

# Wednesday PRESENTED BY PALMETTO CARE CONNECTIONS



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#### DESCRIPTION:

In partnership with Palmetto Care Connections, the South Carolina Telehealth Alliance (SCTA) is proud to present its SCTA Pediatric Telehealth Educational Series! This series consists of quarterly webinars featuring pediatric telehealth experts from across the state to discuss best practices, billing & reimbursement, school-based telehealth, specialty-specific programs, and more. If you would like to participate as a speaker or have a webinar topic in mind, please reach out to SCTA Manager, Ragan Richardson (ragan asctelehealth.org).



Timothy Ryan Hensley, MD General Pediatrician Prisma Health

Register online at www.palmettocareconnections.org/events/webinars/





Telehealth

ALLIANCE



### **Benefits and Wins**

- Accessibility for patients
  - Less time away from school or work
  - Limited transportation barriers
  - Convenience
- Decreased risk of infection
- Efficiency for providers
- Continued reimbursement post pandemic





### **Best Practices**

### Telehealth Visit 'Blocks'

- Sessions that are dedicated to telehealth visits
- Avoid jumping from tele to in person in the same session
- Enables the clinic staff to be focused
- Providers are more likely to run on time



### **Best Practices**

### Set expectations at the point of scheduling

- Is this appropriate for telehealth?
- Ensure the family has access to internet and a compatible device.
- Emphasize the importance of being in quiet, well-lit area and not in a moving car.
- Explaining that the child must be present for the visit.



### **Best Practices**

### **Visit Prep and Support**

- Dedicated Staff
- Triage
  - Chief Complaint
  - Allergies and current medications
  - Any patient/parent reported vitals
  - Safety Alert: Weight- based dosing requires an accurate weight. The clinic team member completing triage should ask parent for the current weight, and if unknown, relay the importance of following up at the pediatrician's office to obtain an accurate weight.





### Questions?

- Please type any questions that you have in the chat!
- You may also reach out to me directly at browcort@musc.edu.



# Expanding Your Practice with Virtual Care Ryan Hensley, MD, MPS, FAAP





### Should this be a virtual care visit?

- Testicular pain? NO
- Febrile 10 day old? NO

### Dispo-

- Stay home
- Go to emergency room (saved time driving to the office)
  - By car or squad?
- Need more information
  - Come in for testing only (COVID, strep, etc.)
  - Convert from virtual care to in-person visit- NOT A FAILURE



### Embrace...but don't rely on... technology...















### Remember the basics

- A single still photo will be a smaller file and of higher resolution than a live video feed.
  - Especially great for rashes and other subtle findings
  - Ask for photos to be transmitted ahead of time through your patient portal.
  - Still have a real-time visit but will be enhanced by higher quality images of key areas



## Add appointments to meet demand

- Times with decreased staffing
  - Early morning
  - Lunchtime
  - After hours
- Overbooking
- Nurse triage—>Telehealth visit



### Provide Care Out-of-State

- Must be licensed where the patient is located
- Strategically choose additional states
- Very satisfying visits- happy patients who get to return to vacation
- Beware controlled substances.
- Beat the summer rut.



PrismaHealth.org









## Pediatric Telehealth Reimbursement



## **SC Payer Scorecard**

Coverage Priority	Medicare (incl. FFS, MAPD)	SC Medicaid	BCBS SC (incl. BlueChoice	UnitedHealth
			HealthPlan of SC)	
Priority 1: Removal of originating Site Restrictions				
Priority 2: Provider Types (Overall Score)				
2a: Mental Health				
2b: Registered Dieticians				
2c: Speech Therapists				
2d: Occupational Therapists				
2e: Physical Therapists				
2f: Audiologists			•	•
Priority 3: FQHCs and RHCs as distant sites				
Priority 4: Virtual check-ins			•	
Priority 5: Audio-only telehealth				
Priority 6: Chronic care RPM			•	
Priority 7: Interprofessional internet consultation (eConsult)	•	•	•	•
Priority 8: Behavioral Health Integration (including CoCM)	•	•	•	•

#### Key

Green - Service or provider type are always allowable, or allowable through 12/31/2024
Yellow - Service or provider type is allowable during and beyond emergency period, but expires
before 12/31/24, or, only certain services or provider types are allowed (not fully allowable)
Red - Provider type or service is not covered

