

# Telemedicine Use and Considerations

## The Seattle Cancer Care Alliance Experience

ACE Meeting

January 21, 2020

Jennie R. Crews, MD MMM FACP  
Medical Director, Seattle Cancer Care Alliance  
Community and Network Sites



### Objectives

- Define telehealth and benefits of this care delivery modality
- Identify the regulatory, operational and financial challenges of incorporating telehealth
- Share Seattle Cancer Care Alliance's experience of using telehealth
  - Examples of projects launched
  - Lessons learned

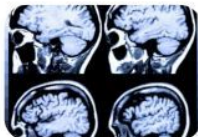
2

### Telehealth

"The use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status". – American Telehealth Association



Teleconferencing



Asynchronous store and forward



Remote patient monitoring

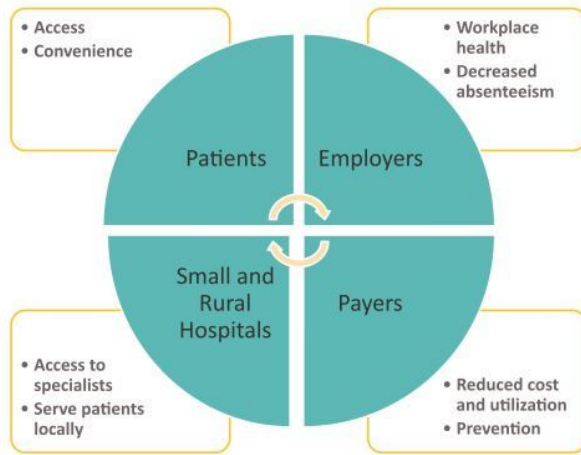


Real time virtual visits

3

# Telemedicine - Use & Considerations

## Benefits of Telehealth



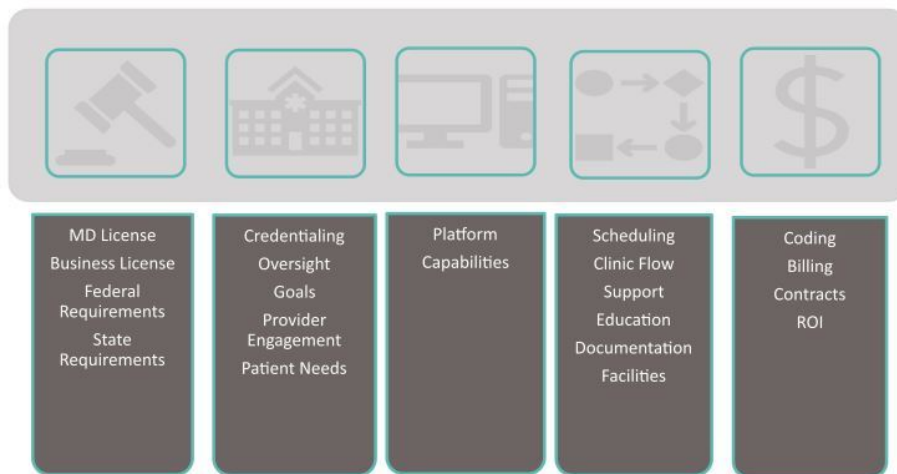
## Why Consider Telehealth?

- Competitive Service Offering
  - In 2016 Kaiser Permanente conducted >50% of patient encounters virtually<sup>1</sup>
- Meet patient demand
  - 76% prioritize access over human interaction
- Employers and payers want partnerships in innovative care
- Patient Satisfaction
  - Minute Clinic had 94-97% “very satisfied” and 1/3 preferred telehealth to in person visit<sup>2</sup>

<sup>1</sup> Source: Advisory Board

<sup>2</sup>Polinski, Jennifer et.al. “Patients’ Satisfaction with and Preference for Telehealth Visits” J Gen Intern Med 2016; 31: 269-275

5



6

## Medicare Telehealth Rules and Regulations

- Originating Site\*: Hospital, Provider Clinic, Skilled Nursing Facility, Federally Qualified Health Center, Rural Health Clinic, Dialysis centers in Critical Access Hospital or hospital
- Billing: see CMS Medicare Learning Network for CPT codes allowed
  - Telehealth place of service (POS) code 02 required
  - No longer need GT modifier (except CAH Method II)
  - GQ modifier required for Alaska and Hawaii

\*Exceptions in Medicare Chronic Care Management Program  
#Federal Telehealth Demonstration projects

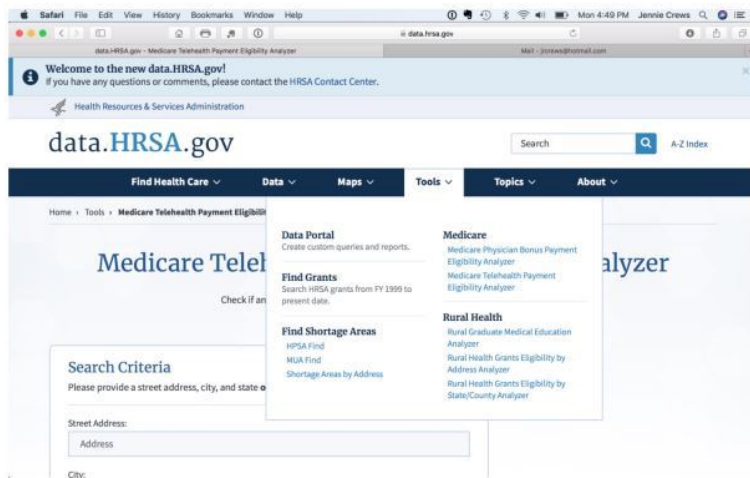
7

## Medicare Telehealth Rules and Regulations

- Practitioners: MD, APP, Nurse Midwives, CNS, Dietician, Clinical SW and Psychologists
- Modality\*: real-time virtual visits
- Geography\*#:
  - Health Professional Shortage Area located in a rural census tract
  - County outside of an MSA
  - See Medicare Telehealth Payment Eligibility Analyzer

\*Exceptions in Medicare Chronic Care Management Program  
#Federal Telehealth Demonstration projects

8



**Medicare Telehealth Payment Eligibility Analyzer**

Check if an address is eligible for Medicare telehealth originating site payment.

**Search Criteria**

Please provide a street address, city, and state or a street address and ZIP Code.

Street Address:

City:

State:

ZIP Code:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

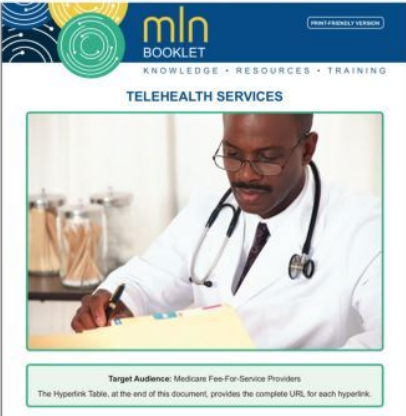
---

---

---

---

[\[PDF\] Telehealth Services - CMS.gov](https://www.cms.gov/Outreach-and-Education/Medicare.../TelehealthSrvcsfctst.pdf)  
<https://www.cms.gov/Outreach-and-Education/Medicare.../TelehealthSrvcsfctst.pdf>



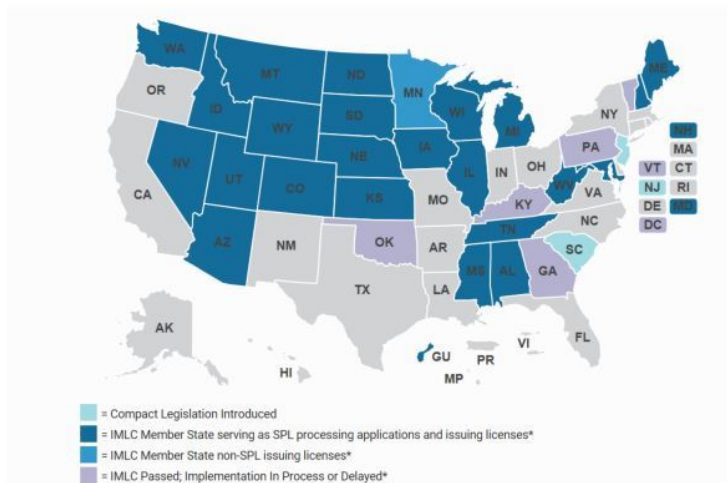
## Expansion of Medicare Recognized Telehealth Services

- Reimbursement for Established Patients
  - Virtual Check in by phone or video chat for established patients. HCPCS G2012 (\$15)
  - Remote evaluation of recorded image and video submitted by patients. HCPCS G2010 (\$13)
  - Cannot follow a face to face within 7 d prior or 24 hours after
  - Verbal Consent documentation
- Interprofessional Consultation
  - CPT 99451, 99452, 99446, 99447, 99448, 99449
- Originating sites include mobile stroke units, dialysis facilities, homes for ESRD

### State-to-State Variation in Telehealth Law

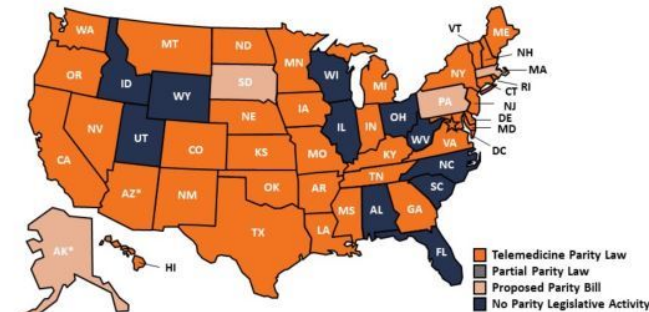
- Telehealth modality allowed
- Definition of originating site
- Providers allowed to practice
- Requirements for new vs. established patients
- Business License
- Payment Parity
- Licensure
  - The Interstate Medical Licensure Compact

13



Interstate Medical Licensure Compact  
imlcc.org

### States with Parity Laws for Private Insurance Coverage of Telemedicine (2018)



States with the year of enactment: Alaska (2016)\*, Arizona (2013)\*, Arkansas (2015), California (1996), Colorado (2001), Connecticut (2015), Delaware (2015), Georgia (2008), Hawaii (1999), Indiana (2015), Iowa (2018), Kentucky (2001), Louisiana (1995), Maine (2009), Maryland (2012), Michigan (2012), Minnesota (2015), Mississippi (2013), Missouri (2015), Montana (2015), Nebraska (2017), Nevada (2015), New Hampshire (2009), New Jersey (2018), New Mexico (2013), New York (2014), North Dakota (2015), Oklahoma (1997), Oregon (2008), Rhode Island (2016), Tennessee (2014), Texas (1997), Vermont (2012), Virginia (2018), Washington (2015) and the District of Columbia (2015)

States with proposed legislation: In 2018, Alaska, Massachusetts, Pennsylvania, and South Dakota

\*Coverage applies to certain health services.



15

# Telemedicine - Use & Considerations




---

---

---

---

---

---

---

---

---

---

---

## SCCA Current Geographic Locations




---

---

---

---

---

---

---

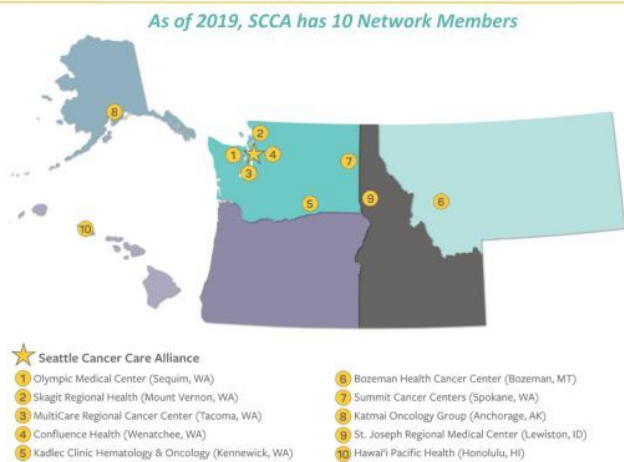
---

---

---

---

## SCCA Network Affiliation Members




---

---

---

---

---

---

---

---

---

---

---

CONFIDENTIAL

### SCCA Current Telehealth Projects

- Bone Marrow Transplant Consultations with Affiliate Network Member institution
- Palliative Care In-Home Virtual Visits
- Supportive Care Services to Community Sites
- Pre-Op and Post-Op Visits for GU Oncology (in conjunction with the University of Washington)
- Tele-genetics for Prostate Cancer (launching)

1/13/2020

19

### Bone Marrow Transplant Pilot with Hawaii Pacific Health

Aim: To provide patients from Hawaii Pacific Health (HPH), an SCCA Network Affiliate Member, with access to consultation for bone marrow transplants without the need to travel to Seattle.

Model: Virtual visits between patients from HPH and a BMT Physician at SCCA. Reassignment of billing to HPH and invoice HPH for this service

Metrics:

- Number of patients undergoing BMT Telehealth Visit
- Number of patients completing BMT
- Patient Satisfaction (process, \$\$ saved in travel, time saved in travel)
- Provider Satisfaction

CONFIDENTIAL

	Inter-Institutional Agreement Hawaii Medical License
	Telehealth Credentialing and Provider Training Physician space for telehealth visits Support (IT, Administrative)
	Connectivity of different technology: Zoom and Vidyo Speaker purchase IT Support
	Scheduling in different time zones and different EHRs Obtaining Patient Records and Sending Educational Materials Creating Visit Types and Note Types in EHR Conducting Dress Rehearsal
	Reassignment of Billing Invoicing process Payer Credentialing for Providers

21

### BMT Pilot

Go Live: September 1, 2019

Status: Two patients seen. Both deemed candidates for BMT.  
One undergoing transplant.

Provider satisfaction:

- No technological difficulties
- Felt connection with patient was good
- Liked being able to speak with patient's local provider during the consultation.

Patient Satisfaction: Survey results pending.

CONFIDENTIAL

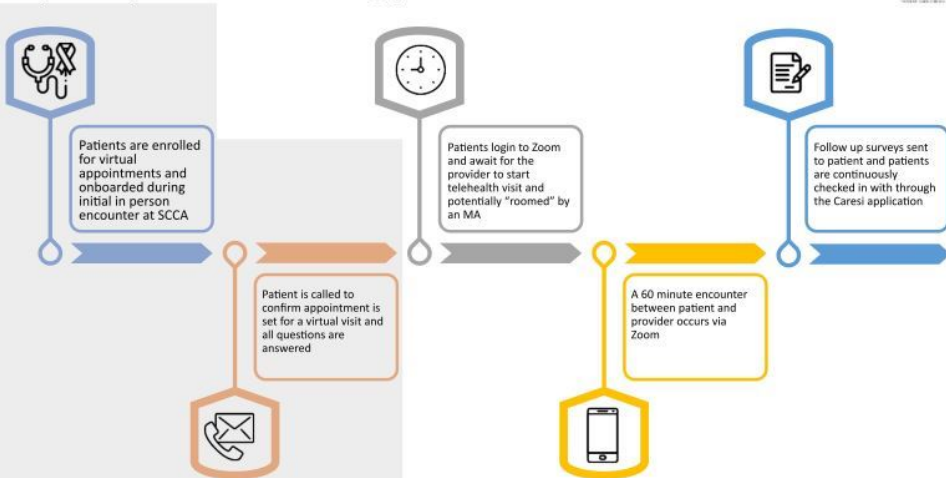
### Palliative Care Pilot

- **Aim:** To offer palliative care follow up visits with patients in their own homes in order to reduce the burden of travel for this population.
- **Model:** Virtual visit between physician/APP at SCCA and established palliative care patients from Washington in their homes
- **Metrics:**
  - Patient Satisfaction via post encounter survey
  - Provider Satisfaction
  - Payment for visits

CONFIDENTIAL

23

### Proposed patient onboarding process







## Example requirements provided to patients prior to virtual visit

### Requirements

1. **You must be physically in Washington state during your appointment.**
2. You will need a smartphone or computer/tablet with high-speed internet, working camera and microphone/speaker. **We cannot conduct the visit without visually being able to see each other.**
3. Telehealth is not ideal for those needing increases to their pain medications. If you think you need an increase in pain medication, please schedule for an in-person visit. (Refills of stable medication is okay, but the prescription will have to be mailed. If you need an immediate prescription, please schedule in person).

### Telehealth Instructions

1. Above is a unique link only for your appointment on the scheduled date. Click on the link in the SCCA telehealth email **from the device you would like to use for your telehealth visit.**
2. Follow the instructions.
3. If you cannot connect or are experiencing difficulty, call Dr. Ali Ansary at 714-585-8709. He has telehealth experience and will be on standby if any issues arise.
4. If you are connected, but your clinician is not yet connected, please know that your clinician may either be late coming from another patient appointment or be having difficulty connecting. Please call Dr. Ali Ansary if you are waiting more than 10 minutes beyond the expected start time of your appointment.

---

---

---

---

---

---

---

---

## Results of Palliative Care Pilot



- Over 4 weeks, 10 unique patients were seen through the SCCA Palliative Care Clinic
- All patients were very optimistic about the pilot and were excited about the prospects for future appointments to be done over Zoom
- Patients and their families were all able to join
  - In one appointment we had a married couple both actively involved during the encounter
  - Another appointment, a husband who was at work was able to join the visit through a three way video appointment
- Technology was not a barrier to executing appointments except for one patient whose video was not working very well
- New perspectives through the use of video for the first time allowed providers to see the home environment of their patients and build a more intimate relationship

26

---

---

---

---

---

---

---

---

## Patient feedback/notes (1/3)



SA - enjoyed the pilot, felt natural, used an ipad, I felt the overall video quality was a 6/10 mostly because the room light(10 being perfect, no pixels, no lag), audio quality was 9/10

FH - loved having to do this appointment virtually, "finally my providers are in the 21st century!", commented on how she didn't need to take extra medications today which she usually would have because of the difficulty associated with travel, she knew she would be less tired today, husband also didn't need to take time off from work as he conferenced in from work. Used her laptop, her husband logged in with a mobile phone. Laptop video was 8/10, with only 1-2 episodes of < 2 second lag, husband's image quality was 5/10. Audio quality for FH was 9/10, and for her husband closer to a 7/10 (his voice sounded more analog).

KK - "Great idea!" in reference to the pilot clinic. She was using an ipad/iphone and her video & audio quality were quite good ~ 8/10.

EP - "Eager to have this option [for clinic visits]" and "like this idea as an option! ". She was on a laptop, I'd probably say quality was a little poor 6/10 and audio was about 6/10 as well. However, there was minimal lag, there was no interruption to the appointment, and our patient felt very satisfied with the care she received

---

---

---

---

---

---

---

---

# Telemedicine - Use & Considerations



## Patient feedback/notes (2/3)

DC - was nervous initially about using the Zoom. I called her the day before and we worked it out. It ended up that she was not "technically savvy" and she just had been unsure about clicking on the link. She clicked on the link and after that it was smooth sailing. It was interesting that even as she considered her self not being tech savvy, she positioned the phone in a perfect location, with a perfect distance to see her from mid abdomen to head and the lighting made her picture a 9/10, audio 9/10 and framing 9/10. The video did freeze 3x for 1-2s. Her quote "I am embracing technology." "I am very appreciative of everyone"

CP - a fascinating experience between husband (patient) and wife! Video quality 9/10 voice was 8/10. They had been buried in by the snow. They were very appreciative of this pilot, they felt like it was a house call. As they took the video appointment from their dining room table in the kitchen, they offered Dr Loggers a "cup of tea". It was fascinating to see the patient and his wife become very emotional. As if the screen almost didn't exist. Tears were apparent. "This way of meeting is so convenient for us."

EM - who had a technical background, actually had a very difficult time getting her Android system to work. However, it was a great opportunity to learn how to problem solve with the patient. She ended up downloading the Zoom on her phone and then she had to "approve" Zoom to "record" (aka use the camera) in order for zoom to use the front facing camera. The quality of her image was 6/10, audio was 7/10. Every with this challenge, she reiterated "this is the way of the future!" and was very excited to engage with her providers via video.

---

---

---

---

---

---

---

---

---

---



## Patient feedback/notes (3/3)

JB- lived in a remote area and was difficult to get to different areas. She was actually staying with a friend since her son was staying at her place. This appointment took 15 min to triage, she had to click a link, and then she was prompted to open the video, a little difficult in terms of tech savviness but she was able to get it. Video was 6/10 and voice was 7/10, "this is a great idea!" "and this doesn't take away from in person visits."

LP- we spent more time trying to figure out to use this. We worked very hard unfortunately she wasn't able to get the video on her computer to work but did have audio and also tried on her phone without any success

JK - Daughter helped patient in setting up the laptop. quality 7/10 and voice was 7/10. happy to have this as an option as usually his daughter takes him to his appointments but she is also working full time so this open worked well. He had gone a long time being in pain and believe he would be the ideal patient for telehealth as frequent check ins would be helpful in adjusting his opioid dosage

---

---

---

---

---

---

---

---

---

---

## Patient Impact: Travel (from GU pilot)

	In Person Visit	Telehealth Visit
Encounters	100	5
One-way Travel Time (minutes, median)	200 (150-310)	0
One-way Travel Distance (miles, median)	251 (80-330)	0
Total Travel Costs (\$, median)	100 (45-500)	0
Air Travel, n (%)	22 (22%)	0
Hotel Stay, n (%)	30 (30%)	0
Days Off Work (median)	0 (0-1)	0

Courtesy John Gore, MD

---

---

---

---

---

---

---

---

---

---

# Telemedicine - Use & Considerations

## Billing Data for Palliative Care Pilot

- Medicare reimbursement: \$0
- Commercial reimbursement: 77-100% of fees
- Medicaid reimbursement: 26% of fees
- Issues identified:
  - MD used smart phrase with “face to face” language rather than telehealth language
  - Providers need to use GT modifier on efee sheet and/or appropriate language in note to indicate telehealth visit
  - Coders were not using G2012 code

31

## Telehealth Steering Committee

**Purpose:** to provide guidance and oversight in planning, prioritizing and implementing telehealth enabled initiatives to improve the quality and efficiency of the organization’s services to patients and healthcare providers.

### Cross-functional Team of Members:

Coding/Billing	Medical Staff
Compliance/Legal	Operations
Facilities	Quality
IT	Revenue Cycle
Service Line	Intake

### Actions/Activities:

Charter  
Intake Form  
Meets Monthly  
Reports to Senior Mgmt

1/13/2020

32

## SCCA Lessons Learned

- Telehealth is a tool that must support organizational strategy and goals
- Need to define which telehealth approach aligns with patient needs and is appropriate in scope
- Patients are more tech savvy than you may appreciate and like telehealth options
- ROI must be understood in broad terms including: \$\$, space utilization, patient benefits
- Provider education is key. SCCA/ UW requires education to obtain telehealth privileges
- Billing and coding education and coordination ensures optimal payment
- ABN for Medicare patients when telehealth payments are not covered
- Telehealth touches many areas of an organization and proper infrastructure is required to have a coordinated and compliant program
- Involvement with state and federal advocacy is crucial. Example: Washington State Telehealth Collaborative

CONFIDENTIAL

33

**Thank you to my colleagues.....**

Sarah Schaefer

Ali Ansary, MD

Elizabeth Loggers, MD

Marco Mielcarek, MD

John Gore, MD

Elizabeth Blasiak

John Scott, MD

Members of the Telehealth Steering Committee

---

---

---

---

---

---

---