HEPATITIS C PROVIDER SERIES

Telehealth Medicine in the COVID-19 Response: Rapid Implementation

Su Wang, MD, MPH

Medical Director
Center for Asian Health
Viral Hepatitis Program
Saint Barnabas Medical Center

President, World Hepatitis Alliance
**Housekeeping Notes**

**Question Box**
- Type questions here

**Mute Button**
- Please be sure to mute yourself during the presentation
Housekeeping Notes

**Hand Raise Button**
Click to raise and unraise hand

**Unmute Button**
Click the microphone to unmute yourself and ask a question
• Gilead Sciences as PI for FOCUS screening grant
Learning Objectives

By the end of this presentation, participants should be able to:

1. Discuss how telehealth can offer solutions to some of the challenges in safe delivery of healthcare services during the COVID-19 pandemic.

2. Describe the experience of implementation of telehealth at Barnabas Health Medical Group and discuss crucial steps in execution.

3. Describe how viral hepatitis services have been impacted during COVID-19 and what services can be offered through telehealth.

4. Discuss the expansion of insurance coverage for telehealth services during COVID-19 pandemic.
COVID-19 Timelines

- March 1: 1st COVID-19 case in NY
- March 4: 1st COVID-19 case in NJ
- May 12: NY 27,000 deaths, NJ 9,300 deaths

Why Telehealth During COVID-19?

1. Comply with social distancing efforts
   – Reduce exposure of patients and staff to COVID-19

2. Reduce use of PPE (masks, gowns, etc.)
   – Recommendation is to mask all staff and patients
   – Conserve for higher acuity settings (inpatient, ED)

3. Continue patient care without delay; ensure safe access to provider
   – Stay on top of chronic conditions that need monitoring
   – Address acute conditions before they become more severe

4. Assess potential COVID-19 patients remotely w/o exposing staff

5. Manage COVID-19 patients who are at home
Telehealth Implementation at Barnabas Health Medical Group (BHMG)

- **March 9-13:** Beginnings of physicians & staff discussing telehealth options for patients, especially those at high risk, learning from provider discussion groups (FB, twitter)
- **March 14 weekend:** Informal testing (using family/staff); pitched to admin Sunday evening
- **Mon March 16:** Developed draft workflow for practices to convert existing visits to telehealth
- **Wed March 18:** Developed slides for telehealth ppt and doxy.me walkthrough
- **Fri March 20:**
  - First webinar for providers (150 attended)
  - Continue training roll out for next 2 weeks
    - Webinars at 12 and 5 pm offered twice a week
    - 1:1 guidance offered with superusers
    - Separate guides made for providers and staff
- **80% of our practices started telehealth by week 2, 100% by week 3, 50% of sites become completely virtual**
- **Communicate any telehealth workflow changes via Daily Covid Updates**
The Trump Administration issued an unprecedented array of temporary regulatory waivers and new rules to equip the American healthcare system with maximum flexibility to respond to the 2019 Novel Coronavirus (COVID-19) pandemic. This unprecedented temporary relaxation in regulation will help the healthcare system deal with any patient surges by giving it tools and support to create non-traditional care sites and staff them quickly.

**Telehealth**
People with Medicare can now get telehealth services from their home, increasing their access to care.

**Care by Phone**
Patients can consult with a doctor, nurse practitioner, psychologist, and others and Medicare will cover it.

**Rapidly Expand Health Care Workforce**
A physician who has to self-quarantine can be recruited to provide care virtually, or oversee care delivered by other clinicians through interactive video/audio conferencing. And Medicare will pay for providers who are licensed in one state to provide care in a different state if they are needed. Health systems can provide care options that use population management strategies like triaging based on COVID status as well as clinical status, employing doctors, nurses and other staff to better manage high patient volumes. Clinicians who are not fully employed during the emergency can be repurposed to provide care in other areas.

**Making the Most Use of Community Health Care Resources**
Hospitals can transfer patients to different types of units and facilities to keep patients safe and free up beds.

**COVID-only Care Centers**
During the Public Health Emergency, hospitals and dialysis centers can set up COVID-only centers to help reduce transmission to others.

**Expanding Hospital Capacity**
Community resources like hotels, convention centers and surgery centers can be converted for hospital care.

**Patients Over Paperwork**
Administrative burdens have been reduced dramatically and permit frontline providers to triage patients and coordinate care despite high volume and extraordinary system stresses. By extending quality reporting deadlines and suspending medical necessity documentation, we are giving time back to doctors so they can focus on their patients. For example, provider documentation requirements for prior authorization are temporarily suspended. Additionally, we’ve made regulatory changes to provide temporary relief from many audit and quality reporting requirements so that providers, healthcare facilities, Medicare Advantage health plans, Part D prescription drug plans, and states can focus on providing needed care to Medicare and Medicaid beneficiaries affected by COVID-19.

**Testing Patients Where They Are**
If a person has a physician order for a lab test for COVID-19, they can go to a drive-up testing center. Or, a laboratory may be able to send someone to their home to collect a test sample.
COVID-19 & CMS Telehealth Timeline
HHS Telehealth Website: https://telehealth.hhs.gov/

- **March 4**: CMS calls on health care providers to activate infection control practices
- **March 6**: CMS issues FAQ including info on Telehealth
- **March 9**: CMS factsheet with additional guidance on Telehealth
- **March 17**: Expansion of Telehealth with 1135 Waiver
  - Visits will be paid like in-person visits from March 6 to end of COVID-19 emergency
  - Waiving requirement for HIPAA compliant platform (can use Facetime, Skype, etc)
  - Expansion of locations, new and established patients covered, can waive cost sharing
- **March 30**: More sweeping changes
  - Phone only telehealth visits can be covered
  - Addition of 80 additional services covered by telemedicine – ED, inpatient, home visit, therapy, remote monitoring
  - Staff and trainees can be supervised over audio or video technology
  - Providers can practice across state lines, can render services from home
  - Temporary relief from audit and quality reporting requirements
Barnabas Health Medical Group Virtual Visit Workflow
Virtual Patient Visits

• **Telehealth is current default for providing care.**
  Types of virtual visits
  – **Telephone call** (telephone visits reimburseable as visits)
  – **Video conferencing** (e.g. Skype, FaceTime, Whatsapp, Doximity video or other video conferencing applications)
  – **Telehealth delivery platforms** (e.g. doxy.me, American Well, Vidyo, Zoom for Health etc.)

• **Can be used for:**
  – New and Existing Patients
  – Chronic disease management, especially for elderly and those with high risk conditions (COPD, diabetes, CHF)
  – Annual wellness visits
  – COVID-19 evaluation and home management

• **Regional locations set up to accommodate in-person visits**
• **Lab and radiology sites with consolidated hours**
Provider Equipment & Access Needs

• Equipment: Device with Audio and Camera
  – Cell Phone
  – Computer or Laptop with webcam (built-in or external)
  – Tablet (iPad)

• RWJBH network access to Doxy.me being rolled out by site
  – May need to use personal devices & data until network is open
Scheduling & Check In Workflow

Scheduler (PSR):
• Call patient before appointment to convert to telehealth
• For new patients, follow regular registration process but over email or fax
• Confirm email & phone number
• Explain benefits & limitations:
  – Benefits - no potential exposure to COVID-19; not delaying medical care
  – Limitations - physical exam limited
• Book appointment type as Telehealth visits to help with billing review
  – Telehealth is phone or video
  – Put in comments whether pts wants video or phone only

Check in:
• PSR can check in all telehealth visits at beginning of day so provider can open notes, does not have to be right before visit
• Undo later if no-show
• Use **standard visit template** (SOAP note): chief complaint, hx of present illness, review of systems, assessment/plan, etc

• For **physical exam** (video), document what is observable. Request visualization as needed, BP, HR, weight if indicated & pt has machine (CMS has waived PE requirements)

• Add standard phrase to note:
  “This visit was conducted utilizing an interactive audio and visual telecommunication system which allowed real time face-to-face communication. Patient was made aware of risks and benefits of telehealth and agreed to telehealth services.”

• **Code regular E&M CPT Codes** based on complexity and other requirements
  - Add appropriate modifier code: 95 for Medicare, some commercial may use GQ or GT, work with billing (at BHMG, providers use a pseudo modifier to alert billing team to modify)
Walk-Through of doxy.me

**January 2020 (pre-Covid19):**
- Minutes logged: **5.9 million**
- Calls logged: **236 thousand**

**April 2020**
- Minutes logged: **315.4 million**
- Calls logged: **18.9 million**
Website (not an app)  
Video access to patient from link  
Can use computer, phone or tablet  
  - Apple products - Safari browser  
  - Compatible w/ Chrome on others  
Free version meets most needs  
Upgrade to paid version, if needed:  
  - Multiparty calls with other staff, trainees, or patient family members  
  - Staff access to waiting rooms  
  - Ability to text appointment invitation to patients from doxy.me  
  - Discount code (50% off) for clinic version for nonprofits ($25/month per user)
doxy.me: Provider View: Dashboard
doxy.me:
Provider View: Inviting a Patient to Virtual Appointments

- The **waiting room link** can be shared to patients after appts are confirmed via phone.
- The link will take patients directly to the **virtual waiting room** at the time of appt.
- For free version, can send via email linked to your computer.
- For paid version, doxy.me can send out email or text from doxy.me.

Welcome, Dr. Shihabuddin!

To invite someone to your waiting room, share this link:

https://doxy.me/linashihabuddin
Dear Su Wang,
This is Dr. Shihabuddin's office.
Please connect to your virtual visit March 18 at 9:00 am through a secure video call.
Use a computer or device with a good internet connection and webcam.
Please first test your audio and webcam with this website.
https://tokbox.com/developer/tools/precall/results

About 10-15 minutes before your appointment, please click on this link to connect and you will enter the "waiting room." It will ask you for your name
https://doxy.me/drshihabuddin

Wait in the waiting room until the doctor starts the call. There will be a way to "chat" with your provider too if there are any issues with audio or video. If you are unable to connect for whatever reason, your doctor will call your phone number.

If you run into issues connecting, resync or restart your computer or phone. Try not to have many programs open on your computer. Further help can be found at http://help.doxy.me

This is what you will see when you click on the link. Please enter your name.
doxy.me: Patient View: Virtual Waiting Room

Su Wang will see if the provider is logged in.
doxy.me:
Provider View: Starting the Visit

- Hover over patient’s name to start your call
- Click here for more patient info
- State licensing restrictions lifted during emergency
- Chat option: (e.g. to let the patient know you will be with them shortly)
doxy.me:
Provider View: The Visit
doxy.me: Provider View: Notification of Patient Arrival

From your browser tabs, you will see a red circle popup.

Note: With the free version, can set up desktop alert which makes a check-in sound.
Virtual Video Telehealth Etiquette

**Telehealth Etiquette**
- Professional personal appearance
- Position device for direct eye contact with patient

**Setting**
- Respect patient privacy (close doors)
- Remove background sound (away from busy corridors, parking lots, restrooms)
- Uncluttered background
- Good lighting
Walk-Through of Doximity

Pre-Covid 1 million calls a month
Now 1 million calls a day
Telehealth Platform: Doximity

- Doximity is a physician networking platform (web and app)
- Has built-in dialer (on phone app only)
- Download on Apple App Store or Google Play & Register Profile
Register Provider Profile
Identity Verification Steps

Select your profile
- Narrow by State

Options:
- Su Han Wang, MD
  Medicine/Pediatrics
  Florham Park, New Jersey
  12 invites pending
- Su Wang, MD
  Pathology
  Portland, Oregon
  11 invites pending
- Su Wang
  Physical Therapist
  Costa Mesa, California
- Su-lai Wang
  Adult Care Nurse Practitioner
  Nutley, New Jersey

Verify you are a healthcare professional
Enter your date of birth and home ZIP to verify you are a healthcare professional

Date of birth:
[ ] MM [ ] DD [ ] YYYY

Home ZIP:

Submit

Professional verification for Su Wang, MD
Please answer the following questions to confirm your identity.

Which Medical School did you attend?
- Atlanta Medical College
- Other
- University of Southern California
- West China University of Medical Sciences

In which city is COLUMBIA TPKE?
- ORIENT
- WITTMANN
- FLORHAM PARK
- None of the above

During 1986, in which State did you live?
- FLORIDA
Doximity: Placing a Video Call

Dialer app function

- **Unique feature:** shows your office number not your own phone (no need to block caller ID)

- Has added a **video call** function - was recently released from beta but not available to all yet.

- Button will be grey if not activated, can request and will take a few days to get access (and then will turn green)

- Enter patients number and choose video call
Placing a Video Call: Provider Side

• After you dial patients number, Doximity sends a text invitation to patient
• Patient clicks on consent to receive text and then receives a link for the video call
• When patient connects to call, you receive the following text message & click link to enter call

Click link to enter call
Video Call Invitation: What the Patient Sees

Patient receives text about a secure message

Dr. Douglas Ashinsky sent you a secure message:
https://text.doximity.com/1MnBryM
This is a no-reply text.

Patient consents to receive message

Consent to receive text messages
By continuing, you consent to receiving text messages from your healthcare provider related to your medical care with the understanding that these messages may be viewed by other parties with access to your phone. You may opt out of receiving these text messages at any time by replying "STOP".

Consent to receive messages
After consent, patient receives text message

Pt clicks on link to enter call

Video screen pops up, click on blue button “Join Video Call”

Enters call and waits for provider to arrive
Video Call Invitation: What the Patient Sees

In call

End of call

Dr. Douglas Ashinsky
Video call ended

Rejoin

How was the call quality?

⭐⭐⭐⭐⭐
Hepatitis Care During COVID-19
Dear Colleague,

Recently, the Centers for Disease Control and Prevention (CDC) posted What to Know About Liver Disease and COVID-19. The new resource addresses concerns related to COVID-19 and viral hepatitis, highlighting how B and/or hepatitis C infection can do to protect themselves and maintain their health. It also protecting people at risk for hepatitis A virus infection from the ongoing multistate hepatitis A outbreak.

SARS-CoV-2, the cause of COVID-19, is a respiratory virus that can spread from person to person. The most common symptoms of COVID-19 include fever, respiratory symptoms, or other symptoms. While most people have mild or no symptoms, others can experience severe illness from COVID-19. People at higher risk include older adults and people with underlying medical conditions, including people with liver disease.

People with liver disease can take action to prevent getting infected with or spreading the virus. People taking medicine to treat hepatitis B or hepatitis C should continue treatment, including consistently and following the advice of their healthcare providers. People who develop COVID-19 should talk to their healthcare provider about how to get evaluated.

Coronavirus disease 2019 (COVID-19) is the illness caused by the SARS-CoV-2 virus. Older adults and people of any age who have serious underlying medical conditions are at a higher risk of getting very sick from COVID-19. People with chronic liver disease, including hepatitis B and hepatitis C, may have concerns and questions related to their risk.

- Does COVID-19 damage the liver?
- Are people with hepatitis B virus or hepatitis C at higher risk for COVID-19 than other people?
- Are people with cancer, like hepatocellular carcinoma (HCC), at increased risk for severe COVID-19?
- Are people who live in areas that have experienced an outbreak of hepatitis A in the past year still at risk for hepatitis A during the COVID-19 pandemic?
- What can people with hepatitis B or hepatitis C do to protect themselves from COVID-19?
- What can people with substance use disorder and liver disease do to protect themselves from COVID-19?
- What should I do if I think I might have COVID-19 or been exposed to a person with COVID-19?
- What else can people with chronic liver disease do to protect themselves from COVID-19?
Clinical Resources for Hepatitis Care: EASL

Position Paper on COVID-19 and the Liver Updated 4.2.2020


Fig. 1. Flow chart for the prioritisation of patient care in patients with chronic liver disease. The individual management of these patients strongly depends on the local COVID-19 burden and officially implemented rules and regulations. In some countries and areas, maintenance of standard care might not be able and transplantation activities might be reduced. COVID-19, coronavirus disease 2019; HCC, hepatocellular carcinoma; NAFLD, non-alcoholic fatty liver disease; NASH, non-alcoholic steatohepatitis; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2.
Clinical Resources for Hepatitis Care: AASLD

Clinical Insight Document
Updated 5.4.20


**Recommendations**

- Severely limit outpatient visits to only patients who must be seen in person, even in areas without significant COVID-19 community spread. (See CDC Interim Guidance for Healthcare Facilities.)
  - Consider seeing in person only new adult and pediatric patients with urgent issues and clinically significant liver disease (e.g., jaundice, elevated ALT or AST >500 U/L, recent onset of hepatic decompensation).
  - Follow CDC recommendations for PPE. If PPE is unavailable keep a distance of at least 6 feet from the patient.

- Continue monitoring in those on or off therapy for HCC and continue surveillance in those at risk for HCC (cirrhosis, chronic hepatitis B) as close to schedule as circumstances allow, although an arbitrary delay of 2 months is reasonable.
  - Discuss the risks and benefits of delaying surveillance with the patient and document the discussion.
  - These patients should be prioritized for imaging studies as outpatient facilities start to re-open.
  - Stagger patient arrival times, and if possible, room patients immediately on arrival to clinic to avoid patients congregating in the waiting area. If patients or caregivers are in the waiting area, appropriate distancing and decontamination of the waiting area should be practiced.
  - Limit the number of family members/friends who accompany patients to their visits. Have these persons wait outside the clinic unless their presence is required for clinical decision making. Enable critical caregivers to participate in the visit by phone or video if possible.
  - Strongly consider phone visits or telemedicine as appropriate and available to replace in-person visits.
BHMG Hepatitis Services During COVID-19

• Automated HBV/HCV testing ongoing at Saint Barnabas Medical Center ED & inpatient; decrease in overall volume of non-COVID-19 patients (estimated decrease of ED volume ~50%)
  – If diagnosed with Covid, recommendation is not to initiate treatment
  – So far, even non-Covid pts newly diagnosed preferring to wait for evaluation

• Established patients:
  – See virtually on regular schedule; few patients wanting to do BW
  – Ambulatory pharmacist can provide 1:1 consultation via telehealth
  – If on medications; switch to home delivery or drive through ideally
  – Bloodwork & radiology – delay if not urgent; but can be done
COVID-19 and Hepatitis Patients

- Thus far, evidence does not indicate viral hepatitis alone makes one more at risk of getting Covid or having more severe disease
  - However, other comorbidities can obesity, fatty liver, diabetes, heart disease, hypertension
  - Important to continue management of other diseases
- COVID-19 can lead to liver enzyme elevation (14-53%) but does not seem to be a flare of hepatitis condition
- Treatments such as remdesivir and immunomodulators (tocilizumab, sarilumab, siltuximab) can lead to ALT elevation
Insurance Coverage of Telehealth Services During COVID-19
FOR IMMEDIATE RELEASE
April 27, 2020

HHS Launches COVID-19 Uninsured Program Portal

Today, the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), launched a new COVID-19 Uninsured Program Portal, allowing health care providers who have conducted COVID-19 testing or provided treatment for uninsured COVID-19 individuals on or after February 4, 2020 to submit claims for reimbursement. Providers can access the portal at COVIDUninsuredClaim.HRSA.gov.

The Trump Administration is committed to ensuring that individuals are protected against financial obstacles that might prevent them from getting the testing and treatment they need for COVID-19. As part of the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, health care providers can request claims reimbursement electronically through the COVID-19 Uninsured Program Portal and receive reimbursement, generally at Medicare rates for testing uninsured individuals for COVID-19 and treating uninsured individuals with a COVID-19 diagnosis.

"President Trump has promised to cover COVID-19 testing and treatment for uninsured individuals, and today, HHS is launching the tools needed to do that," said HHS Secretary Alex Azar. "Congress appropriated funding for COVID-19 testing for the uninsured and also appropriated funding for a general fund to support providers affected by COVID-19. The President and HHS made the bold decision to ensure that some of this money is specifically devoted to covering care for the uninsured, going to providers at the front lines of the pandemic response. Providers will be able to bill the government for this care at Medicare rates, and uninsured individuals will be protected from any balance-billing for COVID-19 testing and treatment."
Coverage of Telehealth Services: UnitedHealthcare

- **3/31/20–6/18/20: Expanded Provider Telehealth Access**
  - Waiving cost sharing for in-network telehealth visits and CMS originating site restriction and A/V requirement for:
    - Medicare Advantage
    - Medicaid
    - Individual and Group Market health plans
  - Eligible care providers can bill for telehealth services using interactive audio-video or audio-only (with some exceptions)
- **From 2/4/20: COVID-19 testing-related telehealth visits**
  - Waiving member cost sharing for in-network and out-of-network visits (A/V and audio-only)

Coverage of Telehealth Services:
Empire Blue Cross Blue Shield

- **90 days from 3/17/20: Telemedicine (video + audio)**
  - Waiving member cost sharing for telemedicine visits, including covered visits for mental health/SUD:
    - Medicare
    - Medicaid
    - Employer and individual health plans

- **90 days from 3/19/20: Telehealth (Telephonic/FaceTime care)**
  - Waiving member cost sharing for telehealth visits (phone, Facetime/Skype) with in-network providers, including covered visits for mental health/SUD and medical services
  - Out-of-network telehealth visits covered if member plan has out-of-network benefits but may be subject to cost sharing

Learn more at: [https://www.empireblue.com/coronavirus/](https://www.empireblue.com/coronavirus/)
Coverage of Telehealth Services:
Aetna

- **4/27/20–6/4/20:**
  - Waiving member cost sharing for telemedicine visits regardless of diagnosis
  - Cost sharing waived for virtual visits for Aetna plans offering Teladoc coverage
  - Zero co-pay telemedicine visits available for individual and group Medicare Advantage members

Learn more at: https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq/telemedicine.html
Summary

• Telehealth services can be rapidly implemented and will continue to be needed as part of Covid19 response
• Telemedicine software (e.g. doxy.me, doximity) easily available and free; can use non-HIPAA platforms during state of emergency
• Providers can continue to see existing viral hepatitis patients via telehealth
  – Switch medications from pharmacy pick up to home delivery
  – Monitor symptoms and check in w patients re: compliance with meds and develop plans for bloodwork and radiology
• Telehealth services covered by insurance companies and many will have no out-of-pocket costs through May 2020 or end of emergency (check exact plan for details)
For CMEs or educational opportunities, contact:

Meg Chappell, MPH
Program Manager
Empire Liver Foundation
megchappell@empireliverfoundation.org
www.empireliverfoundation.org

For questions about resources, contact:

Nirah Johnson, LCSW
Director, Capacity Building
Viral Hepatitis Program
New York City Health Department
njohnso2@health.nyc.gov
www.hepfree.nyc