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!

Today's Agenda

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

www.careinnovations.org/telehealth-portal/

Housekeeping

Restroom location

Finish by 3pm

Lunch from 12:00 - 12:45

Promising Practices for Health Centers – Clinic Site Feedback Form

Promising Practices for Health Centers – Clinic Site Feedback Form

Clinic Name: _____

Participant Name: _____

We want to hear from YOU !

Please complete and return this form by the end of the day. **Thank you!**

Definition: A promising practice is a strategy that shows potential to support the growth and sustainability of telehealth programs in the safety net.

Instructions: Below you will find a listing of promising practices, identified by the RAND interview process with each SMTSN participating site. **Next to each promising practice, please place a check mark in the box that corresponds with your answer and turn the form in at the end of the day.**

To reduce or deal with no-shows	this SHOULD NOT be a promising practice	you have TRIED this at your organization	you would WANT to try this strategy in the future
Double book appointments			
Send multiple reminders			
Help patients with transportation			
Encourage telehealth coordinator(s) to develop a relationship with patients			
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			
Additional Promising Practices? (please add below)			

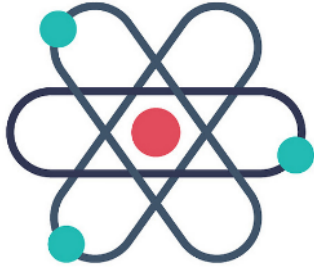| To improve patient buy-in for telehealth	this SHOULD NOT be a promising practice	you have TRIED this at your organization	you would WANT to try this strategy in the future
Include signage about telehealth in waiting rooms			
Have PCP socialize the idea of telehealth/discuss its benefits prior to it being offered by referral coordinator (e.g., reassure patients that the telehealth visit is similar to something familiar like using facetime to talk to family members.			
Have patient participate in a telehealth demo			
Integrate telehealth into the clinical workflows, including team-based decision making around patient readiness for telehealth services (this is especially salient for behavioral health telehealth)			
Additional Promising Practices? (please add below)			

To improve provider buy-in for telehealth	this SHOULD NOT be a promising practice	you have TRIED this at your organization	you would WANT to try this strategy in the future
Appoint a clinic champion			
Train all MAs, PCPs, referral coordinators, and front desk staff on telehealth offerings and workflows during the onboarding process			
Have the telehealth coordinator attend provider meetings to share regular updates on telehealth offerings and to proactively address clinician concerns; also have a clinic champion discuss the benefits of telehealth at these meetings			
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.			
Additional Promising Practices? (please add below)			

| To facilitate PCP and specialist communication	this SHOULD NOT be a promising practice	you have TRIED this at your organization	you would WANT to try this strategy in the future
Include PCPs in telehealth visits (this also can help to ensure the visit is billable)			
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)			
Encourage direct lines of communication between PCP and specialist (i.e., try to prevent requiring coordinator to serve as a middle man			
Designate a telehealth coordinator or MA to monitor for lab/x-ray results and facilitate communication between PCP and specialist			
Establish workflows for PCP-specialist communication (if not via EHR)			
Additional Promising Practices? (please add below)			

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
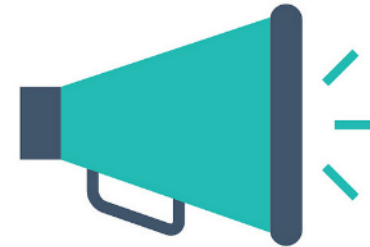
Share lessons with other safety net organizations

"Telehealth Trifecta" Team

Veenu Aulakh
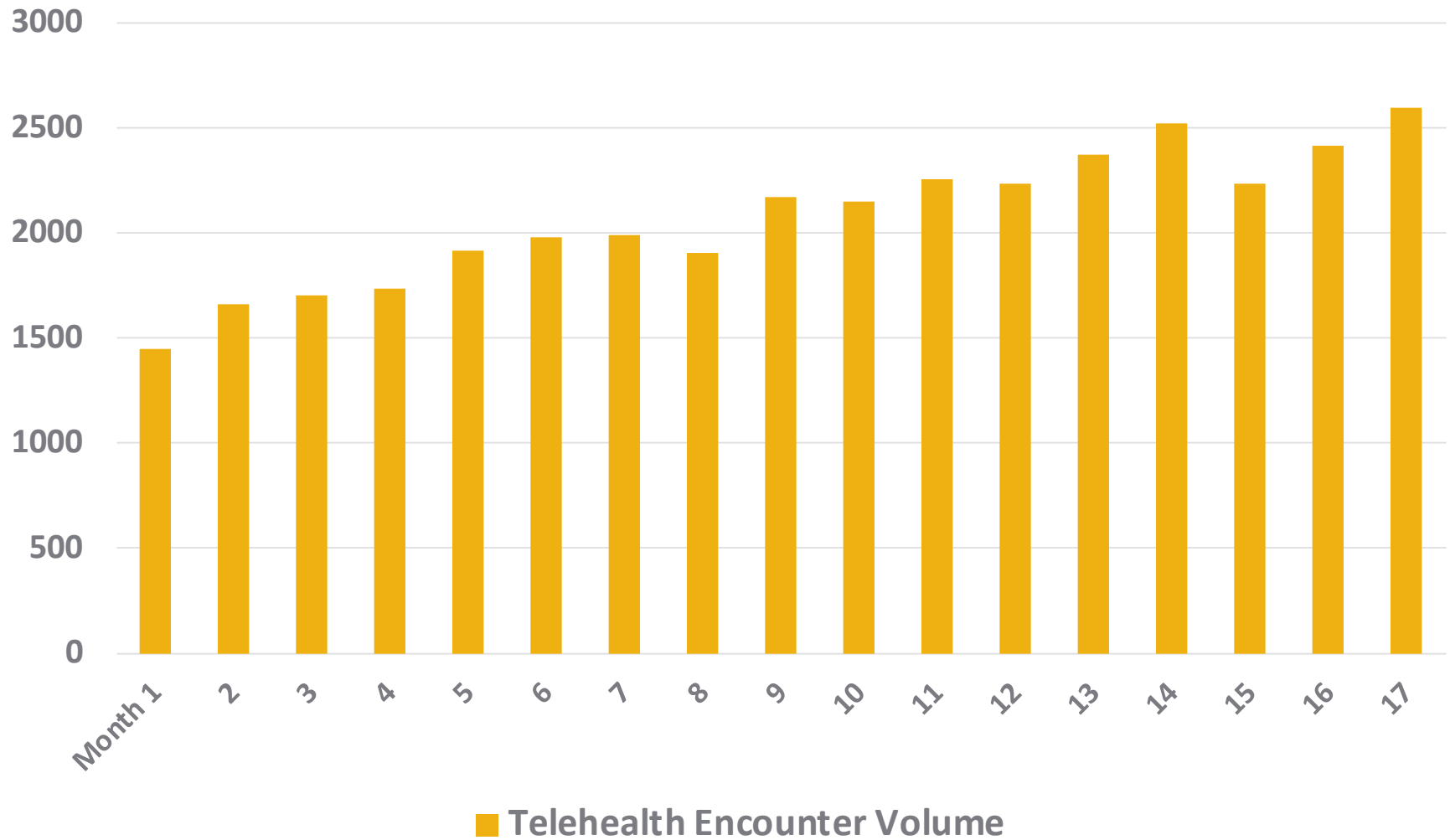
Alexis Wielunski

Chris Perrone

Jeanne Russell

Kathy Chorba

Participating Sites and Health Plans

Over 50,000 Completed Telehealth Encounters to Date

All Sites Total Encounters in SMTSN Initiative

Legend: Telehealth Encounter Volume

What has caused changes in volume?

Drivers of volume increases

- Gain a provider

- Start a new service

- Increase in provider availability
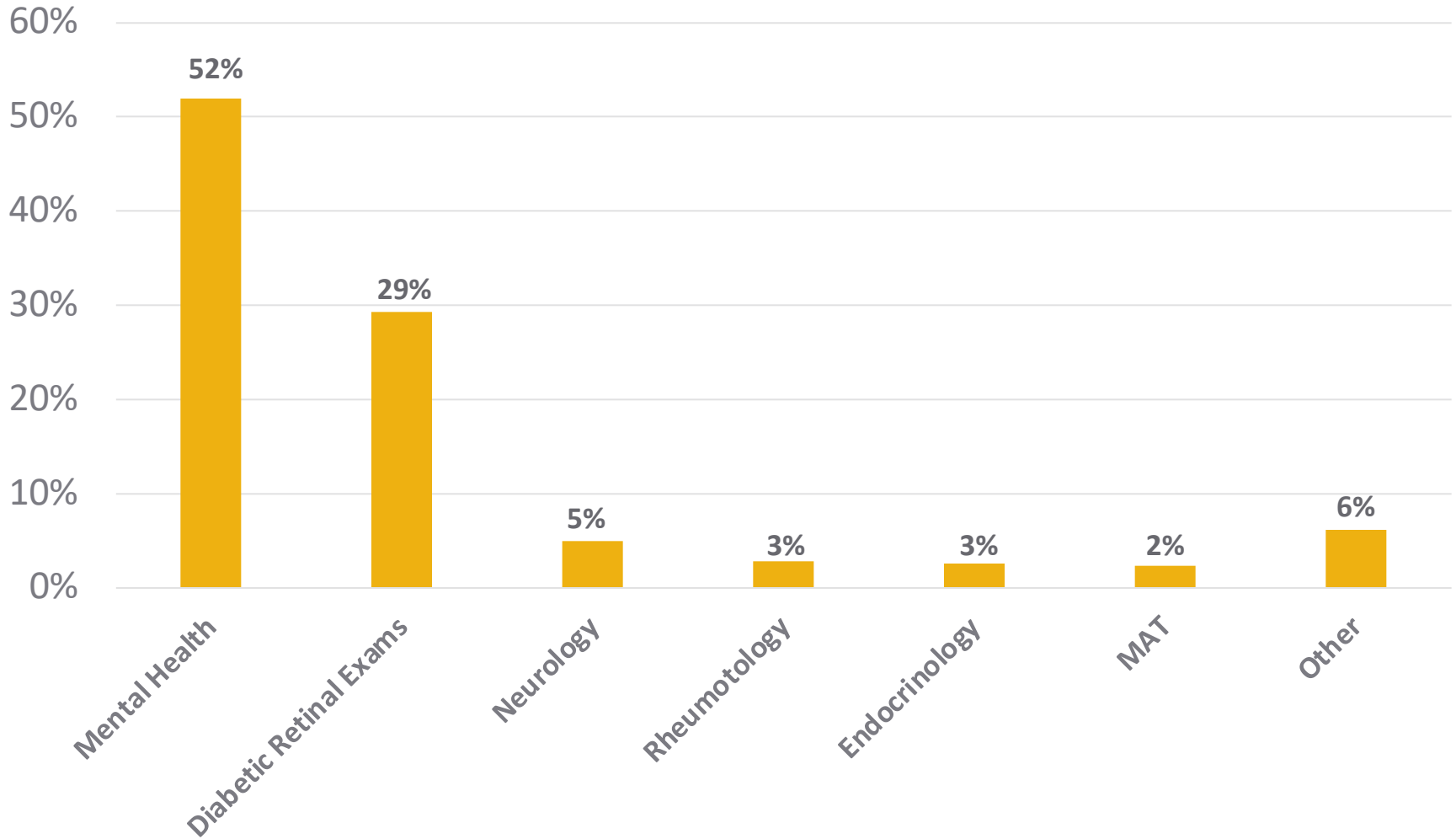
- Gain support staff

- 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

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

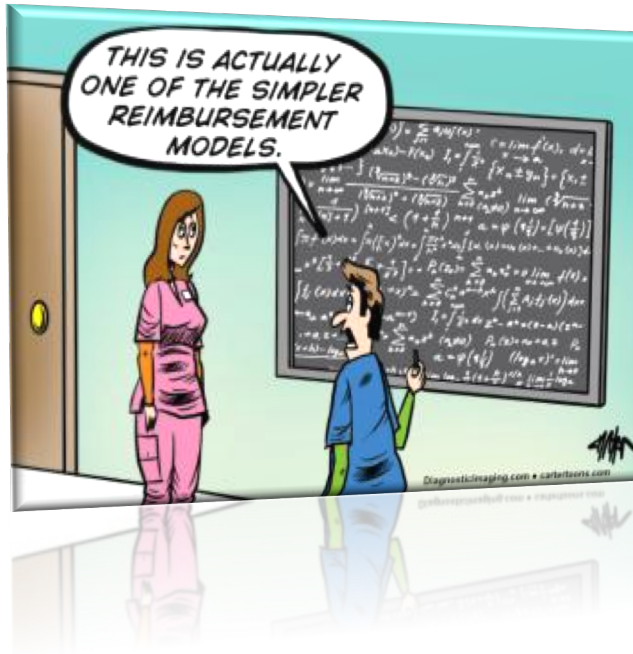FQHCs or RHCs are only allowed to be an originating site for traditional Medicare services, as long as they are in an **eligible location**.

- 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

Medicare

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.

Virtual Check-Ins

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**.
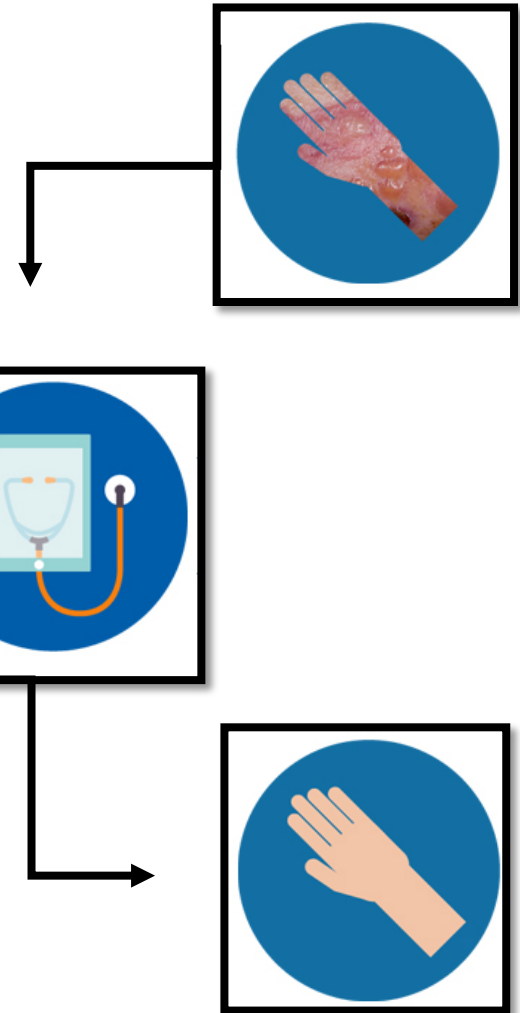
Fee-For-Service Recap for FQHCs or RHCs

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 <u>established patient</u> and either <u>homeless, homebound, or a migratory or seasonal worker</u>.

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.

Medi-Cal
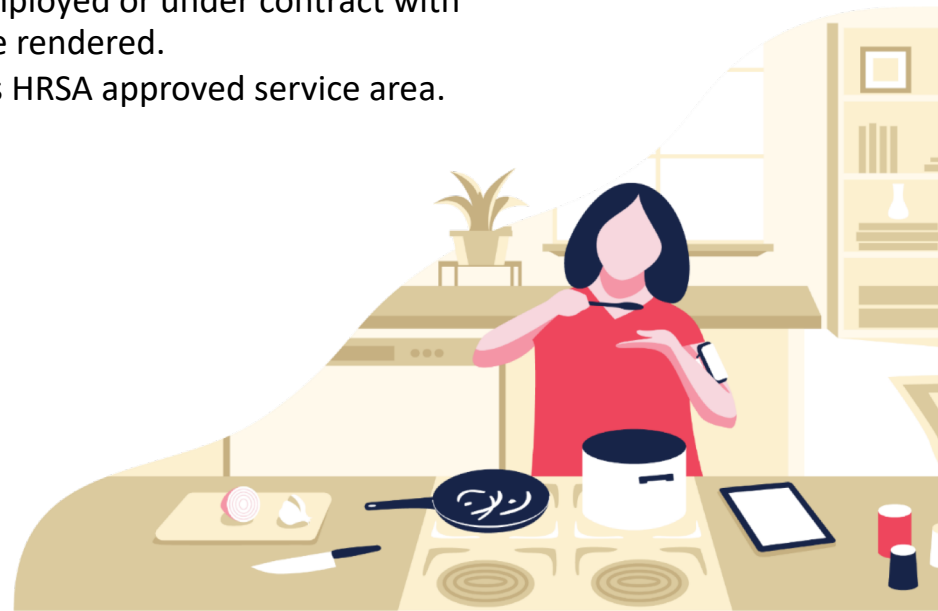
Originating Site is where a patient is located at the time health care services are provided. The type of setting where services are provided for the patient or by the health care provider is not limited. The type of setting may include, but is not limited to, a hospital, medical office, community clinic 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.

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**

PARTNERSHIP
HEALTHPLAN
of CALIFORNIA

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

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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

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HEALTHPLAN
of CALIFORNIA

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

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Total Video Visits
Jan – Sept 2019

Completed Video Visits w/TM2U

Month	West County	SCHC	Open Door
Jan	14	13	163
Feb	9	16	155
Mar	9	16	133
Apr	5	9	175
May	18	17	159
Jun	10	7	157
July	13	14	134
Aug	13	14	126
Sept	16	7	113

■ West County ■ SCHC ■ Open Door
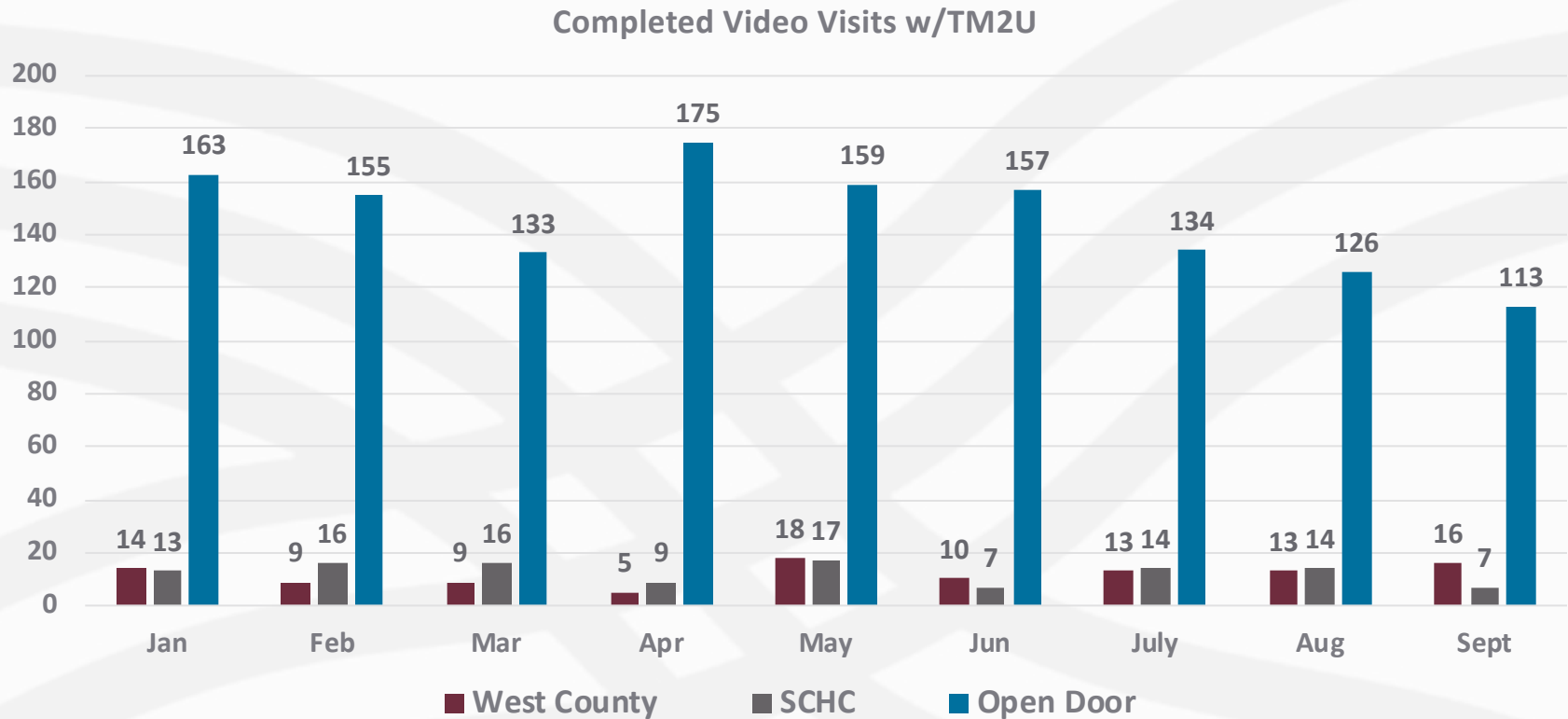
Total Visits by Site

- West County - 107
- SCHC - 0
- Open Door - 1315

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HEALTHPLAN
of CALIFORNIA

Total eConsults
Jan – Sept 2019

Closed eConsults by Site
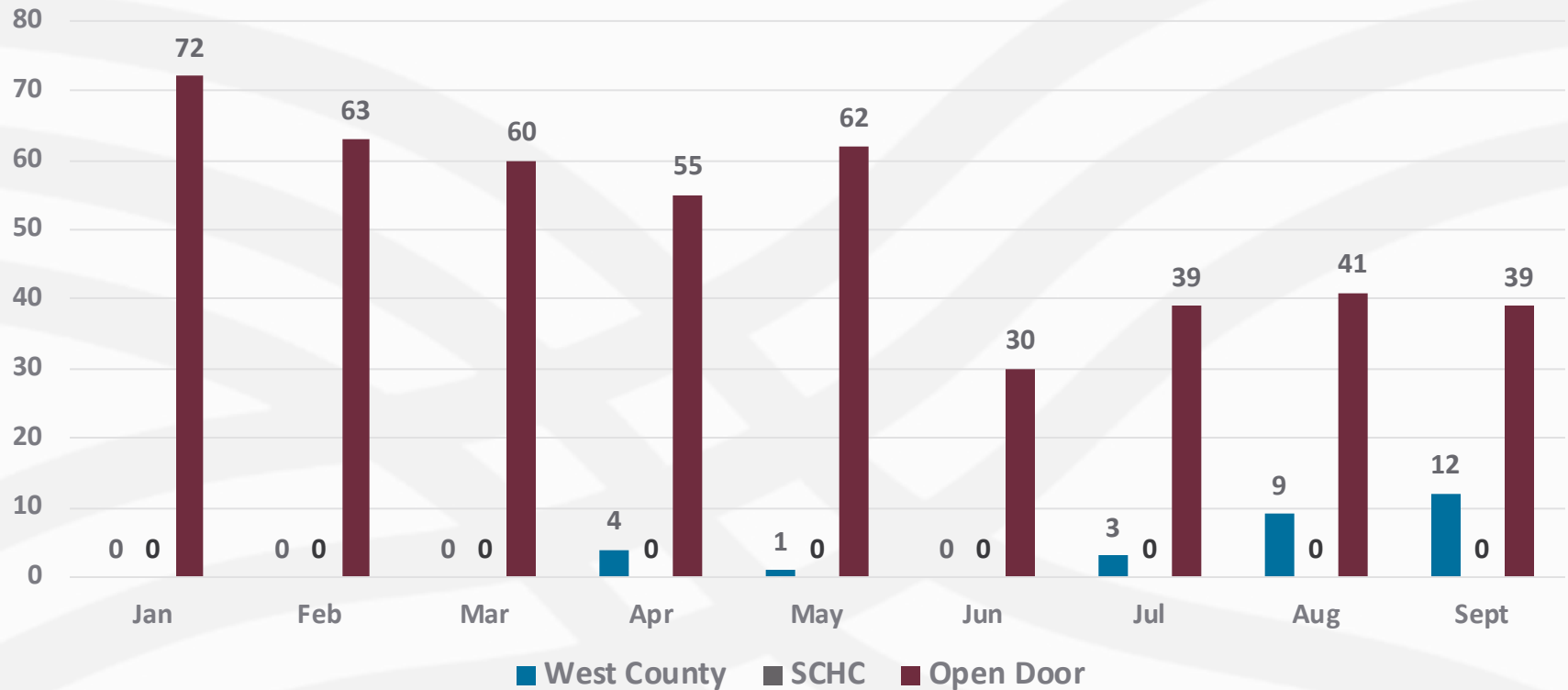
Total Consults by Site
- West County - 107
- SCHC - 0
- Open Door - 1315
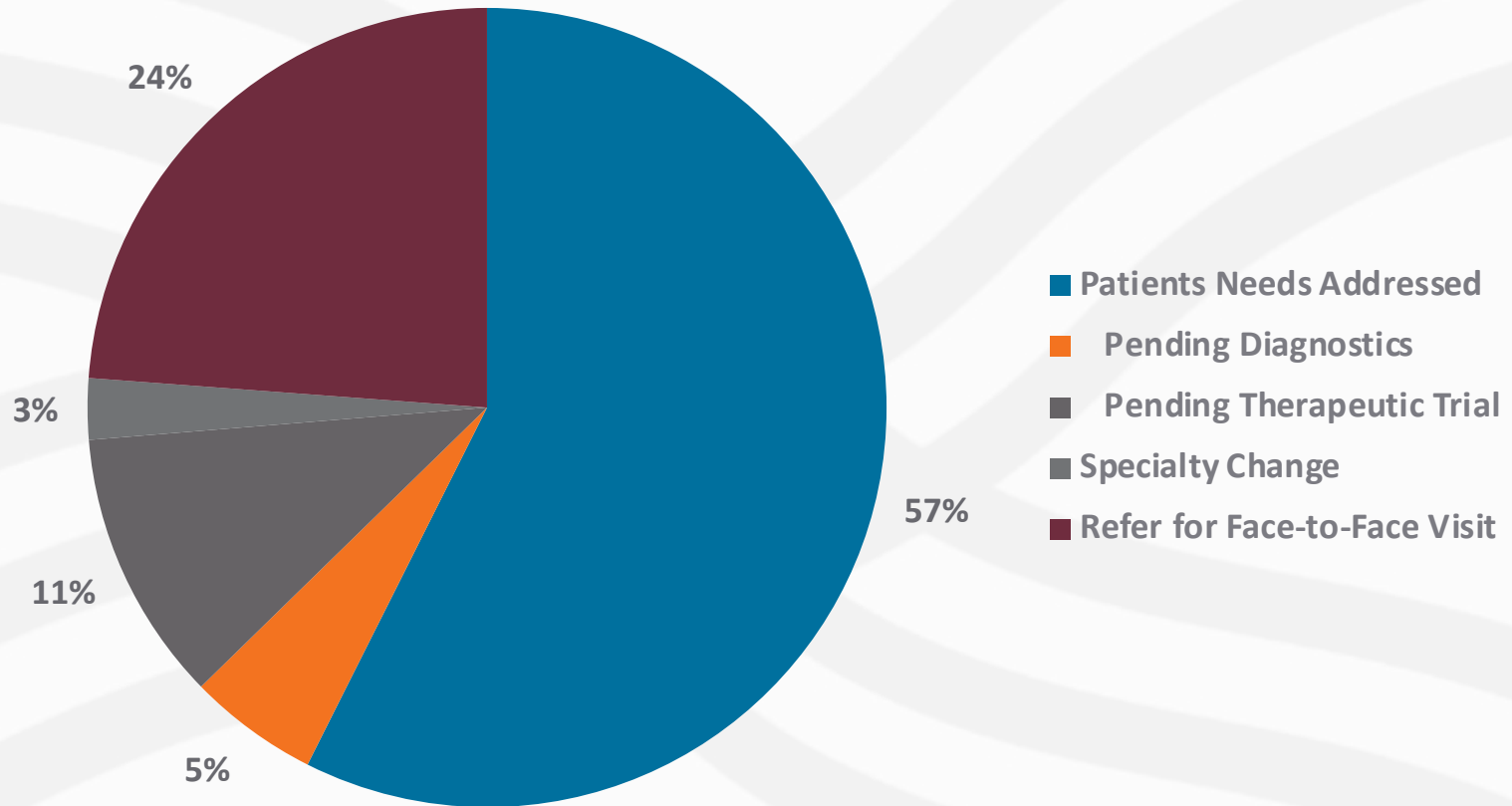
Grant Details – 2 Leg Structure

- 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

Questions???

Reminder: Telehealth Coordinator Call

Date & Time: November 22, 2019 at 11am PT

Topic: No-Show Mitigation Strategy

Speaker: Dr. Ursula Hempstead

Location: Webex

A Public Entity

Inland Empire Health Plan

Virtual Care Programs

eConsult

- 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
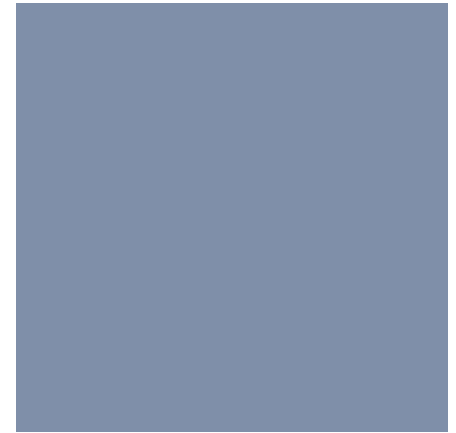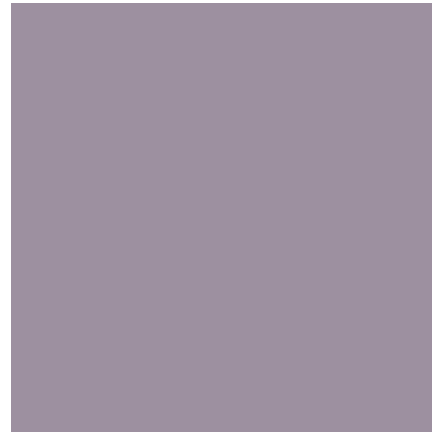
Telemedicine Contracting

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

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Current Specialist Vendors

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

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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

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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.

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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.

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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

SHASTA COMMUNITY HEALTH CENTER

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

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Team Time: Review Progress in the SMTSN Initiative

Kathy Chorba, Executive Director, California Telehealth Resource Center

SMTSN Progress Overview

GOALS	PROGRESS
Discover best practices and efficiencies in telehealth clinic workflow	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
Illuminate profitability (and therefore sustainability) for different models of care	Completed the Sustainability Worksheet to discover a basic understanding of the factors that affect profit/loss
Increase volume of telehealth services offered (thereby increasing access to care)	Clinics have been able to meet volume goals, some despite major setbacks

Health Center Breakout

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
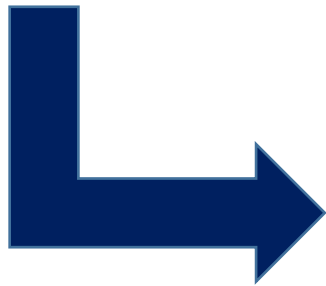
Report Back:

1 Minute per clinic group

Our Challenges and Opportunities

Lunch
12:00 – 12:45
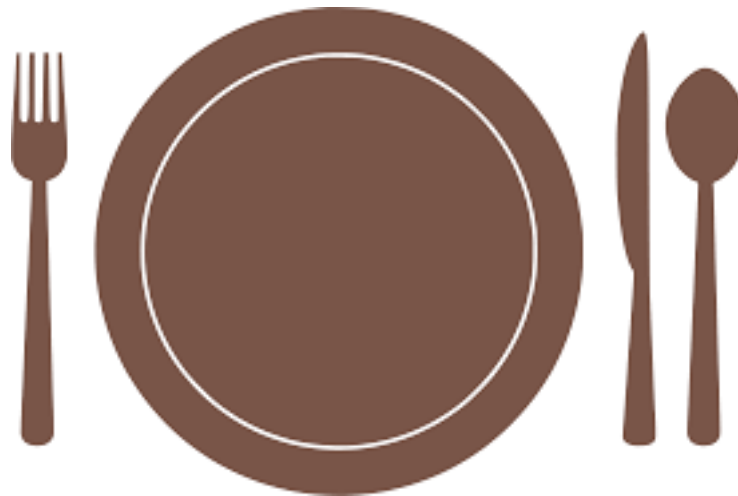
Telehealth Spotlight #2: Using Telehealth with In-house Specialists

Alex Delira, Retinal Scan & Telehealth Coordinator, Neighborhood Healthcare

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."
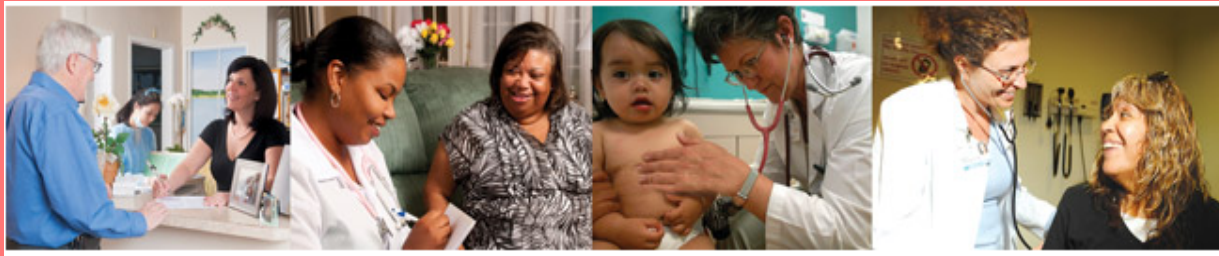
Telepsych Team Members

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)
- <u>2 Days prior to appointment</u>
  - Appointment Confirmations (Text message and/or phone confirmation)
  - Scrub Schedule
- <u>Day of appointment</u>
  - <u>PSR:</u>
    - Check-in patient: provide consent/screening forms, scan all completed forms immediately
  - <u>MA:</u>
    - 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

Telehealth Cart	
➢ Telepsych Cart Trouble Shooting:	• Make sure all cables are completely connected
	• TV monitor is turned on
	• Remote Control is charged
➢ 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
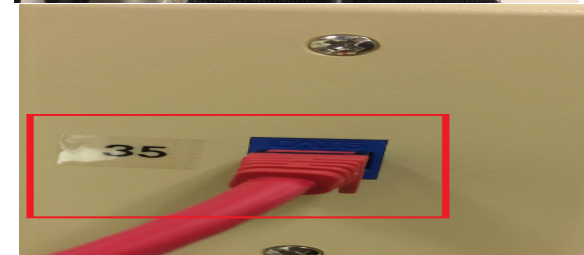
Thank you for your time and attention. Any questions?

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

All Sites Total Encounters in SMTSN Initiative

Telehealth Encounter Volume
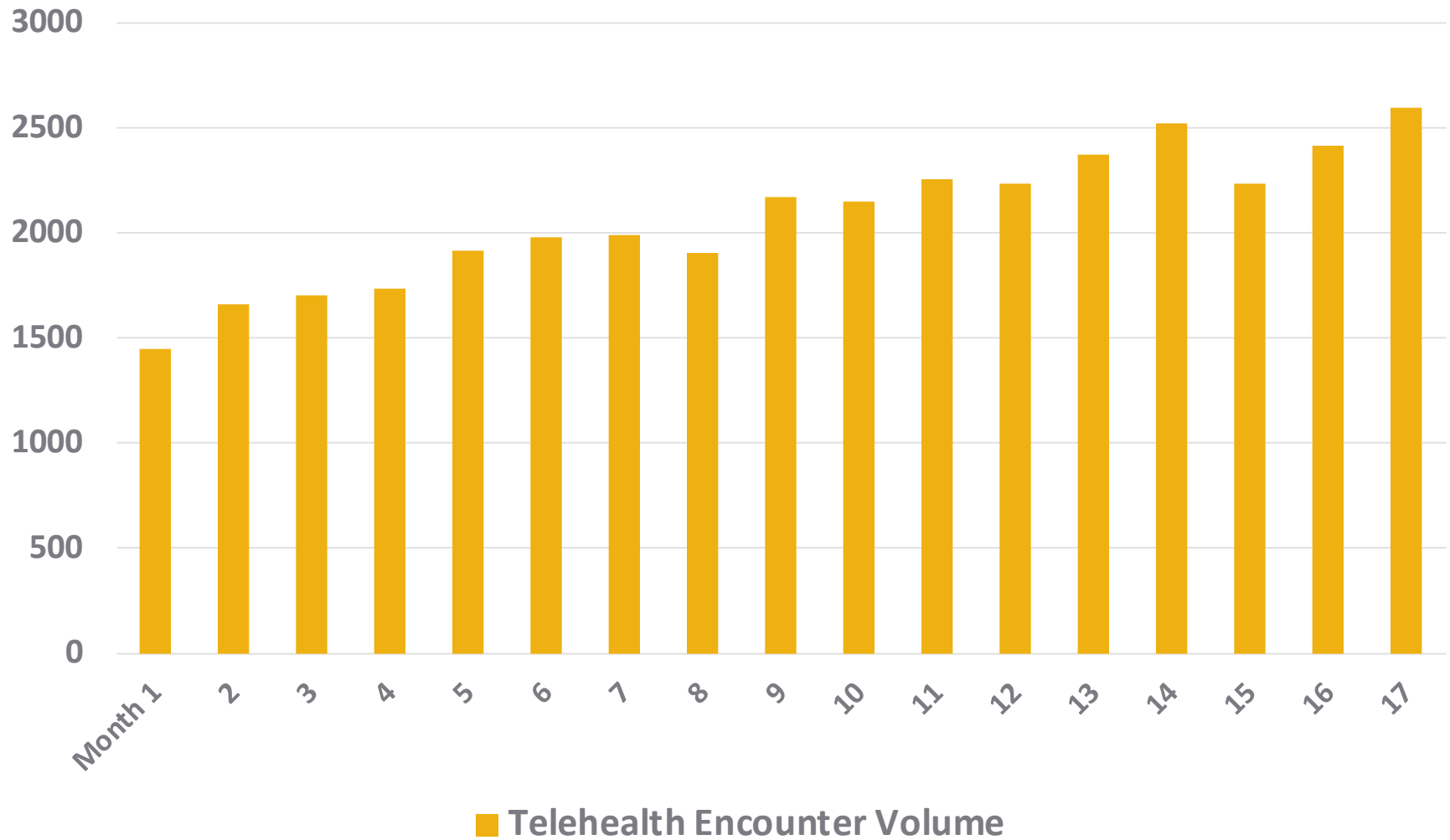
Telehealth Utilization by Specialty Type
June 2019 Snapshot
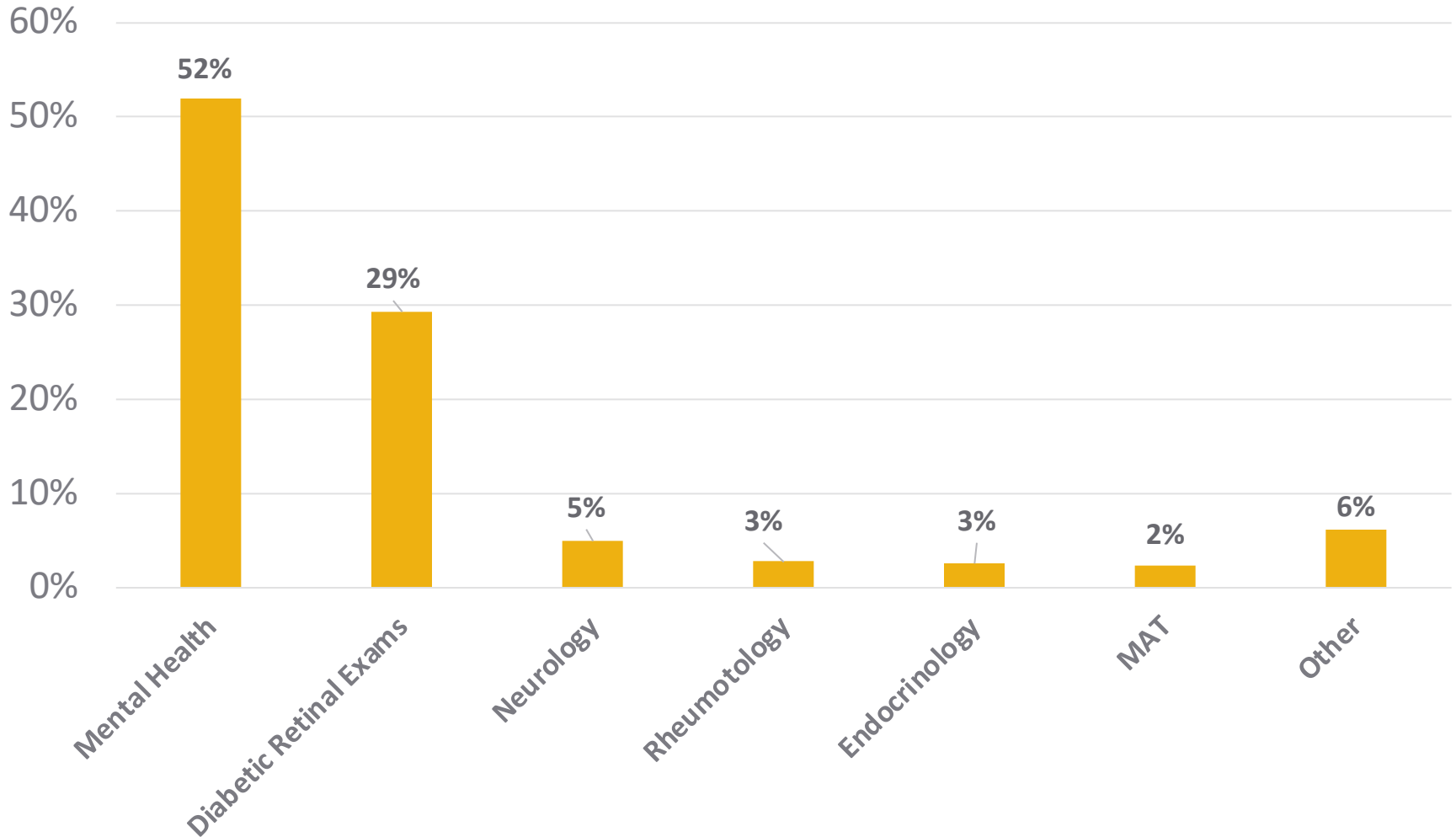
Other: Dental, Pediatric (Endo, Neuro), Nephrology, Transgender care

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)

Place a sticker in this box **if this is your current practice**	Place a sticker in this box **if this is a practice you would like to begin**

Reflections from Today

Chris Perrone

What's Next? Program Updates & Resources

Final Report

Final In Person Workshop

May 2020
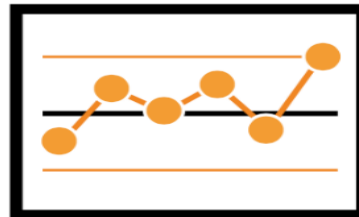
Continue to Submit
Monthly Data
through March 2020

www.careinnovations.org/telehealth-portal/

Sustainable Models of Telehealth in the Safety Net: Evaluation Update

November 15, 2019

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

We are Here!

July
Final report and issue briefs

2018

2019

2020

Jun–Sept
Telehealth Coordinator and Payer Phone Interviews

March
Provider Survey

December–April
Data Analysis
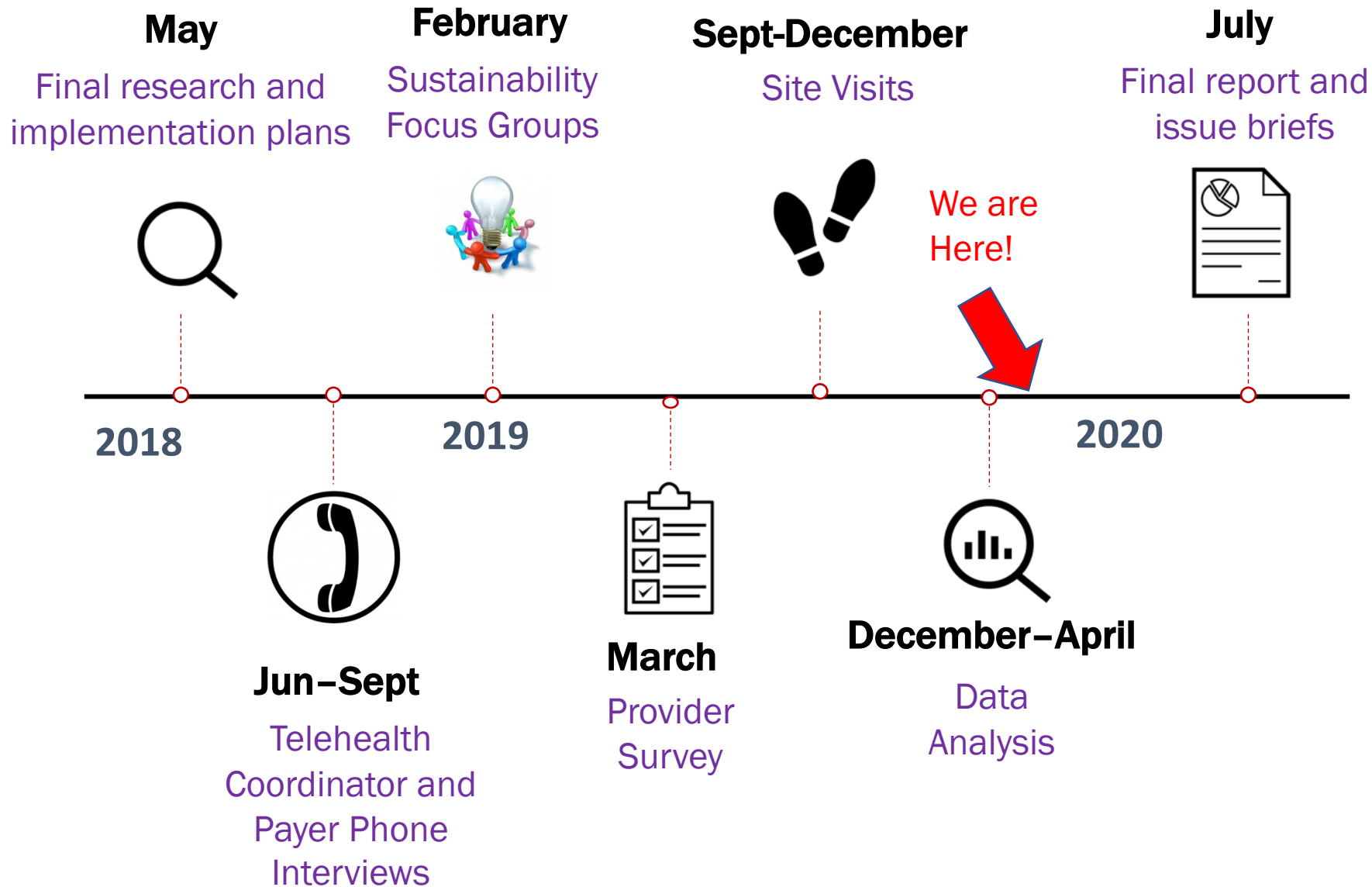
The evaluation will result in four products

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

Kathy Chorba, Executive Director
California Telehealth Resource Center

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 <u>telehealth coordinator</u> 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
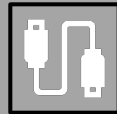
Simple solutions: laptop, tablet, cellular devices

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
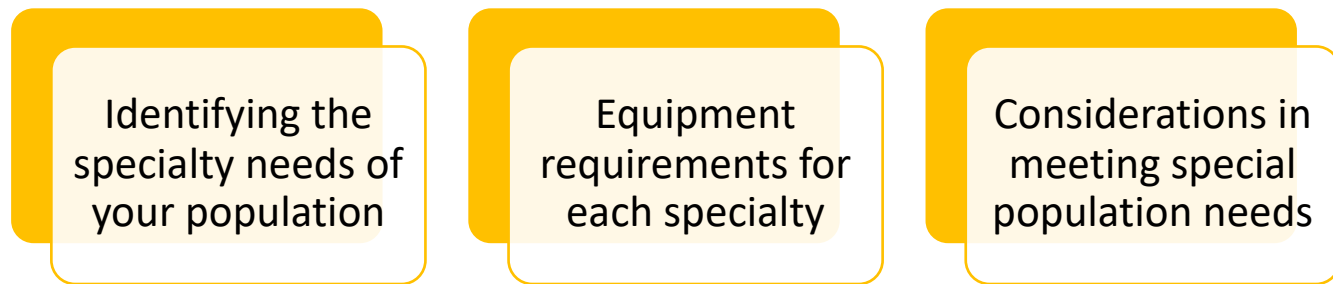
Module 4: Team Roles and Consultation Preparation

| 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 / | → | Training & Testing
•Mock patient clinics
•Dry runs with colleagues |
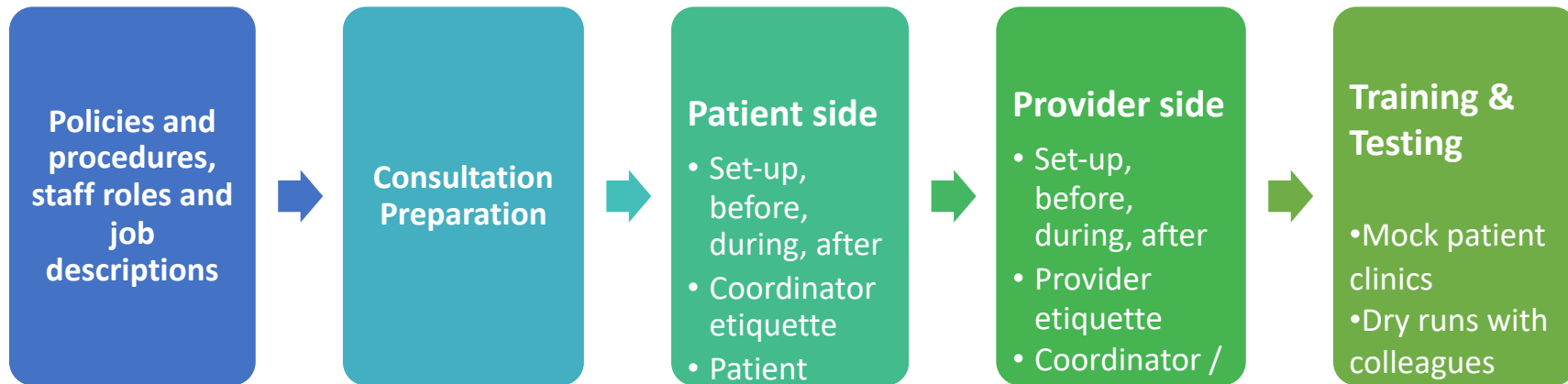
Module 5: Reimbursement and Legal Considerations

Billing & Reimbursement

Working with Health Plans: Demonstrating the benefit of telehealth

Legal considerations

Medicaid
Medicare
Private Payers

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

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 invovlved & 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

Education

- 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

Post funding sustainability

Obtaining funding

Identifying and overcoming integration barriers

Where is this content posted?

www.caltrc.org/knowledge-center/training/

790 Visits in 30 days

36 Different states viewing content

4.5 Satisfaction rating (scale = 1-5)

CALIFORNIA TELEHEALTH RESOURCE CENTER
Your resource for telehealth success
caltrc.org | 877.590.8144

Telehealth Coordinator
Online Training

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 their skills.

Learn more
⌄

Registered Users

✉ Email

🔒 Password

Sign in ➔   Forgot password?

Not registered?
Create your account here

How can people access the content?

www.caltrc.org/knowledge-center/training/

Telehealth Coordinator
Online 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.

VIEW

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.

VIEW

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.

VIEW

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.

VIEW

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.

VIEW

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 programmatic challenges and means of addressing these common barriers.

VIEW

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.

VIEW

05

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.

Live Video (Synchronous)

Store-and-Forward (Asynchronous)
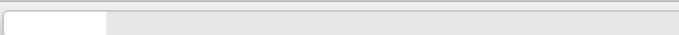
Remote Patient Monitoring (RPM)

Mobile Health (mHealth)

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MENU

◀ PREV   NEXT ▶

Module 1 - Welcome and Overview of Telehealth

Resources

Quiz

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!

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MENU

◀ PREV   NEXT ▶
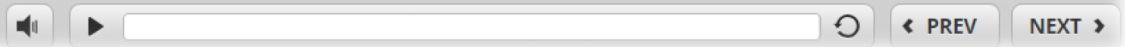
Future Content Suggestions?

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