8: Challenges, Solutions and Funding

- Identifying and overcoming integration barriers
- Obtaining funding
- Post funding sustainability
Training

We are proud to offer easy-to-access training resources for healthcare administrators, physicians and other medical staff across the country. For information on upcoming conferences, live courses and events, click here.

Telehealth Coordinator Online Training Modules

This eTraining provides an introduction to key concepts and resources to assist Telehealth Coordinators in building the knowledge and skills needed to successfully fill their role. It can also be used as a refresher course for those looking to refresh core information and/or update their skills.

This training has been made available at no cost through the generous support of the California Telehealth Foundation, and in part by the U.S. Department of Health & Human Services’ Health Resources Administration, and developed in collaboration with the Northeast Telehealth Resource Center (NTRC).

790 Visits in 30 days
36 Different states viewing content
4.5 Satisfaction rating (scale = 1-5)
How can people access the content?

www.caltrc.org/knowledge-center/training/
Welcome and Telehealth Overview
In this module, you’ll learn about telehealth history and expansion, predictions on the future of telehealth, benefits of Telehealth, and introduction to types of telehealth technology and applications.

Telehealth Technology
This module provides a general background on telehealth technology, types of telehealth technologies available, when different types of telehealth technologies are most appropriate, and resources to learn more.

Defining Your Telehealth Program Needs
This module assists Telehealth Coordinators in defining specific telehealth program needs, based on the patients you are looking to serve, and clinicians who will provide the services, including examples of specific telehealth programs and specialties.

Telehealth Team Roles and Visit
This module provides an overview of telehealth team roles, how these roles aid in program workflows, and what a typical telehealth visit is comprised of, from the view of the patient and the participating providers.

Overview of Telehealth Billing, Reimbursement and Legal Considerations
In this module, Telehealth Coordinators will learn about various billing and reimbursement methods including federal and state public payers, and private insurance models. We’ll also discuss the various legal considerations that play into both the funding and credentialing of a telehealth program.

Developing Successful Telehealth Programs
This module digs into what factors create a successful telehealth program, provides examples of accomplished programs and delivery models, and also highlights problematic challenges and means of addressing these common barriers.

Telehealth Challenges/Solutions and Funding
In this module, you’ll hear about common challenges with telehealth programs, and gain insight into potential solutions. You’ll also learn helpful skills to research, secure, and maintain funding opportunities for your program.
Telehealth includes four distinct types of applications, or modalities. In this section, we'll highlight each type of modality, and some common uses, including clinical and non-clinical.
Let's take a moment and test what you’ve learned throughout the module.

Please answer all questions on the following slides. You must score 80% or higher to pass. You may retake the quiz as many times as needed.

Good luck!
Future Content Suggestions?

Comments and recommendations for additional content and resources are always welcome!

Please visit:  www.caltrc.org/about-us/contact-us/
Final Learning Community Workshop!

May 12, 2020

SAVE THE DATE

The California Telehealth Resource Center announces the

8th ANNUAL TELEHEALTH SUMMIT
at the Resort at Squaw Creek
Lake Tahoe, CA.

May 12-14, 2020

To learn more about telehealth and the upcoming summit, visit www.caltrc.org
Thank you!

*Please fill out the evaluation form*