TELEHEALTH WEBINAR 4: MEDICAL
For audio, dial (415) 655-0003
Access code 666 223 237
The webinar is being recorded
Supporting materials will be shared
The California School-Based Health Alliance is the statewide non-profit organization dedicated to improving the health & academic success of children & youth by advancing health services in schools.

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schoolhealthcenters.org
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THANK YOU MOLINA HEALTHCARE FOR SUPPORTING THIS SERIES

New Telehealth Webinar Series:
Telehealth Webinar 5: Youth Engagement
Wednesday, June 3rd, 1:00 PM – 2:00 PM
Telehealth Webinar 6: Consent & Confidentiality and Mandated Reporting
Thursday, June 11th, 10:00 AM – 11:00 AM
Telehealth Policy to Support All Students

Mayra E Alvarez MHA
California School-Based Health Alliance Webinar #4
May 27, 2020
Telehealth During COVID-19: What We’ve Shared:

- Key Medi-Cal Policy Changes
  - Telehealth can be provided to both new and established patients
  - The patient and the provider can be located at their homes, at the clinic sites, or at community sites
  - Visits are paid at parity with in-person visits, including telephone
  - Guidance issues on acceptable platforms including Zoom, Skype, and Google Hangouts
Where Do We Go From Here?

- Access to telehealth services remains unequal across the state
  - In a recent poll conducted by Ed Trust West, The Children’s Partnership & partners, **94% of parents would like to access their child’s doctor using telehealth, but only 18% are currently able to do so**

- Expanding and Sustaining Access to Telehealth:
  - Ensure that telehealth guidance and flexibilities remain in place
  - Provide schools additional resources for student mental health supports
  - Invest in strategies that close the digital divide
Resources and Contact Information

Website: www.childrenspartnership.org
Email: malvarez@childrenspartnership.org
Delivering Medical Care Via Telehealth

Mario Bialostozky, M.D.
Introduction

Mario Bialostozky, M.D.

- Practicing general pediatrician - Urgent Care in San Diego
- Former primary care pediatrician
- Physician Informaticist at Rady Children’s Hospital San Diego
- Director of Quality and Informatics for Urgent Care at Rady Children’s Hospital San Diego
- Assistant Clinical Professor of Pediatrics at the University of California, San Diego
Agenda

• What is Telehealth
• What can you do via Telehealth + limitations
• What do you need to get started
• Modifying workflows
• Well-child care / Immunizations
• Confidentiality / HIPAA
• Dealing with urgent and emergent situations
• Q&A
• Defined by CMS as “a two-way, real-time interactive communication between a patient and a physician or practitioner at a distant site through telecommunications equipment that includes, at a minimum, audio and visual equipment.”¹

• A way of delivering medical care when the parties involved are not in the same location.

What can you do via Telehealth?

- Routine Office Visit for a New or Established Patient
- Sick Visits / Same Day Visits for New Problem
- Behavioral Evaluations
- Medication Management
- Therapy (Speech, Physical, Psychiatric)

- Evaluate for Need for a Referral
- Consult Specialist
Limitations of Telehealth

Unable to perform point of care (POC) tests virtually such as a urinalysis, rapid strep, rapid flu

Unless you have special hardware/devices you would not be able to listen to heart and lungs or look inside ears
Getting started

Provider
• Remote access to your EHR (unless you will be at the physical site)
• Videoconferencing platform
• EHR integration
• Advertising
• Re-connecting with your patients

Patients
• Ensure that your families have access to technology
• Wi-Fi is recommended but not required
• Good cell reception
• Mobile phones work great
Available Platforms

- Zoom for healthcare
- Cisco Webex
- Google G Suite Hangouts
- Skype for Business
- Doxy.me
- Doximity (not in HHS site)

- Relaxation of existing rules and regulations
- Try to ensure you are complying with regulations
- Enter into a Business Associate Agreement (BAA)

Workflows

May need to adjust your existing workflows

- MA/LVN/RN can still perform “rooming” tasks
- How will screenings be performed
- How will patients get scheduled

Design specific telemedicine workflows

- Obtain consent to treat
- How will patient/family obtain vital signs
- How will you handle patients that after the visit need to be seen in person
• Provider - patient (during office hours)

Patient

- Request appointment

Provider

- Arrives at the Telemedicine appointment
- Arrives at telemedicine appointment and let's patient into the virtual room
- Encounter occurs between provider and patient:
  1) Taking history
  2) Remote examination
  3) Review diagnostic studies
  4) Formulate plan of care
  5) Prescriptions as needed
  6) Follow appointment as needed

Scheduler/screen

- Screens for telemedicine appointment criteria
- Schedules Telemedicine appointment; sends patient log on instructions

Medical facility or office

- Conducts In person patient encounter

Follow plan or care, Fill prescription as needed

Need in person visit?

- Yes
  - Travels or taken to facility or office
  - Documents encounter Sends prescriptions

- No
Scheduling Workflows

- Who will determine whether the patient can be seen via telemedicine
- Will you develop a list of acceptable chief complaints/reasons for visit
- Dedicated screener
- Separate sick vs. not sick (both time and space)
## Physical Examination

| General: | Well developed, well nourished, well-groomed, male child |
| Skin: | No rashes, lesions, ulcers or macules |
| Eyes: | Sclera clear, lids normal, EOMI, no discharge |
| Ears: | Ears normal position and shape, no drainage |
| Nose: | Normal shape without lesions or scars, no drainage |
| Mouth: | Moist, lips normal, teeth intact, gums normal, no erythema, no petechia, no exudates |
| Neck: | Symmetrical, no visible masses, trachea midline, full range of motion |
| Respiratory: | Normal respiratory effort without use of accessory muscles |
| Abdomen: | No apparent tenderness with parent palpation, no distension |
| MSK: | Normal stance and gait, no cyanosis |
| Neuro: | Awake, alert, moves all extremities, no apparent neurological deficits |
Well-Child Care

- Children less than 2 years of age should be seen in person
- Whenever possible well-child visits should still be done in person
- Visits “may be initiated through telehealth, recognizing that some elements of the well exam should be completed in-person”¹

Immunizations

- Vaccination rates have dropped during the pandemic
- Make sure to contact families with missing immunizations
- Consider drive-by immunization offerings
- Critical part of well-child care
- Could be done in conjunction with a virtual visit
Confidentiality / HIPAA / Teens

• Encourage them to use headphones
• Ensure you have parental consent when required
• Warn families in advance that you may need some private time with the teen
• Ensure you continue to practice according to HIPAA
Emergent and Urgent situations

Use your clinical judgement

If you don’t feel comfortable treating via telemedicine have them come in

If in acute distress have family call 911

Psychiatric emergencies are also emergencies
Additional Resources

- [https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth_Other_Virtual_Telephonic_Communications_V3.0.pdf](https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth_Other_Virtual_Telephonic_Communications_V3.0.pdf) (Medi-Cal)
Questions?
Thank You!
Contact Information

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