

COVID and Telehealth

How to Stay Connected During (and After) the Health Crisis

PRESENTED BY

Colin Banas MD, MSHA | VP Clinical Product Solutions

May 29, 2020





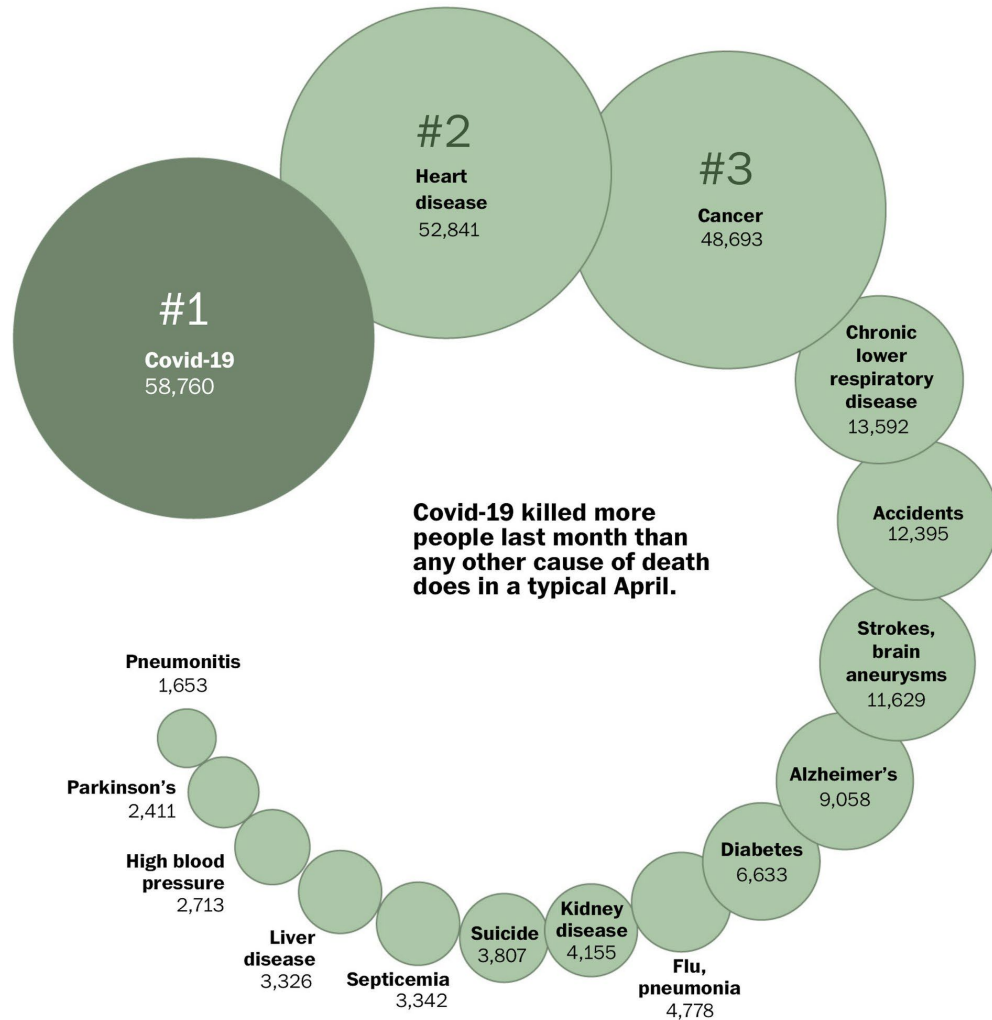
Agenda

- “Ripped From the Headlines”
- General COVID Timeline
- Financial Impact of COVID
- Telehealth
 - Timeline of Telehealth Progress
 - Changes in Care
 - Trends in Telehealth
 - Lessons Learned
 - Getting Paid
- Predictions
- DrFirst and Backline





The Fight Against COVID



Eric Topol ✓
@EricTopol

The good news is that [#COVID19](#) won't be the #1 cause of death in the US for May
And that at least 20,000 lives were likely saved by mitigation measures (otherwise May would have been similar to April)

6:42 PM · May 25, 2020 · [Twitter Web App](#)



COVID-19 Timeline

December	February	March	April	May
Wuhan The onset of pandemic	Market Deflection	“Gets Real” Conferences cancelled Pandemic Declared National Emergency Sports Cancelled Telehealth having its moment ?	Financial Impact Stimulus Divisiveness	What’s Next Focus shifted to reopening Not to be confused with getting back to “normal”.



Healthcare Trends & Financial Impact

Hospitals

- At best margins 1.8%

Revenues Down

- Outpatient Procedures
- Elective Surgeries
- Empty Beds

Expenses Up

- PPE
- Testing

Clinics

- Outpatient visits declined 60%
- Professional Fees from procedures
- All elective care was postponed
- wRVUs and productivity measures clobbered



Sobering Statistics

- Operating Room Minutes down 61% in April compared to 1 year ago
- Discharges down 30%
- ED Visits down 43% year-over-year
- Average physician practice revenue is down 55%
- Average physician practice volume is down 60%



Healthcare Trends & Financial Impact

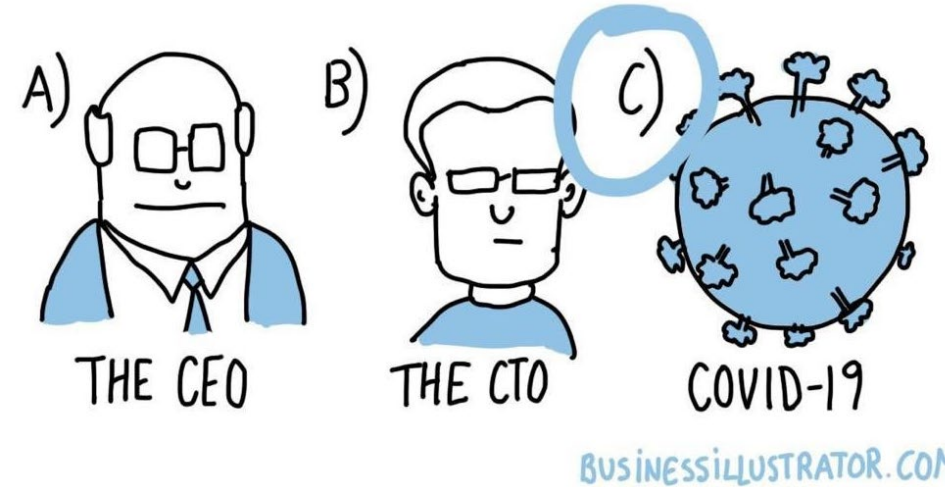
- “Some Hospitals Prepared for Coronavirus Cases That Never Came” – WSJ
 - Delays and Cancellations to protect capacity
- Univ Washington furloughs 1500 employees
- Hospital Operating Margins down 282%
- Mass General Brigham reports a \$1.6B loss in Q2
- Sentara cutting executive pay 10-20%; Physicians taking pay cut
 - Goal to achieve
- Hospital Deals / Mergers Called Off



Telehealth Changes Summarized

- FCC Dollars Available
- Licensing Regulations
 - APP Autonomy
 - Across State Lines
- Medicare Reimbursement
 - In-Person Rates
 - Expanded again in May
- Payer Coverage
 - Aetna / Cigna / UnitedHealth
- HIPAA Penalties Relaxed.... temporarily
 - Facetime / Skype

WHO LED THE DIGITAL TRANSFORMATION
OF YOUR COMPANY ?





Telehealth Trends

- 2000% increase in visits
- 76% of US Hospitals are connecting with patients remotely
- 48% physicians are using telemedicine (up from 18% 2018)
- Telehealth has become “table stakes” for patient engagement and attraction going forward
- What do we know?
 - Majority Women
 - Aged 30-40
 - At least 1 co-morbidity





Telehealth Considerations

- Documentation requirements – still there
- Building relationships with patients
 - “Webside Manner”
- Internet access (or lack thereof)
- Frustrations with visits
 - “Surge in patients overwhelms telehealth services amid coronavirus pandemic”





Telehealth Lessons Learned & Getting Paid

- Medicare Telehealth Visit
 - Use interactive audio AND video system that permits real-time communication
 - Provider types expanded
 - HIPAA penalties relaxed during public health emergency
 - Virtual visits will be considered equivalent to Face-to-Face
 - Medicare co-pays and deductibles apply, but there is flexibility in allowing these to be waived
 - Was initially intended for established patients BUT HHS will not audit
 - Retroactive to March 6





Telehealth Lessons Learned & Getting Paid

- Virtual Check-In
 - Only established patient
 - Must be patient initiated contact – usually telephone
 - Patient must verbally consent
 - Provider response allowed via any modality (portal / secure text / secure email)
 - Limitations related to recent E&M services or lead to one within 24 hours
- Store and Forward Communication
 - Get paid when a patient submits photo or video information to evaluate condition or to assess whether a visit is needed





Telehealth Lessons Learned & Getting Paid

- E-Visits
 - Essentially a virtual check-in with allowance for cumulative time back and forth (i.e.: portal exchanges); up to 7 days
 - 5-10 minutes
 - 11-20 minutes
 - 21+ minutes

Also other healthcare professionals (PT, OT, Speech, Psychology) can participate and bill for these e-visits

- Remote Patient Monitoring
- Self-Monitoring BP





Telehealth Lessons Learned & Getting Paid

- Interprofessional Internet Consultation
- "The Curbside Clause"
 - 5-10 min
 - 11-20 min
 - 21-30 min
 - 30+ min
- Patient must verbally consent and this consent must be documented in the medical record
- Co-pays and deductibles apply



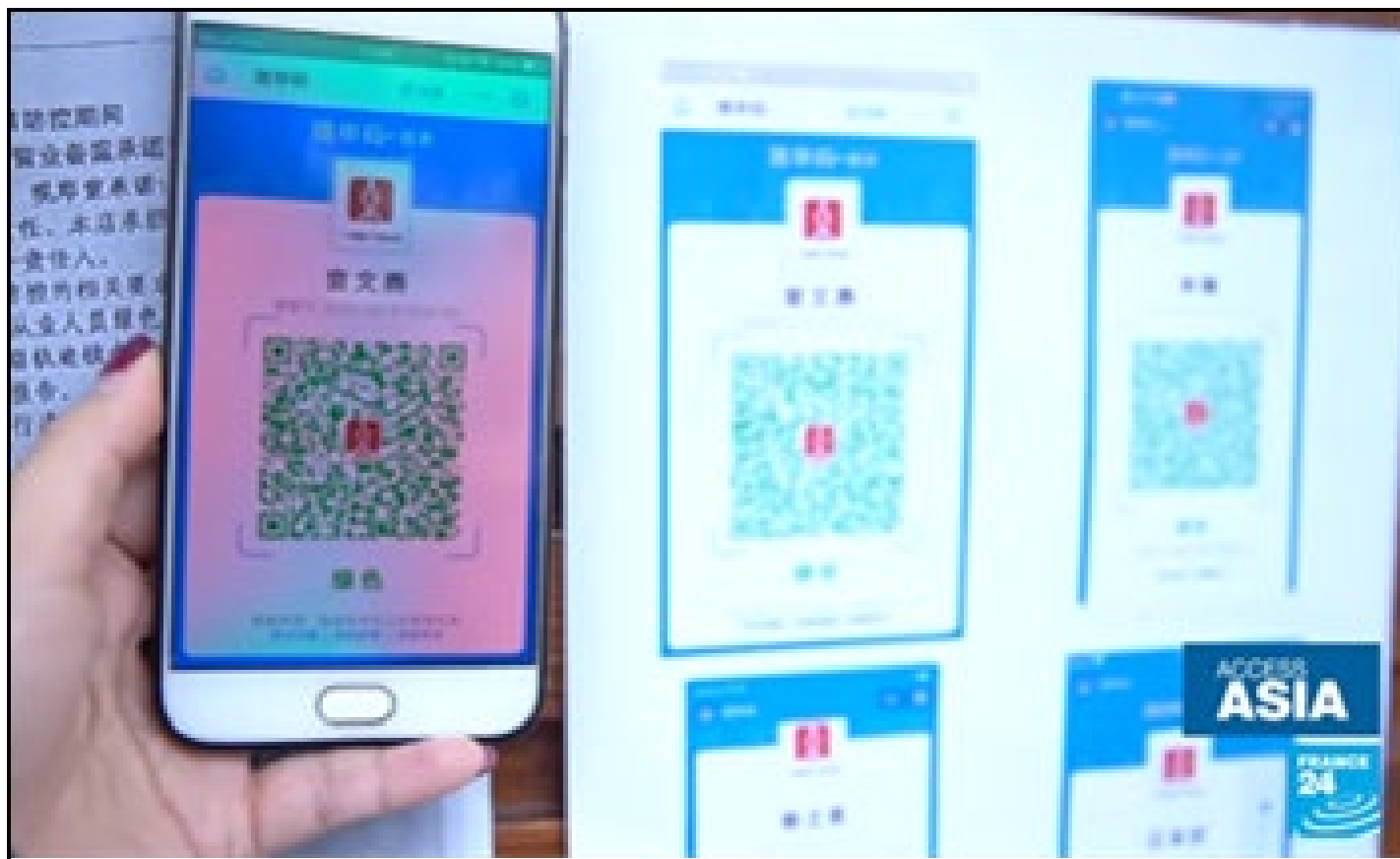


Care After COVID

Predictions and preparation for the next
wave in healthcare



A look into the future?





Predictions Post-COVID

- Volumes will bounce back; erratically
- Drug manufacturing / PPE / stockpiling will become less foreign dependent
- Small practices will face big decisions
- Mental health and burnout
- Telehealth is here to stay / Consumerism Sparked
 - Same for AI / Chatbots / Remote Patient Monitoring
 - Expanded roles will persist
 - Lab testing / Diagnostics needs to change to a gig-economy



Clinical Communication in the “New Normal”

- Telehealth will be table stakes for patient engagement
- Care Coordination – synchronous and asynchronous more important than ever





Telehealth Must-Haves

- HIPAA (still) matters
- Rapid implementation
- Clinician-Driven telehealth
- Quick and easy for patients
- Unlimited usage and competitive pricing
- Simplifying Medicare reimbursements
- Beyond video conferencing





Care Collaboration Platform

Backline Platform

Telehealth

Secure Messaging

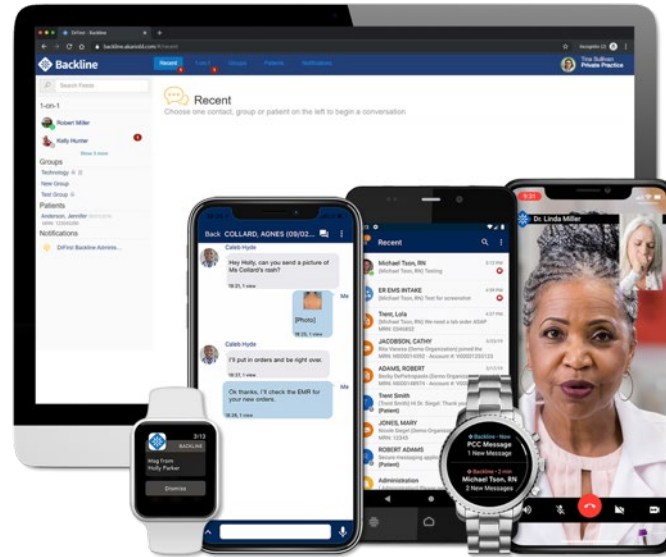
Automated Alerts

Clinical Content Sharing

Document Sharing

E-Forms
and E-Signature

Medication History



Hospice/LTC/Home
Health Care Teams

Primary Care
Providers

Pharmacies

Patient

Other Care Facilities

Case Managers

Family/Caretaker



Telehealth Success



Gene Ransom
CEO

[With Backline], doctors, patients, and care teams can communicate via secure text messages, emails, and video calls—with patients and other practitioners—anytime and from any mobile device, tablet, or laptop.

And we don't have to ask patients to download an app or go through a cumbersome registration process to use it. Making it easy for patients to access care is critical during this pandemic.

I believe that what we're doing can—and should be—replicated in physician practices, hospitals, and health systems across the country.



**KIDNEY HEALTH CENTER
OF MARYLAND**

Anish Hinduja
Nephrologist

Backline is a fantastic platform.

It's easy to get started and running. The cost is not prohibitive, and in a crisis situation like this, **it allows me to take care of my patients, and keep them and my staff safe.**



Telehealth Success



Dr. Frank Dowling
Medical Doctor

We knew we needed to mobilize our care and do it fast—our patients on the frontlines of this pandemic were counting on us to be available when they need a visit.

So we found Backline, a solution that we were able to implement and activate quickly.



Dr. David Neubert
Emergency Medical
Director

This is the most unbelievably easy program I've ever seen.

Backline for telehealth was so easy to set up, it immediately allowed us to be mobile with telemedicine.

It works on any platform and is truly groundbreaking in how easy and versatile it is.

You can't ask for anything simpler than that. It's that easy!



Learn More about Backline

go.drfirst.com/backline-telehealth-coronavirus



Questions?

