

HIPPO

EDUCATION

Podcast Contributor Show Notes

TELEMEDICINE IN THE TIME OF COVID-19

Guest Name: Edward Kaftarian MD

Title:

CEO, Orbit Health Telepsychiatry

Vice-Chair of Mental Health, American Telemedicine Association

Board Certified in Psychiatry, Forensic Psychiatry, and Addiction Medicine

Email: edward@orbithealth.com

Objectives:

- Describe the past, present and future of telemedicine
- Review the advantages of telemedicine
- List common challenges and pitfalls associated with the practice of telemedicine
- Describe technology requirements and office setup when initiating telemedicine practice
- Describe policy & regulatory considerations pertaining to the practice of telehealth
- Identify telehealth resources for those interested in getting involved with telemedicine

Intro: Hi everyone, it's Neda Frayha here. In this era of COVID-19, many of us are shifting our clinical work to telemedicine. Maybe we thought telehealth seemed cool or interesting before, but now it feels like an urgent necessity. So we are going to have a conversation about the ins and outs of telemedicine - including the technology required, billing and coding, and etiquette for these visits - with Dr. Edward Kaftarian, a psychiatrist who is board certified in psyforensic psychiatry and addiction medicine. He developed the telepsychiatry program for the Statewide California Prison System. He's also the Vice Chair of Mental Health at the American Telemedicine Association and CEO of Orbit Health Telepsychiatry. Dr. Kaftarian also has a podcast called "Brain on a Wire," where he talks about how technology will affect our minds, our behaviors, and our relationships. Ed, welcome to the show!

Right now telemedicine feels like something we need to do ASAP. Let's take a step back for just a second. First, let's define, what *is* telemedicine?

- Providing evaluations, therapy, patient education and medication management remotely, most often by using videoconferencing

What are the categories of telemedicine as a whole?

- Live two way video conferencing
- Store-and-forward

- Remote Monitoring
- Mobile Health

Even outside of this particular moment, what are the advantages of telemedicine? In which patient populations or settings can it be most helpful?

- Can be used in a multitude of settings such as correctional facilities, courts, hospitals, emergency rooms, community mental health clinics
- Gets cars off the road
- Don't need to fight traffic
- Doctors get to work from home
- Can span geography: work at one clinic in the morning and another in the afternoon
- Can leverage time zones
- Can break the ice with patients

What are some of the challenges of telemedicine?

- Technology issues no longer really an issue
- Team communication
- Insurance carriers sometimes are confused by telemedicine -+
- Physical examination must be guided
- Limited to what you see on camera unless you get collateral information
- HIPAA rules
- Emergency plans must be coordinated ahead of time
- Policy landscape can vary from state to state

So you mentioned the policy landscape, which seems to be changing by the hour right now. Are there standards of practice in telemedicine? Any governing bodies or guidelines? Reimbursement issues?

- Need to consult your organization for specifics (this does not constitute legal advice)
- Can vary from state to state
- Typically regulated by state medical boards
- In most states there is not a separate standard for telemedicine
- In most cases you need a medical license in the state where the patient is located
- Some states require a separate consent for telemedicine
- Some states require a provider or telepresenter on the premises
- Interstate Medical Licensure Compact making it easier to practice across state lines in many states
- Increasingly there are telemedicine parity laws
- In 2018 CMS expanded medicare coverage for certain telehealth services and included additional telehealth services codes.
- There have been other recent changes and waivers: According to CMS as of March 17, 2020, **“EXPANSION OF TELEHEALTH WITH 1135 WAIVER: Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient’s places of residence starting March 6, 2020. A range of**

providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. The 1135 provisions include a "waiver of provider licensure," but it doesn't mean much unless a state creates a waiver, too.

- To the extent the waiver (section 1135(g)(3)) requires that the patient have a prior established relationship with a particular practitioner, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.
- Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.”
- [Some other updates: the site of origination can now be any health care office or facility as well as the home, and services provided don't have to be limited to covid-19 related diagnoses or symptoms.](#)

How do we bill these visits?

Medicare telehealth services include office visits, psychotherapy, consultations, and certain other medical or health services that are provided by an eligible provider who isn't at your location using an interactive 2-way telecommunications system (like real-time audio and video).

These services are available in rural areas, under certain conditions, but only if you're located at one of these places:

- A doctor's office
- A hospital
- A critical access hospital (CAH)
- A rural health clinic
- A federally qualified health center
- A hospital-based dialysis facility
- A skilled nursing facility
- A community mental health center

Medicare made these changes to telehealth in 2019:

You can get Medicare telehealth services at renal dialysis facilities and at home, although you must have an in-person visit once a month for the first 3 months and once every 3 months thereafter.

You can get Medicare telehealth services for faster diagnosis, evaluation, or treatment of symptoms of an acute stroke no matter where you're located.

If you're being treated for a substance use disorder or a co-occurring mental health disorder, you can get Medicare telehealth services from home.

Online digital evaluation and management (E/M) (e-visits)

Code	Description
99421	Patient-initiated digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
9942211-20 minutes
9942321 or more minutes

Other requirements:

- Verbal consent is required by CMS.
- The patient initiates the service with an inquiry through the portal
- The service is documented in the medical record.
- If the patient had an E/M service within the last seven days, these codes may not be used for that problem.
- If the inquiry is about a new problem (from the problem addressed at the E/M service in the past 7 days), these codes may be billed.
- If within seven days of the initiation of the online service a face-to-face E/M service occurs, then the time of the online service or decision-making complexity may be used to select the E/M service, but this service may not be billed.
- This is for established patients, per CPT®.
- This may not be billed by surgeons during the global period.
- The digital service must be provided via a HIPAA compliant platform, such as an electronic health record portal, secure email or other digital applications.

Let's move into the technology requirements for a clinician and what kind of office setup you need.

- Confidential space
- Professional background
- No distractions
- Bandwidth minimum requirement is 1.5 MB/sec, but I recommend at least 3 MB/sec if you are running other programs simultaneously
- Hardwired preferred, but WIFI can work
- Fancy equipment not necessary
- Need a good quality camera 720p or above
- Appropriate diffuse lighting
- Noise cancelling microphone/speaker (USB plug and play)
- Need a HIPAA compliant telemedicine platform - more on this in a second
- Need an EMR or HIPAA compliant way of transmitting paper records and writing orders
- Need a contingency plan if you lose power or internet

Does it have to be a specific virtual visit software, or can we use platforms like Zoom or Skype or FaceTime?

- As of March 17, 2020, the Office of Civil Rights which enforces HIPAA, said it “will not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth during the COVID-19 emergency.” But individual state laws may still vary.
- “Physicians may use any non-public facing remote communication product available to communicate with patients (even if this product is not fully compliant with HIPAA Rules) – examples include:
 - Apple FaceTime
 - Facebook Messenger video chat
 - Google Hangouts video
 - Skype
- Examples of public-facing products and applications that should NOT be used include:
 - Facebook Live
 - Twitch
 - TikTok
- We are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and we should enable all available encryption and privacy modes when using such applications.
- The below list of vendors have indicated they provide HIPAA-compliant platforms; the OCR does NOT endorse them, but we can be aware of this:
 - Skype for Business
 - Updox
 - VSee
 - Zoom for Healthcare
 - Doxy.me
 - Google G Suite Hangouts Meet”

<https://www.acponline.org/practice-resources/business-resources/covid-19-telehealth-coding-and-billing-practice-management-tips>

I imagine some etiquette is involved in the telemedicine relationship. Tell me more about this.

- Position camera for virtual eye contact
- Position camera at the right distance
- Quiet keyboard helps
- Minimize personal items in background
- Don't shuffle papers around
- Don't allow distractions in the background
- Be punctual
- Dress appropriately
- Never forget that this is a real doctors appointment

Are there any outcomes related to telemedicine that have been studied?

- Most available studies deal with satisfaction, cost effectiveness

What are some telemedicine resources for our listeners?

- Best Practices in Videoconferencing-Based Telemental Health
- Telehealth Resource Centers
- American Telemedicine Association website
- American Psychiatric Association website
- Orbit Health website contains link to these and other websites
- Right now the ACP and the AMA also have helpful hubs of information

Where do you see the future of telemedicine?

- As telemedicine becomes mainstream, it will be considered just part of medicine
- Less brick and mortar facilities
- Increasing use of artificial intelligence
- Key will be the right data at the right time
- Most of what we chart today will soon be autopopulated: Less paperwork!
- More international medicine

Closing thoughts?

CME question:

Which of the following is NOT a category of telemedicine?

- A. Live Interactive Video
- B. Store-and-Forward
- C. Remote Monitoring
- D. Computerized Transdisposition
- E. Mobile Health

ANSWER: D

References:

1. COVID-19 Telehealth Coding and Billing Practice Management Tips. American College of Physicians. <https://www.acponline.org/practice-resources/business-resources/covid-19-telehealth-coding-and-billing-practice-management-tips> (Accessed 23 March 2020)
2. AMA Quick Guide to Telemedicine in Practice. American Medical Association. <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice> (Accessed 23 March 2020)
3. Medicare Telemedicine Health Care Provider Fact Sheet. Centers for Medicare and Medicaid Services. <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet> (Accessed 23 March 2020)

4. Telehealth and Telemedicine. American Academy of Family Physicians. <https://www.aafp.org/about/policies/all/telemedicine.html> (Accessed 23 March 2020)
5. Moore K. Coronavirus (COVID-19): new telehealth rules and procedure codes for testing. Getting Paid: A Blog from FPM Journal. March 10, 2020. https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/coronavirus_testing_telehealth.html (Accessed 23 March 2020)
6. Liebson E. Telepsychiatry: Thirty-Five Years' Experience. 1997. www.medscape.com/viewarticle/431064_1. Accessed January 17, 2019.
7. Arndt RZ. Turning to telemedicine for prisoners' mental health treatment. January 6, 2018. www.modernhealthcare.com/article/20180106/NEWS/180109957. Accessed January 17, 2019.
8. Center for Connected Health Policy. www.cchpca.org/.
9. Hubley, et al. Review of Key Telepsychiatry Outcomes. *World J Psychiatry*. 2016 Jun 22; 6(2): 269–282.
10. Campbell, et al. Reactions of Psychiatric Patients to Telepsychiatry. *Ment Illn*. 2015 Sep 30; 7(2): 6101.
11. Brodey et al, 2000. Satisfaction of forensic psychiatry patients with remote telepsychiatric evaluation. *Psych Services: Oct 51(10): 1305-7*.
12. Ermer D.J., 1999. Child and adolescent telepsychiatry clinics. *Psych Services Jul 29(7): 409-14*
13. Sharp, IR, et al: The use of videoconferencing with patients with psychosis: a review of the literature. *Annals of Gen Psychiatry* 2011 10:14
14. Ruskin PE, Silver-Aylaian M, Kling MA, Reed SA, Bradham DD, Hebel JR, et al. Treatment outcomes in depression: comparison of remote treatment through telepsychiatry to in-person treatment. *The American journal of psychiatry*. 2004;161(8):1471-6.
15. Rabinowitz T, Murphy KM, Amour JL, Ricci MA, Caputo MP, Newhouse PA. Benefits of a telepsychiatry consultation service for rural nursing home residents. *Telemedicine journal and e-health*. 2010;16(1):34-40.
16. State Telemedicine Gaps Analysis, February 2017. American Telemedicine Association. www.americantelemed.org/home.
17. Interstate Medical Licensure Compact. <https://imlcc.org>. Accessed January 17, 2019.
18. American Telemedicine Association. www.americantelemed.org/home.
19. Rheuban K, Shanahan S, Wilson K. Telemedicine: innovation has outpaced policy. *AMA Journal of Ethics*, December 2014. <https://journalofethics.ama-assn.org/article/telemedicine-innovation-has-outpaced-policy/2014-12> (Accessed 23 March 2020).
20. Breen GM, Matusitz J. An evolutionary examination of telemedicine: a health and computer-mediated communication perspective. *Soc Work Public Health*. 2010;25(1):59–71. doi:10.1080/19371910902911206

Before we get into some nitty-gritty logistics, please tell us a little bit about why this is such an important topic to you.

- A powerful example of a telepsychiatry session that changed the life of a patient
- How Ed got involved with telepsychiatry and why it has been so rewarding

Can you give us a brief overview of the history of telemedicine?

- Telemedicine was predicted by Dr. Hugo Gernsback in 1925 on the cover of Science and Invention magazine. Featured what he called a “teledactyl” which allows robot fingers and radio technology to examine a patient from afar
- 1950s: a few university hospital systems began putting telemedicine into use. Notably transmitting radiologic images via telephone, paving the way for teleradiology.
- 1959: University of Nebraska transmitted neurological and psychiatric examinations to medical students across campus with two way interactive television
- 1964: Link established between University of Nebraska to Norfolk State Hospital 112 miles away
- 1960’s: US GOV (NASA, DOD, etc) started to put satellites into space for civilian use, making it possible to do telemedicine projects such as the Indian Health Service in AZ
- 1989: US worked with Armenia to provide telemedicine support to treat survivors of a massive earthquake
- 1990s: Government programs started to emerge using large and expensive videoconferencing equipment. Example California prison system
- -2000s until present: videoconferencing equipment has gotten much less expensive, portable, adaptable, and easy to use. Lots of telemedicine vendors and service providers have emerged.

Can you tell us about your podcast, “Brain on a Wire?”

- Podcast that discusses how our culture of technology is changing our minds, our behaviors, and our relationships.
- We talk about the psychological and sociological implications of being plugged in and online
- We talk about topics like virtual reality, internet addiction, social media, . where he talks about how technology will affect our health. Closing thoughts/wrap-up