



ADOPTING TELEHEALTH IN A PODIATRIC PRACTICE: BEST PRACTICES & LESSONS LEARNED

June 26, 2020



MARYLAND HEALTH CARE COMMISSION

ABOUT US

- Advancing innovative value-based care delivery models and health information technology statewide
- Provide timely and accurate information on availability, cost, and quality of health care services to policy makers, purchasers, providers, and the public

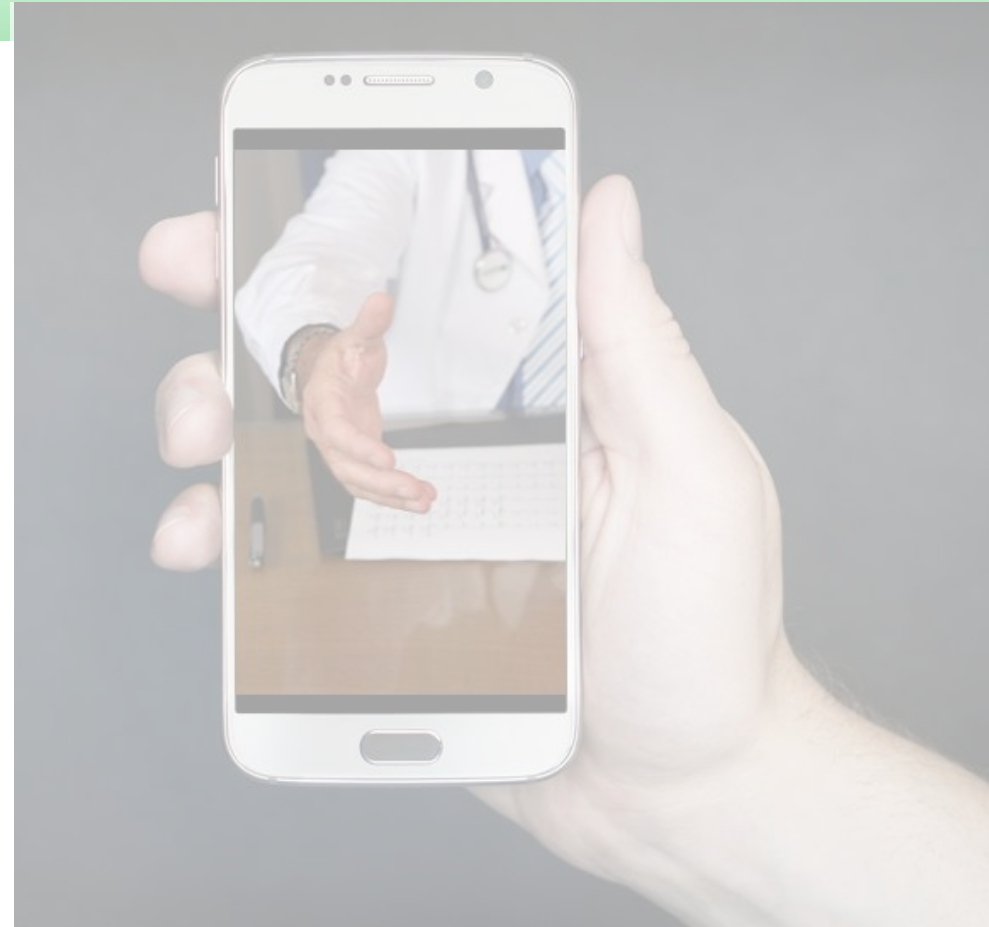
AGENDA

- Overview
- Telepodiatry
- Practice Perspectives
- Q&A: anene.onyeabo@maryland.gov



TELEHEALTH IN PODIATRY

- Live video
- Store-and-forward
- Remote patient monitoring
- Mobile Health (mHealth)



VALUE OF TELEHEALTH

- Improve access to care and ensure care continuity
- Maintain practices revenue stream while complying with social distancing requirements



IMPLEMENTATION CONSIDERATIONS

- Practice Readiness
 - MHCC has developed a Telehealth Readiness Assessment (TRA) Tool
- Technology
 - Determining the right telehealth application and delivery mode that meets your practice's needs
- Workflow Redesign
 - Integrating telehealth services into the practice's operations
- Training
 - Ensuring familiarity with the technology



IMPLEMENTATION CONSIDERATIONS CONT'D

- Reimbursement
 - To expand the use of telehealth during the COVID-19 public health emergency, Medicaid is reimbursing for services delivered through audio-only calls; Medicare has also expanded reimbursement for services
- Licensing
 - Requirements have been relaxed during the Maryland State of emergency
- Liability insurance
 - Contact your liability insurance carrier to ask about coverage for telepodiatry services

Sources –

Governor's Executive Order on Telehealth - health.maryland.gov/mbpme/Documents/telehealth.pdf.

American Podiatric Medical Association - www.apma.org/News/NewsDetail.cfm?ItemNumber=39818.



RESOURCES

- State-Designated Management Service Organizations
mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/hit_telemedicine.aspx.
- MHCC Telehealth Virtual Resource Center
mhcc.maryland.gov/mhcc/Pages/hit/hit_telemedicine/hit_telemedicine_virtual_resource.aspx
- American Medical Association Telehealth Implementation Playbook
www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf



Mikel Daniels, DPM, MBA

QUESTIONS?



Email anene.onyeabo@maryland.gov

LUNCH AND LEARN WEBINAR ADOPTING TELEHEALTH IN A PODIATRIC PRACTICE: BEST PRACTICES AND LESSONS LEARNED



Mikel D. Daniels, DPM, MBA

Friday June 26, 2020

Overview

During the COVID-19 Public Health Emergency, there are four non-face-to-face service types podiatrists can provide to most patients

1. Telehealth for Medicare Part B and Medicare Advantage Patients
2. Virtual check-ins
3. Telephone E/M services for patients with any insurance
4. Online digital E/M services for patients with any insurance

Telehealth for Medicare Part B and Medicare Advantage Patients

Started March 17, 2020

- Can perform an E&M Service remotely
- Provider and Patient can be in any location.

Rules

- Must use a communication tool with interactive audio and video
- Must allow real time communication
- Allowed to waive cost-sharing services
- Must use modifier -95 (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System)
- Must use 1995 or 1997 documentation guidelines for E&M level

G2012 when a virtual check-in

What is it?

- Provided to a Medicare Part B or Medicare Advantage patient.
- Brief communication technology-based service by a physician.
- Must be synchronous, two-way audio interactions with video or other kinds of data transmission
- Time: 5–10 minutes of medical discussion

Rules

- Report E&M services, provided to an established patient, not originating from a related E&M service provided within the previous seven days not leading to an E&M service or procedure within the next 24 hours.
- Any type of telecommunications tool, phone, zoom, facetime, etc
- No modifier needed
- Can reduce or waive cost sharing

Telephone E/M services for patients with any insurance

What is it?

- This interaction is an E/M service and documentation must support an E/M just like any other E/M type
- Not reimbursed by some payers.
- Must be initiated by patient or guardian
- Provider can educate patient about option

Rules

- CANNOT report if call results in decision to see patient within 24 hours
- CANNOT report if call refers to E/M service performed by same provider within previous seven days
- CANNOT report if call refers to a problem for which a patient is in a global period
- CANNOT report if provider performed a telephone E/M or online digital E/M for the same patient for the same problem in the last seven days

Online digital E/M services for patients with any insurance

What is it?

- An interaction is an E/M service and documentation must support an E/M just like any other E/M type
- Must be initiated by patient via a digital platform.
- Not reimbursed by some payers
- Provider can educate patient about option

Rules

- CANNOT report if service is initiated within seven days of any E/M for same problem
- CANNOT report if performed on same day as in-person E/M service
- Can only report once per seven-day period
- Time spent is cumulative time over seven days starting with review of the request
- Reported with codes 99421-99423

What did I do???

Zoom, Zoom, Zoom.

We completed 43 E&M via Zoom between March 23 and May 29.

What was our process?



Our EHR provider had incorporated Zoom into our system. This generated an email that was sent to the patient the day the appointment was made and then a reminder with a link the day of the appointment

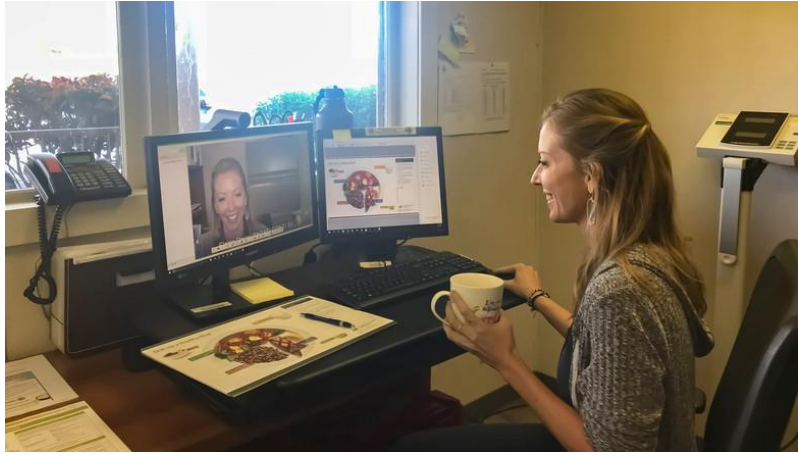
10 minutes before the scheduled telehealth visit, staff would call patients, make sure they had the email, and collect copay if applicable

At the designated time, I would click the link in my EHR and that connected me to the patients.

I did all my calls from my desk in my office only

We did not use an alternative communication tool, and did not do audio only visit

We did call patients when they could not figure out how to get a microphone working, or to unmute the system



Successes

1. Allowed patients to stay home and not venture out during the earlier stages of the pandemic
2. Ability to treat common issues online such as heel pain, gout, uncomplicated wounds, neuropathy, sprains
3. Kept staff employed and working during the pandemic



Failures

1. Technology problems
2. Frustration
3. Fear



Adam Lowy, DPM

QUESTIONS?



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Adopting Telehealthcare to a Private Podiatric Practice

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Our Practice Setup

- 3 Doctors
- 16 Staff Members
 - Medical Assistants
 - Administrators
 - Desk Personnel
- 4 Locations (3-Montgomery, 1- Prince George)
- 1 EHR Software
- 1 Office Software

Adoption of New Services

- Increase Accessibility
- Mediums:
 - Facetime**
 - Zoom
 - Whatsapp
 - GoTo Meeting
 - Google Chat, Skype- offered

Billing

- Sources for Billing Info:
 - CMS
 - Webinars
 - CME Lectures
 - Regional Network of Colleagues –ie. Social Media
- Compiled Spreadsheet of Insurance Telehealth Guidelines
 - Updated Daily(early), Biweekly(late)
 - Available at every office
- Review with Billing Staff

March 21, 2020 ----- June 13, 2020

82 claims

9 Various Carriers

97.4% reimbursement rate (77/79 claims)

1- invalid modifier

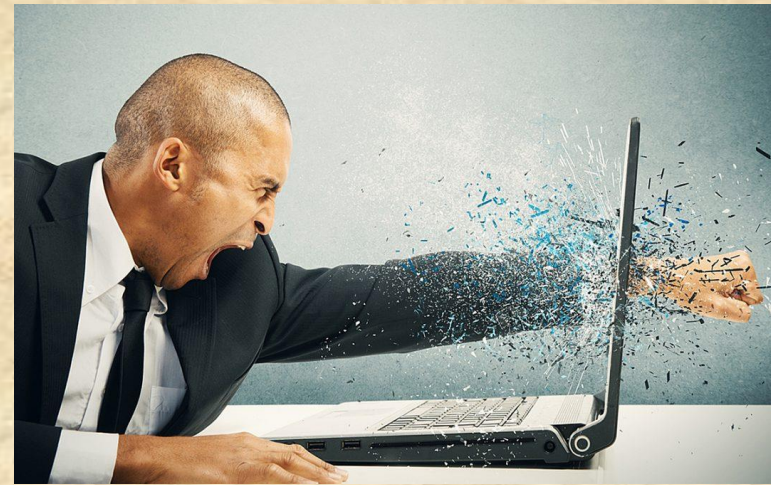
1-pending

As of 6/15/20



- Moderately successful
- Helpful for Minor Conditions
 - Heel Pain, Tinea Pedis, Verruca, Diabetic Concerns, Minor Sprains, "COVID-Toes"
 - Treatment-Rx, Home Therapies
- Screening for Moderate to Severe Conditions
 - X-rays, Urgent Procedures, DME Devices
 - Referral to Hospital

Difficulties



- Clinician
 - Scheduling & Time
 - Various Mediums Used
 - Limitations with Physical Exam & Procedures
- Patients: “ We just got hip to text messaging..”- patient 6/13/20
 - Technical Problems
 - Bandwidth, Wifi signal, Camera Quality
 - Patient Problems
 - Hearing/Vision problems, Spouse/Companion, Translators

Ability to Diagnose was Dependent upon the patients ability to utilize the technology

What I Learned

- Worked effectively
- Has its limitations
- Likely to see revisions to the technology
- Increased acceptance to telehealth in the medical community
- If pandemics/shutdowns become the way of the future, telehealth can be effective for short duration

Thank you

Adam Lowy, DPM

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THANK YOU