HOUSEKEEPING

- Due to the size of the audience, all participants will be muted

- Time has been allotted to answer questions at the end of the presentation; feel free to submit questions via *Chat* during the presentation

- Telehealth webinars will be hosted monthly; colleagues are encouraged to sign up for upcoming sessions
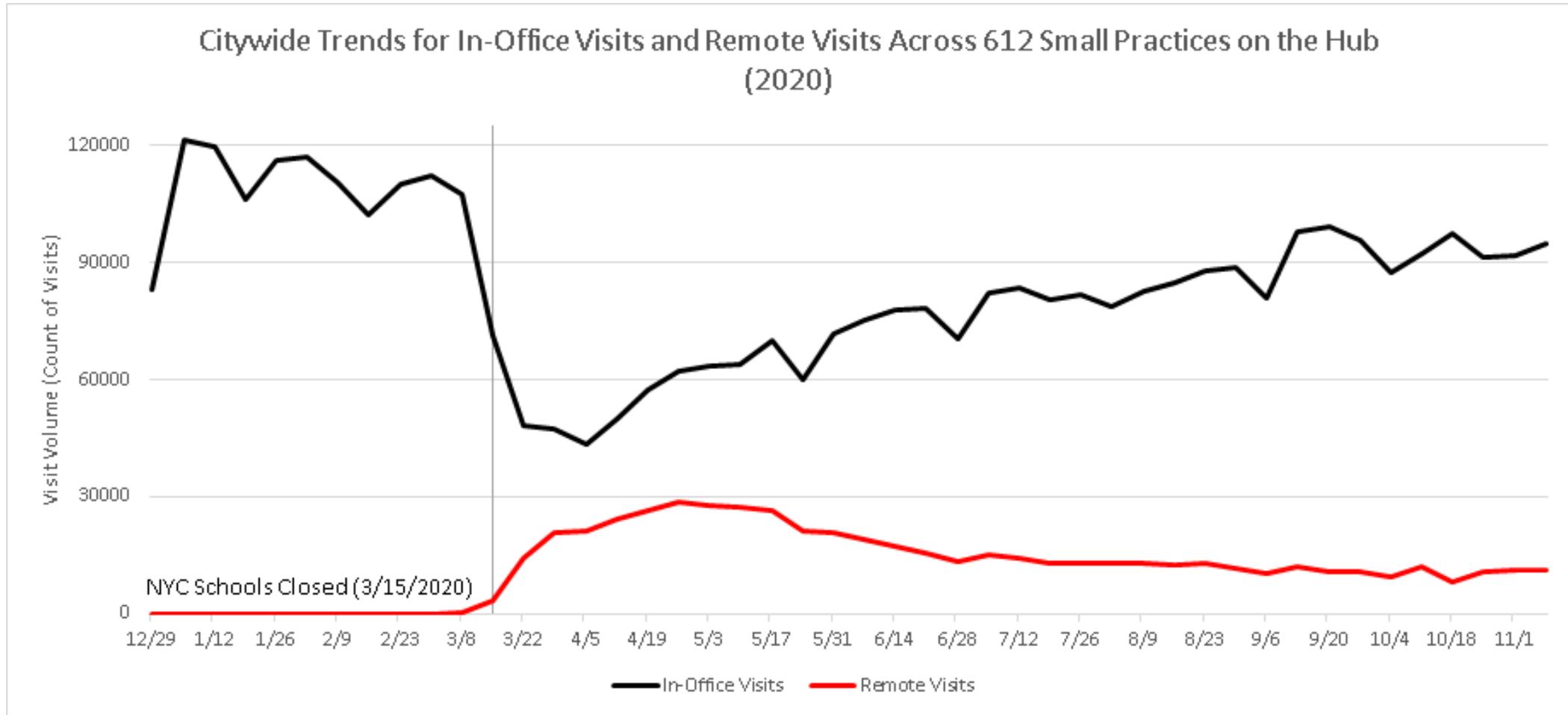
ABOUT NYC REACH
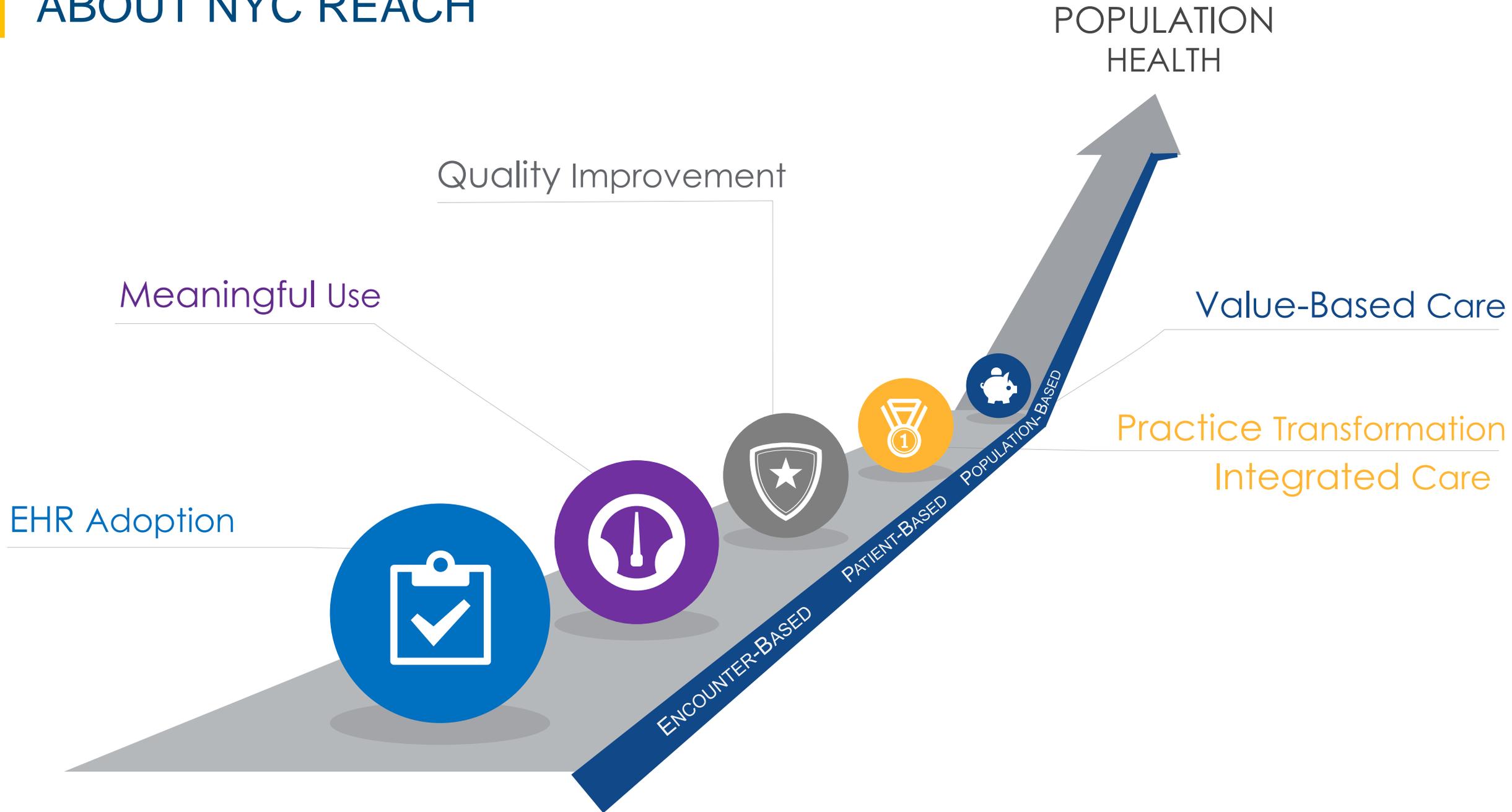
AGENDA

1. Nine Months of Telehealth: Looking Back

2. Policy & Reimbursement Current State & Financial Resource Updates

3. Preparing to Scale & Key Barriers

4. Provider Telehealth Case Studies

5. Questions & Wrap-up

NINE MONTHS OF TELEHEALTH: LOOKING BACK

Citywide Trends for In-Office Visits and Remote Visits Across 612 Small Practices on the Hub (2020)

THANK YOU FOR YOUR PARTNERSHIP

- Providers and practices throughout NYC have continued to partner with NYC REACH throughout the public health emergency

- The information you've shared through phone surveys, emails, and assessments has helped us to allocate resources and develop programming

- **Please stay in touch and look for emails and calls regarding opportunities and resources.** So far, our hyperlocal outreach to practice serving neighborhoods disproportionately impacted by COVID-19 has enabled us to assess practice status and disseminate resources:
    - Phone surveys
    - Email blasts
    - NYU practice needs assessment
    - COVID Care Calls
    - COVID preparation checklist
    - PPE distribution
    - Pulse Oximeter distributions

Policy & Reimbursement: Current State

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TYPES OF TELEHEALTH

- **Audio-visual Telehealth:** Real-time electronic communication between providers and patients *outside of the healthcare facility*.

- **Telephonic Medicine:** Audio-only telehealth. Widens the opportunity to communicate with a healthcare provider through methods such as telephone calls. Virtual Check-in.

- **Electronic:** secure text messaging, EHR patient portals, email, and more.

- **Remote Patient Monitoring:** using electronic monitoring tools (e.g. BP monitors) to collect and review patient physiologic data

Note: Each method of communication has different requirements, billing codes, and reimbursement rates.

TELEHEALTH POLICY STATE OF PLAY

- Telehealth flexibilities are tied to federal and state public health emergency declarations
    - Federal through January 20, 2021 (extended every 90 days)
    - New York State through January 1, 2021 (extended every 30 days)

- Includes:
    - Expanded services available through telehealth
    - Loosened site restrictions
    - More providers eligible for telehealth reimbursement
    - Expanded reimbursement for audio-only modalities
    - Enforcement discretion for non-HIPAA compliant modalities
    - Waived cost sharing for certain telehealth services
    - Others

CODING

Payer	Audio-Video	Telephone	Patient Portal

Medicare	**New E&M:** 99201 – 99205
	Est E&M: 99211 - 99215
	TCM: 99495-99496
	Wellness: G0438 – 9
	Reimbursed at parity w/ in-person visit
	
	FQHCs: G2025 after 7/1 ($92)
	(Full list here)
		Virtual Check-in: G2012 ($17)
		
		Telephone E&M:
		    99441: 5-10 mins
		    99442: 11-20 mins
		    99443: 21+ mins
		    ($46-$110)
		FQHCs: G0071
			E-Visit*:
			    99421: 5-10 mins
			    99422: 11-20 mins
			    99423: 21+ mins
			    ($17-$58)
			
			FQHCs: G0071

Medicaid & Medicaid HMO	**New Pt E&M:** 99201 – 99205
	Est Pt E&M: 99211 – 99215**
	Reimbursed at parity w/ in-person visit***
		Telephone E&M:
		    99441: 5-10 mins
		    99442: 11-20 mins
		    99443: 21+ mins
		    ($15-$37)***
			Likely not covered

Commercial	Varies by plan; most will cover	Varies by plan; some will cover	Varies by plan

*time can be accumulated over 7-day period
**most in-person services also payable through telehealth, excluding some preventive/procedures
***Capitated Managed Care arrangements not currently required to carve out telehealth encounters

FINANCIAL RESOURCES: DEPARTMENT OF LABOR

Oversight	Program
NYS Department of Labor	General Unemployment Pandemic Unemployment Assistance (PUA): Currently expiring 12/31/2020 Shared Work Program: Currently expiring 12/31/2020
US Department of Labor	Emergency Paid and Family Leave: Currently expiring 12/31/2020
Health & Human Services	CARES Act Provider Relief Fund: third round of funds being disbursed now; ensure you are compliant with any attestation/documentation requirements
NYS Empire State Development	NY Forward Loan Fund: Low-interest small business loans

Preparing to Scale & Key Barriers

GET READY TO SCALE UP TELEHEALTH

Take the next few weeks to make sure you are:

- ❑ **HIPAA-compliant:** using a compliant video vendor & have a signed BAA
- ❑ **Getting paid:** Reconcile payments using a report form your EHR/PMS; update your payment tracker
- ❑ **Aware of your highest-risk patients**: consider comprehensive risk factors
- ❑ **Spreading the word:** Inform your patients about current telehealth services
- ❑ **Planning ahead:** Have a strategy for 2021 and document your written workflow.
- ❑ **Identifying opportunities for self-monitoring**: Learn about opportunities to get pulse oximeters, BP monitors, and more for patients who can benefit
- ❑ **Aware of patient's access to tech:** Incorporate a short questionnaire to have awareness of who has a cell phone, internet, etc.

FINDINGS: KEY BARRIERS

Providers

- How can I conduct a proper physical exam via telehealth? [California Telehealth Resource Center Physical Exam Resources](#)
- Audio-video implementation has been an uphill battle. Is it worth it?

Regarding video: *"There's never an instance where an audio visit would be better than an audio and video visit,"* said Judd Hollander, MD, who directs the telemedicine program at Thomas Jefferson University in Philadelphia. *"That being said, a phone call virtually always works and a video visit can have all kinds of hiccups."*
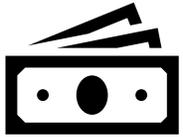
https://www.medpagetoday.com/practicemanagement/telehealth/87531

Patients

- Many patients lack technology, data, wifi for video visits. What can we do? Consider DOHMH iPads, Assurant and Lifeline programs
- Patient perceptions of telehealth quality relative to in-person visits

FINDINGS: KEY BARRIERS

Payment

- Should we be getting paid for preventive visits?
- What are the most updated [Medicare services](#) & which can I conduct by phone?
  - Advance Care Planning, Depression Screening, Alcohol Screening, Tobacco Cessation Counseling
- What should I be thinking about for 2020 HEDIS?
- Is it worth submitting telehealth visits for patients covered under capitation?

Provider Case Studies

CASE STUDY 1: SOLO PEDIATRIC PROVIDER

Location: Jamaica, NY

Specialty: Pediatrics

Size: 1 MD, 3 support staff

Telehealth Visits Before COVID-19: None

Telehealth Vendor: doxy.me

Overall Strategy: Highly recommend video visits wherever possible to most patients, want to keep this around, if possible, for the long-term

Success Story: Within four weeks, was able to make *over 75% of telehealth visits through video;* implemented Medical Assistant pre-call to replace intake/rooming/screening/registration process

Current Barriers: patient WiFi availability and speed, continuous need to re-prioritize who should be seen in-person vs. telehealth, closing the loop on labs ordered

CASE STUDY 2: SEVEN-SITE MULTI-SPECIALTY GROUP

Location Queens & Long Island

Specialty: Multi-Specialty

Size: 36 Providers

Telehealth Visits Before COVID-19: None

Telehealth Vendor: Google (with BAA)

Overall Strategy: Proactively convert pre-scheduled in-person to telehealth; highly recommend video for urgent needs; deliver updates via website

Success Story: Improved continuity of care & communication with patients, including a significant number of our older patients, many of whom have engaged with telephonic care. Implementation of 'hybrid visit' model
Current Barriers: Promotion of Audio-visual encounters, reimbursement concerns for future. implementing audio-visual encounters for annual well visits. Limited number of providers available to deliver hybrid visits. Older patients' technology barriers.

URGENT: ARE YOU PREPARED FOR COVID-19 VACCINE DISTRIBUTION?

Providers interested in ordering and administering the COVID-19 vaccine, when available, will need to place orders through the CIR Online Registry.

- The **Citywide Immunization Registry (CIR)** is a database of patient immunization records submitted by New York City health care providers

- **Providers will need to show a history of reporting immunizations** to receive and administer the COVID-19 vaccine.
  - Begin to report immunizations, such as the flu vaccine, to ensure you are eligible

- **Enroll today!** Visit NYCREACH.org to read this fact sheet for enrollment steps

- **Need help with your CIR password?** Contact cir-reset@health.nyc.gov

  .

QUESTIONS?

- Please submit questions through the chat box
- Questions that are not answered due to time constraints will be answered during the follow-up email

NEXT STEPS

- You will receive an email tomorrow afternoon with additional resources, **as well as a follow-up survey. Please complete the survey to help guide future webinars in this series**

- **Look for our weekly Practice Pulse emails with resources, updates, and tips related to COVID-19 response**

- Check NYC DOHMH COVID-19 updates at https://www1.nyc.gov/site/doh/covid/covid-19-providers.page and NYC REACH events and resources at http://www.nycreach.org

- Contact nycreach@health.nyc.gov or your NYC REACH facilitator with additional questions

Thank You!

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APPENDIX

Provider Checklist – link

Pulse Ox Request Form: https://survey.alchemer.com/s3/5953403/Pulse-Oximeter-Request-Form

NYC COVID Provider page: https://www1.nyc.gov/site/doh/covid/covid-19-providers.page

NYC REACH COVID Resources page: https://nycreach.org/covid-19/