Physicians, Telehealth and COVID-19: Challenges and Opportunities

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Vision
To realize the full health potential of every human, everywhere.

Mission
Reform the global health ecosystem through the power of information and technology.
Welcome
Meet Our Speakers

Brian Levy, MD
President and CMO, Peak Informatics

Michael Brody, DPM
President, TLD Systems

Alan S. Young, MD, MBA, PMP
Chief Medical Officer, GYANT
Brian Levy, MD

Dr. Levy is an executive healthcare physician with deep expertise in creating software and content. He is passionate about improving the delivery of healthcare for patients, improving patient outcomes, and achieving semantic interoperability of patient records.

Dr. Levy continues to practice medicine, using the latest telehealth technology in delivering everyday patient care as well as in a primary care practice. Current HIMSS Physician Committee Member.
COVID-19 Experiences

- **Evaluating signs and symptoms**
  - Worried – not very sick
  - Early on – loss of taste and smell, COVID toes
  - Range of symptoms – is it COVID or not?

- **Asking for work-excuses**
  - ‘Clear’ to return to work issues

- **Testing**
  - Challenges of ordering PCR testing
  - Role of antibody testing confusing for patients

- **Visiting ophthalmology, dermatology, dentist, and PCPs challenging**
  - Treating patients unable to see regular doctors

- **Maintaining and following COVID Guidelines**
  - Iterated through 10 versions of the Guideline over the last 2 months
Virtual Primary Care

- Increasing visits at our hospital system from a pilot phase to hundreds of virtual visits daily within a week
- Following chronic diseases as well as acute issues
- Relaxing reimbursement and HIPAA rules
  - New patients
  - Medicaid
- Communicating in various ways
  - Several video and phone platforms
What have we learned?

- Incorporating Telehealth into patient care is here to stay
- Managing reimbursement and profits for Hospital systems and Telehealth providers is still essential
- Reaching the underserved population with Telehealth is still challenging
- Increasing availability of remote sensors/vital signs to improve care
- Setting patient expectations up front will improve care
Michael Brody, DPM

Dr. Brody has been in private practice for over 30 years. He has served as the residency director of the Podiatry Residency Program at DVAMC Northport and involved in postgraduate education his entire career. His interest in computers and informatics began during his undergraduate career at MIT.

During his medical education and beyond he had a strong interest in computers and medicine and has been active in HITSP, CCHIT, The Standards and Interoperability Framework, The New York e-Health Collaborative, TC215 and HL7.

He founded TLD Systems, assisting ambulatory providers to be compliant with HIPAA, OSHA and other federal rules and regulations. Current HIMSS Physician Committee Member.
**Documentation and Risk Management**

- You should video record every Telehealth Visit and make that recording part of the patient's medical record.
  - This is much easier if you are using EHR
  - Contact your vendor to learn how to incorporate these recordings into the system you are using
Risk Management

- The recording will clearly document
  - what you were able to see
  - the quality of the image
  - the limitations you were working under.

- The recording will clearly have all patient consents well documented (more on that later).

- There is a fair chance the patient is recording the encounter and if there is a malpractice action and the patient has the recording, the plaintiff’s attorney can claim your notes are incomplete....
If your current platform does NOT support recording

1) Consider moving to a different platform.

2) Consider getting a program that can record the screen for you.
**HIPAA Implications**

- Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype.

- Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.
The Notice of Privacy Practices

• Add this prominently on your website
• Direct the patient to the website
• Send the exact link to the patient by email
The Telehealth Session

• Get VERBAL consent

• Get consent to record the encounter – vital

• Tell the patient the limitations of telehealth
  • You can not physically examine the patient
  • What you can observe in telehealth is less than what you can observe for a live visit

• Have the patient verbally confirm that they understand and accept these limitations.
Confirm Identity

- Ask the patient to hold up a photo ID to the screen for identity verification.

- If this is a new patient, ask the patient to hold up their insurance ID to the screen for insurance verification.

- If others are present with the patient
  - Ask for consent to speak with the other individuals present. Have those individuals identified by name and relationship to patient.
You may wish to include payment information

- A verbal ABN or similar in case the care is not covered by the insurance carrier

- Remember if it is not covered as an in person visit, it is not covered by a telehealth visit
**Face to Face E and M Codes**

- You can bill for any appropriate E and M code based upon the 'normal' place of service where the patient would be treated, this requires a real time interaction via video.

- 99201–99205, 99212 – 99215, etc

- These codes require Modifier 95
**Telephone E and M Codes**

- When you complete an E and M with telephone only – you are ‘live’ on the phone speaking with the patient
  - 99441 – 5 to 10 minutes
  - 99442 – 11 to 20 minutes
  - 99443 – 20 to 30 minutes
- No Modifier required
- Use Place of Service 02
Asynchronous E and M Codes

• If you use Email, Text, or the Patient portal to communicate
• You are not communicating in real time you are sending each other messages
• Use codes 99421, 99422 and 99423
• No Modifier required
• Use Place of Service 02
Virtual Check Ins

• These are brief telephone calls and do not involve E and M Services
  • G2012 when you do not have images
  • G2010 when you DO have images

• No Modifier required

• Use Place of Service 02

• REMINDER: If you use an E and M code for Telehealth, all of the E and M guidelines apply
Dr. Young is a physician executive with diverse clinical, corporate and entrepreneurial accomplishments.

After graduating from UCLA with a degree in Microbiology, Immunology & Molecular Genetics, he completed a dual MD/MBA program at USC’s Keck School of Medicine & Marshall School of Business. He obtained his medical license during his Orthopedic Surgery residency, started his clinical career at Kaiser Permanente, and gained business experience consulting with Deloitte, Accenture & Slalom and as an executive for USC Care Medical Group.

He serves on the HIMSS National Physician Committee and is the current SoCal HIMSS CMIO Committee Chair. At GYANT, he is the Chief Medical Officer for a growing healthcare startup using natural language processing, automation and machine learning to build technology solutions for health systems. He continues to practice medicine in Los Angeles.
Opportunities Leveraging Artificial Intelligence

Telemedicine enables patient care outside the clinic/hospital while A.I. expands capabilities to support physicians and engage patients proactively and safely.

- How A.I. augments the pre, peri and post-virtual care experience
  - Pre-visit virtual triage and navigation
    - Recognition of clinical intents or symptoms (including COVID-19) and engaging patients with a virtual assistant to perform triage based on existing protocols through conversational A.I.
  - Clinical intake process
    - A.I. virtual assistant can perform general intake and history gathering on behalf of a provider and document a thorough history of present illness (HPI) and review of systems (ROS) while checking for risk factors for potential COVID-19 exposure
  - Post-visit follow-up
    - Automated mobile communications to ensure patient satisfaction and problem resolution by monitoring symptoms, answering FAQs or helping with scheduling future visits while encouraging social distancing, face mask usage and directions to testing options
**COVID-19 Screener & Virtual Assistant**

Deploying automated triage to navigate patients to the appropriate care setting decompressed call center volumes and increased appropriate virtual care usage

- **Real-world experience:**
  - 157,000 users in 17 days
  - ~9,300+ users per day
  - Peak 23,000 users day 3
  - 93% completion rate
  - 50% decrease in call center volume during the same period
  - ~80% of users symptomatic & directed to telemedicine
Clinical & Patient Decision Support Software

While A.I. is restricted by the FDA from making a specific diagnosis, it can provide decision support by suggesting potential differential diagnoses to the provider.

- **Existing data from the patient EMR combined with the acute presentation details can be combined to predict outcomes or best care pathways for patients**
  - Chronic co-morbid conditions
  - Vital signs or labs (current and trends)
  - Imaging & pathology studies or reports
  - Medication adherence or pharmacology profile
  - Previous acute care visits (urgent care, ER, telemedicine)
  - Risk stratification based on predictive models
  - Genomic information
Remote Patient Monitoring Post-discharge

Surge of telemedicine patients has created a deficiency in proactive patient engagement to reduce bounce-backs or poor outcomes

- A.I. discharge protocols can monitor patients for worsening or persistent symptoms, barriers to care, and facilitate follow-up appointments
  - Symptom progression
  - Wearable or diagnostic data
  - Social determinants of health
  - Appointment booking
  - Bill payment
  - FAQs

1. Discharged patients are automatically enrolled in the follow-up program
2. GYANT sends out text message(s)
3. Launches web-chat to capture patient data securely (HIPAA)
4A. Protocol summary note is generated and added to EHR
4B. If needed, nurse provides additional assistance via chat or phone
5. Care managers monitor program results and outcomes
Questions?
Open Discussion

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Join the HIMSS Physician Community

• Educational webinars on the topics of telehealth, medical informatics, clinical decision support and best use of EHR systems

• HIMSS Resource Library: case studies, toolkits, research

• Networking and connecting with colleagues

• Volunteer opportunities

• Policy Impact: Calls to Action & Listening Sessions

• Publication: Weekly Physician eNews

www.himss.org/membership-participation/physician
Thank you.

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