COVID19 in the Nursing Home: Telemedicine & Communication

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Disclosures

- I have no disclosures to report.
Learning objectives

By the end of this session, participants will be able to:

- Draft a communication plan for families during periods of visitor restrictions
- Identify and remove non-critical points of contact for support staff
- Explore alternatives to in-person provider visits
- Review CMS policy updates relevant to telehealth and communication
- Understand recent changes to telehealth billing
Importance of communication

Communication is critical during COVID-19 pandemic to ensure safety and well-being of patients, family, and staff.

Beneficial to establish a point-person for all non-clinical communication.

Key points of contact:
- Patients and families
- Community members
- Media
- Outside staff
- Vendors / Delivery workers
- Public health department
Anticipated CMS rule change

Existing requirement to report to local health department:
- Suspected or confirmed COVID-19
- Severe respiratory infection resulting in hospitalization or death
- ≥3 residents or staff with respiratory symptoms within 72 hours of each other

Anticipated changes:
- Required reporting to CDC’s National Health Safety Network (NHSN) system
- Must inform residents and representatives within **12 hrs** of confirmed COVID-19 case OR new cluster of respiratory symptoms
- Updates to residents and representatives must be provided **weekly** or each subsequent time a confirmed infection of COVID-19 is identified

Communicating with families

EXTREMELY TIME CONSUMING

Be proactive:
- Confirm family contact info
- Inform of communication plan
- Provide best contact numbers for staff/patient

Develop scripts

Utilize letters and email for blanket notifications

Potential remote role for volunteers or activities staff
Communicating with families

Phone calls best for sensitive info such as testing/results

Important contact points (have scripts):
Visitor restriction updates
Presence of 1st case in facility
Notification of COVID-19 testing
COVID-19 testing results
Changes in patient status
Hello,

My name is ___. As you may know, we have seen our first case of COVID-19, a respiratory virus that can cause difficulty breathing and high fevers. We are working closely with the health department to continue to provide the best care and keep ______ as safe as possible.

We have tested _____ for COVID-19 and the result was (positive/negative). Currently ______ is experiencing _____ symptoms. Symptoms have been (stable/improving/worsening). We continue to monitor their vitals and watch for red flag symptoms. Reasons we would recommend transfer to alternative care site include trouble breathing, chest pain, need for hydration, decrease in oxygen levels, increased monitoring or significant change in appetite.

____ will call you at if there are any clinical changes. You can reach us best at __________
Communicating with families

Schedule a weekly check-in

Provide phones for residents

Scheduled video communication with families (Skype, Facetime, Zoom, etc)

Window and “Drive-by” visits
Accommodating visitors

Visitation exceptions will be necessary in extreme circumstances (end of life care)

Written guidelines for visitation exceptions

Designate a point person to ensure consistency

Guide all visitors on PPE use and handwashing

All visitors should leave contact information in case needed for public health contact tracing
Handling of crucial outside services

Maintenance, deliveries, lab/radiology technicians, EMS

Dedicated pick-up and drop-off zones

Clear signage

PPE, sanitizer, sink access as needed

Give advance notification of COVID-19 in facility (can prepare their own PPE)
Staff restrictions

Limit staff traveling between facilities
Limit in-person consultant visits
Move visits to beginning of the day
Screen all staff for symptoms, fever, potential exposures
Alternatives to in-person provider visits

Phone visits
Video visits
Virtual visits (email)

For CMS purposes: “telehealth” = audio + video
CMS and Telehealth

CMS has lifted prior telehealth restrictions (retroactive 3/1)
Reimbursed at same rate as in-person visits
Eased frequency restrictions for telehealth visits
Patients do not need established relationship with MD prior to visit

Telehealth E/M – needs audio + video
Telephone E/M – just audio
Virtual Check-in – any modality
E-visit – online patient portal
<table>
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<tr>
<th>TYPE OF SERVICE</th>
<th>WHAT IS THE SERVICE?</th>
<th>HCPCS/CPT CODE</th>
<th>Patient Relationship with Provider</th>
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| MEDICARE TELEHEALTH VISITS | A visit with a provider that uses telecommunication systems between a provider and a patient. | Common telehealth services include:  
  - 99201-99215 (Office or other outpatient visits)  
  - G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)  
  - G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)  
For a complete list:  
https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes | For new* or established patients.  
*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency |
| 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. |  
- HCPCS code G2012  
- HCPCS code G2010 | For established patients. |
| E-VISITS             | A communication between a patient and their provider through an online patient portal. |  
- 99421  
- 99422  
- 99423  
- G2061  
- G2062  
- G2063 | For established patients. |
CMS and Telehealth

Technology that is not HIPAA compliant may now be used for billable clinical visits. FaceTime, Skype, Zoom, etc.

Streaming apps discouraged (Facebook live, TikTok, Twitch)
Therapy services

“Covered telehealth services can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.”

Therapy services cannot directly bill CMS for telehealth visits. But!

Can still bill if under supervision of a physician
Therapy services can use E-visits and Virtual Check-ins for existing patients
Clinicians can consider “Doorway visit” for follow-up of stable residents (Just need history and MDM)

Consent to a telehealth visit should be obtained. May be verbal and at time of service. Should be documented.

Place of service code can be same as if it were face-to-face visit (Just use modifier 95 to identify as telehealth)

Requirements for frequency of physician visits have not changed

In-person and telehealth have same reimbursement so may not matter how you bill…
CMS and Telehealth miscellany

Assistance with telehealth device may require extra staff if resident cannot handle device on their own.

Hospice may also use telehealth for visits, including for recertification.

Advanced care planning can be provided via telehealth.

Teaching physicians no longer required to have direct patient contact to bill trainee visits. Must be virtually available.

Existing non face-to-face services still function as normal (Complex care management, chronic care management, transitional care management services, etc.)
Telehealth vendors

Alternative to managing in-house

Dozens of companies with hardware, software, billing, and personnel experience

During COVID-19 may be most useful for access to urgent care and specialty care

https://telemedicine.arizona.edu/servicedirectory (link from CMS)
CMS has prepared a telehealth toolkit for nursing homes:


Guidance on how to set up telehealth
Troubleshooting tips
Finding a vendor
Questions about:

Drafting a communication plan?
Identifying non-critical points of contact for support staff?
Alternatives to in-person provider visits?
CMS policy updates relevant to telehealth and communication?
Recent changes to telehealth billing?
References


Questions?
Thank you!

For any questions, contact us at

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Resources & recording of the session

https://www.echo-chicago.org/resources/covid19/