Telehealth is here to stay. Really!!!!

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COVID 19 shook up our world in very many ways.

▪ Telemedicine (also known as telehealth or teletherapy for mental health clinics) quickly became the most practical way for health care providers to stay connected with patients, provide needed care, and still receive reimbursement.

Background

How we got here!

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COVID 19 shook up our world in very many ways.

▪ Once past the technical, system and billing issues, most patients and providers found the interactions productive and even preferable for many types of visits.

▪ Now we are asking, is this a stop-gap solution?
  ▪ Will this become more mainstream long-term?
  ▪ Will patients respond positively to a virtual visit?
  ▪ Can our office and staff make this a productive, efficient component of the workflow and care delivery systems?
▪ The answers to these questions are yes, yes, and yes!

Background

How we got here!

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Polling Question 1

- Has you practice conducted telehealth interactions with patients?

  - Yes, we have
  - Not yet, however we plan to
  - No and we don't plan to

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Objectives

- **By the end of this session the participants should**

1. Comprehend the patient and business benefits of telehealth.

2. Be aware of the changes from Health and Human Services to enable widespread use of telemedicine.

3. Understand the patient motivations as they embrace telemedicine

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How is telemedicine being used?

- Telehealth is often referred to or referenced as telemedicine (clinical services), but also includes a wider variety of healthcare services, including those provided by professionals other than physicians, such as nurses, technicians and pharmacists.

  - It may include clinical care services, education for both patients and providers, and public health or healthcare administrative services.

  - Telehealth can be used as a tool to monitor, diagnose, treat, and counsel patients in circumstances where in-person care is not feasible, or when telehealth is more convenient or economical.

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Slide 7

Research regarding Telemedicine adoption and patient satisfaction
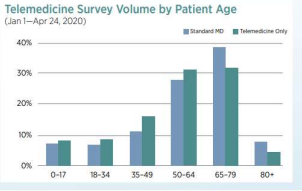
- **Press Ganey** Associates is a South Bend, Indiana-based health care company known for developing and distributing patient satisfaction surveys. Its Medical Practice Survey is the most widely used outpatient satisfaction survey in the United States.

- A new national Press Ganey survey that returned **1.3 million completed patient questionnaires across 154 practices between January and August 2020** gives solid insights into what has worked and what hasn't during the run-up in telemedicine adoption during the pandemic. Key findings include:

  - Telemedicine is here to stay. Usage has leveled off at roughly 15% of visits, down from an early COVID peak of 37%, but significantly up from the pre-pandemic baseline of less than 1%.

  - Feedback on telemedicine visits was surprisingly positive: 89% of patients would recommend their provider after having had a telemedicine visit

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Slide 8

Telemedicine by patient age: Jan 1 – Apr 24, 2020

Telemedicine Survey Volume by Patient Age
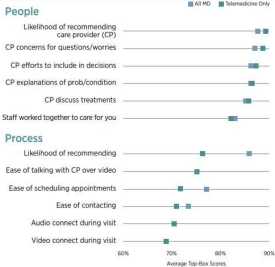(Jan 1—Apr 24, 2020)

- When considered by demographic, the average age of patients responding to telemedicine surveys is 54, compared with 58 for traditional medical practice surveys.

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Slide 9

Patient satisfaction with Telemedicine

- Analyses of more than 30,000 early consumer responses to telemedicine surveys received through the end of April paint a favorable picture for patient experience with virtual visits. Based on the data, patients are overwhelmingly positive about their virtual interactions with their care providers, even when technical issues posed challenges, as indicated by the lower scores for technology-related items

- These data highlight opportunities for enhancing the physician–patient connection by addressing technical barriers that impede consistent and reliable communication

People
- Likelihood of recommending care provider (CP)
- CP concerns for questions/worries
- CP efforts to include in decisions
- CP explanations of prob/condition
- CP discuss treatments
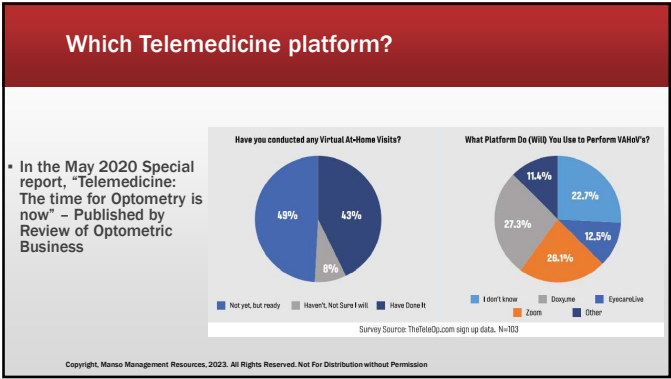- Staff worked together to care for you

Process
- Likelihood of recommending
- Ease of talking with CP over video
- Ease of scheduling appointments
- Ease of contacting
- Audio connect during visit
- Video connect during visit
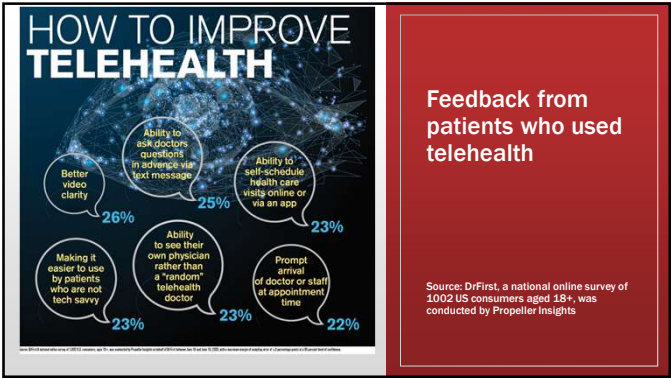
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Regulatory changes, services, coding and more ....

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1135 Waivers – open the door to telehealth

Department of Health and Human Services issued emergency 1135 waivers

▪ Effective March 6, 2020

▪ Legislation provides $11.5 Billion in emergency monies

▪ Optometry included

▪ Many restrictions waived (removed)
  ▪ Does not require provider to be licensed in the State or location of the patient
  ▪ Allows for patients to be seen remotely

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Services you may provide

Service	Code(s)	Communication Method(s)	Live Patient Interaction Required?	New Patients Allowed?	Patient Must Initiate?	Informed Consent Required?
Remote Image / Video Evaluation	G2010	clinician response via wide range of options	no	yes	yes	yes
Virtual Check-In	G2012	telephone, interactive audio & video system	yes	yes	yes	yes
E-Visit	99421-99423	patient portal, se-cure e-mail	no	yes	yes	yes
Telephone Services	99441-99443	telephone	yes	yes	yes	yes
Telemedicine Visit	99201-99205 99212-99215	interactive audio & video system	yes	yes	no	no

Source: Review of Optometric Business – Special Report, May 2020

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Remote Image / Video Evaluation - asynchronous

- Code G2010
- Description: Remote evaluation of recorded video and/or images submitted by an established patient; including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service or procedure within the next 24 hours or soonest available appointment
- Approximate reimbursement $15

Source: Review of Optometric Business – Special Report, May 2020

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Virtual Check-in - synchronous

- Code 2012
- Description: Brief, live communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 17 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
- Approximate reimbursement $15

Source: Review of Optometric Business – Special Report, May 2020

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E-Visit

- Codes 99421, 99422, 99423
- Descriptions:
  - 99421: Online digital evaluation and management service, for established patient, for up to seven days, cumulative time 5-10 minutes
  - 99422: Online digital evaluation and management service, for established patient, for up to seven days, cumulative time 11-21 minutes
  - 99423: Online digital evaluation and management service, for established patient, for up to seven days, cumulative time 21 or more minutes

Approximate reimbursements:
- 99421 $15
- 99422 $30
- 99423 $50

Source: Review of Optometric Business – Special Report, May 2020

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2/15/2023

Telephone Services

- Codes 99441, 99442, 99443
- Descriptions:
  - 99441: Telephone evaluation and management service, for established patient by physician, time 5-10 minutes
  - 99442: Telephone evaluation and management service, for established patient by physician, time 11-20 minutes
  - 99443: Telephone evaluation and management service, for established patient by physician, time 21-30 minutes
- Approximate reimbursements:
  - 99441 $15
  - 99442 $30
  - 99443 $40

Source: Review of Optometric Business – Special Report, May 2020

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Telemedicine Visits

- Codes 99201-99205, 99212-99215
- Approximate reimbursements:

New Patients		Established Patients	
Code	Reimbursement	Code	Reimbursement
99201	$47		
99202	$77	99212	$46
99203	$109	99213	$76
99204	$167	99214	$110
99205	$211	99215	$148

Source: Review of Optometric Business – Special Report, May 2020

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Codes, modifiers and more ....

Modifiers

- 95 = Synchronous telemedicine communication
- GT = Synchronous telemedicine communication. Less limitation Vs 95
- GQ = Asynchronous telemedicine
- Medicare POS = 02
- VSP POS = 11

Sources

https://www.medicare.gov/coverage/telehealth

Review of Optometric Business – Special report, May 2020

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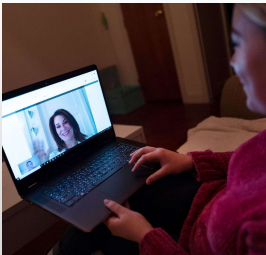
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Effective telemedicine processes ....

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Four essentials for effectiveness

1. Authenticity
2. Agenda setting
3. Empathy
4. Closing checklist

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Authenticity

- Typically, we have the benefit of physical connection. The power of this connection conveys comfort and caring. Incorporating language about thoroughness, understanding and caring will help to bridge the physical gap.

  - Be more conscious of the warmth of opening and closing greetings. Starting with a smile goes a long way.

AUTHENTICITY

Source: Press Ganey: Chrissy Daniels, Chief Experience Officer

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Authenticity

- At the beginning of the appointment, confirm that the patient can hear and see you clearly.

- Allow for an extra pause after the patient speaks to ensure they have completed their sentence to avoid interruptions.

- Explain when you must look away from the patient to reference the EHR or other documents.

Source: Press Ganey: Chrissy Daniels, Chief Experience Officer

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Agenda setting

- Understanding the patient's priorities and questions up front is an absolute must. Many physicians already embed agenda setting into their daily practice. The challenge here is that your patients may be less "ready" than they have been in the past. Make sure to take an extra few seconds to allow them to think about it.
  - Many practices use technicians in a pre-visit meeting to gather patient history and chief complaints.
  - Identify priorities. *"I see that you're here to discuss your headaches, seasonal allergies and the resultant eye irritation. Before we begin, are there any other issues you were hoping to discuss today?"*
  - Ask twice. After the patient identifies their concerns, ask *"Is there anything else?"* and wait for the answer. Keep asking until they confirm that they have nothing else.

Source: Press Ganey: Chrissy Daniels, Chief Experience Officer

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Agenda setting

- .
  - Negotiate if needed. *"That's a lot to cover in our time today. We may not have enough time to tackle them all today. I do think it's important to discuss your headaches and eye irritation today since it sounds like potentially the most pressing concerns. We'll cover as much as we can in this visit, and we can save anything noncritical for the next visit."*

  - Restate the agenda. *"So today we'll discuss your headaches and allergies, and we will save the discussion about extended wear contact lenses for the next visit."*

Press Ganey: Chrissy Daniels, Chief Experience Officer

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Empathy

- Deliberately addressing concerns for patients is important. The challenge with showing empathy through telemedicine is not the intention but the limited ability to convey it through tone, pauses, and body language.

- With telemedicine, one must rely more consistently on conveying empathy through language. It's surprising, but simply making a commitment to the patient or using more caring language can bridge many gaps.

Source: Press Ganey: Chrissy Daniels, Chief Experience Officer

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Empathy

- Care providers may need to check in more deliberately about worries or concerns throughout the visit and especially at the close.

Source: Press Ganey: Chrissy Daniels, Chief Experience Officer

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Tips to connect and display empathy

Here are 9 tips compiled from Medscape and Orbit Health for how to do, as telehealth provider American Well likes to call it, "Webside manner."

1. **Introduce yourself**. Tell your patient a little about yourself and what to expect during the appointment. If you don't start off this way, the whole appointment will feel distant. On the flip side, don't end the appointment abruptly and turn off the camera. Make sure to leave time for questions and answers at the end of the session.

2. **Display empathy**. This can mean showing compassion, helping calm fears, and providing hope when serious medical conditions arise.

3. **Maintain eye contact**. This is different via technology than in-person. On video you will need to look into the camera on your computer, and not at the patient's image on the screen. Looking at the image can come across as you looking down and not visually connecting with your patient.

Source: Courtney Edelson blog for PCC

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Tips to connect and display empathy

4. **Be aware of your surroundings**. Make sure the room you are in is not cluttered, and that the lighting quality is good so that you can be clearly seen.

5. **Communicate clearly**. Explain what you are doing. If you are going to look away to read the chart, tell your patient what you are doing so they don't interpret your behavior as not paying attention to them.

6. **Be comfortable with the technology you are using**. This will make you look competent and prepared, as well as positioning you to be able to help the patient at the other end with their technology if need be

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Tips to connect and display empathy

7. **Pay attention to your body language**. Make sure what you are saying with your body aligns with what you are saying with your words. Nonverbal communication becomes more of a focal point on camera. Try to come across as relaxed and comfortable. Be kind and warm. Be aware of your expressions. On camera a furrowed brow can come across as angry, even if you are just thinking. A smile and laughter will increase the bond between you and your patient. Watch your posture. Slumping conveys disinterest, leaning in too close to the camera can look intimidating, and leaning back too far can mimic disinterest.

8. **Avoid side conversations or taking any phone calls**. Limit anything that will distract you from your patient.

9. **Don't interrupt**. Remember that a video delay could cause you and your patient to unintentionally talk over each other. Practice active listening. Repeat back what your patient said so that they feel understood and validated.

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Polling Question 3

▪ What is your perception of the telehealth interactions you have experienced?

▪ Highly satisfied
▪ They were ok
▪ Not satisfied

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Closing checklist

- Think about how many times a patient remembers a question or request after they have left the exam room. In the clinic, the technician or optician can quickly get answers.
  - But when the telemedicine visit ends, what options does the patient have? Physicians must devote a greater portion of the visit and bring more structure to officially closing out the session.

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Closing checklist

Ideally, the after-visit summary is still the communication tool of choice, but this is generated after the telemedicine visit has ended. There is no longer the paper copy to reference. Therefore, the verbally communicated list should cover the following.

- Summarize the plan.
- Reinforce any care provider actions, such as calling in a prescription, etc.
- Reinforce any actions that the patient will take, such as complying with medication schedule, applying compresses, etc.
- Review questions and answers.
- Provide guidance on what to watch for should a problem worsen.
- Offer instructions for follow-up questions or concerns.

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Ideas for Tele-Opticianry

- As the process of selecting glasses is no longer being limited by retail store hours, it shifts to the comfort of the buyer's home.
- In this relaxed environment, friends and family are nearby for real time consultation—avoiding the sidetrack created when opinions on eyewear selfies go unanswered, or worse—given a quick thumbs down.
- Place your frame catalogue online. Have the patient select 4-6 frames prior to their exam. Send the frames and the patient returns the frames at the time of their exam

Source: Brick to Click, 20/20 magazine, March 2021

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Tom Davies – Custom, Bespoke Eyewear

- The TD Tom Davies stores that populate London, England are unique enterprises.
- Each client is approached as a bespoke client, with photos taken for a minimum of three styles at each face-to-face encounter and filed for future reference.
- Using these photos, the stores periodically send "renderings" of the latest styles via email to entice their client base with new offerings.
- These are not simple VTO images: The renderings are optimally tailored and individually colored, according to the notes and interactions recorded between the TD optician and the buyer.
- In this way, Tom Davies Bespoke Eyewear may be among the first of a breed of high-end bespoke tele-opticians.

Source: Brick to Click, 20/20 magazine, March 2021

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Tele-measuring

- Especially in a try-on environment at home, getting proper basic measurements wouldn't be difficult. After all, you're sending them frames of known size and therefore scale, so interpolating frame-based measurements such as pupil height and pupillary distance from pics should be a breeze.
- Frame wrap angle is also easy, since you know the frame's info before when you begin to order.
- Pantoscopic tilt could be determined using an overlay applied to screen shots of the patient's profile while wearing the selected frames.
  - You could always revert to default values for position of wear, which are averages derived from large data sets.
- An optical tele-landscape like this only requires an open mind to entertain it. And there's no doubt your customer will trust the new way if you do.

PD in mm

Source: Brick to Click, 20/20 magazine, March 2021

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Remote refractions

Kelley's Optical and Boutique

- Huntsville, Alabama
- Opened during the pandemic
- Optical and gift shop
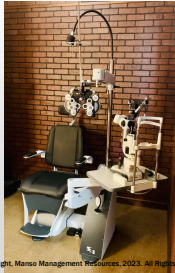- Provides remote refractions

Provides Eye Exams powered by 20/20NOW

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Remote refractions

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Remote refractions

- Refraction
- Retinal Exam
- Visual fields
- Glaucoma and Cataract evaluations
- Remote Slit Lamp
- Contact Lens evaluations
- Doctor consultations

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Remote refractions

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Remote Comprehensive Exam

- Harvey Moscot, OD, is the CEO of Moscot Optical, a fifth generation, family-owned optical brand based in New York with shops in cities around the world. He also offers comprehensive exams with a remote provider using 20/20NOW to fill in the gaps when the doctor is not available on-site.

- The exam is very thorough and complete. It includes subjective refraction with an online technician, pressure reading, slit lamp, and retinal images, all reviewed by a licensed doctor."
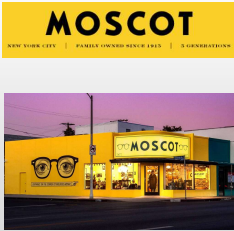
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Remote Comprehensive Exams

- For Kirk Lauterback, ABOC, COO of Shopko Optical, offering patients telemedicine services started before the COVID-19 pandemic. He explained that his business wanted to reach as many patients as possible, and by using DigitalOptometrics, they've been able to implement these technologies in nearly two dozen Shopko locations.

- "At Shopko Optical, our priority is for patients to see an in-person doctor for comprehensive eye exams. However, in order to meet the needs of our patients wanting an additional level of convenience, we looked at multiple tele-optometric solutions," Lauterback said. "We found that DigitalOptometrics offered a patient experience that was consistent with our philosophy.

- We added tele-optometry to our first center in the fall of 2019 and since then have added the service to 20 additional centers. This system provides great technology along with caring refractionists and optometrists. The set-up and support by the DigitalOptometrics team has been outstanding as well."

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Remote Comprehensive Exams

- Tamara Hill-Bennett, OD, of Logic Eye Care Inc. in Philadelphia also started using telemedicine at the start of COVID-19 for her mobile optometric practice. She explained that EyecareLive answered her most important question: How can we effectively take care of the population we serve? After "a webinar about EyecareLive, I knew it was the right fit," she said. "As soon as I heard the ability to have patients do in-home eye exams, I didn't need to hear anything else.

- Being a mobile eye care service, we had used other technologies before, but EyecareLive came to us at the perfect time during the pandemic. I needed to see how I could offer my patients a safe, effective way of administering an eye exam. We're still bringing the eye doctor's office to the home; this is just another way to do that.

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Conclusion

The great news is that telemedicine improves with practice, for physicians and patients.

- Despite the challenges outlined here, telemedicine has amazing benefits for both: eliminating no-shows, late arrivals, and transportation and weather problems; keeping frail patients in the comfort of their homes.

- The benefits of telemedicine will continue to grow as it becomes a critical tool for care delivery.

- By making small but meaningful communication changes, physicians can make every telemedicine encounter more effective and a better experience for their patients

- The opportunities for new business models abound!

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