A Telehealth Services Toolkit: Best Practices for Implementation in Congregate Living Facilities during the COVID-19 Pandemic and Beyond

Prepared by: Natalie Frost, RN, PHN, BSN, AGNP-DNP Candidate - University of Minnesota

Date of Dissemination: January 13th, 2021

Intended Audience: Minnesota Association of Geriatrics Inspired Clinicians (MAGIC), MAGIC's Clinical Practice Alliance Committee (CPAC), and affiliated Congregate Living Facilities.

Table of Contents:

Purpose of this Toolkit:

- *To support the Quadruple Aim of Healthcare: improve population health outcomes, lower the cost of care, improve the patient care experience, improve staff experience.*
- *To identify the benefits and scope of telehealth.*
- *To implement and increase utilization of telehealth services in Congregate Living Facilities.*
- *To provide guidance on how to obtain reimbursement for telehealth.*
- *To provide Congregate Living Facilities with best practice tools for implementing telehealth services successfully.*
- *To mitigate the spread of COVID-19 and preserve PPE.*
- *To increase access to care to residents during the COVID-19 pandemic.*

Scope of Telehealth:

Under the 1135 Waiver of *The Coronavirus Aid, Relief, and Economic Security Act (CARES Act)*, restrictions on the scope of Telehealth services have been lifted temporarily due to the COVID-19 pandemic public health crisis. All healthcare settings (including Congregate Living facilities) are strongly encouraged to adopt Telehealth services into clinical practice as a mitigation strategy against the COVID-19 virus and bridge the subsequent gap in care delivery.

Definition of Telehealth:

"*The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.*"

- The World Health Organization, (2010).

Types of Telehealth Services:

- Medicare Telehealth Visit: a visit between a patient and provider that would otherwise require a consult/office visit/in-person visit from a provider via a telecommunications device (2-way audio/visual is preferred).
- Virtual Check-In: a 5-10 minute check-in between a patient and provider via phone or other telecommunication device; a remote evaluation of a photo/video submitted by a patient.
- E-visit**:** a communication between a patient and provider via an online portal (e.g., *MyChart messaging).*

Interdisciplinary Capabilities with Telehealth Services:

- Telehealth is not solely reserved for patient-provider communication under the 1135 Waiver. Facility residents can benefit from the following that are also considered billable services:
  - Physical therapy, occupational therapy, speech therapy, social work, care coordination, spiritual care, nutrition services, pharmacist, mental health specialist, specialty consults, advanced care planning.

Benefits of Telehealth Utilization in the Congregate Living Setting:

- To provide residents access to care during the COVID-19 pandemic which will:
  - Reduce the use of PPE and number of visitors to facilities.
  - Reduce the spread of COVID-19 to residents susceptible to poor outcomes.
  - Preserve hospital beds.
  - Reduce travel time and cost.
  - Provide "treatment in place" and "aging in place."
  - Improve health outcomes of residents with chronic diseases.
  - Reduce Medicare dollar expenditure and hospital readmission rates.
  - Return on investment for Telehealth services rendered.

Facility Reimbursement for Telehealth Services:

- Telehealth originating site facility fee: (HCPCS) Level II **code Q3014**.
  - Description: Providing Telehealth Services at the originating facility of the client yields eligibility for facility reimbursement when facility staff use time and resources to facilitate a telehealth visit. ***Medicare does not specify any restrictions to billing this code based on facility type under the 1135 waiver (e.g., skilled nursing facility versus assisted living)***.
  - Per the *Medicare Processing Claims Manual,* these are the instructions for submitting for reimbursement on the CMS 1500 form:
    - A/B/MAC (A): submit under TOB 22X or 23X.
      - Clients covered under Part A- submit under 22X TOB.
    - Revenue code: 078X.
      - Bill on a separate revenue line from any other services provided.
  - Reimbursement ranges from $21-$28 by payers per claim and changes every year based on the Medicare Economic Index (MEI).
    - MEI for 2021 is 1.4%. Payment of 80% of **Q3014** of the lesser of the actual charge, or $27.02 (beneficiary pays the rest of the unmet deductible and Medicare coinsurance).

Funding Resources:

- TeleHealth Access for Seniors: Home
  - Under the "Resources" tab: Here are tech guides (in a few languages) for seniors to use to set up phones, tablets, zoom, *MyChart,* WiFi - Tech Guides | TeleHealth Access
  - Use this link to inquiry about getting devices to use: Contact | TeleHealth Access
- Telehealth Programs | Official web site of the US Health Resources & Services Administration
- Funding for Telehealth: Administration, Clinical, Technology & Broadband Services
  - Multiple resources listed for potential funding opportunities.

Telehealth Readiness Checklist:

- Use this readiness checklist when creating your facility plan for implementing Telehealth: Telehealth Readiness Checklist

Creating your Telehealth Resource Binder:

- Use this resource guide for building your binder for your designated Telehealth station: Telehealth Resource Binder

Best Practice Tips for Implementing Telehealth in your Facility Successfully:

- Facility Telehealth Task Force:
  - Create a Task Force at your facility to implement, facilitate, and monitor a telehealth program.
    - Establish roles and responsibilities.
    - Telehealth Coordinator Training: free training on creating a telehealth program (with account registration) on behalf of the *California Telehealth Resource Center* and the *U.S. Department of Health & Human Services' Health Resources and Services Administration*.
    - Metric goals:
      - Percent of Telehealth visits/month.
      - Percent of cancelled and missed Telehealth appointments/month.
      - Percent of traditional in-person provider visits/month.
      - Number of reimbursement claims processed and associated revenue.
      - Telehealth service type.
      - Telehealth encounter length of time (in minutes).
      - Average length of time from appointment request to actual encounter.
      - COVID-19 cases.
      - Hospitalizations/readmissions.
- Telehealth Champions:
  - Ask for staff members that would be willing to take on this role (at least 2-4).
    - Responsibilities and Qualifications:
      - Enthusiastic about providing access to quality care to residents with technology.
      - Assist in planning and coordinating the Telehealth Schedule.
      - Educate staff on the benefits of telehealth and how to facilitate a telehealth visit.
      - Competent in troubleshooting technical issues.
      - Facilitate Telehealth visits and scheduled Telehealth days.
    - Sign-up sheet: Telehealth Champions

- Scheduling:
  - Identify what day(s) of the week and block(s) of time are designated as Telehealth days.
    - Example: Tuesdays and Fridays from 1300-1600.
  - Establish a sign-up schedule document for staff:
    - ANY staff member/volunteer can sign up as a Telehealth facilitator:
      - Students, Chaplin, RN, LPN, NA, RN manager/charge nurse, DON, social worker, care coordinator, therapy specialist, dining service staff, activity coordinator, etc.
      - DNP student clinical rotations also can serve this function and enhance the quality of clinical assessment.
    - Telehealth Schedule Sign-up
    - Free appointment scheduling application:
      - PocketSuite: Home
        - HIPAA compliant
    - Schedule your designated Telehealth staff facilitator/champion for the day.
    - Pre-assign and rotate staff to "float" to the Telehealth Service Facilitator Role.
- Identify Technology:
  - Designate a Telehealth Station, workspace, and equipment:
    - Label equipment as "Telehealth Equipment"
    - Roving cart/mounts
    - Identify safe disinfectants for equipment
    - Disposable protective cases for equipment
    - Headphones
    - Webcam
    - Charging cords
    - Smartphone,Tablet, Laptop, Desktop
    - Broadband: minimum of 10 Mbps is needed for audio and video quality, image downloads, EHR use, facility functions (email, web browser, etc.). 50-100 Mbps is preferred.
  - Bring Your Own Device (BYOD):
    - Identify staff willing to use personal cell phones/tablets/computers.
    - Ask staff and family members to donate old devices that are still in working condition.
  - Designate 1-2 Technology Applications your facility will use:
    - Ensure all staff know how to use the selected applications and that they are downloaded on the designated device (*see HIPAA-compliant apps below*).

- - ○ Residents with BlueTooth Enabled Hearing Aids:
      - ■ Instructions on how to enable BlueTooth hearing aids for improved auditory capacity and experience of residents participating in Telehealth Services.
        - ● [Use Made for iPhone hearing devices](#)
        - ● [Connect hearing aids to your device - Android Accessibility Help](#)
  - ● Adopting a Standardized Workflow:
    - ○ Using a standardized workflow will increase efficiency, utilization, communication, resident and staff satisfaction. The following workflow was adopted from Gillispe et al. (2019) and altered to reflect COVID-19 lifted restrictions.
    - ○ [Telehealth Service Workflow for Facilities.pdf](#)
  - ● *American Telehealth Association* (ATA) Practice Guidelines:
    - ○ [COVID 19: Practice Guidelines](#) (master list)
    - ○ [NEW_ATA Core Guidelines](#): consists of clinical guidelines, security, privacy, ethical considerations, technical requirements, device and equipment requirements, administrative guidelines.
  - ● Etiquette for Conducting a Telehealth Encounter:
    - ○ This includes appointment, audio, and visual etiquette for conducting an encounter: [Telehealth Etiquette Checklist](#)
  - ● Guidelines for Telehealth Accessibility to Deaf and Hard of Hearing:
    - ○ The *Telecommunication for the Deaf and Hard of Hearing Individuals, Inc.* (TDI) and the *National Association of the Deaf* have provided guidelines for patients and providers to provide equal opportunity to Telehealth during the COVID-19 pandemic in accordance with the *Americans with Disabilities Act.*
      - ■ [COVID-19: Guidelines for Healthcare Providers – Video-Based Telehealth Accessibility for Deaf and Hard of Hearing Patients](#)
      - ■ [National Association of the Deaf COVID-19: Guidelines for Healthcare Providers – Video-Based Telehealth Accessibility for Deaf](#)

Approved Apps for Facilitating a Telehealth Visit with "How to" Guides:

- ● The *Department of Health and Human Services Office of Civil Rights office (OCR)* has approved the following to be HIPAA-approved technology communication apps for telehealth use (***note:** Facebook Live, Twitch and TikTok are **NOT** approved for use*).
  - ○ FaceTime
    - ■ [Use FaceTime with your iPhone, iPad, or iPod touch](#)
  - ○ Facebook Messenger
    - ■ [Video Calling | Facebook Help Center](#)
  - ○ Google Hangouts/ Google Meet
    - ■ Google Hangouts: [Start a video call - Computer - Hangouts Help](#)
    - ■ Google Meet: [Google Meet cheat sheet - Google Workspace Learning Center](#)
  - ○ Skype
    - ■ [A step-by-step guide on how to use Skype](#)
  - ○ Zoom

- ■ [Getting started guide for new users – Zoom Help Center](#)
            - ■ [Language interpretation in meetings and webinars – Zoom Help Center](#)
    - ○ Vidyo
        - ■ [VidyoDesktop_InstallandUserGuide_3.6-C.pdf (1 MB)](#)
    - ○ Microsoft Teams
        - ■ [How to start a video meeting in the free version of Microsoft Teams](#)
    - ○ Doximity
        - ■ Dialer for patients- https://c8y.doxcdn.com/image/upload/v1605819897/dox_1sheet_hs_patients_dialervideo_10.26.20_jyysf2.pdf

Gaining Resident/ Spokesperson Consent for Telehealth Services

- ● Use this tool to educate residents and families on telehealth and to gain consent.
    - ○ [Telehealth Visit Consent Form (AHRQ)](#)

Telehealth Service Encounter Grievances and Safety Issues

- ● Use your standard process for submitting a safety report.
- ● Have a grievance form accessible to staff at the designated telehealth station to document issues that arise with implementing telehealth encounters. This will be investigated by a staff member with authority to make process improvements (e.g., telehealth task force, telehealth champion, nurse manager, medical director, etc.) on a routine basis.
    - ○ [Grievance Form for Telehealth Service Encounters](#)

References

American Telehealth Association. (2020). ATA'S QUICK-START GUIDE TO
TELEHEALTH DURING A HEALTH CRISIS.
https://cdn2.hubspot.net/hubfs/5096139/Files/Resources/ATA_QuickStart_Guide
_to_Telehealth_4-10-20.pdf?__hssc=223170372.3.1607960473852&__hstc=223
170372.436df37007c3c06743501b244f16d107.1607960473852.1607960473852
.1607960473852.1&__hsfp=195388468&hsCtaTracking=f11af118-6144-4193-9a
9e-7cc3773c2b8b%7C36ebfce7-8405-4789-959c-b1396226e32e

American Telehealth Association. (2020). Practice Guidelines.
https://info.americantelemed.org/practice-guidelines

Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: care of the patient
requires care of the provider. *Annals of family medicine*, 12(6): 573–576.
https://doi.org/10.1370/afm.1713

Center for Medicare and Medicaid Services (CMS). (2020). Long-Term Care Nursing
Homes Telehealth and Telemedicine Tool Kit.
https://www.cms.gov/files/document/covid-19-nursing-home-telehealth-toolkit.pdf

Center for Medicare and Medicaid Services (CMS). (2020). Medicare Claims
Processing Manual: Chapter 12 - Physicians/Nonphysician Practitioners (Rev.
10356, 09-18-20).
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/c
lm104c12.pdf

Center for Medicare and Medicaid Services (CMS). (2020). Summary of Policies in the
Calendar Year (CY) 2021 Medicare Physician Fee Schedule (MPFS) Final Rule,
Telehealth Originating Site Facility Fee Payment Amount and Telehealth
Services List, CT Modifier Reduction List, and Preventive Services List.
https://www.cms.gov/files/document/r10505cp.pdf

Gillespie, S., Moser, A.L., Gokula, M., Edmondson, T., Rees, J., Nelson, D., Handler,
S.M. (2019). Standards for the Use of Telemedicine for Evaluation and
Management of Resident Change of Condition in the Nursing Home. *Journal of
the American Medical Directors Association* 20(2): 115-122.
https://doi.org/10.1016/j.jamda.2018.11.022

LaRocca, C. & Griffin, N. (2020). Telehealth in Nursing Homes. *Center for Medicare and Medicaid Services (CMS).* https://qioprogram.org/sites/default/files/CMS-CDC%20Fundamentals%20of%20 COVID-19%20Prevention_09-03-2020_508.pdf

Mid-Atlantic Telehealth Resources Center (MARC). (2021). MATRC Telehealth Resources for COVID-19 Toolkit. https://www.matrc.org/matrc-telehealth-resources-for-covid-19/

Office of Civil Rights (OCR). (2020). Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency. https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedn ess/notification-enforcement-discretion-telehealth/index.html

PocketSuite. (2019). PocketSuite & HIPAA. https://pocketsuite.io/hipaa/

Telecommunications for the Deaf and Hard of Hearing Individuals (TDI). COVID-19: Guidelines for Healthcare Providers – Video-Based Telehealth Accessibility for Deaf and Hard of Hearing Patients. https://tdiforaccess.org/covid-19/healthcare/

Telligen QI Connect. (2020). Quick Guide to Implementing Telehealth in Nursing Homes During the COVID-19 Pandemic. https://www.telligenqinqio.com/wp-content/uploads/2020/06/Quick-Guide-to-Impl ementing-Telehealth-in-Nursing-Homes-During-the-COVID-19-Pandemic_4.pdf

The Office of the National Coordinator for Health Information Technology (ONC). (2019). What is the recommended bandwidth for different types of healthcare providers? https://www.healthit.gov/faq/what-recommended-bandwidth-different-types-health-care-p roviders

The World Health Organization. (2010). Telemedicine: opportunities and developments in Member States: report on the second global survey on eHealth. *WHO Global Observatory for eHealth.* https://www.who.int/goe/publications/goe_telemedicine_2010.pdf