TELEHEALTH WEBINAR 4: MEDICAL









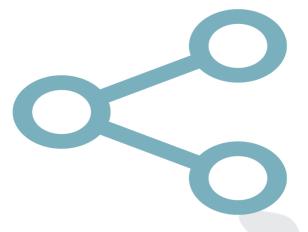


For audio, dial (415) 655-0003

Access code 666 223 237



The webinar is being recorded



Supporting materials will be shared









Putting Health Care in Schools

The California School-Based Health
Alliance is the statewide
non-profit organization dedicated to
improving the health & academic
success of children & youth by
advancing health services in
schools.

Learn more:

schoolhealthcenters.org





Become a member, get exclusive benefits

- Conference registration discount
- Tools & resources
- Technical assistance

Sign up today: bit.ly/CSHAmembership





THANK YOU MOLINA HEALTHCARE FOR SUPPORTING THIS SERIES

New Telehealth Webinar Series:

Telehealth Webinar 5: Youth Engagement

Wednesday, June 3rd, 1:00 PM – 2:00 PM

Telehealth Webinar 6: Consent & Confidentiality and Mandated Reporting

Thursday, June 11th, 10:00 AM – 11:00 AM









Telehealth Policy to Support All Students

Mayra E Alvarez MHA
California School-Based Health Alliance Webinar #4
May 27, 2020

The Children's

Partnership

Telehealth During COVID-19: What We've Shared:

- Key Medi-Cal Policy Changes
 - Telehealth can be provided to both new and established patients
 - The patient and the provider can be located at their homes, at the clinic sites, or at community sites
 - Visits are paid at parity with in-person visits, including telephone
 - Guidance issues on acceptable platforms including Zoom, Skype, and Google Hangouts

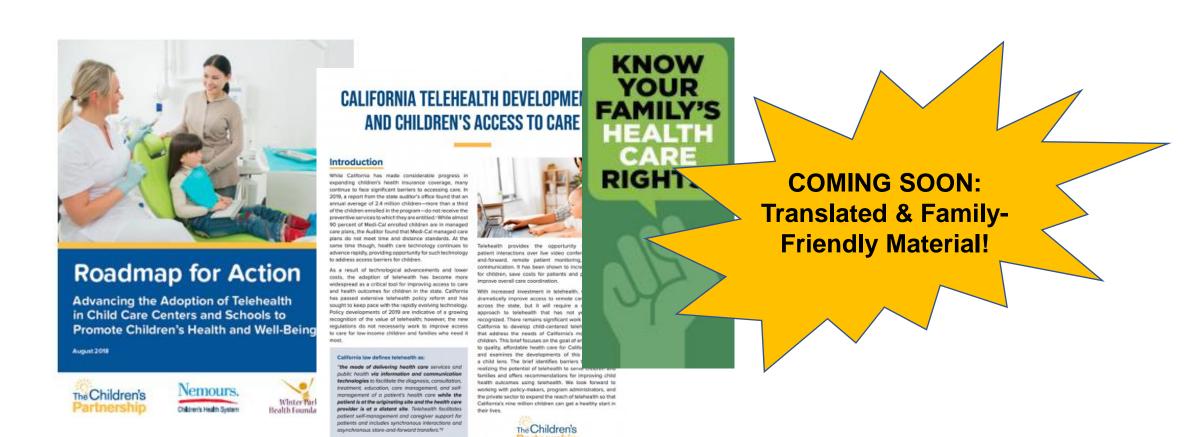
The Children's

Where Do We Go From Here?

- Access to telehealth services remains unequal across the state
 - In a recent poll conducted by Ed Trust West, The Children's Partnership & partners, 94% of parents would like to access their child's doctor using telehealth, but only 18% are currently able to do so
- Expanding and Sustaining Access to Telehealth:
 - Ensure that telehealth guidance and flexibilities remain in place
 - Provide schools additional resources for student mental health supports

 The Children's
 - Invest in strategies that close the digital divide

Resources and Contact Information



Website: www.childrenspartnership.org Email: malvarez@childrenspartnership.org



Introduction

Mario Bialostozky, M.D.

- Practicing general pediatrician Urgent Care in San Diego
- Former primary care pediatrician
- Physician Informaticist at Rady Children's Hospital San Diego
- Director of Quality and Informatics for Urgent Care at Rady Children's Hospital San Diego
- Assistant Clinical Professor of Pediatrics at the University of California, San Diego



Agenda

- What is Telehealth
- What can you do via Telehealth + limitations
- What do you need to get started
- Modifying workflows
- Well-child care / Immunizations
- Confidentiality / HIPAA
- Dealing with urgent and emergent situations
- Q&A



 Defined by CMS as "a two-way, realtime interactive communication between a patient and a physician or practitioner at a distant site through telecommunications equipment that includes, at a minimum, audio and visual equipment."1

 A way of delivering medical care when the parties involved are not in the same location.



What can you do via Telehealth?



ROUTINE OFFICE VISIT FOR A NEW OR ESTABLISHED PATIENT



SICK VISITS / SAME DAY VISITS FOR NEW PROBLEM



BEHAVIORAL EVALUATIONS



MEDICATION MANAGEMENT



THERAPY (SPEECH, PHYSICAL, PSYCHIATRIC)



EVALUATE FOR NEED FOR A REFERRAL



CONSULT SPECIALIST

Limitations of Telehealth

Unable to perform point of care (POC) tests virtually such as a urinalysis, rapid strep, rapid flu

Unless you have special hardware/devices you would not be able to listen to heart and lungs or look inside ears



Getting started

Provider

- Remote access to your EHR (unless you will be at the physical site)
- Videoconferencing platform
- ?EHR integration
- Advertising
- Re-connecting with your patients

Patients

- Ensure that your families have access to technology
- Wi-Fi is recommended but not required
- Good cell reception
- Mobile phones work great

Available Platforms

- Zoom for healthcare
- Cisco Webex
- Google G Suite Hangouts
- Skype for Business
- Doxy.me
- Doximity (not in HHS site)

- Relaxation of existing rules and regulations
- Try to ensure you are complying with regulations
- Enter into a Business
 Associate Agreement (BAA)

Workflows

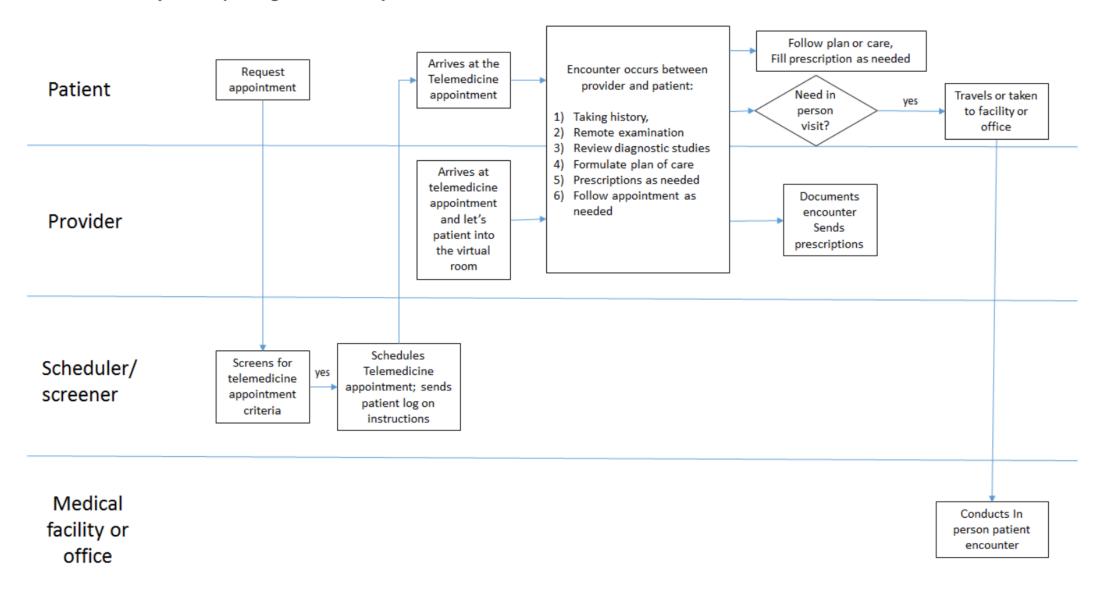
May need to adjust your existing workflows

- MA/LVN/RN can still perform "rooming" tasks
- How will screenings be performed
- How will patients get scheduled

Design specific telemedicine workflows

- Obtain consent to treat
- How will patient/family obtain vital signs
- How will you handle patients that after the visit need to be seen in person

• Provider - patient (during office hours)



Scheduling Workflows



Who will determine whether the patient can be seen via telemedicine



Will you develop a list of acceptable chief complaints/reasons for visit



Dedicated screener



Separate sick vs. not sick (both time and space)

Physical Examination

General:	Well developed, well nourished, well-groomed, male child
Skin:	No rashes, lesions, ulcers or macules
Eyes:	Sclera clear, lids normal, EOMI, no discharge
Ears:	Ears normal position and shape, no drainage
Nose:	Normal shape without lesions or scars, no drainage
Mouth:	Moist, lips normal, teeth intact, gums normal, no erythema, no petechia, no exudates
Neck:	Symmetrical, no visible masses, trachea midline, full range of motion
Respiratory:	Normal respiratory effort without use of accessory muscles
Abdomen:	No apparent tenderness with parent palpation, no distension
MSK:	Normal stance and gait, no cyanosis
Neuro:	Awake, alert, moves all extremities, no apparent neurological deficits



Well-Child Care

- Children less than 2 years of age should be seen in person
- Whenever possible well-child visits should still be done in person
- Visits "may be initiated through telehealth, recognizing that some elements of the well exam should be completed inperson"¹

Immunizations

- Vaccination rates have dropped during the pandemic
- Make sure to contact families with missing immunizations
- Consider drive-by immunization offerings
- Critical part of well-child care
- Could be done in conjunction with a virtual visit



Confidentiality / HIPAA / Teens

- Encourage them to use headphones
- Ensure you have parental consent when required
- Warn families in advance that you may need some private time with the teen
- Ensure you continue to practice according to HIPAA



Emergent and Urgent situations

Use your clinical judgement

If you don't feel comfortable treating via telemedicine have them come in

If in acute distress have family call 911

Psychiatric emergencies are also emergencies

Additional Resources

- https://www.aap.org/enus/Documents/coding_factsheet _telemedicine.pdf (Coding and billing)
- https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth_Other_Virtual_Telephonic_Communications_V3.0.pdf (Medi-Cal)
- https://www.dhcs.ca.gov/Document s/COVID-19/EPSDT-Well-Child-Visits.pdf (DHCS, well-child guidelines)
- https://services.aap.org/en/pages/2 019-novel-coronavirus-covid-19infections/ (AAP complete list)
- https://www.aap.org/enus/professional-resources/practicetransformation/managingpatients/telehealthcare/Pages/default.aspx

Questions?



Thank You!



Contact Information

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STAY CONNECTED



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