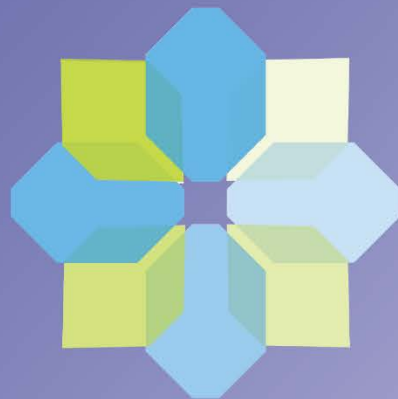




Implementing Telehealth: Getting Started

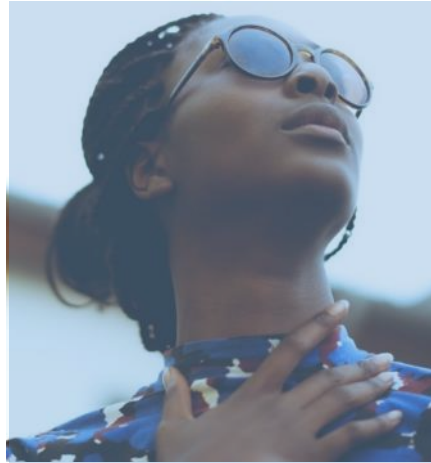
Rob Sprang, Mid-Atlantic Telehealth Resource Center
Evelyn Kietlyka & Leah Coplon, Maine Family Planning
Jean Smith, Richland County Health Department



2020 NFPRHA
NATIONAL CONFERENCE

Objectives

- Describe key considerations and a process for researching, developing, and initiating implementation of a telehealth service.
- Review available resources to support development and implementation of a telehealth service.
- Identify next steps for their organization's telehealth activities.
- Discuss how telehealth services are currently being used in sexual and reproductive health care.



What problem do you
want to solve with
telehealth?

SUNDAY, MARCH 8 11:30AM – 2:30PM

Agenda

How to Get Started with Telehealth – Robert Sprang

10 Minute Break (~12:35pm)

Starting Telehealth in North Dakota – Jean Smith

Implementing Telehealth: Maine Family Planning –
Evelyn Kieltyka & Leah Coplon

A Conversation about Getting Started with Telehealth

Q&A



2020 National Family Planning and Reproductive Health
Association National Conference (NFPRHA)

Telehealth - So what is the big deal?

Rob Sprang, MBA
March 8, 2020

Agenda

- **What is telehealth?**
- **Why consider telehealth?**
- **Legal and regulatory considerations – What you can and can't do**
- **Technology**
- **Examples of telehealth**
- **What telehealth will look like in the future**
- **One physician's story – Dr. Gregory Jicha**
 - How he got started with telehealth – First patient in Morehead
 - Validation study and other research
 - Educating community providers, med students and residents
 - Family caregiver “virtual support group”
- **How do you get started?**

What is Telehealth?



Use communications technology to;

Get the right care

To the right people

At the right time

In the right place

For the right price



Why Telehealth???

- It sure looks cool!
- It will look great on my resume
- It was on last weeks episode of *New Amsterdam*
- My boss keeps saying “When are we going to do telehealth?”
- We can’t keep up with other practices if we don’t do telehealth

**Telehealth must make
clinical and financial sense
and fit within your
strategic plan**

Legal and Regulatory Considerations

- Reimbursement
- Licensure
- Privileging/Credentialing
- Privacy, confidentiality and security
- Anti-Kickback/Stark Self-referral
- Medical Malpractice/Liability
- Online Prescribing

Reimbursement

- Medicare
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf>
 - Must be rural
 - Interactive video technology
 - Approved Originating Sites
 - Approved Billing Codes
 - Approved Distant Site Providers
 - Place of Service (POS02), HCPCS Code Q3014 facility fee
- Medicare audit of 100 cases
- Medicaid/Commercial health plans – State-dependent, pursue parity
- Opportunities for contract work – assign billing rights

Licensure

- Place of Service is where the patient is physically located at the time of the encounter
- Provider **MUST** be licensed in the state where the patient is located at the time of the encounter
- Medical licensure compact – expedited pathway, 29 states, <https://imlcc.org/>
- For Direct-to-Consumer services, should document the patient's confirmation of location (consent)

Privileging/Credentialing

- If required by the Originating Site Medical Staff Office, a provider must be credentialed and have privileges at the Originating Site.
- Primary Source Verification vs CMS/JC “Credentialing by Proxy”
- <https://www.foley.com/en/insights/publications/2018/02/telemedicine-credentialing-by-proxy-what-hospitals>

Privacy, Confidentiality and Security

- Work with your legal office
- If you need legal advice,
<https://www.foley.com/en/services/industry-teams/health-care/telemedicine--digital-health>
- Comparable diligence to maintain confidentiality as a traditional in-person visit
- HIPAA-compliant technical solution
- Consider BAA with 3rd party vendors
- Carefully crafted consent form is recommended

Anti-kickback, Stark self referral laws

- 1998 Medicare telehealth law split the professional fee between referring and consulting providers
- 2001 legislation ended fee splitting
- Avoid perception of financial influence on referral decisions
- Consider contracts with fair market valuations for Originating and Distant sites
- Avoid any financial conflicts
- There are many safe harbors
- Seek legal advice

Medical Malpractice/Liability

- Minimal legal precedent
- Provider malpractice insurance must be in force in the “place of service” state (where the patient is)
- Case – DTC company did not mandate provider to be licensed in the “place of service” state
- Case – Healthcare facility had telehealth and did not use it
- Seek legal advice

Online Prescribing

- 2008 **Ryan Haight Act** requires “valid prescription”
- Center for Connected Health Policy
<https://www.cchpca.org/telehealth-policy/online-prescribing>
- 2018 HR6 **Support for Patients and Communities Act** requires the AG to promulgate regulations regarding any limitations for prescribing via telehealth. Primarily focused on opioid crisis. No deadline for those regs.
- Seek legal advice in your state

Technology Considerations



- Clinical need determines the technology. Include diagnostic tools such as stethoscope and ENT scope?
- Reimbursement influences the technology
- Network availability influences the technology
- “Synchronous” Interactive videoconferencing vs. “Asynchronous” store and forward
- Patient connects from a healthcare facility or patient connects from any location that is convenient (Direct-to-Consumer)
- Many programs are transitioning to activities that use the patient’s smartphone – Platforms such as Zoom
- Remote vital signs monitoring, wearables...
- TTAC for support



What telehealth looks like in the future...



EXAMPLE

**OBGYN telehealth
services at the
University of Kentucky**

High Risk OB outreach

- Reach patients that would not come to UK
- Diagnostic ultrasound + provider visit
- Modify clinic based on the resources in the community:
 - Ultrasound tech
 - Ultrasound machine
 - Videoconference system



GYN/ONC

- Very limited clinical resources in rural KY
- Patient work-up at local cancer center, if available
- Only one visit to UK for surgery
- Pre-op and post op visits via telehealth
- Community cancer center performs post-surgery chemotherapy and/or radiation treatments
- Patient is primarily managed by local providers

Low Risk OB

- Very limited clinical resources in rural KY
- Patient work-up at local cancer center, if available
- Only one visit to UK for surgery
- Pre-op and post op visits via telehealth
- Community cancer center performs post-surgery chemotherapy and/or radiation treatments
- Patient is primarily managed by local providers

\$4.9M PCORI Grant

- Expand and improve treatment for pregnant women with Opioid Use Disorder
- Pathways program, MAT, NAS reduction education, peer support, legal support, pre and post natal health services and health system navigation
- Compare in-person treatment to the same treatment via videoconference technology

How do you get started?



Readiness Assessment

How to determine if you should use telehealth?

- Many of the previous barriers to entry are vanishing (technology complexity/cost, network availability/capacity, poor reimbursement rules)
- Ideally find a simple clinical problem that can be solved with a simple technical solution
- Consider a steering committee and a framework for evaluating new services
- Look at all the potential legal/regulatory hurdles
- Is there broad leadership support?
- Start with telehealth that mirrors the look-and-feel of a traditional clinic

Readiness Assessment P2

- Engage your legal and compliance team
- Carefully determine the problem you are trying to solve
- Select a technology that will address the problem. Make sure it is scalable. It should not be expensive. Many programs are using computers, tablets and smartphones for the equipment and cloud-based platforms such as Zoom and Blue Jeans Networks for connectivity.
- Confirm that you can bill for clinical services. Make sure your billing office understands how to submit a telehealth claim
- Continue to monitor your project to insure that it is clinically and financially successful.

Rob Sprang, MBA

***Director, Kentucky TeleCare
Co-Project Manager, Kentucky TeleHealth Network
859-218-5105
rsprang@uky.edu***



A large, faint blue graphic on the left side of the slide. It features a stethoscope with a circular chest piece and a heart shape containing a white ECG (heart rate) line.

Starting Telehealth in North Dakota

National
Family Planning
& Reproductive Health Association

Jean Smith, RN, BSN, PHN

A photograph of a waiting room with several blue upholstered chairs arranged in rows. In the background, there is a white door, a wall-mounted television, and a small wooden table with a plant and a basket. The room has light-colored walls and a wooden floor. The entire image is overlaid with a semi-transparent blue filter.

Why start doing telehealth in
North Dakota?

March 2015

ND Board of Pharmacy created Administrative Guidelines for Practitioner Dispensing Law. Their opinion: dispensing could not be delegated to others ie: nurses.

March 2016

- Richland's Site Review: D/c Quick Start Standing Orders & Nurses could not dispense pills, patches or rings. Board of Nursing/Scope of Practice & Board of Pharmacy new law

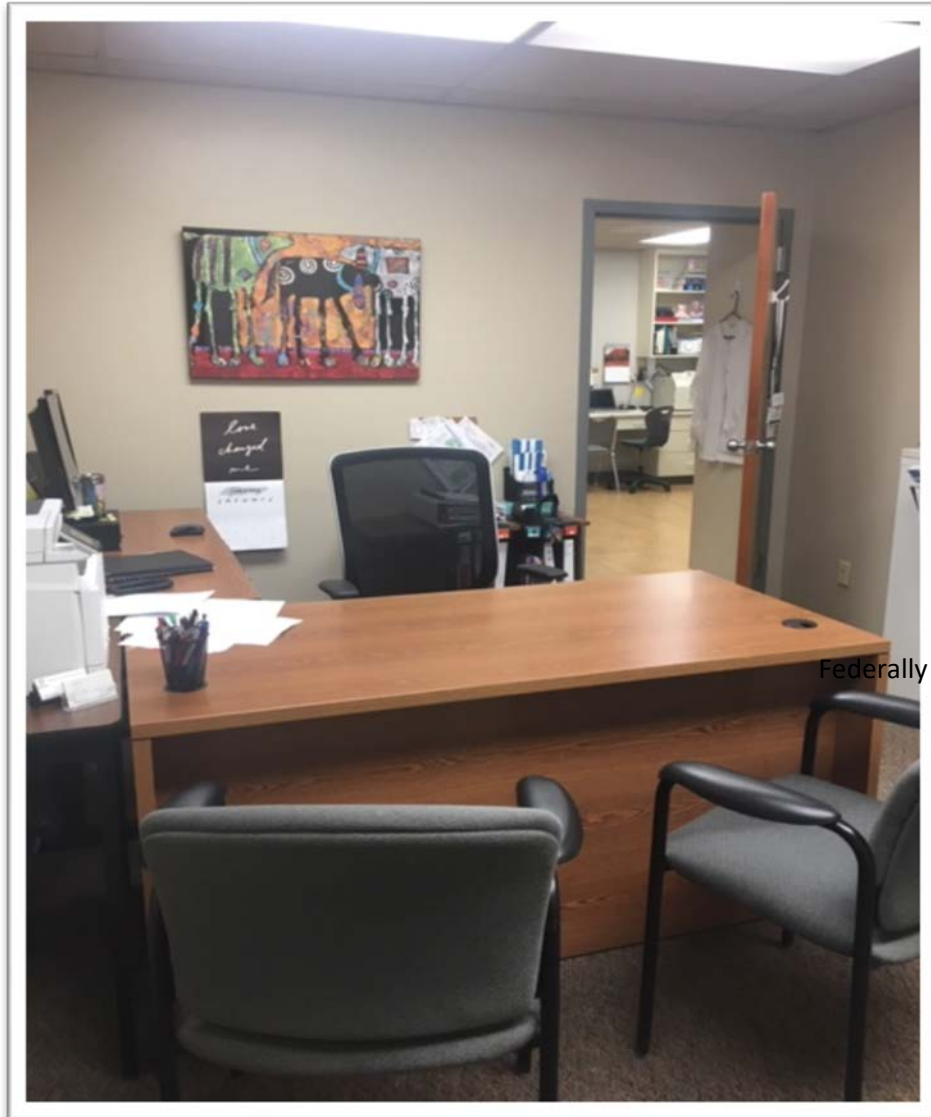
April 2017

Attended gpTRAC Annual Conference and met a local Telemedicine expert (Marsha)
➤ June 2018 joined ND Health Information Technology Telehealth Domain Workgroup and learned key components of starting Telemedicine, billing, coding, policies ...

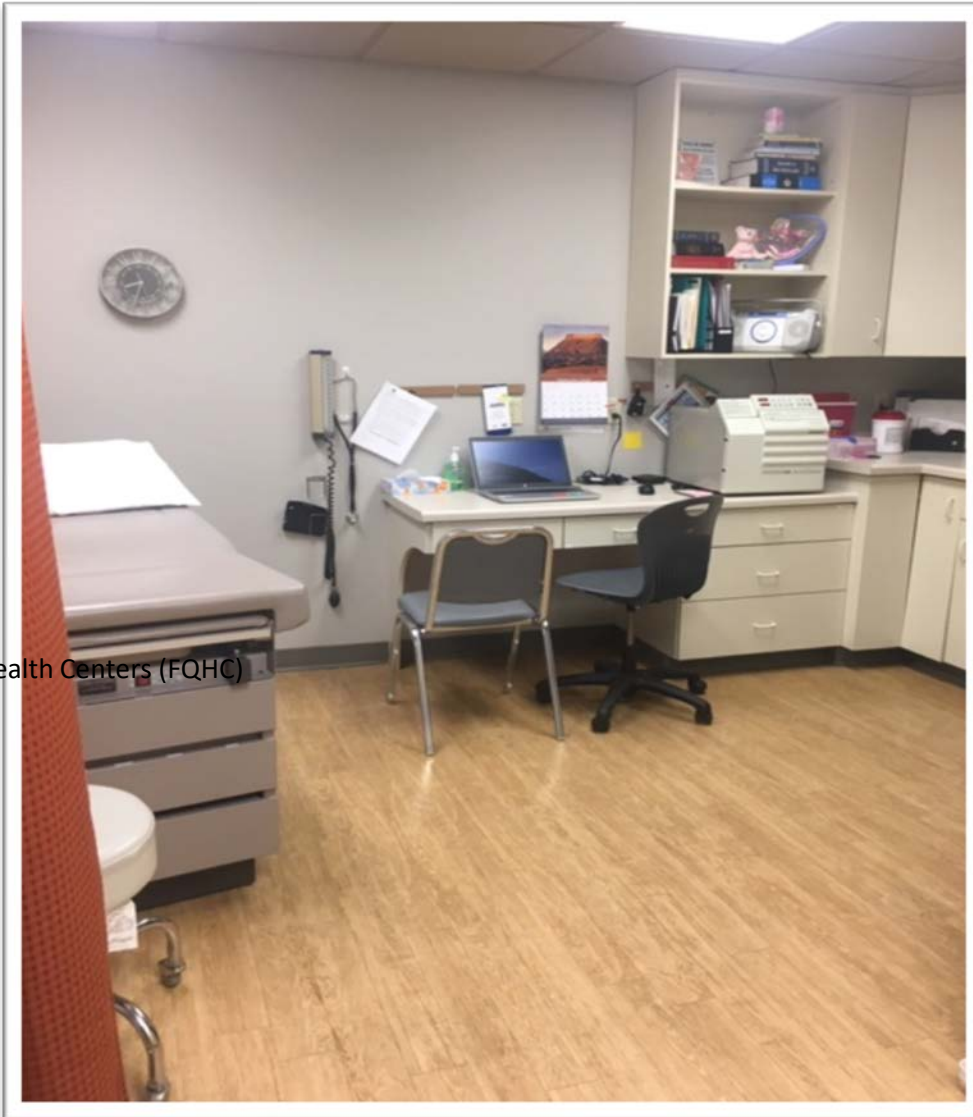
March 2019

March 21st - SB2155 Passed & signed Allowing ND FP RNs to dispense
March 25th – First Telemedicine Encounter

SITE TO SITE MODEL OF TELEHEALTH



Federally Qualified Health Centers (FQHC)



Start-Up Costs



\$1,000



\$150



~2 hours + Practice

Financial Impacts

- Billing & Reimbursement
 - Add GT modifier
 - NDMA, BCBS, Sanford Expansion, BC Anthem, Sanford Health ~ all have reimbursed at same level as in person visits.
- Contracting
 - Added wording to contract “...and telemedicine encounters as scheduling allows..”
 - **Provider physically present:** paid an hourly rate for 8 hours (6 hours clinic time, 2 hours travel time plus mileage)
 - **Telemedicine encounters:** Providers paid per hour for each client encounter.

Lessons Learned - Practice!

- Scheduling
- Provider/Nurse connection
- Refer to the QFP checklist

Checklist Family planning and related preventive health services



for women

	Screening components	Family planning services (provide services in accordance with the appropriate clinical recommendation)					
		Contraceptive services ¹	Pregnancy testing and counseling	Basic infertility services	Preconception health services	STD services ²	Related preventive health services
History	Reproductive life plan	✓	✓	✓	✓	✓	
	Medical history	✓	✓	✓	✓	✓	✓
	Current pregnancy status	✓					
	Sexual health assessment	✓		✓	✓	✓	
	Intimate partner violence				✓		
	Alcohol & other drug use				✓		
	Tobacco use	✓ (combined hormonal methods for clients ≥35 years)			✓		
	Immunizations				✓	✓ ⁴ (HPV & HBV)	
	Depression				✓		
	Folic acid				✓		
Physical examination	Height, weight & BMI	✓ (hormonal methods) ³		✓	✓		
	Blood pressure	✓ (combined hormonal methods)			✓ ⁴		
	Clinical breast exam			✓			✓ ⁴
	Pelvic exam	✓ (initiating diaphragm or IUD)	✓ (if clinically indicated)	✓			
	Signs of androgen excess			✓			
	Thyroid exam			✓			
Laboratory testing	Pregnancy test	✓ (if clinically indicated)	✓				
	Chlamydia	✓ ⁵				✓ ⁴	
	Gonorrhea	✓ ⁵				✓ ⁴	
	Syphilis					✓ ⁴	
	HIV/AIDS					✓ ⁴	
	Hepatitis C					✓ ⁴	
	Diabetes				✓ ⁴		
	Cervical cytology						✓ ⁴
	Mammography						✓ ⁴

Implementing Telehealth

Maine Family Planning

Maine Family Planning

- Subcontract with 20 FQHCs and 5 school-based health centers and 4 Planned Parenthood clinics
- > 45 sites serving over 22,000 Mainers per year
- Reproductive health care including:
 - Pregnancy testing and options counseling, pre-pregnancy counseling, adoption referrals
 - Contraception methods
 - STI testing and treatment, HIV testing and PrEP for prevention
 - Hormonal therapy for transgender patients through our Open Door program
 - Abortion care: in-clinic in Augusta and MAB at all sites and through the mail with participation in the TelAbortion study by Gynuity Health Projects
- Education department that trains educators how to teach comprehensive sexual health education to Maine's middle and high school students
- Primary Care in Ellsworth
- WIC and Maine Families in Washington County
- Advocacy work at the state and federal level



TEL: (207) 922-3222



QUICK EXIT

BOOK AN APPOINTMENT

DONATE

BLOG

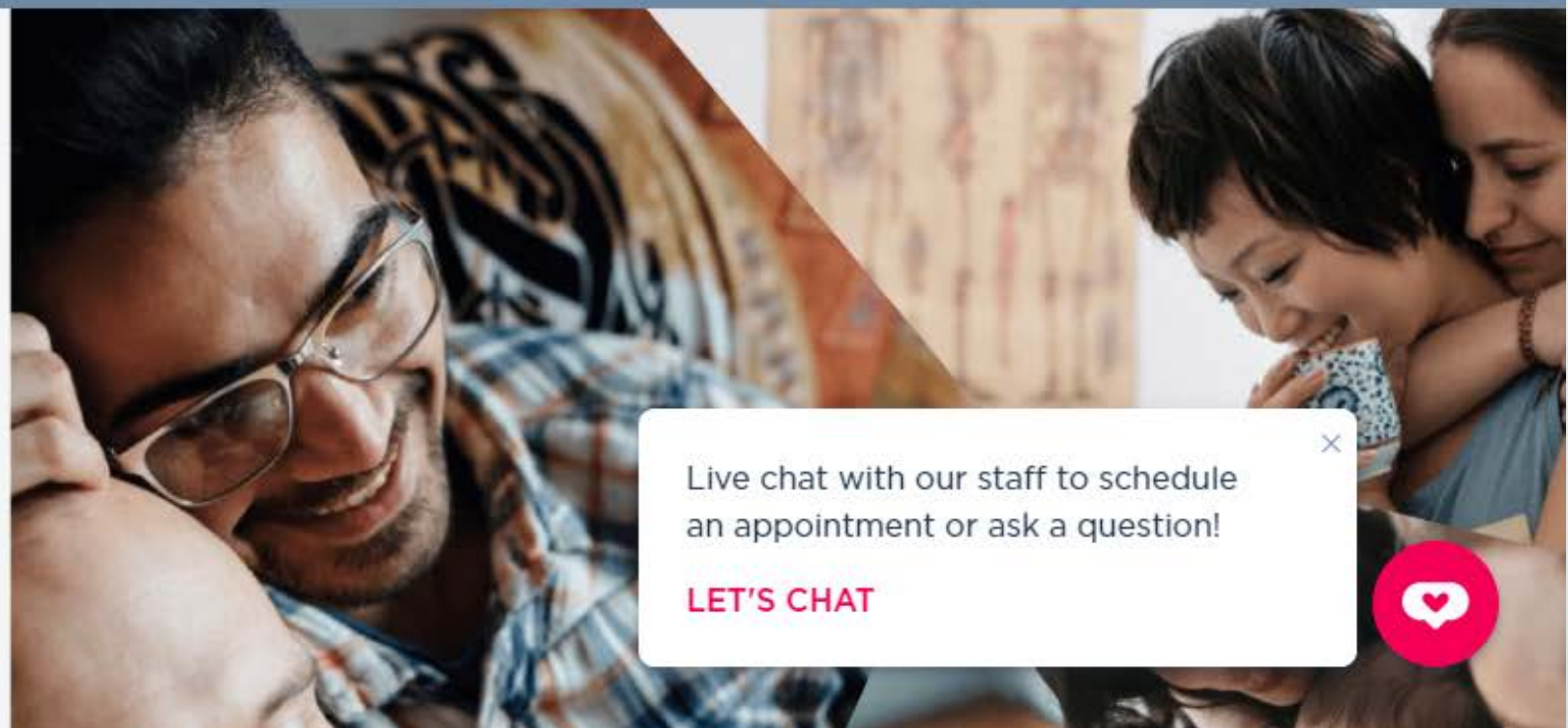
ABOUT US

FOR PATIENTS

OUR SERVICES

FOR EDUCATORS

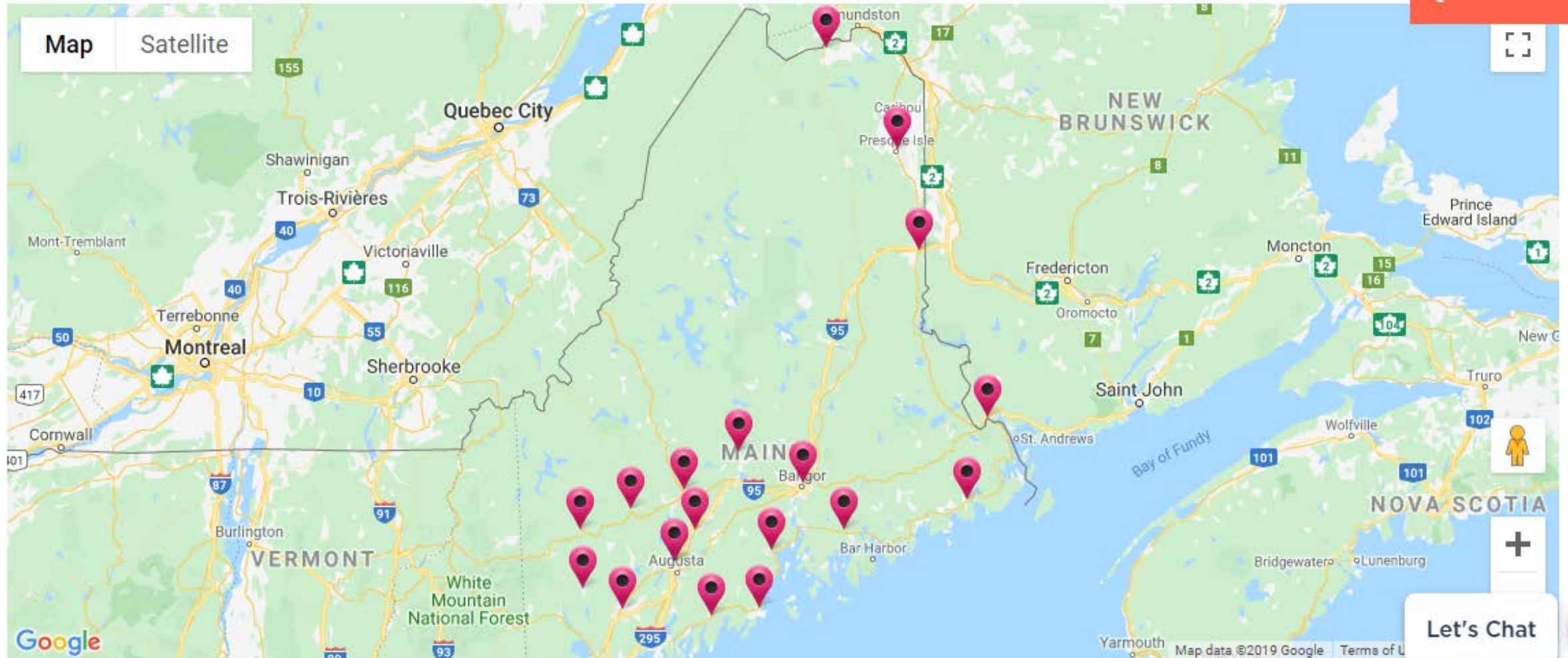
GET INVOLVED

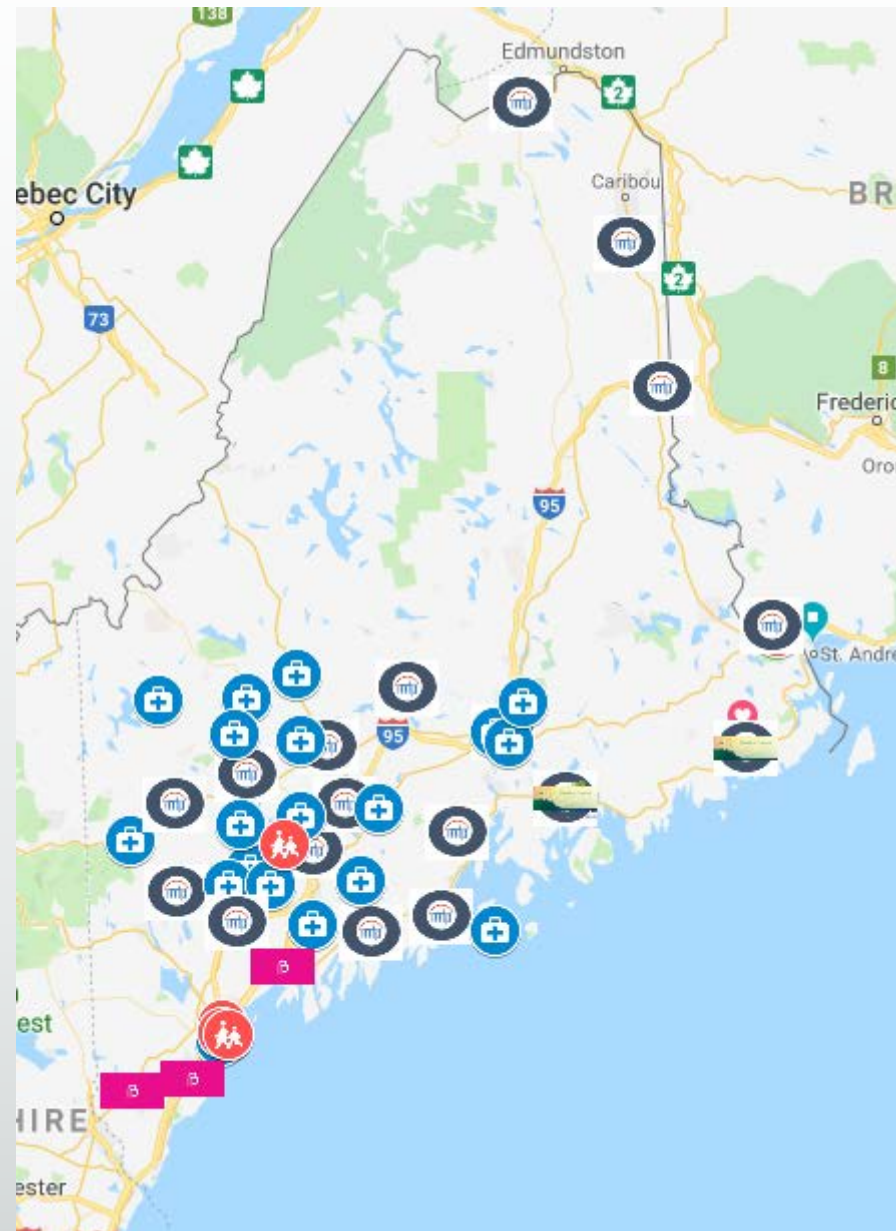


Live chat with our staff to schedule an appointment or ask a question!

LET'S CHAT



[ABOUT US](#)[FOR PATIENTS](#)[OUR SERVICES](#)[FOR EDUCATORS](#)[GET INVOLVED](#)[QUICK EXIT](#)



Telehealth Costs/Revenue

Range Per Provider

\$50/month/provider/500 minutes

\$200/month/provider/unlimited

Set-up Fee \$900-\$2500 (customization/staff training)

Average Revenue - \$76 per visit (Maine Family Planning Data)

Scenario #1

Cost

- 2 providers/month/500 minutes = \$100/month for 1000 minutes
- 20 minutes per visit ÷ 1000 minutes = 50 visits = \$3,800
- One time Set-up Fee = \$900

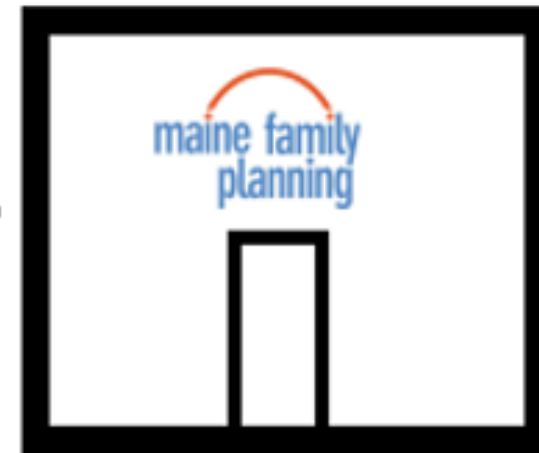
Cost

- 1 provider/month/500 minutes = \$50/month for 500 minutes
- 20 minutes per visit ÷ 500 minutes = 25 visits = \$1,900

Patient



Provider

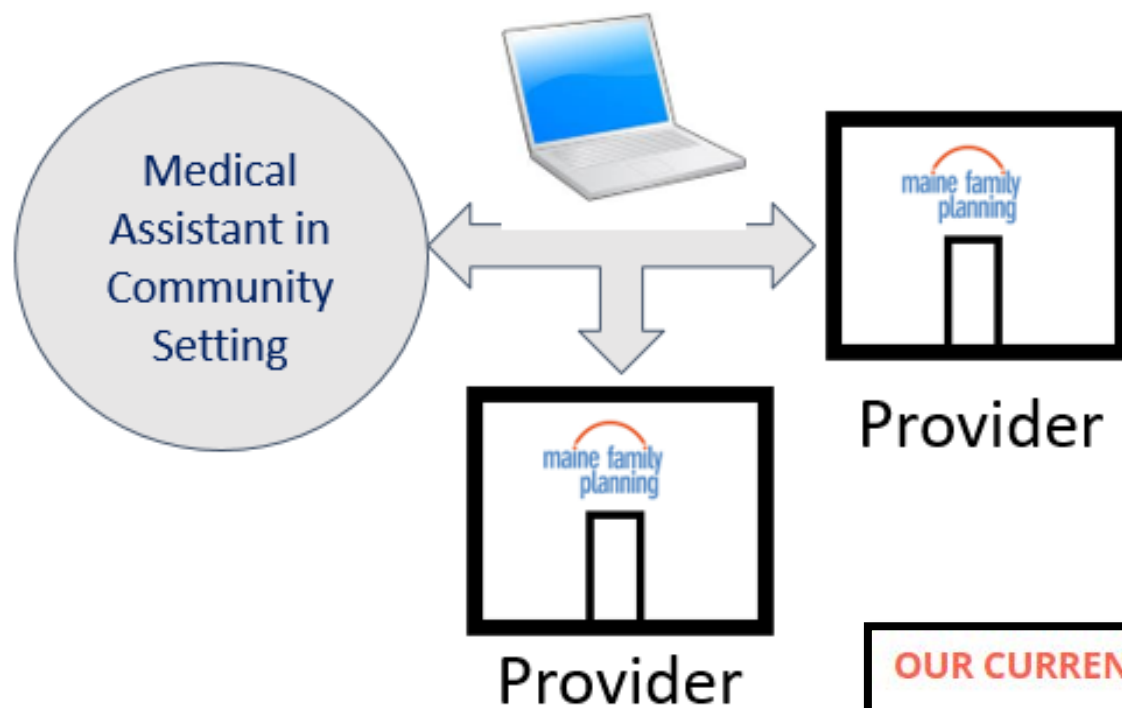


- Busy clinic, move patient to telehealth
- Provider shortage/call outs
- Provider training
- Open Door Services: Transgender health services

Scenario #2

Provider Illness:

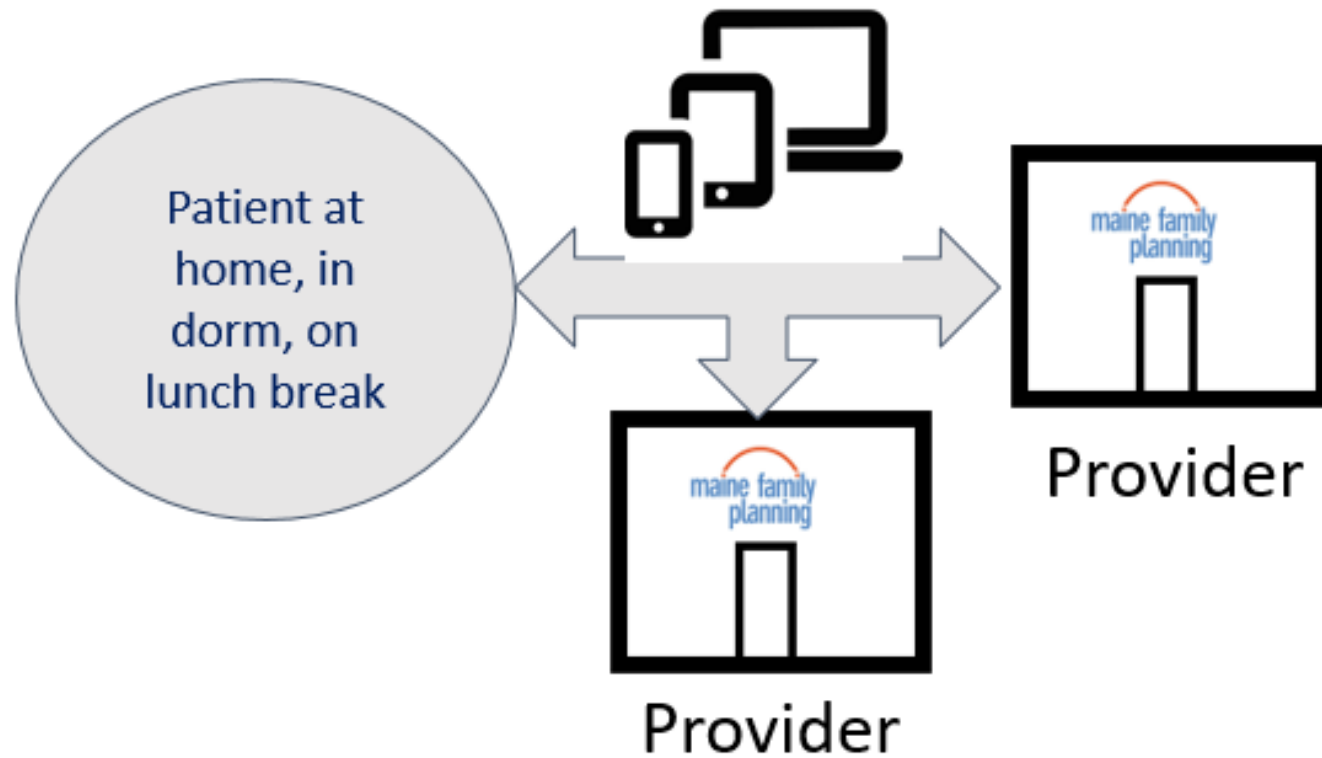
- Rather than cancelling patients, convert patient visits to telehealth
- 16 patients cancelled = \$0 revenue
- Convert 8 of those patient visits to telehealth =
- \$608-\$925 depending on payer mix



OUR CURRENT PARTNERS

INDIA STREET
PUBLIC HEALTH CENTER





- Direct-to-Patient Services: contraception, UTI, options counseling
- TelAbortion Study
 - Open Door Services: follow-up visits
 - Infertility/Pre-pregnancy care
 - Consenting for MABs, streamlined MAB provision

Telehealth: Patient Side

EVERYTHING YOU NEED
IS JUST *a click away!*

ABORTION SERVICES

REPRODUCTIVE
HEALTHCARE

ONLINE VISITS

PRIMARY CARE

LGBTQ HEALTHCARE

FAMILY SUPPORT
SERVICES

REPRODUCTIVE
EMPOWERMENT
PROJECT (REP)



ONLINE VISITS

Can't make it to a clinic? See a nurse practitioner right from your phone or computer from wherever you are! We offer direct-to-patient visits Monday to Friday from 10:00 AM-12:00 PM and from 1:30 PM-3:00 PM. We will make every effort to see you swiftly; however, depending on demand, there may be the possibility of scheduling for a later time if we are unable to accommodate an immediate request. Select the visit type below to find out more:

[CONTRACEPTION](#)[PREGNANCY OPTIONS COUNSELING](#)[EMERGENCY CONTRACEPTION/PLAN B](#)[UNCOMPLICATED URINARY TRACT INFECTION \(BLADDER INFECTION\)](#)[CONTRACEPTION COUNSELING](#)

ONLINE VISITS

[QUICK EXIT](#)

Can't make it to a clinic? See a nurse practitioner right from your phone or computer from wherever you are! We offer direct-to-patient visits Monday to Friday from **10:00 AM-12:00 PM** and from **1:30 PM-3:00 PM**. We will make every effort to see you swiftly; however, depending on demand, there may be the possibility of scheduling for a later time if we are unable to accommodate an immediate request. Select the visit type below to find out more:

CONTRACEPTION

Are you interested in starting birth control pills, the ring, the patch?

What you will need:

- A computer with a camera or a smartphone (if you are using an iOS device, please [download the app first](#))
- Your current height, weight, and blood pressure (you can take your blood pressure at many pharmacies or supermarkets, or report your blood pressure from a recent health care visit)
- Payment of \$30.00 via credit or debit card for the visit. The cost of pills/patches/rings is separate and will be dependent on your insurance and the pharmacy you use.

Ready? If it is between the hours of 10:00 AM-12:00 PM or 1:30 PM-3:00 PM Monday to Friday, login [here](#) and we will greet you shortly.

[Chat With Us](#)

This waiting room is currently closed. Please return during the hours of operation:

Monday: 10:00 AM EST - 12:30 PM EST

Monday: 01:30 PM EST - 03:00 PM EST

Tuesday: 10:00 AM EST - 12:30 PM EST

Tuesday: 01:30 PM EST - 03:00 PM EST

Wednesday: 10:00 AM EST - 12:30 PM EST

Wednesday: 01:30 PM EST - 03:00 PM EST

Thursday: 10:00 AM EST - 12:30 PM EST

Thursday: 01:30 PM EST - 03:00 PM EST

Friday: 10:00 AM EST - 12:30 PM EST

Friday: 01:30 PM EST - 03:00 PM EST

WELCOME

HELP



> CHECK-IN

LOGIN

HELP

Name or Description

Alex



> CONFIRM

Date Of Birth

Month

Day

Year



BACK

ADD
NOTE

> CONFIRM

DEMOGRAPHICS

HELP

January

July

February

August

March

September

April

October

May

November

June

December



BACK

ADD



NOTE

> CONFIRM

DEMOGRAPHICS

HELP

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BACK

ADD



NOTE

> CONFIRM

REASONS

HELP



URINARY TRACT INFECTION (BLADDER INFECTION)



PREGNANCY OPTIONS



EMERGENCY CONTRACEPTION



BIRTH CONTROL OPTIONS



BIRTH CONTROL START



OTHER



BACK

ADD



NOTE



CONFIRM

TELEHEALTH SERVICES INFORMED CONSENT

I understand that:

- Video-conferencing technology will be used for my medical visit today, and that I will not be in the same room as my health care provider.
- Telehealth services may include: prescriptions, refills, education, diagnosis, and appointment scheduling.
- I will have access to my medical records in the same manner as if I had an in-person visit.
- My use of telehealth services is voluntary, and if I prefer to schedule an in-person visit I may do so without affecting my right to future care or treatment.
- Telehealth services with Maine Family Planning are only available during normal clinic/business hours.
- Telehealth services with Maine Family Planning are not intended to treat emergency medical conditions.
- If I need emergency medical care and/or medical care outside of normal clinic/business hours, it is my responsibility to seek care at an Urgent Care Center or Emergency Department.
- I consent to telehealth services today and I am located in the state where my provider is licensed.

Confidentiality and Data Security



BACK

> SIGN

visit who is not necessary to my care.

- Maine Family Planning does not videotape or record any part of the telehealth consultation.
- All federal and state laws and regulations that protect privacy and confidentiality of medical information also apply to telehealth services.
- Electronic systems used for telehealth video-conferencing will comply with all federal and state laws and regulations that protect individual healthcare and imaging data, confidentiality of patient identification, and include appropriate safeguards.

In Case of Technology Failure

I understand that:

- During a telehealth visit we could encounter a technological failure.
- Maine Family Planning staff will inform me of the procedure to reconnect/resume services if technical difficulties arise and the video-conferencing connection is lost.
- If the session cannot be completed via online video-conferencing, Maine Family Planning staff will contact me by telephone to make an alternate plan for me to receive medical care.
- I understand that if I have Medicaid (MaineCare), I may have transportation costs covered for Medicaid (MaineCare) covered services.

***By signing this document, I hereby state that I have read, understood, and agree to the terms of this document.**

TELEHEALTH CONSENT

HELP

VISIT: 10/08/2019 10:08:00 AM



[Handwritten signature]

10/08/2019

sign here

Clear

Sign



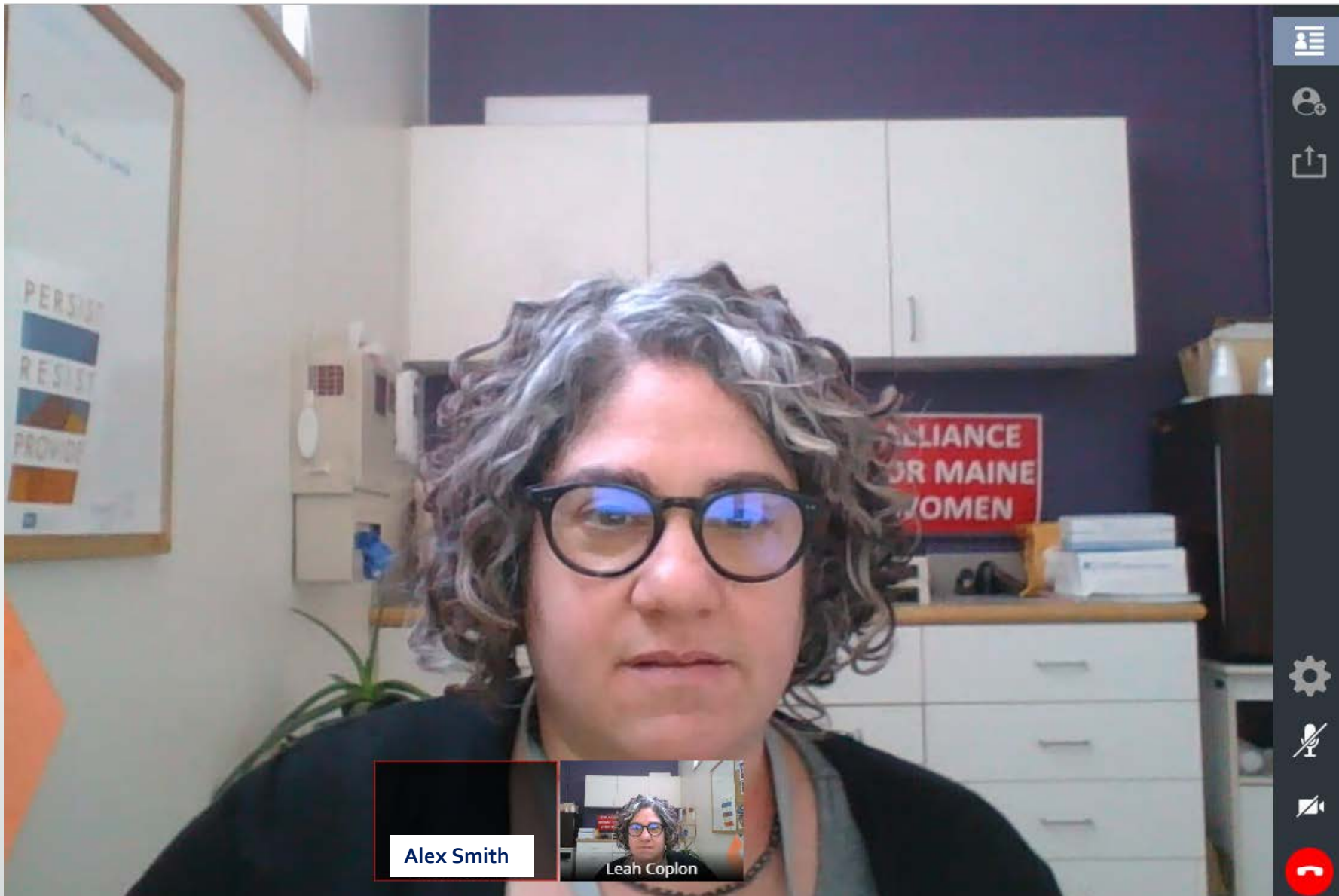
> SIGN

Waiting for your Medical Professional ...

You are currently waiting for your Medical Professional.

When you are eventually taken into a session you will likely be asked by your browser to allow access to your WebCam and Microphone. Please allow this as quickly as possible to begin your session, if you do not see this prompt or a video preview of yourself, you may need to check your browser settings or run the Diagnostics Tool.

[RUN DIAGNOSTICS](#)



Telehealth: Provider Side



Queue 0 / 1

WAITING ROOMS

Demo Waiting Room 0

Direct to Patient Visits 0

iOS app 0

MFP Clinic to Clinic 1

REP 0

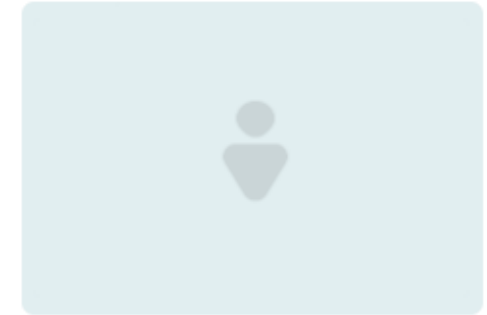
MFP Clinic to Clinic

SCHEDULE

Alex

Age: - Gender: U

0 m
WAITING



Alex



GENDER: U AGE: - DOB: - ITHID: 2439971

CONNECT

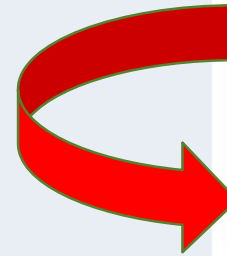
VISITS (1)

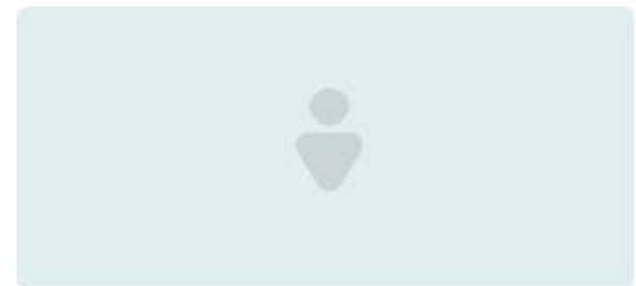
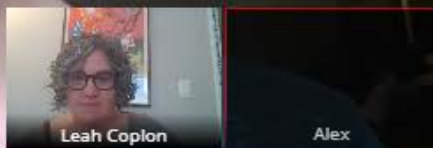
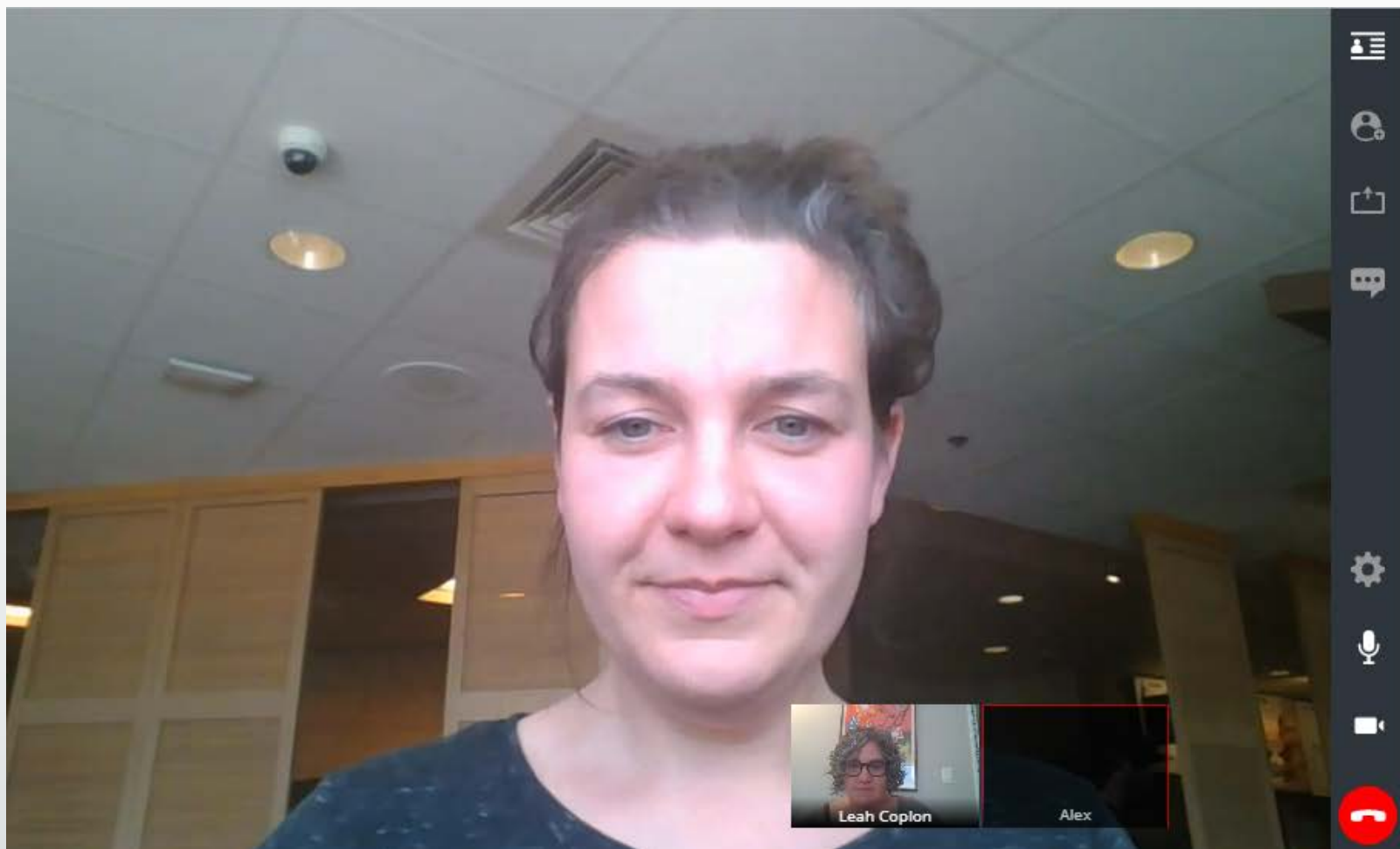


10/08/2019 09:54 AM

DOCUMENTS (1)

Telehealth Consent
10/08/2019 09:54 AM





Alex



GENDER: U AGE: - DOB: - ITHID: 973021

VISITS (1) +

05/21/2019 01:22 PM

DOCUMENTS (0) +

Alex

U

10/08/2019



TELEHEALTH SERVICES INFORMED CONSENT

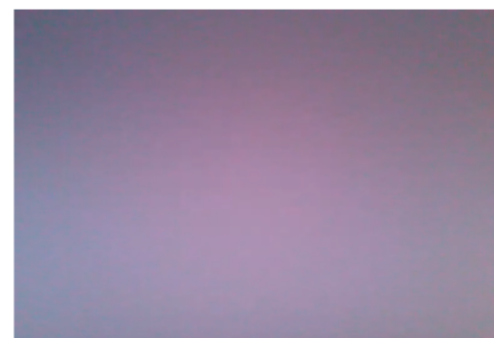
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- Telehealth services with Maine Family Planning are only available during normal clinic/business hours.
- Telehealth services with Maine Family Planning are not intended to treat emergency medical conditions.
- If I need emergency medical care and/or medical care outside of normal clinic/business hours, it is my responsibility to seek care at an Urgent Care Center or Emergency Department.
- I consent to telehealth services today and I am located in the state where my provider is licensed.

Confidentiality and Data Security

I understand that:

- I will be informed of all parties who are present at the provider side of the telehealth visit, and that I



Alex



GENDER: U AGE: - DOB: - ITHID: 2440321

VISITS (1)



10/08/2019 10:14 AM

DOCUMENTS (1)

Telehealth Consent

10/08/2019 10:14 AM

In Case of Technology Failure

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- Maine Family Planning staff will inform me of the procedure to reconnect/resume services if technical difficulties arise and the video-conferencing connection is lost.
- If the session cannot be completed via online video-conferencing, Maine Family Planning staff will contact me by telephone to make an alternate plan for me to receive medical care.
- I understand that if I have Medicaid (MaineCare), I may have transportation costs covered for Medicaid (MaineCare) covered services.

Alex

U

10/08/2019

***By signing this document, I hereby state that I have read, understood, and agree to the terms of this document.**

10/08/2019

Alex

sign here



Alex



GENDER: U AGE: - DOB: - ITHID: 2440321

VISITS (1)



10/08/2019 10:14 AM

DOCUMENTS (1)

Telehealth Consent
10/08/2019 10:14 AM

PATIENT SURVEY



YES TO CONTINUE WITH THE SURVEY



YES



NO

> CONFIRM

"It would be about an hour and a half drive to get there, so when you think about the gas and the time to get to the location and then the amount of time you have to go there - especially in the middle of the week - it just makes things more difficult. So, really, having the ability to do it right here in town..."

"I really think that telehealth for rural areas is so so needed and could really help a lot of people. I have two kids and a job and a life so it was really helpful. And financially it saved on gas."

"...it would have been hard psychologically to wait another week to get in. Once you add on childcare, healthcare, the start of the school week...let's just say it would have changed my life drastically."

"I really don't think it would have felt any different had I not gone through telehealth, had it been in person with the doctor. It would have felt about the same...I felt everything was very secure and professional."

"I would almost say it was more private. I don't feel any concern with the technology world being exposing (or the potential). It was like the person was right in front of me in that moment, just the two of us interacting."

I'm pretty used to just talking to people through a screen so it felt quite normal. I'm a teenager - that's all we do is talk through screens!

"Thank you for going through and accommodating me to make that work in my life."



A Conversation about Getting Started with Telehealth

National
Family Planning
& Reproductive Health Association



PLANNING PROCESS



HELPFUL RESOURCES

National
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NATIONAL CONSORTIUM OF

TELEHEALTH
RESOURCE CENTERS

[Home](#)

[Telehealth Resources](#)

[Find a TRC](#)

[Request Assistance](#)



OUR PURPOSE

Connecting specialty health care to the community

Telehealth continues to connect rural communities with specialty providers. The Telehealth Resource Centers forefront the advancement of telehealth. We serve to expedite programs and guide them through telehealth.

[Get Connected >>](#)



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15 Key Steps for Creating a Business Proposal to Implement Telemedicine



1. EXECUTIVE SUMMARY

Concise overview (1-2 paragraphs max) of key elements:

- a. Usually written after all the other steps completed
 - i. Why is telemedicine needed at this time & for this institution?
 - ii. Who is initial target stakeholders (provider & patient groups)?
 - iii. What is the main goal that will be achieved (outcomes)?
 - iv. What will it cost & what will expected ROI be?

2. INTRODUCTION & BACKGROUND

- a. Why does your institution need telemedicine now?
Discuss gaps in patient care that can be addressed with telemedicine.

5. SERVICE PLAN ASSESSMENT

- a. Delivery mode(s) – store-forward, real-time, remote monitoring, ECHO, hybrid
- b. Reimbursement – who are your payors & do/will they reimburse for telemedicine? Will you choose a direct-to-consumer model where patient pays directly?
- c. Technology platform – depending on your delivery model(s) what technology will be required? What are you willing to invest? Who will maintain? Will you invest in a commercial platform or build in-house? Consider both sides of the connection – provider & patient/other client.
- d. Champions – not just providers, but patients, C-suite, IT, finance, administrative, legal etc.

6. MARKETING

[Telehealth Resource Centers](#) ([gpTRAC Toolkit](#))

[National Consortium of Telehealth Resource Centers](#)

[Center for Connected Health Policy](#)

[National Telehealth Technology Assessment Resource Center](#)

[American Telemedicine Association](#)

[Office for Advancement of Telehealth](#)

[Medicare standard overview](#)

State Medicaid Policy

Provider membership association resources

Local telehealth groups



CHALLENGES

Direct to Patient Services: Cheat Sheet
Hours: Monday-Friday 10:00 AM – 12:00 PM and 1:30 PM-3:00 PM

Patient:

- ☐ Accesses InTouch through the link on the website and after signing *Request for Medical Services Family Planning* and the *Telemedicine Consent* enters the virtual waiting room.

Telehealth MA:

- ☐ Sees a patient in the Direct to Patient waiting room and connects with the patient to review costs/contraindications to DTP to assure patient is an eligible candidate.
- ☐ If patient is not eligible, there will be no charge and Telehealth MA can help to schedule the patient in an MFP clinic if desired
- ☐ If patient is eligible register the patient in Athena and messages an NP/clinic where there is availability for a DTP
- ☐ Under First name used (in the Identification section) enter "DTP"
- ☐ Collect \$30.00
- ☐ Create an appointment in clinic schedule
- ☐ Place patient on hold in waiting room

SAC:

- ☐ Print out Telehealth Billing Slip and give to NP

NP:

- ☐ When patient is in schedule log into InTouch with Provider Side Link:

A person in a white shirt is writing on a document with a red pen. The document contains a flowchart or diagram. In the background, there is a laptop and a tablet. The scene is set on a wooden desk.

VENDORS & PLATFORMS

Vendors / Platforms Used

- North Dakota: Pexip / Renovo
- Maine: InTouch

Evaluating Vendor Options

- Telehealth Resource Centers
 - Conferences
 - Consult with your local TRC
- Research options that may be available through your state (depending on agency type)
- Talk to other similar providers – get recommendations

Factors to Consider

- HIPAA Compliance
- Cost
- Features – prioritize what you really need! (Avoid bells & whistles you do not)
 - Customization options (if needed)
- Frequency and volume of use
- Payment structure and options
- Current use AND future potential



STAKEHOLDER ENGAGEMENT



POLICIES & PROCEDURES

SCOPE OF SERVICES

North Dakota Scope of Telehealth Services

- **What we do via telehealth**

- New patients wanting to start depo, pill, ring
- Annual exams – if no pap needed or patient does not want a physical exam

- **What we don't do via telehealth**

- Anything symptomatic
- Services within scope of practice for RN to handle independently – related to STDs or counseling

Maine Family Planning Visit Types:

- **Clinic to clinic: MA/RN availability**
 - Testing
 - Lab work
 - Visits that don't require physical exam
- **Direct-to-Patient:**
 - Counseling
 - Consenting
 - Follow-up/results
 - Prescription checks/refills



STAFFING

Staffing: North Dakota

IN-PERSON CLINIC

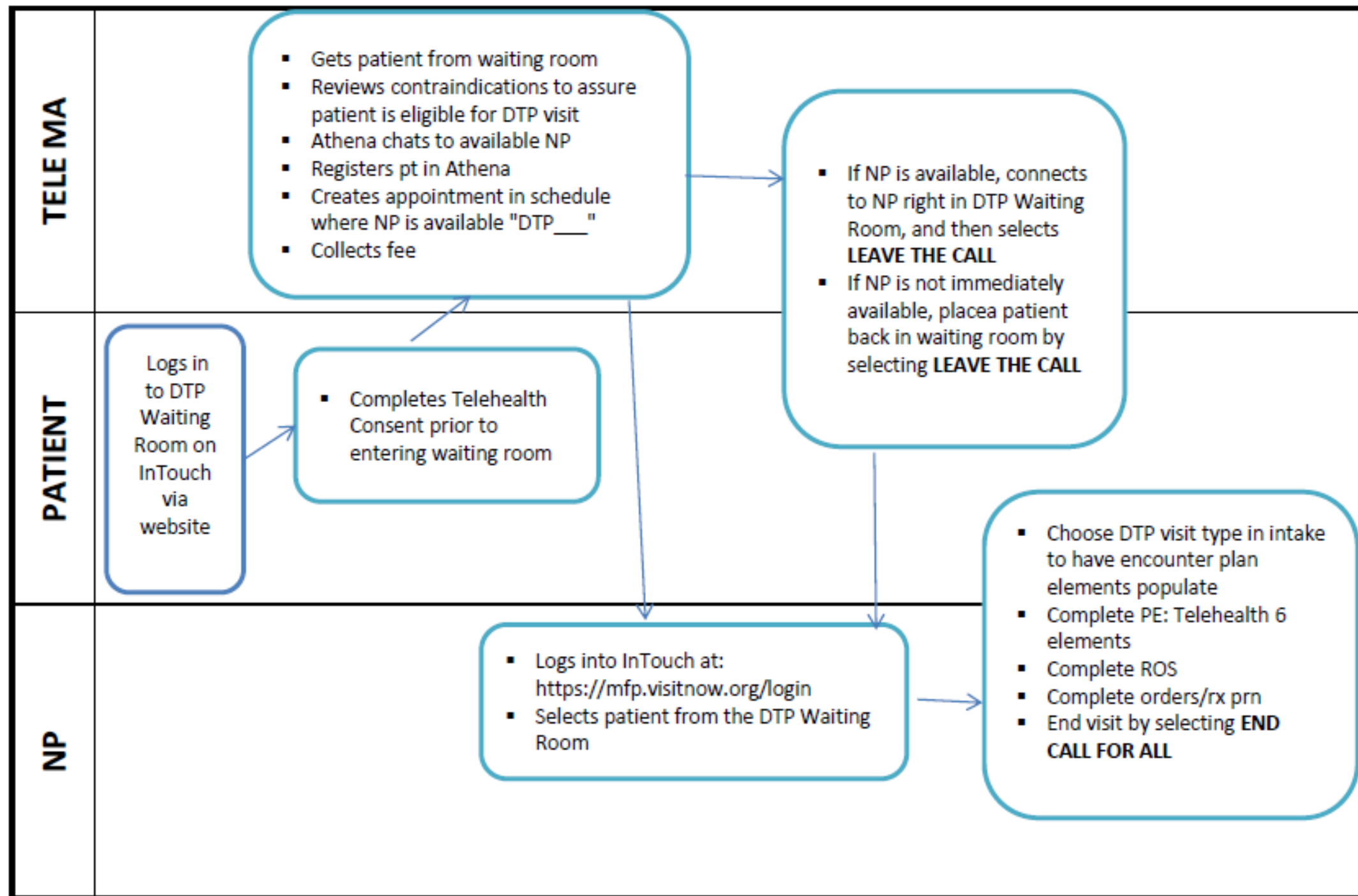
- RN
- Provider
- Financial intake staff person

TELEHEALTH CLINIC

- RN (physically in clinic)
- Provider (remote)



WORK FLOW



North Dakota Telehealth Workflow

**PATIENT
PREP**



Counseling Room/Office

RN

**TELEHEALTH
HANDOFF**



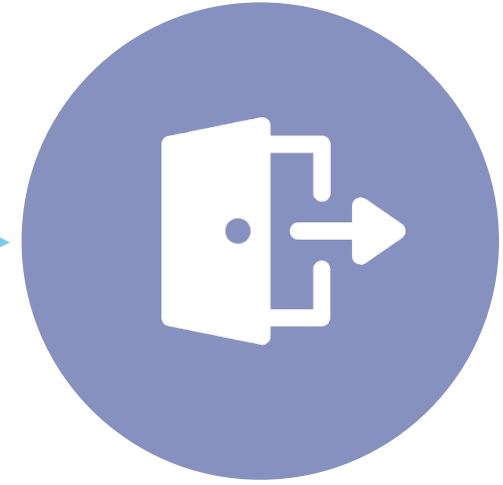
**PROVIDER
CONSULT**



Exam Room

Provider

**ORDERS &
CHECK OUT**



RN

BILLING & CODING

Billing & Coding

- [Medicare Telehealth Payment Eligibility Analyzer](#)
- Update charge slip or super bill with modifiers, as needed

A photograph of three healthcare professionals, two men and one woman, seen from behind as they embrace in a brightly lit hallway. They are wearing medical scrubs. The image is overlaid with a semi-transparent blue filter. The text 'Hindsight is 20/20' is centered in white.

Hindsight is 20/20

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WE KNOW YOU'RE **BUSY**.
LET US HELP MAKE LIFE
A LITTLE EASIER WITH
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SERVICES available through **VIRTUAL VISITS:**

- » birth control (prescriptions)
- » uncomplicated UTI treatment
- » emergency contraception
- » pregnancy options counseling
- » contraceptive counseling
- ...and more!



ALL YOU NEED
is a smartphone or
computer with a camera

\$30 visit fee required at time of service.
MaineCare is accepted. Fee does not
cover additional services or prescriptions.

visit **www.MaineFamilyPlanning.org**
or call **(207) 922-3222** for more info

Marketing

- Campaign for patients
- Social marketing
- Call center/staff training to promote
- Community partners

Lessons Learned

- Adjust your workflow
- Build a business plan with sustainability in mind
 - Include marketing
 - Add or adjust staffing
- Training & Practice are key to staff comfort
 - Meet a range of learners' needs
 - Start delivering services right away when training is fresh

THANK YOU



cwise@nfprha.org



816-896-2950

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