

Hospital Operations Toolkit for COVID-19

Patient Care Policies/Processes:

Telehealth/Virtual Medicine

November 30, 2020

The expanded use of telehealth has been one of the biggest COVID-19-influenced shifts in healthcare delivery. Actions by the Centers for Medicare & Medicaid Services, the Health Resources and Services Administration, and the U.S. Department of Health and Human Services (HHS) Office of Civil Rights allowed the expansion of telehealth to more patient populations and healthcare settings and the use of additional technologies. At the state level, actions expanded the number and types of eligible providers, service locations, allowable technologies, and services. Health insurers voluntarily waived or were prohibited by governments from imposing prior authorization requirements or copays and other cost-sharing. These COVID-19-related modifications allow the use of telehealth technologies for the practice of telemedicine as well as patient communication and education for as long as the guiding state or federal emergency declaration remains in effect.

Hospitals use telehealth and virtual medicine not only to help manage COVID-19 patients, but also to maintain the provision of healthcare services to non-COVID-19 patients. Uses include:

- Remote triage and screening of suspected COVID-19 patients via phone, computer, tablet, or smartphone.
- Virtual evaluation and management of primary care to reduce the need for travel to the office and office visits.
- Virtual triage and targeted acute care evaluation and management.
- Communication of test results and related patient information (including COVID-19 testing results).
- Pre- and post-operation telemedicine visits for surgical patients.
- Individual and group mental health sessions by psychiatrists, psychologists, and social workers.
- Remote monitoring of patients who have been discharged but require follow-up.
- Virtual rounds using limited staff physically with the patient and other providers participating virtually.
- Video monitoring of intensive care unit (ICU) and telemetry patients from outside their rooms.
- Critical care specialty support and Tele-ICU for hospitals with limited resources.
- Synchronous and asynchronous care delivered by a specialty provider at a different location.
- Pre- and post-care patient communication and education.
- Provider-to-provider consultations.
- Communication between patients and their providers outside their rooms.

Additional information is available in the [Triage](#) section.

- Communication between loved ones and patients or their providers.

Hospitals that have not already expanded their use of telehealth should consider the following:

- Determine the types of care and services that may be appropriate for delivery via telehealth.
- Determine which specialties (by virtue of professional licensure) may or may not deliver services via telehealth.
- Engage with information technology staff to determine technical capabilities and requirements for using or expanding telehealth, including security requirements.
- Purchase and install necessary technology.
- Ensure the electronic health record system includes telehealth services.
- Train clinical and administrative staff on which telehealth services may be provided and how to access and use the technology.
- Develop standardized clinical workflows to support telehealth.
- Ensure administrative staff maintain awareness of how to appropriately code and request reimbursement for telehealth services.
- Market the availability of telehealth services to increase patient awareness of virtual medicine and how to access it.
- Provide patients with user-friendly instructions and access to real-time technical support prior to their initial virtual visit and for troubleshooting on subsequent visits.
- Work with hospital philanthropy or other community partners to facilitate access to devices or internet connectivity for at-risk patients needing such support.

While telehealth has helped to manage the surge of patients to emergency departments and contributed to successful social distancing efforts, it is not always the right solution. Hospitals should consider whether the healthcare service can be adequately delivered remotely, what technology is needed (e.g., smartphone, webcam, broadband internet) by the provider and the patient, and whether the patient is capable of using the technology correctly.

Additionally, much of the expansion of the use of telehealth has been based on powers enacted under state and federal emergency declarations. Hospitals should maintain awareness of these emergency declarations and their effects on telehealth services. Expiring emergencies could affect eligibility for reimbursement and have numerous legal implications, including effects on provider licensure and scope of practice, patient privacy laws, and covered services. Similarly, they should be aware of changes to insurers' coverage policies to ensure reimbursement for provided services. With the expansion of telehealth services during COVID-19, it is likely that much of the movement to virtual care will continue beyond the pandemic and that documentation and billing/reimbursement requirements will evolve over time to allow continued incorporation of technology to advance patient health and safety.

Resources Related to Telemedicine

- American College of Emergency Physicians: [ACEP COVID-19 Field Guide](#)
- American Society of Nephrology: Roundtable: [Telehealth for Kidney Care, Beyond COVID-19](#)

- ASPR TRACIE:
 - [COVID-19 and Telehealth Quick Sheet](#)
 - [COVID-19 Telemedicine/Virtual Medical Care Resources](#)
- Beth Israel Lahey Health: [Pre-Visit COVID-19 Patient Phone Screening Tool](#)
- Centers for Medicare & Medicaid Services: [General Provider Telehealth and Telemedicine Tool Kit](#)
- Cleveland Clinic:
 - [COVID-19 Response Digital Health Playbook](#)
 - [Virtual Visitations Nursing Unit Reference Guide](#)
- Emory Healthcare: [COVID-19 for Medical Professionals: Telemedicine Resources](#)
- Hackensack Meridian Health: [Medical Group Video Visits](#)
- Intermountain Healthcare: [Ambulatory Care Scripts: Process for Inbound/Outbound Calls](#)
- Rush University Medical Center: [How To: Start a Scheduled Video Visit](#)
- University of California San Francisco, Department of Hospital Epidemiology and Infection Control: [Video Telephone Visits and Zoom Tip Sheets](#)
- University of Iowa Health Care:
 - [ILI Clinical Pathway](#)
 - [ILI Respiratory Telemedicine Scheduling Adult Workflow](#)
- University of Kentucky HealthCare: [Telecare Toolkit](#)
- U.S. Department of Health and Human Services:
 - [Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#)
 - [Telehealth.HHS.gov](#)
- Yale New Haven Health: [Inpatient Consult: Telehealth](#)

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