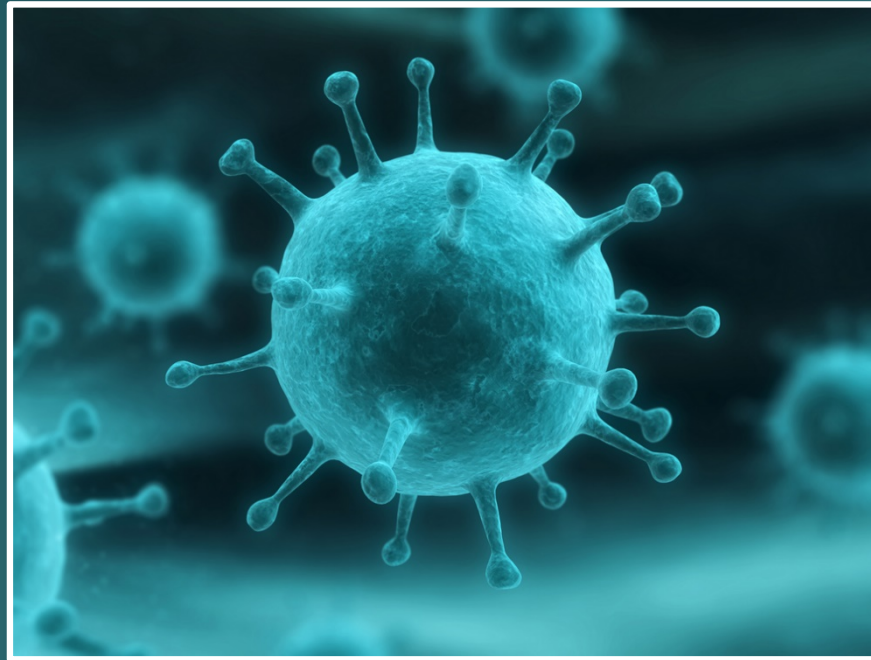


# COVID-19

An End Stage Renal Disease (ESRD) National Coordinating Center (NCC)  
Professional Education Quickinar



April 15, 2020

COVID-19 = Coronavirus Disease-19



# Agenda



- What is this call about?
- Today's speaker
  - David J. Arrieta, MBA, CMPE, SHRM-SCP  
Chief Financial & Operating Officer  
Nephrology Associates
  - Topic: Operationalizing telehealth at the nephrology practice
- Questions and answers (Q&As) from chat and Q&A panels

# What Is This Call About?



- Hear from stakeholders in the ESRD community adapting to COVID-19.
- Provide real-world strategies for facilities to put into use.
- Engage in weekly calls on varying topics.

# David J. Arrieta, MBA, CMPE, SHRM-SCP

Chief Financial & Operating Officer  
Nephrology Associates



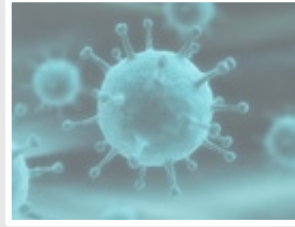
# Deciding to Telehealth



- Nephrologists and nephrology administrators need to mentally shift telehealth from being a noun (something that someone else does) to a verb (action item for the whole practice).
- CMS has eliminated both the originating and distant site limitations within the waivers surrounding telehealth.
- CMS has granted waivers that allow reimbursement to be equal between a physical visit by a physician/advanced practice professional (APP) and a telehealth visit.

CMS = The Centers for Medicare & Medicaid Services

# Deciding to Telehealth (cont.)



- In our practice, beginning week of March 16, we immediately saw a 50% drop in outpatient visits and a 45% drop in hospital encounters.
- We started telehealth for outpatient office visits on March 23, and have since recovered 75% of our outpatient office volume compared to pre-pandemic and social distancing.
- The recovered 75% is about 175 patients per day, and 85% of it is now being carried out via telehealth.
- Implementing telehealth will allow your practice to continue providing patient care during the pandemic, but the decision should be considered a long-term solution for you.

# Choosing a Telehealth Vendor



- CMS has relaxed HIPAA requirements during the public health crisis, but your physician's responsibility to protect patient privacy has not been eliminated.
- Choose a product that provides end-to-end encryption and an audio/video mechanism.
- For ease of use, your current EMR/PM system's telehealth solution should be considered first.

HIPAA = Health Insurance Portability and Accountability Act of 1996

EMR = Electronic medical record

PM = Practice management

# Choosing a Telehealth Vendor (cont.)



- There are many products on the market if your EMR/PM system is not usable, including AnywhereCare, Doxy.me, VSee, and OnCall Healthy.\* In the current environment, most companies offer a free introductory period and then a per physician/month fee.
- CMS has clarified that FaceTime and Skype are allowed during the public health crisis, but this is not as secure as other telehealth mediums and may require you to divulge your physician's contact information.

\* Listing of various products is not to be considered an endorsement.



# Developing Clinical Workflows



- You and your staff will take on the role of retail salespeople to persuade patients who may have never used their phone for healthcare delivery.
- Each person who will touch your patients in a telehealth environment needs a separate workflow.
- Each workflow does not need to be elegant, but it must tell each professional click-by-click where to go within your EMR/PM system. You are changing years of routine and habits for everyone, so make every workflow as detailed as possible.

# Developing Clinical Workflows (cont.)



- After you spend time writing and distributing your workflows, assume that only about 20% of your staff will actually read them.
- Establish a telehealth support center, staffed by your workflow experts, that is available to everyone during their clinic/telehealth time.

# More on Clinical Workflows



- Telehealth is being used on a large scale for outpatient office and dialysis rounding.
- You control your office, but you will need to adjust your dialysis rounding to the requirements put in place by the dialysis organization that you work with.
- Although each dialysis organization is different in their requirements/systems, you are strongly encouraged to work with the clinic staff to receive the local support that you need.

# Developing Billing Workflows



- Ensure that your billing department is aware that telehealth is taking place within your practice.
- Your billing department must differentiate between an in-person office visit or a telehealth visit.
- Physician/APP documentation is the same for an in-person or telehealth visit, but a patient must consent for telehealth.
  - Consent must be documented in the patient's medical record.
  - The medical record documentation must identify a telehealth visit.
- It is your practice's decision to waive co-pays for telehealth visits, but this should be vetted through the contract you have with each of your insurance providers.

# Telehealth Implementation Summary



- You are significantly altering your practice pattern for your patients, physicians, APPs, and staff. Be patient.
- Prepare to answer questions that you have covered in your workflow. Be patient.
- Physicians/APPs will tell you that telehealth has no place in nephrology. Be patient.
- Physicians/APPs will tell you, “Why did you not start us on telehealth sooner?” Be patient.
- After the public health crisis, telehealth will have a place in your practice long-term. Be patient and proactive.

# Let Us Hear From You

Q&As from chat and Q&A panels



# Our Next COVID-19 Awareness Events



- Our next call:
  - April 22, 2020, at 5 p.m. ET
    - Suzanne Watnick, MD  
Chief Medical Officer
    - Liz McNamara, MN, RN  
Vice President of Patient Care Services, CNO
    - Northwest Kidney Centers
- Visit <http://esrdncc.org/en/quickinars> to register.

# Thank You!

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844.472.4250

813.865.3545

[www.esrdncc.org](http://www.esrdncc.org)

Additional COVID-19 resources for patients and providers:



<https://www.kcercoalition.com/en/covid-19/>

**Centers for Disease Control and Prevention**

<https://www.cdc.gov/coronavirus/2019-ncov/>

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