

# Incorporating Telemedicine In Your Practice Strategy

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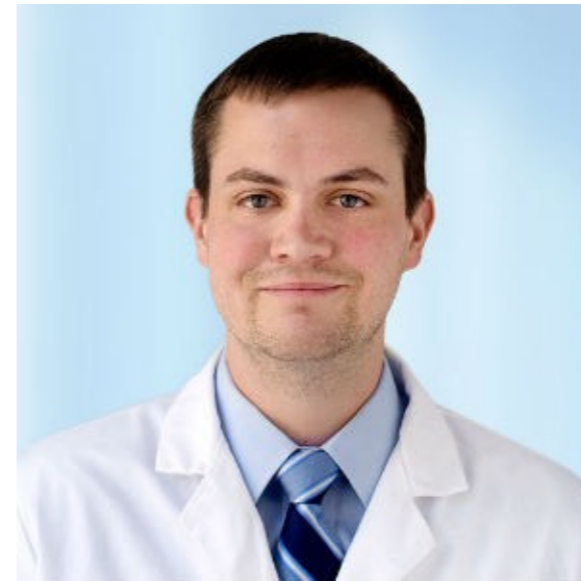


# PANELISTS



**Brian Forrest, MD**

- + Family Medicine Physician
- + CEO, Access Healthcare Direct
- + Pioneer in direct primary care



**David Craig, MD**

- + Emergency Medicine Physician
- + Medical Director, Spruce Health



# AGENDA

## Presentation

- + **Types of Telemedicine: Different Tools for Different Purposes**
- + **Telemedicine Legal Issues**
- + **What Patients Want out of Telemedicine**
- + **Best and Worst Use Cases for Telemedicine**
- + **Telemedicine Success Stories**

## Q+A

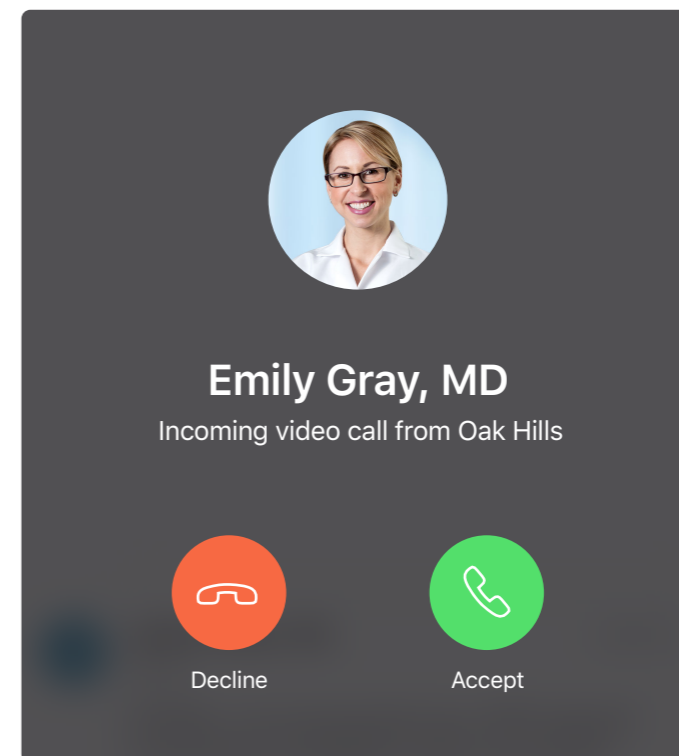


**TYPES OF TELEMEDICINE:  
DIFFERENT TOOLS FOR DIFFERENT PURPOSES**

# TECHNOLOGY: SYNCHRONOUS VS. ASYNCHRONOUS

## + Synchronous (“live video”)

- Pros:
  - Similar cadence to in-person interaction
  - Tight feedback loop in directing history/exam



# TECHNOLOGY: SYNCHRONOUS VS. ASYNCHRONOUS

## + Synchronous (“live video”)

- Cons:

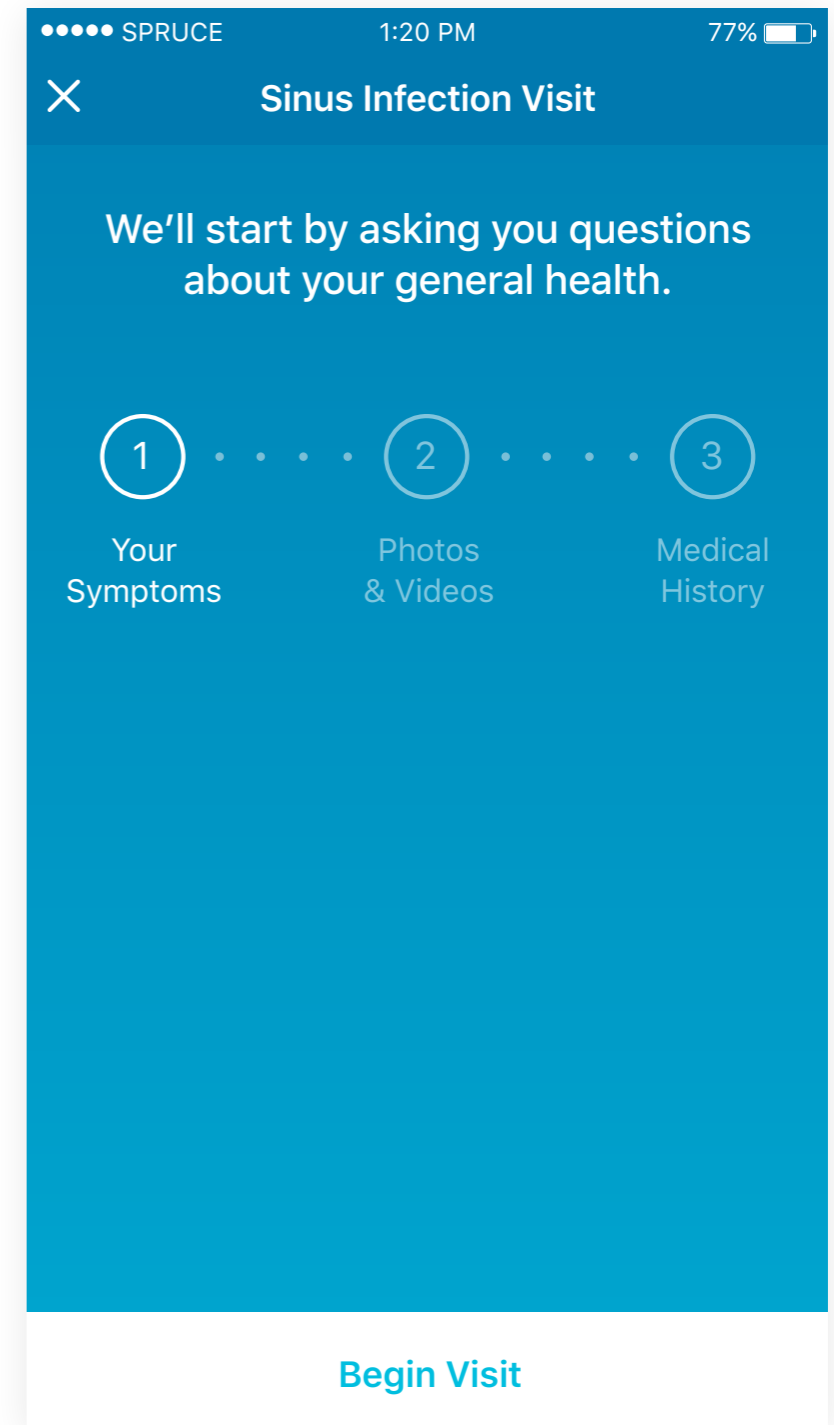
- Provider and patient must have same availability
- Often requires scheduling specific time
- Dependent on fast data connection
  
- **Key:** Same or worse time efficiency compared to in-person visit



# TECHNOLOGY: SYNCHRONOUS VS. ASYNCHRONOUS

## + Asynchronous (“store and forward”)

- Pros:
  - Can be hugely time-efficient for doctor while patients have as much time as desired for information entry
  - Both patient and doctor can choose time that is convenient
  - Pictures can have better resolution/fidelity than video
  - Can direct video capture if need be, too
  - “Automatic” medical record documentation
  - If using structured question sets: no history items are ever forgotten, advancements in protocols can be implemented cleanly, data available for research



# TECHNOLOGY: SYNCHRONOUS VS. ASYNCHRONOUS

## + Asynchronous (“store and forward”)

- Cons:

- Less similar feel to typical in-person visit, requires more advanced tech stack to do well and efficiently
- More limited reimbursement landscape
- **Key:** Back-and-forth interactions can become painful fast

# TELEMEDICINE LEGAL ISSUES

# LAWS, REGULATIONS, AND THE BEAUTIFUL LAYER CAKE

## Law



## Regulation

### Federal

ex: HIPAA + HITECH



### Federal

ex: HIPAA rules from HHS

### State

ex: California Code,  
Business and  
Professions Code -  
BPC § 2290.5



### State

ex: Medical Board of  
California regulations

**Key: Check all 4 places!**

**Bonus Layer: National and state professional society  
guidelines (not legally binding but good to know)**

# HIPAA

- + **Same general HIPAA considerations as an in-person practice**
  - Are you a covered entity? Best to act as one no matter what
- + **One key difference: Your “tech stack”**
  - ePHI is everywhere in telemedicine
  - Consider how information is stored for both you and patient
  - Consider how information is transmitted
  - **Key:** Need business associate agreement (BAA) with all tech providers in the stack
  - HIPAA is not about any one particular technology or technical safeguard; to ensure compliance, need to plan and understand your overall system and how you use it
- + **Again, don't forget state laws that may be similar to HIPAA**
- + **The role of patient consent and preference in what is allowable under HIPAA**
  - Ex: Can you text with patients? Can you use unencrypted email?

# CHECKLIST OF LEGAL CONSIDERATIONS

## + Major things to consider before practicing telemedicine in any state

### **State licensure**

Full vs. telemedicine? Always need license where patient is physically located

Caveat: Physician-to-physician consults may not need in-state license

### **State definition of telehealth and telemedicine**

Are both asynchronous and synchronous technologies included?

### **Physician–patient relationship**

Can telehealth be used to establish a bona fide relationship?



# CHECKLIST OF LEGAL CONSIDERATIONS

## + Additional things to consider before practicing telemedicine in any state

### **Location requirements**

Does doctor or patient have to be in a particular place?

### **Consent to telemedicine**

Are special informed consents required? (Ex: California)

### **Prescribing**

Are there laws and regulations specifically for prescribing? By drug type?

### **Telepresenter**

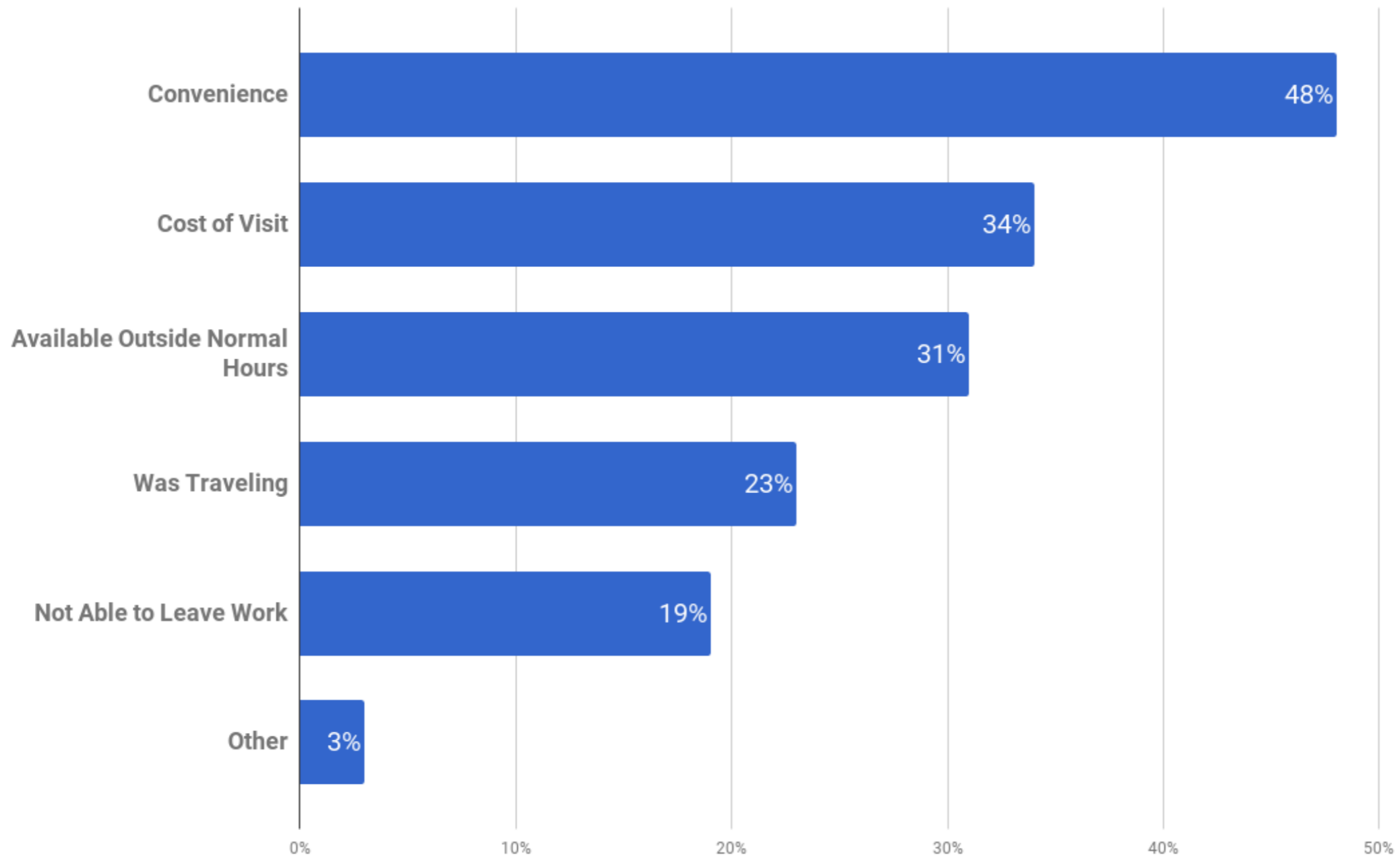
Does a medical professional need to be with the patient during the visit?

# Key: Is this a new patient or an existing one?

- + **State law often more favorable for telemedicine use with existing patients**
  - However, increasing number of states consider telemedicine acceptable for use with new patients
  - American Telemedicine Association (ATA) puts out frequently updated guide to state law ([www.americantelemed.org](http://www.americantelemed.org))
- + **Conservative approach is to consider what types of patients and cases you would handle with a phone call**
  - This provides a “floor” for what is safe for telemedicine use, and then you can expand from there to suit your comfort level

# WHAT PATIENTS WANT OUT OF TELEMEDICINE

# REASONS FOR USING TELEMEDICINE

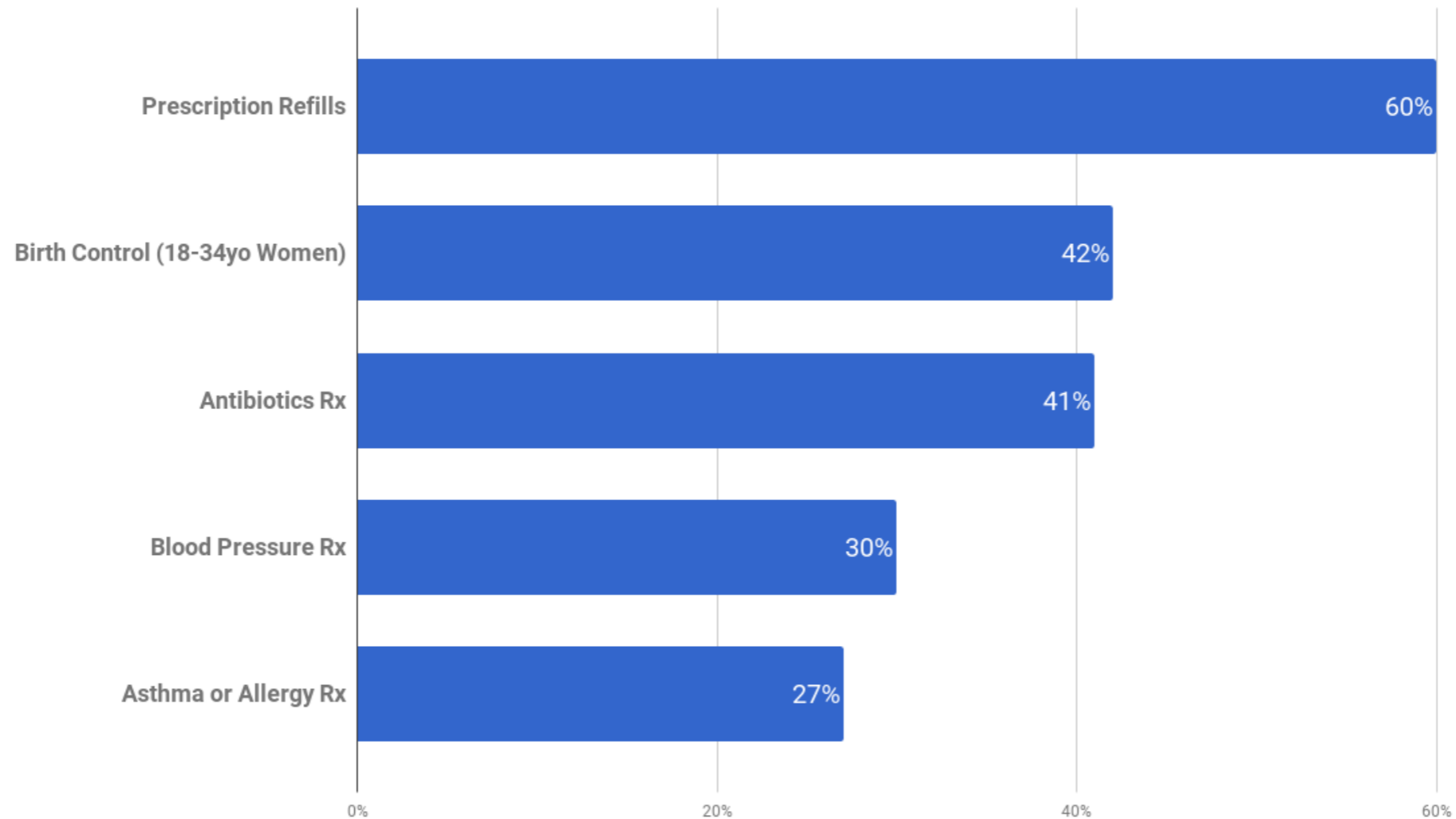


One Research & Excellus BCBS. Telemedicine Survey Highlights - A Survey of Upstate New York, 2017. (Excellus BlueCross BlueShield (Excellus BCBS), 2017). <https://www.excellusbcbs.com/wps/portal/xl/our/hpr/factsurveyreport>

# COMMON TELEMEDICINE DESIRES

## + Patient Survey

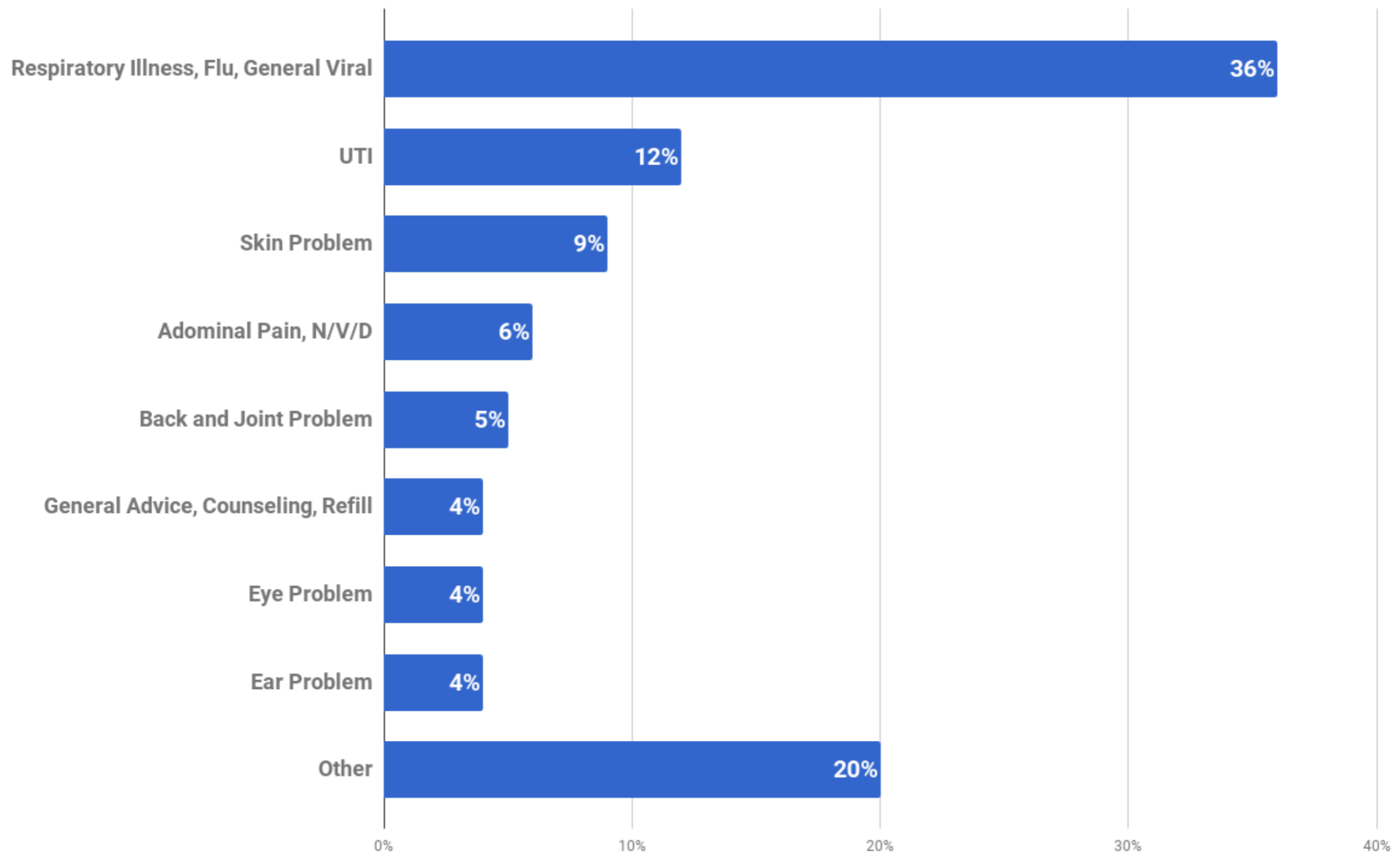
- Prescription refills
- Birth control
- Antibiotics
- Prescriptions for chronic conditions



# COMMON TELEMEDICINE COMPLAINTS

## + Data from Actual Usage

- Mirrors common primary care complaints

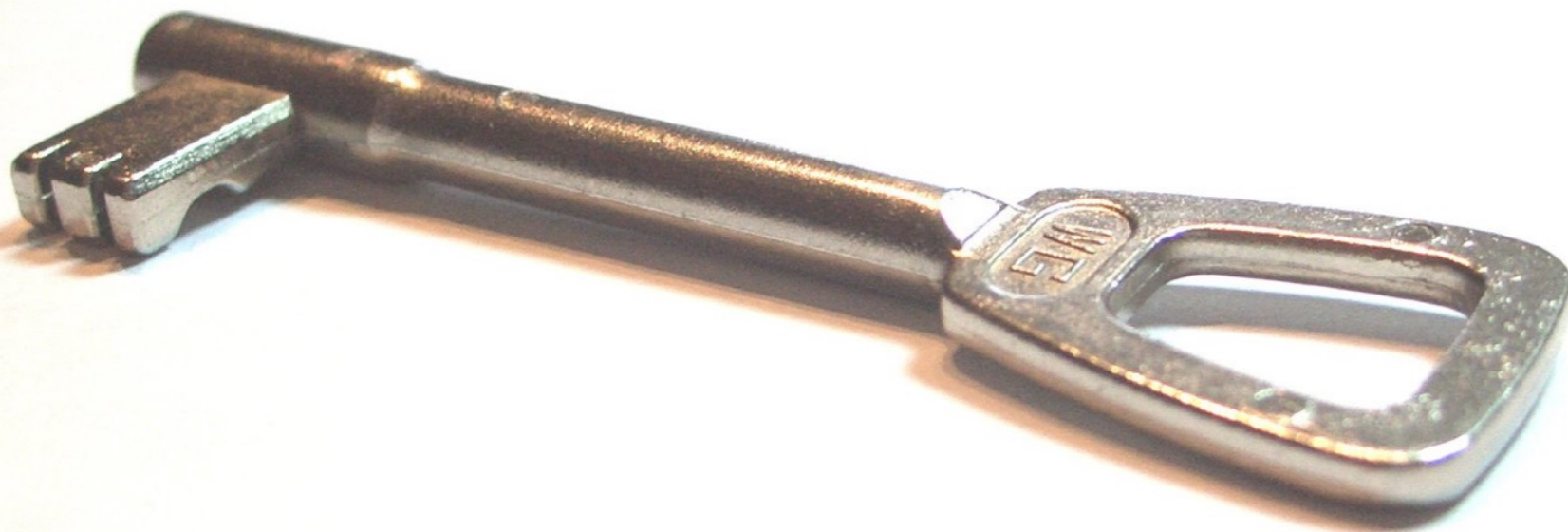


Uscher-Pines, L. & Mehrotra, A. Analysis of Teladoc use seems to indicate expanded access to care for patients without prior connection to a provider. *Health Aff.* 33, 258–264 (2014).

# PATIENT EXPERIENCE AND SATISFACTION

## + Dr. Forrest's Keys:

- DPC and concierge patients expect a “better experience” and more active engagement with their physician
- Perception of being “cutting edge” and using the best technology available
- Improved access, especially when in-person appointment might not be needed



# BEST AND WORST USE CASES FOR TELEMEDICINE

# FACTORS THAT PREDICT TELEMEDICINE FIT

- + **Known patient, preferably with low pre-test probability of significant illness**
- + **Chronic condition or follow-up**
  - Ex: Hypertension management
- + **Decision-making mostly driven by history rather than exam**
  - Ex: Birth control prescription
- + **Exam for complaint is achievable via telemedicine (more on this later)**
  - Ex: Skin exam vs. abdominal exam



# FACTORS THAT PREDICT TELEMEDICINE FIT

- + **Differential diagnoses for complaint have low morbidity/mortality risk**
  - Ex: Rash vs. chest pain
- + **Management for complaint can be done remotely**
  - Ex: Headache vs. abscess
- + **Therapeutic options have low risk profile**
  - Ex: Steroid ointment vs. biologic agent
- + **Support exists in the literature and/or society guidelines**
  - Ex: UTI diagnosis and management, teleneurology (stroke, headache), dermatology, post-procedure follow-up, mental health

# BEST TELEMEDICINE PHYSICAL EXAM COMPONENTS

## + Vital signs

- Respiratory rate
- Temperature (patients often have thermometer)
- Pulse (patient or caretaker measurement)
- Oxygen saturation and blood pressure (need device)

## + Skin exam (and general visual exam of all body systems)

## + Neurologic and psychiatric exams

- Cranial nerves, coordination, gait, mental status, strength, possibly sensation



# BEST TELEMEDICINE PHYSICAL EXAM COMPONENTS

## + Respiratory and oropharyngeal exam

- Work of breathing, loud wheezing, stridor, coughing
- Trismus, drooling, voice change, visualization of oropharynx
- Provocative maneuvers (saying the alphabet, exerting)

## + Cardiac exam

- Capillary refill, JVD, pedal edema

## + Minor injury exam (and general musculoskeletal exam)

- Neurovascular function, MSK function, size/depth/location/orientation of wounds

# HARDEST TELEMEDICINE PHYSICAL EXAM COMPONENTS

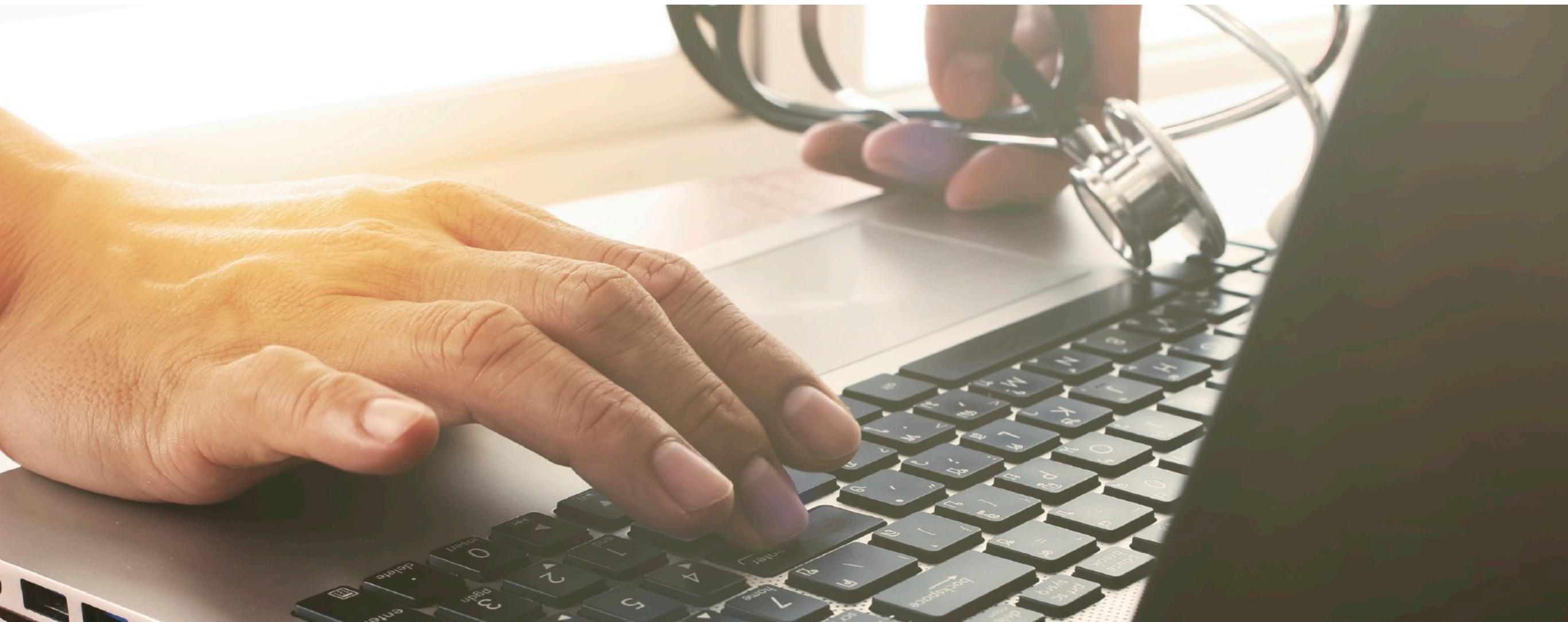
## + Vital signs

- Oxygen saturation and blood pressure (need device)

## + Abdominal exam, abdominal exam, abdominal exam

## + Neurologic exam

- Reflexes



# HARDEST TELEMEDICINE PHYSICAL EXAM COMPONENTS

## + Respiratory and cardiac exams

- Auscultation (decide how much you need it in a given case)
- Fidelity of assessment for fluid status, perfusion, character of pulse (strength, regularity)

## + Palpation exams

- Tenderness, fluctuance, warmth, texture/contour

## + Ear/tympanic membrane exam, nasal exam, parts of eye exam

## + Pelvic exam

# SHIFT YOUR PRACTICE MINDSET

## + Telemedicine often won't be as good as in-person assessment

- Physical exam has missing pieces or pieces with reduced fidelity
- Can lead to tension over ability to provide services at standard of care

## + Solution:

- Shift your practice mindset!
- Telemedicine is for definitive management of low-hanging fruit, not crazy cases
- Telemedicine is for triage of more complex or dangerous cases
- Make independent decisions on diagnosis and management:
  - Diagnosis: “Yes, definitive” vs. “Yes, empiric” vs. “No, not safe/possible”
  - Management: “Yes, definitive” vs. “Yes, empiric” vs. “No, not safe/possible”
- Plan for triage to in-person assessment and use it liberally, even if it's not to your own practice



## OTHER GOOD USE CASE: ASSOCIATED SERVICES

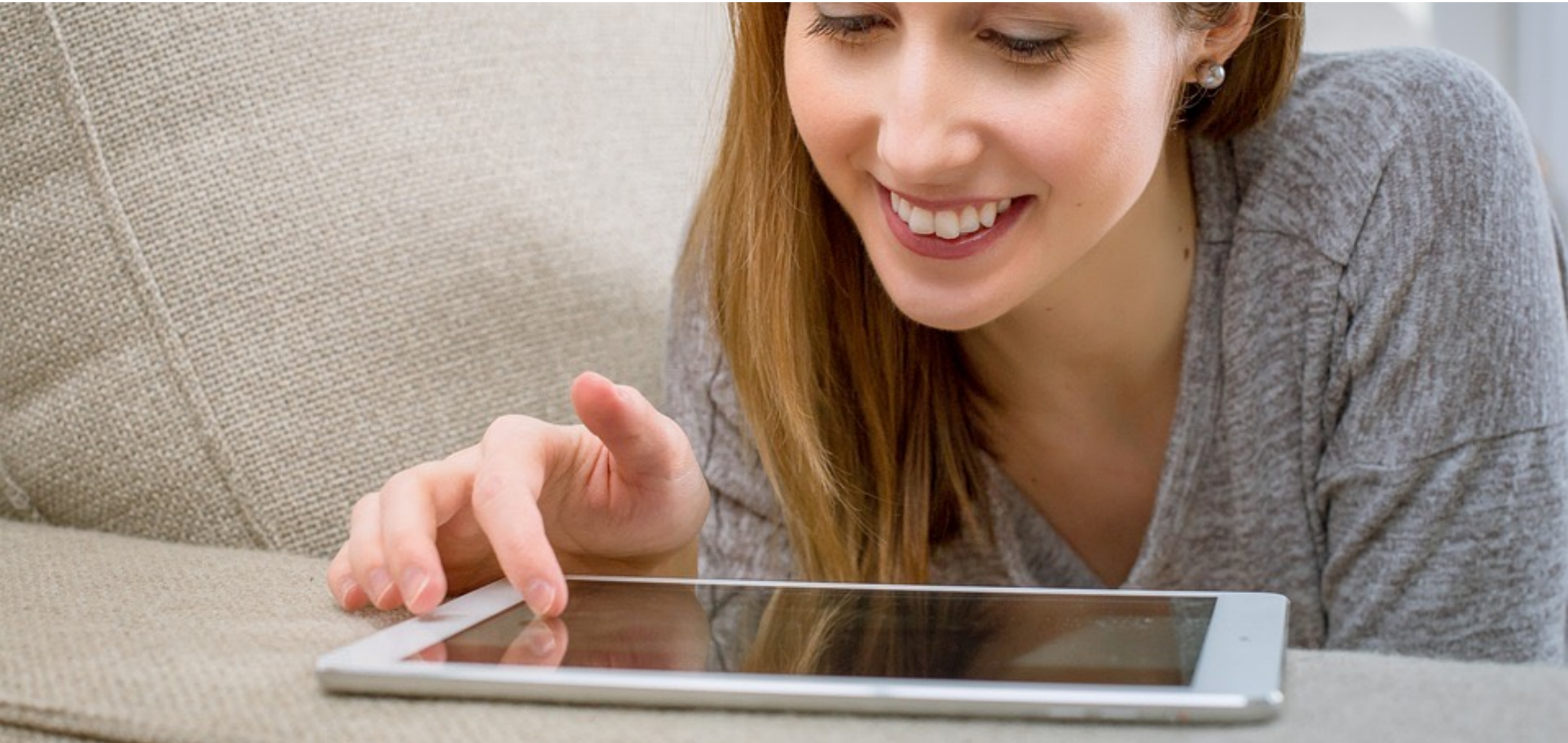
- + Think beyond box of “medical complaint, diagnosis, management”
- + Evolving role for telemedicine in:
  - Physical therapy
  - Occupational therapy, speech therapy
  - Counseling and behavioral health
  - Nutrition and diet
  - Coaching
  - Patient outreach and population health management



# TELEMEDICINE SUCCESS STORIES

# SUCCESS STORIES: CATEGORIES

- + Physician-Initiated
- + Patient-Initiated
- + Bidirectional Management



## SUCCESS STORIES: PHYSICIAN-INITIATED

### + **Monitoring patients who have already been seen**

- 82yoM seen in office but concerned about course over the weekend
- 38yoM with unexplained syncope
- 31yoM with bleeding ulcer, Hgb 4.5

### + **Innovative engagement that offers advantages of a house call**

- Checking vitamin, supplement, old medication bottles remotely

# SUCCESS STORIES: PATIENT-INITIATED

## + Patients with classic symptoms

- 33yoF with dysuria, frequency, urgency; has had UTIs before

## + Patients with classic exams

- Skin: Rashes, bug bites, abrasions or lacerations (triage)
- 31yoF with laceration over achilles tendon area at 11pm on a Saturday

## + Patients with known conditions

- 28yoM with asthma; new-onset cough, low-grade fever, shortness of breath

## + Patients with questions

- Medication questions: Drug interactions, generic pill shape, scared by pharmacy warnings, questions about side effects

# SUCCESS STORIES: BIDIRECTIONAL MANAGEMENT

- + **Telemedicine sometimes as simple as secure messaging**
- + **Test results for simple things that do not require visit**
  - TSH, B12, Vitamin D, etc.
- + **Short and specific questions**
  - “Can I eat grapefruit while on this medication?”
  - 49yoM with open wounds during Hurricane Irma (Spruce patient)
- + **Appointment or preventative reminders**
  - “Time for your flu shot”
- + **Home health measurements**
  - Blood pressures or blood sugars
  - Especially useful for short-term follow-up where the only data needed are the patient’s numbers

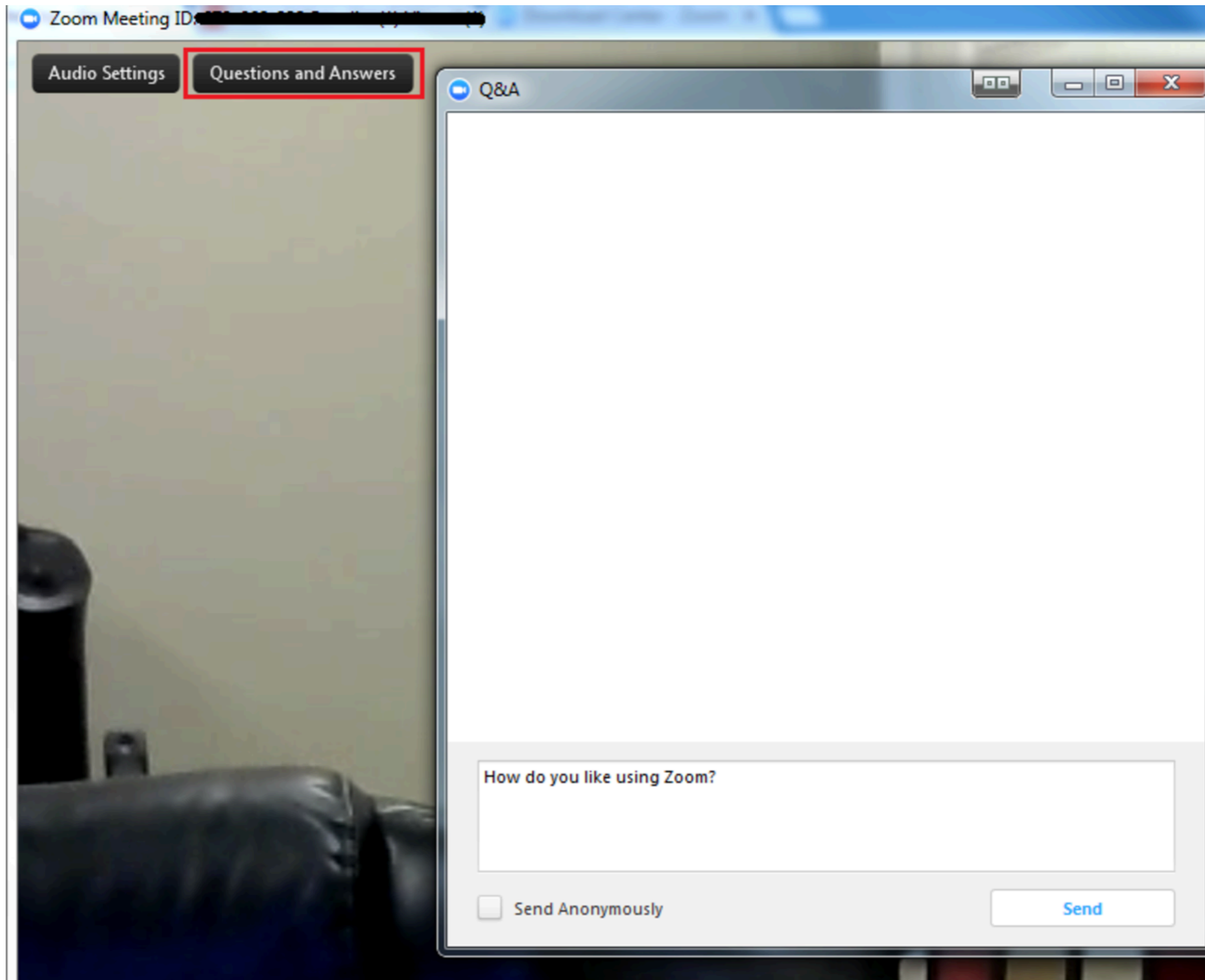
## How to Integrate Telemedicine in Your Practice Strategy (We'll Help for Free!)

Get a Free Consult

<https://calendly.com/spruce-team/15>



**Q+A**



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# BONUS INFORMATION

# TECHNOLOGY: PERIPHERALS

- + Many “connected” peripherals exist, but...
- + Do you need them?
  - Vital signs
  - Physical exam
  - Longitudinal tracking
- + Considerations
  - Type of information collected and whether it has value in medical decisions
  - FDA approval status of the devices
  - Is “connectedness” adding anything other than expense for your patients?

# BEST LEGAL PRACTICES

## + Documentation

- Best practice: Document an interaction to the same level as a typical in-person visit
- Simple SOAP structure will work
- If using text-based telemedicine, much of documentation is handled already, assuming platform is storing messages as part of medical record



# BEST LEGAL PRACTICES

## + Recording

- Don't record video or audio
- Not something that you would do for an in-person visit
- Increases amount of ePHI that needs safeguarding
- Increases potential liability if every statement is recorded verbatim
- Some states have laws against recording without two-party consent

# DEMOGRAPHICS

## + Millennials

- Roughly 18- to 37-year-olds
- 64% are open to virtual care options as an alternative to office visits
- 70% would choose PCP who offers a patient app over one who does not
- 52% would choose PCP who offers virtual care options over one who does not
- 11% would switch doctors based on the availability of online visits
  
- **Key:** People with children in the household are 67% more likely to prefer an online visit

# DEMOGRAPHICS

## + Baby Boomers, Too!

- Roughly 55yo or older
- 57% are open to virtual care options as an alternative to office visits
- 51% would choose PCP who offers a patient app over one who does not
- 37% would choose PCP who offers virtual care options over one who does not
- 5% would switch doctors based on the availability of online visits
- Gen X data fall between millennial and boomer numbers
- **Key:** Older patients may prefer telemedicine for different reasons than younger patients
  - 74% of those who prefer cite “convenience,” but only 40% say it would be easier on their schedule, implying “convenience” is not just about scheduling, may also include issues like mobility limitations or transportation difficulty
  - 40% of those who prefer cite less risk of getting sick from other patients