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DIVERSIFIED HEALTHCARE & MANAGEMENT CONSULTING

IMPLEMENTING TELEHEALTH IN RESIDENTIAL CARE FACILITIES

AN INTRODUCTORY TOOLKIT

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Implementing Telehealth in Residential Care Facilities

OVERVIEW

Introduction

The COVID-19 Public Health Emergency (PHE) has rendered the elderly and others living in nursing homes and other residential care facilities severely limited in their access to healthcare services. This has been difficult for these populations, as many residents are at high risk, faced with multiple chronic illnesses and other medical concerns. Measures have been put into place to enhance the control of infections and spread of disease, both in the care facilities where they live as well as in medical providers' offices and hospitals.

Telehealth services have gained great popularity as a way to provide healthcare access and services to vulnerable populations during the PHE. Elderly populations and those responsible for overseeing their care have adopted this technology, as it has proven to be an effective and potentially lifesaving tool in residential care facilities nationwide, even in light of physical and cognitive impairments common to many of these populations.

Telehealth and telemedicine, while often used interchangeably, are different terms. Telehealth is the exchange of medical information from one location to another; this can include training and collaboration among providers or other healthcare staff. Telemedicine is the practice of providing medical services through technology, from one location to another. Telemedicine can be accomplished by having a provider in one location, such as at a clinic or other medical facility, and the patient at another location, such as in a nursing facility or assisted living center.

The location of the patient is always known as the "originating site," while the provider location is known as the "distant site." With this, if a resident is receiving medical care in a nursing or assisted living facility, the resident is at the "originating site" or where the patient is located.

However, it should be noted, that a clinic or other healthcare facility can be an "originating site," as it is in the case when a patient is in their primary care provider's (PCP's) office and the primary care provider is acting as "presenter" to a physician-specialist who is in a distant location (at the distant site). As well, a nursing home or other residential care facility, is an "originating site," when a nursing home patient is seeing their primary care provider or a specialist through telehealth infrastructure.

It should be noted that telehealth is not a service, in and of itself, but it is one of the methods through which medical services can be delivered. Think of it this way: In-person delivery is not the service itself; it is only one method for delivering and receiving a medical service.

Residential care facilities, such as nursing homes or assisted living facilities are an accepted place of service where a Rural Health Clinic or Federally Qualified Health Center provider can receive Medicare payment for an in-person visit. However, it was not until the PHE that these entities could bill for a distant site telehealth visit, such as one where the patient was at a residential facility and the provider was within the four walls of the Rural Health Clinic or Federally Qualified Health Center.

Infection Control

Residents living in nursing homes and other residential healthcare facilities are at high risk of contracting COVID-19, and of facing poorer health-related outcomes resulting from it, than most other populations. Personal protective equipment (PPE), social distancing and limiting (or outright banning) visits are some of the measures which have been taken to prevent spread of the disease. Taking residents outside their environments to healthcare provider visits can also increase risks associated with COVID-19. Because of these

concerns, the use of technology to connect patients with providers has become an important tool to accomplish provider/patient visits during this difficult time.

CMS Waiving Requirement for In-Person Visits

The Centers for Medicare & Medicaid Services (CMS) has waived the requirement for in-person visits for residents of nursing facilities, allowing physicians, nurse practitioners, physician's assistants, clinical social workers, and clinical psychologists to offer visits through telehealth. While the waiver is temporary during the PHE, the use of telehealth to deliver many medical services is not expected to go away. **Nursing homeowners, governing bodies, and billers should remain abreast of changes related to telehealth delivery of medical services in these facilities**.

During the PHE, CMS has waived requirements for in-person nursing facility residents, which allows healthcare providers such as physicians, nurse practitioners and licensed clinical social workers to provide services through telehealth infrastructure. Please see Appendix A, 1135 Waiver-At-A-Glance. Note that while the CMS 1135 Waiver is in effect at the time this document was published, the waiver is temporary. Nursing facilities are not required to apply for a waiver to implement the use of telehealth.

Additionally, the authority issued under the 1135 Waiver does not apply to state requirements relating to licensure, nor to conditions of participation. Parties should seek specific information from Medicare Advantage plans and their state Medicaid programs, as well as from other third-party payer sources relating to COVID-19 emergency telemedicine guidelines and related billing codes.

While working under the 1135 Waiver, there are three types of virtual services that Medicare pays for:

1. Medicare Telemedicine Visits: Telemedicine visits are considered the same as in-person visits (for payment), and uses a real-time, live, audio-video connection enabling the physician and patient to see each other simultaneously, in real-time.
2. Virtual Check-in: A virtual check-in is a connection through a telephone or another telecommunications device to decide the necessity of an office visit versus a remote evaluation, or an evaluation of a photograph or video image that can be transmitted to the provider for evaluation. A virtual check-in must be initiated by the patient.
3. E-Visit: An E-visit is communication between the resident and provider using the provider's online patient portal.

When the 1135 Waiver expires, nursing facilities should refer to guidelines in place prior to the PHE relating to telehealth, as well as to any new guidelines that might be in place at that time.

The Availability of Telehealth as a Method of Residential Care Facility Healthcare Delivery: Advantages

There are many advantages to providing telehealth services in residential healthcare facilities, including:

- Improved healthcare access for residents.
- A potential reduction in emergency room visits, hospital stays and length of hospital stays, as well as a reduction in associated costs.
- Telehealth supports continuity of care.
- A resident's ability to thrive in a residential healthcare facility environment is compromised if they are sick. Where medical visits are offered through telehealth, residents can see medical providers more quickly than if providers are required to come to the care facility or if the resident is transported to a medical visit.
- Stress related to the necessity of a resident having to get ready and to be transported to a clinic outside their environment poses risks associated with mental health and stress, as well as resident safety. Transportation for healthcare services can be scary for facility residents. Residential care facilities offering medical visits through telehealth provide for opportunities for residents to see medical providers in their residence, in an environment where they are already comfortable, and therefore less fearful.

- Having telehealth visits available in residential care facilities may also serve as an infection-control tool. For example, if a nursing home resident exhibits COVID-19 or flu symptoms, a medical provider can see the patient through telehealth infrastructure while keeping the resident confined to their room and risking exposure to nursing home transportation staff, provider staff, and the providers themselves. This, in and of itself, has the potential to substantially reduce the risk of spreading disease.
- Residents' responsible parties—family members or others who attend to concerns related to residents—may face a negative economic impact in potential wage loss when they leave their job to transport the resident to a medical provider. If the resident can see a provider within the residential care environment, this alleviates that potential negative economic impact.
- Chronic diseases can be managed in the resident's home environment.
- Mental and behavioral health concerns can be identified more quickly using telehealth, which can result in more timely treatment and reduction of associated disorders, improving a resident's ability to thrive and to be as productive as is possible.
- The needs of residents with complex health conditions can be more easily identified and addressed, and an improved level of care coordination can be achieved.
- Overall, the reach of the residential care facility nursing staff is extended to provide a level of clinical care not otherwise available in the residential care environment.
- Telehealth helps to conserve PPE.

Starting a Telehealth Program in the Residential Care Facility

The steps to implement telehealth service delivery in the residential care facility are simple:

1. Facility ownership, the administrator, clinical and billing staff must gain knowledge on the services that can be provided and billed for through telehealth delivery, and how arranging for service delivery through telehealth has the potential to benefit the resident, other residents, and the facility, including its employees.
2. The decision must be made by ownership or the facility's governing body to undertake telehealth implementation.
3. The facility administrator or other designee should then initiate collaboration with medical providers and hospital administrators to ensure that entities are willing to provide service delivery through telehealth infrastructure, and they should work with all stakeholders toward coordinating service delivery clinical flow.
    a. Office providers may provide services during regular business hours.
    b. Emergency room providers or hospitalists on duty at hospitals may provide services after regular business hours.
    c. Physicians or other providers at their homes may provide services after hours.
4. Ownership or the facility governing body should investigate the different types of telehealth infrastructure available. This includes:
    a. Hardware
        i. Computer system
        ii. Peripherals
            1. Electronic Stethoscopes
            2. Cameras, Speakers, Microphones
            3. Lenses to support viewing of the body for a physical exam. Examples are as follows:
                a. General viewing lens to view the head and body, including the eyes, skin, mouth and throat areas, and the neck, chest, abdominal and back, and limb areas.
                b. Surface lens (for close-up views of the skin (rashes, lesions, etc.)
                c. Otoscope lens
        iii. Telehealth platform/software to be implemented to make the virtual connection.
5. Ownership or the facility governing body purchases necessary infrastructure.

6. A clinical workflow should be established for providing services through telehealth infrastructure. Learn more about this below in *Telehealth Workflow*.
7. Consents should be obtained from the resident or responsible party to receive services through telehealth delivery.

Telehealth Workflow

A suggested set of steps are provided below. Please note, however, that the steps used throughout your telehealth visit process may differ.

1. The nursing facility or other care facility should ensure that medical providers seeing their patients have access to the patient's electronic health record (EHR).
2. **Prior to delivering services via telehealth to residential care facilities**:
    a. Obtain consents specific to telehealth from resident and/or responsible party.
3. The resident might have a regularly scheduled appointment for follow-up from a previous appointment, or for a checkup.
4. If nursing staff detects a health problem or a significant change in health status of resident.
    a. The nurse triages the patient.
    b. The nurse determines whether the patient can benefit from a telehealth visit.
        i. If nursing staff determines that the resident does not need a visit, nursing staff will give appropriate care.
        ii. If nursing staff determines the resident can benefit from a telehealth visit, the nurse checks to ensure that a consent for service delivery through telehealth is on file.
            1. If a consent is not on file, the nurse asks the patient for consent or contacts the responsible party and requests consent.
5. If a consent and appropriate documentation is on file, the patient's information should be entered into the EHR.
6. If a physician or other provider does not have access to the chart, the nurse/presenter will be responsible for adding all notes relating to the visit into the chart.
7. Nursing staff should obtain a telehealth appointment with provider:
    a. If during regular business hours, nursing staff should contact provider's office to see if a work-in telehealth appointment is available.
    b. If after regular business hours AND if resident's physician provides after-hours services through telehealth, nursing staff should contact provider's answering service to ensure that the provider is available.
    c. If after regular business hours AND if the resident's physician does not provide after-hours services through telehealth, nursing staff should contact the hospital emergency room to see if an E.R. provider or a hospitalist can see patient via telehealth infrastructure.
8. The patient's triage information should be entered into the care facility's EHR software system.
9. The resident's responsible party should be contacted and informed of the resident's status, and the need for the telehealth visit.
10. The nursing staff should ensure that the resident is ready for the visit.
11. When the provider is ready for the visit, the provider should call the facility on the telehealth platform or via telephone.
    a. If the provider gives the nursing staff directives to be carried out prior to the visit, the nursing staff should carry out the provider's directive and document.
12. The nursing staff may call the responsible party or family member designated by the resident to connect to the call, if applicable.
13. If the provider establishes a connection with the residential care facility, then the provider, with the nursing staff as "telehealth presenter," will proceed with the visit. (If the telehealth connection is not made, see *If the Telehealth Connection is Not Made* section.
14. When the visit is complete, the nurse will:
    a. Follow through with provider's orders.
    b. Place supportive documentation in EHR.

c. If the rendering provider is not the primary care provider, the nurse will ensure that a visit summary is sent to the resident's primary care provider and/or to the responsible party, as is applicable.

If the Telehealth Connection is Not Made

If the connection for the telehealth visit is not made, the nurse should attempt to resolve the issue through basic troubleshooting. (**Nursing staff, as telehealth presenters, should be trained in basic troubleshooting of telehealth platform concerns**). If basic troubleshooting fails, the nurse/presenter should contact the residential care facility's Information Technology (IT) Department for assistance, and the healthcare center (clinic or hospital) should contact their Information Technology Department for assistance, as well. The two IT teams should collaborate to resolve the concern. If the concern cannot be resolved by the residential care facility center staff and health center/hospital IT professionals, the telehealth equipment/platform customer support division should be contacted by the IT professionals to start a service ticket.

CMS Offers a Five-Step Checklist for Facilitating a Telehealth Visit

1. Rounding providers review their upcoming appointments for the week and create a list of all follow-up items or information the provider needs the nurse to collect for each patient prior to the appointment.
2. Provider sends the follow-up items/needed information to the designated nurse that will be conducting the appointment onsite.
3. Upon receipt of the information, the nurse schedules a brief check-in meeting between the provider and nurse to review the follow-up items/needed information and address any questions or clarify information.
4. Prior to the appointment, the nurse should make sure all necessary information, supplies, etc. are collected and ready prior to beginning the telehealth call.
5. At the appointment start time, the nurse initiates the call with the provider and then enters the resident's room with the provider on the video and begins the appointment.

Best Practices for Residential Care Facility Telehealth Programs

- Two models of delivering services through telehealth infrastructure can be implemented in nursing and other residential care facilities to achieve a telehealth visit:
    - A rolling telehealth cart with appropriate peripherals may be taken from resident room-to-resident room, prior to the appointment time.
        - This method is dependent on either:
            - Sufficient wireless internet bandwidth in every patient room OR
            - The availability of a plug in internet connection in each room.
        - A telehealth cart may be placed in a private room or other private area within the residential care facility (the "telehealth room"), and the patient may:
            - If ambulatory, walk to the telehealth room.
            - If wheelchair ambulatory, travel by wheelchair to the telehealth room OR
            - If the patient is confined to the bed, the bed can be rolled to the telehealth room.
    - The best practice of these is to have adequate bandwidth in every resident room to support telehealth delivery in the patient's room.
- Continuity of care is important across the lifespan. With the elderly or others confined to a residential care facility, a special level of concern exists. In many cases, a geriatrician or primary care physician has provided care for an individual for many years. Residents and responsible parties may be resistant to changing providers or allowing a different provider to see a resident during a telehealth visit.
    - One way to increase the level of comfort with residential care facility telehealth visits, using a medical provider who is not the resident's PCP, is to provide a visit summary to the resident's regular provider. The patient's visit will also be recorded in the residential care facility's medical record. Communication with the resident (and with family members or other responsible parties) is key to higher levels of resident/responsible party satisfaction.

- As the program is developed, facilitate ongoing discussion and documentation of how technical assistance will be provided to the nursing staff, to providers and to clinic staff relating not only to telehealth technology, but also to the logistics of ensuring smooth workflow among facility nursing staff, providers, and provider entity staff who will be working with the telehealth system.
- Ensure that residential care facility staff who will act as "telehealth presenters" receive telehealth presenter training.
- Suggested Telehealth Team Structure: The telehealth super user workgroup will (1) Identify the need for telehealth; (2) define success; (3) evaluate/contract with vendors; (4) design workflow/policy; (5) prepare the team (training and documentation); and (6) engage the resident and family. Once the program has successfully launched, the "super user" team can train their peers for spread and sustainability.[1]
    - Residential Care Facility Administrator acts as Project Manager:
        - Convenes and organizes workgroups.
        - Schedules meetings, takes notes, assigns tasks, etc.
        - Leads development of policies and procedures with input from workgroup including infection control procedures for telehealth equipment.
    - Designate a Clinical "Champion" (The provider or nurse practitioner conducting the visit at the distant site).
        - Collects pre-appointment needs and works with onsite nurse to exchange needed information.
        - Should be comfortable using equipment and technology required for appointments.
        - Conducts the remote visit (provides the medical service).
        - Accountable for required documentation following visits.
    - Designate a Supervising Nurse/Floor Nurse: (This is the on-site clinical staff member conducting the visit with the resident).
        - Collects all requested information for the clinical champion.
        - Provides care services on site for residents, as instructed and facilitated by provider.
        - Institutes infection control procedures for telehealth equipment.
    - Designate an IT "Champion" (This would be a vendor researcher and implementer).
        - Research vendors and shares pros/cons for each vendor (piece of equipment) so workgroup can determine the best option.
        - Implements necessary IT requirements for selected vendor.
- Conduct workflow mapping: Workflow mapping[1] involves holding discussions with the team to identify answers to the following types of questions:
    - How will residents be informed of the availability of telehealth services?
    - What staff will be involved in scheduling telehealth appointments and coordinating with remote practitioners?
        - How will staff manage referrals?
    - On the day of the telehealth encounter:
        - Who will explain the process to the resident?
        - Who will obtain informed consent?
        - Who will introduce the provider to the resident (Who will act as "Presenter")?
    - Who is responsible for coordinating follow-up?
    - For remote resident monitoring (if applicable):
        - How will data be integrated into existing systems?
        - How can staff adjust other tasks to accommodate the time necessary to review patient data and follow up as needed?
- Create messaging for residents and family members about telehealth, why it is useful, and what they can expect during the appointment. Make sure to discuss with the resident (and resident responsible party/family member) prior to initiating a telehealth appointment.

[1] https://qioprogram.org/sites/default/files/CMS-CDC%20Fundamentals%20of%20COVID-19%20Prevention_09-03-2020_508.pdf

- Consider documentation needs during the appointment and determine if another team member should be in the room during the appointment to serve as a scribe. This may vary based on each provider's preferences, the provider may be able to document while carrying out the appointment.
- Select vendor, software, and/or hardware with the input of senior leadership, providers, nurses, and IT.
    - To narrow the selection, connect with partnering/affiliated hospitals to identify which equipment they already use.
    - A mobile device at the bedside loaded with Zoom, Skype, or FaceTime will suffice while the 1135 waiver is in place; consider other vendor options for sustainability of the program.
    - A device or camera that can easily move around the patient is best.
    - Develop telemedicine policies that are incorporated into existing policies.
- Cite CMS waiver regulations and other helpful resources to consider when developing policies.
- Work with staff to delineate the step-by-step operational details that are consistent and non-disruptive to existing clinical and operational processes.
- Create a training program for staff—emphasize the facility's policy, goals and include tools to ease adoption.
- Create an informational telehealth document for residents and caregivers or download as available on Telligen QIN- QIO website, www.telligenqinqio.com.
- Complete Plan Do Study Act (PDSA) cycles to confirm effectiveness of process with the "super user" group. Evaluate and adjust processes and training program, as necessary.[2]

[2] https://www.telligenqinqio.com/wp-content/uploads/2020/06/Quick-Guide-to-Implementing-Telehealth-in-Nursing-Homes-During-the-COVID-19-Pandemic_4.pdf

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