

Webinar Special

Implementing Telehealth in Skilled Nursing Facilities During COVID-19

Wednesday, May 27, 12pm-1pm EST

Presenters:

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Spartanburg Regional
Healthcare System

**WEBINAR: IMPLEMENTING TELEHEALTH
IN A SKILLED NURSING FACILITY
DURING COVID-19**

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Webinar Summary & Objectives:

Summary: This webinar will describe how a healthcare system implemented telehealth in a skilled nursing facility during a public health emergency.

Objective 1: The participants will be able to describe an overview of telehealth programs, policies, and procedures at a skilled nursing facility.

Objective 2: The participants will be able to identify successes/challenges of telehealth implementation in a skilled nursing facility.



SRHS Objective: Improve Health

Goal: Advance the use of telehealth and innovative technology to improve care delivery.

FY2018 **Develop a strategy for rural telemedicine services – completed.**

We developed a written strategic plan for rural telehealth covering at least 3 years, including a description of the telehealth component for a sustainable model of care for Union County.

FY2019 **Implement at least 3 telehealth initiatives to improve care delivery – completed.**

We developed and implemented 7 telehealth initiatives, focusing on rural care delivery, to improve the healthcare available for our patients.

Goal: Create a sustainable enterprise-wide approach to telemedicine.

FY2020 **Increase telemedicine encounters across the enterprise.**

We are working to increase overall telehealth encounters to increase the number of patients served and the number of care delivery mechanisms.



SRHS Current State Overview: Telehealth

Currently SRHS offers telemedicine in **eight** total service lines:

1. **Telepsychiatry** in two active practices - emergency psychiatric consultations based out of our Emergency Rooms and scheduled counseling and psychiatric and visits based out of primary care locations.
2. **Telestroke/Teleneurology** in all our Emergency Rooms and 3 of our hospitals.
3. **Urgent Care Telehealth** visits are being offered as **SRHS Virtual Care**, and asynchronous electronic visits, branded as **E-Visits**, using the SRHS MyChart Patient Portal for lower acuity encounters.
4. **School-based video visits** are being offered at 3 schools in Spartanburg County and 1 school in Cherokee County, with care provided by Pediatricians at the SMC Center for Pediatrics.



SRHS Current State Overview: Telehealth

{Continued}

5. Virtual diabetes education services are being offered as a pilot through one family medicine practice in Union County.

6. Virtual translation services are being offered throughout the system using a tele-translation service for multiple languages in most SRHS locations

7. Video Visits were rapidly set up in March 2020 for all 600+ employed providers with the Medical Group of the Carolinas using the Microsoft Teams platform. In 5 weeks during the Covid-19 Pandemic approximately 6000 of these encounters have occurred as ambulatory patient care is shifting from mostly face-to-face to more virtual encounters.

8. Post-Acute Division – next slide...



SRHS Telehealth: Post-Acute

Remote monitoring of patients in the home health setting has been ongoing for 10+ years using Epic-integrated Phillips devices in patient homes to obtain asynchronous vital signs for use by clinicians. A pilot employs pharmacist-led video encounters to better manage complex diabetic patients with wounds.

****Skilled Nursing Facilities****

We deployed a pilot to rapidly expand video encounter capabilities for our post-acute providers. Details to follow...



What/Why/How/When/Who/Where?

What? We deployed a pilot project to rapidly expand video encounter capabilities for our post-acute providers.

Why? Due to Covid-19 there are dramatic changes in face-to-face encounters due to exposure risk and health concerns. Video visit options can reduce these concerns and maintain patient volume in the post-acute setting.

How? With the changes in governmental regulation around HIPAA and patient/provider location, we were able to use Phillips Home Health devices with Phillips video software to provide a temporary platform for connecting providers to patients. We are documenting care in Epic in the usual fashion with additional emergency and telehealth disclaimers. We developed Tip Sheets for our providers to use for documentation, coding, and billing.



What/Why/How/**When**/Who/Where?

When? Because Phillips software and devices were already available in our home health setting and could be rapidly deployed, we were able to start providing these visits within 2 weeks of our first discussions.

Who? Our initial proposal was to include post-acute providers than need to connect to patients in Senior Health and Skilled Nursing facilities, in both employed and independent settings. At least one case would need to be deployed to each nursing home and at least one nurse would need to be trained to use the software in each location. The physicians would have to have a video-capable device and the ability to access the web-based software. The initial pilot would include Dr. Kurtis Melin connecting to nursing staff at White Oak North Grove and Ellen Sager Nursing Center.

Where? Recommend a pilot at one employed site and one independent site to test the functionality for this project, then expand to all 7 of the desired sites.



Steps to Pilot go-live:

1. Develop pilot proposal.
2. Obtain approval from Telehealth and Post-Acute Teams.
3. Confirm compliance with revised Medicare and federal HIPAA regulations.
4. Create a plan for consents to be obtained and documented for patient video visits.
5. Investigate workflows, function, and infrastructure (including network and local device) needs so that the Phillips devices can be used effectively for telehealth encounters.
6. Develop new workflows for providers and nurses (see Tip Sheets).
7. Understand scaling capabilities to expand to all providers and support staff.
8. Create a training program for providers and their support staff.
9. Develop and fund a technical support team for both staff and patients.
10. Develop a billing plan and confirm payment is acceptable/approved.
11. Go-live!



Risks / Barriers / Issues

1. Rapid scaling tends to be challenging
2. Lack of Epic integration
3. Lack of training. Tolerance was critical.
4. Using non-HIPPA-compliant software in a method different than originally designed.
5. Technical issues will occur leading to frustration and slowing down typical care, including dropped calls and conversion to telephonic visits more often than desired.
6. Lack of experience, training and support will lead to challenges with long-term use of telehealth.
7. Clinical documentation errors will increase due to lack of integration.
8. Additional sudden governmental changes in regulations may occur, leading to need to rapidly change the proposed model.
9. Payment for these telehealth encounters should be possible but may be challenging compared to traditional payments due to a variety of factors.



Results & Conclusion

What's Next?



SRHS Telehealth Opportunities: What's next?

Use Case:	Objective:	Target GoLive:
School-based Video Visits for Additional Sites	Establish school-based video visit program in conjunction with SCTA at 3 schools in Cherokee County	February & August 2020
UMC Provider Video Encounters	Begin video encounters between UMC physicians off-site and UMC patients in ED and inpatient settings.	2020
Specialist Consults at UMC	Begin video encounters between SMC specialist physicians at SMC and UMC patients in ED and inpatient settings. Begin with cardiology consultations.	2020
Congestive Heart Failure Rehabilitation	Establish video visits between patients and the congestive heart failure rehab team. Consider augmentation with remote monitoring.	2020 (grant request)
Virtual ICU Rounding at PMC	Proof of concept completed in 2019. With funding we can go live with this program to add virtual ICU rounding at PMC and expand the total number of ICU beds and procedures available.	2020
Remote monitoring for chronic care patients	Implement remote monitoring of patient data using home devices to augment routine clinic-based care.	2020 (grant request)