

# Welcome!

Please answer the poll question while we wait to begin. The webinar will start at 1:30 PM

If you can't see the poll, follow the directions to the right.

Note:

All participants are **muted**

Webinar materials will be shared after the session ends

1


## To Access Poll and Q&A:

### Desktop

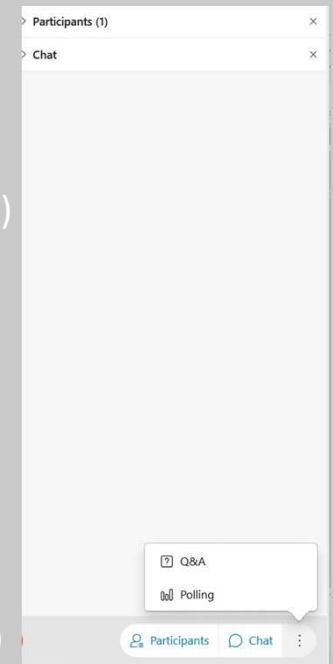
Look for the Panel Options icon on the bottom right corner of the panel (...)

Click on **Polling and Q&A** to participate during the webinar

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**UConn**  
**HEALTH**



# Telehealth in the Time of COVID:

**Vision 2020 from National and  
Connecticut Perspectives**

This webinar is funded by a grant from:



The Connecticut Office of Health Strategy did not influence the content of this program.

# New CME Series – with CPE sought as appropriate

Health Information Technology for Clinicians:  
How to Achieve Optimal Outcomes

Webinars and In-person events



Activity Director: Thomas Agresta MD, MBI

Department of Family Medicine, Center for Quantitative Medicine

UConn Health

**UCONN**  
**HEALTH**

# Health Information Technology for Clinicians: How to Achieve Optimal Outcomes

## Sample Topics

- Medication Safety/  
Reconciliation
- Health Data Analytics
- eCQMs (electronic clinical quality measures)
- TeleHealth
- Precision Medicine
- Health Information Exchange
- Patient Consent models
- Public Health Informatics
- Patient-Generated Data

# Learning objectives

1

Define the elements of telehealth.

2

Describe how telehealth is addressing current and future COVID-19 related primary care delivery challenges.

3

Explain the roll of telehealth in chronic disease state management and medication reconciliation.

4

Identify challenges and best practices to implement and apply telehealth to practice.

# Housekeeping



All participant lines will be muted during the panel discussion



The panelist will address you questions during the Q/A session from the Q/A chat feature



If we are not able to address your question today, we will follow up with you directly using your registered email.



This session will be recorded and available for download along with the slides used today.



Instructions on how to access will be sent after the session to your registered email along with instructions to earn CME and CPE credit.

# Presenters

Tamara Malm, PharmD,  
MPH, BCPS



**Assistant Professor of Pharmacy  
University of Saint Joseph**

Steven Waldren, MD, MS



**VP and Chief Medical Informatics Officer  
American Academy of Family Physicians**

Dan Wilensky, MD



**Chief Preceptor  
Community Health Center, Inc.  
Medical Director  
ConferMed Network**

Disclosures: All presenters have reported they have no conflicts to disclose



# Definition of Telehealth

The Health Resources Services Administration defines telehealth as: the use of electronic information and telecommunications technologies to:

- support long-distance clinical health care (Telemedicine)
- patient and professional health-related education
- public health and health administration

# Types of Telehealth

## ***Clinician to Patient***

- Video Visit
- Telephone Visit
- Secure Messaging (eVisit)
- Remote Patient Monitoring

## ***Clinician to Clinician***

- eConsult
  - Specific patient question electronically from PCP to specialist etc...
- ECHO
  - “Virtual Grand Rounds” with experts

## Poll

**Which of the following types of Telehealth have you experienced as either a *Clinical Provider* or a *Patient*?**

- a) Video Visit
- b) Telephone (Audio Only)
- c) Secure Messaging (eVisit)
- d) Remote Patient Monitoring
- e) eConsult
- f) ECHO

# Sustaining & Growing Telehealth in Family Medicine

Steven E. Waldren, MD, MS

October 1, 2020



# Medicine Performed a High-G Maneuver

## **AAFP Telehealth Survey (May 2020)**

- 81% Started providing virtual visits during pandemic
- 13% Had already adopted virtual visits

Q. Which of the following best represents the status of you providing virtual visits using phone or video? (n=263)

Image Source: commons.wikimedia.org



## Methodology

### **Method**

- Findings were gathered through an online survey. The survey was in the field starting on May 5 and closing on May 18.

### **Survey Responses**

- A total of 285 surveys were completed

# Patient Encounters During a Typical Week

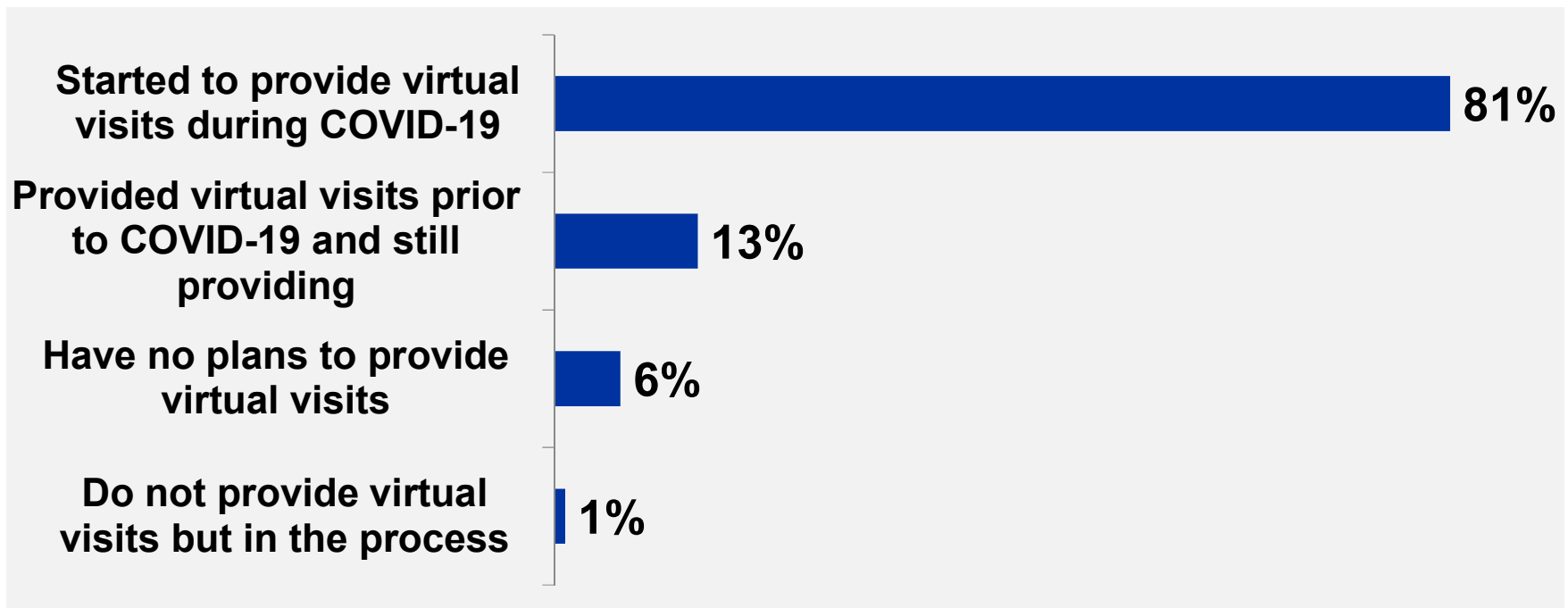
- Prior to the COVID-19 pandemic, family physicians provided, on average, 70 in-person/face-to-face patient encounters during a typical week. This number decreased to 18 patient encounters during COVID-19.
- When looking at virtual visits, family physicians provided, on average, two virtual visits during a typical week prior to COVID-19. This number increased to 29 virtual visits during COVID-19.

	Prior to Covid-19	During Covid-19
<b>In-person/face-to-face visits</b>		
• 0 to 30 visits	20%	84%
• 31 to 80 visits	47%	15%
• 81 to 100 visits	21%	1%
• 100+ visits	13%	0%
• Mean	70.23 visits	18.24 visits
<b>Virtual visits</b>		
• None	87%	7%
• 1 to 10 visits	9%	27%
• 11 to 30 visits	3%	33%
• 31+ visits	1%	33%
• Mean	1.46 visits	28.61 visits

Q. On average, how many patient encounters did you have each week **prior** to the COVID-19 pandemic in the following settings?  
 Q. Now **during** the COVID-19 pandemic, on average, how many patient encounters do you have per week in the following settings?

# Status of Virtual Visits

- More than eight in 10 (81%) started to provide virtual visits using a phone or video during COVID-19.
- Only 13% provided virtual visits prior to COVID-19.
- The remaining small percentage of respondents indicated either they have no plans to provide virtual visits any time in the future (6%) or they are in the process of providing virtual visits (1%).

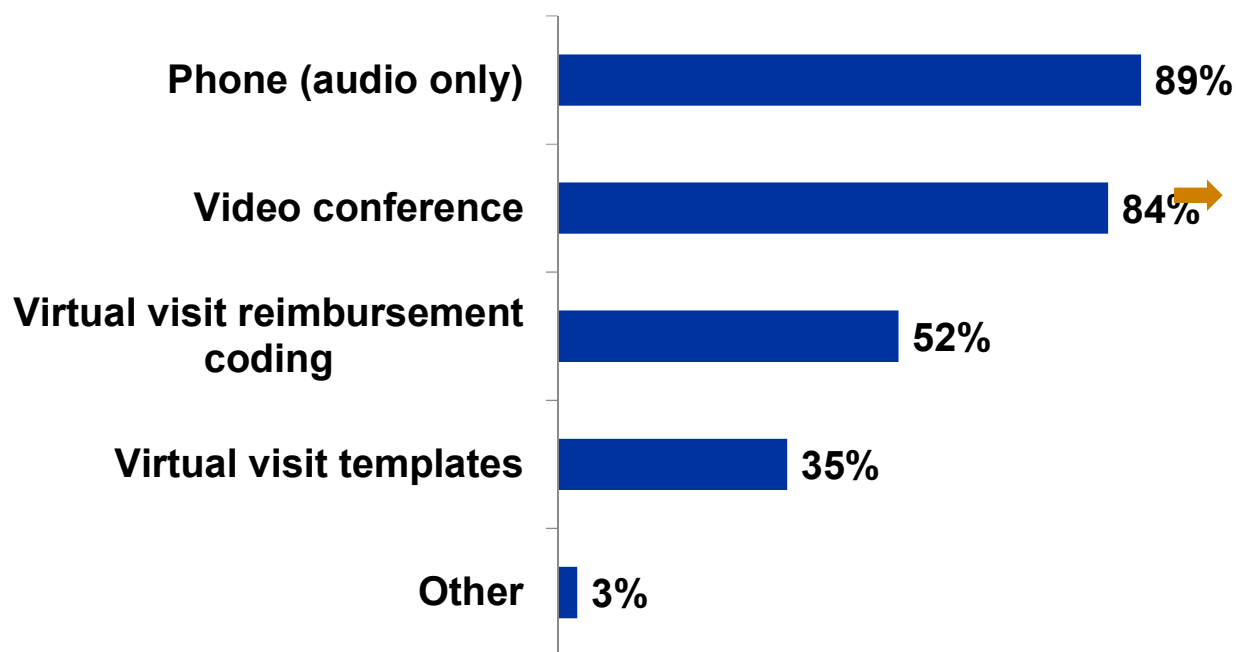


Q. Which of the following best represents the status of you providing virtual visits using phone or video? (n=263)



# Tools Being Used for Virtual Visits

- The top two tools being used for virtual visits are phones (89%) and video conferences (84%).
- Among the 84% using video conferences for virtual visits, the type of video conference tools varied greatly. However, the top four tools mentioned were: 1) Zoom (28%), 2) Doxy.me (25%), 3) Doximity (18%), and 4) Facetime (17%).



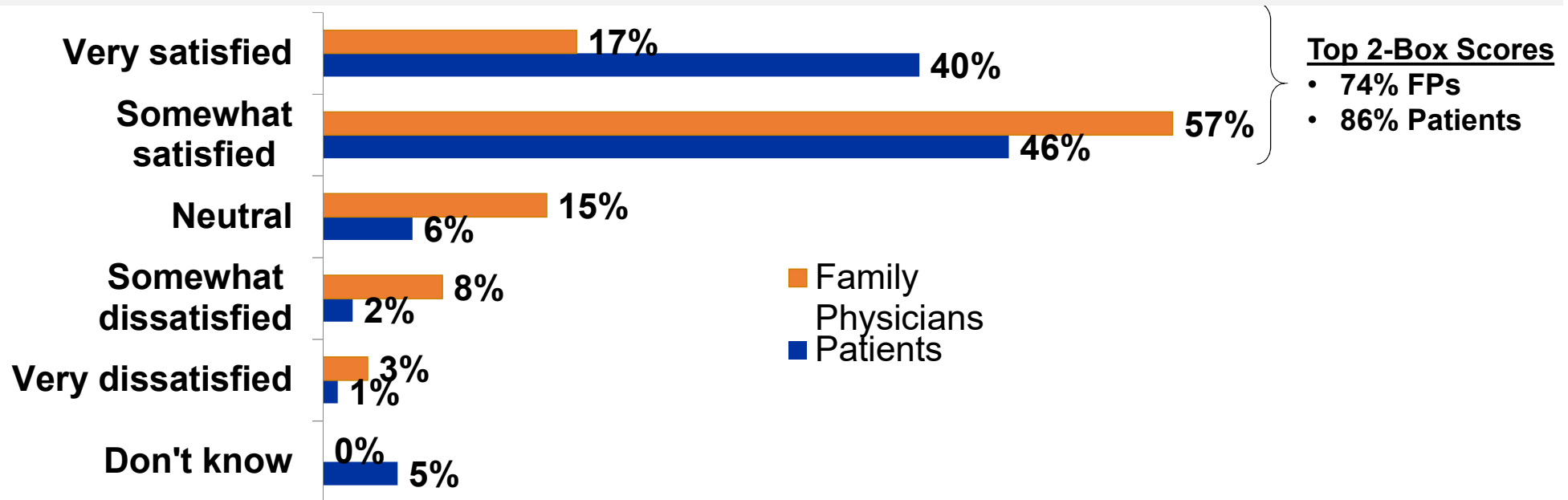
## Which video conference tool?

- Zoom (28%)
- Doxy.me (25%)
- Doximity (18%)
- Facetime (17%)
- WebEx (11%)
- Google Duo (8%)
- Amwell (7%)
- Microsoft Teams (5%)
- Vidyo (5%)

Q. Which of the following tools are you using to conduct virtual visits?  
Q. Which video conference tools (brand name or type of tool are you using?)

# Satisfaction with Virtual Visits

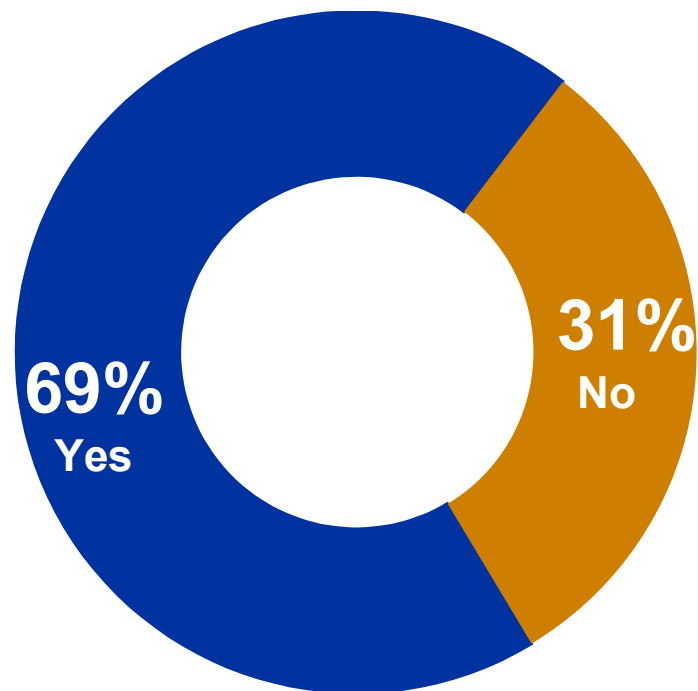
- When looking at the top-two box scores combined (very satisfied and somewhat satisfied), family physicians' perceptions of their patients' satisfaction with virtual visits were extremely high. In this instance, nearly nine in 10 (86%) felt their patients are satisfied with virtual visits.
- Nearly three-fourths (74%) of family physicians indicated they were satisfied with the level of care they provide during virtual visits.



Q. How satisfied are you with the care you are providing in virtual visits?  
 Q How satisfied are your patients with virtual visits?

# Interested in Delivering More Virtual Visits

- Seven in 10 (69%) indicated they are interested in providing more virtual visits in the future.
- The remaining 31% said they were not interested.



*Q. Would you like to deliver more virtual visits?*

# Changing Regulatory Environment

- Numerous Waivers - CMS Waiver List - [http://bit.ly/waiver\\_covid](http://bit.ly/waiver_covid)
  - Payment
    - Parity with in-person
    - Audio-only payment
  - HIPAA Enforcement Discretion for using non-HIPAA compliant technology
  - Expansion of providers that can bill for telehealth
  - Loosening of restrictions such as prescribing controlled substances & in-person requirements
- Tied to the Ending of the Public Health Emergency (many extend to the end of the calendar year of the PHE end)
- Medicare Physician Fee Schedule
  - Payment for audio-only codes
  - Expansion of telehealth list including new list of temporarily added codes

## Legislation

More than 30 telehealth bills have been introduced in Congress since the start of the COVID-19 pandemic.

The AAFP has endorsed the Telehealth Expansion Act (S.4230) and the Protecting Access to Post-COVID-19 Telehealth Act (H.R.7663).

## Regulations

CMS temporarily expanded telehealth access via interim final rules earlier this year, but those changes will cease at the end of the PHE.

The proposed 2021 Medicare physician fee schedule proposes adding more services to telehealth list and creating new code for audio-only visits.

# Question Now: What is the Future?

- Very unlikely to revert to pre-COVID levels
- Patient demand likely to continue
- Policy landscape leaning to expansion of telehealth payment and flexibilities
- Large investments by stand-alone telehealth companies
- Need to consider how to grow and sustain telehealth in your practice

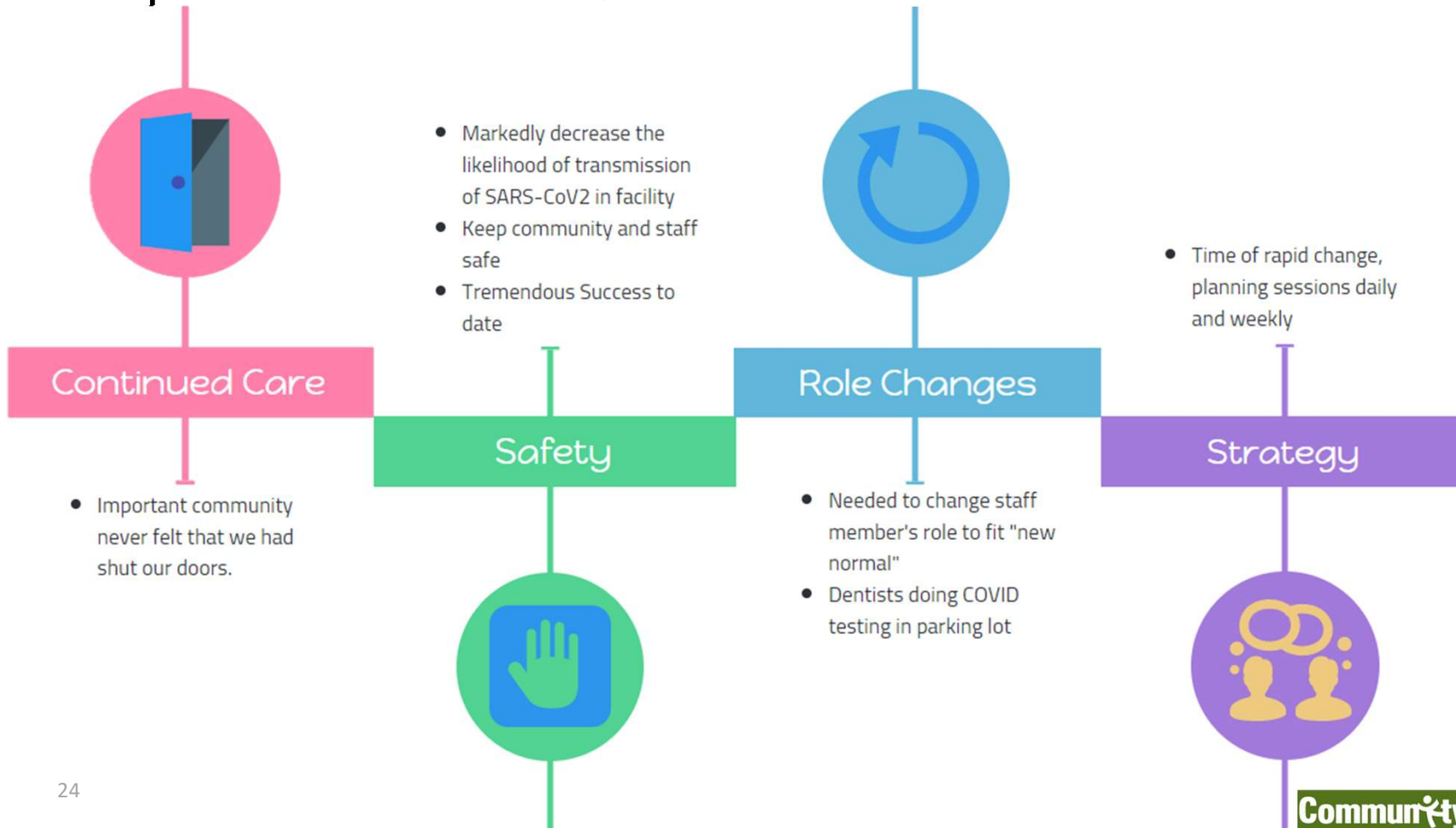


Image Source:<https://www.pickpik.com/germ-plant-seedling-live-nature-earth-35635>

# Experience from the Primary Care Perspective:

Dan Wilensky, MD

# Impact on an FQHC





# A Case 50 Year old Female

Setting: Phone visit through a translation service. Early in pandemic.

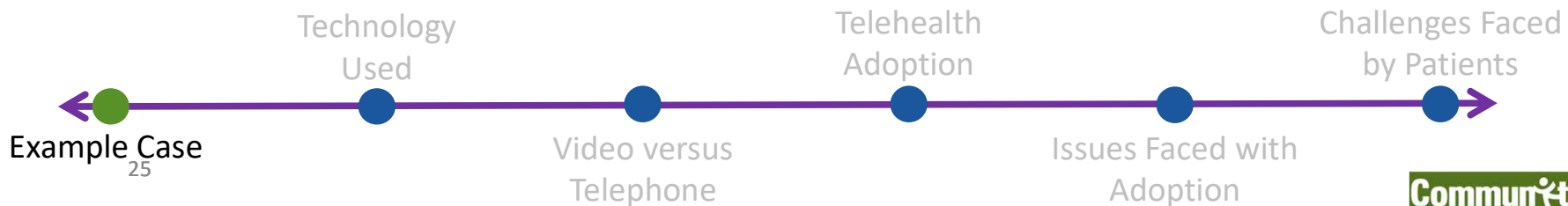
Zoom Calls – Merged with translator

c/o unilateral pain “in my sinuses” for 1 month+

- Unilateral nasal discharge present but not severe
- No fevers
- Some features didn’t fit sinus issues (i.e. “tingly feeling”, but translation was complicated)

Orders:

- An empiric antibiotic
- Allergy meds
- Suggestion for OTC decongestants



# A Case (continued)

Follow up: 1-2 weeks later, symptoms unchanged

Fleshed out “tingly feeling”, potentially neurologic origin

Considered Diagnosis → Trigeminal neuralgia

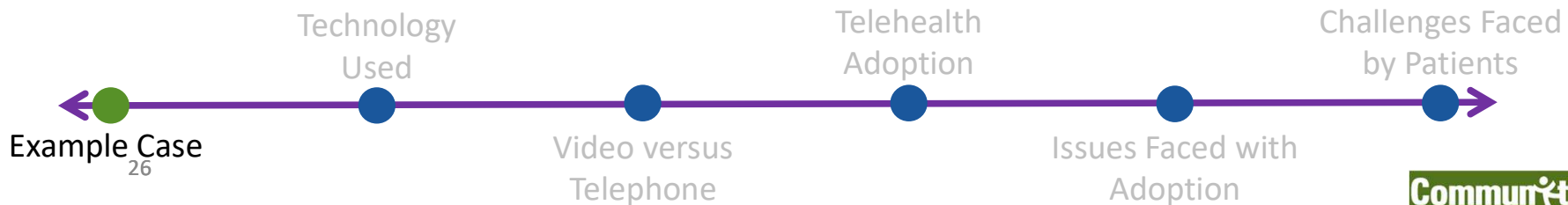
New Orders: Medication specifically for nerve pain

2 week follow up:

Symptoms were well controlled on the new med, but were worse than ever if she missed a dose

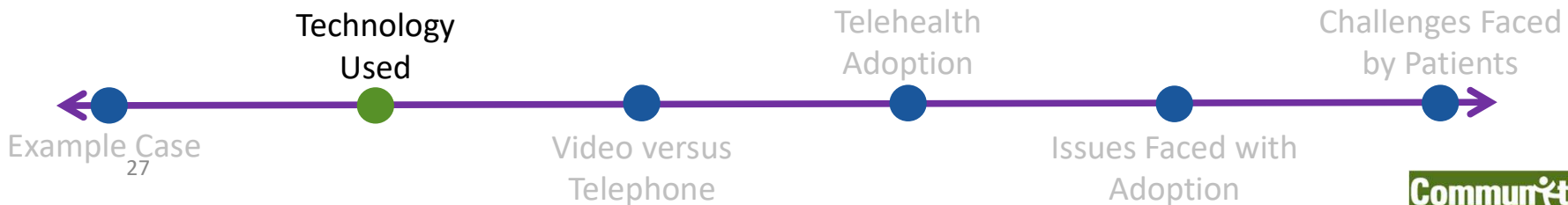
Suggestion for in-person visit for Neuro exam and brain/facial MRI

- Patient Declined, continues to do well



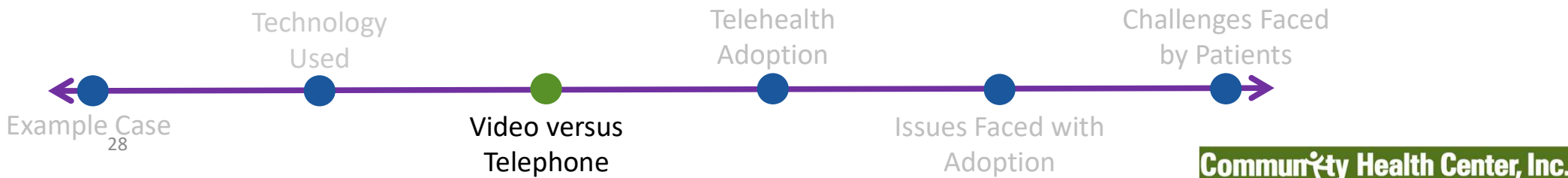
# Technology Used

- Initial – Personal Phones - several days
- Providers and MA's mostly working from home
  - All staff and providers used a personally assigned laptop already
  - Some “Work Centers” – specifically for Telehealth
- Zoom
  - Enabled for Phone and for Video
- EClinicalWorks (ECW) – Electronic Health Record
  - Shared across PCP's, Specialists, Behavioral Health and Dental Medicine



# Balance of Video versus Telephone Only

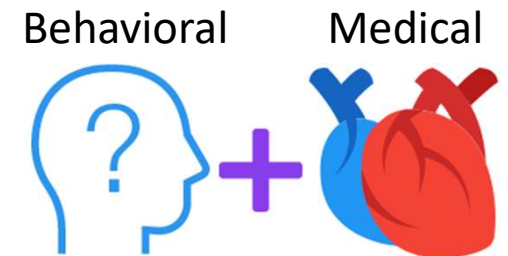
- Goal – Video visits where needed and where required by billing
  - Initial visits and some types of behavioral health visits
  - Concern about telephone payment (require 11 minutes minimum time)
  - Thought of initially 50% were going to be Video
- Video when desired for clinical care optimization
  - Location of Pain – (Tennis Elbow)
  - Edema on legs (CHF)
  - Virtual “Home Visit”
  - Mental Status
- Can use HIPPA compliant email from CHC inc. to request patient uploaded data
  - Photo of dermatologic lesion



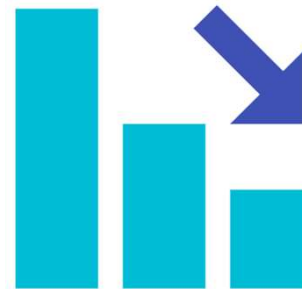
# Telehealth Adoption



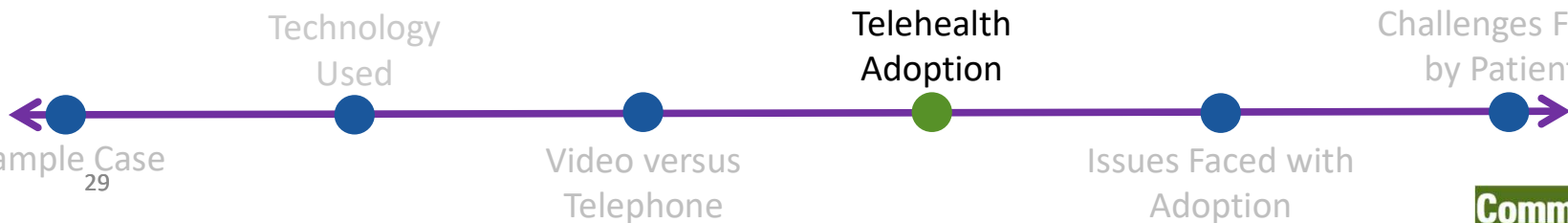
- Team created to assist with technical issues
- MA prepares visits



Regulation changes for telehealth absolutely critical

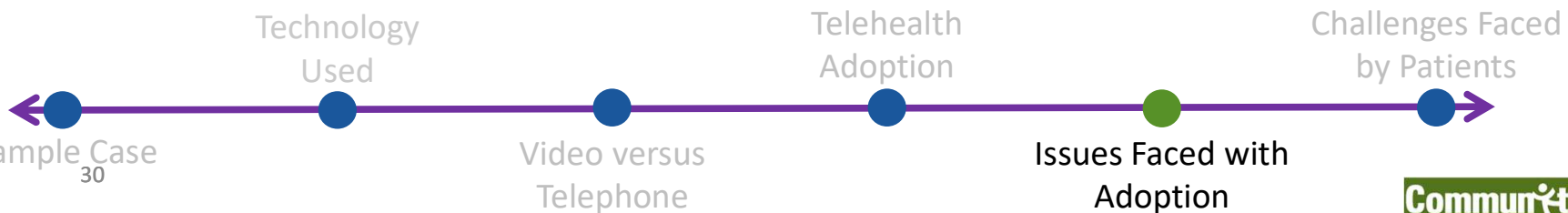


- Total visits decreased markedly initially, but then recovered on the medical side
- Patient acceptance for changes mixed, but mostly positive

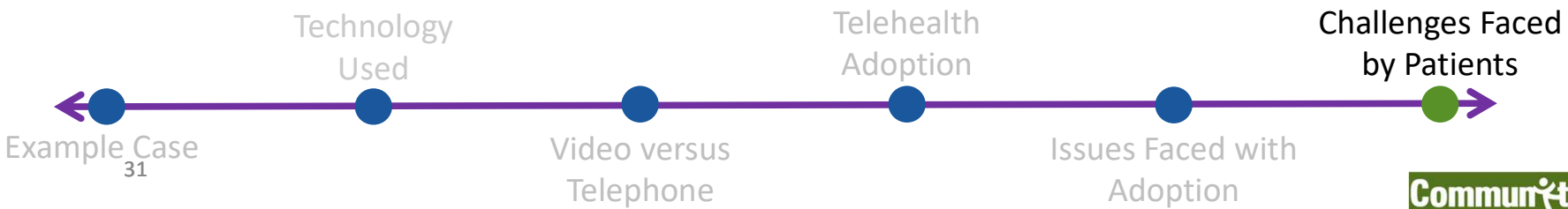
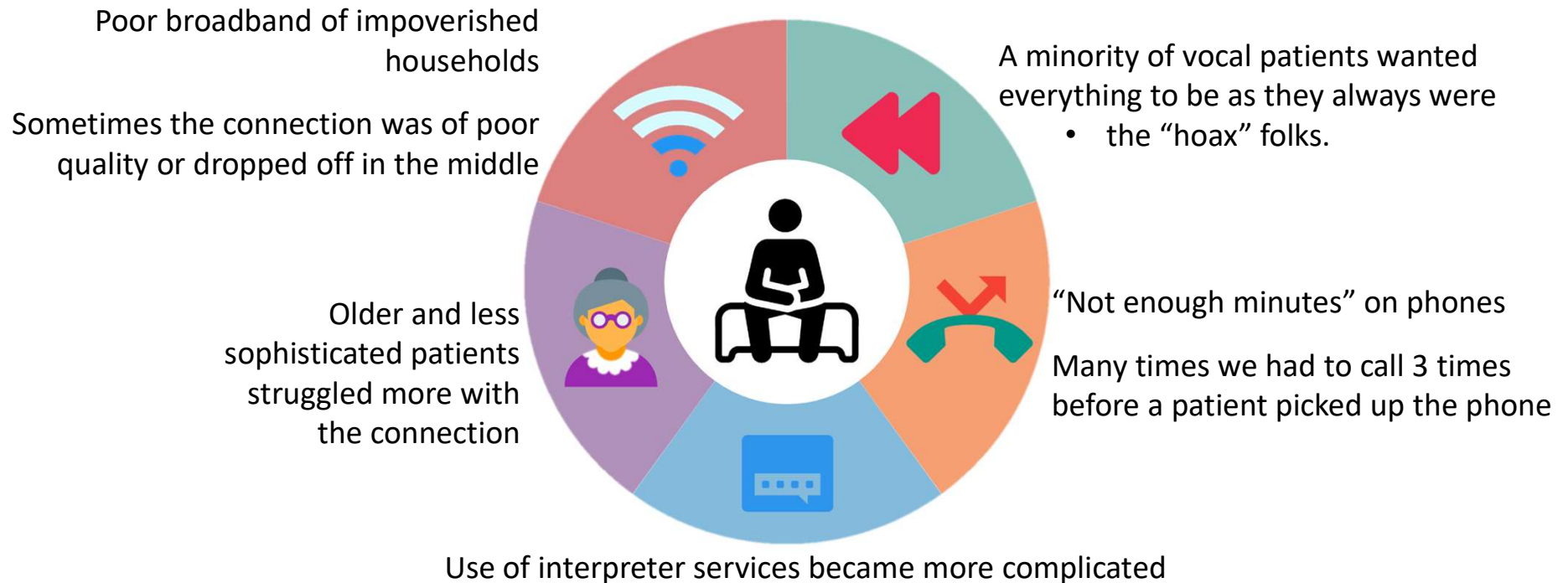


# Issues Faced with Adoption

- Most providers never worked from home before
- Many Staff members had children at home
- Wi-Fi not always powerful enough
- Physical environment did not support privacy and ergonomic needs
- Anxiety Common
- Higher level of uncertainty when creating plans for patients



# Challenges Faced by Patients

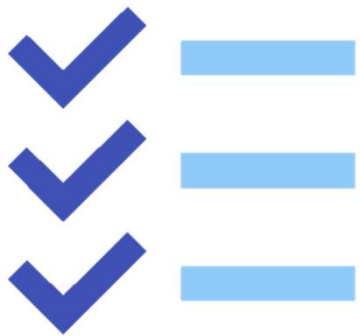


# Experience from the Pharmacist Perspective

Tamara Malm, PharmD, MPH, BCPS



# Role Includes...



## Chronic disease state management

- Part of the interdisciplinary team, expansion of physician team during peak of COVID-19
- Monitoring labs and vitals

Medication history + reconciliation



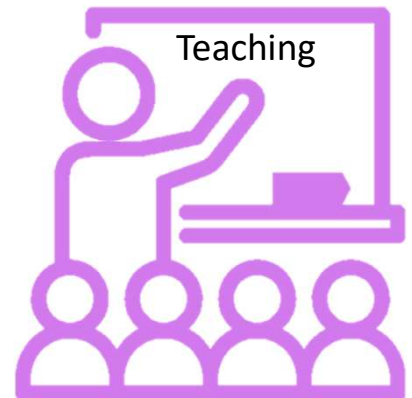
Medication education and counseling



Medication access



Teaching



# Pharmacist Successes

## Chronic Disease State Management

Answer the phone more readily



INR management made flexible with lab or drive-thru

34



Insulin titrations quick and easy



Some patient's more engaged in health during COVID-19

## Medication Access



Delivery making adherence easier than ever!

## Medication Reconciliation & Education

Convenient [socially distanced] device counseling

Seeing the home & medication process on video



# Case: A1c to 6.4%!

Setting: Phone visit with patient diagnosed with pancreatic insufficiency end of February  
Patient technology savvy; phone and FaceTime capable

Chief Concern:

- Blood glucose consistently >500
- New start insulin glargine
- Generally distrusting of health care providers due to negative past interactions

Orders:

- Insulin glargine pen new start
- Blood glucose checking new start
- Metformin new [re]start

Appointments

- First appointment: video with significant pen and glucometer instruction
- Follow-up: every 5-7 days with regular dose titrations

Outcome

- 3 month a1c check showed decrease from 11% to 6.4%
- Patient expressed appreciation and trust in pharmacy team for managing so closely

# Pharmacist Struggles

## Chronic Disease State Management



COVID-19 diet effects on INR, blood glucose, blood pressure, etc

Home lab draws difficult to coordinate



Relapse in Alcohol Use Disorder, difficult to manage over the phone

## Medication Reconciliation & Education

Personalized medication box delivery not reimbursable



Hesitation to start new drug devices in those with low literacy



## Medication Access



Paperwork: prior authorizations, lancet certifications, coupons

Telephone wait times



# Case: Medication Reconciliation Off the Rails

Setting: referral from physician for complicated and unclear medication history

Chief Concern:

- Increased pain
- Unclear what patient is taking at home

Orders:

- 15-20 medications on EMR profile
- New IR opioid Rx

Appointments

- First 2 calls over phone (+ pharmacy), difficult to coordinate video visit
- Video visit completed with tour of med box, storage and administration process

Outcome

- Successfully discarded several old medications, combined other bottles
- Took significantly longer than in-person appointment would, not clear on whether patient can sustain these changes
- Med box teaching extremely challenging

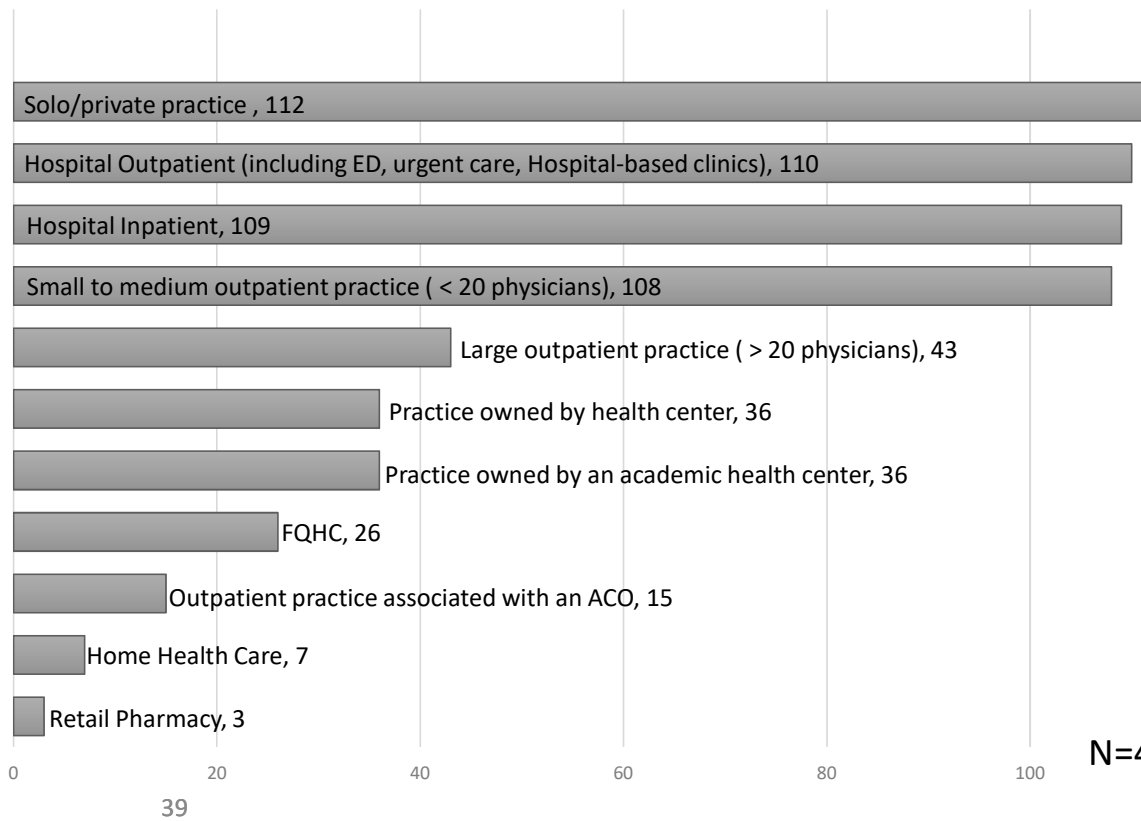
# Poll

**Which of these would you say is the number 1 challenge in implementing telehealth during the COVID-19 crisis?**

- a) Lack of/ problems with reimbursement
- b) Licensure
- c) Technology challenges for my patient population (i.e. access to WiFi)
- d) Communication challenges with my patient population (i.e. establishing rapport)
- e) Low patient engagement
- f) Lack of implementation support

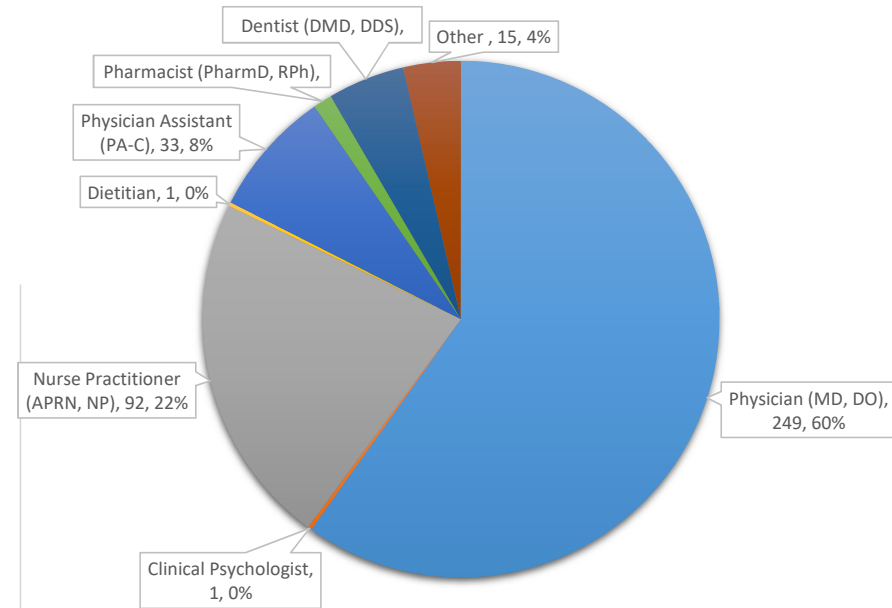
# Review of CT Survey

Practice Setting

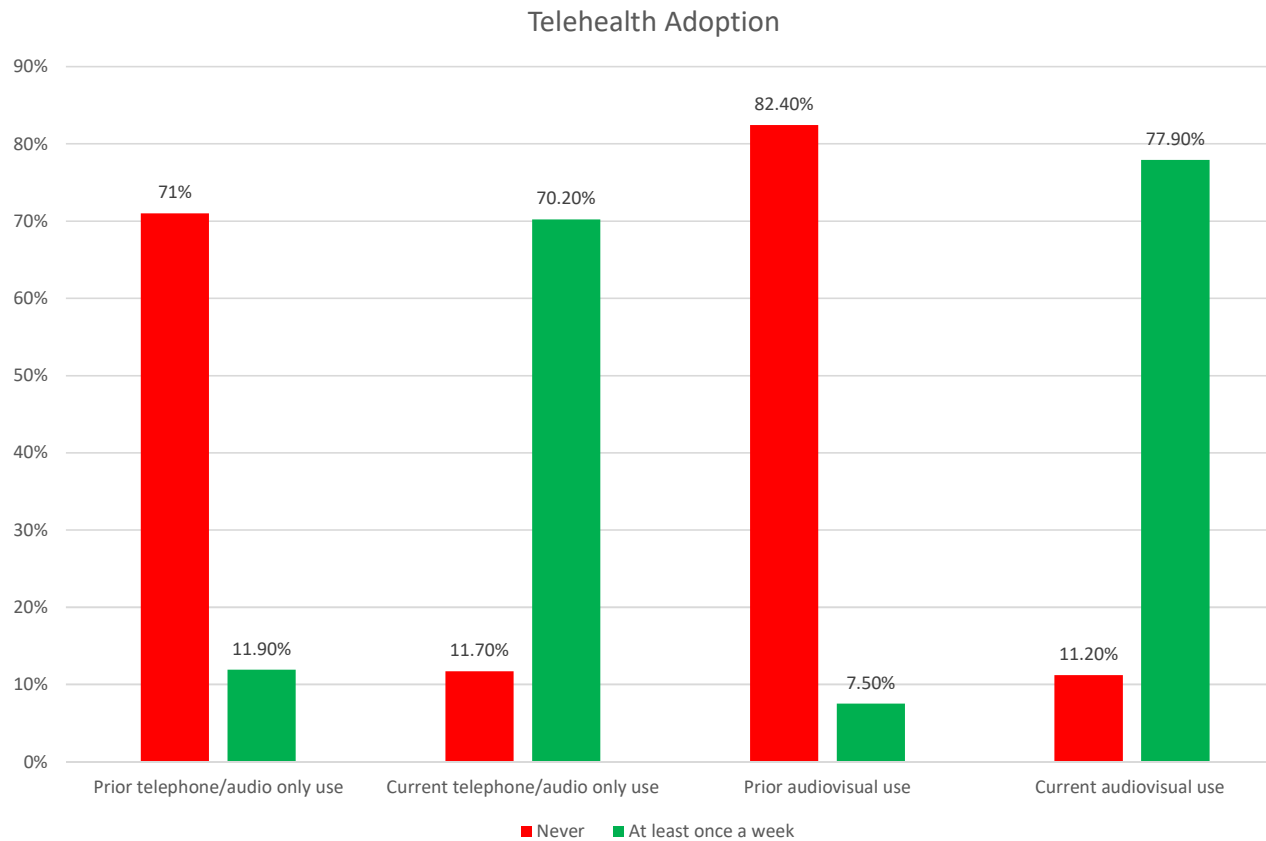


N=416

Provider Type



# Review of CT Survey



Questions: 40  
 PRIOR to the COVID-19 pandemic, how frequently did you typically complete telehealth visits: - Via audiovisual platform?

PRIOR to the COVID-19 pandemic, how frequently did you typically complete telehealth visits: - Via telephone/audio only?

Since the START of the COVID-19 pandemic, how frequently do you complete telehealth visits: - Via audiovisual platform?

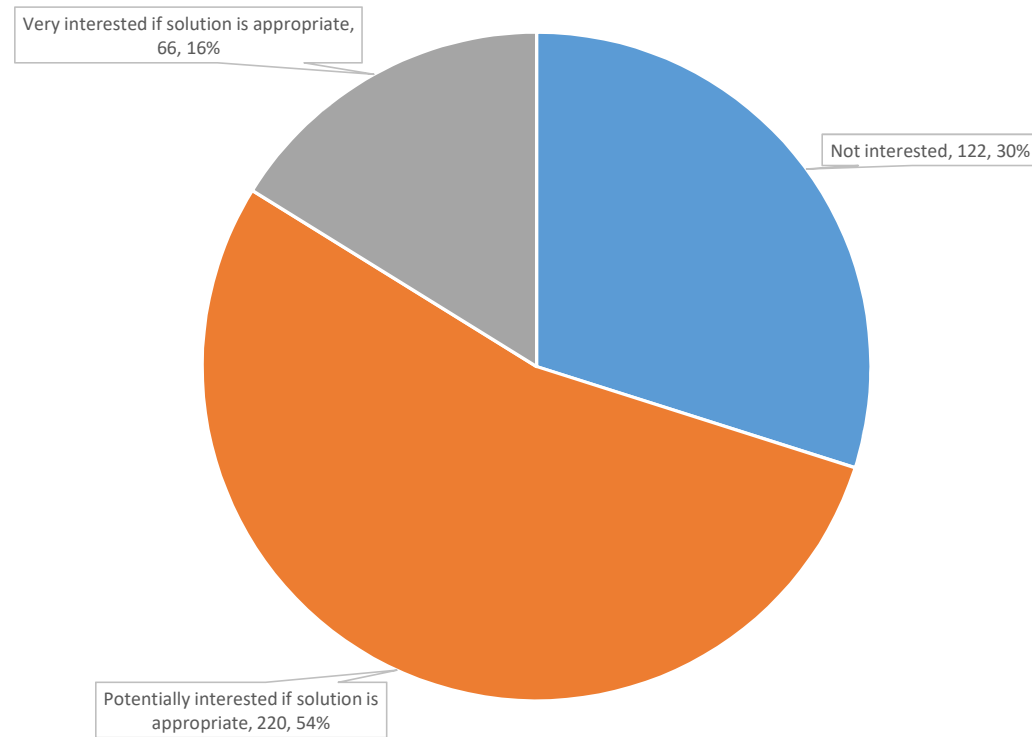
Since the START of the COVID-19 pandemic, how frequently do you complete telehealth visits: - Via telephone/audio only?





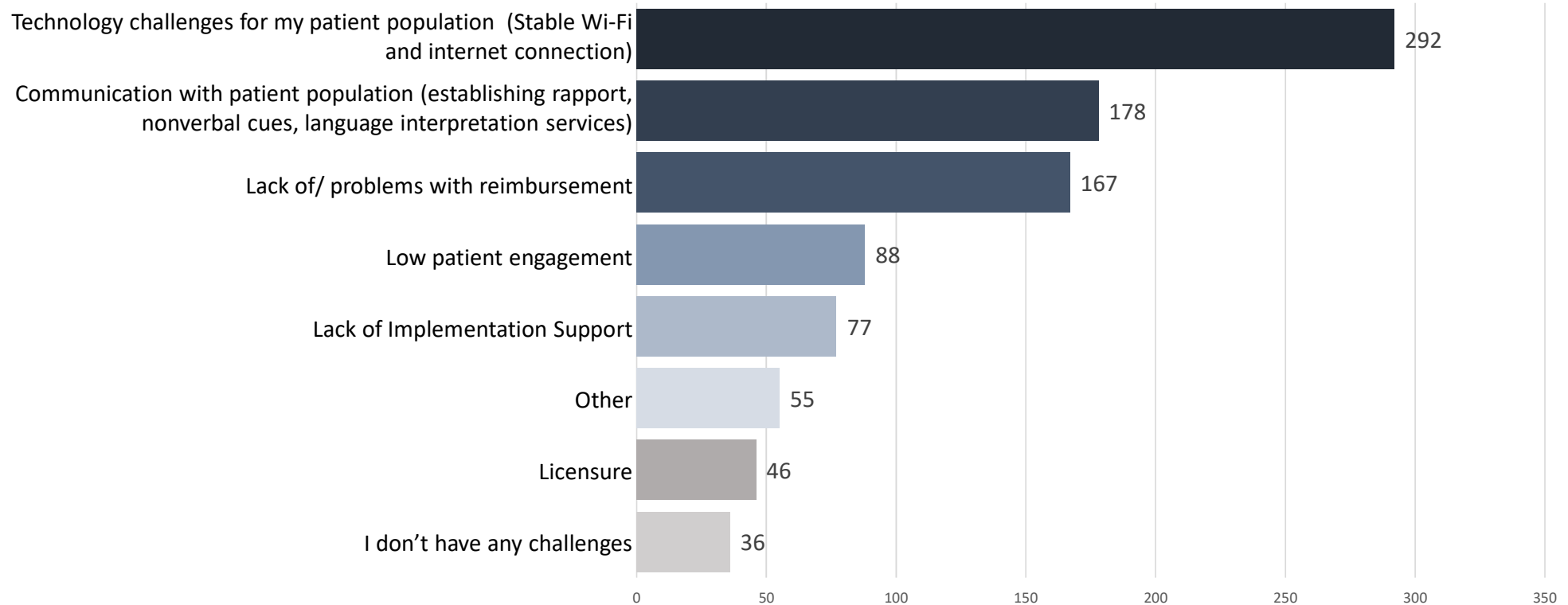
# Review of CT Survey

## Interest level in adopting or switching to a new Telehealth platform via CT's Health Information Exchange



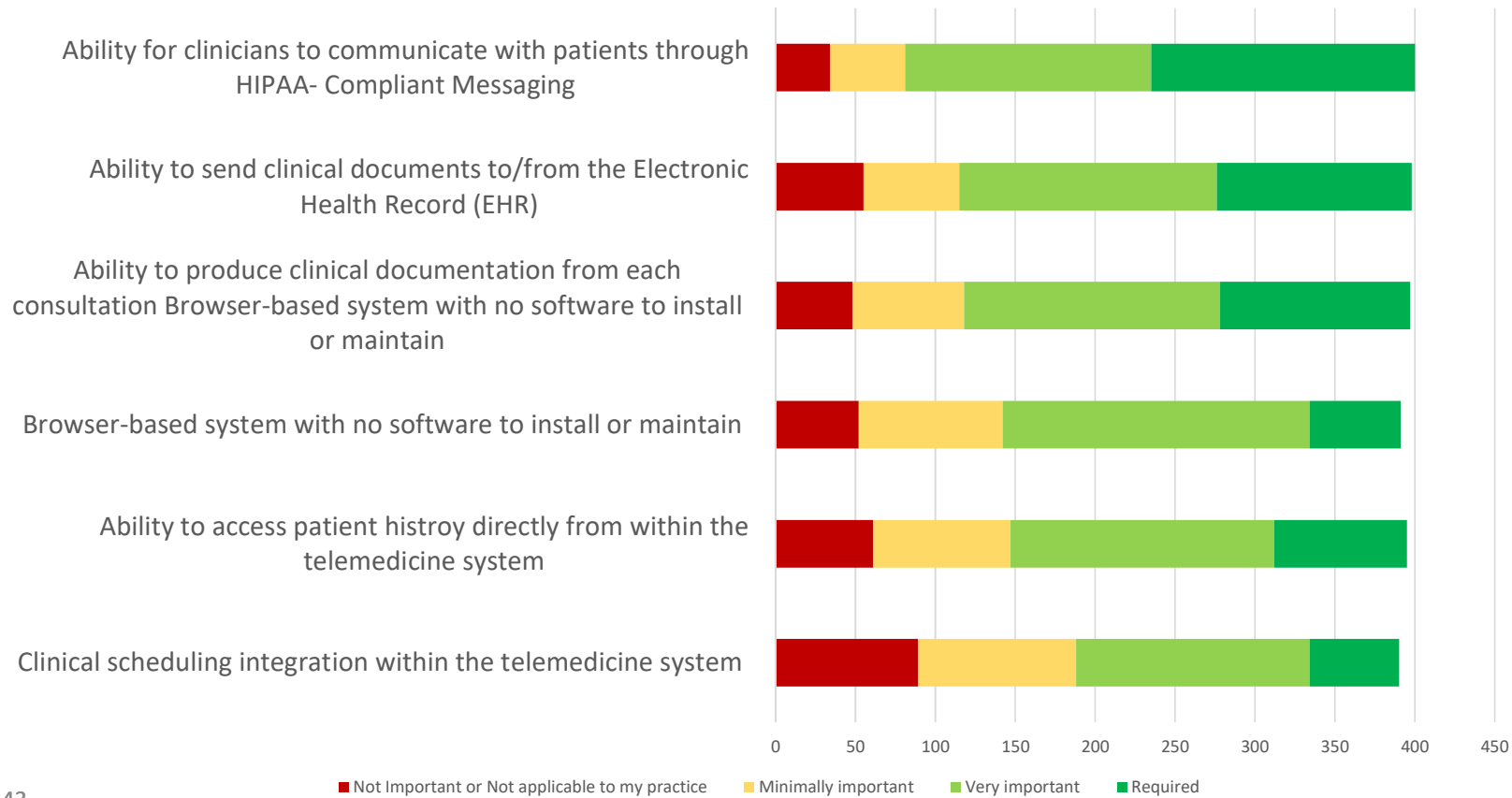
# Review of CT Survey

## Existing Challenges Related to Telehealth



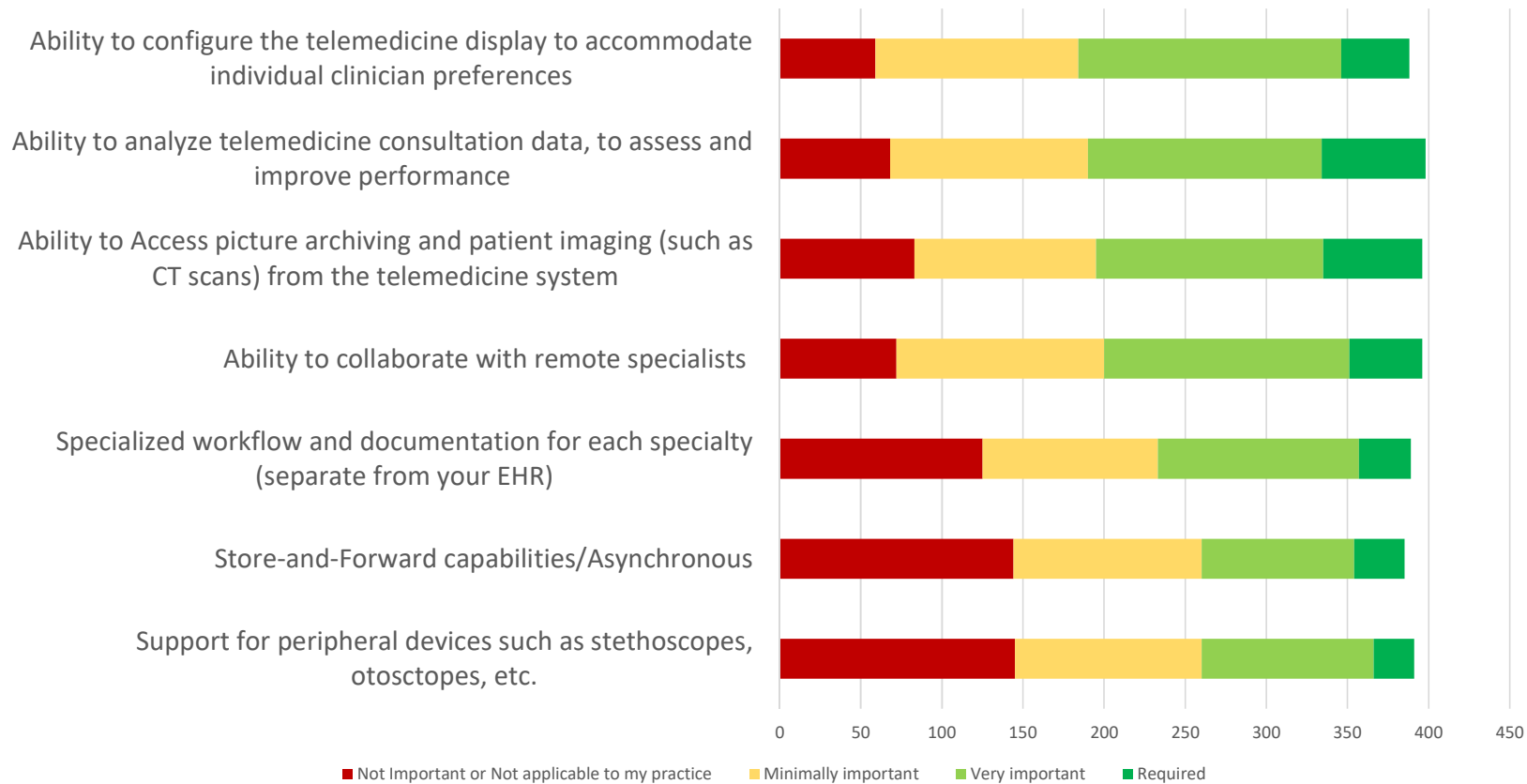
# Review of CT Survey

## Telehealth Feature High Desire



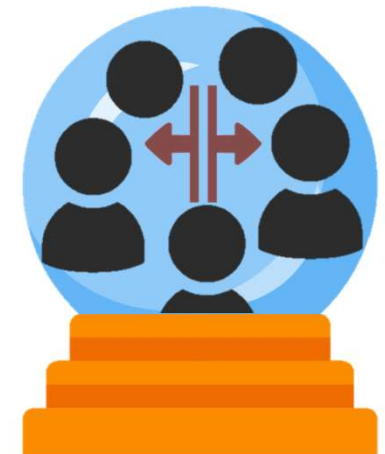
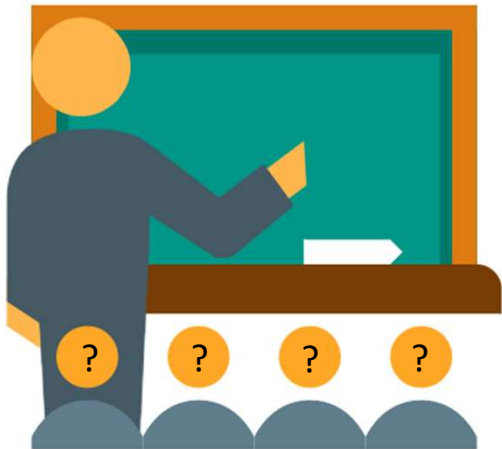
# Review of CT Survey

## Telehealth Features Low Desire



# Impact of COVID and Telehealth on Clinical Education

- Medical Education has Training Cycles
- Pandemic started part-way through trainees experience so knowledge about skills
- Preceptor and Resident both at “work” together or residents on-site with virtual precepting
- Future - consider a “breakout room” in Zoom for Virtual Precepting



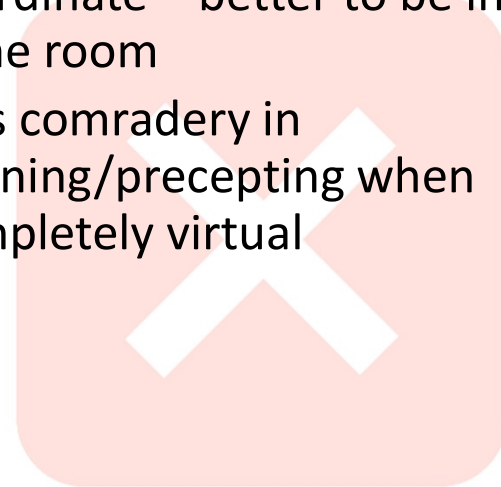
# Clinical Telehealth Education during COVID

## • Successes

- Change in workflow to include delegation of tasks within first hour of work day
- 1-2 additional “check-ins” during the day
- Easier to locate preceptor when they are consistently signed into a virtual technology, potentially more efficient through out day
- Shorter appointments = more time for in-depth topic discussions

## • Challenges

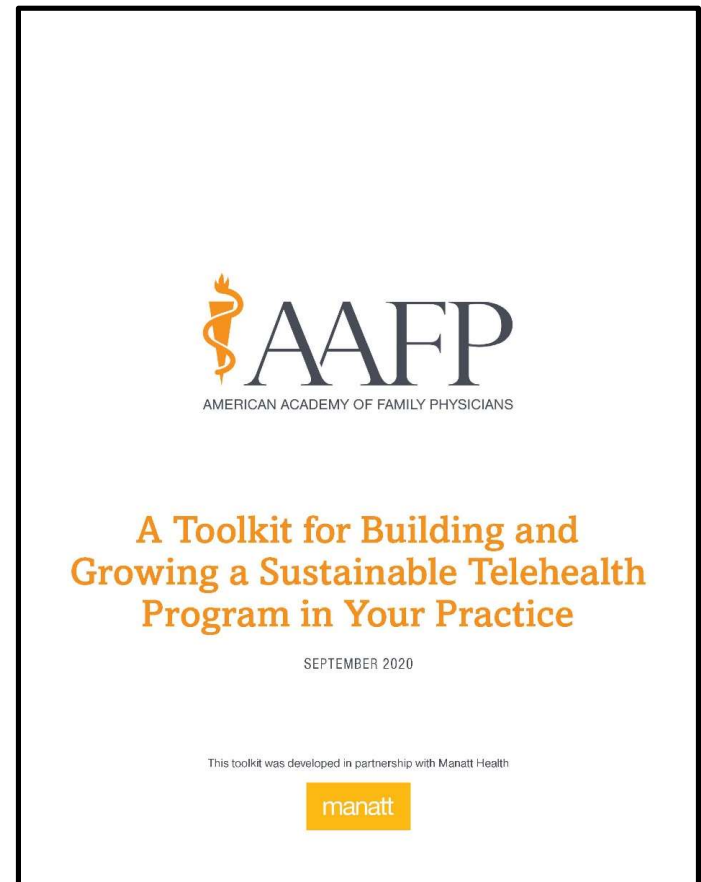
- $\geq 3$  people on a visit difficult to coordinate – better to be in the same room
- Less comradery in learning/precepting when completely virtual



# AAFP Telehealth Toolkit

The toolkit is designed to help your practice adapt to the medium term when the COVID-19 pandemic recedes, and to implement a telehealth strategy that is tailored to your practice.

[http://bit.ly/TH\\_toolkit](http://bit.ly/TH_toolkit)



# Moving Your Telehealth Offerings to Sustainability





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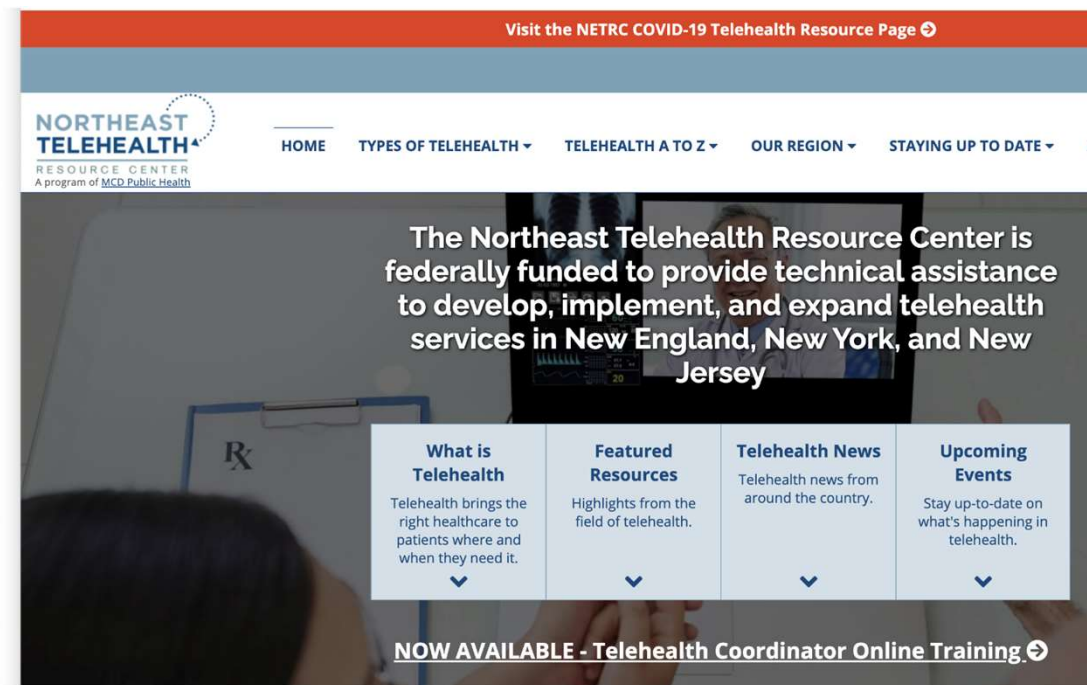
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# AMA



## Northeast Regional Telehealth Center



## Poll

**Which of the following Telehealth resources will I try and take advantage of?**

**Check all that apply:**

- AAFP Telehealth Resources - Toolkit
- AMA Telehealth Implementation Playbook
- Northeast Regional Telehealth Center
- Others

Thank You



# Continuing Education Credits

## CME (Continuing Medical Education)

Physicians, PAs , APRNs

- An email with a link to *MyEvaluation.com* will be sent to you in the next 2 days.

## CPE (Continuing Pharmacy Education)

Pharmacists

- An email with the CPE session code and link to evaluation will be sent, following this webinar
- The email will direct you to <https://ce.pharmacy.uconn.edu/> and ask to enter the CPE session code **20HT66-XBT28** to access and complete the evaluation

You have **2 weeks** to access and complete the evaluation

# Resources:

- AAFP Telehealth Resources - Toolkit
  - [https://www.aafp.org/dam/AAFP/documents/practice\\_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf](https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf)
- AMA Telehealth Implementation Playbook
  - <https://www.ama-assn.org/amaone/ama-digital-health-implementation-playbook>
- Northeast Regional Telehealth Center
  - <https://www.netrc.org/>

# Questions

- Contact us for further information /
  - Thomas Agresta at [agresta@uchc.edu](mailto:agresta@uchc.edu)
  - Ryan Tran at [rytran@uchc.edu](mailto:rytran@uchc.edu)

Stay tuned for the next event!