Tips and Tricks to Start Telehealth Tomorrow

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WE ARE IN UNPRECEDENTED TIMES WITH A RAPID adoption of technology to deliver patient care across all disciplines. That being said, it is important that a long-game approach be considered when setting up telehealth delivery in your practice. Typically setting up a telehealth system within a company is a lengthy process--from the implementation of clinic systems and employee workflow to the patient journey process. During this COVID-19 pandemic, these timeframes are greatly compressed or eliminated.

Whether you have adopted digital delivery of physical therapy services or you have been wary of it, now is the time to set up the digital side of your practice. Here are the top 10 steps for setting up your digital practice.

1. **Identify your patient population and set the expectations.**
   During this crisis, most people will be appropriate for digital care but you have to set your patients up for success. Setting patient expectations for digital care delivery starts with both the front office and the providers. The language needs to be clear so the patient will receive amazing care either in-person or digitally. Give your patient clear instructions for their engagement during the digital visit to maximize their experience. Please see the Sample Patient Letter and Instructions.

2. **Identify the technology you will be using for delivery of digital care.**
   This step is typically the most challenging and time-consuming as there are many different options. The types of delivery can be broken down into 3 categories: non-HIPAA compliant video interface, HIPAA compliant video interface, and lastly HIPAA compliant patient management systems such as EHRs and telehealth platforms with varying features that may include patient portals needed for Medicare patients to initiate an e-Visit.
   a. **Non-HIPAA-compliant video interface** (a * indicates that this interface will not be compliant after the crisis has passed)
      i. Google Chat*
      ii. Go-to-Meeting*
      iii. FaceTime*
      iv. Microsoft Teams*
      v. Skype*
      vi. WhatsApp*
      vii. Zoom*
   b. **HIPAA-compliant video interface**
      i. Doxy.me (free version)
      ii. Google Meet (in GSuite) with a BAA
      iii. Zoom with a BAA
   c. **HIPAA-compliant platforms and systems**
      i. Anywhere.Healthcare
      ii. BlueJayHealth
      iii. Clocktree
      iv. Doxy.me (upgraded accounts)
      v. Phyzio
      vi. Self-Doc
      vii. Vsee
      viii. Synzi
      ix. Theranow
      x. Kareo

3. **Privacy concerns should be a priority as the COVID-19 crisis is a temporary situation.**
   Privacy protections have been TEMPORARILY reduced due to the need for care delivery flexibility. This means that if you must deliver care via telehealth or an e-visit, then a non-HIPAA compliant means of communication can be used for the time being. If using a non-HIPAA compliant means of communication, document when, why, how, the length of time you anticipate using this method, and the reasonable and appropriate procedures put in place to protect patient privacy. If you continue providing the service longer than your original plan, document the revision. Also, include “This use of an e-visit is per CMS guidance on March 17, 2020, and is a result of the authority CMS was granted in the Coronavirus Preparedness and Response Supplemental Appropriations Act (PL 116-123).”

4. **Check with Liability Insurance Provider**
   Most liability insurance covers digital practice without an additional rider. Call and check your policy to make sure you are covered.

5. **Identify payment source: Cash Based, Commercial/Private Payor, or Medicare**
   a. **Cash Based**- default to your state rules and regulations for delivering telehealth.
   b. **Commercial/Private Payor**- Call payor and ask the following questions to ensure payment.
      i. Is telehealth a covered service for the patient
      ii. Is a physical therapist a reimbursable provider for telehealth
      iii. What modifiers are required? 95 or GT (synchronous)
      iv. Verify if Place of Service (POS) Code 02 is to be used on claim for these services
      v. Does the physical therapist need to provide the service from a clinical site? “Originating Site” is the site of the patient. “Distant Site” is the site of the provider.
      vi. Can physical therapist assistants provide these telehealth services under the supervision

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rules required by state law? (While Physical Therapists are recognized as providers Physical Therapist Assistants are currently not (Medicare)
vii. What CPT codes are billable?
Physical therapists continue to use typical ICD-10 diagnosis codes and CPT treatment codes along with payer coding guidelines on time and units.
Other provider types use Telehealth codes including:
• 99201-99215 Which are currently not attributable to PT but there may be exceptions during this crisis or transition.
• G0427 Telehealth Consultations- Initial In patient
• G0406-G0408 Follow up Telehealth Inpt Consultations
• G2012-G2010 Brief Check in with established Medicare patients (e-visit ONLY)

AMA added modifier 95 -Synchronous Telemedicine Service for commercial claims to indicate that services were delivered through Real-Time Interactive Audio and Video Telecommunications Systems.
Place of Service (POS) Codes are two-digit codes placed on health care professional claims to indicate the setting in which a service was provided. Place of service code 02 has been created for telehealth. However, you may want to verify with each payer which modifier their system will accept.
E-Visits are NOT Telehealth!
Cash-Pay is also an important option for your patients who do not have coverage.
viii. Reimbursed amounts will vary based on the payer, your region and your contracts.
c. Medicare: Physical therapists are not an approved telehealth provider for telehealth. Please see e-Visit information here.
d. Medicare Cash Pay: Medicare currently considers physical therapy services delivered through Telehealth as non-covered. Therefore Medicare beneficiaries are able to receive services provided through telehealth and pay an out of pocket (OOP) fee. Your practice can determine what the appropriate fee is and educate your medicare patients about these services. An Advanced Beneficiary Notice (ABN) is voluntary when the service being provided is a non-covered service. Although it is voluntary, use of an ABN does provide an opportunity to explain that the services are not-covered by their Medicare Insurance and the benefits that these OOP services provide.

6. Determine factors the payor requires for reimbursement, such as HIPAA-compliant software or utilization of specific platforms.

7. Determine the type of visit.
a. Synchronous: Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.
i. Used for both consultative, diagnostic, and treatment services.
b. Asynchronous: Transmission of recorded health history (for example, pre-recorded videos and digital images such as x-rays and photos) through a secure electronic communications system to a practitioner, usually a specialist, who uses the information to evaluate the case or render a service outside of a real-time or live interaction.
i. Involve communication tools such as secure email to deliver instructions, answer questions, or HEP delivery.

8. Identify Equipment
• Provider
• WiFi needs to be at least 15Mbps download and 5Mbps upload with Wired connection preferred
• Laptop or device with internal or external microphone
• Microphone/headset
• Neutral or professional background
• Quiet and private space
• Patient
• Computer or laptop for some applications
• Phone or tablet for most
• Private and quiet space
• WIFI or cellular service 15Mbps download and 5Mbps upload or faster

9. Staff Training
a. Provider Selection: Delivering physical therapy services can be both exciting and challenging at the same time. The ability to connect and communicate with patients digitally is a skill that needs to be fostered so everyone will thrive. As you would for any role in the clinic, assess your staff’s willingness and capability to deliver digital care. For those who are wary, have them practice or shadow other colleagues who are proficient. Delivering digital care is a skill that can be learned! Conduct a “mock visit” with your team. Review how to document the visit including parameters of the visit and patient consent.
b. Workflow: Having a fully digital schedule is not typical in a clinic. Please consider how your staff’s schedule is utilized to maximize care delivery. Are some people dedicated to digital care? Does staff have blocked time for in-person care and then blocked digital care? Is a mixed case load of
both expected? Creating a balance and a workflow for your staff is crucial so that they know what is expected of them.

c. Manage Clinician Expectations: Digital delivery of services will be new to many staff. Acknowledging that this transition is a new style and delivery of a service than your staff was trained to perform is an important part of the process. It is important to review certain aspects of clinical care such as the importance of the subjective exam, differential diagnosis, movement based interventions such as response to repeated motions, self-performed joint mobilizations or stretches, and all exercises. Providers will need to be able to demonstrate these exercises as that is the easiest way to teach digitally. Be patient with both staff and patients as they develop their own language and technique.

10. Patient Deployment and On-Boarding
The adoption of new technology for care delivery needs to be communicated to the patient. Communication to your patients can happen in many forms (see attached). An email or letter containing all of the relevant information for onboarding is standard. To ensure maximum patient adoption, consider having all staff communicate to the patients the exciting new way that they can be cared for. The messaging from the clinic and staff need to be congruent so that the patients can readily adopt the new method of care.

11. Forms (See Sample Telehealth Consent Form)
   a. Digital Forms
      i. Consent to Treat
      ii. Consent for Telehealth

12. Do it.
There is something to be said for jumping in and doing. There is nothing to it but to do it. In the digital arena, attitude is everything and having your providers communicate to their patients that this is new for everyone and be humble about this new delivery method will help everyone be more patient and accepting.

Digital care will be the new normal when this crisis passes. Taking the right steps now to ensure that you can meet the current demand and prepare your company for future success is the key mindset to have!

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**Patient Sample Letter and Patient Instructions**

Date: ____________

Dear (Patient Name),

We are writing to you with exciting news that will directly impact the way we can treat you and offer you care! We now have an online telehealth platform called [insert here]. This telehealth tool will allow you to access your provider and receive care in the event you aren’t able to access the clinic!

We can use this telehealth tool in multiple ways to serve you. We can use it as a screening tool, for follow up appointments, wellness check-ins, exercise progression, and even for initial evaluations and treatments!

We believe this will bring significant value to you as an option to enhance your experience at (insert here: Company Name/Practice.) You will still receive the same impeccable quality of care but it will be from the comfort and convenience of your own home or office.

All that is needed on your part is to go to [insert platform name here], and click on [insert sign up link]. From there, follow the prompts to set up your account. Once you set up your account, you are able to log into the “Patient Portal” and select your provider. Then you will be able to receive, request, approve, or modify appointments. (Provider: You may wish (recommended) to mention how your patient will be billed here. Or instruct whether or not to enter insurance information.) Modify this section to suit your needs if you are not intending to utilize a patient portal.

There are no extra fees to use this platform and the apps are free. You can use it on Mac, PC, and every type of tablet and smartphone. Optional line depending on software: [We want to assure you it is fully HIPAA-compliant, like all electronic medical records in hospitals, which means your health information, personal information and data is completely secure.]

Here are the links to the apps: [insert here]

We are really happy to expand our reach as practitioners and to deliver more care to a wider scope. There are so many people who don’t live near a health center or are suffering too much to travel to one, or maybe too busy. This kind of care is for you!! If you are one of them, welcome to the next level of patient experience. We look forward to partnering with you in your healing and recovery.

In health and gratitude,

(Your Name, Company)
Optimizing Your Telehealth Experience

Telehealth may be something brand new for you and maybe you’re wondering what to expect as a patient. Here are some suggestions to have the best experience while connecting with your provider.

1) Accessing the Software:
   Your provider will send you the information to connect with the system that they will be using for telehealth. Please follow the instructions for downloading the necessary software or logging into the necessary site prior to your initial visit.

2) Hardware Needs:
   You will need a computer, tablet, smartphone, or mobile device to access the software. Your provider will let you know what is best for you to use to connect with the software.
   Your device must have a microphone (either internal or external) so that you can communicate with your provider.
   Your device must also have a camera (either internal or external) so that you can be seen by your provider during the visit.

3) Internet Connection/WiFi:
   Having a strong and solid internet connection is vital to having a positive telehealth experience. Some software performs at a slow connection but most do not. Ideally, your internet speed should be at least 15Mbps download and 5Mbps upload. Here is a link to check your speed!
   If your speed is consistently slow, you may want to contact your internet provider and ask about getting faster service.
   If your internet is not performing as it should, you may want to try a wired internet connection. Using a cable connected directly to your router or modem can often be much faster.
   Using your mobile device can also be a solution, however data plans and costs may limit usage.

Here are important tips to maximize your digital healthcare experience:

1) Make yourself comfortable. Choose a location in which you can be most comfortable both physically and emotionally. You will likely be asked by your provider to move during your visit so make sure you have room to move. You want to be able to share information freely with your provider so other people in the room may not provide enough privacy. The more comfortable you are in your surroundings the better the outcome of the visit will be.

2) Wear comfortable clothing that also allows for movement to be seen over video. For example, snug fitting clothes or shorts and a t-shirt allows for your provider to assess how parts of your body move to determine the best intervention

3) Be safe. Please do not try to have a telehealth visit while driving or performing other activities that may cause harm.

4) Location. Choose a location that is quiet and private without distractions. This is a healthcare appointment and distractions can make the appointment challenging for everyone. Removing distractions will allow you to focus fully on your learning and your healing.

5) Choose a Consistent Location. Using the same space for every visit allows for your provider to know what equipment and furniture is available for treatment.
Telehealth Consent Form

Telehealth Patient Consent/Refusal Form

Patient Name: ____________________________________________

Patient Address: __________________________________________

Date of Birth: _______ / _______ / _______

Purpose: The purpose of this form is to obtain your consent to participate in a Telehealth Consultation/Treatment in connection with the following procedure(s) and/or service(s)

______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________

1. Nature of Telehealth Consult: During the telehealth consultation:
   a. Details of your medical history, examinations, x-rays, and tests will be discussed with other health care professionals through the use of interactive video, audio ad telecommunication technology.
   b. A digital physical examination may take place.
   c. A non-medical technician may be present in the telehealth studio to aid in the video transmission.
   d. Video, audio and/or photo recording may be taken of you during the procedure(s) or service(s) for treatment purposes only.

2. Medical Information & Records: All existing laws regarding your access to medical information and copies of your medical records apply to this telehealth consultation. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient identifiable images or information for this telehealth interaction to any other parties or entities shall not occur without your consent.

3. Confidentiality: Reasonable and appropriate efforts have been made to eliminate any confidential risks associated with telehealth consultation, and all existing confidentiality protections under state and federal law apply to information disclosed during this telehealth consultation.

4. Rights: You may withhold or withdraw your consent to the telehealth consultation at any time without affecting your right to future care or treatment.

5. Disputes:

6. Risks, Consequences & Benefits: You have been advised of all the potential risks, consequences and benefits of telehealth. Your health care provider has discussed with you the information provided above.

I agree to participate in telehealth care with <Enter company name here> for the procedure(s) and/or service(s) above.

Signature: ___________________________ Date _______ / _______ / _______ Time: ________ AM  PM

If signed by someone other than the patient, indicate the relationship: __________________________________________

Witness Signature: ___________________________ Witness Name in Print: __________________________________________

Date _______ / _______ / _______ Time: ________ AM  PM