Academy for Gerontology in Higher Education
Clinical Placements Exploring Virtual Options
June 18th, 2020

Wayne State University School of Medicine

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Presentation Outline:

Telehealth

Tele Check-in

Clinical Skills Training
Changes to Telehealth

**Six Key Changes During COVID-19 Emergency**

- The Centers for Medicare & Medicaid Services (CMS) lifted Medicare restrictions on the use of telehealth services during the COVID-19 emergency. Key changes include:

- Effective March 6 and throughout the national public health emergency, Medicare will pay physicians for telehealth services at the same rate as in-person visits for all diagnoses, not just services related to COVID-19.

- Patients can receive telehealth services in all areas of the country and in all settings, including at their home.

- CMS will not enforce a requirement that patients have an established relationship with the physician providing telehealth.

- Physicians can reduce or waive cost-sharing for telehealth visits.

- Physicians licensed in one state can provide services to Medicare beneficiaries in another state. State licensure laws still apply.

- HHS Office for Civil Rights (OCR) offers flexibility for telehealth via popular video chat applications, such as FaceTime or Skype, during the pandemic.
# Types of Telehealth

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>What is the Service?</th>
<th>HCPCS/CPT Code</th>
<th>Patient Relationship with Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICARE TELEHEALTH VISITS</strong></td>
<td>A visit with a provider that uses telecommunication systems between a provider and a patient.</td>
<td>Common telehealth services include:</td>
<td>For new or established patients.</td>
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<td></td>
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<td>- 99201-99215 (Office or other outpatient visits)</td>
<td>To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.</td>
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<td></td>
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<td>- G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)</td>
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<td></td>
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<td>- G0406-G0418 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)</td>
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<td>For a complete list: [<a href="https://www.cms.gov/Medicare/">https://www.cms.gov/Medicare/</a></td>
<td>For established patients.</td>
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<td>Medicare-General/</td>
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<td>Information/Telehealth/Telehealth-Codes]</td>
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<td><strong>VIRTUAL CHECK-IN</strong></td>
<td>A brief (5-10 minutes) check-in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.</td>
<td>- HCPCS code G2012</td>
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<td>- HCPCS code G2010</td>
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<tr>
<td><strong>E-VISITS</strong></td>
<td>A communication between a patient and their provider through an online patient portal.</td>
<td>- 99421</td>
<td>For established patients.</td>
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<td>- 99422</td>
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Tele Check-In: Planning and Implementation

- Faculty co-created the course with medical students.
- Conducted a feasibility study for online engagement.
- Decision to conduct the tele-check-ins using Learning Community teams
- Communicated decision to the collaborating community agency.
- Agency recruited families
- Faculty created assessment tools
- Students selected their LC leader for this assignment
Tele Check-In

Conducting the visit

• Teams of 6 students.
  • 3 conducted the initial assessment. The other 3 did a follow-up call.
  • All 6 worked together to create a resource guide to address various needs expressed by the family.

Platforms used

• ~75% used phone, 25% used a video chat platform

Assessment tool

• Survey and reflection assignments
Resource Guide Assignment

- After identifying problems and resources, they crafted a SMART (specific, measurable, actionable, relevant, time bound) plan using a PDSA (Plan, Do, Study, Apply) approach.
- Teams were given freedom to format this plan in different ways and encouraged to be creative.
- Some teams compiled long lists of resources, while others created a one-page infographic.
Example of some of the Assessment Questions

• Does anyone in your family have any chronic health challenges that benefits from specific dietary requirements or restrictions? **Yes.** Who? (may be more than one family member, with varying requirements)
  
  **If so,** what are those dietary requirements or restrictions? List for each person.

• How have your challenges meeting these requirements changed since the implementation of restrictions due to the Covid crisis?

• Have you ever tried a food delivery service of any kind? (Meals on Wheels or similar services, grocery delivery from a local chain, Amazon or similar)? Why or Why not? Explain in 10 to 15 words.

• Within the past month (since quarantine started), were you worried about running out of food before you got money/resources to buy more?

• What is the current employment status of the primary breadwinner(s) for your family? (There could be several sources of income. Please note for each: employed, retired, laid off/furloughed, or unemployed)

• Do you have the financial resources needed to pay household bills, rent/mortgage?

• What challenges did you and your family face with **transportation** prior to Covid crisis?

• How has your access to health care changed since the implementation of restrictions due to the Covid crisis?

• What challenges did you and your family face with **obtaining medication** prior to Covid crisis?
Example: Summary of Patient Needs

- Based on the responses in the Tele-Check In, the following are challenges that our patient faces. These challenges are amplified by the fact that she has to provide for seven children:
  - A lack of transportation and inability to make car repairs due to limited income as she recently lost her job. This is making it hard for her to find employment.
  - Although she ensures her children never starve, she is low on food and baby formula.
- Alarmingly, the patient occasionally skips meals and adjusts her meal schedule to provide food to her children. It is essential we find resources to meet her nutritional requirements. Inadequate nourishment and a high level of stress can lead to unfavorable postpartum recovery.
Tele Check-In Outcomes

Resource Guides:
All 50 Learning Communities created customized resource guides to meet the needs expressed by the family, common topics included:
- Food insecurity
- Accessing electronics (esp. Video chat platforms)
- Physical activities for kids

Reflections: Each group did a team reflection on Covid specific problems for the family, policies implemented, and the impact of these policies on our role as physicians.
Fun Activities

- **Living Arts At Home** - online music, visual art, writing, and dance programs for youth of all ages and families.
- Explore [collections from the Detroit Institute of Arts](#).
- Watch some [opera](#).
- Catch a [94-hour marathon](#) of puppies and kittens on Animal Planet.
- Take a [YMCA class](#) from home.
- Try a [science experiment](#).
- Enroll in one of Yale’s most popular [courses](#).
- Learn at home with [Detroit PBS](#).
- Meditate with [calming exercises](#).
- Take advantage of [Time For Kids](#) online library.
- Learn the [basics of coding](#).
Reflection Questionnaire

• What are the challenges to accessing healthy nutrition during the Covid crisis?
• How do Covid-specific policies at state and local levels impact access to food during this crisis?
• How do these challenges impact your role as a physician?
• What resources are available to empower the patient and improve their access to food and better health?
• On a personal note, unmet need affects people from all walks of life. What coping strategies do you or will you adopt to ensure personal resilience in the face of unmet need?
• In your analysis of unmet need for the Resource Guide you created for Assignment 1, what patient, community, physician, health system and/or policy level factors contribute to the disparities and unmet needs your patient is facing?
Both resource guides and group reflections were peer reviewed by the assigned LC using a rubric.
Patient Response

- Medical student completed telehealth check-in, but had concerns that patient had severe or suicidal ideation.
- Student contacted student coordinator for the clinic.
- Student coordinator contacted the patient's PCP (Dr. RJ).
- Patient was assessed by the PCP immediately
- Patient felt better and had concerns addressed.

Roller coaster of emotions aside. 😢😢😢 I’m getting a little teary eyed thinking about you taking the time to check up on me. Thank you so much! 🙏 It’s has been a crazy few months barring the hormones. I hope you and your staff get that much needed time off! Your concern means a lot to me!! You truly are the best, Doc! ❤️❤️❤️
Clinical Skills

Planning - Staffing

Standardized Patients

Other requirements
Clinical Skills

Case Example

• Pediatric well child visit
• Student / parent interaction, physical examination, counseling
Clinical Skills

Lessons learned
Survey Tele Check-Ins

- What medium did you use to contact your assigned family? Email, Telephone, Video chat, Other
- How long do you estimate you spent in contact with your assigned family?
- What resources was your person most interested in? Health, Food, Social, Financial, Other
- On a scale of 1-5, 5 being the most positive:
  - Overall, rate your experience using telemedicine
  - Overall, how useful do you think telemedicine is for patients?
  - Were you still able to communicate as effectively using telemedicine?
  - How likely are you to use telemedicine again?
  - How effective do you think telemedicine can be in replacing traditional in-person visits?
- Please share one experience that really stood out to you, or a way you were able to help:
- Please share your feelings about telemedicine (pros and/or cons)
- Please share something you wish could have been different about this assignment
  - Please list three adjectives that describe your telemedicine encounter (smooth, awkward, etc.)
Tele Check In Results

Type of Resource Most Needed (n=40)

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>4</td>
</tr>
<tr>
<td>Food</td>
<td>12</td>
</tr>
<tr>
<td>Social</td>
<td>6</td>
</tr>
<tr>
<td>Financial</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
</tr>
</tbody>
</table>
Tele Check In Results

On a scale of 1-5, with 5 being the most positive:
(Error bars represent confidence interval at 95%, n=40)
Links to resources

Telemedicine: A Practical Guide for Incorporation into your Practice

Practicing Excellence
Telehealth Essentials