The California Telehealth Resource Center (CTRC) was established as a federally designated Telehealth Resource Center in 2006. We are nationally recognized as one of fourteen HRSA funded Telehealth Resource Centers around the country.

The 12 regional and 2 national TRCs are expertly staffed and have come together under one consortium to further the advancement and accessibility of telehealth with a focus in rural healthcare.

CTRC has worked with hundreds of programs, providers, universities, government agencies, and equipment developers to identify best program practices, newly emerging technologies and trends, and studies that identify the impact of telemedicine services.
Portions of the information in these slides have been provided in part by other regional Telehealth Resource Centers located throughout the country. This information is used with permission from each of these TRCs.
Under normal circumstances, the development and implementation of telehealth is best accomplished through a thorough, deliberate planning process.

However, due to the current public health emergency, health care providers are encouraged to utilize telehealth when possible in lieu of seeing patients in person.

This telehealth 101 presentation is for health care providers who wish to implement web-based video to interact with their patients during the COVID-19 pandemic.

It does not cover other types of telehealth, such as store and-forward, remote patient monitoring, or the use of other telehealth technologies such as telemedicine carts or medical peripherals. All of these are excellent and often appropriate means of caring for patients, but are not covered here.
Consider what you are trying to accomplish. This will help drive decisions for setting up and implementing telehealth. It is up to health care providers to determine which of their patients and services are appropriate for telehealth.

- Will it be used for initial visits to determine if a patient should be seen in person and, if so, where?
- As a substitute for in-person visits?
- For follow-up?
- Will telehealth be utilized for scheduled patients or for urgent care?
- Is it the intent of the health care provider that patients initiate video visits or will health care providers send links to patients?
## Common Evidence-Based Telehealth Uses

<table>
<thead>
<tr>
<th>Medical Specialties</th>
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<tbody>
<tr>
<td>Allergy</td>
<td>OB/GYN</td>
<td>Pediatric PM&amp;R</td>
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<td>Behavioral Health</td>
<td>Occupational Medicine</td>
<td>Pediatric Psychology</td>
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<td>Burn</td>
<td>Oncology</td>
<td>Pediatric Rheumatology</td>
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<td>Cardiology</td>
<td>Ophthalmology</td>
<td>Pediatric Sexual Abuse QA</td>
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<td>Child Development</td>
<td>Orthopedic Surgery</td>
<td>Pediatric Urology</td>
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<tr>
<td>Dermatology</td>
<td>Orthopedics</td>
<td>Pharmacy</td>
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<tr>
<td>Emergency Services/Trauma</td>
<td>Otolaryngology</td>
<td>Physical Therapy</td>
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<td>Endocrinology</td>
<td>Pain Management</td>
<td>Plastic Surgery</td>
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<td>Gastroenterology</td>
<td>Palliative Care</td>
<td>Primary Care</td>
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<td>Genetics</td>
<td>Pediatric Cardiology</td>
<td>Podiatry</td>
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<td>Hematology</td>
<td>Pediatric Critical Care</td>
<td>Psychiatry/Psychology</td>
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<td>Hepatology (Hepatitis A-E)</td>
<td>Pediatric Dermatology</td>
<td>Pulmonary</td>
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<td>HIV and Aids</td>
<td>Pediatric Endocrinology</td>
<td>Radiology</td>
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<td>Home Health</td>
<td>Pediatric Gastroenterology</td>
<td>Rheumatology</td>
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<td>Infectious Diseases</td>
<td>Pediatric Genetics</td>
<td>Stroke</td>
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<td>Medication Adherence</td>
<td>Pediatric Hematology/Oncology</td>
<td>Surgical</td>
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<td>Nephrology</td>
<td>Pediatric Nephrology</td>
<td>Transplant</td>
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<td>Neurology</td>
<td>Pediatric Neurology</td>
<td>Urology</td>
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<td>Neurosurgery</td>
<td>Pediatric Obesity</td>
<td>Wound Care</td>
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<tr>
<td>Nutrition</td>
<td>Pediatric Otolaryngology</td>
<td>And more!</td>
</tr>
</tbody>
</table>
Software and Equipment:

What do I really need to start ASAP?

It is generally good to take a long view when selecting technology. However, during the current national public health emergency, the federal government has provided flexibility in the video equipment that can be used and many vendors are offering free or reduced prices for the next few months in support of a quick ramp-up of telehealth services.
Off-the-Shelf products for providers and consumers
Price Snapshot

PC Webcam
$75 - $150

Optional Pan/Tilt/Zoom PC Attachment
$750 - $1000

Desktops and Laptops
$300-$1000

Tablets
$200 - $700
Camera Stability

Mobile devices such as tablets and cellphones: use a stand or mount to *keep the device still*. 
The federal Office of Civil Rights (OCR) has temporarily relaxed its standards during this national emergency to allow covered health care providers to use video technologies that do not fully comply with HIPAA rules. These include non-public facing “popular” video products such as FaceTime or Skype.

Health care providers choosing to use these products should inform patients that there may be privacy risks. Health care providers seeking more privacy for patients should consider products that use encryption and tools such as passcodes to restrict the session, and vendors that will sign HIPAA Business Associates Agreements (BAAs) in connection with their video solutions.
Platform Examples

VSee

zoom

cisco

doxy.me

eVisit®

Vidyo®

EHR/Patient Portals with integrated live video telehealth capabilities

And so many more!
Practice Considerations

Consent
• California requires verbal or written consent for telehealth services. If a provider maintains a general consent that specifically mentions use of telehealth as an acceptable modality for delivery of services, then this is sufficient for documentation of patient consent.

Identification and Authentication
• Clinicians should take reasonable steps to verify the identities of their clients and to properly represent their identity and credentials to their clients. Use the same care one would take to identify a patient/client in person.
• Obtain copies of driver’s license/photo ID, insurance cards, etc.

Accessibility, Planning, and Emergency Care
• Specific plans for emergencies, including maintaining a list of the client’s local emergency resources, should be implemented and discussed.
• Screening should be used to identify inappropriate cases.
Camera Location

- Camera Location - the illusion of “eye contact”
  a. Camera centered on screen
  b. Remote “face” is directly under the camera; *as close to the camera as possible*

“Lower the camera, raise the image”
Lighting

• Standard workplace lighting is often “good enough”
• General principle: bright, diffuse, from the front
• Things to avoid
  • Harsh light, glossy surfaces, reflections
  • Unbalanced light and “point” sources
    • Lamps throw shadows
  • Backlighting and windows behind
  • Bright or reflective background
Privacy & Security

Work area has insufficient privacy allowing co-workers to unintentionally intrude

Secure office location, but the glass behind the user creates a distraction and privacy concern
Framing & Background

• Camera at head level
• Fill the frame to the top
• Include your hands
• Avoid intrusive backgrounds
• Avoid backlighting
Sound

- Lots of mic styles available - choose the least intrusive
- Feedback - usually from two connections in the same room
- Echo - the one causing the problem can’t hear it
- **Pro Tip:**
  The mute button is your friend
Everybody in the room should be on screen (or at least should come on screen to be introduced)

Everybody should be identified by name and role

Patient consent should be obtained, and any questions about the technology answered
Internet Bandwidth Considerations

Successful video requires adequate bandwidth to the home/phone and within it, a device (phone, tablet, or laptop) with a camera and microphone, a person able to manage it, and a little patience.

While many homes have decent bandwidth and wireless plans, with parents and children all home working and taking classes online, watching movies, gaming, etc., there can be a lot of competition for that bandwidth.

Similarly, video running on a laptop with several windows running may also compete for adequate resources.
Tips for success

✓ If possible, complete a pre-test call with patients. This is often best done by a front office staff or MA who functions as a super user.
✓ Check to see if both ends can see and hear each other
✓ Check to be sure that audio and video aren’t muted on one end
✓ If the connection isn’t great, limit what else is connected to bandwidth and close extra windows on the device.
✓ Help patients become comfortable with the experience. Keeping it simple and providing a little familiarity with the technology goes a long way.
✓ Have a back-up plan if the technology doesn’t work.
✓ Can the call be moved to telephone only or does the patient need to be seen in person? Decide in advance.
✓ Relax! Patients of all ages tend to enjoy the connection with their health care providers that telehealth provides.

If a hesitant provider (or patient) has one bad encounter, they will need 10 good encounters to regain trust
Best Practices

Familiarization, normalization, and practice

• Everyone should be comfortable using the equipment and software
• Use live video in “low-risk” situations to help normalize it if possible
• PRACTICE - use mock encounters to learn BEFORE it matters
Direct To Consumer Considerations

Seeing clients in their home is fine, but recognize the potential risks:

• You lose any physical control of the patient and surroundings
• You rely on their equipment and network
• You may need to verify the patient’s location (for safety reasons)

There is no one correct solution to these risks and it may be impossible to provide appropriate treatment in some locations.
Best Practices

Building Rapport

• Talk normally

• Look at the patient (ensure their face is near the camera)
  • Place your “self-view” frame as near the camera as possible

• Use gestures - be animated
  • Make sure your gestures are on camera/in the frame
Marketing

Consider how you would normally market to patients:

1. Social Media
2. Emails
3. Website Info Graphics
4. Videos

Consider marketing tools that are plain language and make it easy for the patient to understand the process.
I know what you’re thinking.....
Just tell me how to get paid already
Reimbursement

Telehealth Reimbursement Guide

CTRC has updated its Telehealth Reimbursement Guide effective Spring 2020. The guide includes telehealth reimbursement policies for Medicare, Medi-Cal Fee-For-Service.

Click here to download the CTRC Telehealth Reimbursement Guide

Please note: The Spring 2020 version of the Reimbursement Guide does NOT address any changes for the COVID-19 pandemic. For more information about these changes, please visit the CMS and DHCS/DMHC websites.

COVID-19 Reimbursement Updates

HRSA PAL 2020-01 - Telehealth and Health Center Scope of Project
Center for Connected Health Policy COVID-19 Policy Updates

CMS

CMS COVID-19 page
CMS written response for FQHCs/RHCs as a distant site during COVID-19

Q: Can an FQHC or RHC provider see a Medicare patient, via telehealth, while the patient is at home?
A: There is no new waiver authority allowing RHCs/FQHCs to furnish distant site telehealth services. Therefore, RHCs/FQHCs are not permitted to furnish distant site telehealth service.

DHCS/DMHC

DHCS COVID-19 page
DHCS Requirements and Procedures for Emergency Medi-Cal Provider Enrollment
Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019 Novel Coronavirus (COVID-19)
DHSC APL 20-009 - Reimbursement for Telehealth Services (5/18/2020)

Managed Care and Commercial Payers COVID-19 Response

This list will be updated as much as possible. Please check with your health plans for further information.

- Aetna - COVID-19 Response and Responses for Behavioral Health Providers
Where can you go to learn more about telehealth?
The National Consortium of Telehealth Resource Centers (NCTRC) is an affiliation of the 14 Telehealth Resource Centers funded individually through cooperative agreements from the Health Resources & Services Administration, Office for the Advancement of Telehealth. The goal of the NCTRC is to increase the consistency, efficiency, and impact of federally funded telehealth technical assistance services. This presentation was made possible by 14 Telehealth Resource Centers and administered through grant #G22RH30365 from the Office for the Advancement of Telehealth, Federal Office of Rural Health Policy, Health Resources and Services Administration, Department of Health and Human Services.
TRC Fact Sheets

What is Telehealth?
Context for Framing Your Perspective

As state and federal policymakers, government agencies, insurers, practitioners, and consumers explore the opportunities for telehealth, a wide range of terms and definitions have emerged. Unfortunately, there are very few universal definitions and many terms are interchangeable. There are several general themes that can be used to describe your "telehealth initiative."

COMMEN TELEHEALTH DEFINITIONS

1. TYPES OF TELEHEALTH TECHNOLOGY

There are four main categories of telecommunications technologies that are used for telehealth: synchronous, asynchronous, HCP-to-HCP, and telehealth. What type of connection(s) will your telehealth program make?

2. WHEN AND BETWEEN WHOM??

Real-Time "Synchronous"

Virtual Visit

Online exchange of information: provider and patient

Store and Forward "Asynchronous"

Video visit between provider and patient

Virtual Consult

Consult between provider and patient

Email

Video visit between provider and patient and provider

Video consult: provider

Consult between provider and patient

Virtual Consult

Consult between provider and patient

Email

Understanding telehealth from the perspective that applies to you:

1. EXECUTIVE SUMMARY

Concise summary of the paragraphs of key elements:
- Usually written after all the other steps combined.
- What is the problem you are trying to solve with telehealth?
- What is the target audience?
- What is the potential market?
- What is the most useful part of this solution?
- What is the most difficult part of this solution?
- What is the most important part of this solution?
- What is the most useful part of this solution?

2. INTRODUCTION & BACKGROUND:

- Why does your organization need telehealth?
- Most patients can be seen over the phone or online.
- How many patients are being served?
- Are there any regulations on telehealth?
- What is the potential market?
- What are the benefits of telehealth?

3. NEED & DEMAND ASSESSMENT:

- What is the current state of the market?
- What are the current trends?
- How many patients could be served?
- What are the current barriers to telehealth?
- What are the current benefits of telehealth?
- What are the current challenges to telehealth?

4. INTERNAL & EXTERNAL ASSESSMENT:

- Do you have any telehealth experience?
- Do you have any telehealth experience outside your organization?

5. SERVICE PLAN ASSESSMENT:

- What is the impact of telehealth on your organization?
- What is the impact of telehealth on your health system?
- What is the impact of telehealth on your health care system?
- What is the impact of telehealth on your health care system?

6. INTEGRATION & IMPLEMENTATION:

- How will you make telehealth work in your organization?
- How will you make telehealth work in your health system?
- How will you make telehealth work in your health care system?
- How will you make telehealth work in your health care system?

7. MONITORING & EVALUATION:

- How will you measure the impact of telehealth on your organization?
- How will you measure the impact of telehealth on your health system?
- How will you measure the impact of telehealth on your health care system?
- How will you measure the impact of telehealth on your health care system?

TRC TELEHEALTH

These are just a few!
But Wait... There’s More!

The NCTRC website houses additional fact sheets on policy, reimbursement, FDA approved technology, and more.

We also have a collection of guides and research resources (catalogues and webliographies) from various TRCs to help your telehealth program.

There are a wide variety of resources we can provide.

Get in touch!
The National Consortium of Telehealth Resource Centers provides a free webinar for those interested in telehealth.

Every 3rd Thursday
11 AM – 12 PM (PST)

The TRCs have an expansive network of professionals in the field of telehealth.

The monthly topics encompass various topics ranging from policy, business models, clinical workflow, telehealth program development, etc.
Don’t worry. We record them.

Can’t make the live webinars? No problem! We record all webinars and post them on our YouTube page within 1 business day.

Find more educational webinars: https://www.telehealthresourcecenter.org/events/category/webinars/?tribe_event_display=past
Resources available on www.caltrc.org

COVID-19 Resources
Needs Assessment
Staff Roles and Job Descriptions
Considerations in Developing Partner Relationships
Contracting Model Pros and Cons
Credentialing Guidelines
Billing Guidelines
Sample Referral Guidelines
Patient Consent
Clinical and Operational Workflow
Overcoming Integration Barriers
How to Develop a Telehealth Marketing Plan
Access to Free Telehealth Implementation Workshops
NEW: Telehealth Coordinator On-line Curriculum Modules
More!
Conducting a Virtual Visit – Agnostic

Worklow for a provider to complete a virtual visit (telehealth, telemedicine, video).
March 20, 2020

Check-In
- Call patient
  - Complete check-in/registration
  - Direct patient to login to

Provider
- Log into workstation
- Open encounter/visit
- Launch virtual visit/connect with patient
- Confirm virtual visit consent has been completed
- Enter chief complaint
- Review and update patient history
- Interview and assess patient
- Document progress note
- Document diagnosis and other pertinent information
- Close virtual visit prior to next patient

Indicates Operational Decision to be made by Organization

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the grant number H2QC530280 “Health Center Controlled Networks”, through the use of funds from the total annual award of $2,730,000.00. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.
Key Takeaways

1. **TELEHEALTH IS A RAPIDLY EXPANDING FIELD.** We’re expecting many changes in 2020 and beyond.

2. **CONNECT WITH US.** Shoot us an email, give us a call, visit the website, or even better, register for our regional conferences (once they resume). We’d be glad to chat, but even happier to meet you.

3. **OUR RESOURCES.** DIY kind of person? We have numerous resources and a reliable network to get your answer. We’re federally funded so our information and resources are at your disposal.

4. **THE CONSORTIUM.** Keeping development in mind, TRCs are prepared to connect with you and morph your telehealth program.
We’re here for you!

TelehealthResourceCenter.org