



Not Just a Fad The Future of Telehealth

By Debra Wood

Nemours' research shows if the virtual visit had not been available, most parents would have taken the child to the emergency department. Additionally, it has found the on-demand visits and follow-up care cuts down on readmissions.

The state legislature passed and the governor signed legislation this session to increase access to care through telehealth, but Florida physicians and health systems have already embraced the technology.

"Telehealth is not just a fad. It's a way to treat patients when they need it and where they need it," said Bill Manzie, administrative director of Telehealth for Memorial Health-care System in Hollywood, Florida. "It's a way to see the more complex patients in the office and the less complex patients at home."

Alejandro Badia, MD, founder of the Badia Hand to Shoulder Center in Miami, frequently uses telehealth with his patients for initial assessments and follow-up care, and he expects to see more health care move to telehealth.

"[Telehealth] is going to improve access to health care," Badia added.

Cynthia Horner, MD, medical director at American Well, a telehealth provider, said, "We believe telehealth should be fundamental

to advancing health-care delivery, leveraging the power of digital advances transforming many other industries today. Telehealth allows doctors and health systems to more effectively meet the health needs and experience preferences of consumers who seek real-time access to high-quality, personal care."

American Well matches the location of the patient with a physician licensed in that state. As rules change, the company will update its platform, Horner added.

UNDERSTANDING THE NEW LEGISLATION

The passage of HB 23/SB 1526 brings with it changes in who can provide telehealth to state residents, opening it to physicians and other providers with out-of-state licenses who register with the state. The Florida Medical Association (FMA) opposed the bill's passage, stating in a legislative report that it "strongly believes that telehealth should be provided by Florida-licensed practitioners." Telephone calls and emails are not considered telehealth under this legislation.

"This is a great law and will expand the use of telemedicine," said Melissa Goldman, an attorney who leads the Telehealth section at Baker Donelson in Fort Lauderdale.

Even before the legislature passed and the governor signed this law, many physicians, hospitals and health systems have started offering asynchronous and synchronous visits and provider-to-provider consults.

VIRTUAL CARE, REDUCING ED VISITS AND IMPROVING OUTCOMES

Nemours has offered 24/7 urgent care telehealth visits through Nemours CareConnect for some time and is now expanding to a Nemours app, allowing parents to access physicians and track and manage their child's condition. Discharged single ventricle cardiac patients use the tracker to help Nemours clinicians monitor the child's progress. The device alerts the clinicians of changes to the child's condition.

"If they can intervene early, they have the opportunity to have better outcomes," said Carey Officer, operational vice president of The Center for Health Delivery Innovation at Nemours Children's Health System in Jacksonville.

Most Nemours physicians use CareConnect and have integrated the technology into their workflows.

Nemours' research shows if the virtual visit had not been available, most parents would have taken the child to the emergency department. Additionally, it has found the on-demand visits and follow-up care cuts down on readmissions.

Virtual visits give physicians considerable flexibility. A Florida Nemours physician who moved to California continues seeing patients through Nemours CareConnect program. Other physicians work part time, treating patients through virtual visits.

"As we move away from fee for service more into value, I think we will see more augmentation and telehealth," Officer said.

Donald Goddard, MD, medical director at DaVita Medical Group Florida in St. Pe-

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tersburg, agrees. DaVita primarily serves a Medicare Advantage population and has started piloting video visits for follow up with high-risk patients who have chronic conditions or trouble getting into the office. Disease management nurses also are using the video conferencing.

"We have been able to lower ER utilization with the video visits," Goddard said. "We think we can reduce cost using this system. We know patients go to the hospital without calling us first, one of our biggest problems. We feel if they have access like this, they will feel more connected to us."

From chart reviews, Goddard has determined if the physicians had been called, they could have prevented about 30% of the emergency department visits. Ninety-five percent of older adults who have tried DaVita's video visit, thought it was a great experience, as did the physicians. However, some patients have difficulty figuring out the system or remembering their password. Patients typically use their cellphone and can call from the car or grocery store.

DaVita Medical Group also schedules follow-up visits to take place with telehealth,

and that has led to greater administrative efficiencies.

"It frees the staff up to do other things, like calling patients," Goddard said. "It was a benefit we did not expect."

Badia uses telehealth for post-op care. About 30% of his patients fly in for surgery. Telehealth enables these patients to return home while still receiving follow-up care.

"Patients who found me through the Internet will do the initial consultation via [telehealth] and get that warm and fuzzy going," Badia said.

Badia use the HIPAA-compliant Zoom platform. Patients can send copies of X-rays or MRIs on mymedicalimages.com. Registration forms include consent to use of telehealth.

Badia encourages athletic directors, human resource professionals and other referral sources to let a physician from his OrthoNow urgent care centers to evaluate an injury through telehealth. If needed, the physician assistant can order an X-ray or MRI and a follow-up visit at the center.

"The only thing missing is putting your hands on the patient," Badia said. Patients usually pay for Badia's telehealth visits by credit card, but some insurance plans will pay for telehealth visits.

Likewise, patients making telehealth visits at Holy Cross Hospital in Fort Lauderdale self-pay the \$25 fee. Holy Cross offers asynchronous visits for existing health system patients. The health system is not trying to obtain third-party reimbursement.

"Whether or not an insurance plan will pay for a telehealth visit is very complicated," Leavitt said.

The hospital uses a software program called Zipnosis. The website takes the patient through a series of questions to determine if the patient's condition is appropriate for a telehealth visit. That request is sent to Holy Cross urgent care physicians, who will review the patient's records, assess the current condition, and write a prescription or recommend the patient seek care at the urgent care center or hospital.

"We think this is a nice convenience," said Skip Leavitt, senior administrator at Holy Cross.

Memorial's 24/seven MemorialDOCNow telehealth program, on the other hand, has a direct-to-consumer program for nonemergency conditions. A combination of Memorial physicians and a third-party telemedicine provider covers the self-pay virtual visits.

"There is a lot of benefit to our employed providers using telehealth," Manzie said.

During Hurricane Dorian, Memorial Healthcare System offered free telehealth services from September 1 through 14, 2019, through its 24/7 MemorialDOCNow service. People throughout the state were able to consult a physician for nonemergency, minor medical needs. Additionally, Memorial has a partnership with resorts and hotels in the area, so guests can use MemorialDOCNow.

Employed physician specialists conduct scheduled follow-up visits with patients through the telehealth platform. Pharmacists



Arthur Skip Leavitt



Officer Carey

use telehealth to verify patients are taking medications correctly. Other staff members may use it to help patients overcome social determinants of health and assess if the medical equipment ordered has been set up and operating correctly at home.

Memorial also has developed a mobile telehealth kit, which medical assistants (MAs) take to patients' home. The MA will take vital signs, triage and connect with a physician. The health system has employed the technology for a few hundred nonadherent patients and frequent emergency department visitors.

"We are trying to keep them healthy," Manzie said.

The lack of reimbursement for telehealth presents challenges to physicians, now that some patients are seen remotely for follow up.

COLLABORATING WITH EXPERTS, SUBSPECIALISTS

Memorial also uses telehealth for provider-to-provider consults, for instance a neurologist connecting with an emergency department physician about the care of a patient with a stroke or a psychiatrist to consult on a mental health patient.

"[Physicians] love it," Manzie said. "The [neurologist] is doing [the consult] within an hour versus in the past within 24 hours."

The Memorial NICU team rounds weekly with all specialists participating and the parents participating via telehealth.

"That has been a huge satisfier," Manzie said. Not only for parents but also physicians and nurses, because parents know what is going on and need fewer updates later in the day.

Physicians are able to access Nemours subspecialty physicians through telehealth. Local staff members assist the physician during the visit. For instance, a Nemours' pulmonologist in Pensacola can treat patients with lung problems in the Nemours Bonifay office, saving him travel time.

"It reduces his windshield time and the children are getting the same care as if he was in the clinic," Officer said. "The feedback has been great. The families enjoy it."

Likewise, a Nemours physician specializing in chest wall abnormalities in Orlando



Melissa Goldman

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Melissa Goldman, attorney of the Telehealth section at Baker Donelson in Fort Lauderdale.

treats patients in the Pensacola Nemours clinic through telehealth, and a urologist located in Delaware and licensed in Florida regularly treats patients in Jacksonville.

"We have been leveraging to meet the demands of patients," Officer said. "It allows physicians to increase their geographic spread and open the door to more complex patients."

RECOGNIZING LEGAL CHALLENGES

While telehealth seems a good idea and a natural extension of care, physicians and health systems must remain aware of the legal perils that may exist.

Goldman said physicians and health systems must be thoughtful when contemplating starting a telehealth program. She recommends consulting with an attorney familiar with telehealth laws.

The basics include thinking through what platform to use, asking if it is HIPAA compliant, determining what services to offer, figuring out how to incorporate the practice's workflow, and ensuring privacy if the physician is out of the office. Additionally, the practice must decide how to obtain signatures from patients about privacy practices and financial responsibility forms.

"There are solutions for every issue," Goldman said. "It's important to think through all

AMA Adds Telehealth CPT Codes

The American Medical Association released the 2020 Procedural Terminology (CPT) code set, which includes six new codes to report online digital evaluation services or e-visits. Codes 99421, 99422 and 99423 will be for physicians or other providers participating in a patient-initiated digital communication, and 98970, 98971 and 98972 will be for nonphysician health-care professionals. Other new codes include self-monitored blood pressure. The new codes take effect on January 1, 2020.

of these things so you can have the most successful program possible."

Some people limit their telehealth to existing patients while others accept new patients. Physicians must follow all state regulations. Additionally, special online protection laws apply to treating children.

"Just because it is telemedicine does not mean other laws do not apply," Goldman said.

Goldman also recommends physicians check with their medical liability insurance carrier to ensure there are no limits on telehealth practice. Rates are determined based on current practice. "You do not want to give them a reason to deny coverage," Goldman said.

Hospitals offering telehealth still must credential the physicians providing the remote care. Some require physicians to live within 30 miles of the hospital. To allow for physicians to provide telehealth, the hospital might need to create a waiver or create a specific category in the bylaws. If the health system wants to include out-of-state providers, it also will need to check Florida new registry. Additionally, she advised carefully following any reimbursement rules. For example, Medicare rules require patients to live in a rural setting or be participating in an innovation demonstration project. Other payers may have different telehealth rules.

"If you create a new program, you have to make sure you are going to get paid," Goldman said. "It does not have to be daunting. It just needs to be thoughtful."



Donald Goddard MD



Dr. Alejandro Badia