Implement telehealth as a COVID-19 Solution

Senior living providers must consider telehealth as an alternate option for resident screening, assessment and treatments to reduce foot traffic from physicians and health care providers. During the COVID-19 pandemic, engaging a telehealth provider to assist with urgent or emergent situations, such as post-fall evaluation and assessment for COVID19, can be vital in preventing unnecessary emergency room visits and hospitalizations.

Telehealth can also be an effective intervention for adjusting prescriptions, reducing non-urgent and routine physician appointments, review of physical therapy practices, mental health counseling, and many other diagnostic and treatment options.

In looking at the definition of telehealth, there are considerations both for the scope of services as well as the method of communication. The Health Resources and Services Administration 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. Telehealth services may be provided 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.[1]

Telemedicine has gained newfound relevance with the coronavirus pandemic. On March 17, the Trump administration announced what it called "unprecedented steps" to expand Americans' access to telehealth and telemedicine services during the COVID-19 outbreak.

With the expansion of telehealth services, which includes an increase in both volume and access to telehealth services, there are still important patient privacy considerations. The Office of Civil Rights expects that telehealth visits should always be conducted with the most privacy possible, i.e., in private settings, such as a doctor in a clinic or office connecting to a patient who is at home or another clinic. Providers should always use private locations, and patients should not receive telehealth services in public or semi-public settings, absent patient consent or other untoward circumstance. If telehealth cannot be provided in a private setting, covered health care providers should continue to implement reasonable HIPAA safeguards to limit incidental uses or disclosures of protected health information (PHI). Such reasonable precautions could include using lowered voices, not using a speakerphone, or recommending that the patient move to a reasonable distance from others when discussing PHI.[2]

With the CMS 1135 wavier authority, and Coronavirus Preparedness and Response Supplemental Appropriations Act, Medicare can pay for office, hospital and other visits furnished via telehealth across the country, including in a patient's place of residence, i.e., a retirement community and or long-term care facility, retro to March 6, 2020. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority.[3] Also, HHS has eased sanctions and penalties related to Medicare and Medicaid program beneficiaries and HIPAA violations for communication applications "when used in good faith for any telehealth treatment or diagnostic purpose," regardless of if directly related to COVID-19.[4] There are three types of visits that qualify under the 1135 waiver. The table below illustrates telehealth type of service, service description and patient relationship with provider information.

Since telehealth is enabling a new care delivery model, most staff will need to be involved, including executive leadership, clinical teams, technical representatives, and staff in durable medical equipment (DME)/logistics, finance, operations, and marketing/business development.

Senior living providers will need to consider equipment needs for telehealth services, including equipment needs that should be supplied by the health care provider, office space and compliance to HIPAA and the HITECH Act, staff education on equipment, and resident assistance for computer and camera/equipment set up.

Providers should submit a request for adding telehealth services and coordinate with state and federal agencies. Determining organizational readiness to initiate and operate or expand a telehealth program is a necessary step toward ensuring success. Planning and developing a comprehensive telehealth program take time, resources and dedication.[5]

The clinical team will need to determine telehealth ancillary sensors/devices based on resident chronic conditions and the skills of the clinical team. Ancillary sensors may include:

- Stethoscope (for interactive telemedicine)
- Temperature probe
- Blood pressure cuff
- Heart rate
- Peak flow
- Glucometer
- Pulse oximeter
- Pulse waveform
- Spirometer
- EKG/ECG
- High definition camera
- High definition video camera
- Clinical decision support

The populations and chronic conditions the organization wants to manage also dictate the clinical decision support system. There are numerous systems for managing chronic diseases that place seniors at high risk during the COVID-19 pandemic, including CHF (congestive heart failure), myocardial infarction, pneumonia, COPD (chronic obstructive pulmonary disease), diabetes, hypertension, and many others.

Type of service	What is the service?	Patient relationship with provider
Medicare telehealth visits	A visit with a provider that uses telecommunication systems between a provider and a patient	For new* or established patients **To the extent the 1135 wavier requires an established relationship. HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during*
Virtual check-in	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed; a remote evaluation of recorded video and/or images submitted by an established patient	For established patients
E-visits	A communication between patient and their provider through an online patient portal	For established patients

Telehealth considerations

- Residents may not have access to their primary care physicians. Senior living providers should work with residents and physicians to determine telehealth interest and physicians' networks to encourage the use of a telehealth platform.
- Physician orders and electronic medical record integration capabilities.
- Clinical leader and nursing capabilities for telehealth assessments and obtaining physician orders through a "read back" process to validate telehealth visit and verification of physician orders.

It is likely that post the COVID-19 pandemic, telemedicine regulations will revert to the pre COVID-19 pandemic state. The 1135 waiver allows for the flexibility of telehealth services to keep both patients and providers safe during this unprecedented period.[6]

For additional information, you can access a Telemedicine Toolkit to use during the COVID-19 pandemic at:

https://www.aafp.org/dam/AAFP/documents/advocacy/prevention/crisis/CMSGeneralTelemedicineToolkit.pdf

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[1] https://www.cms.gov/files/document/03052020- medicare-covid-19-fact-sheet.pdf

[2] https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf

[3] https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

[4] https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

[5] https://www.leadingage.org/white-papers/telehealth-and-remote-patient-monitoring-long-term-and-post-acute-care-primer-and#5

[6] https://www.aafp.org/dam/AAFP/documents/advocacy/prevention/crisis/CMSGeneralTelemedicineToolkit.pdf

* Links are subject to change

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