

Educational Webinar Series:

Telehealth Practice Innovation During the COVID-19 Pandemic

July 28 – November 3, 2020

Eight sessions: Alternating Tuesdays



**Quality Improvement
Organizations**
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES



■ Healthcentric
Advisors
■ Qlarant

All participant lines have been muted

- Please use the “*Chat Box*” located on the lower right side of your screen, to submit questions or comments
- If we are unable to respond to your question today, we will follow-up with you after the program
- After the session, the recording and slides will be posted to the IPRO QIN-QIO website: <https://qi.ipro.org/2020/07/21/telehealth-qin-series/>



Today's Presentation



- **About the IPRO QIN-QIO**
- **The Telehealth Series**
- **Telehealth: An Integrative Approach and a SNF Post-Acute Application During the COVID-19 Pandemic**
- **Questions and Answers**

The IPRO QIN-QIO: Who We Are



- Healthcentric Advisors
- Qlarant

The federally funded Medicare Quality Innovation Network–Quality Improvement Organization for 11 states and the District of Columbia

- A collaboration of three organizations: IPRO, Healthcentric Advisors, and Qlarant, led by IPRO.
- Offering enhanced resources and support to healthcare providers and the patients and residents they serve
- Promoting patient and family engagement in care
- Supporting implementation and strengthening of innovative, evidence-based, and data-driven methodologies to support improvements

The IPRO QIN-QIO: Where We Are



- Healthcentric Advisors
- Qlarant

The IPRO QIN-QIO Region

IPRO:

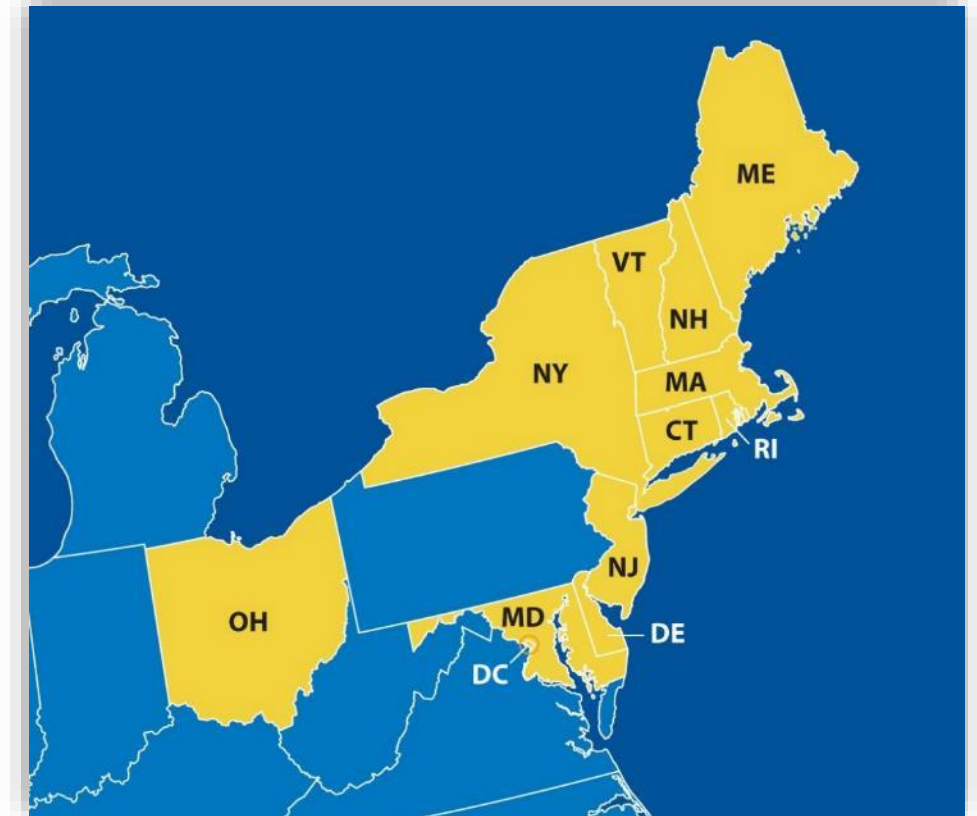
New York, New Jersey, and Ohio

Healthcentric Advisors:

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Qlarant:

Maryland, Delaware, and the District of Columbia



Working to ensure high-quality, safe healthcare for
20% of the nation's Medicare FFS beneficiaries



The IPRO QIN-QIO: What We Do



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- Work toward better care, healthier people and communities, and smarter spending
- Catalyze change through a data-driven approach to improving healthcare quality
- Collaborate with providers, practitioners and stakeholders at the community level to share knowledge, spread best practices and improve care coordination
- Promote a patient-centered model of care, in which healthcare services are tailored to meet the needs of patients

Focus Areas Across Settings



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Nursing Homes

- ✓ Working with more than 1,500 of the nursing homes in the region

Community Coalitions

- ✓ Communities that encompass at least 65% of the Medicare beneficiaries in each state
- ✓ Members collaborating to improve outcomes for the communities they serve:

- Acute Care Hospitals
- Critical Access Hospitals
- Federally Qualified Health Centers
- Home Health Agencies
- Skilled Nursing Facilities
- Physician Practices
- Pharmacies
- Community Based Organizations

Cross-Cutting Priority Areas

- Health Information Technology
- Health Equity
- Trauma-Informed Care
- Patient & Family Engagement
- Rural Health
- Vulnerable Populations

Program Focus Areas



Behavioral Health & Opioid Use



Patient Safety



Chronic Disease Self-Management



Care Transitions



Nursing Home Quality

Telehealth: An Integrative Approach and a SNF Post-Acute Application During the COVID-19 Pandemic

IPRO Quality Innovation Network-Quality Improvement Organization (QIN-QIO)

September 8, 2020



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Our Presenters



- Healthcentric Advisors
- Qlarant

**Brooke Yeager McSwain,
MSc, RRT**

**Health Policy Lead for the
SPROUT, a national
telehealth research
collaborative**

**Jim Hummer, LNHA,
MHSA**

**Vice President for Home and
Community Based Services
Lorien Health Services**



Telehealth During the COVID 19 Pandemic and Beyond: An Integrative Approach

Brooke Yeager McSwain, MSc,
RRT



Introduction

Brooke Yeager McSwain, MSc
RRT

- SPROUT-CTSA Network Health Policy Lead
- HIMSS Foundation Health Policy Fellow (May 2019 – present)
- Working in telehealth technology, development, operations, policy, and evaluation since 2014



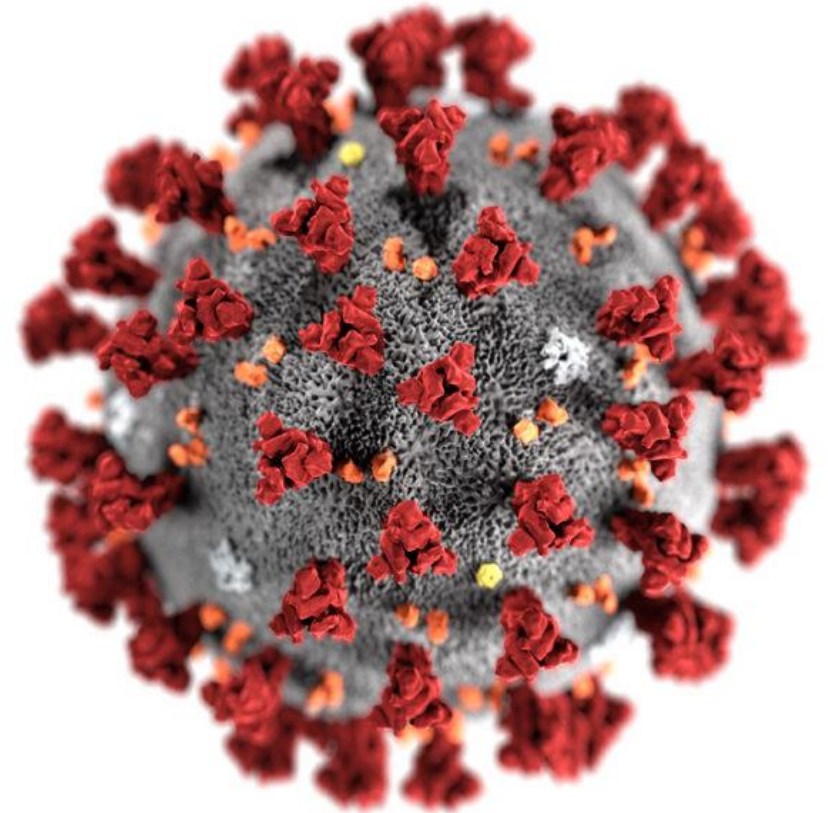
Telemedicine vs. Telehealth

- Telemedicine:
 - The use of medical information about a patient that is exchanged from one site to another via electronic communications to provide medical care to a patient.
- Telehealth:
 - Includes clinical services, health education, public health interventions, administration and other elements that are part of the health care system.



The Challenges of COVID-19

- The COVID-19 global pandemic presented healthcare systems around the world with unprecedented challenges:
 - Infection control
 - Healthcare capacity
 - Inadequate equipment
 - Lack of Personal Protective Equipment
 - Workforce Limitations/Work from Home
 - Social Distancing





Telehealth: Suddenly Center Stage

- Telehealth is ideally suited to address many of the challenges posed by COVID-19
 - Facilitates infection control/isolation capabilities
 - Expands healthcare capacity
 - Facilitates triage/appropriate resource utilization
 - Conserves PPE, protects our clinicians
 - Allows clinical work from home
 - Allows patients to remain home

Telehealth Policy and Regulation

- Many changes implemented during COVID-19 response at both the federal and state level
 - Medicare changes
 - Medicaid and private payer changes
 - Licensure requirements
 - HIPAA
- Majority of legislation and regulation beyond Medicare and VA occurs at the state level
- Most of these changes are temporary. Some last only for the duration of the public health emergency.



COVID-19 Stimulus Bill (CARES ACT): What It Means for States

- The U.S. Senate approved an estimated \$2 trillion stimulus package to battle the harmful effects of the COVID-19 pandemic.

Includes:

- 150 billion Coronavirus Relief Fund for state, local and tribal governments
 - \$3 billion set aside for District of Columbia, Puerto Rico, Virgin Islands, Guam, Northern Mariana Islands and American Samoa.
- \$45 billion for a Disaster Relief Fund for the immediate needs of state, local, tribal and territorial governments
 - Includes \$45 million for the Federal Emergency Management Agency (FEMA) to expand information technology and communications capabilities and build capacity in response coordination efforts.
- \$9 million is provided to the Cybersecurity and Infrastructure Security Agency for supply chain and information analysis, and for impacted critical infrastructure coordination.
- \$140.4 billion for the U.S. DHHS
 - \$275 million to expand services and capacity for rural hospitals, **telehealth**, poison control centers and the Ryan White HIV/AIDS program through the Health Resources and Services Administration (HRSA).
 - \$4.3 billion to the Centers for Disease Control and Prevention (CDC) and to assist with agency efforts on public health preparedness and response including funding to state and local public health responders and reimbursements. There is also \$500 million designated to invest in **public health data surveillance and infrastructure modernization** to help states in developing COVID-19 tools.
- Funding for the VA to expand capacity of IT networks to address the demand in services and broaden tele-health capabilities.
- Directs the secretary of HHS to consider ways to encourage the use of telecommunications systems, including for remote patient monitoring and other communications or monitoring services by clarifying guidance and conducting outreach.

Licensing waivers for telehealth

- States are waiving in-state licensing requirements for providers delivering telehealth, per specified terms and conditions.
- Example: In Florida, with approval, out-of-state providers may deliver services through telehealth to Floridians without attaining a license throughout the duration of the public health emergency.
- As of March 26, the states that waived licenses are: [Arizona](#), [California](#), [Indiana](#), [Florida](#), [Kansas](#), [Louisiana](#), [Maryland](#), [Mississippi](#), [New Jersey](#), [North Carolina](#), [Tennessee](#), [Texas](#), and [Washington](#)

Expansion of Medicaid Coverage

- These policies include one or more of the following rules:
 - loosening the limitations of originating site (location of patient)
 - requiring that provider reimbursement for telehealth be the same as that of a traditional in-person visit
 - covering telehealth for specified services (e.g. physical therapy, occupational therapy),
 - allowing for multiple methods of telehealth, such as telephone without the requirement of video,
 - removing the requirement of a face to face *initial* appointment.
- As of March 26, the following states expanded Medicaid to cover telehealth:
[California](#), [Colorado](#), [Connecticut](#), [Delaware](#), [Illinois](#), [Indiana](#), [Iowa](#), [Kentucky](#), [Louisiana](#), [Massachusetts](#), [Maryland](#), [Massachusetts](#), [Michigan](#), [Mississippi](#), [Missouri](#), [Montana](#), [New York](#), [New Jersey](#), [North Carolina](#), [Ohio](#), [Pennsylvania](#), [Rhode Island](#), [Vermont](#), [Virginia](#), [Washington](#), [Washington, D.C.](#), and [West Virginia](#)

Expansion of Commercial/Private Insurance Coverage

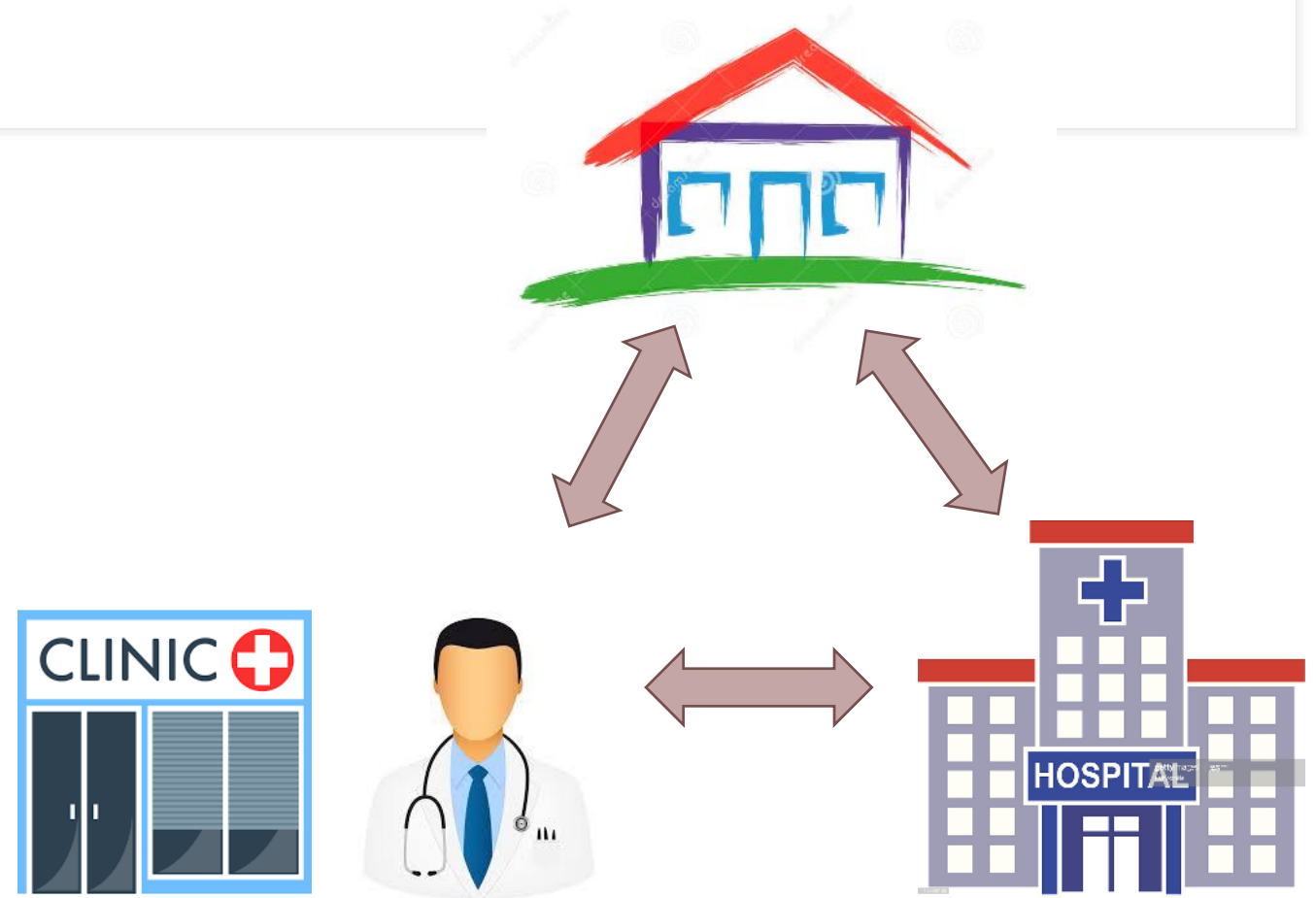
- As of March 26, several states are mandating that commercial insurance carriers cover telehealth throughout the duration of the declared public health emergency.
- May include waiving all copays, coinsurance, and deductibles for patients relating to COVID-19 diagnostic testing and requiring provider reimbursement for telehealth be the same as reimbursement for a traditional in-person visit.
- As of March 26, states in this category include: [California](#), [Arizona](#), [Colorado](#), [Illinois](#), [Kansas](#), [Maryland](#), [Massachusetts](#), [Michigan](#), [Minnesota](#), [Missouri](#), [New Hampshire](#), [New York](#), [New Jersey](#), [Ohio](#), [Pennsylvania](#), [Rhode Island](#), and [Texas](#)

OCR regulatory enforcement discretion

- March 30, 2020 - OCR announced that it would not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

COVID-19 Related Telehealth Efforts

- Virtual Urgent Care – On-demand screening of patients
- Ambulatory Virtual Care Services
- “Virtual PPE” for Inpatients
- Remote Home Monitoring



Virtual Urgent Care Triage

- Expansion of existing Virtual Urgent Care service
 - COVID-19 intake questionnaire
 - Asynchronous visit with phone follow-up
- Directs patients who screen into a drive through testing center



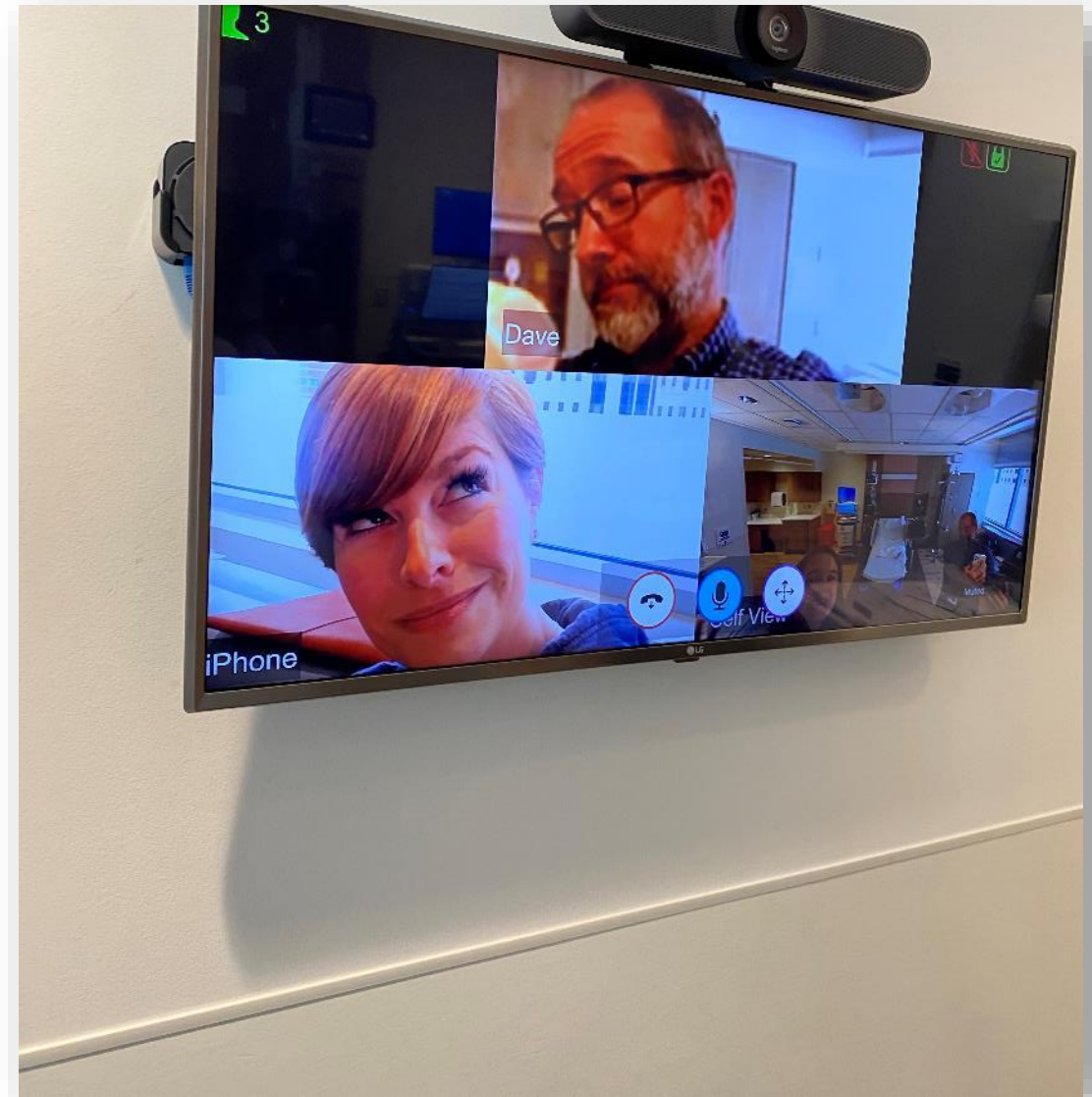
Ambulatory Virtual Care Services

- Generally integrated through the existing health system's Electronic Health Record
 - Largest telehealth focus/growth in response to COVID
 - Utilizing multiple videoconferencing applications
 - GREATLY facilitated by OCR emergency enforcement guidance



Virtual PPE

- Deploying videoconferencing endpoints in COVID units in inpatient and emergency areas
 - Using portable units unless previously in place
 - Family/Friends
Videoconferencing
Capabilities
-



Remote Home Monitoring

- COVID-19+ patients
 - Use patients' devices
 - Low-risk patients provide patient reported data
 - More advanced remote monitoring for higher-risk patients
 - BP and pulse ox measurement
 - Interface to cloud data warehouse
 - Analytics applied to manage data and pop alerts
- Can be integrated with ambulatory visit substitution to create more comprehensive care coordination model.

MUSC COVID-19 Positive Patients [5735864] as of Thu 4/2/2020 12:53 PM

Filters Options Chart Telephone Orders Only Encounter Send Staff Message Send Patients Message Add to List

Search Summary
Find Patients in Disease Registries

Where
Disease Registry:

MRN	Patient	Age	Room/Bed	HM Enrolled	Last COVID-19 Result	COVID-19 Last Ord	COVID-19 Last Ord	COVID-19 Infection	COVID-19 Exposure
005530001	Zzestlablis, Four	30 y.o.		✓	Positive*	03/10/2020	Active		
005530069	Zzestlablis, Two	3 y.o.		✓	Inconclusive*	03/19/2020	Completed	Yes	High Risk
005530649	Test, Pecan	69 y.o.		✓	1054	03/20/2020	Completed	Yes	High Risk
005533728	Zzztest, Bcmathree	4 y.o.			Positive	03/20/2020	Completed		
005537239	Leapfrog, Test Fifteen	61 y.o.	U10W 1066-A		Not Detected	03/24/2020	Active	Yes	
005537951	Zzwillow, Mpart	50 y.o.	A03W 3007-A	✓	Detected	03/21/2020	Completed		
005538012	Test, Chester Lab	38 y.o.	128 CM1MS-1	✓	Positive*	03/23/2020	Completed	Yes	
005538013	Test, Lancaster Lab	44 y.o.	623 LM6-1	✓	Positive*	03/23/2020	Completed	Yes	High Risk

Problem List

	Noted	Resolved
10p partial monosomy syndrome [Q93.89] Class: Acute	11/2/2016 by Physician Musc Amb Inp, MD	No
End-stage renal disease [N18.6]	4/3/2017 by Caroline Miller, RN	No




The Role of Research in Policy Development (and vice versa)

- Policy focus is not common in research networks
- Policy and Regulatory has a large impact on the practice of telehealth in general
 - Complex due to state-by-state variation
 - Similar to public health initiatives
- COVID-19 provides the proof of this concept
 - Relaxed regulation significantly impacts adoption
- Bridge the gap between policy and research
 - Provide researchers with communication strategies and information on Policy & Regulatory mechanisms
 - Translate research outcomes and initiatives for policy stakeholders

Case Study: Medically Complex Children

- Mercy Clinics vKids Program
 - 95 children evaluated
 - \$3.5 million saved for Medicaid
 - \$2800/patient/month
- This is not revenue-generating
 - Need shared savings model
 - Value-based care





SPROUT-CTSA Collaborative Telehealth Research Network

- 5-year NIH/NCATS CTSA Collaborative Innovation Award
- Primary sites: MUSC, UPENN/CHOP, University of Colorado, Mercy Clinics, AAP
- > 120 institutions (US, Canada, Australia)



SPROUT



SPROUT

Telehealth Research Tools

- Metrics Library and Measurement Framework
- State and Federal Policy and Advocacy Tools
- Program Database and Registry
- Economic and Policy Evaluation Framework
- Information and Implementation Science Tools



Questions?

byeager2@jhu.edu



Tele-Health Applications for Post-Acute Care Before and During a Pandemic

Jim Hummer, LNHA, MHSA



- Privately Owned For Profit Company
- All Communities located in Central Maryland
- 8 Skilled Nursing Facilities
- 5 Assisted Living Centers
- Home Care Company
- Rehabilitation Agency
- Over 1,200 Residents
- Over 2,000 Employees

Objectives

- ▶ How tele-health improves communication and care coordination between post-acute and acute care providers
- ▶ How tele-health enables specialist and attending physician visits during a pandemic
- ▶ How tele-health can improve discharges to the community

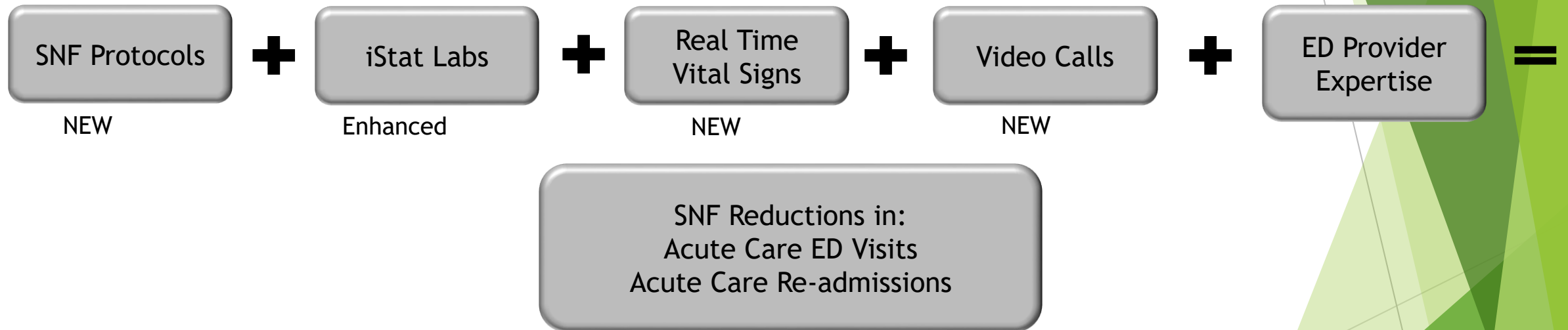
How tele-health improves communication and care coordination between post-acute and acute care providers

Tele-Health

Maryland Health Care Commission Telehealth Grant Project 2016

► SNF Project

► Pair Treatment Protocols and Technology with UMUC Physicians



CuraviFlex

- Wi-Fi and Cellular
- Simple, space saving design to provide flexibility and mobility for the user
- Providers are able to deliver care in any context or setting
- Telephonic and telemedicine consults can be completed from a tablet or phone
- Intuitive and easy to use
- Integrated with PCC
- Bluetooth stethoscope



Coming in 2020:
Pulse Oximeter BP
Monitor



Tele-Medicine

Lorien Lab Capabilities

► Point of Service Lab

- PT/INR
- Routine UA
- Glucose
- Flu
- BMP (coming soon)



DURING COVID-19

- Accelerated Tele-Health adoption
 - Nurses, Physicians, Families
- Greater reception to treat in place
- Improved family communication
- Communication regarding ED bed availability due to surge
- Upgraded technology to allow EMR integration
 - All providers complete assessments and PCC notes within

How tele-health enables specialist and attending physician visits during a pandemic

Provider Tele-Health Access in SNF and Assisted Living

- ▶ Purchased tablets with audio/video capabilities and Wi-Fi connectivity
- ▶ Utilized ZOOM and other available services from individual provider groups
- ▶ Lorien staff provided assistance with technology and resident bed side during interaction depending on consult and situation (Nurse, Social Worker, GNA) transitions
- ▶ SNF billing for originating site fees

Provider Tele-Health Access in SNF and Assisted Living

- ▶ All Centers (Assisted Living and SNF)
 - ▶ Attending Physician and NP visits
 - ▶ Psychological Services
 - ▶ Wound Care Specialists
 - ▶ Dietician Evaluations
 - ▶ Therapy Evaluations and Visits
- ▶ I-SNP Provider network of specialists including:
 - ▶ Neurology
 - ▶ Endocrine
 - ▶ Urology
 - ▶ Hematology
 - ▶ GI
 - ▶ Infectious Disease

Provider Tele-Health Access in SNF and Assisted Living

- Allowed for continued provider visits while reducing exposure risks and saving PPE
- Improved access and timeliness of some specialty consultations
- Eliminated transportation needs
- Enhanced communication
 - 3 way calls with Provider, Facility, Family
- Initial challenges with start up/set up of tablets, staff assignments

How tele-health can improve discharges to the community

Lorien At Home - Level III RSA Home Care Provider

- ▶ Remote Patient Monitoring and Care Coordination
 - ▶ Tele-Health RPM
 - ▶ 24/7 RN Monitoring, Call and Visit Response
- ▶ Hourly Care Providers
- ▶ Post-Discharge Outreach Program



Maryland Health Care Commission

Tele-Health Grant 2017

Utilizing Telehealth to Manage Hospital Prevention Quality Indicators

- ▶ **Objective**

- ▶ Combine treatment protocols, care coordination and telehealth technology to reduce re-admissions and admissions to acute care post discharge from a short-term Skilled Nursing Facility stay.

- ▶ **Target Specific Diagnosis**

- ▶ Uncontrolled Diabetes
- ▶ Chronic Heart Failure
- ▶ Hypertension

Tele-Health Capabilities

Remote Wellness Monitoring

- ▶ Blood Pressure
- ▶ Pulse Oximetry
- ▶ Blood Sugar
- ▶ Weight
- ▶ Temperature



Tele-Health Program

Care Coordination

- ▶ RN Assessments
- ▶ Patient Centered Care Plan
- ▶ Disease Specific Teaching and Training
- ▶ Technology Installation and Training
- ▶ 24/7 RN Monitoring and Response
- ▶ Provider Communication and Reporting

Remote Patient Monitoring Features

- ▶ Wellness Readings
- ▶ Medication Reminders
- ▶ Disease Specific Wellness Surveys
- ▶ Instructional and Educational Videos
- ▶ Family Engagement
- ▶ On Demand Video Calls and Text Chats



DURING COVID-19

- Additional screening questions and wellness reading monitoring
- Identification of symptoms early
- Client preference for fewer caregivers in the home
- New options for family communication
- Increased reliance on RN Care Coach and coordination

COVID-19

► COVID-19 Questionnaire

- Have you experienced any increased shortness of breath with daily activity in the past 24 hours? Y/N
- Have you had any increased or new coughing or wheezing in the last 24 hours? Y/N
- Have you experienced any chills, fever or sweats in the past 24 hours? Y/N



Thank you



Questions?



Please join us for upcoming webinars



The next scheduled sessions:

Topics include:

- September 22nd session – The Post-Acute Care Patient's Experience
- October 6th session – Telehealth use during the pandemic: Palliative Care experience in a Nursing Home and A Home Health Agency's experience
- October 20th session – Telehealth Implementation during Pandemic: Benefits, Challenges, and Barriers – An Out-patient Provider's Perspective



Thank you for attending today's webinar!



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Questions?

Christine Stegel: cstegel@ipro.org

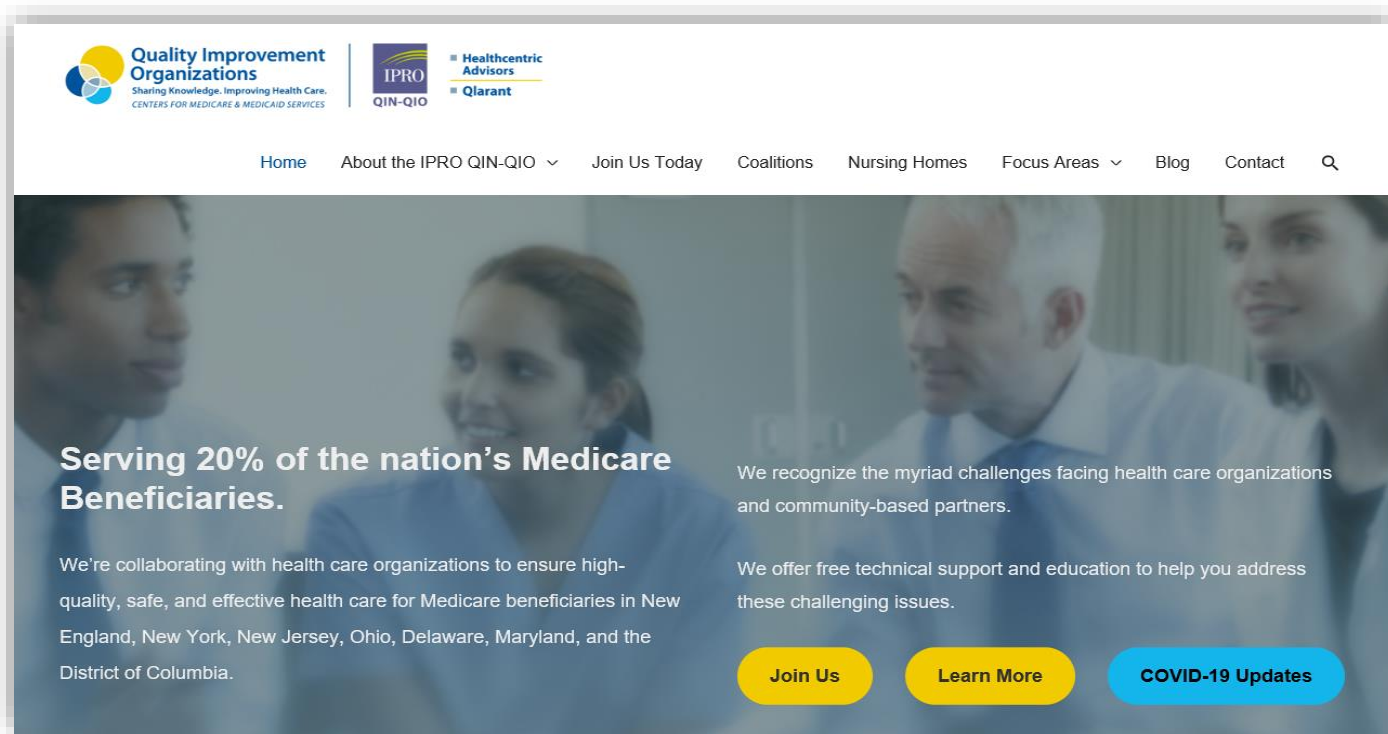
Webinar materials:

<https://qi.ipro.org/2020/08/17/iproqin-telehealth-sept8/>

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