Thank you for joining!
We will begin our Telehealth 101 webinar at 2:03 PM ET

Before we begin please check that the sound levels on your computer or phone are turned up to hear clearly
Telehealth 101:
What You Need to Know to Get Started Now

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Learning Objectives

Overarching objective is to support our Provider shift to telehealth during pandemic

- Beacon’s position on expanding access via telehealth during COVID-19
- How telehealth enables continuous care during COVID-19
- Implementing Telehealth – platforms, etiquette, HIPAA compliance
- Technology options/best practices
- Resources – Beacon and the National Telehealth Resource Center
House Keeping Items

1. Today’s webinar is 1 hour including Q&A
2. All participants will be muted during the webinar
3. Please use the Q&A function vs. chat. We will monitor questions throughout and answer as many as possible at the end.
4. This webinar is being recorded and will be posted within 24 hours at www.beaconhealthoptions.com/coronavirus/ so you have continued access to the information and resources
Beacon/MBHP’s Position on Telehealth

Telehealth can be an effective way for members to begin or continue their care through a mental health from their homes.

Based on MA guidance and to aid in the start or continuity of care:

- Beacon/MBHP will cover telehealth services, including telephone and live video, as means by which members may access all clinically appropriate, medically necessary covered services.

- When clinically appropriate, we are currently encouraging providers to use technologies to communicate with individuals in a confidential and secure manner.

- If you have questions about how a particular service is covered please call:
  - Beacon’s MA Provider Service Line at 800-397-1630 (Monday-Friday, 8 a.m.- 8 p.m. ET)
  - MBHP’s Provider Service Line at 800-495-0086 (Monday-Friday, 8 a.m.- 5 p.m. ET)
  - Contact your Provider Relations contact
MA Requirements for Telehealth

**Consent**
- Follow consent and patient information protocol consistent with in person visits.

**Identification and Authentication**
- Properly ID the patient using, at a minimum, the patient’s name, date of birth, and identification.
- Disclose and validate the provider’s identity and credentials, such as the provider’s license, title, and, if applicable, specialty and board certifications.
- Inform patients of your location rendering services via telehealth and obtain the location of the patient.

**Accessibility, Planning, and Emergency Care**
- Inform patient of how to see a clinician in-person in the event of an emergency or as needed.
MA Requirements for Telehealth

Confidentiality
• To the extent feasible, ensure the same rights to confidentiality and security as provided in face-to-face services. Inform members of relevant privacy considerations.

Review of Medical History
• For an initial appointment with new patient, review the patient’s relevant medical history and any available medical records with the patient before initiating service.

• For existing provider-patient relationships, the provider must review the patient’s medical history and any available medical records with the patient during the service.
The California Telehealth Resource Center (CTRC) was established as a federally designated Telehealth Resource Center in 2006. We are nationally recognized as one of fourteen HRSA funded Telehealth Resource Centers around the country.

The 12 regional and 2 national TRCs are expertly staffed and have come together under one consortium to further the advancement and accessibility of telehealth with a focus in rural healthcare.

CTRC has worked with hundreds of programs, providers, universities, government agencies, and equipment developers to identify best program practices, newly emerging technologies and trends, and studies that identify the impact of telemedicine services.

The California Telehealth Resource Center (CTRC) and all resources and activities produced or supported by the CTRC are made possible by grant number G22RH30349 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS. This information or content and conclusions are those of the CTRC and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Portions of the information in these slides have been provided in part by other regional Telehealth Resource Centers located throughout the country. This information is used with permission from each of these TRCs.
This telehealth 101 presentation is for health care providers who wish to implement web-based video to interact with their patients during the COVID-19 pandemic.

Under normal circumstances, the development and implementation of telehealth is best accomplished through a thorough, deliberate planning process.

However, due to the current public health emergency, health care providers are encouraged to utilize telehealth when possible in lieu of seeing patients in person.

This presentation does not cover other types of telehealth, such as store-and-forward, remote patient monitoring, or the use of other telehealth technologies such as telemedicine carts or medical peripherals. All of these are excellent and often appropriate means of caring for patients, but are not covered here.
The Telehealth Landscape

Drivers
- Public Health Emergency
- Aging population
- Consumer demand
- Expanding Reimbursement
- Provider shortages
- Payment reform
- Readmission penalties
- Competitive forces

Barriers
- Access to broadband and/or technology
- Privacy and security concerns
- Provider resistance to change
- Legal/regulatory questions

COVID-19
- Governor’s Executive Order: Carriers are required to allow in-network providers to offer telehealth
- MassHealth Bulletin: Providers are permitted to provide clinically appropriate, medically necessary services, via telehealth (including telephone and live video). There are no specific technology requirements.
- Managed Care entities are required to cover telehealth services.
It is generally good to take a long view when selecting technology. However, during the current national public health emergency, the federal government has provided flexibility in the video equipment that can be used.

Many vendors are offering free or reduced prices for the next few months in support of a quick ramp-up of telehealth services.
Off-the-Shelf products for providers and consumers
Camera Stability

Mobile devices such as tablets and cellphones: use a stand or mount to keep the device still.
Video Platforms

The federal Office of Civil Rights (OCR) has temporarily relaxed its enforcement standards during this national emergency to allow covered health care providers to use video technologies that do not fully comply with HIPAA rules.

Health care providers choosing to use these products should inform patients that there may be privacy risks. Health care providers seeking more privacy for patients should consider products that use encryption and tools such as passcodes to restrict the session, and vendors that will sign HIPAA Business Associates Agreements (BAAs) in connection with their video solutions.
HIPAA Compliant Platform Examples

- Zoom for Healthcare
- VSee
- doxy.me
- eVisit
- Cisco
- Vidyo
- beacon

EHR/Practice Management System with integrated live video telehealth capabilities
Direct To Consumer Considerations

Seeing clients in their home is fine, but recognize the potential risks:

- You lose any physical control of the patient and surroundings
- You rely on their equipment and network
- You may need to verify the patient’s location (for safety reasons)

There is no one correct solution to these risks and it may be impossible to provide appropriate treatment in some locations.
Camera Location - the illusion of “eye contact”

a. Camera centered on screen
b. Remote “face” is directly under the camera; *as close to the camera as possible*

“Lower the camera, raise the image”
Lighting

- Standard workplace lighting is often “good enough”
- General principle: bright, diffuse, from the front
- Things to avoid
  - Harsh light, glossy surfaces, reflections
  - Unbalanced light and “point” sources
  - Lamps throw shadows
  - Backlighting and windows behind
  - Bright or reflective background
Privacy & Security

Work area has insufficient privacy allowing co-workers to unintentionally intrude.

Secure office location, but the glass behind the user creates a distraction and privacy concern.
Framing & Background

- Camera at head level
- Fill the frame to the top
- Include your hands
- Avoid intrusive backgrounds
- Avoid backlighting
Sound

• Lots of mic styles available - choose the least intrusive

• Feedback - usually from two connections in the same room

• Echo - the one causing the problem can’t hear it

**Pro Tip:** The mute button is your friend
Universal Video Etiquette

Everybody in the room should be on screen (or at least should come on screen to be introduced)

Everybody should be identified by name and role

Patient consent should be obtained, and any questions about the technology answered
Internet Bandwidth Considerations

Successful video requires adequate bandwidth to the home/phone and within it, a device (phone, tablet, or laptop) with a camera and microphone, a person able to manage it, and a little patience.

While many homes have decent bandwidth and wireless plans, with parents and children all home working and taking classes online, watching movies, gaming, etc., there can be a lot of competition for that bandwidth.

Similarly, video running on a laptop with several windows running may also compete for adequate resources.
Tips for success

- If possible, complete a pre-test call with patients. This is often best done by a front office staff or MA who functions as a super user.
- Check to see if both ends can see and hear each other
- Check to be sure that audio and video aren’t muted on one end
- If the connection isn’t great, limit what else is connected to bandwidth and close extra windows on the device.
- Help patients become comfortable with the experience. Keeping it simple and providing a little familiarity with the technology goes a long way.
- Have a back-up plan if the technology doesn’t work: Can the call be moved to telephone only or does the patient need to be seen in person? Decide in advance.
- Relax! Patients of all ages tend to enjoy the connection with their health care providers that telehealth provides.

*If a provider, or patient, has one bad encounter, they will need 10 good encounters to regain trust!*
Best Practices

Building Rapport

• Talk normally

• Look at the patient (ensure their face is near the camera)
  • Place your “self-view” frame as near the camera as possible

• Use gestures - be animated
  • Make sure your gestures are on camera/in the frame
I know what you’re thinking.....
Just tell me how to get paid already
Beacon/MBHP Billing

Expectation of services are equivalent to those delivered for an in-office visit

- Submit claims in the same format
- Utilize the appropriate CPT code in concert with the type of service and duration of each visit
- Providers must include Place of Service Code 02 when submitting a claim for services delivered via telehealth. A telehealth indicator, such as a 95 or GT modifier is encouraged, but not required
- Reimbursement for a telehealth service is the same amount as a traditional office visit
- May bill for dates of service back to March 12, 2020
Where can you go to learn more about telehealth?
The National Consortium of Telehealth Resource Centers (NCTRC) is an affiliation of the 14 Telehealth Resource Centers funded individually through cooperative agreements from the Health Resources & Services Administration, Office for the Advancement of Telehealth. The goal of the NCTRC is to increase the consistency, efficiency, and impact of federally funded telehealth technical assistance services. This presentation was made possible by 14 Telehealth Resource Centers and administered through grant #G22RH30365 from the Office for the Advancement of Telehealth, Federal Office of Rural Health Policy, Health Resources and Services Administration, Department of Health and Human Services.
But Wait…
There’s More!

- Toolkits
- Checklists
- Templates
- Reports

- Directories
- Videos
- Library

**COVID-19 and Telehealth**

**NETRC COVID-19 Telehealth Resources**

As the regional Telehealth Resource Center for the Northeast, the NETRC team has been very busy providing technical assistance and resources to healthcare organizations and providers looking to quickly implement telehealth services during COVID-19. As part of these efforts, we’ve compiled a number of key resources here on this page, including telehealth policy updates/guidance as well as training and education for providers and patients. We will continue to update and add to this page, and encourage you to visit it regularly.
The National Consortium of Telehealth Resource Centers provides a free webinar for those interested in telehealth.

Every 3rd Thursday
11 AM – 12 PM (PST)
Don’t worry. We record them.

Can’t make the live webinars? No problem! We record all webinars and post them on our YouTube page within 1 business day.

Find more educational webinars:
https://www.telehealthresourcecenter.org/events/category/webinars/?tribe_event_display=past
Key Takeaways

1. **TELEHEALTH IS A RAPIDLY EXPANDING FIELD.** We’re expecting many changes in 2020 and will continue to see changes as we move forward.

2. **CONNECT WITH US.** Shoot us an email, give us a call, visit the website, or even better, register for our regional conferences (once they resume).

3. **OUR RESOURCES.** DIY kind of person? We have numerous resources and a reliable network to get your answer. We’re federally funded so our information and resources are at your disposal.

4. **THE CONSORTIUM.** If we can’t answer your question, we know who can! Each TRC is backed up by the power of the National Consortium – experts nationwide, ready and willing to assist.
Beacon Resources

Coronavirus Provider Resources (Link)

Telehealth Resource (Link)

Provider Webinars (Link)

https://www.masspartnership.com

Additional Provider Webinars

1. Crisis planning
2. Compassion fatigue
3. Transitioning IOP/PHP
4. Navigating billing

and others!
Helpful Massachusetts Resources


Thank you for joining us

- This presentation will be posted at www.beaconhealthoptions.com/coronavirus/
- Please take our short survey at the end of this presentation
- We will be hosting upcoming clinical COVID-19 webinars – future topics include Crisis Planning, Compassion Fatigue, Transitioning IOP/PHP to telehealth platform

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