Exploring Critical Success for Telehealth Implementation

Session #84, February 12th, 2019

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The National Consortium of Telehealth Resource Centers

NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

DISCLAIMER: The views and opinions expressed in this presentation are those of the author and do not necessarily represent official policy or position of HIMSS.

Conflict of Interest

Doris Barta, MHA – Executive Director, TTAC

Kathy Chorba – Executive Director, CTRC

Jonathan Neufeld, PhD – Executive Director, gpTRAC

Have no real or apparent conflicts of interest to report.

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Agenda

1. Brief overview of the National Consortium of Telehealth Resource Centers
2. Critical success factors within each of the five elements of the Telehealth Implementation Roadmap
    a) Assess
    b) Establish
    c) Define
    d) Implement
    e) Improve
3. Free resources and technical assistance available for program development, implementation and sustainability
4. Q&A

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Learning Objectives

1) Gain an understanding of the five critical steps for telehealth program design.
2) Acquire insights into the distinct leadership roles required of telehealth operations, technology, clinical services, and business sustainability staff and managers.
3) Develop an awareness of the benefits and challenges related to leadership integration.

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www.TelehealthResourceCenter.org

TTAC TelehealthTechnology.org

Center for Connected Health Policy

2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

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Telemedicine …

Where do I start?

Great Ideas

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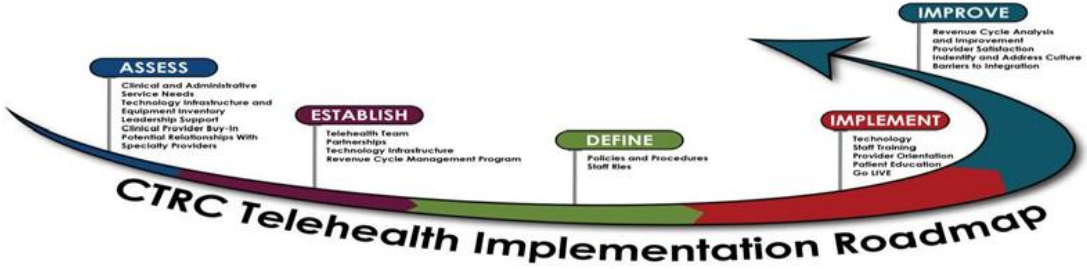

ASSESS

Clinical & administrative services needs
- Specialty services
- Administrative meetings
- Continuing education

Technology infrastructure and equipment inventory
- Tele-Communications
- Equipment and peripherals

Leadership Support
- Program financing
- Staffing allocation
- Ongoing program support

Clinical provider buy-in
- Patient referral
- Telehealth participation

Potential relationships with specialty providers
- In-house
- In the community
- Statewide

ESTABLISH

Telehealth Team
- Medical leadership
- Administrative leadership
- Coordinator
- Technical Support

Partnerships
- Clinical service providers
- Education providers

Technology Infrastructure
- Secure medical grade broadband to clinic and conference rooms
- Equipment and peripherals

Revenue Cycle Management Program
- Financial modeling
- Licensure
- Credentialing / Privileging
- Payer credentialing / contracting
- Program contracting & compensation

DEFINE

Policies and Procedures
- Clinical guidelines for specialty referral
- Referral forms
- Exchanging medical information
- Process for patient consent
- Clinic scheduling
- Patient insurance Billing
- Specialty services billing and payment
- Credentialing
- Patient flow

Staff Roles
- Coordinator
- Clinician champion
- Technical support

IMPLEMENT

Technology
- Hardware, software, peripheral equipment and telecommunications configuration and testing

Staff Training
- Referral protocols
- Equipment usage and troubleshooting
- Patient presentation techniques
- Coding and billing
- Medical records
- Patient consent
- Process flow

Provider Orientation
- Equipment demonstrations
- Video meet and greet with referring and specialty clinicians
- Medical staff meeting discussions

Patient Education
- Equipment Demo
- Appointment fliers
- Web site, Local news media

Go Live with Patient Visits!

IMPROVE

Revenue Cycle Analysis and Improvement
- Review and update financial model
- Review claims and payments for potential areas of process improvement
- Analyze utilization data

Provider Satisfaction
- Are your clinical providers getting the information they need to provide patient care?
- Is the technology adequate, reliable and easy to use?

Identify and Address Culture Barriers to Integration
- Provider buy-in
- Patient buy-in

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Planning, implementation and integration requires a multidisciplinary team to be involved throughout each phase of the project.

On the following slides, look to the left for team category suggestions!

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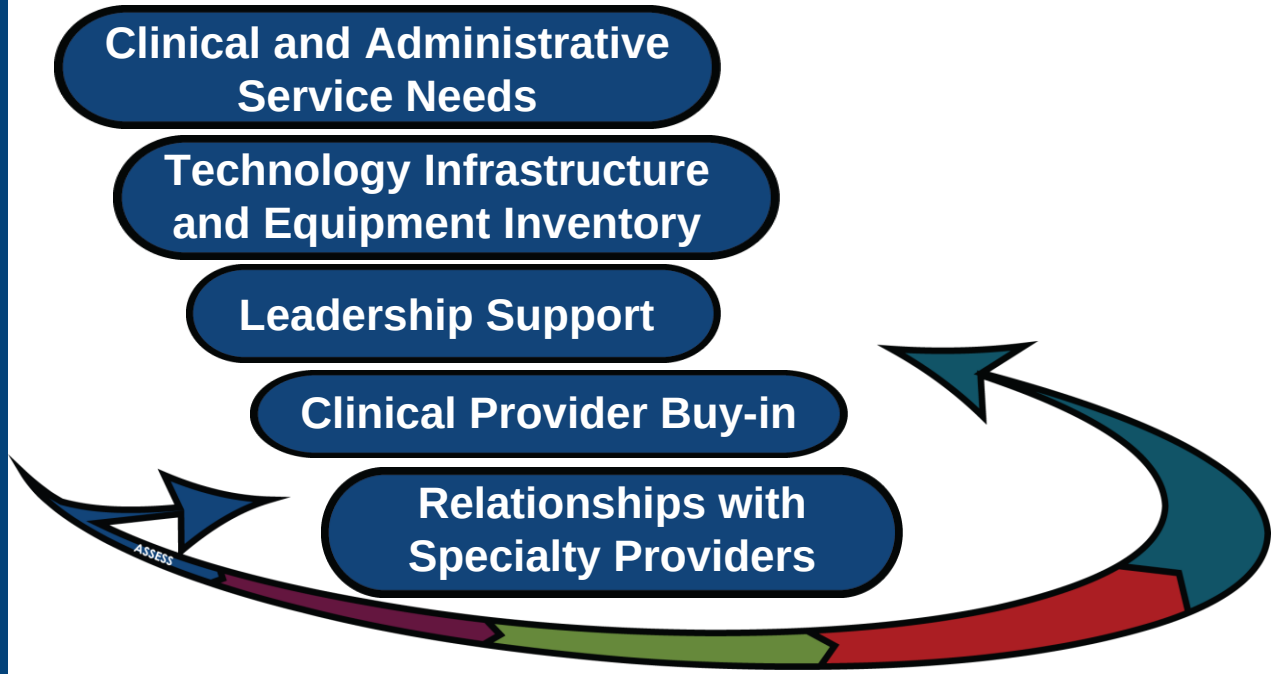
Assess



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- Unmet healthcare needs
  - Specialties
  - Volume
- Current telehealth experience
- Other uses for telehealth equipment?
  - Medical interpreting services
  - Administrative meetings
  - Continuing medical education

Short List of Telemedicine Services

- Allergy
- Burn
- Cardiology
- Child Development
- Dermatology
- Endocrinology
- Gastroenterology
- Genetics
- Hematology
- Hepatology (Hepatitis A-E)
- HIV and Aids
- Infectious Diseases
- Nephrology
- Neurology
- Neurosurgery
- Nutrition
- OB/GYN
- Occupational Medicine
- Oncology
- Ophthalmology
- Orthopedic Surgery
- Orthopedics
- Otolaryngology
- Pain Management
- Palliative Care
- Pediatric Cardiology
- Pediatric Critical Care
- Pediatric Dermatology
- Pediatric Endocrinology
- Pediatric Gastroenterology
- Pediatric Genetics
- Pediatric Hematology/Oncology
- Pediatric Nephrology
- Pediatric Neurology
- Pediatric Obesity
- Pediatric Otolaryngology
- Pediatric PM&R
- Pediatric Psychology
- Pediatric Rheumatology
- Pediatric Sexual Abuse QA
- Pediatric Urology
- Plastic Surgery
- Podiatry
- Psychiatry
- Psychology
- Pulmonary
- Rheumatology
- Stroke
- Surgery
- Surgical Oncology
- Transplant
- Urology

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- Tele-communications
  - Secure, medical grade broadband in the staff meeting and clinic exam rooms? Is it wired or wireless?
- Equipment and peripherals
  - Videoconferencing equipment
  - Peripherals (exam camera, stethoscope, otoscope)
  - Computer with webcam, microphone, speakers
  - Store and forward software, digital camera

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- Program financing
  - Grant funding? For what, how much and how long?
  - Institutional funding commitment
- Staffing allocation
  - Program design, management and day to day operations
- Ongoing program support
  - Staffing, technology, change management

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- Understand the value of telehealth to patients and clinical practice
- Recognize needs that could be addressed
- Willing to incorporate telehealth into daily practice
  - Patient identification and referral
  - Patient presentation and follow-up
- Understand the basic procedures (enough to not veto the effort)

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- In-house
  - Within your organization, practicing at a different location
- In the community
  - Providers in your referral network that would benefit from enhanced services provided via telemedicine
- Statewide / National Resources
  - Telemedicine providers carry lots of licenses

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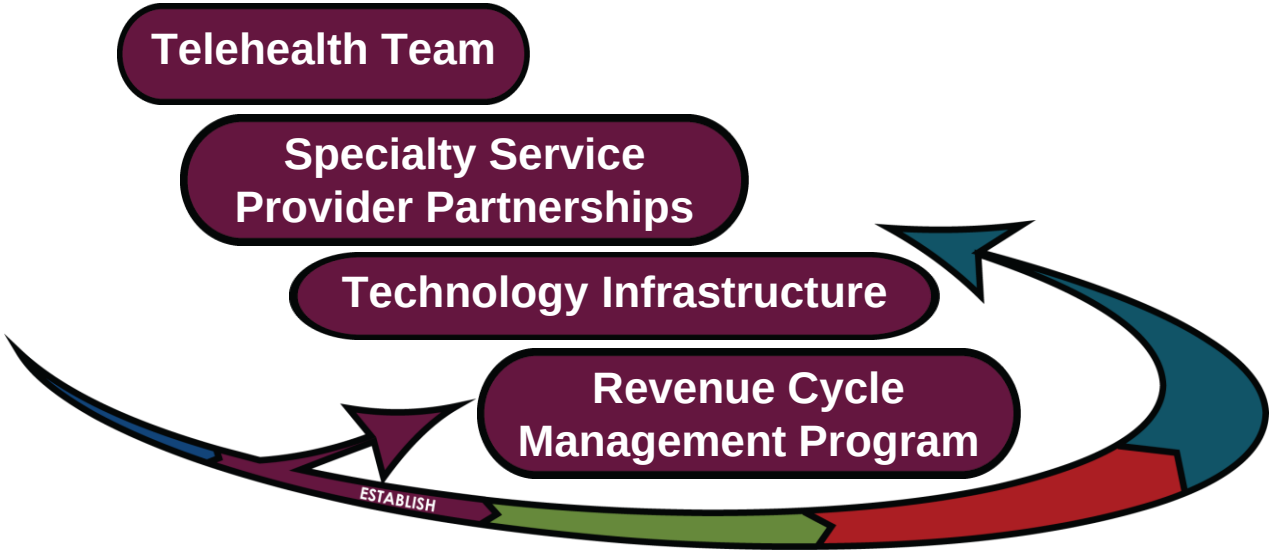
Establish



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Operations

Executive Leadership

- Incorporate telehealth into the organization's strategic plan
- Provide strategic direction
- Allocate staffing
  - Telehealth core team
  - Clinician practice time
  - Billing & compliance
  - Management oversight

Goal: Financial sustainability of the program

Clinician Champion

- Maintains overall control of the program
- Brings partners to the table
- Respected member of the clinician community
- Incorporates telehealth into daily practice
- Promotes telehealth to other clinicians

Goal: Quality and efficiency of medical service

Telemedicine Coordinator

- Program coordination, liaison and promotion duties between patients, presenters and specialty sites
- Patient care scheduling and coordination
- Education and outreach
- Technology management

Goal: Program efficiency, patient and provider satisfaction

Technical Support

- Telecommunications network planning and maintenance
- Equipment selection, installation, training and troubleshooting
- Equipment reliability and functionality – video conferencing, store and forward software & medical peripherals

Goal: Maintain, user-friendly, reliable technology

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20 questions to consider asking a specialty service provider prior to signing the contract

- Finding telehealth specialty service providers is not as difficult as it has been in the past.
- The challenge is to find those that will meet the unique needs and requirements of your clinic organization
- Each provider and clinic organization will have similarities and differences in practice and business models as they pertain to providing healthcare via telemedicine

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20 Question Topics to Consider

1. Specialties available
2. Payment model
3. Rates
4. Appointment times
5. Credentialing policy
6. Specialist qualifications
7. Established referral guidelines
8. Staffing requirements
9. Direct patient care or consultation only
10. Medication refills
11. Specialist continuity
12. Turn around time for chart notes
13. Cancellation/no show policy
14. Patient double-booking
15. Back up plan for tech failure
16. Technical support available
17. Non-consult communication
18. Method of communication during consult
19. Post-consult correspondence
20. Onboarding process

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Specialty Service Provider Partnerships

20 Questions to ask a specialty service provider prior to signing the contract

Finding telehealth specialty service providers is not as difficult as it has been in the past. The challenge is to find those that will meet the unique needs and requirements of your clinic organization. Each provider and clinic organization will have similarities and differences in practice and business models as they pertain to providing healthcare via telemedicine. Before contracting with any specialty service provider group, we invite clinics to consider adding the following questions to their existing process for vetting potential partners.

What specialties are available through this provider group?

Some specialty provider groups offer one specialty only (such as Behavioral Health) and others offer a wide variety of specialties (including Behavioral Health). Some clinics prefer the "one stop shop" for all their specialty needs, simplifying the contracting, credentialing, referral process and workflow, and other clinics prefer to shop around and find the best price for each specialty.

Does the provider group contract with your payer(s), bill you by the hour or block of time or patient seen, etc?

There are several billing models used by specialty provider groups, and it's important to discuss these and establish a model that's mutually beneficial in advance. These items will help determine the financial model that best fits your program. Note: Before you negotiate, you should know how many referrals you think you will have for each specialty and how soon you will be able start.

What are the rates for live video and store & forward? Are they the same for adult and pediatric?

Depending on the specialty services needed, as well as volume and modality for each specialty, rates will vary. Rates for store and forward specialties will typically be lower than live video specialties, and new patient appointments may be more expensive than follow-up appointments. Also, rates may vary according to the volume of patient referrals you anticipate sending to the specialty group. Keep in mind if a specialty group bills by the hour, it is important to know the time required for new and follow-up patients (see the next question). If the specialty group bills by the completed encounter, the rates may be higher than the hourly rate.

TRC

California Telehealth Resource Center

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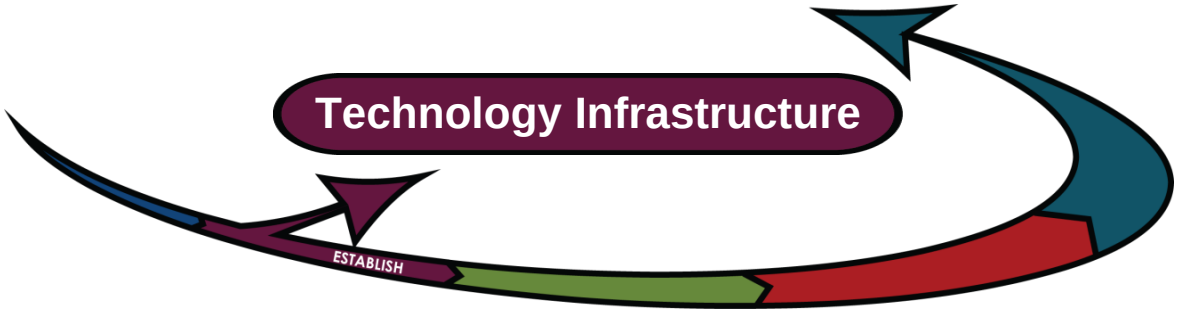

- Technology requirements of the specialty provider for teleconsults
  - Hardware, software, peripheral devices
    - Proprietary or standards based?
    - Cloud access or point to point?
  - Requirements for transmitting patient information
  - Electronic health record access

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- Equipment and peripherals
  - To accomplish the administrative and clinical service goals established by the needs assessment and specified by the specialty consultant
- Secure medical grade broadband to clinic and conference rooms
  - Sufficient to support the equipment and/or software

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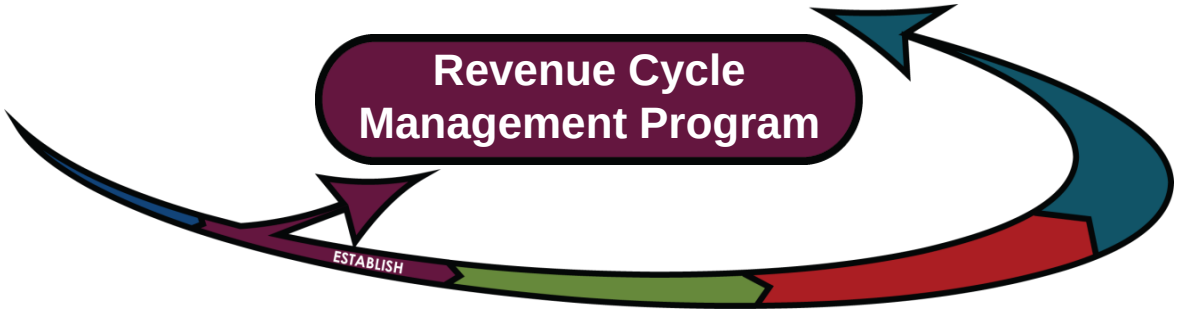

- Payer credentialing and contracting
  - Research and understand your payer environment
  - Develop payer reimbursement chart indicating for each major payer if they reimburse and which codes to submit
- Financial modeling and Pro Formas
  - Forecasting cost of program is critical for sustainability
  - Create a pro forma that estimates the monthly cost of the program over the first year as both utilization and payer reimbursements mature

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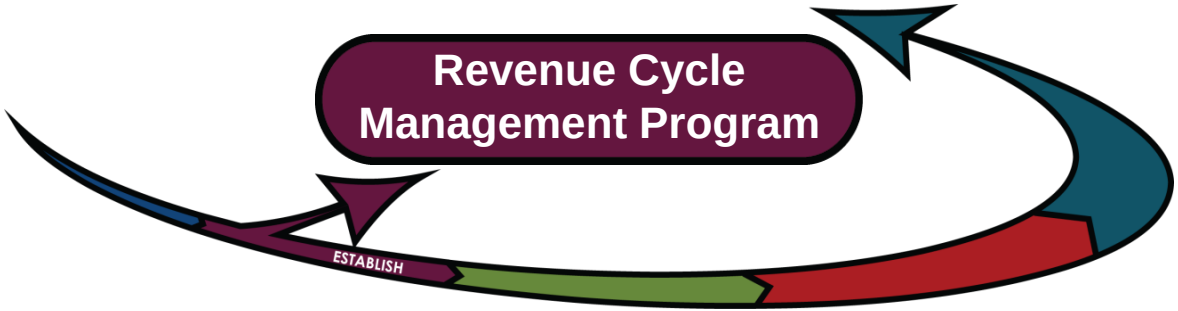

- Key pro forma data points
  - Payer mix of patient population served
  - Anticipated volume by specialty
  - Estimated payer reimbursement
  - Physician compensation and service fees
  - Technology platform and recurring infrastructure costs
  - Staffing costs
  - Related financial benefits to the facility

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Quiz:

When paying a specialty service provider by the hour, when is the $250/hr specialist less expensive than the $200/hr specialist?

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Quiz:

When paying a specialty service provider by the hour, when is the $250/hr specialist less expensive than the $200/hr specialist?

Answer: When the $250/hr specialist can fit more patient visits into each hour.

Provider A: $250/hr Initial 40, and f/u 20 ($250)

Provider B: $200/hr Initial 60, and f/u 30 ($300)

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CTRC Sample Telehealth Sustainability Worksheet

This worksheet is provided as a basic tool to assist in business model development and is based on the model of purchasing a 4 hour block of time

Instructions: Insert your data in to the blue cells. All remaining cells will be automatically populated based on the information entered.

Appointment type:	time (min)	# of visit	total hours
Initial	40	4	2.67
Established	20	4	1.33
Total number of visits per block of time purchased		**8**	**4.00**

Patient Volume	8
Specialist hourly rate	$ 225.00
Specialty cost per block of time reserved	$ 900.00
Clinic collection rate per encounter (PPS rate)	$ 165.00
Amount clinic collects if 100% billable	$ 1,320.00
Average No Show rate for clinic (or specialty)	15%
Clinic collection minus No Show rate	$ 1,122.00
Clinic uninsured rate	10%
Adjusted clinic collection minus No Show rate	$ 1,009.80
Staffing and overhead per hour	$ 20.00
Staffing and overhead per block of time purchased	$ 80.00
Variance	$ 29.80

Note: This calculation does not include sliding fee collection

For more information or assistance with this spreadsheet, please contact the CTRC at www.caltrc.org

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Specialty Service Provider Relationships:

Advantages and Disadvantages of the Most Common Contracting Models

Model	Advantage	Disadvantage
Originating site purchases blocks of time from distant site	Originating Site: Guaranteed access to specialist	Originating Site: Risk assumed for no-show patients
	Distant Site: Guaranteed payment for time reserved	
Originating site pays per patient seen	Originating Site: No pressure to fill blocks of time	Originating Site: Possible excessive wait time for appointment
		Distant Site: Difficult to forecast volume to plan for coverage. AND Assume risk for no-show patients
Originating site pays the delta between distant site's cost and collections	Originating Site: Only pays a portion of the specialty visit cost	Distant Site: Assumes the administrative cost & burden of billing patient insurance & balance billing originating site
Health Plan contracts directly with specialty service provider	Originating Site: Most sustainable model as the originating site no longer has to pay for specialty care Distant Site: Contracting with a health plan allows the specialty group to expand access to multiple sites, thereby increasing service volume	Originating Site: • Initial start-up delays in as health plans are slow to contract with new providers. • Limited to those providers offered through the health plan Distant Site: Health plans will only pay by the patient seen, which puts the Distant Site at-risk for no-show patients.
On-demand, 24/7 coverage (hospital ED, ICU & In-patient)	Originating Site: Guaranteed access and coverage when needed	Originating Site: May pay for time that's not utilized
	Distant Site: Guaranteed payment for time reserved	Distant Site: May provide more services than originally estimated

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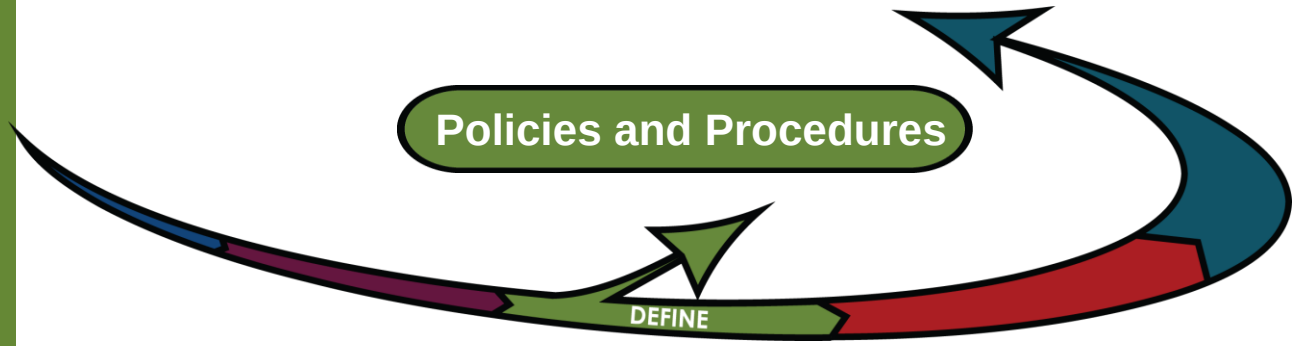
Define



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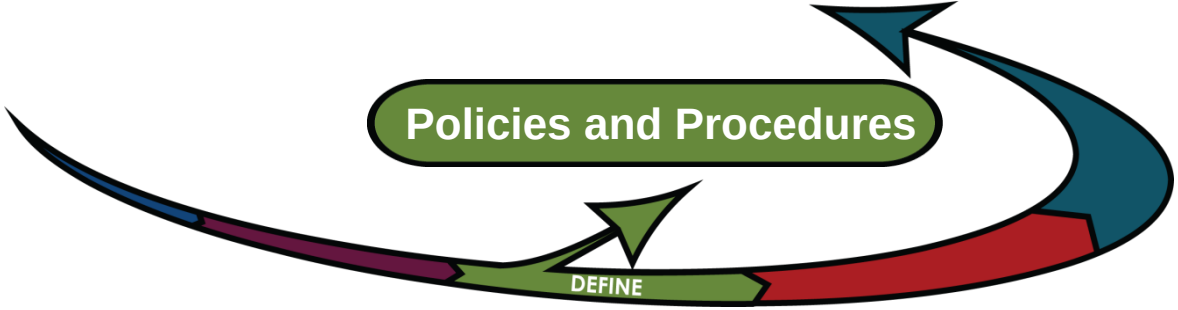

- Clinical guidelines
- Referral forms
- Process for patient consent
- Workflow
- Specialty services billing/payment
- Exchanging medical information
- Clinic scheduling
- Patient insurance billing
- Credentialing & privileging

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Clinical guidelines for specialty referral

- **GOAL:** Provide enough information to make the process effective & efficient

Pediatric
NEUROLOGY
Telemedicine Program Referral Guideline for Live Video

The following is a listing of clinical conditions appropriate for telemedicine pediatric neurology consultation. If you would like to refer a patient with a condition that is not listed below, please send your request along with the patient's chart notes to the telemedicine coordinator for the specialist's consideration.

Clinical Conditions:
Seizures
Development/neurological deterioration
Weakness/hypotonia
Neuromuscular disorders
Movement disorders

Clinical Information if Available:
Complete H&P
Pertinent outside records, documentation of previous neurological/developments evaluation
Current medications, allergies & drug levels
Summary of patient's course regarding neurological issues: frequency, severity and response to interventions
Copy of PCP initial intake & follow-up evaluation pertaining to problem prompting referral indicating his/her impression, plan & specific questions
Relevant family/social history
Report of labs, diagnostics (EEG), CT and MRI films
Some assurance that family understands reasons for referral

Appointment Scheduling: 45-60 min
Level of Presenter Required: Primary Care Provider for the last 15 minutes of the appointment to assist with physical exam
Video Equipment Required:
1. Videoconferencing unit

Non-Video Equipment Required:
1. Exam Table

If possible, please also include:
Video ophthalmoscope
Electronic stethoscope
Reflex hammer
Sharp pin (for sensation testing)

The following information must be received prior to scheduling an appointment:
1. Telemedicine Consult Request form
2. "Necessary Clinical Information" listed in column on left

Signed consent form, explained to the patient's satisfaction must be received before consult begins

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Process for Referral Request

Important Information

CCHP SPECIALTY CARE SAFETY NET INITIATIVE

Live Video Telemedicine Consult Referral Request Form

◯ UC Davis (D) Fax# (866)622-5944 ◯ UC Irvine (I) Fax# (714)456-8466

Site Name: _____

Clinic Site Coordinator: _____ Phone _____ Fax _____

◯ New Patient Consultation ◯ Follow-Up Consultation

◯ Adult Endocrinology (D) ◯ Pediatric Endocrinology(I) ◯ Adult Neurology (I)

◯ Pediatric Neurology (D, I) ◯ Adult Psychiatry(D) ◯ Pediatric Psychiatry (I)

◯ Adult & Pediatric Orthopedics (D)

Reason for Consult:

Explain the Purpose of Evaluation: ***(please include the full details to enable comprehensive evaluation)***

Site Coordinators: All information requested below is necessary for patient registration prior to scheduling.

PATIENT INFORMATION:

1. Patient Name: _____ Female ◯ Male ◯
2. Date of Birth: _____ SSN: _____ Ethnicity: _____
3. Address: _____ City: _____ Zip: _____
4. Telephone Numbers: Home _____ Work _____

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Process for patient consent

CONSENT TO PARTICIPATE IN TELEMEDICINE CONSULTATION

1. PURPOSE. The purpose of this form is to obtain your consent for a telemedicine consultation with a physician. The purpose of this consultation is to assist in the diagnosis or treatment of:_____

2. NATURE OF TELEMEDICINE CONSULTATION. Telemedicine involves the use of audio, video or other electronic communications to interact with you, consult with your healthcare provider and/or review your medical information for the purpose of diagnosis, therapy, follow-up and/or education. During your telemedicine consultation, details of your medical history and personal health information may be discussed with other health professionals through the use of interactive video, audio and telecommunications technology. Additionally, a physical examination of you may take place and video, audio, and/or photo recordings may be taken.

3. RISKS, BENEFITS AND ALTERNATIVES. The benefits of telemedicine include having access to medical specialists and additional medical information and education without having to travel outside of your local health care community. A potential risk of telemedicine is that because of your specific medical condition, or due to technical problems, a face-to-face consultation still may be necessary after the telemedicine appointment. Additionally, in rare circumstances, security protocols could fail causing a breach of patient privacy. The alternative to telemedicine consultation is a face-to-face visit with a physician.

4. TEACHING, RESEARCH AND HEALTHCARE INSTITUTION. XXXXXXXXXXXXXXXXXXXXX is a teaching institution. Residents, interns, medical students, students of ancillary health care professions (i.e., nursing, x-ray, rehabilitation therapy) and post-graduate fellows may participate in telemedicine consultations, under the supervision of the attending physician, as part of the medical education program of the institution. Additionally, non-medical technical personnel may participate in the telemedicine consultation to aid in the audio/video link with the physician.

5. MEDICAL INFORMATION AND RECORDS. All laws concerning patient access to medical records and copies of medical records apply to telemedicine. Dissemination of any patient identifiable images or information from the telemedicine consultation to researchers or other entities shall not occur without your consent.

6. CONFIDENTIALITY. All existing confidentiality protections under federal and California law apply to information used or disclosed during your telemedicine consultation.

7. RIGHTS. You may withhold or withdraw your consent to a telemedicine consultation at any time before and/or during the consult without affecting your right to future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. If you are a Medi-Cal recipient and receiving teleophthalmology or teledermatology by store and forward, you have the right to an interactive communication with the physician. This communication may occur at the time of your consultation or within 30 days after you receive the results of the consultation.

My health care provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I have read and agreed to a telemedicine consultation.

_____ _____
Signature of Patient or Patient's Representative Date of Signing

_____ _____
Relationship of Representative to Patient Name of Interpreter / ID #

_____
Signature of Witness (required if patient unable to sign)

REFUSAL: I refuse to participate in a telemedicine consultation as described above.

Signature: _____

SAMPLE

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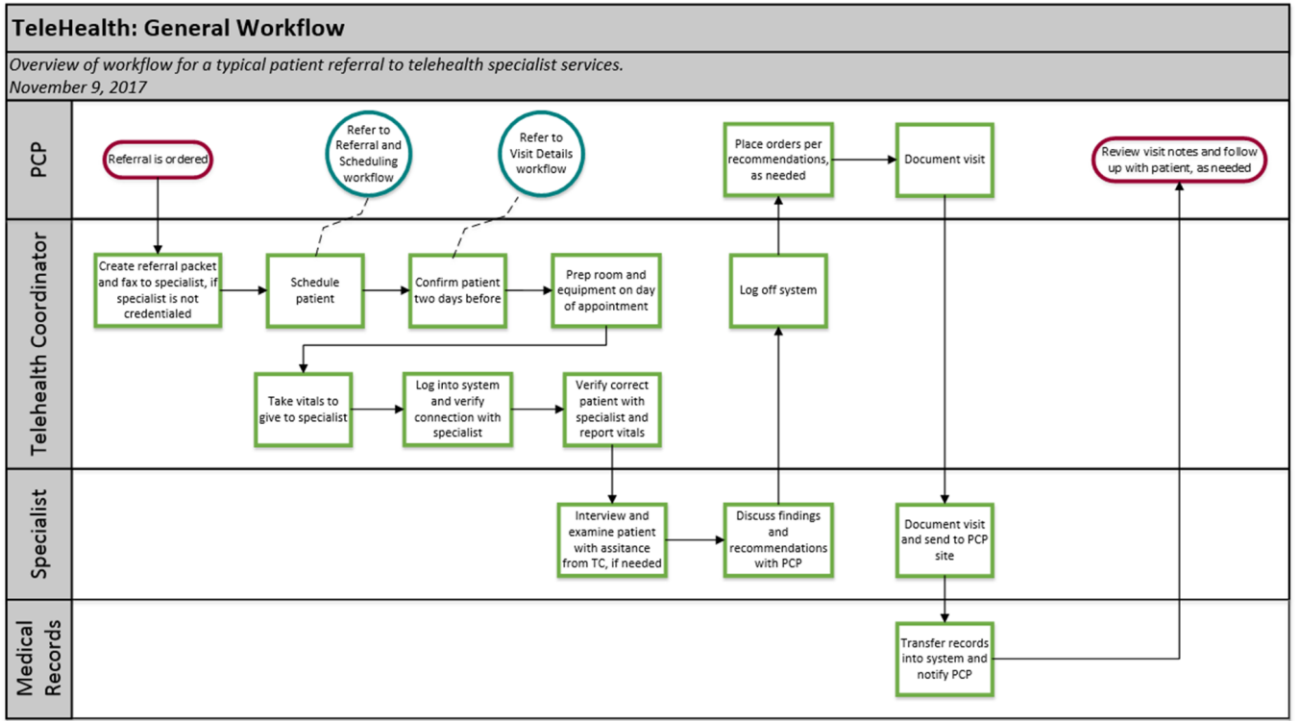
Operations

Workflow



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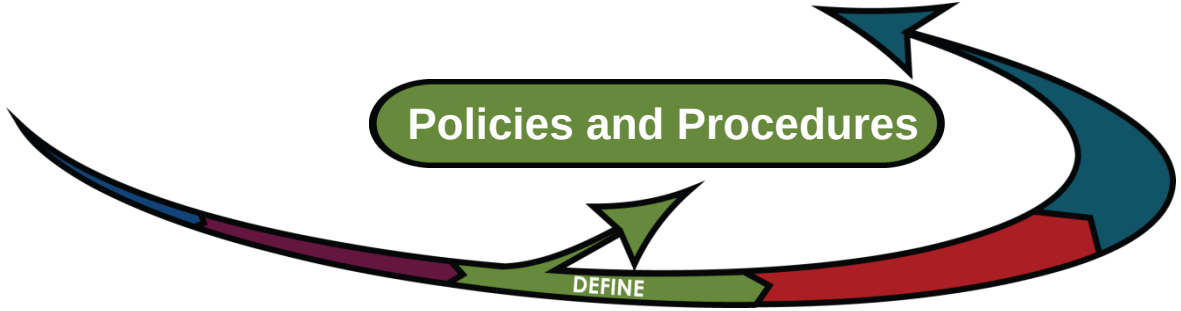

- Clinical guidelines
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- **Specialty services billing/payment**
- **Exchanging medical information**
- **Clinic scheduling**
- Patient insurance billing
- Credentialing & privileging

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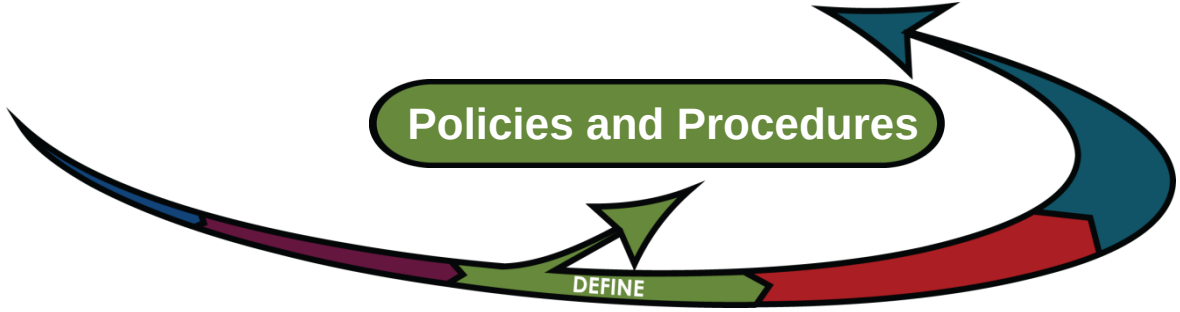
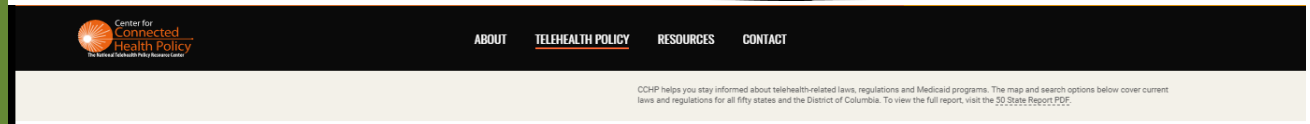
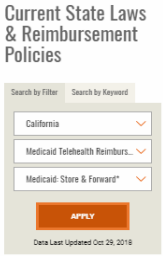
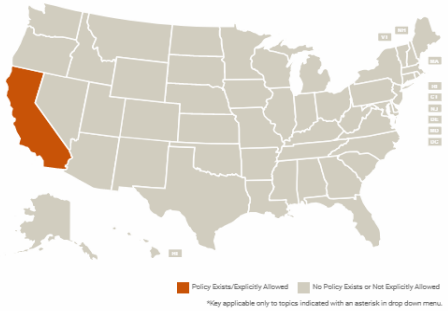


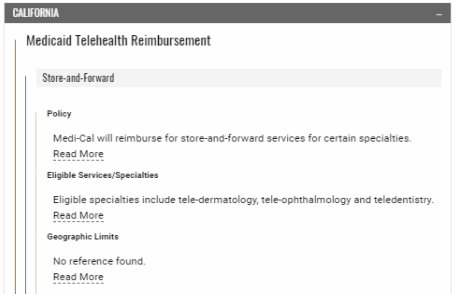


Reimbursement

- State and federal reimbursement laws, policies, legislation and regulation - visit cchpca.org
- Contact your regional TRC, visit Telehealthresourcecenter.org







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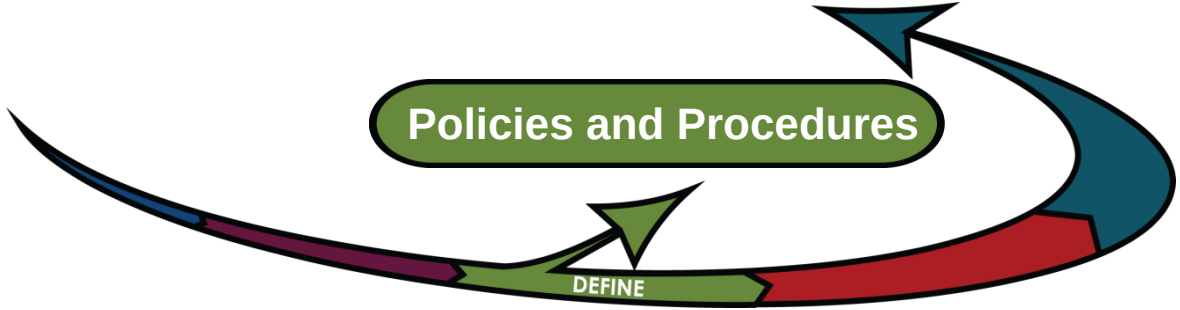
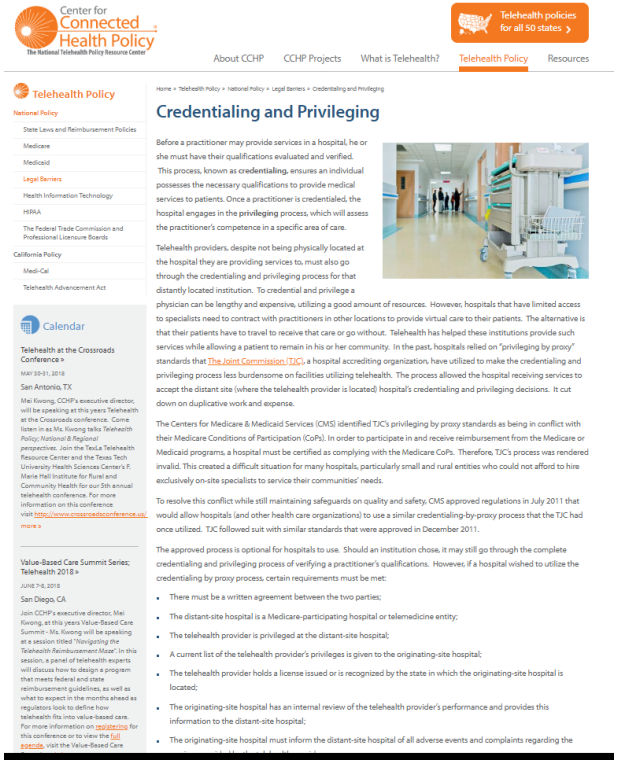
Operations



Credentialing & privileging

- Visit cchpca.org


Center for Connected Health Policy
The National Telehealth Policy Resource Center

Telehealth policies for all 50 states

About CCHP | CCHP Projects | What is Telehealth? | Telehealth Policy | Resources

Telehealth Policy

National Policy
- State Laws and Reimbursement Policies
- Medicare
- Medicaid
- Legal Barriers
- Health Information Technology
- HIPAA
- The Federal Trade Commission and Professional Licensure Boards

California Policy
- Medi-Cal
- Telehealth Advancement Act

Calendar

Telehealth at the Crossroads Conference »

MAY 30-31, 2018

San Antonio, TX

Mei Kwong, CCHP's executive director, will be speaking at this years Telehealth at the Crossroads conference. Come listen in as Ms. Kwong talks *Telehealth Policy: National & Regional perspectives*. Join the TexLa Telehealth Resource Center and the Texas Tech University Health Sciences Center's F. Marie Hall Institute for Rural and Community Health for our 5th annual telehealth conference. For more information on this conference visit http://www.crossroadsconference.us/ more »

Value-Based Care Summit Series: Telehealth 2018 »

JUNE 7-8, 2018

San Diego, CA

Join CCHP's executive director, Mei Kwong, at this years Value-Based Care Summit – Ms. Kwong will be speaking at a session titled *"Navigating the Telehealth Reimbursement Maze"*. In this session, a panel of telehealth experts will discuss how to design a program that meets federal and state reimbursement guidelines, as well as what to expect in the months ahead as regulators look to define how telehealth fits into value-based care. For more information on registering for this conference or to view the full agenda, visit the Value-Based Care

Home » Telehealth Policy » National Policy » Legal Barriers » Credentialing and Privileging

Credentialing and Privileging

Before a practitioner may provide services in a hospital, he or she must have their qualifications evaluated and verified. This process, known as **credentialing**, ensures an individual possesses the necessary qualifications to provide medical services to patients. Once a practitioner is credentialed, the hospital engages in the **privileging** process, which will assess the practitioner's competence in a specific area of care.

Telehealth providers, despite not being physically located at the hospital they are providing services to, must also go through the credentialing and privileging process for that distantly located institution. To credential and privilege a physician can be lengthy and expensive, utilizing a good amount of resources. However, hospitals that have limited access to specialists need to contract with practitioners in other locations to provide virtual care to their patients. The alternative is that their patients have to travel to receive that care or go without. Telehealth has helped these institutions provide such services while allowing a patient to remain in his or her community. In the past, hospitals relied on "privileging by proxy" standards that The Joint Commission (TJC), a hospital accrediting organization, have utilized to make the credentialing and privileging process less burdensome on facilities utilizing telehealth. The process allowed the hospital receiving services to accept the distant site (where the telehealth provider is located) hospital's credentialing and privileging decisions. It cut down on duplicative work and expense.

The Centers for Medicare & Medicaid Services (CMS) identified TJC's privileging by proxy standards as being in conflict with their Medicare Conditions of Participation (CoPs). In order to participate in and receive reimbursement from the Medicare or Medicaid programs, a hospital must be certified as complying with the Medicare CoPs. Therefore, TJC's process was rendered invalid. This created a difficult situation for many hospitals, particularly small and rural entities who could not afford to hire exclusively on-site specialists to service their communities' needs.

To resolve this conflict while still maintaining safeguards on quality and safety, CMS approved regulations in July 2011 that would allow hospitals (and other health care organizations) to use a similar credentialing-by-proxy process that the TJC had once utilized. TJC followed suit with similar standards that were approved in December 2011.

The approved process is optional for hospitals to use. Should an institution chose, it may still go through the complete credentialing and privileging process of verifying a practitioner's qualifications. However, if a hospital wished to utilize the credentialing by proxy process, certain requirements must be met:

- There must be a written agreement between the two parties;
- The distant-site hospital is a Medicare-participating hospital or telemedicine entity;
- The telehealth provider is privileged at the distant-site hospital;
- A current list of the telehealth provider's privileges is given to the originating-site hospital;
- The telehealth provider holds a license issued or is recognized by the state in which the originating-site hospital is located;
- The originating-site hospital has an internal review of the telehealth provider's performance and provides this information to the distant-site hospital;
- The originating-site hospital must inform the distant-site hospital of all adverse events and complaints regarding the

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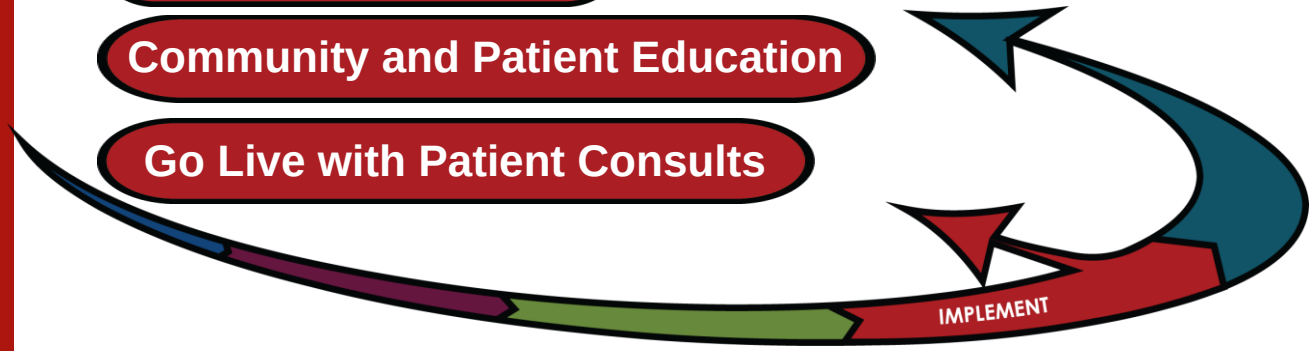
Implement

- Technology
- Staff Training
- Provider Orientation
- Community and Patient Education
- Go Live with Patient Consults



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- Hardware, software, peripheral equipment and telecommunications configuration and testing

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- Who should you include in the staff training process?
  - Telemedicine coordinator, clinical staff, technical staff, billing, coding and compliance staff
- What should be included in the staff training?
  - Referral protocols
  - Equipment usage and troubleshooting
  - Patient presentation techniques
  - Coding and billing
  - Medical records
  - Patient consent
  - Process flow

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- Equipment demonstrations
- Video meet and greet sessions with specialty providers to discuss referral requirements and patient presentation techniques
- Place telehealth on the agenda at medical staff meetings to review patient selection and process flow
- **Multiple mock encounters with debriefing**

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Equipment demo * Appointment fliers * Web site

Your telemedicine specialty consultation has been scheduled for:

Date: _____ Time: _____

Please arrive 15 minutes early to complete any paperwork that may be required by your specialist.

What is Telemedicine? Telemedicine is live, interactive audio and video with the patient at one location and the specialist at another. It is conducted over dedicated lines that are private and secure.

What is a Telemedicine visit like? A typical telemedicine visit occurs with the patient, the medical assistant and the physician at the patient's primary care clinic. The medical assistant will run the camera and help with the exam. You and your specialist will be able to see and hear each other, just as if you were in the same room. Your primary care provider may be present if needed by the specialist in order to help with the exam, diagnosis and treatment recommendation process.

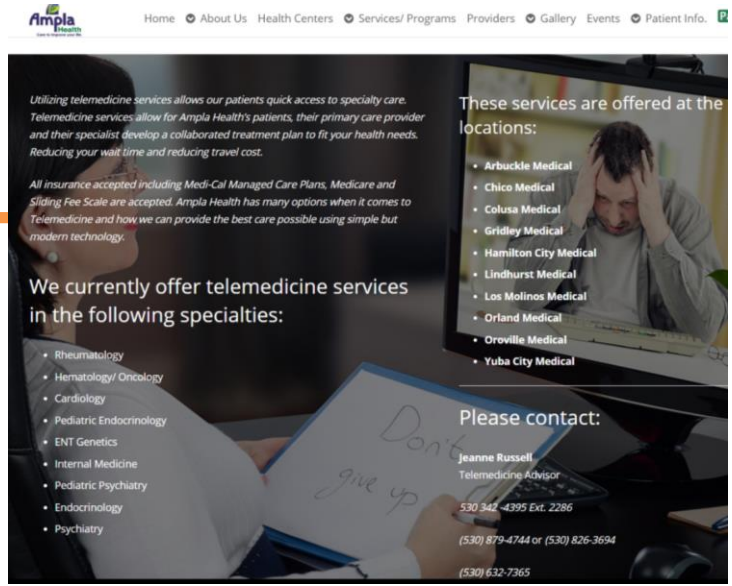
Your Telemedicine Specialist for this visit will be Artur Turakhia, M.D., from the University of California, Irvine. Dr. Turakhia has received your medical record information and has reserved time in his schedule just for you. Appointments are very limited, so please make every effort to keep this appointment.

Atur Turakhia, M.D. is an Assistant Clinical Professor at the University of California, Irvine, Department of Psychiatry & Human Behavior. He serves as the Medical Director for the FOCUS program, which provides services to sexually abused children; serves as the Assistant Director for the Child and Adolescent Psychiatry Fellowship Training Program; treats patients from the Regional Center of Orange County for Medication Management; and supervises Fellows in an Outpatient Medication Management clinic.

Dr. Atur Turakhia treats patients with multiple illnesses, including Major Depressive Disorder, Bipolar Disorder, Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Social Phobia, Attention-Deficit Hyperactivity Disorder, Schizophrenia, and Autistic Spectrum Disorders. He attempts to balance the prescription of psychiatric medications with the use of psychotherapy to treat the complete individual. He also prefers to focus on people's individual strengths rather than only see a person's illness. Furthermore, Dr Turakhia has a special interest in trying to understand the family and cultural backgrounds of his patients and the role that those factors play in patients' overall mental health. His training in Child and Adolescent Psychiatry allows him to understand the role that human development plays in psychiatric problems.

Dr. Turakhia completed his undergraduate work at the University of California, Berkeley and graduated from medical school at the University of California, Irvine. He was trained in General Psychiatry at the University of California, San Diego and completed further sub-specialization in Child and Adolescent Psychiatry via a fellowship also at the University of California, San Diego. Dr. Turakhia was inducted as a member into the UC Irvine inaugural chapter of the Gold Humanism Honor Society, an organization that recognizes demonstrated excellence in clinical care, leadership, compassion, and dedication to service. It was organized to elevate values of humanism and professionalism within the field of medicine through student-initiated projects and activities and is in line with Dr. Turakhia's values.

For more information contact your clinic Telemedicine Coordinator



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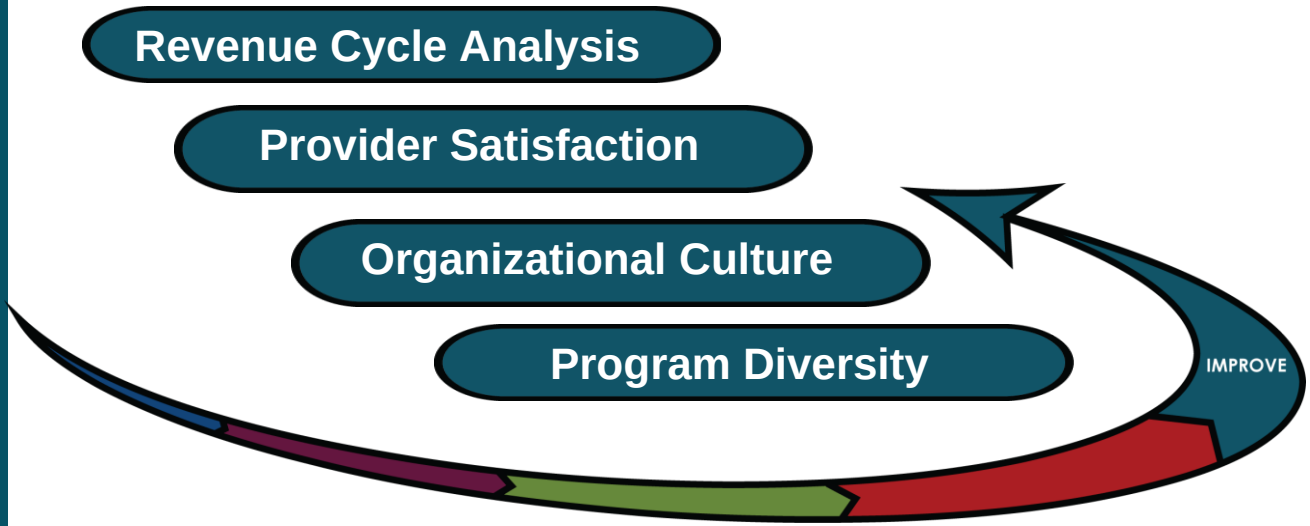
Improve



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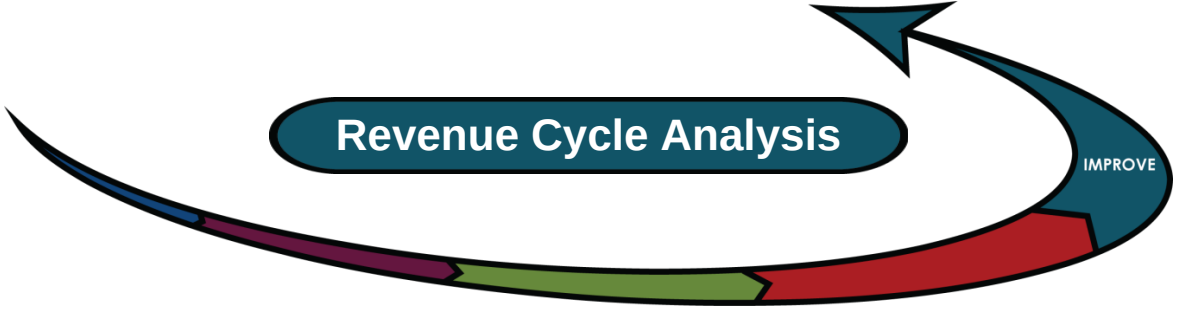

- Review and update the financial model based on the key data points used to establish the initial pro forma:
  - Payer mix of patient population served
  - Anticipated volume by specialty
  - Estimated payer reimbursement
  - Physician compensation and service fees
  - Technology platform and recurring infrastructure costs
  - Staffing costs
  - Related financial benefits to the facility

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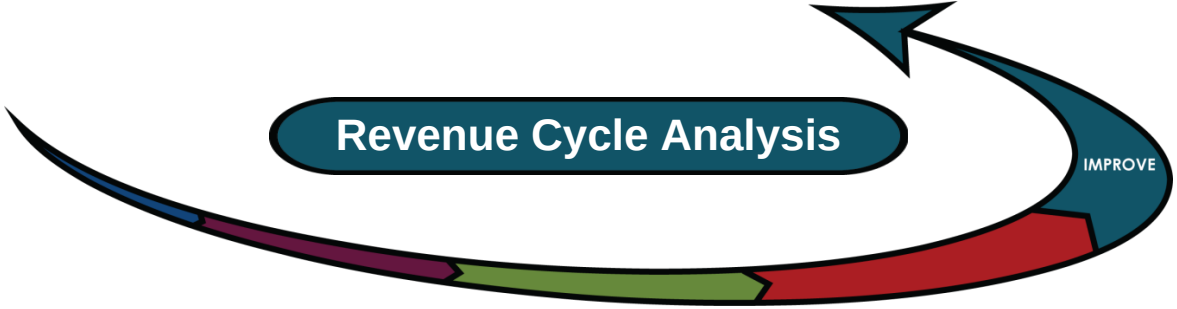

- Review claims and payments for potential areas of process improvement
  - Assign a telemedicine lead or expert to own the process and ensure all codes are entered appropriately prior to submission
  - Mine and analyze all denials received and continually update the billing policy based on new payers or change in existing payer policy
- Management reports
  - Provide and track monthly productivity, income and expense reports to show trending over time

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- Are your ***specialty providers*** getting the information they need to provide patient care?
- Are your ***clinical providers*** getting the information they need to provide patient care?
- Are your clinical providers satisfied with the relationship with and services they are receiving from the specialty provider group?
- Is the technology adequate, reliable and easy to use?
- Are there any changes to be made to the clinic flow process?

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Common Integration Barriers (and impossibly easy solutions)

Primary Care Provider Buy-In:

1. ***"What are the benefits of telemedicine?"***
   a. Engage the medical staff in the implementation and planning process. Buy-in has to be an organic process that starts with an identified need and desire for the service.
   b. Make literature available that documents increased access, quality of care and improved patient outcomes as a result of telehealth
   c. The clinician champion can encourage the providers to participate in telemedicine.

   Engage the medical staff in the implementation and planning process
2. ***"Who are these specialists? Are they qualified to see my patients?***
   a. Arrange meet and greets between the PCPs and the specialists in person or via video conferencing
   b. Give the PCP the specialist bios so they can be more familiar with the specialists and their qualifications
   c. Talk about telemedicine at the monthly clinic physician meetings
   d. Have the physician champion invite colleagues to sit in on a consult

   Discuss telehealth in the monthly clinic staff meetings
3. ***"Will telemedicine put local specialists out of business?"***
   a. For telemedicine in general, try to remember – telemedicine can supplement, not replace, what you have available in your community.
   b. Telemedicine should never be started in a community as a redundant service – it must be a perceived need identified by the referring site.

   Only use telehealth to supplement your community resources
4. ***"What types of patients are appropriate for referral?***
   a. Inform the clinical staff of the existence of specialty referral guidelines, and make them available and easy to locate
   b. Include a review of the referral guidelines in monthly clinical staff meetings
   c. Place a set of referral guidelines at the referral coordinator's workspace.
   d. Schedule a meet and greet with the specialist to discuss the referral guidelines, appropriate clinical conditions and requisite tests prior to referral.

   Host a "meet and greet" video session with providers to break the ice
5. ***"Referral Guidelines are too complicated – the specialist is requiring too much information prior to the consult."***
   a. Meet with the specialist to discuss and agree upon referral guidelines that will accomplish the needs of both parties: requirements that can be met by the referring provider, and information that will help the specialist conduct the consult.
   b. Oftentimes a specialist is willing to see the patient without a complete clinical work-up if it's not possible to obtain the information prior to the consult.
   c. Primary care providers are also more willing to buy in to the referral requirements if the specialist can explain why each item is necessary.
   d. Uncomplicated guidelines will have a greater likelihood of being adopted and utilized.

   Negotiate referral guidelines to the satisfaction of the referring and specialty providers

Common Integration Barriers (and impossibly easy solutions) – Page 2

Primary Care Provider Buy-in, continued:

6. ***"Using a video provider makes me feel disconnected from the specialist."***
   a. Conduct video or in person meet and greets to discuss the roles of the specialist and the primary care provider in the care partnership
   b. Specialist should provide their cell, desk, or other contact number to the primary care providers to encourage communication, follow up with medication changes, etc.
   c. The specialist should initiate follow up and direct communication with the primary care provider to check on patient progress
   d. Brief monthly recaps between the primary care providers and the specialists to review patients seen, progress to date, and answer general questions (without the patient present).
   e. The specialist should hold an in person in-service for topics or procedures most commonly utilized in that specialty (ex: performing a biopsy)
   f. The specialist should make a guest appearance at the PCP monthly clinic meeting to talk about their services and answer questions
   g. Combine telemedicine with in-person, on-site consults to build trust and create a referring partnership

   Schedule monthly recaps between the providers to review patient progress and answer questions

Patient Buy-In

1. **Fear of technology**
   a. Educate the patient about telemedicine
   b. Assure the patient the video or information will be transmitted on a secure line, to the specialist only (i.e., this won't show up on YouTube)
   c. Give the patient a demonstration of what will happen during their consult
   d. Media blasts – newsletters, emails, local newspaper articles, handouts and posters in the waiting rooms

   Give the patient a telemedicine demonstration
2. **There may be a perception the patient is receiving 2nd class, or a lower quality of care**
   a. Show the patient the specialist's bio with a picture.
   b. Explain the specialist will just be there to support their own PCP.
   c. Train the staff to help the patients understand the benefits.

   Assure the patient the specialist was selected by their PCP to enhance their care
3. ***For non-English speaking patients:*** **"How will I communicate with the specialist? "**
   a. Assure the patient *you will use the clinic's translators* so that no family member will be required to be present
   b. Have *information handouts in the patient's own language*
   c. When possible, *select a specialist who speaks the patient's native language*

   Provide information handouts in the patient's primary language

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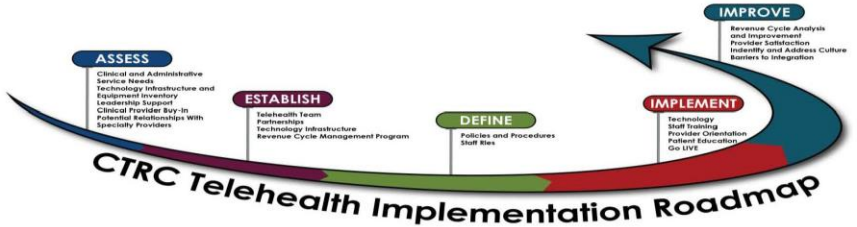
Repeat the Process with Every New Initiative



ASSESS	ESTABLISH	DEFINE	IMPLEMENT	IMPROVE
Clinical & administrative services needs • Specialty services • Administrative meetings • Continuing education	**Telehealth Team** • Medical leadership • Administrative leadership • Coordinator • Technical Support	**Policies and Procedures** • Clinical guidelines for specialty referral • Referral forms • Exchanging medical information • Process for patient consent • Clinic scheduling • Patient insurance Billing • Specialty services billing and payment • Credentialing • Patient flow	**Technology** • Hardware, software, peripheral equipment and telecommunications configuration and testing	**Revenue Cycle Analysis and Improvement** • Review and update financial model • Review claims and payments for potential areas of process improvement • Analyze utilization data
Technology infrastructure and equipment inventory • Tele-Communications • Equipment and peripherals	**Partnerships** • Clinical service providers • Education providers	**Staff Roles** • Coordinator • Clinician champion • Technical support	**Staff Training** • Referral protocols • Equipment usage and troubleshooting • Patient presentation techniques • Coding and billing • Medical records • Patient consent • Process flow	**Provider Satisfaction** • Are your clinical providers getting the information they need to provide patient care? • Is the technology adequate, reliable and easy to use?
Leadership Support • Program financing • Staffing allocation • Ongoing program support	**Technology Infrastructure** • Secure medical grade broadband to clinic and conference rooms • Equipment and peripherals		**Provider Orientation** • Equipment demonstrations • Video meet and greet with referring and specialty clinicians • Medical staff meeting discussions	**Identify and Address Culture Barriers to Integration** • Provider buy-in • Patient buy-in
Clinical provider buy-in • Patient referral • Telehealth participation	**Revenue Cycle Management Program** • Financial modeling • Licensure • Credentialing / Privileging • Payer credentialing / contracting • Program contracting & compensation		**Patient Education** • Equipment Demo • Appointment fliers • Web site, Local news media	
Potential relationships with specialty providers • In-house • In the community • Statewide			**Go Live with Patient Visits!**	

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Resources discussed in this presentation are available www.caltrc.org

Needs Assessment
Staff Roles and Job Descriptions
Considerations in Developing Partner Relationships
Contracting Model Pros and Cons
Sustainability Spreadsheet (FQHC contracting model)
Credentialing Guidelines
Billing Guidelines
Sample Referral Guidelines
Patient Consent Forms
Clinical and Operational Workflow Diagrams
Overcoming Integration Barriers
How to Develop a Telehealth Marketing Plan
More!

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NATIONAL CONSORTIUM OF
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The NCTRC Webinar Series

Occurs 3rd Thursday of every month.

Our Next Webinar

Telehealth Topic: CMS 2019 Updates

Presenter: Mei Wa Kwong, JD, Executive Director, Center for Connected Health Policy

Date: Thursday, February 21, 2019
Time: 8:000AM HST, 10:00AM AKDT, 11:00AM PDT, 12:00PM MDT, 1:00PM CDT, 2:00PM EDT

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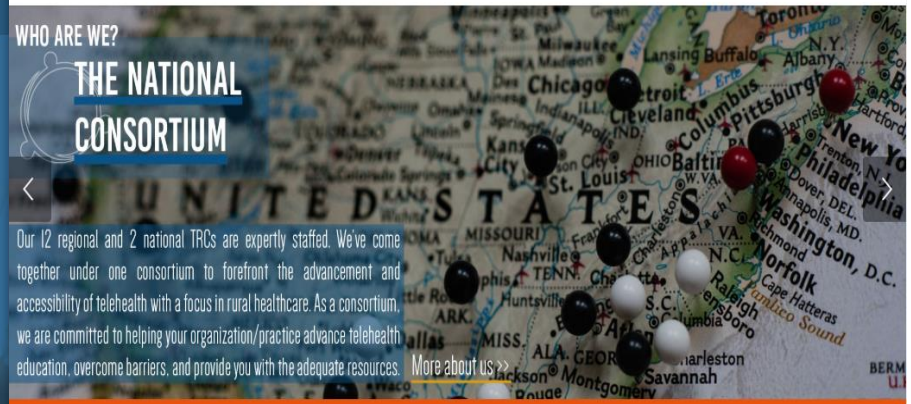

Welcome to the Consortium of Telehealth Resource Centers

Telehealth Resource Centers (TRCs) have been established to provide assistance, education and information to organizations and individuals who are actively providing or interested in providing health care at a distance. Our simple charter from the Office for Advancement of Telehealth is to assist in expanding the availability of health care to underserved populations. And because we are federally funded, the assistance we provide is generally free of charge.

LEARN MORE

Who's your TRC? | Find a Provider | View Resources | View Webinars

National Resource Centers

National Telehealth Policy Resource Center
Serving all Telehealth Resource Centers and All States
Phone: 877-707-7172
Direct: 916-285-1860

National Telehealth Technology Assessment Resource Center
Serving All Telehealth Resource Centers and All States
Phone: 877-885-5672
Direct: 907-729-4703

Regional Resource Centers

TexLa Telehealth Resource Center
Serving Texas and Louisiana
Phone: 877-391-0487
Direct: 806-743-4440

Mid-Atlantic Telehealth Resource Center
Serving Virginia, West Virginia, Kentucky, Maryland, Delaware, North Carolina, Pennsylvania, Washington DC, and New Jersey [shared]
Phone: 855-MATRC4U (628.7248)
Direct: 434-906-4960

Upper Midwest Telehealth Resource Center
Serving Indiana, Illinois, Michigan and Ohio
Phone: 855-283-3734

Southeastern Telehealth Resource Center
Serving Georgia, South Carolina, Alabama, and Florida
Phone: 1-888-738-7210

Pacific Basin Telehealth Resource Center
Serving Hawaii and Pacific Basin
Phone: 808-956-2897

Heartland Telehealth Resource Center
Serving Kansas, Missouri and Oklahoma
Phone: 877-643-HTRC (4872)

South Central Telehealth Resource Center
Serving Arkansas, Mississippi and Tennessee
Phone: 855-664-3450

Southwest Telehealth Resource Center
Serving Arizona, Colorado, New Mexico, Nevada and Utah
Phone: 877-535-6166
Direct: 404-712-3868

Northwest Regional Telehealth Resource Center
Serving Washington, Oregon, Idaho, Montana, Utah, Wyoming and Alaska
Phone: 888-662-5601

Great Plains Telehealth Resource & Assistance Center
Serving North Dakota, South Dakota, Minnesota, Iowa, Wisconsin and Nebraska
Phone: 888-239-7092

California Telehealth Resource Center
Serving California
Phone: 877-590-8144

NorthEast Telehealth Resource Center
Serving New England (Connecticut, Maine, Massachusetts, New Hampshire, New Jersey [shared], New York, Rhode Island, and Vermont)
Phone: 800-379-2021

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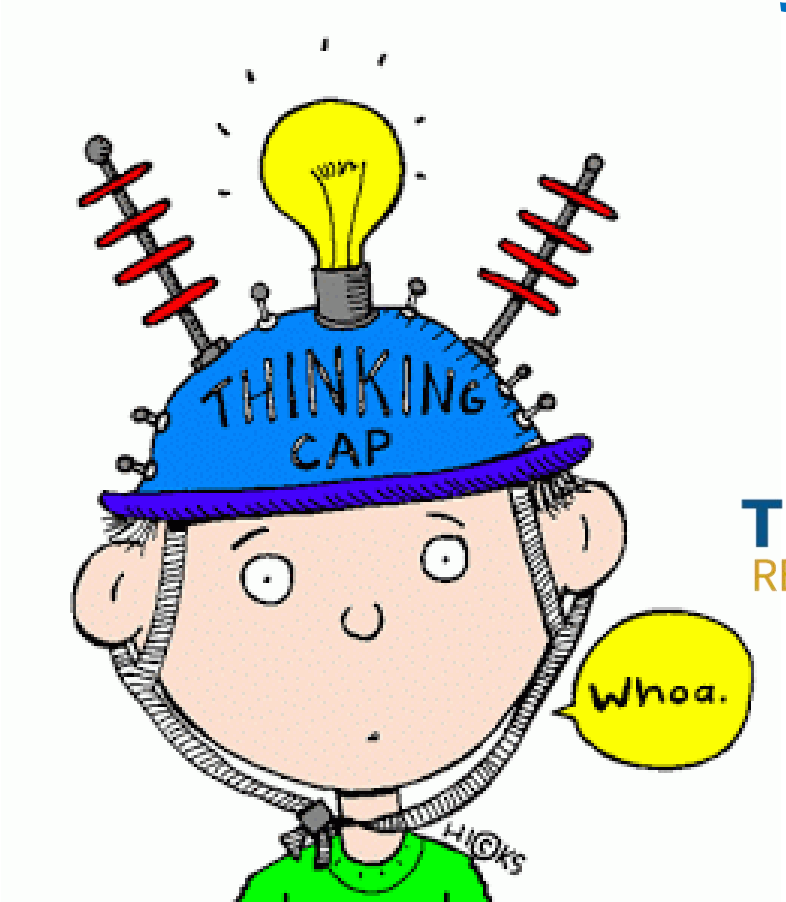
We're here for you!



Let's talk!

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Questions

- More questions? We'll be participating in the Interoperability Showcase, drop by booth 9100-83!
- Please complete online session evaluation!

Contact Info.

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