NETEC COVID-19 Webinar Series:
Telehealth Innovations with COVID-19
Welcome

Sharon Vanairsdale, DNP, APRN, ACNS-BC, NP-C, CEN, FAEN, FAAN
Welcome: Sharon Vanairsdale, DNP, APRN, ACNS-BC, NP-C, CEN, FAEN, FAAN

Telehealth Innovations with COVID-19: Dr. Gregory Esper, MD, MBA
- Emory Before COVID-19 (B.C.)
- Emory During COVID-19 (D.C.)
- Emory After COVID-19 (A.C.)

NETEC Resources: Sharon Vanairsdale, DNP, APRN, ACNS-BC, NP-C, CEN, FAEN, FAAN

Questions and Answers with NETEC
Welcome

National Emerging Special Pathogens Training and Education Center

Mission

To increase the capability of the United States public health and health care systems to safely and effectively manage individuals with suspected and confirmed special pathogens

For more information

Please visit us at www.netec.org
or email us at info@netec.org
NETEC Overview

Assessment

Empower hospitals to gauge their readiness using **Self-Assessment**

Measure facility and healthcare worker readiness using **Metrics**

Provide direct feedback to hospitals via **On-Site Assessment**

Education

Provide self-paced education through **Online Trainings**

Deliver didactic and hands-on simulation training via **In-Person Courses**

Technical Assistance

**Onsite & Remote Guidance**

Compile **Online Repository** of tools and resources

Develop customizable **Exercise Templates** based on the HSEEP model

Provide **Emergency On-Call Mobilization**

Research Network

**Online Repository**

Built for rapid implementation of clinical research protocols

**Develop Policies, Procedures and Data Capture Tools** to facilitate research

Create infrastructure for a **Specimen Biorepository**

Cross-Cutting, Supportive Activities
Telehealth Innovations with COVID-19

Dr. Gregory Esper, MD, MBA
Associate Chief Medical Officer, Emory Healthcare
Emory Before Covid-19 (B.C.)
Emory Before COVID-19

Emory Healthcare

BY THE NUMBERS

819,000+ Patients Served Annually
2,060+ Employed Physicians
2,500+ Emory Healthcare Network Locations

800+ EHN Non-Employed Physicians
11,130 Inpatient Admissions
11 Hospitals

23,600+ Employees
325,000 Emergency Room Visits
4 Magnet Designations

80,000 Operating Room Procedures
10,360 Deliveries
2,691 Licensed Beds

5,200,000 Outpatient Visits

21,000+ Clinical Research Patient Participants
2,000+ Open Heart Surgeries
500 Solid Organ Transplants

21,000+ Clinical Research Patient Participants

$4.7 Billion Net Revenue
$4.8 Billion+ Economic Impact on the State of Georgia
60+ Countries Served by Emory International

$122,000,000 Charity Care
30 Urgent Care Locations
70+ Medical Specialties

#1 Hospital in Georgia
Emory University Hospital

#2 Hospital in Georgia
Emory Saint Joseph’s Hospital

40 Minute Clinics
Emory Before COVID-19

Emory eICU: Since 2014

Tim Buchman, MD & Cheryl Hiddleson, RN

FOR OUR PEOPLE

Alert
Advise
Mentor
Consult

FOR OUR PATIENTS

Tests
Treatments
Interpretation
Counseling

eRNS - 24/7, 365
eMDS – NIGHTS, WEEKENDS & HOLIDAYS
<table>
<thead>
<tr>
<th></th>
<th>Pre-eICU</th>
<th>Post eICU</th>
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<tbody>
<tr>
<td><strong>ICU Mortality</strong></td>
<td>8.25%</td>
<td>3.79% (54%)</td>
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<tr>
<td><strong>Transfers from ICU to outside hospital</strong></td>
<td>8.77%</td>
<td>6.15% (30%)</td>
</tr>
<tr>
<td><strong>Critical Care Average daily census</strong></td>
<td>7</td>
<td>11.8 (41%)</td>
</tr>
<tr>
<td><strong>Medicare Case Mix</strong></td>
<td>1.5185</td>
<td>1.5449 (2%)</td>
</tr>
<tr>
<td><strong>ICU Length of Stay</strong></td>
<td>5.1</td>
<td>4.7 (18%)</td>
</tr>
<tr>
<td><strong>ICU Average patient days per month</strong></td>
<td>296</td>
<td>318 (7%)</td>
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Lower Cost and Improve Efficiency of Inpatient Dialysis in Large Hospitals Through:

- e-Dialysis™
- Dialysis Workflow Re-engineering
- Night and Weekend Renal Consultation Coverage via Telemedicine

Emory Telenephrology: Since 9/2017

Medical Services:
- ESRD (End Stage Renal Disease)
- AKI (Acute Kidney Injury)
- Electrolyte Disorders
- Dehydration and Pre-Renal Azotemia

Reduce Outmigration from Rural Hospitals by Providing:
- Tele-Nephrology Physician Coverage
- In-patient Dialysis with e-Dialysis™
- Renal Nursing Support

Lower Cost and Improve Efficiency of Inpatient Dialysis in Large Hospitals Through:
- e-Dialysis™
- Dialysis Workflow Re-engineering
- Night and Weekend Renal Consultation Coverage via Telemedicine
Other Small “Pilots”

- Tele-neurology: one hospital
- Tele-psychiatry: one hospital
- Tele-mobile assessment team
- A few outpatient pilots
Emory Before COVID-19

EHC Telehealth Team: 2019

✓ Prepare for the future
✓ American Well contract
✓ Planned phased rollout

Sarah Kier
VP Access

Rob Sweeney,
Telehealth Administrator

Emma Winchell
Project Manager

Michael Duffell
IT Lead

Elizabeth Krupinski
SME Telehealth

Gregory J. Esper
Medical Director
Emory During Covid-19 (D.C.)
Imperatives during COVID

SOCIAL DISTANCING

BECAUSE THE NEEDS OF THE MANY OUTWEIGH THE NEEDS OF THE FEW

Source: @MikeOkuda on Twitter

Source: https://www.infectioncontroltoday.com/personal-protective-equipment/wuhan-coronavirus-pushes-personal-protective-equipment-out-closet
**Telemedicine** is providing care at a distance utilizing medical and related data transferred via audio, video, and/or other types of telecommunications technology

- Provide or support clinical and non-clinical services (e.g., education, administration, public health)
- Distance learning
- Program planning

**Telemedicine** refers specifically to remote clinical services

<table>
<thead>
<tr>
<th></th>
<th>Live Video-conferencing</th>
<th>Store and Forward</th>
<th>Remote Patient Monitoring</th>
<th>mHealth</th>
</tr>
</thead>
</table>
Emory During COVID-19

Site Definitions

**Originating Site:** Where the patient is

**Distant Site:** Where the provider is
What Types of Challenges?

Practice across state lines still remained limited

Emory During COVID-19

Legislative Changes Spurring Telemedicine

- CMS lifted rural site restriction
- CMS allowed “home” as the originating site
- DEA allowed prescription of narcotics by telemedicine visits (state of GA allows this some days later)
- CMS allowed reimbursement for telephone calls
- Practice across state lines still remained limited
Emory During COVID-19

Emory Policy on Telehealth

Question 1
Telemedicine covers a broader set of applications than telehealth.
A. True
B. False
Answer: B. False. Telehealth is the umbrella term for a variety of applications, while telemedicine applies primarily to clinical applications.

Question 2
Which is not an example of telehealth?
A. Two-way, real-time, audio / video communication for the purpose of the exchange of patient information from one site to another
B. Patient calls a clinic to schedule an appointment while out of town
C. Patient sends a picture of a rash to a provider for interpretation via store and forward methods
D. Patient uses a remote physiologic monitoring system to send daily glucose levels to their physician
E. Patient receives instructions prior to surgery that are sent in a HIPAA compliant manner to their mobile device
Answer: B. Patient calls a clinic to schedule an appointment while out of town.

Question 3
What new legislation has made it possible for physicians to acquire a “telemedicine-only” license to practice only telemedicine in other states than where they hold their primary license?
A. The Ryan Haight Act
B. The Interstate Medical Licensure Compact
C. The Georgia Telemedicine Act
Answer: B. The Interstate Medical Licensure Compact.

Question 4
Your patient asks you to see them for follow up via telemedicine. The patient vacations at their second home in Northern Florida and can go to a clinic with a telemedicine console near their home, but they are still in Florida. You are licensed to practice medicine only in Georgia. What should you advise your patient?
A. I’d be happy to do the telemedicine visit using your Florida clinic.
B. I’d be happy to do the telemedicine visit using FaceTime while you are in Florida home — no need to go to the clinic.
C. I can’t do the telemedicine visit while you are in Florida as I am only licensed to practice medicine in Georgia, not Florida.
Answer: C. I can’t do the telemedicine visit while you are in Florida as I am only licensed to practice medicine in Georgia, not Florida.

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Platforms

Zoom

FaceTime

Google Duo
If you see a video of yourself then you are setup for your telehealth visit. If you experience difficulty accessing Zoom, see the Help section below. If you experience a problem with Zoom, see the troubleshooting section below.

Click OK when prompted to open in another app.

Go to https://support.zoom.us.

Contact the Emory Express Helpdesk (1-877-451-4000) for the patient if they experience difficulty with Zoom. There are also resources available at https://support.zoom.us.

Operational Steps by Role (PMI Workflow)

7. Under Meeting Options, make sure Waiting Room is selected

8. In Meeting (Advanced) and select Generate Automatically

9. Select Schedule a New Meeting from left sidebar

10.Press Save

11.Press Cancel

12.Press OK

13.Press OK

14.Press OK

15. Log in to your Zoom account in your web browser

16. Enter provider name

17. Enter patient name

18. Schedule

19. Enter patient’s appointment information

When creating a meeting, the provider must make sure that the patient is not already in the waiting room.

Setting up your Waiting Room

If the Operational Steps by Role (PMI Workflow) were followed correctly, the provider should be able to access their meeting room. From there they will see the list of waiting rooms and click on the one that made the telehealth appointment.

Operations

The clinician should use their judgement in whether or not to factor these into clinical decision making. Patient reported data should not be used for billing.

The clinician should use their judgement in whether or not to factor these into clinical decision making. Patient reported data should not be used for billing.

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Hub and Spoke Model

- Ophthalmology (Ophtho)
- Head and Neck (H&V)
- BHC
- MSK
- Transplant
- Obstetrics/Gynecology (OB/Gyn)
- General Internal Medicine/Primary Care (GIM/PC)
- Oncology
- Palliative Medicine
- IM Specialties
- Dermatology

Nightly calls: first two weeks
Zoom Training sessions
Train the Trainer
Dyad Model

Share Best Practices
Lean Methods
SharePoint
Legal/Compliance
Physician Group Practice Ambulatory Volumes

<table>
<thead>
<tr>
<th>Pre-COVID (February 2020)</th>
<th>COVID (4.01 – 4.07)</th>
<th>71% providers have completed telemedicine visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,769 daily arrivals</td>
<td>3,028 daily arrivals</td>
<td></td>
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</table>

COVID (3.16 – 4.07) Ambulatory Volumes
Daily Arrivals: Telemedicine v. In Clinic Setting

Goal = 6,000 daily arrivals
Your Telemedicine appointment at
EMORY
BRAIN HEALTH CENTER

LINK TO VIDEO:
https://vimeo.com/405031130/3e292c0d43
Inpatient Telemedicine

Inpatient Telemedicine Consultations

Box 1: Reason for Action

Problem Statement:
- Due to the anticipated PPE shortages and possible staffing constraints, telemedicine has become a vital component of the COVID-19 pandemic response.

Aim Statement:
- Establish a streamlined process for providing quality care to our patients while optimizing the use of our resources during the COVID-19 pandemic.

Box 2: Current State

- Resource Reallocation
- Quality
- Safety
- Best place to work
- Patient satisfaction

- Curbside consults without documentation
- Provider potential COVID-19 vector
- Hospitalists overburdened and need help
- Nurses not onboarding

- No process for billing
- AV/Remote sites not dedicated to rooms
- No standard for finding consults
- Inpatient telemedicine consult models in place

Box 3: Future State

- Resource Reallocation
- Quality
- Safety
- Best place to work
- Patient satisfaction

- Appropriate billing and credit for care
- Provider with appropriate media for contact
- Realign standard work for consults
- Multiple well-functioning models in place

Box 4: Gap Analysis

- Description of Gap

- Table: Description of Gap

Box 5: Solution Approach

If What... Then Why...

1. Resource Reallocation
2. Quality
3. Safety
4. Best place to work
5. Patient satisfaction

Box 6: Rapid Experiments

- Area
- Experiment
- Anticipated Effect

Box 7: Completion Plan - General

- Table: Completion Plan - General

Box 8: Confirmed State

- Resource Reallocation
- Quality
- Safety
- Best place to work
- Patient satisfaction

- Appropriate billing and credit for care
- Provider with appropriate media for contact
- Realign standard work for consults
- Multiple well-functioning models in place

Box 9: Insights

- What Worked Well?
- What Did Not Go Well?
- What Helped?
- What Hindered?
ED Workflow: Low Acuity Respiratory Pathway

**Patient Arrives**
- Ask for respiratory symptoms
- Place patient in triage room in FirstNet
- Take vitals and RN triage
- Switch input from mic to steth
- Switch input from mic to steth
- Switch input from mic to steth
- Position steth at auscultation points with provider’s thumbs up
- Position steth at auscultation points with provider’s thumbs up
- Position steth at auscultation points with provider’s thumbs up
- Shine pen light for provider to examine back of throat and check for tenderness at abdomen as requested
- Gather any more information needed
- Discharge patient from ED

**Circulating Team Member**
- Give mask and card and send to respiratory waiting room
- Place patient in triage room in FirstNet
- Take vitals and RN triage
- Move to blue zone
- Discharge patient from ED
- Change gloves

**Triage Nurse**
- Ask for respiratory symptoms
- Place patient in triage room in FirstNet
- Take vitals and RN triage
- Position steth at auscultation points with provider’s thumbs up
- Position steth at auscultation points with provider’s thumbs up
- Position steth at auscultation points with provider’s thumbs up
- Shine pen light for provider to examine back of throat and check for tenderness at abdomen as requested
- Discharge patient from ED

**Greeter + Quick Reg**
- Screen FirstNet Tracking board for newly registered patients in room
- Activate patient from waiting room in Zoom
- Confirm patient identity
- Get verbal consent from patient for tele-med visit
- Open a note to document and take patient history
- Ask nurse to use stethoscope
- Examine patients mouth, eyes, throat, etc.
- Gather any more information needed
- Discharge patient from ED

**Step performed by greeter**
- Step performed by circulating team member
- Step performed by triage nurse
- Step performed by tele-med provider

**Provider**
- Screen FirstNet Tracking board for newly registered patients in room
- Activate patient from waiting room in Zoom
- Confirm patient identity
- Get verbal consent from patient for tele-med visit
- Open a note to document and take patient history
- Ask nurse to use stethoscope
- Examine patients mouth, eyes, throat, etc.
- Gather any more information needed
- Discharge patient from ED
- Change gloves

**Move to blue zone**
What Happens After COVID-19?

- Will Telemedicine be restricted again?
- What will HHS and CMS do?
- What will providers who like it do?
- What will patients who like it do?
- Will the health system still support us?
If Restrictions Recur?

- Post operative visits (90 day global)
- Normal pregnancy (global payment)
- Teleneurology throughout all our hospitals
- Telepsychiatry throughout all EDs and hospitals
- OMFS, Hand Call at EDs
- Screening visits for Musculoskeletal Population Management
  - MSSP
  - Medicare Advantage
  - Commercial SSPs
Time to Lobby

Anyone know a Senator?

How about a Representative?

Letter to Secretary Azar?

Phone call to Administrator Verma?

Anyone for prayer?
NETEC Resources

Sharon Vanairsdale, DNP, APRN, ACNS-BC, NP-C, CEN, FAEN, FAAN
Resources

CMS Telehealth Codes

• https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

CMS Telemedicine Fact Sheet


CMS FAQ sheet


DEA COVID-19 announcement

• https://www.deadiversion.usdoj.gov/coronavirus.html
NETEC will continue to build resources, develop online education, and deliver technical training to meet the needs of our partners.

NETEC is Here to Help

Ask for help!

- Send questions to info@netec.org - they will be answered by NETEC SMEs
- Submit a Technical Assistance request at NETEC.org
Questions and Answers
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<th>NETEC eLearning Center</th>
<th>NETEC Skill videos</th>
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<tbody>
<tr>
<td>courses.netec.org</td>
<td>YouTube: The NETEC</td>
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- [Twitter](#)
- [Instagram](#)
- [LinkedIn](#)

Use hashtag: #NETEC

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<tr>
<th>Website</th>
<th>Repository</th>
<th>Email</th>
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<td>netec.org</td>
<td>repository.netecweb.org</td>
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