Rapid Response: A Special Emphasis Webinar on Telehealth During COVID-19
Agenda

- Brief introduction to AMIA’s Webinar Series and the role of Telehealth
- Introduction to the panelists:
  - **Stacy Lloyd, MPH** -- Senior Manager, Digital Health Strategy, Professional Satisfaction and Practice Sustainability, American Medical Association
  - **Sandy Marks, MBA** -- Senior Assistant Director, Federal Affairs, American Medical Association
  - **Emily Webber, MD, FAAP, FAMIA** -- Chief Medical Information Officer, Riley Children’s Health; Associate Chief Medical Information Officer, Indiana University Health; Pediatric Hospitalist, Riley Hospitals for Children; Associate Professor of Clinical Pediatrics, Indiana University School of Medicine; Affiliate Scientist, Regenstrief Institute
  - **Nicholas Genes, MD, PhD** -- Associate Professor, Emergency Medicine and Genetics and Genomic Sciences, Icahn School of Medicine at Mount Sinai; Medical Director, Mount Sinai Now
  - **Jonathan Hron, MD, FAAP, FAMIA** -- Hospitalist and Clinical Informaticist at Boston Children's Hospital; Instructor in Pediatrics at Harvard Medical School
- Audience Q&A
Health Informatics is the science of how to use data, information, and knowledge to improve human health, including the execution of scientific research, the delivery of health care services, and the promotion of public health. AMIA is the multi-disciplinary, inter-professional home for 5,400+ health informatics experts.
Working Groups of AMIA

- Biomedical Imaging Informatics
- Clinical Decision Support
- Clinical Information Systems
- Clinical Research Informatics
- Consumer and Pervasive Health Informatics
- Dental Informatics
- Education
- Evaluation
- Bioinformatics
- Ethical, Legal and Social Issues
- Genomics and Translational Global Health Informatics
- People and Organizational Issues

Intensive Care Informatics
Knowledge Discovery and Data Mining
Knowledge Representation and Semantics
Nursing Informatics
Open Source Student
Pharmacoinformatics
Primary Care Informatics
Telehealth
Regional Informatics Action
Visual Analytics
Natural Language Processing
The Globe of Health Informatics & COVID-19

- Analysis of Coronavirus
- Small Molecules
- Disease
- Patient
- Practice
- Population
- Global

- DNA
- TBI
- CRI
- Clinical
- Consumer Health

Development of Therapeutics and symptom identification
Treatment of patients via EHRs & Information Exchange
Tools for contact tracing and for study of transmission

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- Clinical
- Consumer Health
To highlight how our members and the broader informatics community is addressing this global pandemic we are launching the AMIA COVID-19 Webinar Series.

We will look at the pandemic through a health informatics lens and is designed to share informatics responses to the COVID-19 pandemic. Panelists will share their specific domain expertise, including clinical informatics, public health informatics, translational bioinformatics, clinical research informatics, and consumer health informatics.

We will also have special emphasis webinars covering topics related to global health, telemedicine, and public policy during the COVID-19 pandemic. These webinars are open to all at no cost.
Several additional webinars are being planned to highlight members of AMIA and the wider informatics community.

Visit AMIA.org/COVID19
CME Information

Accreditation Statement

The American Medical Informatics Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation Statement

The American Medical Informatics Association designates this live activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The live webinar only offers CME credit. The recording on our website will be openly available for learners, but will not offer CME credit.

Check the Chat area for the link to the survey/credit claim.
Target Audience

Clinical and management-level physician informaticists and other healthcare professionals with an interest in clinical informatics

Learning Objectives

After participating in this activity, the learner should be better able to:

- Understand federal policy changes to respond to the novel coronavirus pandemic
- Incorporate an existing telehealth platform for patient management during the novel coronavirus pandemic
- Use centralized clinical algorithms in a virtual COVID hub to screen thousands of patients
- Incorporate providers to a virtual care practice and provide timely COVID guidance to patients
- Leverage telehealth for hospitalized patients to promote physical distancing and preserve PPE
Stacy L. Lloyd
MPH
Senior Manager, Digital Health Strategy, Professional Satisfaction and Practice Sustainability
American Medical Association

Sandy Marks
MBA
Senior Assistant Director, Federal Affairs
American Medical Association
Telemedicine Policy, Coverage & Implementation Overview

Stacy Lloyd
Sr. Manager, Digital Health Strategy

Sandy Marks
Sr. Assistant Director, Federal Affairs
Introduction

In an effort to keep our health care workers and patients safe amid the COVID-19 pandemic, the American Medical Association has developed resources to support physicians and practices in expediting the implementation of telemedicine, so care can continue to be provided to those who need it most.
Medicare COVID-19 telehealth expansion

• During public health emergency, physicians can provide telehealth to Medicare patients nationwide, not just rural

• Medicare pays for telehealth at same rate as in-person visits for all diagnoses, not just COVID-19

• “Interactive telecommunications system” includes A/V equipment with 2-way, real-time interactive communication between patient & physician (ie, smart phones)

• **HHS Office for Civil Rights** allowing apps like FaceTime, Facebook Messenger, Google Hangouts, Skype without HIPAA penalties; public facing apps should not be used (eg, Facebook Live, TikTok)
Medicare COVID-19 telehealth expansion

- Medicare pays same rate as usual site of service, ie, office rate
- Patients in all settings, including home, can receive telehealth
- Physicians can provide telehealth from home
- Telehealth OK for new & established patients
- Physicians licensed in one state can provide services to Medicare patients in other states (State licensure laws still apply)
- No frequency limit on telehealth, eg, SNF visits
Medicare COVID-19 telehealth expansion

- HHS Inspector General enforcement discretion for reduced or waived cost-sharing for telehealth or other non-F2F services
- Patient consent for telehealth services may be obtained by staff or practitioner at any time, required only once on an annual basis
- Physicians can provide Remote Patient Monitoring to both new and established patients for both acute and chronic conditions, eg, monitor patient oxygen saturation levels using pulse oximetry
- EMTALA required medical screening exams can be provided via telehealth
Medicare COVID-19 telehealth expansion

CMS expanded telehealth list now includes:

- Emergency Department Visits
- Observation Care
- Inpatient Hospital Visits
- Nursing Facility Visits
- Critical Care Services
- Domiciliary, Rest Home or Custodial Care Services
- Home Visits
- Inpatient Neonate and Pediatric Critical Care

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Medicare COVID-19 telehealth expansion

CMS expanded telehealth list now includes (cont.):
• Care Planning for Patients with Cognitive Impairment
• End-Stage Renal Disease Services
• Psychological and Neuropsychological Testing
• Therapy Services
• Radiation Treatment Management Services

Complete List of CPT and CMS Telehealth Services
CPT Coding Scenarios
Medicare coverage of telephone visits

• CMS changed CPT codes for telephone evaluation and management services from non-covered to active, for new or established patients (Modifier 95 not needed as phone visits not considered telehealth)
• AMA and other groups advocating that Medicare increase payments for telephone calls to equal in-person or telehealth visits

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<tr>
<td>98968</td>
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Telehealth flexibilities from DEA & SAMHSA

- Physicians who prescribe controlled substances also have new telehealth flexibility during the COVID-19 emergency:
  - Controlled substance prescriptions may be based on a telehealth visit, including an audio-only telephone visit
  - Physicians with a waiver to prescribe buprenorphine for opioid use disorder can initiate or continue this treatment with telehealth or telephone visits
  - Opioid treatment programs (OTPs) can initiate new patients on buprenorphine using telehealth or telephone visits; existing patients on methadone or buprenorphine can be treated via telehealth or telephone visits
  - OTPs can provide stable patients with take-home medication
  - Alternate satellite locations do not need to apply for their own DEA number

Additional info available from [SAMHSA](https://www.samhsa.gov) [DEA](https://www.deadiversion.usdoj.gov) [AMA](https://www.ama-assn.org) websites
Telemedicine Implementation Resources

Kamalika Roy, MD
Member since 2012
Practice Implementation

- Telemedicine Quick Guide
- Digital Health Implementation Playbook Series
  - Telehealth
  - Remote Patient Monitoring
- The Telehealth Initiative
- AMA Physician Innovation Network – Telemedicine amid COVID virtual discussion/transcript
Quick Tips – Vendor Evaluation/Set-up

• Check with your existing EHR vendor to see if there is telehealth functionality that can be turned on.

• Introducing new technology into practice quickly can be challenging, but a few things to keep in mind as you navigate a speedy implementation:
  • HIPAA
  • Make sure you understand who has access to and owns any data generated during a patient visit
  • Get clear on the pricing structure (i.e. is there a monthly flat rate for using the technology or is it per call or per visit?)
  • Recognizing that many physicians and care teams are working remote, the AMA and American Hospital Association created guidance to help you ensure your personal and home devices are secure.

| 1. BUSINESS: |
| • Organizational overview – tenure, funding source, financial stability, affiliations, notable customers, etc. |
| • Impact to program ROI—product cost, business model, reimbursement rates, risk sharing, support payment program participation, etc. |
| • Expertise in offering telehealth to your specialty |
| • Knowledge of federal and private payor requirements |

| 2. INFORMATION TECHNOLOGY: |
| • Ability to integrate with your current IT landscape, particularly your EHR system |
| • Cost, process, and timeline associated with integration and product updates |
| • Ability to capture data important to care team and patient* |
| • Patient geolocation for licenses |
| • Customization capabilities |
| • Patient access to data |
| • Ability to maintain patient identity across platforms |
| • Baseline/PHI integration capability |
| • Information blocking and interoperability requirements (as applicable) |
| • Impact analysis on your Internet and local network usage |

| 3. SECURITY: (APPENDIX D.2) |
| • Support compliance with HIPAA rules, such as all progress to sign a Business Associate Agreement (BAA) |
| • Third-party audits (SOC 2, HITRUST) |
| • Liability structure for managing potential security breaches |
| • User authentication and authorization |
| • Transparency on collected data use processes |
| • Local regulatory compliance (i.e., State Medical boards) |
| • In-platform consent capabilities |

| 4. USABILITY: |
| • User experience of platform for patients and care team members |
| • Patient and care team engagement metrics |
| • Dashboard and workflow assimilation |
| • Multi-specialty application |
| • Platform launch process and timing |
| • Ease of blending layout for patients and health systems interface |

| 5. CUSTOMER SERVICE: |
| • Level of support available to practice during and after implementation—staff training, patient education, project management, data analysis and insights, etc. |
| • What technology does the patient need and does the vendor support this? |
| • Degree of technical support available to patients |
| • Access to existing procedures and templates |

| 6. CLINICAL VALIDATION: |
| • Documented clinical outcomes |
| • Published peer-reviewed research |
Quick Tips – Workflow Considerations

• Set up space in your practice (or home) to accommodate telehealth visits. This can be an exam room or other quiet office space to have clear communication with patients.
  • Integrating other care team members

• Ensure you are still properly documenting these visits – preferably in your existing EHR as you normally would with an in-person visit. This will keep the patient’s medical record together, allow for consistent procedures for ordering testing, medications, etc. and support billing for telehealth visits.
  • Consent

• Protocols, scheduling, care team roles
Quick Tips – Patient Communications

- Perform personal outreach to existing patients
- Post communications on your patient portals, practice newsletters, etc.
- Share a brief overview of what telehealth is and what types of visits may be appropriate
- Develop a patient “take home” sheet to help them prepare
Additional AMA resources

- **Telemedicine quick guide** has detailed information to support physicians and practices in expediting implementation of telemedicine.

- **Telehealth Implementation Playbook**

- AMA and AHA **cybersecurity resource** to help physicians working from home during the COVID-19 pandemic

- Medicare advance payments [overview](#) and **FAQ**

- Summary of Medicare payment policies and regulatory flexibilities

- Operational and strategic **resources** for physician practices

- AMA’s **COVID-19 resource center** centralizes the latest information from AMA leadership, *JAMA Network™*, CDC, FDA and more.

*Also, see new HHS telehealth resources at:* [https://telehealth.hhs.gov](https://telehealth.hhs.gov/)
Physicians’ powerful ally in patient care
Emily Webber  
MD, PAAP, FAMIA

Chief Medical Information Officer  
Riley Children’s Health

Associate Chief Medical Information  
Officer  
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Associate Professor of Clinical Pediatrics  
Indiana University School of Medicine

Pediatric Hospitalist  
Riley Hospitals for Children

Affiliate Scientist  
Regenstrief Institute

@pedshospdoc  ewebber@IUHealth.org
• Onboarding more than 9,000 clinics using an existing telehealth platform
• Using centralized clinical algorithms in a virtual COVID hub to screen thousands of patients
Telehealth Strategies and Operations during COVID-19

Emily C. Webber, MD FAAP FAMIA
@pedshospdoc

April 23 2020

Indiana University Health
Screening  Monitoring  Return to Work  Data
Themes

- Expanded and optimized existing technology
- Iterated our execution to rapidly changing conditions
- Deployed operations with existing resources
- Established patient and employee self-reporting protocols
- Evolved physical response to COVID along with technology (e.g. remote testing, PPE policy)
Virtual Visits

COVID Chatbot

Virtual COVID screening

Remote home monitoring
### IU Health COVID technology platforms

<table>
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<th>Use case</th>
<th>Technology platform</th>
<th>Technology considerations</th>
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<td>Telehealth</td>
<td>Full video visit with clinician</td>
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<td>Integrated scheduling</td>
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<tr>
<td>Virtual hub for COVID</td>
<td>Screening, testing, and coordination of virtual visit</td>
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<td>Ability to adjust evaluation to national and local guidance and scale</td>
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<td>Remote home monitoring</td>
<td>Patients at home, twice daily assessments sent via text, rules-based alerts and dashboard</td>
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<td>Automated screening with chat bot</td>
<td>Patients leverage self-screening based on algorithm</td>
<td></td>
<td>Artificial intelligence platform; linked to self-enroll in Twistle self monitoring pathway</td>
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Virtual COVID screening hub

- Virtual Visits
- COVID Chatbot
- Virtual COVID screening
- Remote home monitoring
COVID Virtual Hub Key points

- Implemented for 24/7 the day after Indiana’s first confirmed case
- Expansion of virtual care platform (American Well and Cerner EHR)
- Travel and contact screening early on; transitioned to symptom based screening
- Allowed central protocol execution and rapid changes
- Population: Patients and Team members
- Free to patients (established or not)
Virtual COVID screening visits statewide
Virtual Visits (non-COVID)
Virtual Visit Key Points

- **Cause:** Cancellations of many clinics and surgeries and CMS regulation change
  - Rapid expansion of telehealth platform
- **Effect:** Patients in need; clinicians needing to be set up
  - Rapid enrollment of providers
  - Expansion of platform and integration with EHR
- **What went well**
- **What needs work**
  - Digital equity for patients and their families
  - Staffing models and ‘best fit’
  - Alignment with benefits of designated telehealth platforms
Our very first visit about 24 hours after distancing was made official...the mom said she had cough and fever and was worried about coming in. That single experience made it all worthwhile keeping our docs and medical team as well as our other patients safe.

...it is remarkable what you can get kids to do for cameras. Stuff like jumping up and down (to assess whether a swollen nephrotic patient with some belly pain has peritonitic signs), singing, etc. You can actually document a lot of components of an exam that way if you need to. ...expect that the kids will do something weird on camera. I have been shown more than one cat butt. (Parents uniformly buried heads in hands)

Urgency

The reality is that it does not work well without WiFi, which is either costly, or not at all private if using a public WiFi network, and if trying to use on cell network burns tons of data (again, $$$ people may not have) and is choppy to boot.

Digital divide, equity and Post-COVID
Remote home monitoring

![Diagram showing Remote home monitoring, Virtual Visits, COVID Chatbot, and Virtual COVID screening intersecting.]
Remote monitoring key points

- **Scope:**
  - Patients with mild symptoms
  - With/without pulse oximetry

- **Objective:**
  - Identification of “At risk patient”
  - Use of validated, shared symptom tracker
  - Timing of seeking emergency care if needed
  - Pathway completion (14 days)

- **Information, reassurance:**
  - Convalescent plasma donation
  - Information specific to their community
IU Health Twistle COVID pathways

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IU Healthbot

Virtual Visits

COVID Chatbot

Virtual COVID screening

Remote home monitoring
Microsoft Healthcare Bot COVID-19

- **Scope:** Public
- **Objectives**
  - Consistent, reliable information
  - Leverage other content
  - Link to referrals and resources
- **Outcomes**
  - ~40,000 messages exchanged; ~3,000 unique users
  - ~25/day referred to virtual visit or emergency care
  - ~10/day of self-monitoring text messages
- **Use of unprompted queries (utterances)**
  - Around ~12/day

Conclusion

IU Health COVID-19 Data
As of April 20, 2020

Virtual Screening Clinic
32,086
Completed visits

COVID-19 Tests
14,307
Tests completed by the IU Health Pathology Lab

COVID-19 Patients in IU Health Hospitals
180 17 197
Confirmed Waiting for Results Total

COVID-19 Patients discharged
490
Discharged

IU Health Team Members
3,096 348
Tested Positive
3,303 2,649
Quarantined Returned to work

IU Health Resources
- IU Health has adequate supplies right now but continues to closely monitor personal protective equipment (PPE). Global demand is high. Those interested in donating supplies, food or other resources should contact the IU Health Foundation.
- Ventilators - 31% utilization
- ICU beds - 58% utilization
References

- Microsoft, CDC Team Up on Chatbot to Check for Coronavirus Symptoms. https://www.wsj.com/livecoverage/coronavirus/card/ih47JgriBzLY0nXEbncs
- Medicare list of approved telehealth: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.
- Indiana Medicaid list of approved telehealth services: http://provider.indianamedicaid.com/ihcp/Publications/providerCodes/providerCodes.asp
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Medical Director
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Incorporating numerous providers to a virtual care practice and providing timely COVID guidance to patients
About me

- No financial conflicts to disclose
- Emergency Medicine
- Clinical Informatics
  - Support EHR, Health IT in our system EDs
  - Transitions of care, apps & remote monitoring
- Telemedicine? Virtual Care
Mount Sinai Now

- 24/7 Virtual Urgent Care “DTC” service
  - employees & dependents since 2018
  - flat fee to NYC community
  - working with some payers in 2019, 2020

- Community Paramedicine (OLMC certified)
  - high-risk patients, nursing home contracts
Mount Sinai Now

- Four platforms:
  - Teladoc - traditional video visits
  - Zipnosis – text-based adaptive questionnaires
  - VSee – for community paramedicine
  - Epic – for documentation, prescribing, referrals

- A dozen EM/UC docs

- single-coverage (low volume)
Mount Sinai Now

As COVID-19 has been spreading throughout the New York area, the Mount Sinai Health System is making it easier—and safer—to get care. With Mount Sinai Now telehealth services, we offer several ways to get care remotely, including online consultation, video calls, and text. With the recent concerns about crowds, social distancing, and the spread of germs, you can get care from a Mount Sinai doctor online right from your home.

If you live in the tristate area, you can connect with us easily through your phone, tablet, or computer. When you use one of our virtual services, you can meet with a doctor online or through a video call, get your symptoms checked, and get next steps—including a prescription, if needed.

If you want to schedule a routine appointment with a doctor, you can book a video visit through MyChart. Virtual video visits for non-urgent care can be scheduled with primary care and specialty care physicians including: ENT, Urology, Neurosurgery, Neurology, Cardiovascular Surgery, Obstetrics and Gynecology, and Pediatrics.

During this time, we want you to have trustworthy information. Find out more about protecting yourself and your family from COVID-19.
Virtual Urgent Care

If you think that you have COVID-19 symptoms or any other health concerns, connect directly with a doctor via video chat over your phone, computer or tablet for real time conversation with an immediate response.

Only $25 per consultation.

Express Consult (Click-4-Care)

If you think that you have COVID-19 symptoms or other health concerns, fill out an online health interview form that will give our doctors a better understanding of how you're feeling. We'll get back to you within 1-2 hours with a suggested course of treatment.

Only $25 per consultation.

Text-to-Chat

Just text 4-SINAi (474624) from any mobile device if you think you have COVID-19 symptoms or other health concerns. If your symptoms are consistent with COVID-19, you will be redirected to our Virtual Urgent Care to video chat live with a doctor.

Standard messaging rates apply.
Daily Volume @ Mount Sinai Now (not counting OLMC)
Monthly Trend in Telehealth (includes routine, scheduled care)
Timeline

- March 1: First COVID+ diagnosis in NYC
- March 7: state of emergency (12 confirmed cases)
- March 9-13: order tests, order self-isolation, automatic instructions sent to patients
- March 15: DOH guidance: COVID prevalent
- March 16–April 5: sustained volume, evolving clinical guidance & follow-up options, onboarding
Chief complaint breakdown

Before

- URI / HEE NT
- GU / other
- Derm / MSK

After

- COV...
- other
Perspective

Virtually Perfect? Telemedicine for Covid-19

Judd E. Hollander, M.D., and Brendan G. Carr, M.D.

Recognizing that patients prioritize convenient and inexpensive care, Duffy and Lee recently asked whether in-person visits should become the second, third, or even last option for lacking such programs can outsource similar services to physicians and support staff provided by Teladoc Health or American Well. At present, the major barrier
A few fortunate circumstances

- We had systems, people & workflows in place
- Most call volume was from a single disease entity
- System leadership recognized value of remote evaluations in pandemic
- IT mobilized to build orders, referrals, new accounts
- Pool of providers that wanted to learn, help
Rapid, remote onboarding

- Indirect supervision, “AOD” immediately available
- Videos >> tip sheets & cloud folders
- Slack >> email / texts
- Group training, town halls >> one-on-one
- Assigned schedules >> managing requests
Informatics innovations

- Self-isolate order for downstream isolation
- COVID testing order for scheduled swabbing
  - Triggered automatic COVID self-isolation instructions, regardless of diagnosis selections
- Referral order, to arrange new PCP appointment
- Dyspnea/hypoxia follow-up program
Future directions

- Research on outcomes, revisits, admissions
- Efficient routing/referrals to specialists
- Training our new staff in non-COVID care
- Integrating with OLMC/CP, ET3
Thank you!

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Physician Lead, Inpatient Informatics
Program Director, Telehealth Fellowship
Boston Children’s Hospital

Instructor in Pediatrics
Harvard Medical School

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Leveraging telehealth to promote physical distancing and preserve PPE while maintaining high-quality care of hospitalized patients
Inpatient Telehealth

Jonathan Hron, MD, FAAP, FAMIA
Physician Lead, Inpatient informatics
Instructor of Pediatrics, Harvard Medical School
Disclosure

• I provide consultation services for the I-PASS Patient Safety Institute (unrelated to this work).
Outline

• Background
• Design & implementation
• Use cases
• Opportunities for improvement
Background

- 400 bed quaternary care hospital for children
- Vendor telehealth system
  - 20 visits/day pre-COVID19
  - >1700 visits/day now
- Separate video conferencing software for operations
- Recently deployed smart phones across the enterprise
Inpatient Telehealth Team

Jonathan Hron
Inpatient Informatics

Chase Parsons
Clinical Decision Support

Fabienne Bourgeois
Patient Facing Applications

Mark Hourigan
Network Services

Lynnetta Akins
Clinical Education & Informatics

Marvin Harper, CMIO

Lee Williams, CNIO
Goals

Continue to provide excellent clinical care

- Rapidly implement a system to support communication for hospitalized patients
  - User friendly
  - Secure
- Limit PPE use
- Promote physical distancing
Design & Implementation

• Unique meeting link for each bed space
• Password updated for each admission
  • Patient-specific identifier
• Encourage BYOD to scale quickly
• Virtual visit auto text for billing

<table>
<thead>
<tr>
<th>Unit</th>
<th>Bed</th>
<th>Bed Space</th>
<th>Meeting Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 North</td>
<td>1301</td>
<td>A</td>
<td>Meet1301A</td>
</tr>
<tr>
<td>13 North</td>
<td>1301</td>
<td>B</td>
<td>Meet1301B</td>
</tr>
<tr>
<td>13 North</td>
<td>1302</td>
<td>A</td>
<td>Meet1302A</td>
</tr>
<tr>
<td>13 North</td>
<td>1302</td>
<td>B</td>
<td>Meet1302B</td>
</tr>
<tr>
<td>13 North</td>
<td>1303</td>
<td>A</td>
<td>Meet1303A</td>
</tr>
<tr>
<td>13 North</td>
<td>1303</td>
<td>B</td>
<td>Meet1303B</td>
</tr>
</tbody>
</table>

Meeting links are examples and do not represent actual meeting links used for patients.
Inpatient Telehealth Workflow

1. Patient Admitted to Hospital
2. ISD creates patient-specific password
3. Patient/Family Download web conferencing software on Personal Device
4. Tablet supplied by ISD
5. Meeting link/password recorded on patient whiteboard, paper chart, nursing note and/or clinician handoff document
6. Patient Discharged
7. Meetings occur throughout hospitalization
8. Patient, family or clinician contacts patient experience representative to request video conference
• Median Duration 20min (range 1 – 1441)
• Mean # Participant Devices 2.8 (range 2 – 20)
Use Cases

Tele-Consultation

Patient / Family in Hospital Room

Subspecialists join from office, home or other location
Use Cases

Tele-Rounds (a)

- Patient / Family in Hospital Room
- Primary Team in Conference Room
- Other family members at home
- Other Staff may join from Alternate Location
Use Cases

Tele-Rounds (b)

Patient / Family in Hospital Room

Attending, Intern, and Nurse Joins Family in Room

Team tablet

Other trainees join from outside room
Use Cases

Tele-Critical Care

- Subspecialists join from Other Location
- Continuous Meeting In ICU Bed Space
- Primary Team from Conference Room or Outside Room
- Family Able to Virtually Visit From Home
What people are saying

“It was seamless”

“Parent used her own device...and already had [the video conferencing app] installed for work.”

“Using the families own smartphone...was much easier. I could see/hear better [than using hospital device].”

“I was able to get a pretty good history and fairly decent physical and develop good rapport.”
Opportunities for improvement

• Onboarding
• Access and equity
• Education & Support
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