

# TELEHEALTH: CARE DELIVERY IN THE NEW NORMAL

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# DISCLOSURES

- 
- No Financial Disclosures
  - No Conflicts Of Interest

# INTRODUCTION



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- Clinical Practice in Pediatric Urgent Care
- Former Primary Care Pediatrician

# AGENDA

● Telehealth Basics

● Possibilities & Limitations

● Getting Started – From 0 to 60

● Workflows and Practice Adjustments

● Well-Child Care / Immunizations

● Confidentiality / HIPAA

● Urgent and Emergent Situations

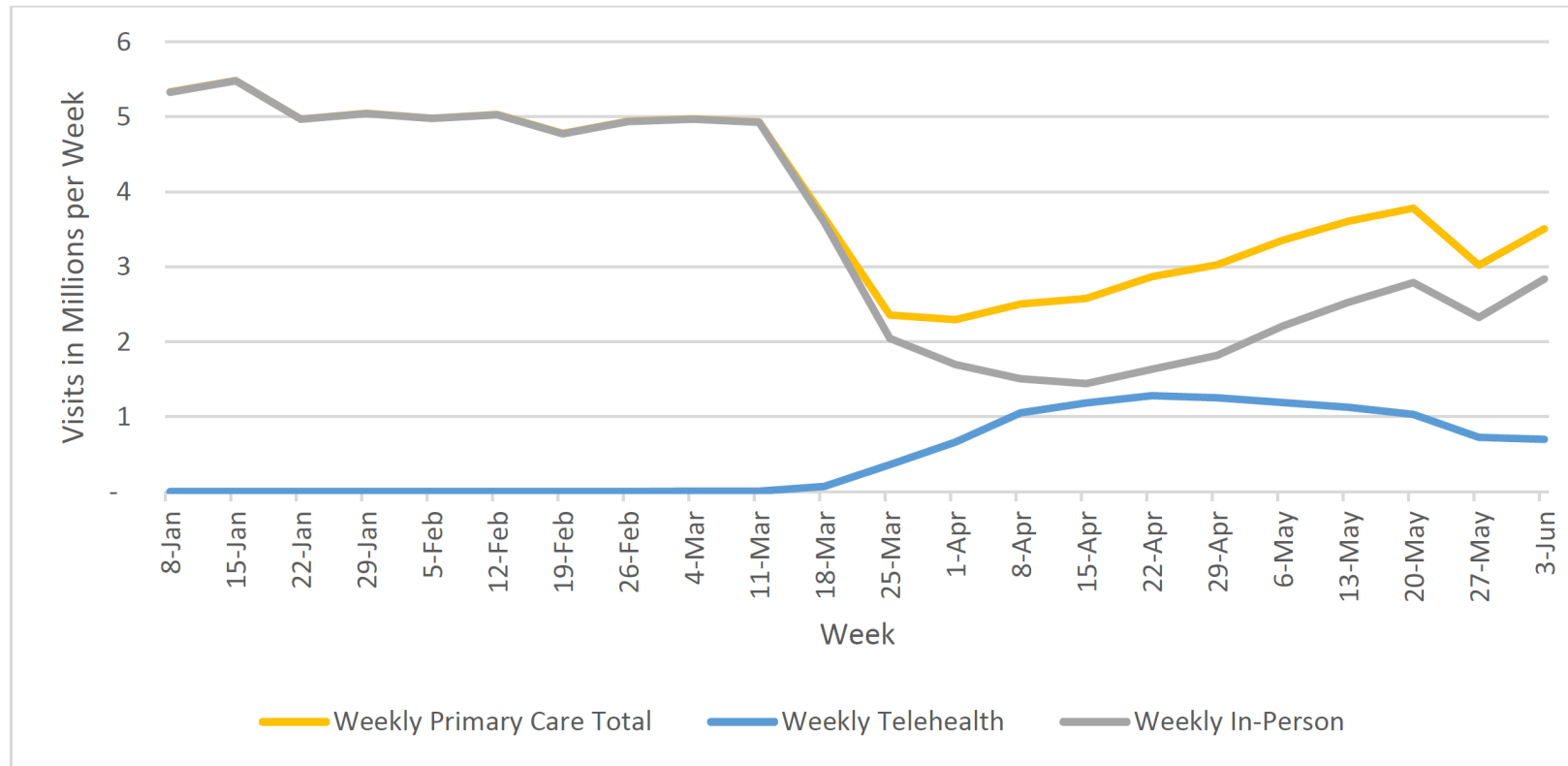
# TELEHEALTH AND TELEMEDICINE

- Telemedicine is defined by CMS as “a two-way, real- time 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.”<sup>1</sup>
- A way of delivering medical care when the parties involved are not in the same location
- Telehealth is a broader term that encompasses the use of technology for remote care delivery but also encompasses the administration of care, remote health education, as well as public health interventions<sup>2</sup>

1. Services, Centers for Medicare & Medicaid. 'Telemedicine'. <https://www.medicare.gov/medicaid/benefits/telemedicine/index.html>.

2. Robert E. Hoyt, W.R.H., *Health Informatics Practical Guide*. Seventh Edition ed.

Figure 1. Primary Care Visits for FFS Medicare Beneficiaries (visits in millions per week)



Source: Medicare claims data up to June 3rd, available as of June 16.

## COVID IMPACT ON TELEHEALTH

Source: Bosworth A, Ruhter J, Samson LW, Sheingold S, Taplin C, Tarazi W, and Zuckerman R, Medicare Beneficiary Use of Telehealth Visits: Early Data from the Start of COVID-19 Pandemic. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July 28, 2020.

# WHAT CAN YOU DO VIA TELEHEALTH?



ROUTINE OFFICE  
VISIT FOR A NEW  
OR ESTABLISHED  
PATIENT



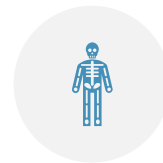
SICK VISITS / SAME  
DAY VISITS FOR  
NEW PROBLEM



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

May have a limited physical exam unless patient has special hardware



Dependent on quality of patient's devices and internet access





# LIMITATIONS OF TELEHEALTH



Provider must be  
licensed in the state  
the patient is in

Could lead to more  
visits or additional  
tasks for patients



# GETTING STARTED

## Provider

- Remote access to your EHR (unless you will be at the physical site)
- **Videoconferencing platform**
- Consider EHR integration (not necessary)
- Re-connecting with your patients
- Advertising your services
- Many guides/resources available online for free
- Review your malpractice coverage



# GETTING STARTED

## Patients



- Ensure that your families have access to technology
- Wi-Fi is recommended but not required
- Good cell reception
- Mobile phones tend to work great
- Photos are valuable when video quality is not optimal
- Need ample time to troubleshoot, especially on first visit

# AVAILABLE PLATFORMS

- Zoom
- Cisco Webex
- Google G Suite Hangouts
- Skype for Business / Microsoft Teams
- Doxy.me
- Updox
- VSee
- Amazon Chime
- GoToMeeting
- Spruce Health Care Messenger
- Doximity\*
- Vidyo\*
- Relaxation of existing rules and regulations
- Try to ensure you are complying with regulations
- Enter into a Business Associate Agreement (BAA)

\*not in HHS site

# WORKFLOWS

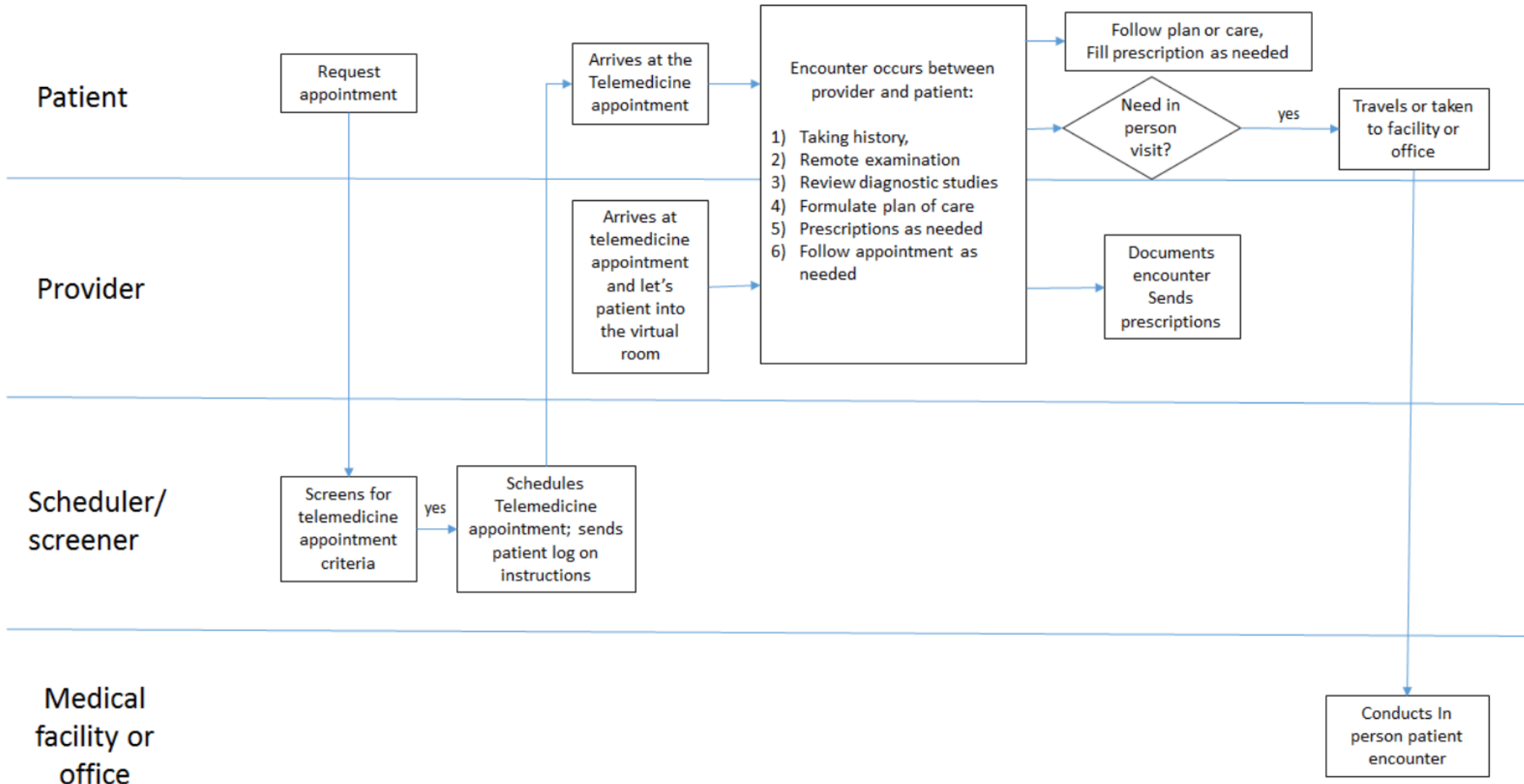
## Adjust Existing Workflows

- MA/LVN/RN can still perform “rooming” tasks
- How will screenings be performed?
- How will patients get scheduled?
- Does it need to be in person?

## Design New Workflows

- Obtain consent to treat
- How will patient/family obtain vital signs?
- How will you handle patients whom you might need to see in person after telemed visit?
- Failure of equipment

• **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 or same as scheduler?



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

# 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 in-person”<sup>1</sup>





# IMMUNIZATIONS

A photograph of a young child, likely a toddler, sitting in a white t-shirt. A person's hands are visible, one holding the child's arm and the other holding a syringe, suggesting a vaccination procedure. The background is a bright, clinical setting.

**Fewer childhood vaccines have been given during the COVID-19 pandemic\***

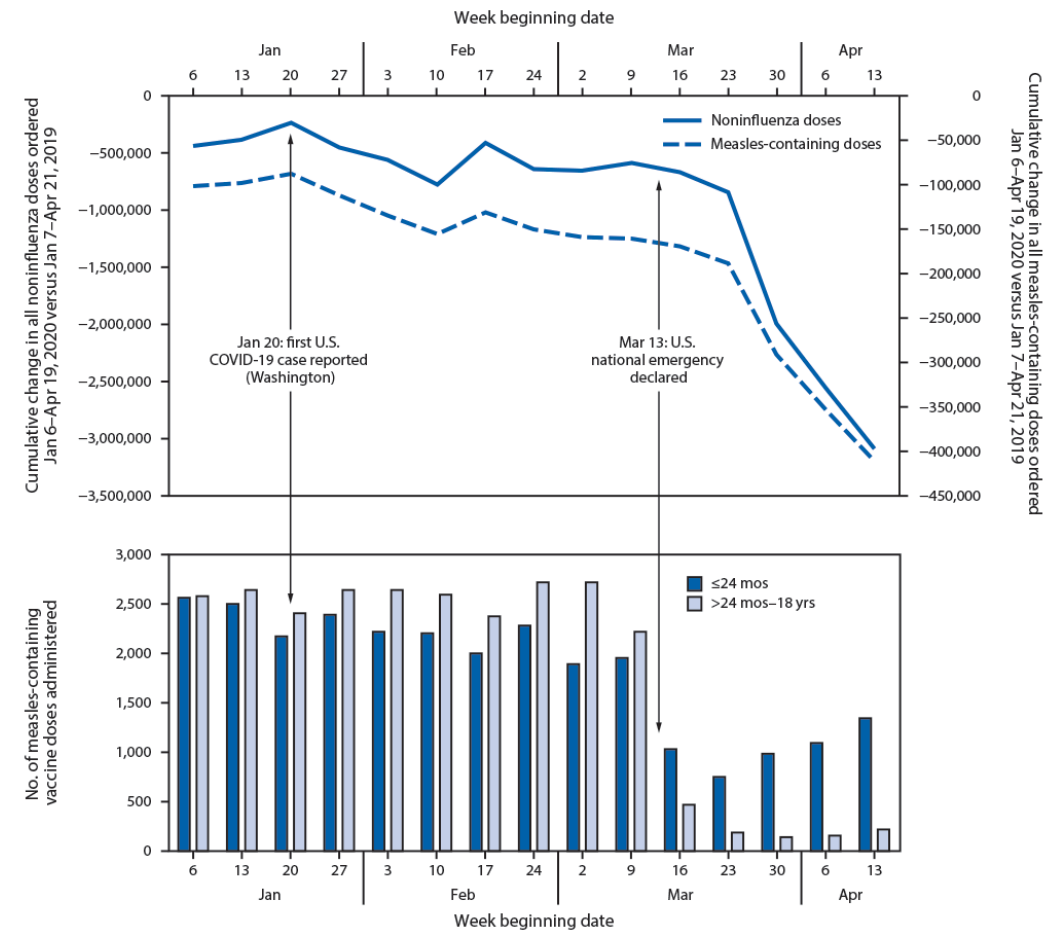
To avoid outbreaks of vaccine-preventable diseases and keep children protected, **vaccinations and well-child visits are essential**

\*Compared with January-April, 2019

CDC.GOV [bit.ly/MMWR5820](https://bit.ly/MMWR5820) MMWR

# 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



# PHYSICAL EXAMINATION

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

# CONFIDENTIALITY / HIPAA / TEENS



- Can 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



## ADDITIONAL RESOURCES

- [https://www.aap.org/en-us/Documents/coding\\_factsheet\\_telemedicine.pdf](https://www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf) (Coding and billing)
- [https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth\\_Other\\_Virtual\\_Telephonic\\_Communications\\_V3.0.pdf](https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth_Other_Virtual_Telephonic_Communications_V3.0.pdf) (Medi-Cal)
- <https://telehealth.hhs.gov/providers/>
- <https://www.dhcs.ca.gov/Documents/COVID-19/EPSTD-Well-Child-Visits.pdf> (DHCS, well-child guidelines)
- <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/> (AAP complete list)
- <https://www.aap.org/en-us/professional-resources/practice-transformation/managing-patients/telehealth-care/Pages/default.aspx>



QUESTIONS?



THANK YOU!





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