

Q&A from Telehealth Hot Topic Webinar

1) How does reimbursement/licensing working across borders? Are providers above to provide services if they are not licensed in the state the family resides/is calling in from?

Many states have granted suspension of some licensing expectations so that if you are licensed in a state you can communicate with your patient in other state, particularly if there is already an established relationship. The ability to do this depends from state to state, however. This is something that would need to be checked for individual practitioners and in the state that the patient is in. In current times, however, this has become much more flexible. It does require a little bit of legwork, however, before undertaking a cross-state service. I don't think reimbursement is specifically limited by location because providers are often credentialed with a variety of insurers that are not based in their state as we would need to be for seeing those patients when they come to us. ~ Dr. Susan Berry

Some states like Florida actually have a state law that allows residents of other states to receive telehealth services from a provider in their resident state. This was most likely enacted because of all the snowbirds in Florida.

For the Public Health Emergency, you can check the Governor's Emergency Proclamations. This is how they waive laws during a PHE and describe what will be used. Many states are allowing out-of-state doctors to provide telehealth services as long as they are licensed in another state and have do not have any sanctions or other actions against them. The process to be able to do this depends on the state. Some states don't require anything while others require a short form to be completed.

For billing and reimbursement, the barrier will be Medicaid. Even in a PHE, state Medicaid has not opened up to reimbursing out-of-state telehealth providers easily. ~ Sylvia Mann

2) As a practitioner, what advice would you give to follow-up staff when they are communicating positive NBS results right now that might help prepare families/PCPs for telehealth visits?

To some degree this will depend on the acuity. You should likely tell families that have time sensitive results with potential severe immediate needs that they may well be asked to take the child to an emergency department or in for a face-to-face visit, but that as much as possible, specialists are trying to minimize contact for newborns by doing virtual visits. Simply the family knowing that the virtual visit can provide similar levels of care for their baby would hopefully be helpful. As always, newborn screening staff should emphasize the absolute necessity of follow-up and reassure families that very good measures are in place to protect them should they need to have an in person visit. ~ Dr. Susan Berry

The video on "What to Expect from a Telehealth Visit" I mentioned in the talk is helpful to show families what to expect for a telehealth visit. There is also a patient checklist on the PBTRC website that I showed on our webinar that can help families prepare for a telehealth visit. It would also be helpful if the f/u staff know how the specialist will do the telehealth visit. Then they can tell the families about how they might be connecting to the specialist (link via EMR, link via email link, office staff that will guide them, waiting room) and what needs to be done (registration, on-line form, etc). ~ Sylvia Mann

3) Have you noticed any issues with disparities or access to telehealth amongst certain populations?

We talked some about this but not every family has access to a computer or smart phone. Not every family has access to stable Internet. And this tends to be limiting for rural or economically disadvantaged persons. Health disparity remains a major problem and tele-visits don't necessarily erase that. ~Dr. Susan Berry

Due to the disparities that many people have, most third party payers are allowing telephone only patient visits. Many states are working with various entities to stand up accessible access to telehealth. There are programs providing devices, broadband and cellular companies utilizing vans to provide internet and cellular coverage in areas with poor access, low cost internet programs (\$5/month in our low cost housing projects), broadband vans, using offices and schools that are not used due to the shutdown. Providing access to telehealth is a very important issue to all the states. We had to work on getting the many providers started on telehealth and the people who do have access going using it. I think that is becoming more stable so we can now work more on increasing access to people who don't have access. I know that there will be federal funding available in the next few months for states to increase access to telehealth.

Besides not having devices or connection, there are the many people who don't understand English well that have problems with telehealth. Prior to the PHE, very few interpreter services would go out of their proprietary videoconferencing software to join in a telehealth visit. During the PHE, we have found many more interpreter services that are willing to jump into our videoconferencing platform for the visit. There is also a huge grant that is being awarded to support the many issues minority populations are experiencing with COVID-19. This include telehealth services. I'm also working with the PBTRC to translate our materials including making translated instructions for families on how to log into the telehealth platform. ~ Sylvia Mann

4) Are there any additional HIPAA/privacy concerns with Telehealth visits, especially when both the clinician and family are calling from their homes?

With regard to privacy, we have been instructed to do everything we can to have our tele-visits in a quiet and private area. The platforms that are being used are to a large extent ones that do afford good security, but this is always a risk. Prior to COVID more generally available networking programs like FaceTime or Zoom were not allowed for privacy concerns. There were official relaxations with some assurance that the Office for Civil Rights would not pursue HIPAA violations with the use of these types of programs but caution should still be exercised to maximize privacy. The family themselves has to decide who will be available in the room when they do their visit; that's their decision. We have been strictly cautioned not to use any public facing programs like tik-tok or Facebook live (who would do this). ~Dr. Susan Berry

As Sue said, the Office of Civil Rights did now waive HIPAA. However, they issued a statement that they will not audit for compliance for telehealth for the PHE. We always tell our providers when we provide education that it is best to start with good habits and use a HIPAA compliant platform - Zoom WebEx, Doxy.Me, MS Teams, Google Meet, Vidyo, etc. If they have to use something else, go with FaceTime or Skype. ~ Sylvia Mann