Understand the new COVID-19 telehealth regulations just released by CMS and how you can get up to speed, fast!

Tuesday, March 24, 2020
5:00 pm EST
4:00 pm CST
3:00 pm MST
2:00 pm PST

Faculty

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**WHAT IS TELEHEALTH?**

- The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and landline and wireless communications. Telehealth services may be provided, for example, through audio, text messaging, or video communication technology, including videoconferencing software. For purposes of reimbursement, certain payors, including Medicare and Medicaid, may impose restrictions on the types of technologies that can be used.

**What is Telehealth to CMS**

- Telehealth defined as HIPAA compliant, interactive audio and video telecommunication permitting real time communication and visualization
- Reimbursement same as in-person face-to-face
- High level of satisfaction both provider and patient
- Cost and time effective
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**Defines Location of Patient as Origination of Care**

- Medical facility where patient is
- County that is designated rural health professional shortage area and CMS qualified rural
- Provider office, hospital, CAH, rural health clinic, FQHC, skilled nursing facility, renal dialysis center, community mental health center

**Provider of DSMES in Remote Location**

- Medical facility where provider is located
- Medicare approved billing providers: MD, DO, PA, NP, CNS, CNM, Clinical Psychologist, LCSW, RD
- Billing provider MUST be the provider rendering DSMES to the patient
- Telehealth DSMES does not allow RN, Pharmacist to render services per CMS rules
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**Traditional Telehealth Rules for DSMES**

- Rules related to location of provider and location of patient
- Rules related to what type of provider can "render" or offer telehealth DSMES
- Rules to protect HPI with security with encryption and secured network and HIPAA compliance

**COVID-19 Urgency and Opportunity**

- 3/6/2020 Coronavirus Preparedness and Response Supplemental Appropriations Act: under 1135 waiver
- Limitations removed
  - Location where patient lived no longer required to be rural
  - Patients eligible to receive telehealth in their homes and/or any medical facility
- Eligible services normally furnished in person under codes include MNT and DSMES G0108 and G0109
- Hospital and CAH Out-Patient Clinic settings
- States encouraged to offer to Medicaid beneficiaries and Commercial Insurance parity
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### Potential Changes May Still Be Coming...

- Approval for RHC, FQHC pending introduced legislation*
- Additionally, CMS has been asked to allow RN and Pharmacist as providers of telehealth*
- *note: not yet approved by may be part of forthcoming legislation and modification to waiver

### Considerations for Tech Platforms for Patient Connections

- Traditional Telehealth products included robust encryption, HIPAA compliance and BAA
- Efforts should still be made to use similar products however waiver allows for more patient accessible tools
- Skype, WebEx, Zoom may be considered previously compliant and good resources with waiver
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### Acceptable: Non Public Facing Communication

- Products that allow only the intended parties to participate in communication
- Some will be suited for individual, some allow for many participants
- Apple FaceTime, Facebook Messenger video chat, Google hangouts video, Whatsapp video chat, Skype, Zoom
- Some products would also allow texting applications with end-to-end encryption

### Telehealth Platforms with HIPAA and BAA readiness for providers:

- Skype for Business / Microsoft Teams
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet
- Cisco WebEx Meetings / WebEx Teams
- Amazon Chime
- GoToMeeting
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Free Telehealth Platforms by EHR Vendors

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Offerings</th>
</tr>
</thead>
<tbody>
<tr>
<td>AdvancedMD</td>
<td>Offering certain features within its patient engagement suite free of cost until the end of May.</td>
</tr>
<tr>
<td>Prognocis</td>
<td>Giving its complete telehealth platform free of cost to all its customers.</td>
</tr>
<tr>
<td>Chartlogic</td>
<td>Has just launched its telehealth service and will be offering it for free to all its customers.</td>
</tr>
<tr>
<td>Drchrono</td>
<td>Two of its telehealth partners have special 90-day free trial offers for all Drchrono customers.</td>
</tr>
<tr>
<td>eclinicalworks</td>
<td>Providing accelerated activation, training, and setup of telemedicine services for all practices. Non-customers can also purchase their stand-alone telehealth platform</td>
</tr>
</tbody>
</table>

NOT acceptable

What are not acceptable forms of remote communication:

- Public-facing remote communication products:
- TikTok, Facebook Live, Twitch, or chat room such as Switch

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**DSMES Program Structures**

- Program Recognition/Accreditation Status still required
- Rendering Provider Considerations
- Telehealth Platforms in Facility
- New Work Actions for Changes to scheduling and connecting with patients to consider

**DSMES Program Consistencies**

- Telehealth delivery consistent with DSMES program delivery process
  - DSMES must be delivered in 30-minute increments; same as in-person
- Continue to have assessment and content delivery
- Curriculum based
- Education materials and tools available to patients
- Billing and coding is same as in person: G0108 and G0109
- Medicare telehealth claims reflect Place of Service (POS) code 02 – Telehealth
- CPT modifier: GT
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### Setting up your Program for Telehealth

- **Identification of patient appropriateness**
  - Access to smart phone, computer, or tablet
  - Barriers to visual or hearing
  - Agreeable to format of telehealth
- **Program Staff Plan to support increased need for patient contact and preparation**
  - Staff to contact patient for telehealth visit plan and permission
  - Support for advance patient training
  - Support at time of visit
  - YouTube videos to teach how to get tech connected
- **Available Facility Equipment**
  - Computer equipment for audio and video use
  - Room privacy

### Setting up your Program for Telehealth

- **Use of tech for educational tools and resources**
  - Facility web page for patient access to forms and tools
  - Use of industry partners for resources
- **Process for sending materials**
  - Send PDF via email with "do not reply"
  - Mail materials in advance when possible, after if appropriate
- **Staying connected to patients**
  - Consider telephone check-ins for patient unable to tech connect
  - Telephone visits not billable and best used for support
  - Assist with provider needs: med refills, prior auths

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### Setting up an Individual Appointment

- "Chart Prep" to determine visit appropriate
- Telephone call to assess patient readiness to telehealth
- Patient telephone and email contact
- CDCES at appointment obtains patient consent to telehealth visit and advises patient of visit charge
- Assessment of education needs
- DSMES visit
- Documentation needs to include telehealth visit via audio and video "platform name"
- Documentation of consent for telehealth

### Setting up Group Visit

- Chart prep for appropriateness
- Telephone contact to review telehealth DSMES class and patient agreement
- Telephone number and email
- Platform dependent, participants join class similar to this presentation with most platform allowing multiple invites
- CDCES obtains consent and requests participant response, documents same as individual
- Support for materials distribution via web based, email dissemination
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Practicing within new Research Project

- Program data collection for DSMES consistent with practices in place
  - May not be able to track A1c if lab access limited
- Consider data collection for new practices
- Tracking Metrics
  - Patient visits telehealth individual and classes
  - Patient contacts/support with non tech connected
  - Best practice outcomes to connect patients
  - Way-finds for getting education materials to patients
  - Outcomes individual vs. Group
  - Telephone or mailed survey for patient satisfaction
  - Provider satisfaction

Program Practice Changes

- Staff phone triage for which patients telehealth DSMES
  - Survey tool to implement
- Create plan for non-telehealth patients
- Teaching strategies for survival skills generated on individual assessment and greater community access
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References/Resources

Association of Diabetes Care & Education Specialists
Resources for Telehealth/COVID-19 practices:

https://www.diabeteseducator.org/practice/practice-tools/app-resources/covid-19-information

Questions?
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THANK YOU!

Q&A Webinars:
• Friday, March 27 at 2:00 pm EST
• Tuesday, March 31 at 2:00 pm EST

www.diabeteseducator.org/livewebinars