TELEHEALTH: CARE DELIVERY IN THE NEW NORMAL

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DISCLOSURES

- No Financial Disclosures
- No Conflicts Of Interest
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AGENDA

- Telehealth Basics
- Possibilities & Limitations
- Getting Started – From 0 to 60
- Workflows and Practice Adjustments
- Well-Child Care / Immunizations
- Confidentiality / HIPAA
- Urgent and Emergent Situations
Telemedicine is 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.

Telehealth is a broader term that encompasses the use of technology for remote care delivery but also encompasses the administration of care, remote health education, as well as public health interventions.²

COVID IMPACT ON TELEHEALTH

**WHAT CAN YOU DO VIA TELEHEALTH?**

<table>
<thead>
<tr>
<th>Routine Office Visit for a New or Established Patient</th>
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<tbody>
<tr>
<td>Sick Visits / Same Day Visits for New Problem</td>
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<td>Behavioral Evaluations</td>
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<td>Consult Specialist</td>
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<td>Medication Management</td>
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<td>Therapy (Speech, Physical, Psychiatric)</td>
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<td>Evaluate for Need for a Referral</td>
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LIMITATIONS OF TELEHEALTH

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

May have a limited physical exam unless patient has special hardware

Dependent on quality of patient's devices and internet access
LIMITATIONS OF TELEHEALTH

Provider must be licensed in the state the patient is in

Could lead to more visits or additional tasks for patients
GETTING STARTED

Provider

- Remote access to your EHR (unless you will be at the physical site)
- Videoconferencing platform
- Consider EHR integration (not necessary)
- Re-connecting with your patients
- Advertising your services
- Many guides/resources available online for free
- Review your malpractice coverage
Patients

- Ensure that your families have access to technology
- Wi-Fi is recommended but not required
- Good cell reception
- Mobile phones tend to work great
- Photos are valuable when video quality is not optimal
- Need ample time to troubleshoot, especially on first visit
AVAILABLE PLATFORMS

- Zoom
- Cisco Webex
- Google G Suite Hangouts
- Skype for Business / Microsoft Teams
- Doxy.me
- Updox
- VSee
- Amazon Chime
- GoToMeeting
- Spruce Health Care Messenger
- Doximity*
- Vidyo*

*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

### Adjust Existing Workflows
- MA/LVN/RN can still perform “rooming” tasks
- How will screenings be performed?
- How will patients get scheduled?
- Does it need to be in person?

### Design New Workflows
- Obtain consent to treat
- How will patient/family obtain vital signs?
- How will you handle patients whom you might need to see in person after telemed visit?
- Failure of equipment
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 or same as scheduler?

Separate sick vs. not sick (both time and space)
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

Fewer childhood vaccines have been given during the COVID-19 pandemic*

To avoid outbreaks of vaccine-preventable diseases and keep children protected, vaccinations and well-child visits are essential

*Compared with January-April, 2019

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

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
Can 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, 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)
- [https://telehealth.hhs.gov/providers/](https://telehealth.hhs.gov/providers/)
QUESTIONS?
THANK YOU!