HIT Operational Plan Update

March 24, 2020

Agenda

- Commons IT Network

- Telehealth/Telebehavioral Health

Note

- Much of the information in today's presentation references Medicare and Medicaid flexibilities provided in response to the public health emergency arising from COVID-19.

- Information is current as of today.

- Please keep an eye on the HCA and CMS websites for additional flexibilities/updates.

- Resources are provided at the end of the presentation.

Commons IT Network

What is Health Commons Project?

Commons is a member owned, 501c3 nonprofit
- Our members are committed to fully integrating local health and social services to sustainably care for the most vulnerable in their neighborhood (Neighborhood Health System)
- Commons helps our members build Neighborhood Health Systems by supporting them with four key services:
    - Member learning networks
    - Organizational/regulatory consulting
    - Access to the Commons IT network
    - Neighborhood Health System sustainability financing

More about the Commons IT Network:
- Member web portal providers use to access the digital tools needed to coordinate care with partner agencies
- Benefits are simplified provider communication, patient care coordination and outcome reporting across local community health networks.

For more information on Health Commons Project membership:
- www.healthcommonsproject.org
- info@healthcommonsproject.org

HCP Health Commons Project

Intro to Puget Sound Fire and FDCARES

1 One community at a time, Fire Departments are launching a new core service, called Community Paramedicine or Mobile Integrated Health (CP-MIH).

2 CP-MIH services connect community members to the right health and social care.

Photo courtesy of Chamber of Commerce Staff from Puget Sound Regional Fire Authority and Renton Fire Authority, as well as Renton Fire governance board chair and city councilmember Armondo Pavone, after accepting the award for "Innovation in Health Care" at the 2019 Renton Ahead of the Care Gala.

Jails
Primary, Specialty, Dental Care
Mental Health Treatment
Police
FD CARES
Addiction Treatment
Aging Services
Spiritual Counseling
Social Services
Housing
Foodbanks and Meals

How is our work at FDCARES related to COVID-19?

- To ensure first responders can perform safe and effective care for our neighbors, we need to accurately screen and monitor the COVID-19 status of first responders.

- Local and regional leaders have tasked our Mobile Integrated Health team with the responsibility of setting up a COVID-19 test site for first responders at fire, police, ambulance, and dispatch agencies.

- Our goal is to have a minimum viable service in place by Monday, March 30 to begin testing

COVID-19 in Washington state
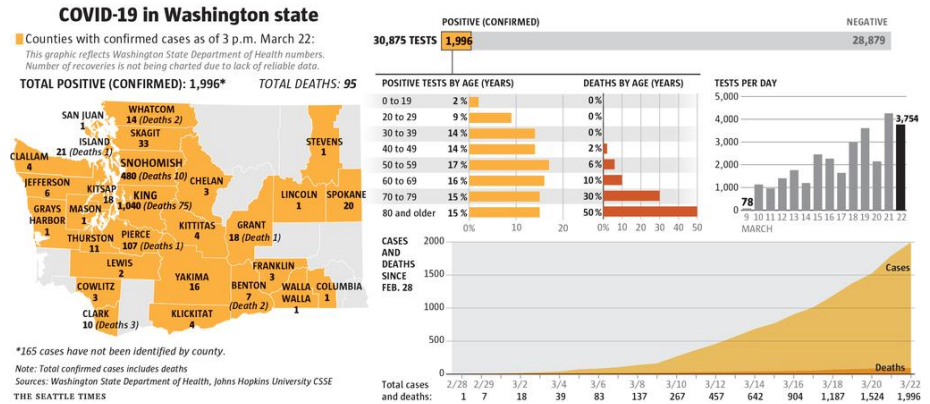
How is Commons helping FDCARES set up our First Responder screening service?

Commons is providing consulting and software tools from the Commons IT Network to coordinate First Responder screening across multiple agencies in South King County
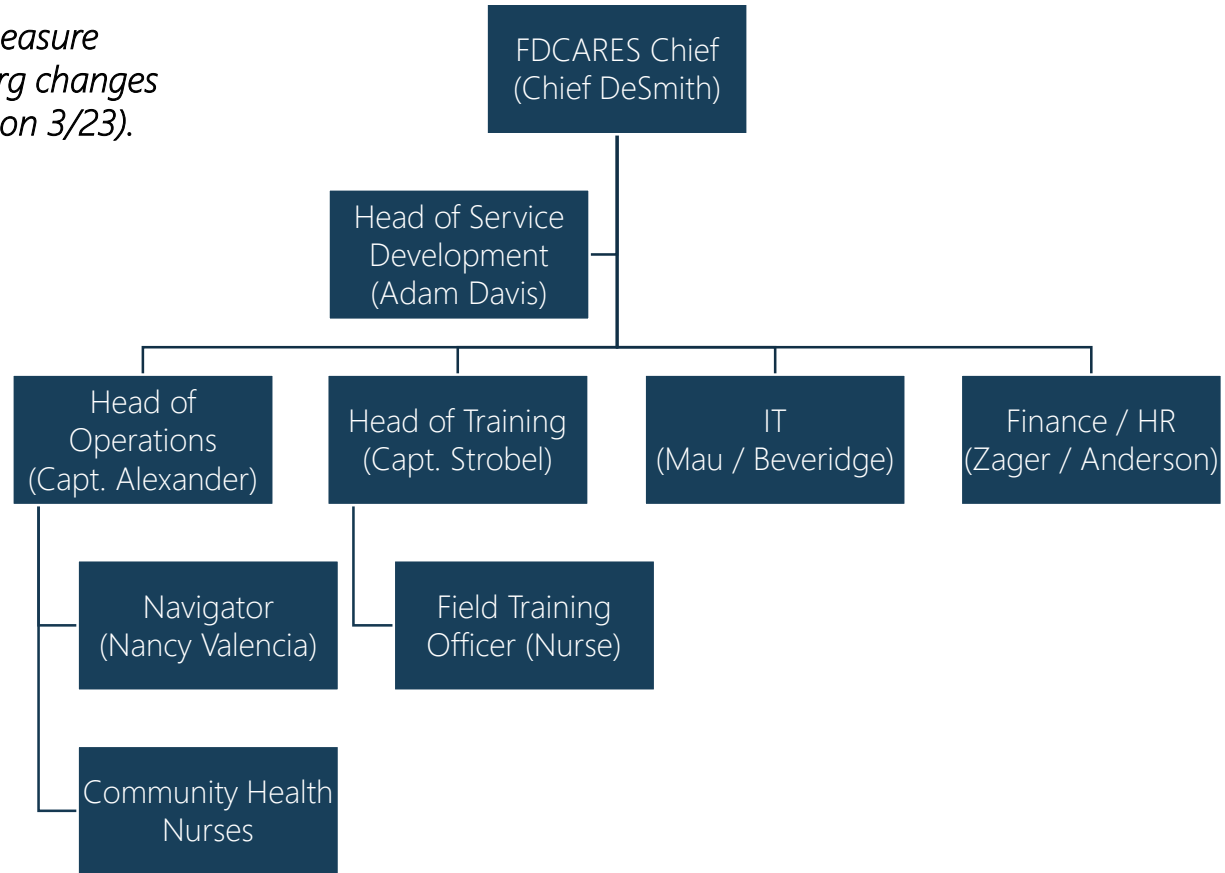

Learning Network

Professional Services

Connection to the Commons IT Network

Connection to Community Investors

HCP Health Commons Project

Commons helped us quickly reorganize our personnel so we could create this new first responder screening service

Re-organize, re-align and measure overall team effectiveness (org changes approved by PSF leadership on 3/23).

- FDCARES Chief (Chief DeSmith)
  - Head of Service Development (Adam Davis)
    - Head of Operations (Capt. Alexander)
      - Navigator (Nancy Valencia)
      - Community Health Nurses
    - Head of Training (Capt. Strobel)
      - Field Training Officer (Nurse)
    - IT (Mau / Beveridge)
    - Finance / HR (Zager / Anderson)

Commons is now helping FDCARES set up the right IT tools/tracking systems to we can coordinate COVID-19 screening across local agencies

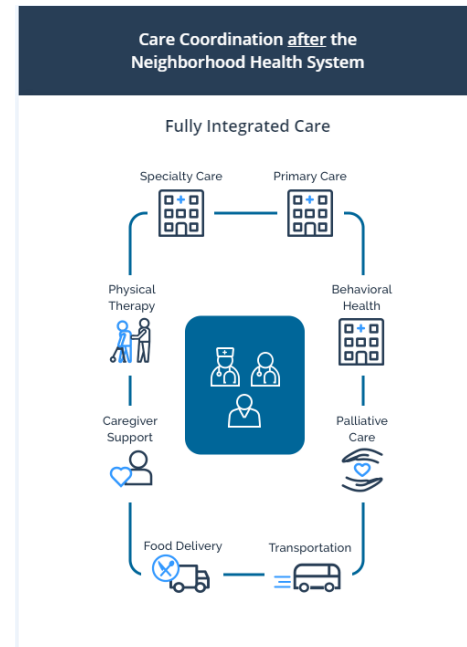*Improved data collection and reporting will help us streamline and simplify our work*

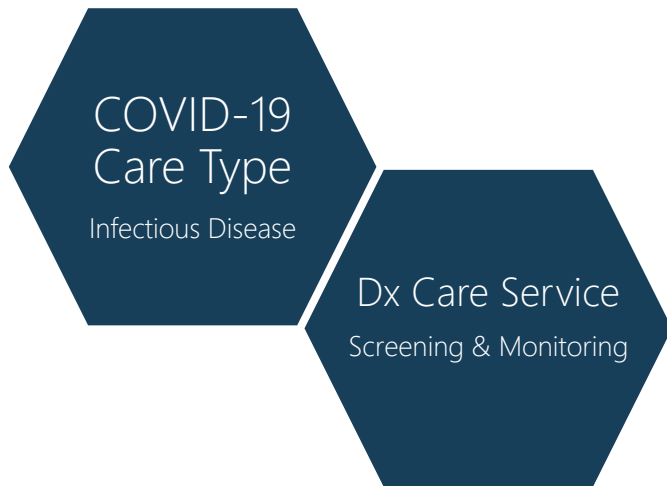| Screening | → | Registration and Scheduling | → | Specimen Collection | → | Testing | → | Tracking & Reporting |

FDCARES planned schedule for launching First Responder COVID-19 Screening Service

- Week of March 23:
  - Setting up test site (initial work completed 3/23)
  - Implement FDCARES organizational changes (approved 3/23)
  - Start training FDCARES nurses on safety and sample collection protocols
  - Implement "minimally viable IT" so we can begin seeing first group of Responders next week

- Week of March 30:
  - Start outreach to first responders in South King
  - Collect, review, classify all first responder exposures inquires (follow protocols)
  - Contact first responders to assess exposure risks/symptoms (follow protocols)
  - Schedule appropriate responders for testing/report (follow protocols)
  - Contact responders and leadership to notify about test results
  - Follow up as necessary

- Week of April 6:
  - Review what works/what doesn't with initial roll out
  - Implement new processes and systems (version 2.0)

FDCARES will use our COVID-19 work to accelerate development of our Neighbor Health System

Fire Departments want to use the CP-MIH Platform to help organize and knit together an entire community's health and social care assets into a customized set of digital services, so people get the care they need.

COVID-19 Care Type
Infectious Disease

Dx Care Service
Screening & Monitoring

Care Coordination _after_ the Neighborhood Health System

Fully Integrated Care

Specialty Care   Primary Care

Physical Therapy   Behavioral Health

Caregiver Support   Palliative Care

Food Delivery   Transportation

HCP Health Commons Project

Why did Puget Sound Regional Fire Authority Co-Found Health Commons Project?

- Service integration is too complex and costly to execute alone.

- We teamed-up with a group of communities and social entrepreneurs to work together, learn together, and share the costs of developing the Neighborhood Health System.

- Together, we created the Commons.

If you have any questions about First Responder Screening for COVID-19 or the Neighborhood Health System, you can reach me at: *ADavis@pugetsoundfire.org*

HCP Health Commons Project

Telehealth/Telebehavioral Health

Deb LaMarche, Program Director

Northwest Regional Telehealth Resource Center

deb.lamarche@utn.org   www.nrtrc.org

Northwest Regional Telehealth Resource Center

Serves:

Alaska

Idaho

Montana

Oregon

Utah

Washington

Wyoming

https://nrtrc.org/

Telehealth, defined

- **Telehealth** is a collection of **means** or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies.

- **Telehealth** encompasses a broad variety of technologies and tactics to deliver virtual medical, health, and education services.

  - Center for Connected Health Policy, https://www.cchpca.org/about/about-telehealth

What is Telehealth

- Telehealth includes technologies such as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices used to collect and transmit patient data for monitoring and interpretation.

- Telehealth is a broad concept that includes "telemedicine"

- Permits beneficiaries to use telehealth to receive services:
  - from a range of healthcare providers
 - for common office visits , mental health counseling, and preventive health screenings.

Telemedicine

- For purposes of Medicaid, telemedicine seeks to improve a patient's health by permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site.

- Telemedicine involves the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.

- (Source: Medicaid.gov: https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html)

Store and Forward

Transmission of patient information to a practitioner, usually a specialist, for later evaluation.

- Teleradiology
- DM Retinopathy screening
- Teledermatology
- Echocardiography
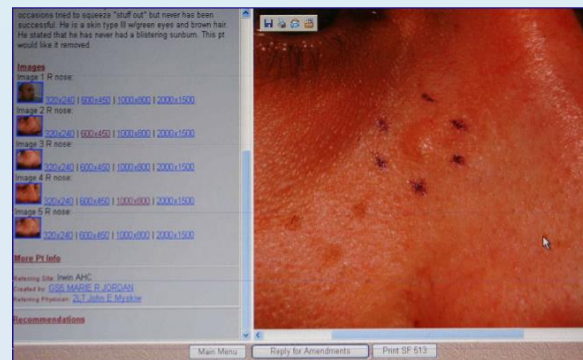
Remote Patient Monitoring (RPM)

Personal health and medical data collection from an individual in one location transmitted to a provider in a different location for use in care and related support.

mHealth

- Use of mobile devices and wireless devices for health care – telehealth, patient education, chronic disease management, and others
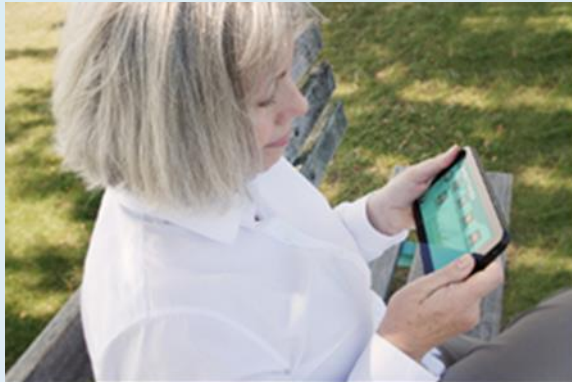
COVID-19 & Medicare Telehealth:
Federal updates during the Public Health Emergency

Medicare

- Relaxed requirements re: patient location, including urban areas and in the home

- Waived the requirement that the practitioner have a prior established relationship with the patient

- Will allow health care providers to reduce or waive beneficiary cost-sharing, such as co-pays

U.S. Department of Health and Human Services (HHS)/Office of Civil Rights (OCR)

- The OCR Notification of Enforcement Discretion related to COVID 19 provides:
  - A covered health care provider can <u>use any non-public facing remote communication product</u> that is available to communicate with patients.
  - Covered health care providers may use the following applications for video chats: Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty.
  - Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

U.S. Department of HHS/OCR (cont'd)

– OCR describes these vendors as HIPAA compliant and Technology vendors that offer HIPAA compliant services and are able to enter into HIPAA business associate agreements (BAAs): Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, and Google G Suite Hangouts Meet.

– OCR will not penalize providers for the lack of a BAA with video communication vendors or other noncompliance with the HIPAA Rules related to telehealth services

– OCR notes that vendors that should **NOT** be used for telehealth purposes because they are public facing: Facebook Live, Twitch, TikTok, and similar video communication applications that are public facing.

Washington State Efforts
FREE Psychiatry Case Consultation Services

- **Telepsychiatry Access Program (TAP).** The UW TAP offers telehealth, telemental health and telephone services to meet the behavioral health needs of local, state and regional communities. TAP offers three tiers of telepsychiatry: Provider-to-Provider Consultation, Integrated Care Consultation, and Direct Patient Care. Additional information at: https://sharepoint.washington.edu/uwpsychiatry/ClinicalServices/ConsultationandTelepsychiatry/Pages/default.aspx

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Free Psychiatry Case Consultations via Telephone

Psychiatry Case Consultations via Telephone. A brief summary document is sent to the caller following each consultation. Phone consultations are covered by HIPAA, section 45 CFR 164.506; no additional release of patient information is required to consult by phone.

Partnership Access Line (PAL) for PCPs with child and adolescent psychiatry questions
866-599-7257 | paladmin@seattlechildrens.org
8am - 5pm, Monday - Friday (excluding holidays)
www.seattlechildrens.org/PAL

PAL for Moms for providers with perinatal psychiatry questions
877-PAL4MOM (877-725-4666) | PPCL@uw.edu
9am - 5pm, Monday - Friday (excluding holidays)
https://www.mcmh.uw.edu/ppcl

Psychiatry Consultation Line (PCL) for prescribers with adult psychiatry or addictions questions
877-WA-PSYCH (877-927-7924) | PCLWA@uw.edu
8am - 5pm Monday - Friday (excluding holidays); will go 24/7 starting July 2020
www.uwpsychiatry.org/pcl
PCL offers the option of connecting to PAL or PAL for Moms.

Free Psychiatry Case Consultations via Interactive Video

- **Psychiatry & Addictions Case Conferences (UW PACC-ECHO) for** any provider who wants to improve the mental health and addictions care for their patients.
- 12:00-1:30pm, Thursdays
- nominal fee for CME credits
- http://ictp.uw.edu/programs/uw-pacc or e-mail uwpacc@uw.edu

HCA's Telehealth efforts

- HCA requested flexibility from CMS to provide and pay for telehealth services.

- Apple Health has:
  - opened new billing codes for both telehealth and telephonic services, including for behavioral health services to cover telehealth services in the same manner and at the same rate as in-person care [https://www.hca.wa.gov/assets/billers-and-providers/telehealth-brief-for-COVID-03-2020.pdf]

- Broadly waive any other face-to-face patient/ provider or similar requirement

- Continues to work to expand telehealth options

[source: https://www.hca.wa.gov/information-about-novel-corona-virus-covid-19]

Telephone Services

- **Washington Telephone Assistance or Lifeline Program.** Provides financial assistance to low-income Washington residents to help ensure affordable telephone service. To qualify for Lifeline Washington individuals must be enrolled in one of the qualifying social service program below **OR** income must be below 150% of the federal poverty guidelines.

- Additional information at: http://www.lifelineprogram.org/lifeline-washington/

HCA Zoom Technology Licenses

- HCA purchased a limited number of Zoom telehealth/video-conferencing technology licenses available to certain providers at no-cost to the provider to help health care providers continue seeing patients without a physical encounter. : https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/request-zoom-license-connect

- Eligible providers: serve a meaningful number of Medicaid clients; do not have other HIPAA or 42 CFR Part 2-compliant video capabilities; are in smaller practices with less infrastructure; serve children, adolescents, pregnant or parenting women or tribal members; are opioid treatment programs, prescribe/support prescribers of medications to people diagnosed with significant mental illness or substance use disorder, or serve as community mental health centers

HCA Zoom Technology Licenses (cont'd)

- If you are a health care provider who needs access to this technology, go to [our Zoom application page](#) and follow instructions to submit your application.

SAMHSA Guidance on 42 CFR Part 2

- In response to the COVID-19 pandemic, SAMHSA wants to ensure that substance use disorder treatment services are uninterrupted .

- SAMHSA recognizes the need for increased need for telehealth services and telephonic consultations, and that providers may not be able to obtain written patient consent for disclosure of substance use disorder records.

- The prohibitions on use and disclosure of patient identifying information under 42 C.F.R. Part 2 would not apply in these situations to the extent that, as determined by the provider(s), a medical emergency exists.

Source: https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf

Washington BH Providers Telehealth Implementation Experience

Ideal Balance
Penny S Bell
Administrator,
Substance Use Disorder
Professional

Chaplaincy Health Care
Gary Castillo
Executive Director

SUD TELEHEALTH

Ideal
Balance

Penny S Bell
Administrator,
Substance Use Disorder Professional

Interpreting All The Changes

It's best if you do your own research and don't base what you do on another agency. We are all trying to determine what these changes entail. I am not an attorney and I do not work for HCA or DOH. All I can speak to is my understanding of the information and how this is driving us toward the utilization of telehealth with our patients.

Setting up Telehealth

- One option is to have clinicians within clinics, clients at home
  - Utilize phone, zoom or another audio/video platform
  - Use tracking device to track time with client (stopwatch, etc.)
  - Each clinician is in their own office, providing telehealth to clients at home
  - Have each staff member sign a Work From Home (WFH) contract

- Another option is to have clinicians AND clients at home (have staff sign a WFH contract)
  - Provide REMOTE access to employee's home PC
    - This allows the employee to use their personal PC to log onto their work computer. No PHI will be on the employee's home PC
    - The employee would see exactly what they see if they were in their office
    - You must leave the office PCs on in order for this to work
      - You may need to go to each PC, into the power settings, and click on whatever you need to in order to keep the PC from 'going to sleep.'
  - Use VPN (virtual private network) connection if employee has a company computer that is being brought home (Have staff sign a WFH contract)
    - This PC must be used by the employee only
    - This access allows the employee to log onto the company domain

Think about the HIPAA and 42 part 2 Rules Differently – for now

- **HCA/DBHR/DOH/CMS/ACH's**
  - Keep up on what is changing. If you are not receiving automatic emails, sign up for these or go to their sites daily for updates
  - Don't wait for someone else to hand deliver information to you
- **HIPPA – 42 part 2**
  - It is my understanding that we are able to move away from these rules IF it is in the best interest of the patient in providing our essential services
- **Understand the 1135 Waiver for WA State**
  - As long as you are practicing with good faith, you will not be sanctioned
  - If you don't know what the 1135 waiver is, search for it

Think Outside the Box

- Have your office phone forward the call to your cell phone
- Put message on your phone that you will return call with blocked caller ID
- Provide verbal informed consent of 3rd party payer consent and receive verbal consent from client – mark this in your EMR chart note
- If using audio/video – share your screen with client and show them the 3rd party payer consent and request verbal consent – again, put this in the chart note
- Request verbally for consent to provide telehealth services, mark this in the chart note
- Follow the same for all other documents used during sessions. Provide verbal, email these to clients – there are secure ways of emailing such as Barracuda, etc.
- Consider providers starting a clock when they connect with a client, and stopping when done so that they can track the time spent with the client for billing purposes
- Consider waiving co-pays, co-insurance, deductibles until you are able to collect such funds in a safe and effective manner
- Ask every client, at every contact, for a current email address and phone number
- Refer to your current policies regarding natural disasters – what have you put in place in such events? Can you follow these?
- Use free audio/video platforms: Zoom, Doxy.me, etc. Typically there is a time limit for the free versions. I believe Zoom it is 30 minutes
- Utilize phone only while developing your audio/video
- Have specific staff in charge of connecting clients to clinicians or patients to providers
- Split clients by clinicians. Clinician A is in charge of clients with last name A through D, etc.
- Keep track of who you have tried to contact
- Add elements to your templated chart notes to indicate how service was provided – Telephone only, audio/video, where client was located and where clinician was located during the service
- Have valid links to information when clients request – don't give medical advice if you are not a medical provider. Steer client to reputable sites such as the CDC, etc. Provide clients with the SAMHSA document that speaks to remote self-help meetings that anyone, anywhere can access
- Employers can zoom with staff to determine what the remote office looks like – provide feedback if there's too much in the background
- Do company wide zoom meetings, if only 15 minutes per day, to check in with your staff
- Use headsets whenever possible to protect clients as you use telehealth.
- Zoom group meetings are difficult as you can't protect privacy between clients – a client may have family members walking around

Remember, WE are the motivators for our staff and our clients

- Keep daily contact with your staff
- Use humor, give compliments, thank your staff for stepping up, listen to their concerns
- Add pictures to your background for zoom – add a photo of a destination and have staff guess where it's from
- Remind your staff that they don't have to solve the clients' problems, they may need to simply listen to their anxiety and offer support during this stressful time
- Make sure your staff has numerous referral sources to deliver to your clients – maybe a one sheet document showing community resources.
- Have valid links to sites that can provide accurate information for topics outside our scope of practice
- This is no different than how we've typically worked – the only difference is the client is on the phone or PC. Other than this, it's work as usual
- If you are unable to provide service, ask your community partners for help
- None of us are in the alone – we can serve as one community

Implementing a Telehealth System

- Washington State Guidebook, includes checklist for implementing a new telehealth system:
  - https://www.dshs.wa.gov/sites/default/files/BHSIA/FMHS/DSHSTelehealthGuidebook.pdf

- Other Practice Guidelines resources:

  – American Telemedicine Association:
    https://www.americantelemed.org/

  – American Psychological Association:
    https://www.apa.org/practice/guidelines/telepsychology

Chaplaincy Health Care
Gary Castillo
Executive Director

- Chaplaincy Health Care provides behavioral health, hospice and palliative care services.

- We appreciate the flexibilities to offer telehealth service. Chaplaincy Health Care also wants a solution that will be sustainable after the COVID 19 public health emergency is over.

- Chaplaincy Health Care uses QliqSOFT (pronounced Click Soft) for tele-visits.

- QliqSOFT is a secure, HIPAA compliant texting platform that supports telehealth (voice, video, and texts) and store the televisit on the web. Nothing is saved or stored on any device

- The client can:
    - receives texts
    - receive and send a signed consent form via text
    - receives a message at the end of visit, "You've been in a telehealth visit"

- Chaplaincy Health Care has found that QliqSOFT works best using laptop to form or laptop to laptop (phone to phone does not work so well)

- Chaplaincy Health Care has had great success using QliqSOFT in providing behavioral health and palliative care services.

Q and A

Resources

Additional HCA COVID Related Resources

- From the HCA COVID-19 site:
  - https://www.hca.wa.gov/information-about-novel-corona-virus-covid-19
  - Family Planning Only Program telemedicine services offered during the COVID-19 outbreak
  - Additional information to come on reimbursement rates and other details--including temporary allowances for telephone encounters.

- Video on Zoom licenses :
  - https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/request-zoom-license-connect

- Payment FAQ here
  - Clinical-policy-and-billing-for-COVID-19-FAQ.pdf

- Information/answer to questions on billing for behavioral health services provided via telehealth:
  - https://www.hca.wa.gov/information-about-novel-corona-virus-covid-19

  (scroll down to the "Providers" subheading, see information about BH and telehealth).

SAMHSA COVID 19 Resources

- https://www.samhsa.gov/coronavirus

OCR Notice of Enforcement Discretion

- https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

Washington State Efforts

- **Washington State Telehealth Collaborative.** The Collaborative seeks to advance the use of telehealth by sharing of knowledge and health resources statewide, increasing public awareness of telehealth as a delivery mechanism, and enabling development and delivery of technology-assisted programs that promote access, sustainability, utilization and affordability of telehealth services. Additional information available at: https://www.wsha.org/policy-advocacy/issues/telemedicine/washington-state-telemedicine-collaborative/

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Other Telehealth Resources

- **Northwest Regional Telehealth Resource Center (NRTRC).** NRTRC supports implementation of telehealth in the Northwest Region, telehealth policy development at the national level, and makes available telehealth resources and technical assistance materials. Additional information at: https://www.nrtrc.org/about-us.

- Register for the NRTRC virtual telehealth conference April 15- 17 2020 (including a 101 session on Telehealth implementation).

- Recorded March 19, 2020 webinar Telehealth and COVID-19: https://www.telehealthresourcecenter.org/events/category/webinars/?tribe_event_display=past.

COVID-19 & Telehealth: Resources
Northwest Regional Telehealth Resource Center

- NRTRC COVID-19 and Telehealth Resources
  - A comprehensive, organized list of resources all in one document with links to source documents
- NRTRC Quick Start Guide to Telehealth
  - For use during the current public health emergency
- NRTRC TAO Virtual Conference, April 15-17
  - Join live to participate in sessions on Telehealth 101, Policy Updates, Telehealth Technology Showcase, and examples of creative telehealth implementations.

COVID-19 & Telehealth: Resources Telehealth Resource Center Partners

- Center for Connected Health Policy
  - CCHP is the national TRC for policy

- National Telehealth Technology Assessment Resource Center
  - TTAC is the national TRC for technology.

- National Consortium of Telehealth Resource Center
  - Many shared resources, including telehealth fact sheets and webinars

Bi-Monthly HIT Operational Plan Meetings

- 4th Tues. of every other month.

- Next meeting: May 26

- Same webinar, phone number, meeting room.   Available at:

  https://attendee.gotowebinar.com/register/6533460124218503425

Questions?

More Information:

   We anticipate that bi-monthly updates will be posted on HCA Transformation website.

https://www.hca.wa.gov/about-hca/health-information-technology/washington-state-medicaid-hit-plan

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