

Telehealth In Practice

June 17, 2021



Special Considerations in Telemedicine

Ted J. Hudspeth, MD, FAAFP

Webinar Series Topics

- Why You Should Develop a Telemedicine Practice
- How to Choose a Telemedicine Platform
- Telemedicine Pre-Visit Workflow
- Telemedicine Visit Workflow and Documentation
- Urgent Care in Telemedicine
- Chronic Care in Telemedicine

Webinar Series Topics

- Marketing Your Telemedicine Practice
- Value Metrics in Telemedicine
- Disparities in Care: Telemedicine Potential
- Hardware in Telemedicine
- Literature Review in Telemedicine
- **Special Considerations in Telemedicine**

Webinar Series Topics: On Demand

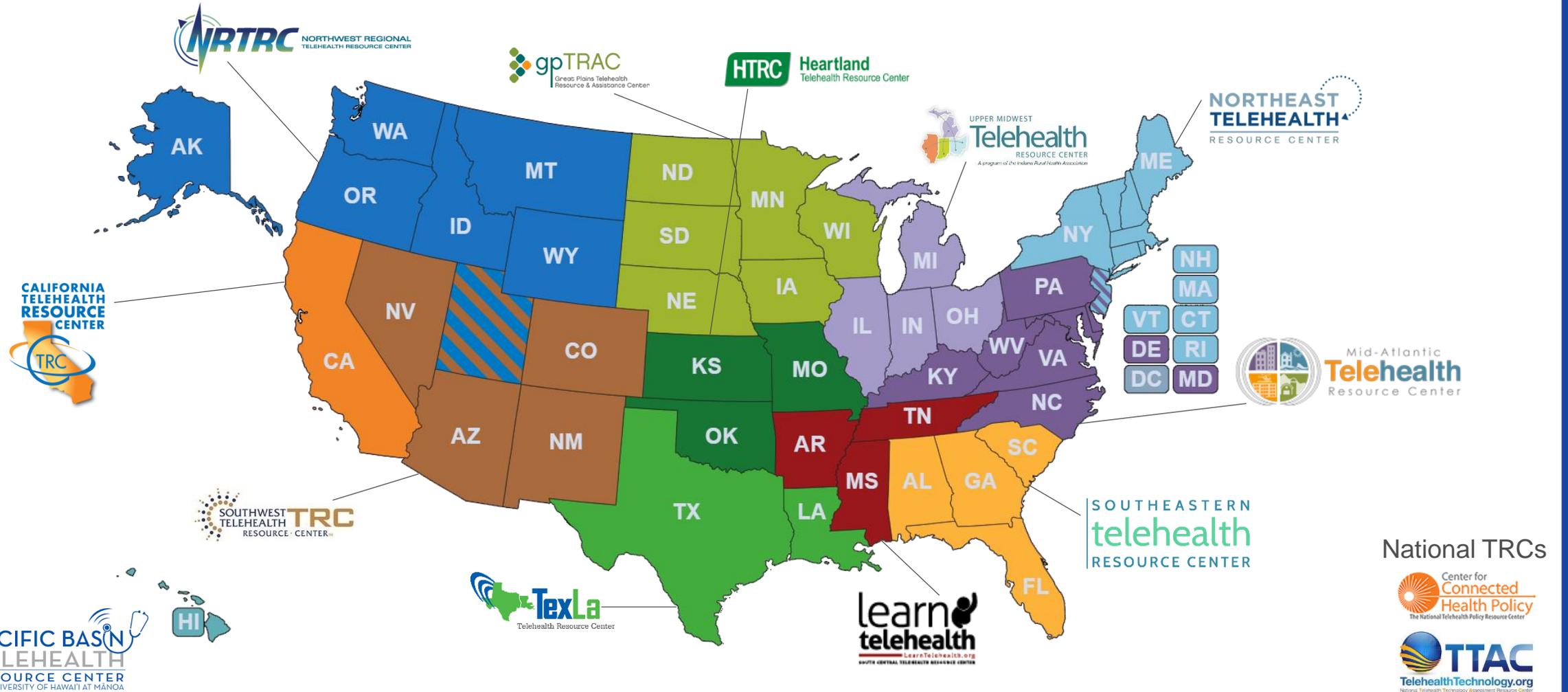
- On Demand: Team Troubleshooting
- On Demand: Professionalism & Legal Considerations
- On Demand: Best Practices & Caring Communication
- On Demand: Telemedicine Billing

TexLa Telehealth Resource Center

- The TexLa Telehealth Resource Center is a federally-funded program designed to provide technical assistance and resources to new and existing Telehealth programs throughout Texas and Louisiana.
- The F. Marie Hall Institute for Rural and Community Health at Texas Tech University Health Sciences Center is the support representative for Texas. Well-Ahead Louisiana, the chronic disease prevention and healthcare access arm of the state Department of Health, is the support representative for Louisiana.

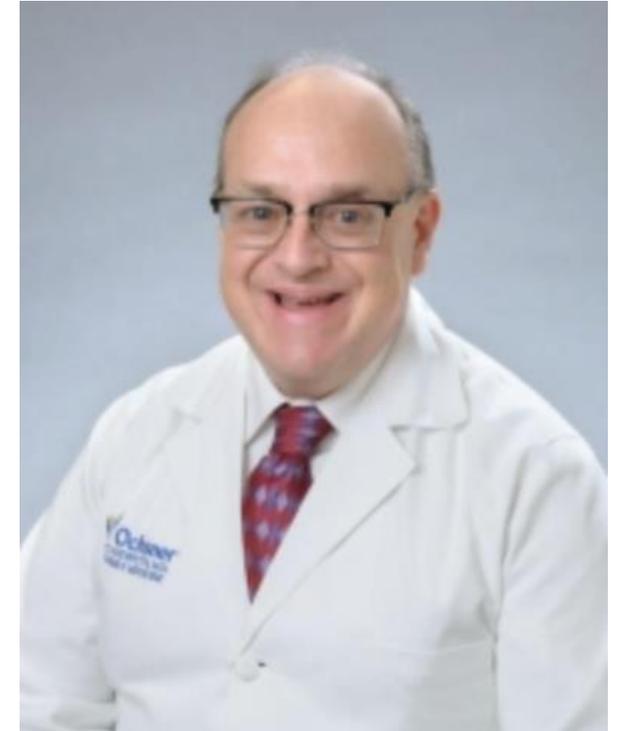
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Telehealth Resource Centers



Speaker

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 - Grew up in Amite, LA
 - BS in Microbiology at LSU Baton Rouge
 - Doctorate at LSUMC in New Orleans
 - Family Practice Residency at LSUMC Shreveport
 - Practices at Ochsner Health Center Hammond and Ochsner Hospital of Baton Rouge since 1993
 - Currently serving as the Ochsner Medical Director of Informatics of the Baton Rouge Region



“Telemedicine...it allows us to connect a patient to a doctor, and it allows us to erase time and distance, which is really the miracle of telemedicine.”

—Jay Robbins, Tift Regional

OVERVIEW

Overview

- Special considerations of caring for elderly patients
 - Opportunities
 - Challenges
 - Barriers
 - Accommodations
 - Assisted and independent living technology
- Special considerations of caring for pediatric patients
 - Pediatric well care
 - Pediatric special condition care
 - Pediatric telehealth guidelines
 - Physician's experiences, attitudes and challenges
- Special considerations for deaf and hard of hearing patients
 - Guidelines
 - Accessibility requirements

SPECIAL CONSIDERATIONS FOR ELDERLY PATIENTS

Elderly Statistics

- Between 2000 and 2050:
 - The proportion of the world's population over 60 years of age will
 - Double from about 11% to 22%
 - Increase from 605 million to 2 billion in the same period
 - Number of people aged over 80 years will quadruple

Treating the Elderly via Telemedicine Opportunities

- Rapid increase in technology
 - Improved diagnosis/treatment/tracking
 - Improved monitoring
 - Assisted and independent living technologies
- Rapidly aging population
- Increased chronic illnesses requiring increased care
- Increased frailty needing assistance
- Possible improvement in access for those with disparities

Treating the Elderly via Telemedicine Challenges

- Resistant to new technology
- Privacy concerns
- Hardware access
- Broadband access
- Technology knowledge barriers

Caring for Older Adults in Telemedicine

- Better access
- Convenience
- Misperceptions
 - No interest
 - Cannot use technology

Elderly and Technology Facts

- 7 in 10 have and use a computer, smartphone or tablet
- 7 in 10 have internet access
- Only 11% feel comfortable with telemedicine visits

Benefits of Caring for Elderly via Telemedicine

- Easy and fast access to diagnostics and specialized medical services
- Remote access to test results
- Constant access to personal health records
- Reducing number of hospitalizations and emergency calls
- Shorter hospital stays
- Smooth and rapid help in emergency cases
- Saves time and money
- Feeling of security and stay in a friendly home environment
- Feeling of independence being under constant medical supervision
- Greater awareness of health state and active participation in prevention, diagnosis, and treatment of disease
- Improvement of quality of life and care
- Decreasing burden of caring on people with disabilities
- Educational benefits

Barriers to Care for Elderly via Telemedicine

- Historically, reimbursement
- Misperceptions of interest
- Lack of telehealth training
- Telehealth platforms not accounting for needs
- Resistance to use of new information technologies
- Lack of knowledge and awareness of availability of telecare systems for the elderly
- High cost of purchase of necessary computer equipment
- Strong need for direct contact with the doctor and other health professionals
- Age-related cognitive decline
- Fear of loss of privacy and security of transmitted data
- Lack of legal regulations

Sensory Changes Affecting Care in the Elderly

- Sensory and motor changes
 - Vision
 - Hearing
 - Touch
 - Perception
 - Mobility
 - Balance
 - Light perception
 - Glare sensitivity
 - Acuity
 - Focus
 - Discriminating background noise
 - Low level sounds
 - Tinnitus
 - Muscle strength and tone

Cognitive Changes Affecting Care in the Elderly

- Slowed speed of processing
- Difficulty in multitasking
- Declines in episodic memory
- Reasoning and problem solving

Accommodations That Aid In The Care Of The Elderly In Telemedicine

- Even with mild cognitive impairment, strategies can improve function
 - Notes on how to start a visit
 - Reminders—written or electronic
- May need caregiver's help
 - Affords an opportunity to discuss need for assistance and make a plan
 - Opens door to other discussions
 - End of life issues

Strategies

- Don't assume disinterest
- Meet them where they are
- Discuss pros and cons with patients
- Explain what to expect
 - “Bumps” can be adjusted for
 - List success of the past
- Have staff call patient prior to visit to help
- Screen sharing

Provide Instructions

- Provide when appointment is set up
- Use concise language
- Larger font size
- Include screenshots of each step
- Instruct on screen illumination
- Instruct on volume settings
- If using a video, use a neutral background

Best Practices During Visit

- Minimize background noise
- Neutral background
- Consider their positioning (reduce strain/pain)
- Provide end-of-session summary
 - Goals
 - Reading
 - Exercises
 - Testing
 - Mediations
 - Follow-up

Establishing Rapport

1

Acknowledge they can feel awkward

2

Reassure them they will be able to master using the platform

3

Look directly into the camera

4

Clarify information and ask them to repeat to ensure understanding

5

Use emphatic language

Assistive Living Technologies

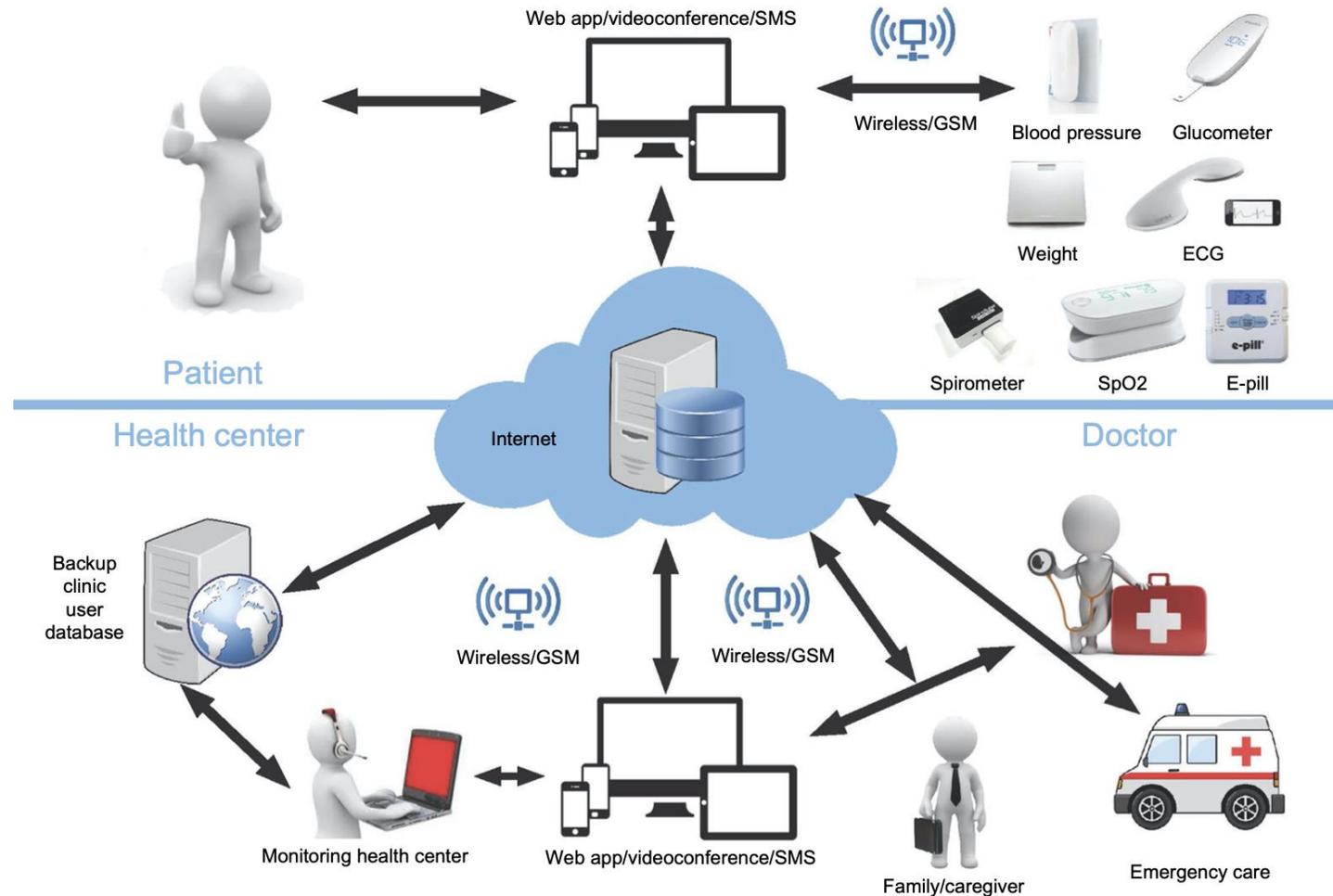
Assistive and Independent Living Technologies: Smart Home

- Solutions that help older people prolong their independent life at home
 - Alarm button
 - Transmitter
 - Terminal
 - Call center
 - GPS transmitters
 - Alarm Sensors
 - Fire
 - Smoke
 - Gas
 - Flood
 - Motion
 - Communication devices

Assistive and Independent Living Technologies: Smart Home

- Solutions that help older people prolong their independent life at home
 - Medical health monitoring devices and e-health technology
 - Fall detectors
 - Gait monitoring
 - Observation of behavior
 - Sleep patterns
 - Adherence to medical treatment (e.g., a talking pill box that reminds the elderly to take their medicines and notifies caregivers of omissions)
 - Checking of caloric intake
 - Monitoring vital signs
 - Blood pressure cuffs, scales, pulse ox, glucometer

Connections for Care of the Elderly



SPECIAL CONSIDERATIONS FOR PEDIATRIC PATIENTS

Pediatric Statistics, May 2020

- 12.9% of pediatricians indicated they had used telehealth in the past 12 months
- 6.4% reported they had referred patients for telehealth during that same time frame
- 15.2% of respondents reported any telehealth during the past year

Pediatric Statistics, March 2021

- Common visits are behavioral/mental health, sick visits (cold, rash, pink eye, etc.), follow-ups, medication refills and chronic condition check-ins
- Telemedicine visits tend to be efficient for patients and practices, with most visits lasting 10 to 20 minutes
 - >60% of respondents report that patients find telemedicine easy to use
 - 59% use a mobile app on their smartphone for telemedicine visits
- Patient demand is the number-one factor driving the increased use of telemedicine by providers
- Top features clinicians desire in a telemedicine platform include:
 - Peripheral device integrations
 - Translation services during visits
 - Documentation and platform availability in multiple languages

Pediatric Well Care

Well Patient Care

- Unique opportunity to interact with the patient and family in their home environment and provide anticipatory guidance

Nutrition	<ul style="list-style-type: none">• Observe a feeding (for infants)• Visualize where child eats• Look at pantry/snack storage and refrigerator
Exercise	<ul style="list-style-type: none">• Visualize space and activities for play• Evaluate play areas for safety
Sleep	<ul style="list-style-type: none">• For infants, visualize sleep location to ensure safety• For older children, visualize bedroom to address elements that may affect sleep hygiene
Home	<ul style="list-style-type: none">• Is there adequate space for all family members especially to attend virtual school/work?
Neighborhood/ Environment	<ul style="list-style-type: none">• Are there opportunities for socially distant play outdoors?

Stanford Pediatric Exam Templates

- Templates by age to use for telehealth well child checks
- Do not represent a comprehensive visit and are meant to be a quick reference tool of consideration when approaching these visits
 - [Infancy \(<1 yo\)](#)
 - [Toddler \(1-3 yo\)](#)
 - [Preschool \(4-5 yo\)](#)
 - [School age \(6-10 yo\)](#)
 - [Pre adolescent \(11-12 yo\)](#)
 - [Adolescent \(13-17 yo\)](#)

Pediatric Special Condition Care

Pediatric Asthma Care

- Focus on
 - Reducing impairment
 - Reducing risk of future asthma attacks
- Identify patient/parent's questions, concerns
- Assess asthma severity and/or control
- Review medications
 - What's being used and how?
 - This is an opportunity to have the patient demonstrate taking their medications during the video visit
 - Confirm spacer use and technique
 - Send necessary refills

Pediatric Asthma Care

- Complete an Asthma Action Plan to send to family and share with school
- Confirm immunizations (particularly influenza vaccine up-to-date)
- Schedule follow-up
 - Every 2-6 weeks after new diagnosis or acute exacerbation to gain control
 - Every 1-6 months to monitor control
 - Every 3 months if a step down in therapy is anticipated

Pediatric ADHD

- Treatment is based on 4 primary modalities:
 - Behavioral therapy
 - Counseling
 - Educational program
 - Lifestyle
 - Diet
 - Sleep
 - Screen time
 - Medication

Pediatric ADHD

- Date of initial ADHD diagnosis and type (inattentive, hyperactive/impulsive, combined)
- Current medications
- ADHD medications used previously
- Date of starting medication or last medication change
- Medication side effects, concerns
- Progress since last visit (consider use of follow up Vanderbilt scales)
- Nutrition/activity
 - Focus on concerns around weight or reduced appetite (if on stimulant medications)
 - Caffeine intake
 - Physical activity
 - Screen time

Pediatric ADHD

- School information
 - Did patient have an individualized educational plan (IEP) in place?
 - Obstacles to obtaining services through school during COVID-19 and hybrid learning modules?
- Review histories
 - Past medical history and comorbid conditions
 - Family history, including ADHD, psychiatric illnesses, substance abuse, and cardiac conditions
- Sleep concerns
- Conduct virtual exam
- Determine follow up plan, prescribe refills/titrate medication and consider referrals

Mental Health

- **Discuss** with the parent and patient present
 - The need for the parent to stay in the home for the duration of the appointment, including during the confidential portion of the visit
- **Advise** having a set of headphones or a separate room to ensure privacy
 - A different room, sitting in the family car or using outdoor space
- **Allow** for flexibility during the visit, including with potential technology issues
- **Designate** a visual gesture at the beginning of the confidential section (such as a thumbs down) or a safe word
 - For use if, at any point, the patient feels their conversation is no longer private

Mental Health: Visit Priorities

- Collect family/social history, including stressors, support system, environmental risk assessment, trauma, separation, and loss
- Identify and amplify the child's and family's strengths or protective factors
- Use validated instruments to conduct a functional assessment of the child and family
 - Depending on the patient's known history of mental health conditions or the family's concerns, consider sending out specific or universal screening instruments (such as a PHQ-9 or PSC-17) electronically prior to the visit
 - Consider formalized screening for adverse childhood experiences or resiliency factors
- Assess how the COVID-19 pandemic has affected the child and family
- Observe the parent-child interaction in their home
- After discussion of management plan, including but not limited to crisis management, facilitating referrals to services, prescribing medications, and scheduling follow up (with attention to possible need for in-person visit), offer electronic or mailed in educational materials and community resources

Pediatric Obesity

- Evaluation and management are based on four key components:
 - Identification of overweight and obesity using BMI charts (or weight for length charts if under age 2)
 - Consideration of causes including genetics, environment, medical issues and medications
 - Evaluation for health consequences
 - Treatment

Pediatric Obesity

- Determine if the patient or parent has any concerns about weight
- History
 - Daily eating patterns, sugary beverages and junk food, eating out, screen time apart from schoolwork, indoor and outdoor activity, sleep quality, timing and duration, symptoms of anxiety or depression, current medications, family history of diabetes, hypertension, high cholesterol or heart disease if not previously documented
- Physical Exam
 - Ask family to check weight on a home scale if available, look at overall distribution of body fat, check the neck for acanthosis nigricans, check the throat for enlarged tonsils, look at standing posture
- Discuss or look at growth charts with families to identify range and trajectory of weight and height
- Labs and studies
 - Assess yearly or more often as indicated for metabolic co-morbidities of obesity including fatty liver, dyslipidemia and prediabetes/diabetes; consider PCOS in adolescent females with irregular menses; order a sleep study for any significant history of snoring or daytime somnolence
- Treatment
- Use motivational interviewing to set 1-2 healthy lifestyle goals to work on before the next visit
 - Aim for 3 meals per day including breakfast, 1-2 snacks per day and 60 minutes of physical activity per day whether indoors or outdoors; mention the option of referral to a specialty center for pharmacologic treatment and/or bariatric surgery to adolescents with a BMI ≥ 35 ; determine a follow up interval depending on the family's preference (in general within 1-3 months)

Pediatric Obesity: Resources for Parents

- AAP [healthychildren.org](https://www.healthychildren.org):
 - [5 Easy Ways to Improve Your Family's Eating Habits](#)
 - [Kids & Tech: Tips for Parents in the Digital Age](#)
- Chop Chop Family: <https://www.chopchopfamily.org/>
- My Plate: <https://www.myplate.gov/>
- FDA: [Nutrition Facts Read the Label Tips for Parents](#) (also in [Spanish](#))
- The Obesity Society [Information for Healthcare Providers and Patients](#)
 - Packing A Healthy Lunch for Your Kids
 - Help Your Child Have a Healthy Weight
- DHHS Office of Disease Prevention and Health Promotion: [Move Your Way-60 a Day](#)

Pediatric Telehealth Guidelines

Pediatric Telehealth Guidelines

- Patient privacy and confidentiality
- Patient safety
- Clinical encounter
- Legal and regulatory considerations



OPERATING PROCEDURES FOR PEDIATRIC TELEHEALTH

Patient Privacy and Confidentiality

- Comply with all federal and individual state laws and regulations
- Policies and safeguards to protect patient privacy
 - Move or terminate visit if this is compromised
- If recorded, disclose to the patient and parent/legal representative and receive written consent for the recording
 - Must provide a copy of the recording for the patient/family upon their request in a timely manner
- The transmission of medical images shall be sent via secure, encrypted means of communication

Informed Consent

- Must consent prior to the visit
- Age of consent
- Patient verification
- Emergency services
- School services
- Abuse

Louisiana's Minor's Consent to Medical Treatment and Related Procedure Subpart A. Minor's Consent

- §1079.1. Medical treatment
 - A. (1) Consent to the provision of medical or surgical care or services by a hospital or public clinic, or to the performance of medical or surgical care or services by a physician, licensed to practice medicine in this state, when executed by a minor who is or believes himself to be afflicted with an illness or disease, shall be valid and binding as if the minor had achieved his majority. (2) A minor may consent to medical care or the administration of medication by a hospital licensed to provide hospital services or by a physician licensed to practice medicine in this state for the purpose of alleviating or reducing pain, discomfort, or distress of and during labor and childbirth. The manner of administration of medications includes but is not limited to intravenous, intramuscular, epidural, and spinal. This consent shall be valid and binding as if the minor had achieved her majority, and it shall not be subject to a later disaffirmance by reason of her minority.
 - B. The consent of a spouse, parent, guardian, or any other person standing in a fiduciary capacity to the minor shall not be necessary in order to authorize such hospital care or services or medical or surgical care or services, or administration of drugs to be provided by a physician licensed to practice medicine to such a minor.
 - C. Upon the advice and direction of a treating physician, or, in the case of a medical staff, any one of them, a physician or member of a medical staff may, but shall not be obligated to, inform the spouse, parent or guardian of any such minor as to the treatment given or needed, and such information may be given to, or withheld from the spouse, parent or guardian without the consent and over the express objection of the minor.
 - D. No hospital and no physician licensed to practice medicine in this state shall incur civil or criminal liability in connection with any examination, diagnosis and treatment authorized by this Section except for negligence.

Patient Safety

- Same as in-person
 - The provider shall have enough evidence from the history, physical exam and/or an established prior patient relationship to make an appropriate clinical decision
- Parent/legal representative presence
- Emergency contingencies
- Mobile devices

Physicians' Experiences, Attitudes and Challenges in a Pediatric Telemedicine Service

Provider Challenges

- Difficulties diagnosing from a distance
- Treating unfamiliar patients
- Working alone
- Urgency and load of calls
- Technological obstacles
- Moral conflict between the desire to meet parents' expectations and maintain standards of care
- Non-medical factors also affect their decisions

Diagnoses from a Distance

- Lack of visual clues
- Decreased ability to effectively assess risk
- Cannot accurately express their symptoms

Unfamiliar Patients

- Difficulties building a therapeutic alliance
- Fear that parents will not necessarily comply with their recommendations
- Difficult to diagnose with certainty
 - You only rely on what the parent says
- Difficult to rely on the subjective description of the parents
- Hard to evaluate how the parents will behave should the situation worsen

Working Alone

- Decreased ability to consult with other providers
- Providers wished there were more face-to face meetings to share knowledge, clinical cases and dilemmas, or the ability to consult with peers online during the shifts

Urgency and Load of Calls

- Many cases are acute and appear quickly
- Frequently deal with urgent cases
- Stressful atmosphere and pressure
- There is little time between patients

Technology Challenges

- Systems can be complex
- Potential for malfunction
- Could hamper the diagnosis process and affect the decisions made
- Can increase the liability of healthcare providers
- Low camera resolution and quality
 - Being able to send photos by e-mail to compensate for this shortcoming can help
- Visit may take more time than would otherwise be necessary

Moral Conflict

- Good service vs. proper medicine
- Parents ask for an inappropriate prescription
- Inappropriate requests for referrals

Non-medical Factors

- Rules of thumb and intuition
 - “Jumping patient is not appendicitis”
- Protocol use helped
- Being aware of cognitive bias
- Improves with experience
- Shared decision making with parents
- Impression of the parent’s literacy, tone, anxiety, understanding

SPECIAL CONSIDERATIONS FOR DEAF AND HARD OF HEARING PATIENTS

Guidelines for Healthcare Providers: Telehealth Accessibility for Deaf and Hard of Hearing Patients

- Accessibility Solutions
 - The patient must instruct the healthcare professional as to what the appropriate reasonable accommodation(s) are for the video appointment: qualified interpreting services, captioning services, or both
 - There are four possibilities for a patient-directed accommodation
 - Remote interpreting services on the same screen or platform allows for the direct participation of qualified interpreters and trans-literators
 - Communication access real-time translation (CART) on the same screen or platform allows a qualified captioner to caption the call on the screen
 - This can be provided by itself or along with remote interpreting services
 - Use of accessibility services, such as remote interpreting and captioning, on a separate screen or device
 - Use of other accessibility services on a separate screen or platform, such as relay services

Accessibility Requirements

- National Association of the Deaf (NAD) and Deaf Seniors of America (DSA)
 - Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication
 - A sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of his or her body position
 - A clear, audible transmission of voices
 - Adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the VRI
- [Video Remote Interpreting Guidelines for Health Care](#)

RESOURCES

Important Links

- [Medicaid.gov Benefits of Telemedicine](#)
- [Centers for Medicare & Medicaid Services State Medicaid and CHIP Telehealth Toolkit](#)

Resources

- [Texas Medical Association Telemedicine Vendor Evaluation](#)
- [American Medical Association \(AMA\) Digital Health Implementation Playbook](#)
- [Centers for Medicare & Medicaid Services \(CMS\) General Provider Telehealth and Telemedicine Toolkit](#)
- [National Telehealth Technology Assessment Resource Center](#)
- [TexLa Telehealth Resource Center](#)
- [American Health Information Management Association Telemedicine Toolkit](#)

Resources

- [AAFP Telehealth Toolkit](#)
- [AAFP General Provider Telehealth and Telemedicine Toolkit](#)
- [Center For Connect Health Policy Current State Laws And Reimbursement Policies](#)
- [CMS General Provider Telehealth and Telemedicine Tool Kit](#)
- [Patient Take Home Prep Sheet](#)
- [Consumer Technology Association Digital Health Directory](#)

References

- [The Best 10 Free and Open Source Telemedicine Software](#)
- [Comparing the latest telehealth solutions](#)
- [Technical Specifications for Selected Platforms](#)
- [Telemedicine Vendor Evaluation](#)
- [AMA Telehealth Implementation Playbook](#)
- [Picking The Right Telehealth Platform For a Small or Solo Practice](#)
- [Cleveland Clinic Digital Health Playbook](#)

References

- [Comparing 11 top telehealth platforms: Company execs tout quality, safety, EHR integrations](#)
- [Leading Age Technology Selection Tools](#)
- [Best telemedicine software of 2021](#)
- [National Telehealth Technology Assessment Resource Center \(TTAC\)](#)
- [Videoconferencing–Technology Overview](#)

Contact Information

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 - [Louisiana Health Professionals Facebook group](#)

QUESTIONS?

Thank You for Joining Us!

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