NORTHEAST TELEHEALTH RESOURCE CENTER NETRC.org

NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

*The NCTRC is dedicated to building **sustainable telehealth programs** and improving health outcomes for rural and underserved communities.*

Maine AAP: Trends in the Telehealth Landscape & Pediatric Practice

March 2, 2022

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Northeast Telehealth Resource Center

MCD

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Disclosures and Acknowledgements:

- Any information provided by NETRC is for educational purposes only and should not be regarded as legal advice.
- I do not have any financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this session.
- Acknowledgements: Amazing partners and stakeholders throughout the region and beyond!

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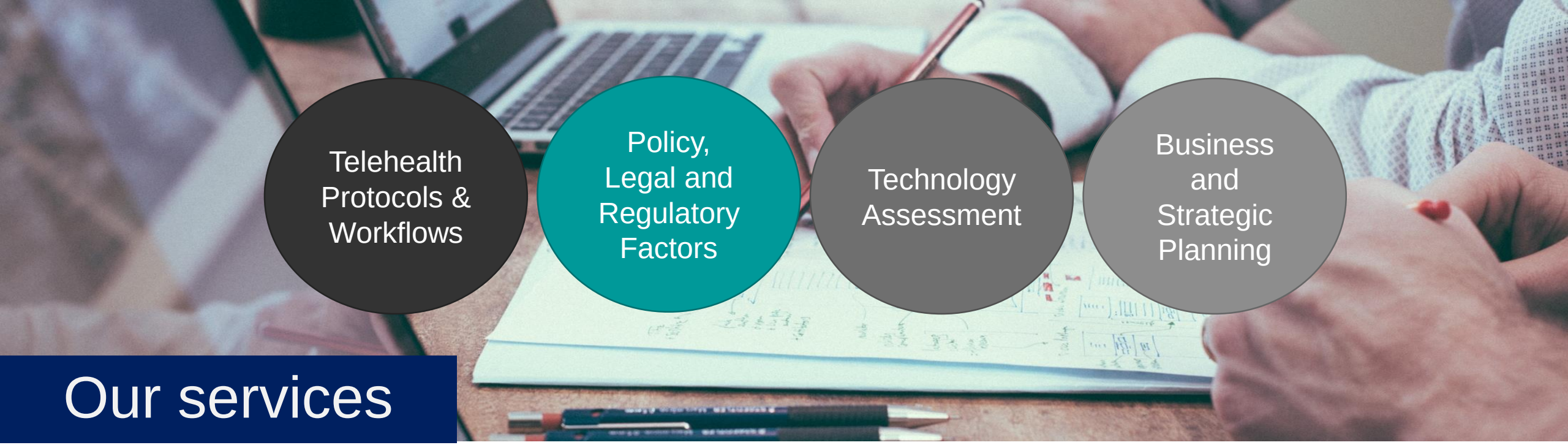
About Us:

NETRC aims to increase access to quality health care services for rural and medically underserved populations through telehealth. We serve New England and New York, and are a proud member of the National Consortium of Telehealth Resource Centers.



Our services

Technical Assistance

We provide expert technical assistance to help build and enhance telehealth programs across the nation. Key focus areas include but are not limited to: telehealth policy, technology, workflow, workforce training, etc.

Development

We develop educational materials and resources for health systems, providers and patients. Includes: designing/ executing needs assessments, identifying funding sources, and assisting with telehealth technology selection is also among our specialties.

Business strategy

We connect telehealth leaders at local, state, and federal levels to raise awareness and collaboratively produce specialized tools and templates for telehealth programs and providers.

Telehealth Utilization - Medicare

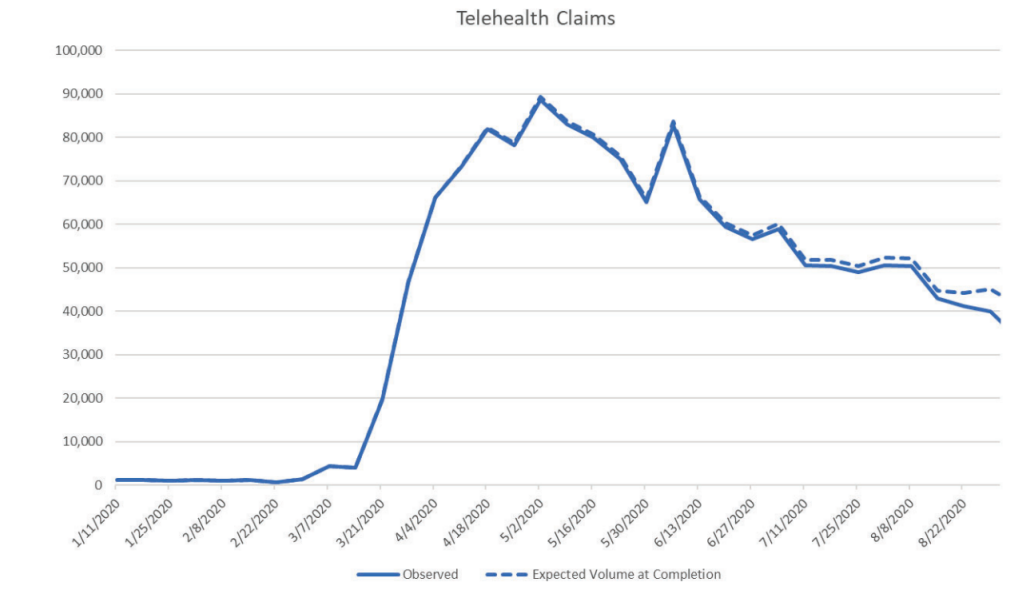
- The number of Medicare fee-for-service (FFS) beneficiary **telehealth visits increased 63-fold in 2020**, from approximately 840,000 in 2019 to nearly 52.7 million in 2020.
- Despite the increase in telehealth visits during the pandemic, **total utilization of all Medicare FFS Part B clinician visits declined about 11% in 2020** compared to levels in 2019.
- Most beneficiaries **(92%) received telehealth visits from their homes**, which was not permissible in Medicare prior to the pandemic.
- **Prior to the pandemic, telehealth made up less than 1% of visits** across all visit specialties but increased substantially in 2020. **Telehealth increased to 8% of primary care visits, while specialty care had smallest shift towards telehealth (3% of specialist visits)**.
- Visits to **behavioral health specialists showed the largest increase** in telehealth in 2020. Telehealth comprised a third of total visits to behavioral health specialists. While data limitations preclude clear identification of audio-only telehealth services, up to 70% of these telehealth visits during 2020 were potentially reimbursable for audio-only services.
- **Black and rural beneficiaries had lower use of telehealth** compared with White and urban beneficiaries, respectively. Telehealth use varied by state, with **higher use in the Northeast and West**, and lower in the Midwest and South.

Source: ASPE Office of Health Policy Research Report
Medicare Beneficiaries' Use of Telehealth in 2020 (published December 2021)

Telehealth Utilization - MaineCare

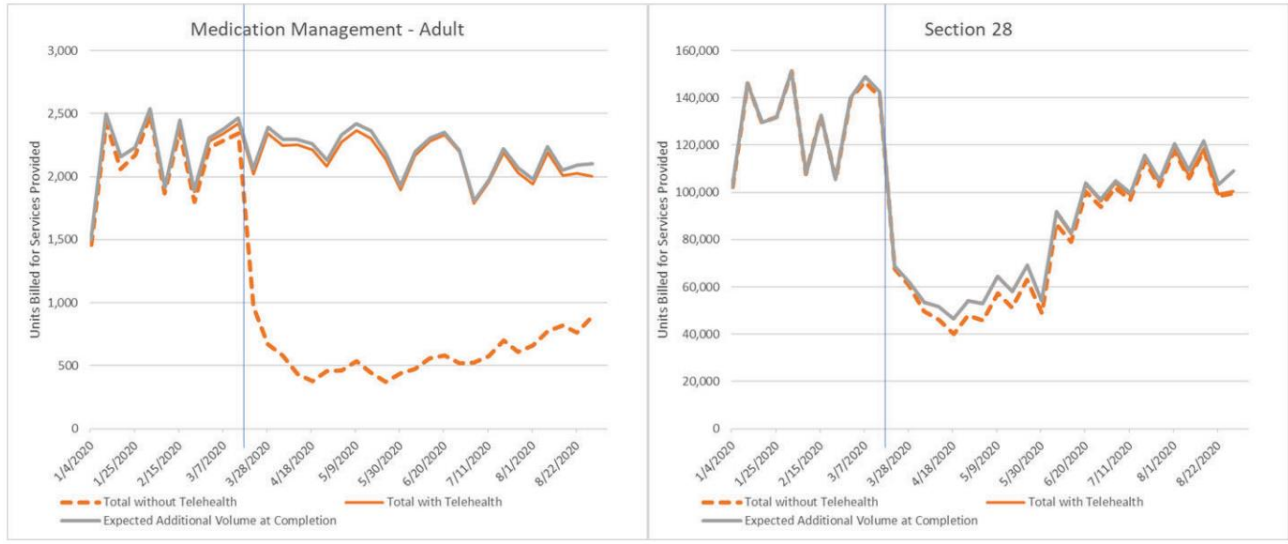
Telehealth Utilization Trend

Using MaineCare Claims w/ Telehealth Modifiers



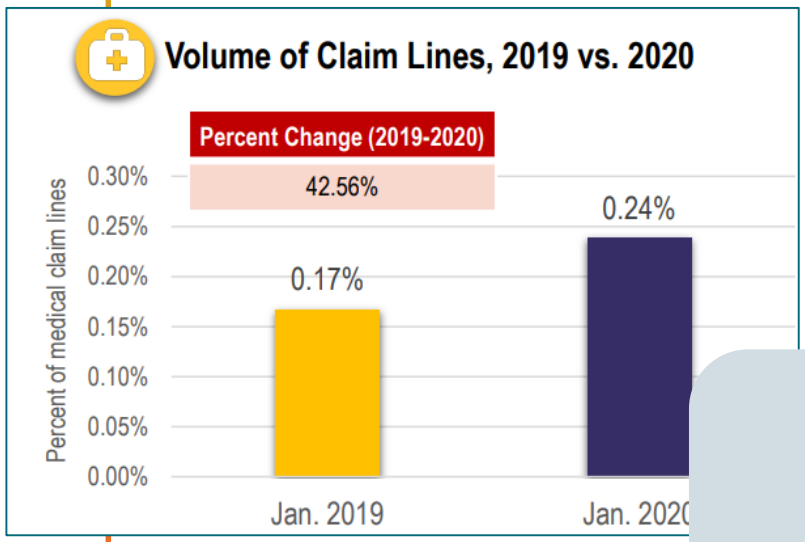
Behavioral Health Utilization Trend Examples

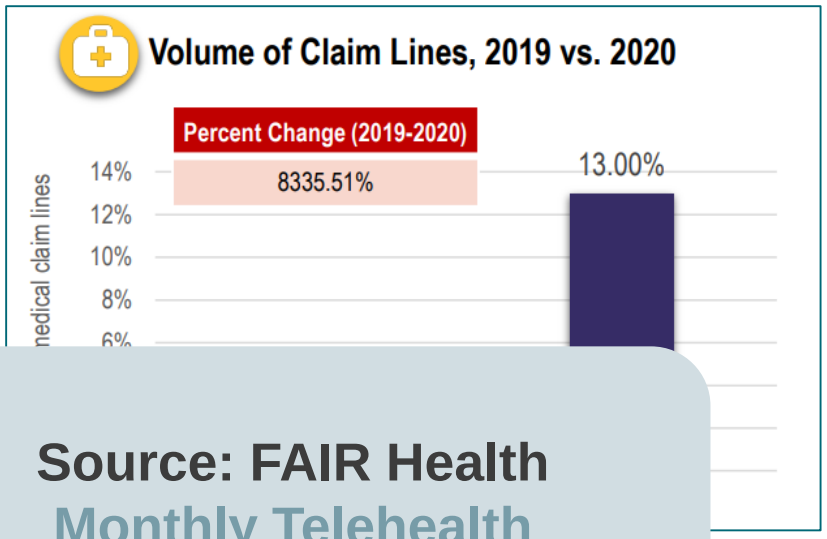
Using MaineCare Claims and Telehealth Modifiers

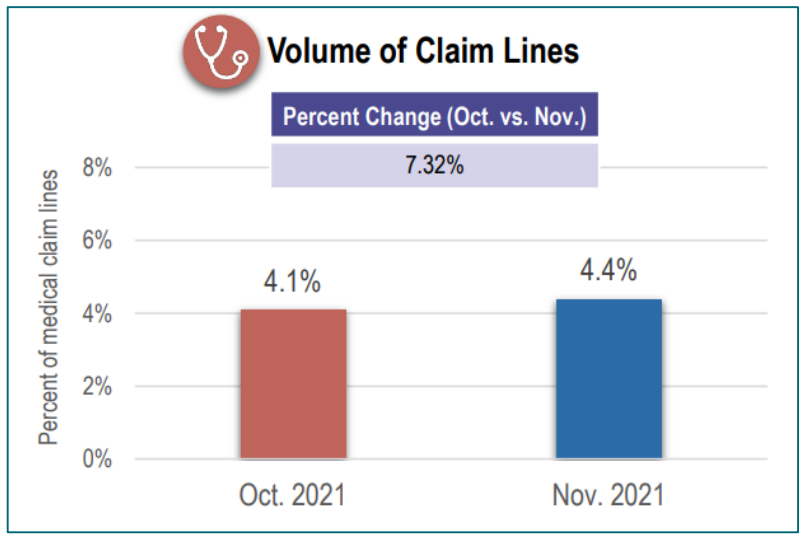


Source: Update to the Maine State Legislature – Committee on Appropriations and Financial Affairs – September 23, 2020. Presentation by Benjamin Mann and Michelle Probert

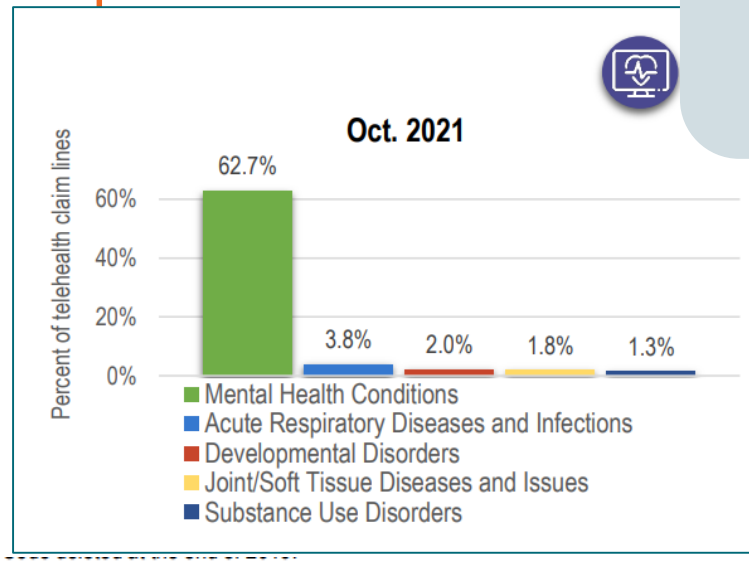
Telehealth Utilization – Private Payers

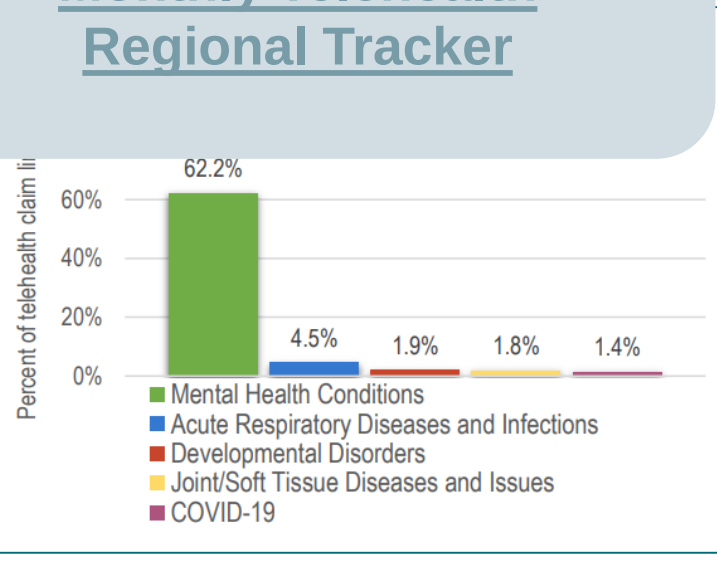


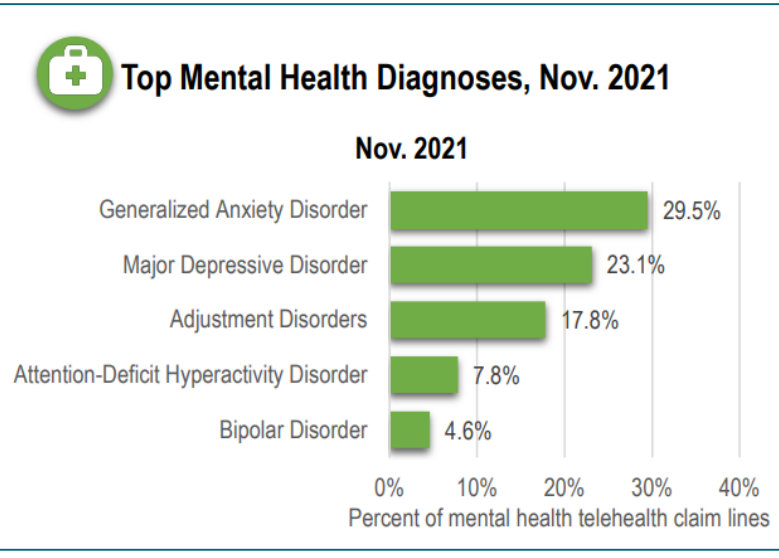




Source: FAIR Health
Monthly Telehealth Regional Tracker







Key Policy Changes During COVID PHE

Medicare	During PHE
Geographic Limit	Waived
Site Limitation	Waived
Eligible Provider List	Expanded
Eligible Services	Expanded (80+
Visit Limits	Waived certain limits
Modality	Live video, Phone for some services
Supervision	Relaxed – allowing via video
Licensing	Relaxed requirements
Tech-enabled/Comm based	More codes eligible for phone & addtl. providers allowed

Federal PHE extended to April 16, 2022

- DEA: Prescribing exception - allowing phone for suboxone for Opioid Use Disorder
- HIPAA: Office of Civil Rights will not fine during PHE

State Medicaid (Most Common Changes)	
Modality	Phone allowed
n	Home allowed
	Consent requirements relaxed
Eligible Services	Additional types of services eligible
Eligible Providers	Additional provider types allowed (OT, PT, SLP, etc)
Licensing	Some requirements waived

- State Exec. Orders for private payers ranges from explicit mandates to encouragement to expand telehealth coverage
- Relaxed some health information protections

Final PFS CY 2022

The Highlight Reel for Telehealth

- Final PFS – officially published November 19, 2021
- Category 3 services will be extended to end of CY 2023
  - Added multiple cardiac rehab codes to Cat. 3
- Significant Changes to Mental Health Services Provided Via Telehealth
  - Consolidated Appropriations Act (CAA) passed in Dec 2020 implementation related to provision of mental health visits via telehealth. Certain conditions applied.
  - Allowing use of audio-only to provide mental health visits if certain conditions met.
  - FQHC/RHC redefinition of mental health visit, not considered telehealth

Final PFS CY 2022

- Audio-Only: In 2022 CMS redefining the definition of “telecommunications system” which is not defined in federal law. MENTAL HEALTH services can be provided for the evaluation, diagnosis and treatment of mental health disorder IF:
  - Established patient
  - Patient at home
  - Provider has capability of doing live video
  - Patient cannot or does not want to do via live video
  - Has an in-person visit with the telehealth provider 6 months prior/12 months subsequent

Final PFS CY 2022

- FQHC/RHC CMS is redefining what a mental health visit is for an FQHC/RHC. The new definition would ”also include encounters furnished through interactive-real-time telecommunications technology. Includes audio-only if patient cannot use video or if they consent to audio-only.
- New Remote Therapeutic Monitoring codes 98975-98981
- Permanent adoption of G2252 (virtual check-in 11-20 minutes)
- Principal Care Management (PCM) and Chronic Care Management (CCM) codes being finalized

Final PFS CY 2022 – Other Changes

• Allow Opioid Treatment Programs (OTPs) to use audio-only to furnish therapy and counseling when live video not available to beneficiary after PHE is over. Modifier 95 will need to be used to

A Few Key Points:

- **6 month in-person requirement does not kick-in until the federal PHE is over**
- **PHE was renewed for another 90 days on January 16, 2022**
- **Changes to allow FQHCs/RHCs to provide mental health visits via live video and audio-only is not telehealth**
- **For FQHCs/RHCs, the 6 month in-person visit requirement only happens when the patient is receiving services in the home**

schedule fee for service payment policies under the Shared Savings program for ACOs

• CMS declines to add telephone codes 99441-99443 as permanent services that will be reimbursed

• Medical nutrition therapy (MNT) and diabetes self-management training (DSMT) services may be provided as telehealth services when registered dietitians or nutrition professionals act as distant site practitioners.

Moving Forward: Federal Policy Activity

Well Over 100 Telehealth Related Bills – see CCHP's Federal Policy Tracker for Details and Status of Pending Legislation and Regulation

CONNECT Act (re-introduced) – would remove long-standing barriers to telehealth and promotes program integrity. See CCHP CONNECT Fact Sheet.

KEEP Telehealth Options Act (re-introduced) - bill would require several federal entities to study all of the telehealth actions taken during the PHE.

Biden Administration Seeks to Expand Telehealth in Rural America

New funding will allow more medical appointments to take place via video in rural communities, where some of the nation's oldest and sickest patients live.

TH Modernization Act – would remove originating/geographic site restrictions; give HHS secretary authority to expand provider types; allow TH to meet face-to-face requirements for hospice care and home dialysis, enable CMS to continue to use sub-regulatory authority to add telehealth services; extend FQHC and RHCs distant site ability

Sections | The Washington Post | Democracy Dies in Darkness | Get one year

National

Patients and doctors who embraced telehealth during the pandemic fear it will become harder to access

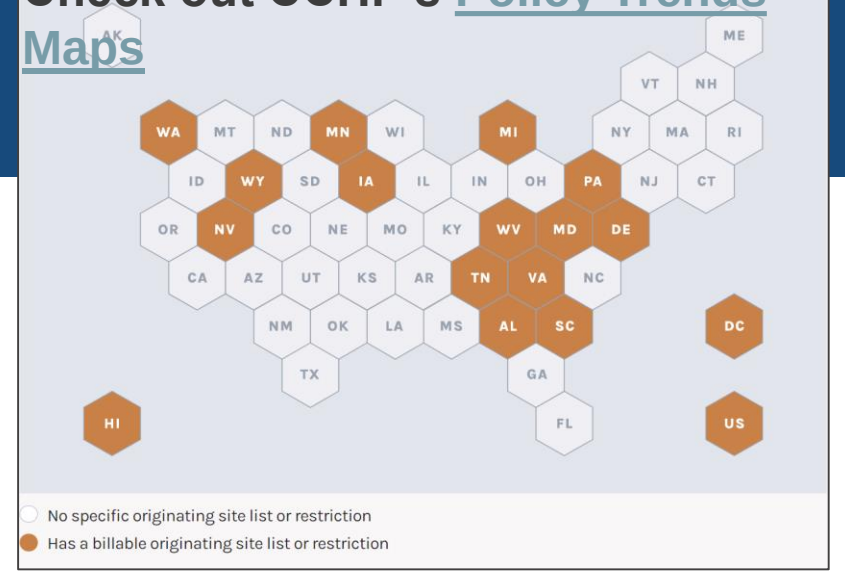
Sharon Daley, director of island health services at Maine Seacoast Mission, walks to the Sunbeam, the Maine Seacoast Mission service boat, in Northeast Harbor last month. (Ellie Markovitch for The Washington Post)

In 2022, trend toward extension of policy flexibilities and allowing more time to study affects vs. permanent change

S. 3593: Telehealth Extension and Evaluation Act (new Feb '22) – would amends titles XI and XVIII of the Social Security Act to extend certain telehealth services covered by Medicare and to evaluate the impact of telehealth services on Medicare beneficiaries. Key areas include FQHCs/RHCs, CAHs and Prescribing.

State Policy Trends

Check out CCHP's Policy Trends Maps



- **Expansion of telehealth definition** to be broader in scope to entail more than just live video, although often with some caveats
- **Training or Certification** – e.g. Mississippi telemental health CE requirement for mental health counselors
- **Registration and/or Reporting** – e.g. New Jersey added requirement for telehealth or telemedicine organizations to annually register with the Department of Health and submit an annual report
- Medicaid **expansions of eligible patient (originating) sites** and **clarifications on types and locations of eligible distant site** providers (e.g. FQHC/RHC; out of state providers)
- **Extensions of State waivers** and flexibilities (e.g. audio-only, payment parity)
- Enactment of **Licensure Compacts**

Where are we Headed? Digital Health Predictions…

- Consumer needs and preferences will be increasingly important
- Continued evolution of care models with virtual care a focal point
- Continued transition of more care delivered at home
- More data driven care, including artificial intelligence
- Bridging the Digital Divide
- Personalized, predictive and engagement driven models
- Digital first approaches
- Payment models driven by long-term patient outcomes

74% Agree

Implementing video-based telemedicine is critical for the long-term financial solvency of my practice.

Source: 2020 HHS Telemedicine HACK Baseline Survey

Reference: Reuters Digital Health Predictions 2022-2027

Northern Light Health

Pediatric Telehealth

Michael Ross FAAP FACMI
Medical Director of TeleHealth, Northern Light Health
Medical Informatics Officer, EMMC
General Pediatrician

03.02.2022

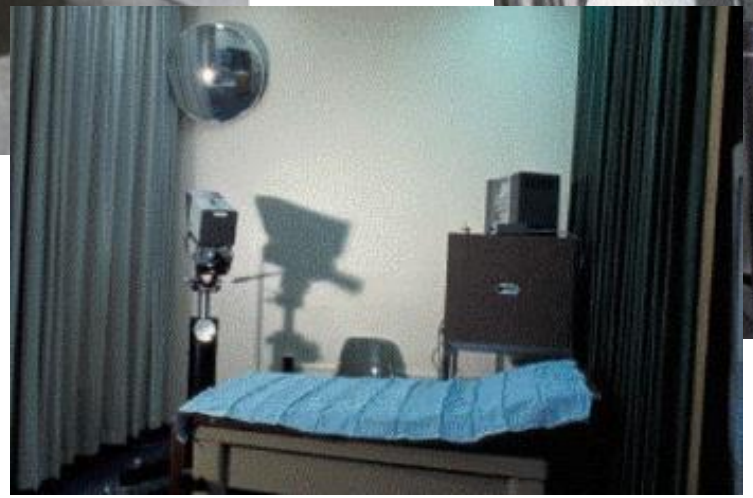
Outline:

- The NE TeleHealth Resource Center:
- TeleHealth in Practice, 2022:
  - Overview and History
  - Direct to Patient (Ambulatory practice)
    - AAP Support
    - Patient Engagement (Healthychildren.org)
  - E-Consults:
    - Role Within Pediatrics Subspecialties
    - Specific Underserved medical disciplines (Dermatology)
  - Hospital-to-Hospital:
    - TeleNICU/TelePICU
    - Challenges and Victories
- Future developments; Where are we going?

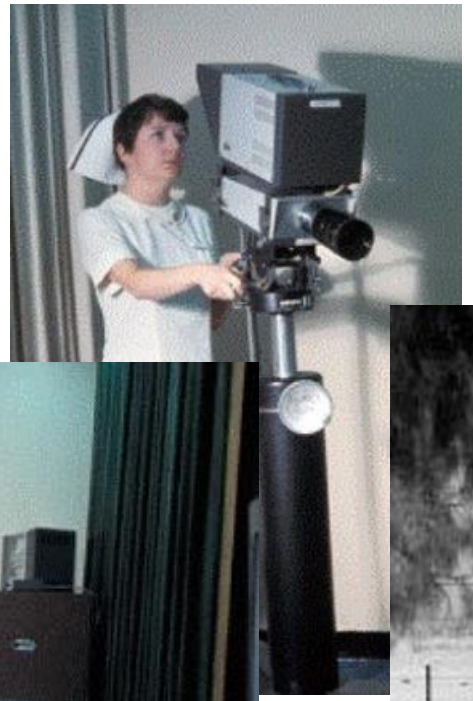
TeleHealth in History:

Radio Times add, 1920s

Telepsychiatry
1950s

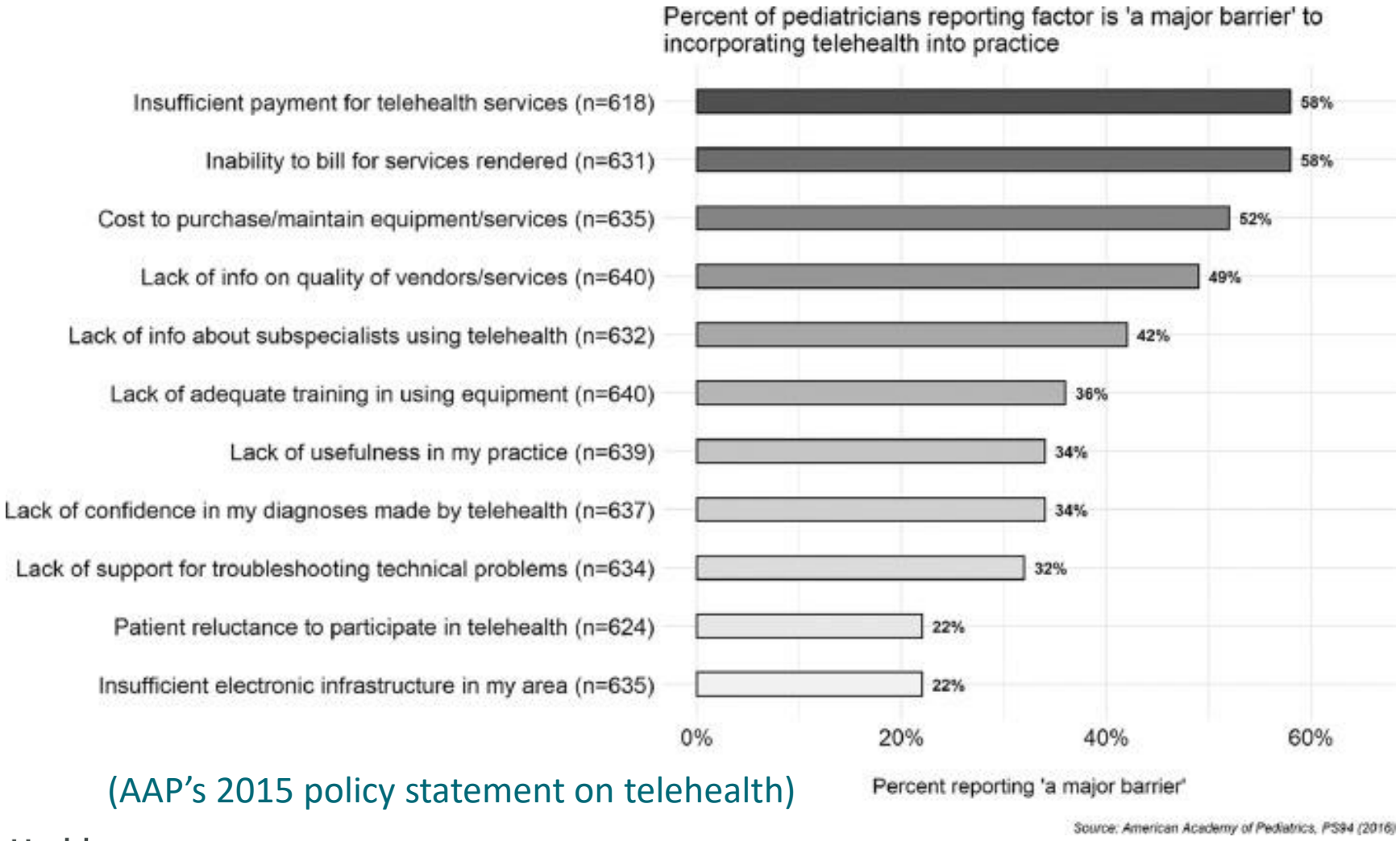


MGH/Logan Airport
telemed project
1960s



Papago Indian Reservation
Telehealth Pilot
1970s

Prior and Ongoing Pediatric Telehealth Barriers:



(AAP's 2015 policy statement on telehealth)

Telehealth Benefits:

For Practices

- Reaching underserved populations/Improve access
- Increase depth of provider workforce
- Deliver more Preventative and Mental healthcare
- Decrease Costs(*)
- Strengthening patient-provider relationships
- Decreasing likelihood of no-shows for appointments
- Enhancing patient comfort and compliance

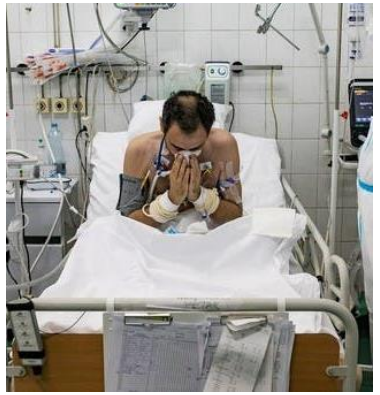
For Patients

- Reduce Healthcare costs
- Decreased needs for travel to an appointment
- Reduce waiting time for appointments
- Reduction in emergency room and walk-in clinic volume
- Improved access to specialists
- Increased patient comfort in home vs. office
- Enhanced access for those with specific conditions

COVID-19:





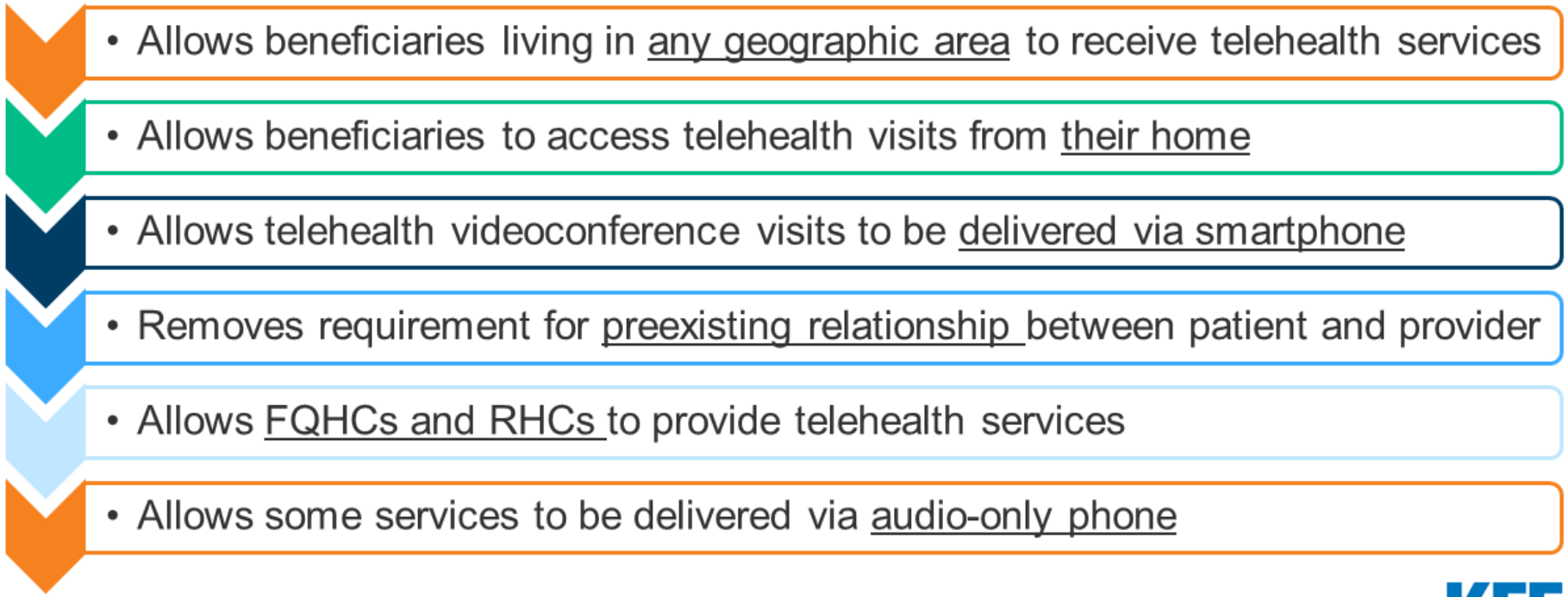






The Federal Response:
The CONNECT for Health Act, 2020

Figure 5

Key Changes to Coverage Restrictions for Medicare Fee-for-Service During the COVID-19 Emergency



NOTES: Changes enacted as part of the Coronavirus Preparedness and Response Supplemental Appropriates Act and the CARES Act.
SOURCE: Centers for Medicare and Medicaid Services (CMS), Medicare Telemedicine Health Care Provider Fact Sheet, March 2020. CMS Press Release. March 30, 2020.

KFF
HENRY J KAISER FAMILY FOUNDATION

Types of Telehealth:

Real time or “synchronous”

- Virtual visit: video visit between physician/provider and patient
- Virtual consult: video consult between two providers (or more)

Store-and-forward or “asynchronous”

- eVisit: online exchange of medical information between provider and patient
- eConsult: consult between providers

Provider-to-Provider Platforms				
Use Case	**Description**	**Timing**	**Video**	**Information Transferred**
1 **eConsult**	Templated communications, where primary care provider eConsults with specialist to share information and discuss patient care.	Asynchronous	No	Medical records and images
2 **Virtual video consult**	Distant specialist connects in real time to a provider/clinical setting to deliver a clinical service directly supporting the care of a patient (e.g. telestroke).	Synchronous	Yes	Medical records and images
3 **eICU/TeleAcute**	Remote covering clinicians use multiple modalities (video, monitor data) to follow a defined set of seriously ill patients.	Synchronous	Yes	Medical records, images and monitoring data
Direct-to-Consumer Platforms				
Use Case	**Description**	**Timing**	**Video**	**Information Transferred**
4 **Second opinion**	Patient-initiated electronic request for provider to give an opinion on a clinical case.	Asynchronous	No	Medical records and images
5 **Remote-patient monitoring**	Providers remotely monitor patients via connected/mHealth devices or PROs.	Synchronous	Yes	Monitoring data and patient-reported data
6 **Video visit**	Provider connects directly with patient via video to conduct equivalent of a visit.	Synchronous	Yes	None
7 **eVisit**	Provider connects with patient via email or secure messaging to provide clinical advice or support.	Asynchronous	No	Patient-reported data and images

Source: Manatt, 2019

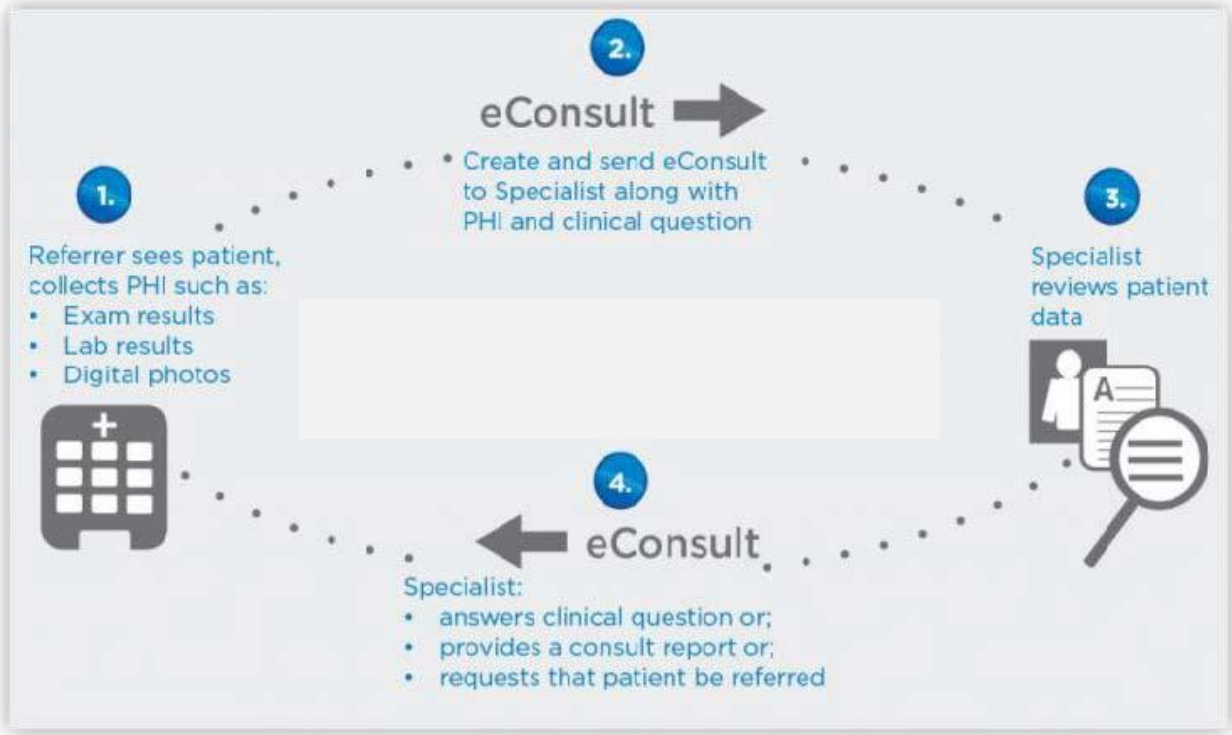
Asynchronous:

-Provider-to-Provider:

-Patient-to-Provider

E-Consults:

- E-Consultations involve the formalized **asynchronous** transfer of health information from a PCP/referrer to a specialists via a secure environment (our shared electronic health record).
- E-Consultations utilizes a standardized electronic process where **the Referring provider outlines the workup performed to date and poses patient/condition-specific question to the subspecialist. The specialist responds to the questions via a written consultation**.
- Should there be insufficient information, or should the medical indications require in-person evaluation, **the specialist can convert the E-consultation to a future face-to-face consultation.**



E-Consults Literature Review:

Pediatr Dermatol. 2020 Sep;37(5):804-810. doi: 10.1111/pde.14187. Epub 2020 Jun 16.

Pediatric dermatology eConsults: Reduced wait times and dermatology office visits

Kira Seiger [1], Elena B Hawryluk [1]

Affiliations + expand

PMID: 32544276 DOI: 10.1111/p

J Pediatr Hematol Oncol. 2017 Oct;39(7):e367-e369. doi: 10.1097/MPH.0000000000000833.

Use of Electronic Consultation System to Improve Access to Care in Pediatric Hematology/Oncology

Donna L Johnston [1], Kimmo M

Affiliations + expand

PMID: 28437292 DOI: 10.1097

Telemed J E Health. 2021 Dec;27(12):1379-1384. doi: 10.1089/tmj.2020.0394. Epub 2021 Mar 12.

Impact of Pediatric Electronic Consultations in a Federally Qualified Health Center

Anthony Porto [1], Karen Rubin [2 3], Kristina Wagner [2], Wei Chang [1], Giuseppe Macri [1], Daren Anderson [1]

Affiliations + expand

PMID: 33719584 DOI: 10.1089/tmj.2020.0394

Benefits of E-Consults:

Patient Benefits:	Primary Care Benefits:	Specialist Benefits:
• Improved **access** to specialist • **Improved convenience**, 40% of patients avoid an in-person specialty consultation. • **Decreased Patient Cost** through reduction in travel and life disruption. • Decreased patient **Travel** • Improved **time to response** • **Increased relationship** in the patient's primary care delivery	• **Avoid back-and-forth** "telephone tag" with specialists. • **Enhanced relationship** with my **patients** and **colleagues**. • **Improved responsiveness** (documented reply within 3 days). • **Enhanced ability to manage patients** who would normally require a subspecialist consult. • Specialist decisions guided by **entire clinical picture** when accessing the chart. • **Productivity for a task you already do** • Able to incorporate E-consults into my schedule and **not be interrupted by phone calls** • Increased **educational opportunities**	• Avoid back-and-forth "telephone tag with **Primary Care**. • **Improved access** to specialty clinic appointments • **Reduce liability concerns** from advising on a patient without full access to the chart • **Productivity for a task already done without compensation.** • Able to **incorporate E-consults into my schedule** and not be interrupted by phone calls • **Able to enhance the base knowledge of the Primary Care Community** in my area of expertise.

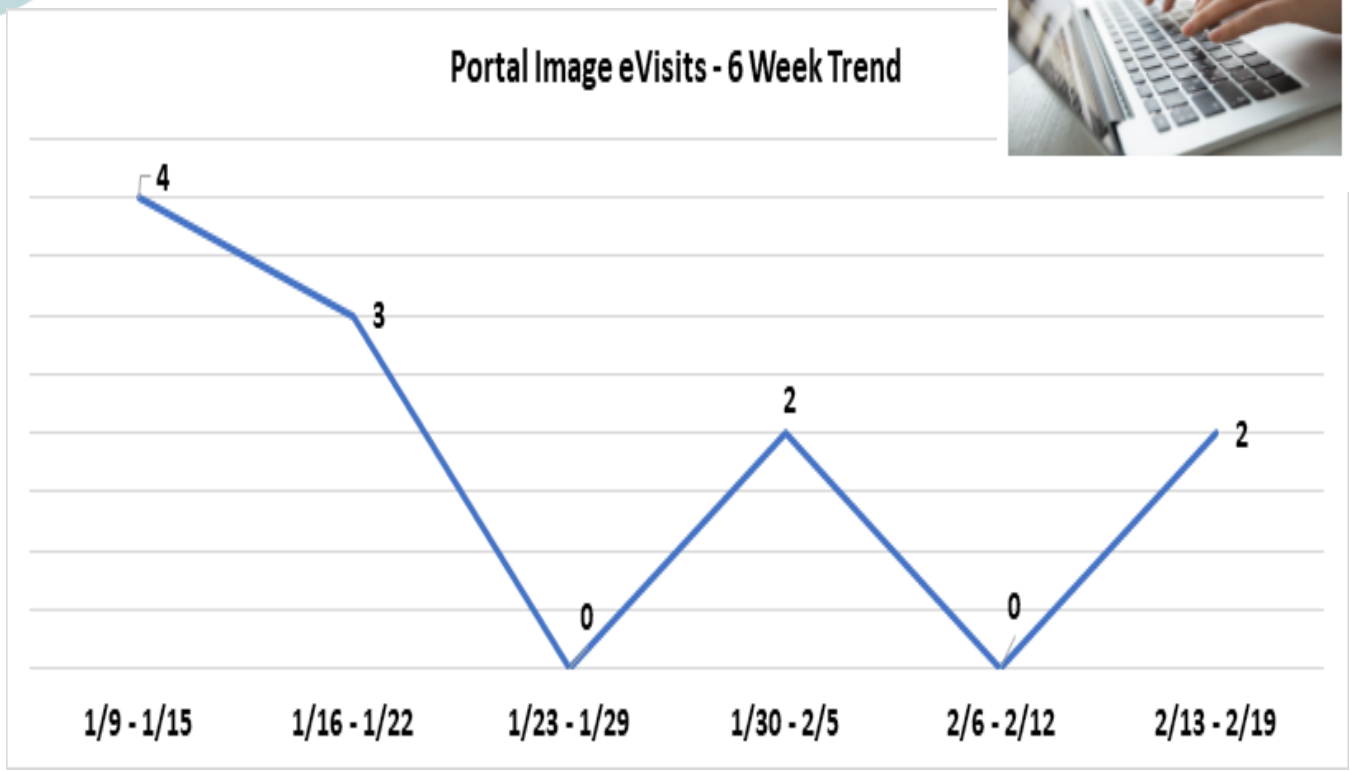
PCP / Referrer Guiding Principles:

- An E-consult should be limited to a specific question, supporting ongoing PCP management. Requests for ongoing subspecialist management is better suited for a conventional, in-person referral.
- E-Consultation should be initiated through Referral management within Cerner, as opposed to direct PCP-to-Specialist messaging.
- E-Consultations require the patient to have had a visit with the referring PCP. Question must be answerable based on the information available within Cerner, to include:
  - Documented pertinent history (required)
  - Pertinent physical exam findings by the PCP
  - Imaging and lab (per specialty if appropriate)
  - Time spent preparing the eConsult (PCP) should be noted
- Patient should be aware and consented to the E-consult process:
  - Patient should be made aware of the benefits and increased access to specialty care.
  - Patient should verbally Consent to the referral being made, and verbal consent should be documented at time of PCP appointment.
  - The results of the specialist referral should be communicated back to the patient via the PCP *(i.e. I spoke with the specialist, who found ___).*
  - An e-Consult patient-facing brochure should be used to support patient understanding of an E-Consult

Specialist Guiding Principles:

- Expected turnaround of E-consult by specialist, upon receipt of the referral is **3 business days**.
- Communication from Specialist to PCP should be a formalized note within the EMR, with a specific plan for next steps:
  - If an E-consult is converted to a request for in-person specialty care consult, the specialist should send a communication back to PCP indicating an in-person referral is required.
  - If an E-consult is converted to a request for in-person care consult, the specialist office should “flip” the referral to a formal in-person consult.
- E-Consultations should be processed through Referral management within Cerner, not direct Specialist-to-PCP messaging.
- New imaging/labs/others might be considered as a response to the request for consultation, and a detailed description of the suggested workup should be made by the specialist supporting the ordering of the workup (i.e. Imaging/labs) by the PCP. Future collaboration of the results of such studies should be performed from the patient’s chart via message center.
- Time spent (Specialist) should be documented to support billing.

E-Visit Experience: Pediatric Portal Image visits



Impact of Asynchronous Electronic Communication–Based Visits on Clinical Outcomes and Health Care Delivery: Systematic Review

Oliver T Nguyen [1,2]; Amir Alishahi Tabriz [3,4]; Jinhai Huo [1]; Karim Hanna [5]; Christopher M Shea [6]; Kea Turner [3,4]

Results:

Out of 1859 papers, 19 met the inclusion criteria. E-visit usage was associated with improved or comparable clinical outcomes, especially for chronic disease management (eg, diabetes care, blood pressure management). The impact on quality of care varied across conditions. Quality of care was equivalent or better for chronic conditions, but variable quality was observed in infection management (eg, appropriate antibiotic prescribing). Similarly, the impact on health care utilization varied across conditions (eg, lower utilization for dermatology but mixed impact in primary care). Health care costs were lower for e-visits than those for in-person visits for a wide range of conditions (eg, dermatology and acute visits). No studies examined the impact of e-visits on health care access. It is difficult to draw firm conclusions about effectiveness or impact on care delivery from the studies that were included because many used observational designs.

Conclusions:

Overall, the evidence suggests e-visits may provide clinical outcomes that are comparable to those provided by in-person care and reduce health care costs for certain health care conditions. At the same time, there is mixed evidence on health care quality, especially regarding infection management (eg, sinusitis, urinary tract infections, conjunctivitis). Further studies are needed to test implementation strategies that might improve delivery (eg, clinical decision support for antibiotic prescribing) and to assess which conditions can be managed via e-visits.

J Med Internet Res 2021;23(5):e27531

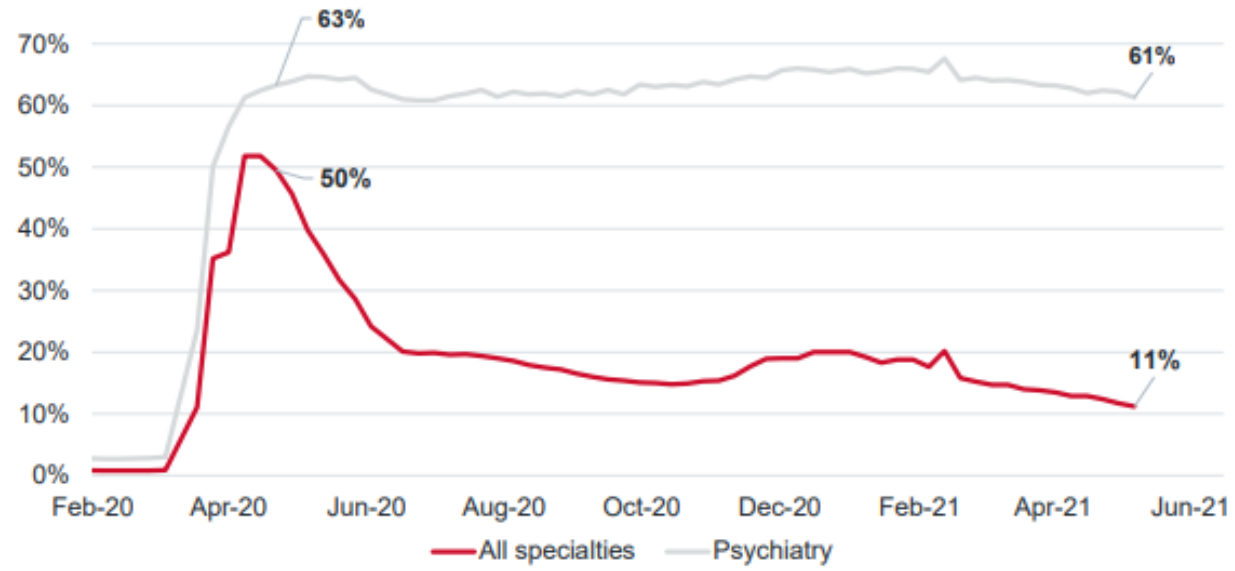
Patient-to-Provider:

Virtual care stabilized above pre-pandemic levels of use:

- Virtual care usage peaked in the second quarter of 2020, and then decreased in the second half of the year and throughout 2021
- While drop off has been significant, virtual volumes remain significantly higher than pre-pandemic levels
- At the same time, multiple stakeholders, including health plans and providers are investing in improving the quality and convenience of virtual visits, suggesting telehealth is here to stay

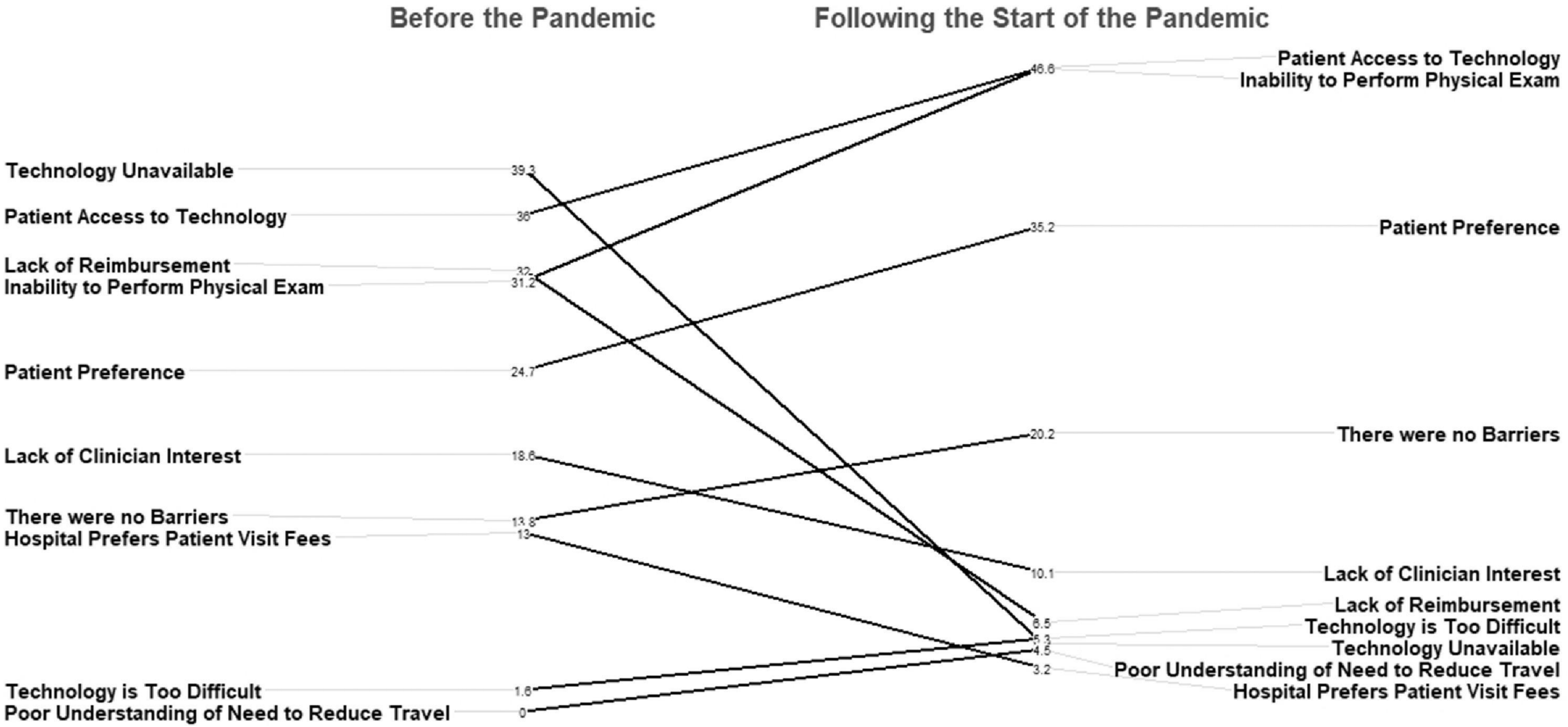
Percentage of service line visit volume performed virtually

Chartis Telehealth Adoption Tracker



Source: "Telehealth Adoption Tracker," *The Chartis Group,* https://reports.chartis.com/telehealth_trends_and_implications-2021/.

Surgeon Perceived Barriers to Telehealth Before and After the Start of the COVID-19 Pandemic



Telehealth continues to stabilize: Endorsed by National AAP

Telehealth: Improving Access to and Quality of Pediatric Health Care

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All children and adolescents deserve access to quality health care regardless of their race/ethnicity, health conditions, financial resources, or geographic location. Despite improvements over the past decades, severe disparities in the availability and access to high-quality health care for children and adolescents continue to exist throughout the United States. Economic and racial factors, geographic maldistribution of primary care pediatricians, and limited availability of pediatric medical subspecialists and pediatric surgical specialists all contribute to inequitable access to pediatric care. Robust, comprehensive telehealth coverage is critical to improving pediatric access and quality of care and services, particularly for under-resourced populations.

Pediatric News®

DR. ROBERT D. KEDER

MORE PEDIATRIC TELEHEALTH

Experts plead case for kids with developmental, behavioral issues

BY HOWARD WOLINSKY

A specialty group is asking federal and state governments to preserve and expand access to telehealth services for children with developmental and behavioral problems.

Citing the success during the COVID-19 pandemic of telehealth for these patients, the Society for Developmental and Behavioral Pediatrics has issued a position statement in its official journal calling for continued use of video and telephone for home-based diagnostic assessments, medication management follow-ups, and therapeutic interventions for children with autism spectrum disorder, attention-deficit/hyperactivity disorder, and other neurodevelopmental conditions.

"Telehealth offers plenty of opportunities for

See EXPERTS on p

Digital inequity is a three-pronged issue

Access

Lack of patient access to technology (e.g., computer, smart phone) and broadband connection.

Knowledge

Lack of patient knowledge and comfort using technologies, especially during account creation and installation.

Interoperability

Lack of integration between EMR, telehealth, and peripheral technologies.

40% of Black and Latino Americans report not owning a desktop or laptop computer

61% of physicians see "low digital literacy" as a big challenge to providing telehealth

Related Advisory Board resource

Cheat sheet: Digital inequity

Sources: All research and analysis. "Telehealth Impact: Physician Survey Analysis," *Covid-19 | Healthcare Coalition*, https://c19hcc.org/telehealth/telehealth-survey-analysis/; Agnisarman, S.O., et al. "Lessons Learned from the Usability Assessment of Home-Based Telemedicine Systems," *Applied Ergonomics*, https://doi.org/10.1016/j.apergo.2018.08.008; "Telehealth: A Path to Virtual Integrated Care", *AHA Center for Health Innovation*, https://www.aha.org/system/files/media/file/2019/05/Telehealth_TelehealthReport.pdf; "Tracking U.S. Telehealth Adoptions a Year Into the COVID-19 Pandemic: Trend Analysis & Implications for Health Systems", *The Chartis Group*, https://www.chartis.com/resources/files/WP_Telehealth-Trend-Analysis_2021-04-30.pdf

Patent facing Encouragement

How Telehealth Can Enhance Mental Health Care

If you've noticed your child or teen is struggling in school, having difficulties with

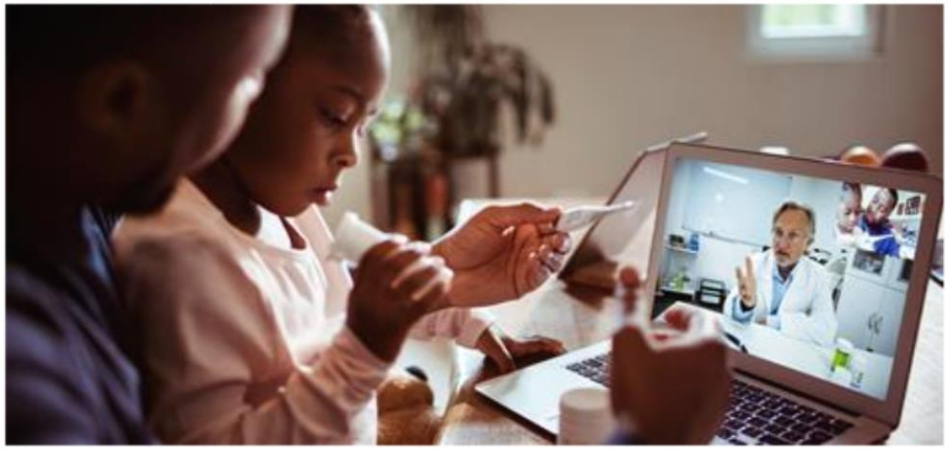
eft many children, teens, and young adults feeling a sense
th friends, family and community. They have lost
have even lost people they know to COVID-19. Everyone
ing this time.

diatrician

hild's emotional health, you might be able to schedule a
atrician. Telehealth can be a visit that takes place by video
ding that this is a good way to talk with you and your
r home. A telehealth visit can ease any feelings of
and teens may feel when talking about emotional health

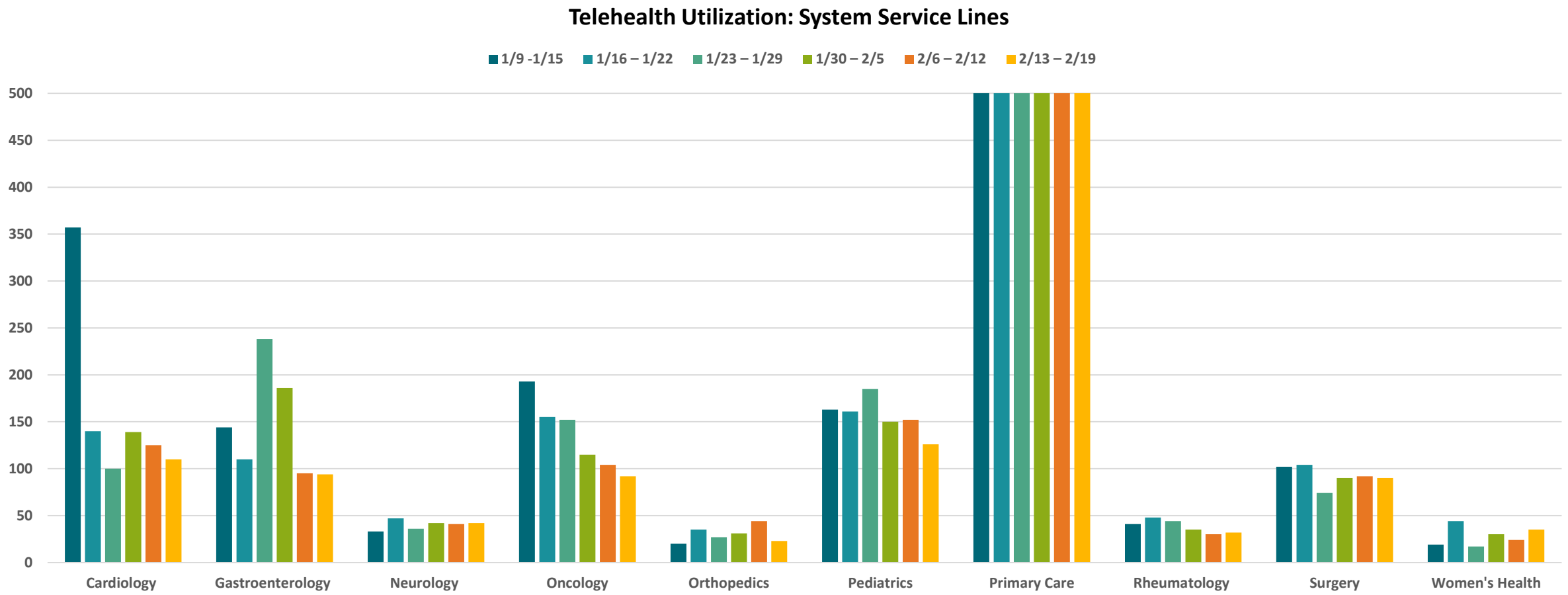
Telehealth 101: Get Plugged in to Your Child's Health

Sometimes it's hard to get to the doctor's office. Maybe you can't take off work or your child can't take off school. Your pediatrician's office might offer a visit through a video call or a phone call instead. This is called "telehealth."



The American Academy of Pediatrics (AAP) supports telehealth for doctors' visits, especially when you can't meet face-to-face. It's best to use telehealth within your child's medical home. Think of this as the "home
se" for your pediatric health care team. Telehealth won't replace in-person visits, but
uld be an option for some visits or just to share information with your doctor. There
efits like:

NLH Recent Experience:



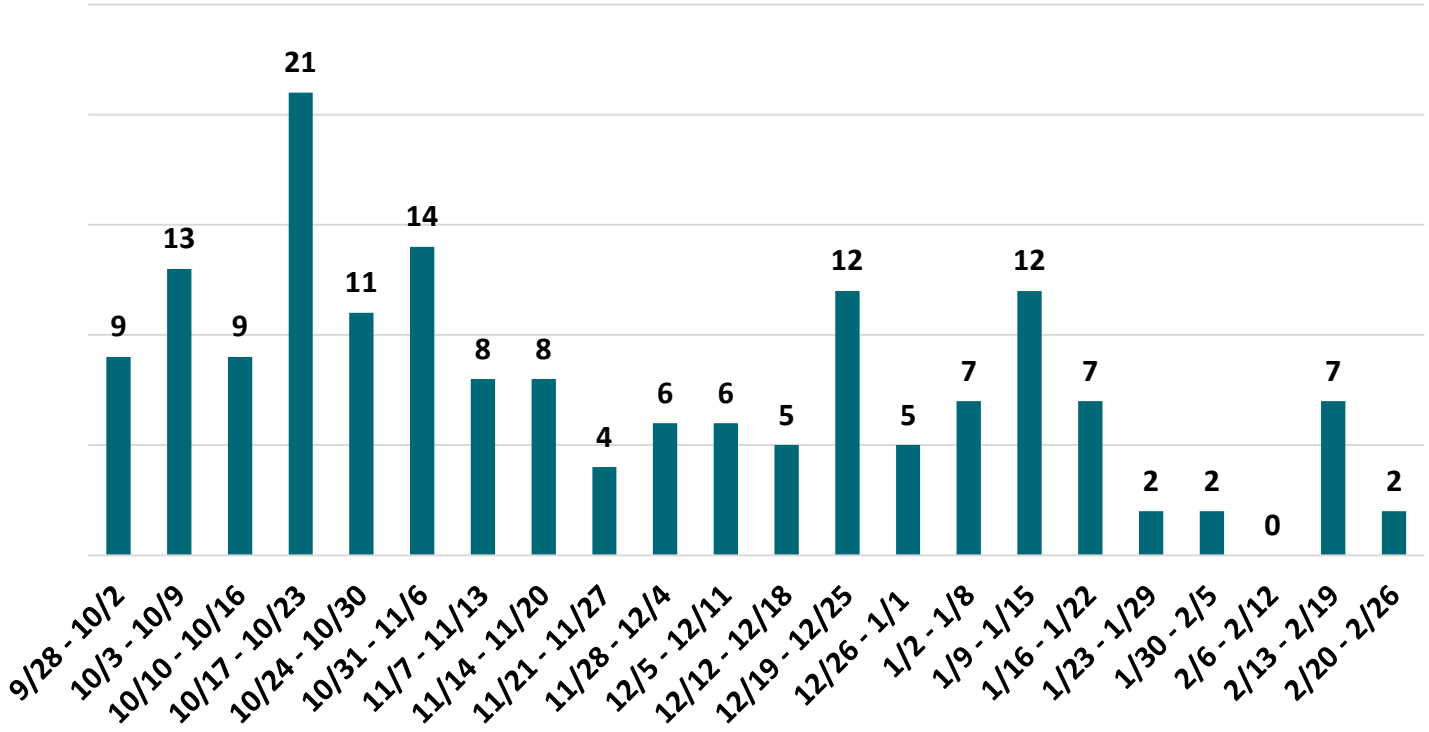
Virtual Walk-in Care: Metrics and Horizon

- **170 Successful Visits to-date**
- **16 different providers across AR Gould, EMMC, and Mercy have completed at least one visit.**

Northern Light A.R. Gould Hospital

Northern Light Eastern Maine Medical Center

Northern Light Mercy Hospital



Important Dates

- **October 2021:** Initial internal launch:
- **April 2022:** Statewide expansion of the vWIC to all patients currently in Maine.

vWIC Clinical Considerations:

AGE RANGE OF PATIENTS IN SCOPE FOR CARE FOR VIA THE vWIC:

- > 4 years of age onward.
- Between the ages of 4-18yrs, both the patient and parent or guardian need to be visible during the visit.

WHAT CLINICAL CONDITIONS ARE OUT OF SCOPE OF THE vWIC:

- Behavioral Health:
- Pediatric Care < 4 years of age:
- Preventative Care Services:
- Workers Comp.

SUMMARIZING STATEMENT FROM THE ATA URGENT CARE PRACTICE GUIDELINES:

Telemedicine providers shall determine the appropriateness of telemedicine on a case-by- case basis, whether or not a telemedicine visit is indicated, and what portion of the examination must be performed and documented in conformance with appropriate standards in evaluating the patient. Wherever possible, diagnostic interventions should be supported by high-quality evidence. Where evidence is lacking, providers shall use their professional judgment, experience, and expertise in making such decisions.

CLINICAL CONDITIONS TO BE EVALUATED AT THE vWIC:

Seasonal allergies
Upper respiratory congestion
Cough
Cold/flu
Ear Pain
Pink eye
Sinus congestion
Sore throat *
Vomiting / diarrhea

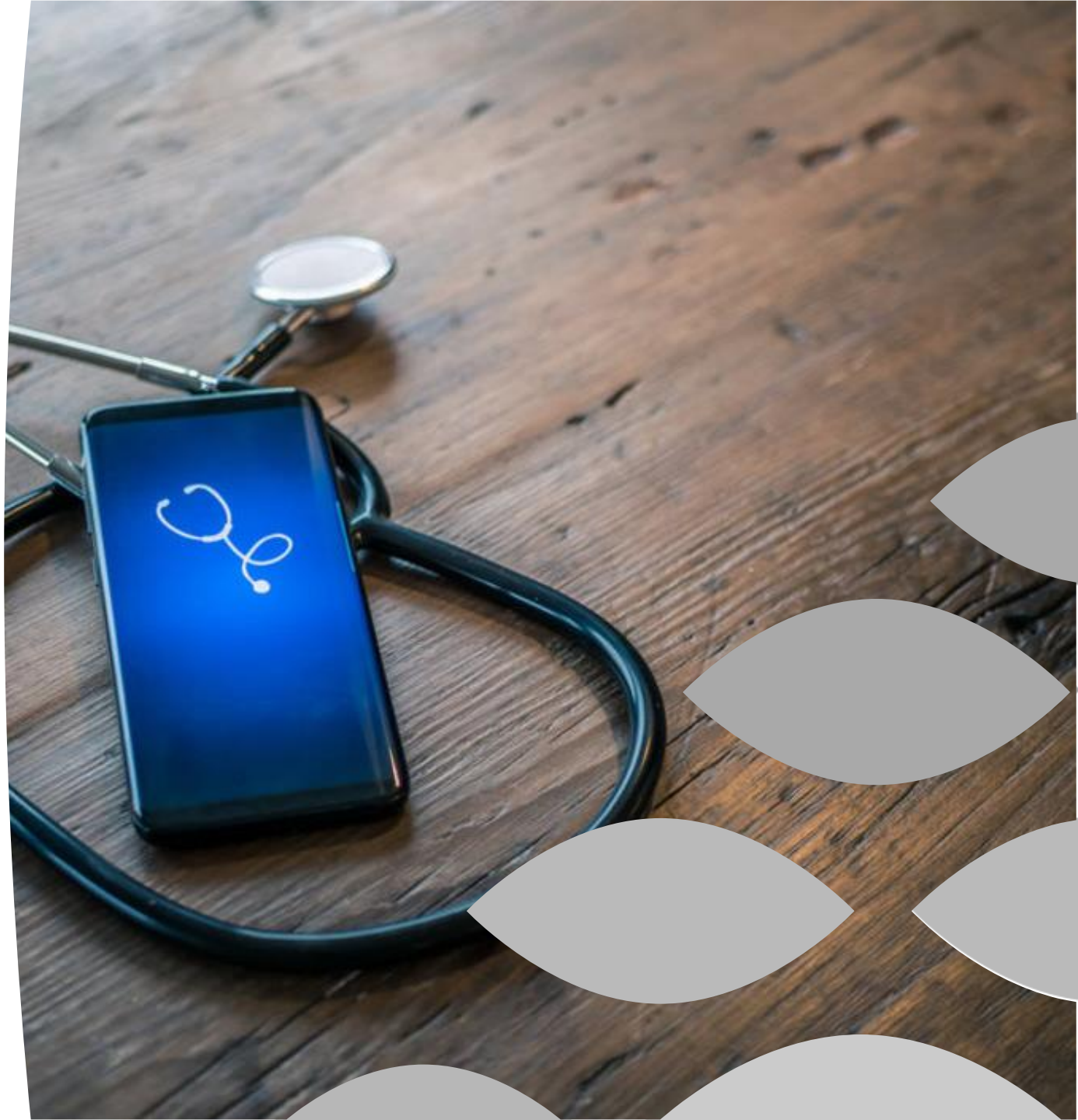
Rash/Skin infection or conditions
Dysuria/UTI (Adult only)
Conjunctivitis/other eye conditions
GI upset
Dental pain
Sprain/minor/mild muscular skeletal pain
Tick bites

Go to the emergency room for:

Chest pain or pressure
Uncontrolled bleeding
Sudden or severe pain
Coughing/vomiting blood
Difficulty breathing or shortness of breath
Sudden dizziness, weakness, change in vision, slurred speech, numbness, or other neurological changes
Severe or persistent vomiting or diarrhea
Changes in mental status, such as confusion
Assault, physical or sexual abuse, or child abuse
Obstetrical care
Mental Health concerns
Pediatrics < age 4

Northern Light Health

Questions:



03.02.2022

NORTHEAST TELEHEALTH
RESOURCE CENTER NETRC.org

Thank You!

www.NETRC.org
800-379-2021
Email: netrc@mcdph.org

Join our newsletter!

APPENDICES

- Telehealth Policy Resources
- Telebehavioral Health and SUD Resources
- Patient/Consumer Resources

Policy and Reimbursement Resources

Center for Connected Health Policy

- CCHP Video Learning Series: Telehealth Policy 101, 201 & 301
- State Policy Finder Tool
- Billing For Telehealth Encounters – CCHP 2021 Updated Guide on Fee-for-Service

CMS/Medicare - COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers

- Medicare Telemedicine Health Care Provider Fact Sheet
- Medicare Learning Network (MLN) Booklet – Updated June, 2021
- Medicare - Covered Telehealth Services CY2022

Office of Civil Rights

- FAQs on Telehealth and HIPAA during COVID-19 public health emergency

DEA COVID-19 Information Page

SAMHSA COVID-19 Page

Federation of State Medical Boards – Board by Board Review

- U.S. States and Territories Modifying Requirements for Telehealth in Response to COVID-19

Telebehavioral Health and SUD Resources

- **HHS Best Practice Guide: Tele-treatment for substance use disorders**
- **Mid-Atlantic Telehealth Resource Center (MATRC) Telebehavioral Health Center of Excellence (TBHCOE):** https://tbhcoe.matrc.org/
- **National Institutes of Health (NIH)-** Ask Suicide Screening Questions (ASQ) Model https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml#resource ; NIH ASQ Patient Resource List.
- **Center of Excellence for Integrated Health Solutions** (Funded by Substance Abuse and Mental Health Services Administration (SAMHSA)
  Operated by the National Council for Behavioral Health)
  https://www.thenationalcouncil.org/integrated-health-coe/resources/
- **National Alliance on Mental Illness (NAMI)-** Mental health Training for Providers https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Provider

Telebehavioral Health Resources

- **US Center for Disease Control and Prevention (CDC) -** Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html
- **Kaiser Family Foundation (KFF)** White Paper: https://www.kff.org/womens-health-policy/issue-brief/telemedicine-and-pregnancy-care/
- **Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCH)**- MCH Navigator Online Training: https://mchb.hrsa.gov/training/mch-navigator-description.asp
- **Suicide Prevention Resource Center (SPRC)** - Treating Suicidal Patients During COVID-19: Best Practices and Telehealth https://www.sprc.org/events-trainings/treating-suicidal-patients-during-covid-19-best-practices-telehealth
- Search the **NETRC Telehealth Resource Library** for additional resources!

Patient/Consumer Resources

HHS Telehealth Webpage for Patients/Consumers: https://telehealth.hhs.gov/patients/

TRC and Other Consumer Resources: How Patients Can Engage Telehealth, Telebehavioral Health, Tips to Keep Your Telehealth Visit Private , Downloadable Tech Guides, Virtual Healthcare for Patients/Consumers, How to Prepare for a Video Visit with Your Mental Health Provider

Devices/Connectivity:

FCC LifeLine Program and FCC Affordable Connectivity Program - provides devices and subsidies on monthly voice and data fees for low income consumers and those impacted significantly by COVID-19. There are eligibility requirements (see webpages) and an application process.

National Digital Equity Center, has a device loaner program – any Maine resident over 70 years of age can borrow devices for 90 days at no charge, and pay $25/month after that 90 days if they wish to keep it longer. Older adults from other states can participate for small fee.