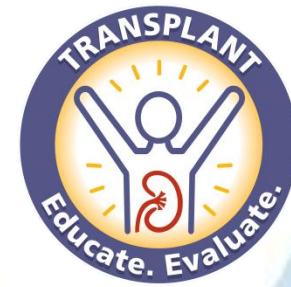




End-Stage Renal Disease
Network Program



Optimizing Telehealth for a Kidney Transplant

November 18th, 2020

Host & Moderators



Vicky Cash

NW9 Executive Director



Megan Perras

NW1 Quality
Improvement Coordinator



Anna Bennett

NW2 Quality
Improvement Coordinator



Alexandra Cruz

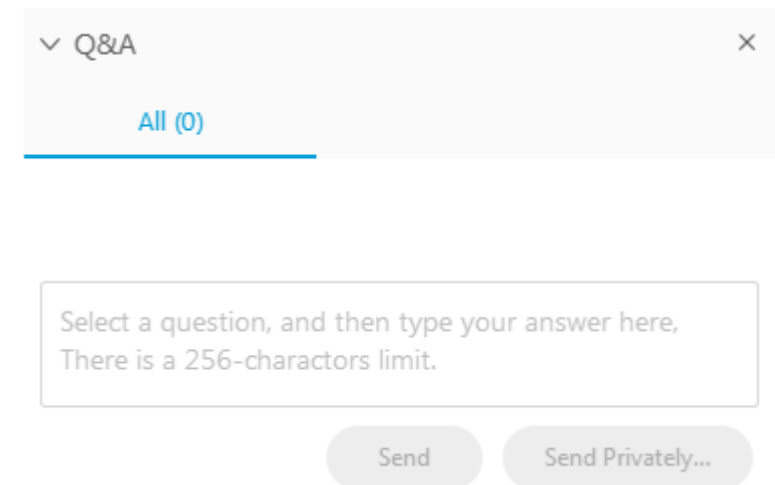
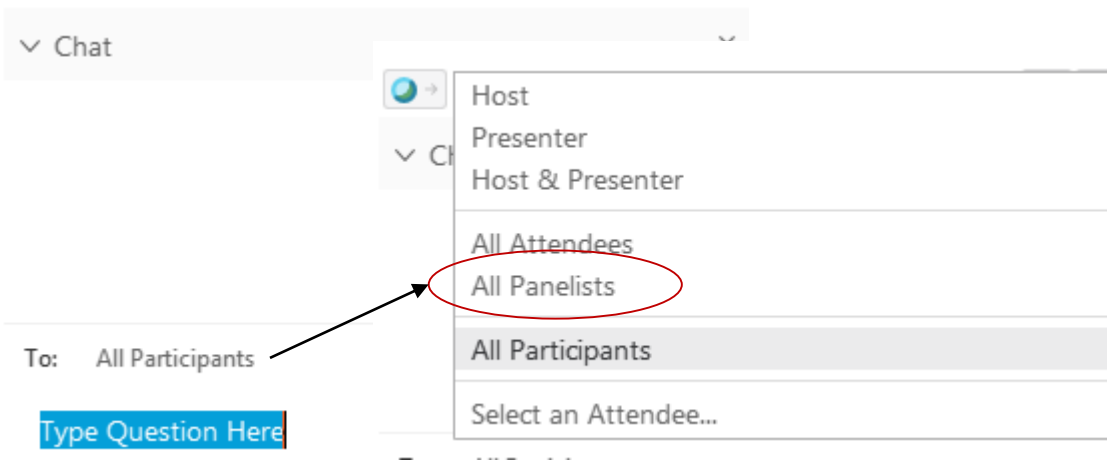
NW6 Network Assistant
Director

Housekeeping Items

- This WebEx will be recorded and slides have been available to you
- All lines have been muted to eliminate background noise

To ask a private question use the Chat section in the bottom right corner of your screen sending to *All Panelists*

To ask a question for the answer to be shared with all Attendees or Privately, use the Q&A section in the bottom right corner of your screen



Agenda



- **Introduction of the IPRO ESRD Network Program**
- **CMS Focus on transplant and telehealth**
- **Use of telehealth for kidney transplant clinical evaluation**
 - Dr. Amit Govil and Erin Tims –UC Healthcare Kidney Transplant Services
- **The technical approach for the success of telehealth**
 - Amanda Poncia - Massachusetts General Hospital
- **The patient's perspective in the use of telehealth**
 - Tamara Walker – GTF Peer Mentor
- **Q&A**

Meeting Objectives

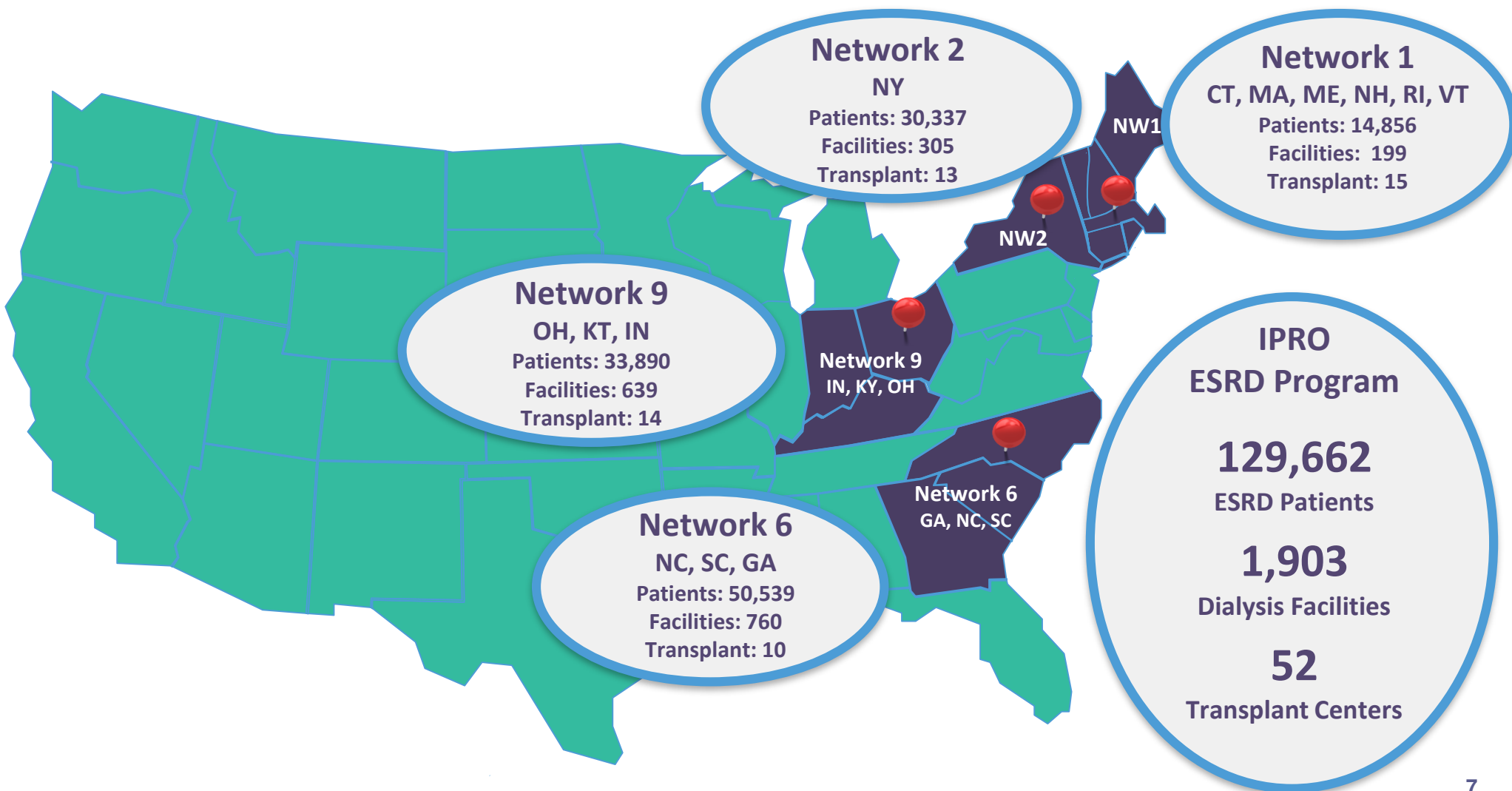


At the completion of this presentation, the participant will be able to:

- Learn how a transplant center incorporated the use of telehealth and the successes they achieved getting patients waitlisted
- List the technical integrations of telehealth in transplant as described
- Describe how to implement best practices in the use of technology for telehealth
- Discuss the barriers and strategies to overcome these barriers in performing an initial transplant evaluation via telehealth
- List the steps to operationalizing a telehealth program within the transplant center
- Understand the benefits of telehealth from a patient perspective

I PRO ESRD Network Program Overview

IPRO ESRD Network Service Areas



Focus on Transplant



- The Network shall support all the goals and initiatives detailed in the Executive Order especially the goal to improve kidney health by having 80% of new ESRD patients in 2025 either receiving dialysis at home or receiving a transplant
- Promote early referral to transplant, and assist patients and providers to improve referral patterns by addressing barriers identified as the patient moves through the steps towards transplant

Telehealth and Telemedicine



- Telehealth, telemedicine, or other related terms refer to how healthcare providers and clinicians can provide care for patients remotely when the provider and patient are not able to meet with each other in person. Modern technology allows doctors to care for patients by using video-conferencing tools
- The use of telehealth and telemedicine has been a best practice strategy during the COVID-19 pandemic to keep patients and providers at less risk of getting the virus
- CMS has establish several waivers and changes in benefits and reimbursements to support the practice of telehealth and telemedicine, including in kidney transplantation



Use of telehealth for kidney transplant clinical evaluation

Dr. Amit Govil & Erin Tims
UC Healthcare Kidney Transplant Services



UHealth

IN SCIENCE LIVES HOPE.

**Best Practice Update:
Initial evaluations with Telehealth:
Is it a pandemic only practice?**

**Dr. Amit Govil
Erin Tims, RN, BSN**

Introductions

Amit Govil, MD

Professor of Medicine
Medical Director, Kidney Transplant
Chief, Transplant Section

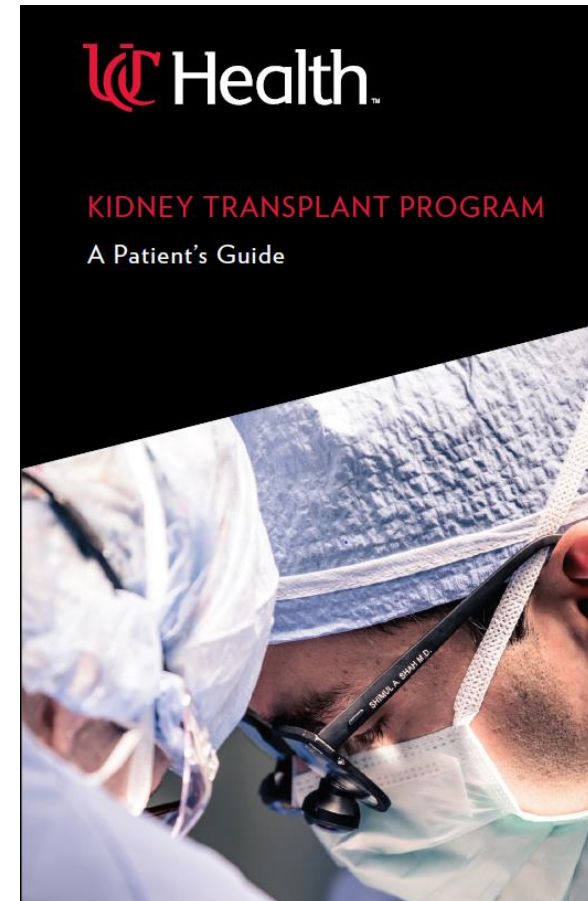
Erin Tims, BSN, RN

Outreach Coordinator, Transplant Services

**University of Cincinnati Medical Center
Cincinnati, OH**

Disclosures:


None relevant to this talk



Objectives

- **Outline Outreach Coordinator Role**
- **Discuss Telehealth in terms of:**
 - Supporting Outreach Clinics
 - Telehealth Initiation
 - Clinical Staff Roles
 - Provider Role
 - Telehealth Benefits
 - Telehealth Barriers
 - Moving Forward with Telehealth

Outreach Coordinator Role

- Conceptualized in 2011
- Recruited in early 2018
- Similar to a physician liaison
-  • Develop core relationships with referring physicians, dialysis units (providers), community
- Support Outreach clinics
- Reinforce transplant education
- Create and revamp marketing materials

How do we support our Outreach Clinics during a Pandemic?

- Evaluate
- Consent
- Educate
- Communicate
- Connect

 **Initiation of Telehealth**

Initiation of Telehealth

Getting Started...

- Contact Patient
- Setup MyChart
- Schedule Appointment
- Patient Consents
- Providers Evaluation



Initiation of Telehealth

Contact Patient

Explain the situation

- By April 2020, not much explanation was needed
- COVID-19 lockdowns were in full swing
 - No in-person clinics
 - Nationwide PPE shortage
 - No evaluation testing
 - No elective surgeries
 - Work from home
- Patients were beyond motivated to make anything work
- Patients wanted to make sure their evaluations continued
- Patient were thankful Telehealth was in place

Initiation of Telehealth

Setup MyChart

Trial and Error

- Education – Both Staff and Patient
- Use of Correct Terminology
- Technology Availability
 - Cellular Service
 - Smart phone: Apple or Android
 - Tablet
 - Internet Service
- Step By Step Instructions
 - Over the phone
 - Brochure

LTC Health Telehealth Guide

Downloading apps for Apple products



Select App Store



Select search from the bottom of the screen, search MyChart

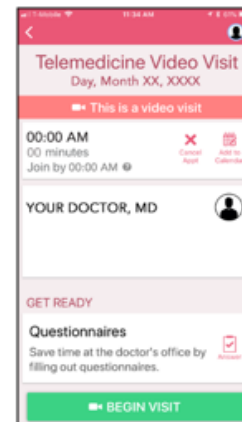


Download the MyChart app then open the app

Initiation of Telehealth

Scheduling Appointment

- **Providers Schedule**
- **New EPIC visits codes**
- **Telephone vs. Video Appointment**
- **Patient Commitment**
- **MyChart Appointment “how to”**



Tap on **Begin Visit**

Initiation of Telehealth

Patient Consents

Engage the Patient

- Make it Interesting!
- RN consents verbally

Due to Pandemic, consenting RN did not need a 2nd RN verification/signature

- Charting Verbiage

Patient is agreeable to a telehealth visit and understands there are limitations and differences of using telehealth instead of an in-person visit. Patient has watched our pre transplant education and understands the process. Patient has verbally consented over the phone to be evaluated for a Kidney transplant. We have verbally gone through our informed consents for evaluation.

Telehealth Evaluations

Provider Evaluation

- Clear the calendar for the Telehealth
↓
- Review the charts ahead of time
↓
- Log into EHR and meet the patient virtually or wait for them to log in
↓
- Introductions incl. family
↓
- Overview of the meeting
↓
- History taking
↓
- Limited physical inspection
↓
- Transplant overview- general risks/benefits (transplant video seen earlier- recommended)
↓
- Patient related transplant discussion incl. disease related challenges, discussion of living donor process, Deceased donor – PHS increased risk etc.)
↓
- Q&A and wrap-up

Telehealth Evaluations

Provider Evaluation (following day)

- Outreach coordinator follows up
- ↓
- Continue the pre-transplant work up utilizing local resources
- ↓
- Plan a day for multi-D visit at the center
- ↓
- Work up reviewed by Nephrologist
- ↓
- Present to multi-D committee meeting
- ↓
- UNOS listing and scheduled for transplant in case of living donor

Billing & Reimbursement

Telehealth Codes/wRVU

- 99441 – 0.25
- 99442 – 0.5
- 99443 – 0.75

In general, wRVU credit down 50-85% and so is the re-imburement not accounting for the actual time spent which is far more

Pandemic Telehealth end date

- Aetna – 12/31/2020
- Anthem – 9/30/2020
- Medical Mutual – End of COVID-19 Health Emergency
- Humana - End of COVID-19 Health Emergency
- United Health Care – 9/30/2020
- Cigna – 9/30/2020
- Medicare - End of COVID-19 Health Emergency
- VA - - End of COVID-19 Health Emergency
- Caresource - End of COVID-19 Health Emergency
- OH Medicaid - End of COVID-19 Health Emergency
- Molina (Medicaid only) - End of COVID-19 Health Emergency

Telehealth

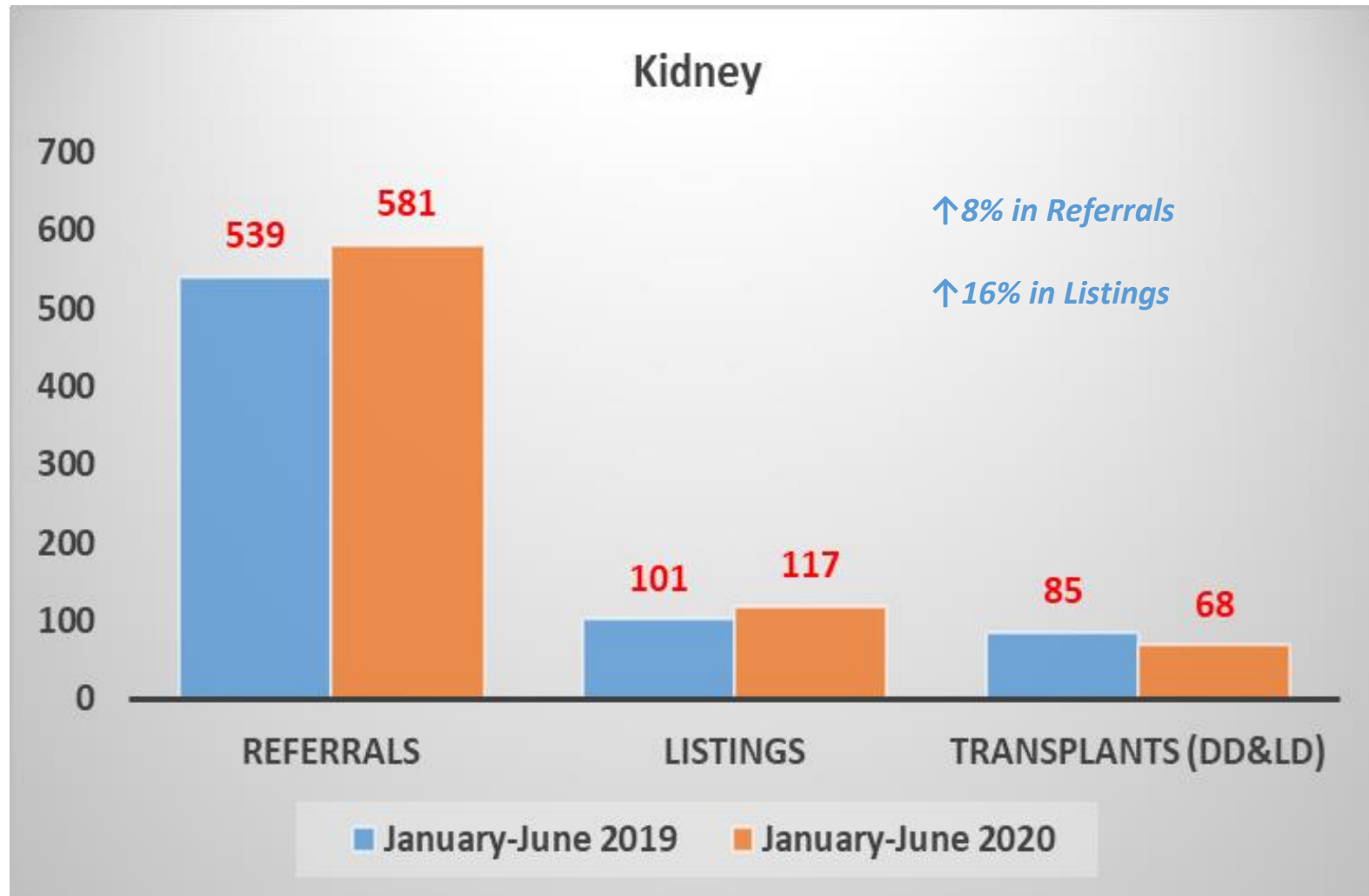
Benefits

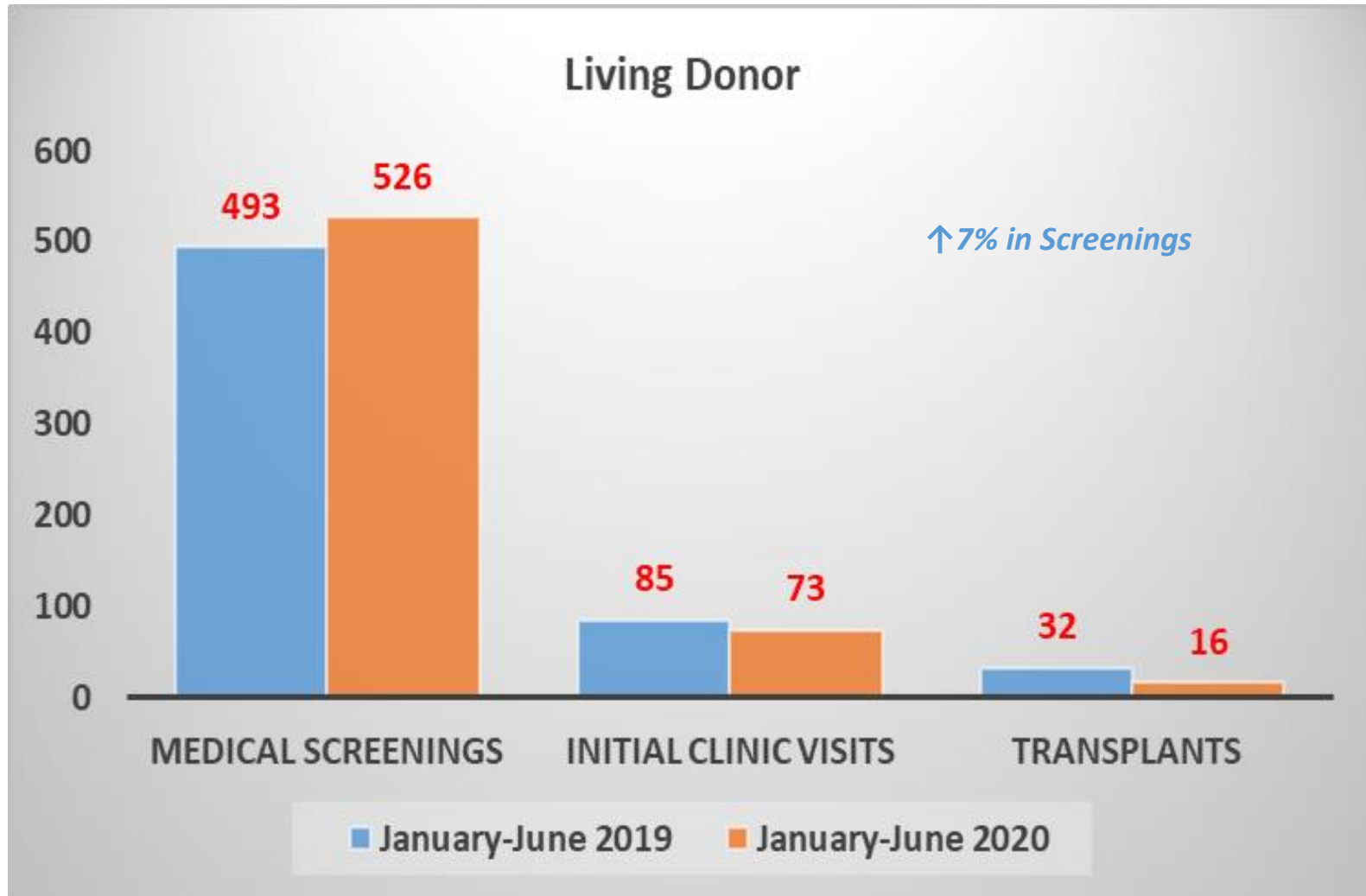
- **SAFE care for the patients and providers (minimal exposure)**
- **Creates opportunity for initial evaluation**
- **Less intrusive means of evaluation**
 - Patient were more open about themselves and their health
- **Lessen patient's initial commitment**
 - Time off work
 - Transportation
 - Opportunity Costs
 - Human Nature

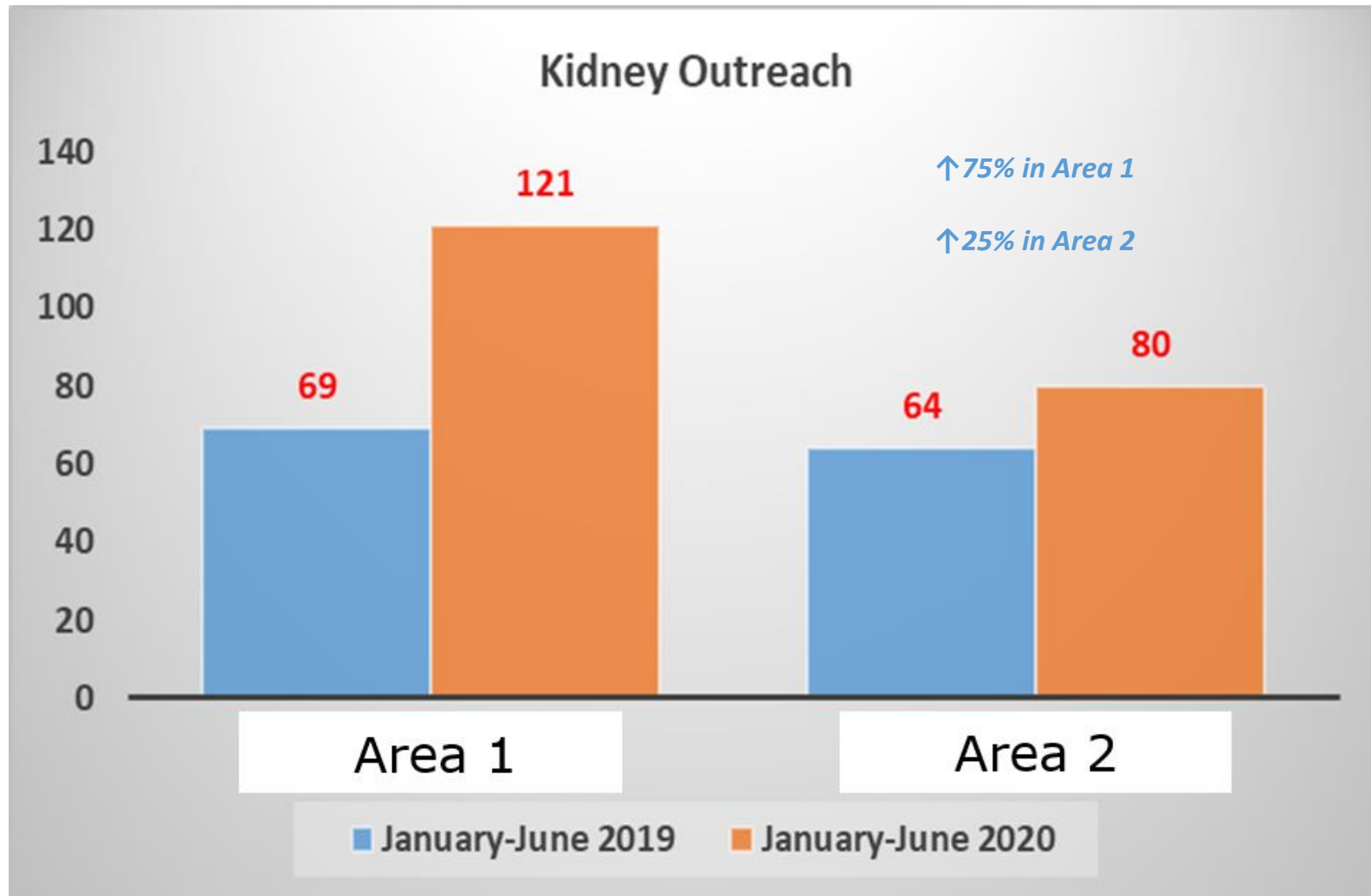
Telehealth

Benefits

- **Initial patient filter**
 - Support plans
 - Transportation
 - Search for Living donors
 - Weight Loss
- **Low No-show rates**
 - Almost down to zero, we are able to re-schedule patients and have more flexibility
 - In April, we saw 40 + patients over 12 working days instead of traditional 4 in-person days
- **EDUCATION!**



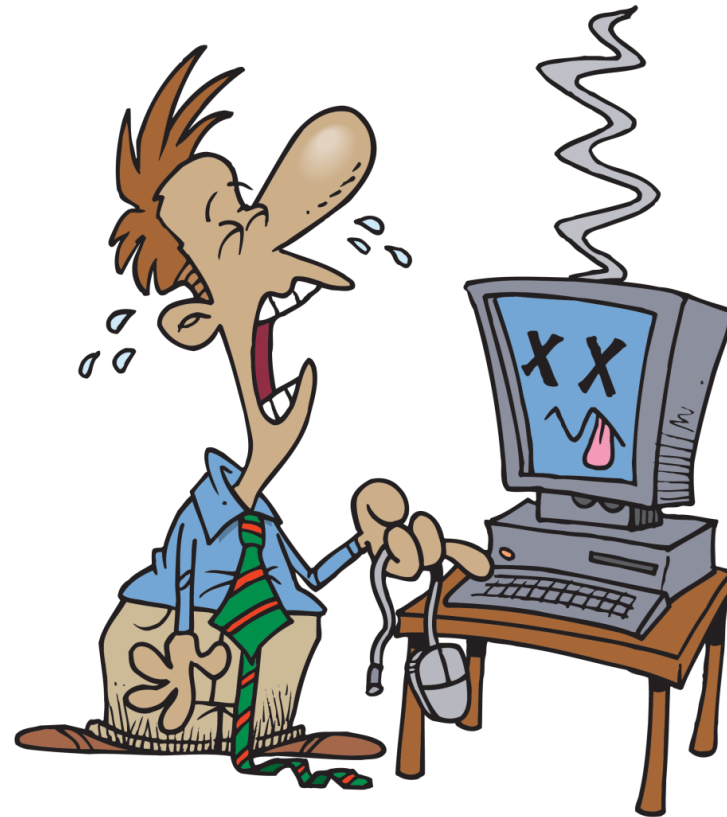




Telehealth

Patient Barriers

- **Technology Savviness**
- **Access to Technology**
- **Staff ability to educate**
- **Learning abilities**
 - Hands on
 - Visual
- **System Issues**
- **Technical Support**
- **Asking for Help**



Telehealth

Healthcare System & Provider Barriers

- **Steep learning curve for both parties**
- **Re-imbursements/cost-barriers like facility fee, etc.**
- **State licensure issues across state lines**
- **Time consuming process**
- **Missing “personal rapport”**
- **Lack of physical exam/assessment**
- **More work for less “credit”**

Moving Forward

Pandemic and Beyond

A Standard Option for Initial Evaluation

- **Telehealth has become a great tool for our Outreach Clinics**
- **Increase access to transplant centers**
- **Ability to filter an increasing number of referrals**
- **Continue to move patients through the transplant evaluation process**
- **Need more patient centric electronic platforms**
- **The system needs to adopt it with equal or more work credits and re-imbursements for health care system/providers**

Best Practice Update:
Initial evaluations with Telehealth:
Is it a pandemic only practice?

Questions?

The technical approach

Amanda Poncia

Massachusetts General Hospital

Telehealth at Massachusetts General Hospital Transplant



MASSACHUSETTS
GENERAL HOSPITAL

TRANSPLANT CENTER

Overview

- **Transplant telehealth timeline**
- **Benefits**
- **Shortcomings**
- **Summary**

Situation:

- Immediate transition to all scheduled appointments to virtual
- Daily leadership huddles to address all issues
- Manual process that required a lot of administrative time and organization
- Intensive patient communication

Challenges:

- Connection issues and meeting ID issues occurred
- Patients did not have the resources for virtual
- Zoom limitations



Summer 2020

Situation:

- Epic and Zoom integration took place
- Converted to all epic zoom virtual visits
- Reached out to all patient population to sign up for Patient Gateway
- New telehealth features each week
- Real time appointment documentation

Challenges:

- Patient Gateway Enrollment
- Keeping up with weekly changes and training staff
- Lack of technology



A screenshot of the Epic 'Make Appointment' interface. The title is 'Make Appointment'. Below the title, there are fields for 'Department: MGH TRANSPLANT 165CAM3', 'Appt notes: New', 'Visit type: [PxDx]', and 'Provider or resource:'. A search bar is visible above the 'Visit type' field. Below these fields, there is a list of appointment types, with 'VIRTUAL ESTABLISHED [555035]' selected. A large empty text area is at the bottom of the form.

Status	Video
Scheduled	
Scheduled	

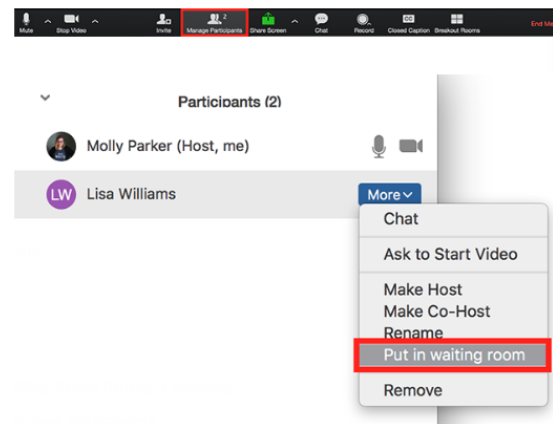
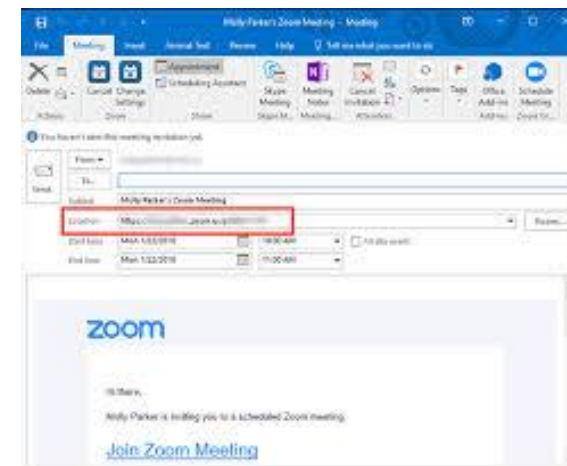
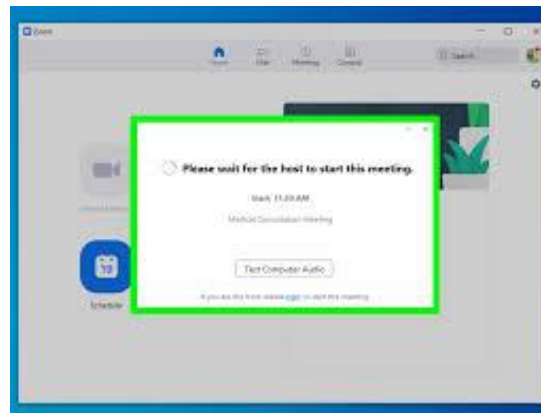
Fall Time 2020

Situation:

- Zoom waiting room started
- Many more patients have patient gateway
- More providers and patients are comfortable with the virtual platform
- Support person/Interpreter services
- Flexible schedule for providers and

Challenges:

- Check in process
- Schedule complexity
- Working through COVID-19 back log
- Patient comfort level with technology



Provider

- **Opportunity for provider to see patient in their everyday atmosphere at home**
- **More flexibility with schedule and seeing more patients a day**
- **Less no shows due to easier access to sign into a telehealth visit**
- **More family members available for questions**
- **Doximity**

Patient

- **Don't have to worry about commuting to the city**
- **Multiple family or friends can join easily**
- **Easy access to medications to show during appointment**
- **More flexibility with the evaluation day while remote**

Shortcomings

Provider

- Evaluation consent forms
- Physical exam
- Better feel of overall general health
- Frailty and Mobility test

Patient

- Personal connection with Transplant Care Team with in person evaluation
- Lab work down onsite day of appointment
- Unfamiliar with the in person clinic process

In Summary

- Telehealth will be a part of the future of Transplant Care
- New hybrid approach will require flexibility from operations leaders
- Access to transplant care has greatly improved with telehealth option
- Sliver lining of COVID-19 is greater access to care for individuals outside of urban areas



The patient's perspective



Tamara Walker

Georgia Transplant Foundation Peer Mentor

First things first

My experience with telehealth



- Use of telehealth for other family members
 - First thoughts – I rather do in person visits
- COVID and my kidney health
 - First visit with the transplant center in June 2020



The benefits

- Mailed lab orders in advanced
 - I could visit my local lab center instead of having to arrive early at the transplant center for results the same day of my appointment
- Did not have to drive 1.5 hour each way to Atlanta, GA for my appointment (skipped through Atlanta traffic too, saving even more time)
- Technology support was offered with reminder calls and instructions on how to connect prior to the appointment
 - I was able to practice being in the portal with a known platform to me, Zoom



Improved experience

- All 30 minutes of my appointment were dedicated to me. They were listening to me!
 - No time was used getting in the room, reviewing my chart or notes.
 - It streamlined the process
 - This resulted in higher quality appointment than even some in-person visits!
 - My doctor was even able to share a 3D test result with me on the screen, they have never done that before!
- My comfort level with my provider improved
 - I was in my home rather than a sterile place
 - I felt in a safe and quiet environment and allowed me to share more information
 - I can control the temperature at my house



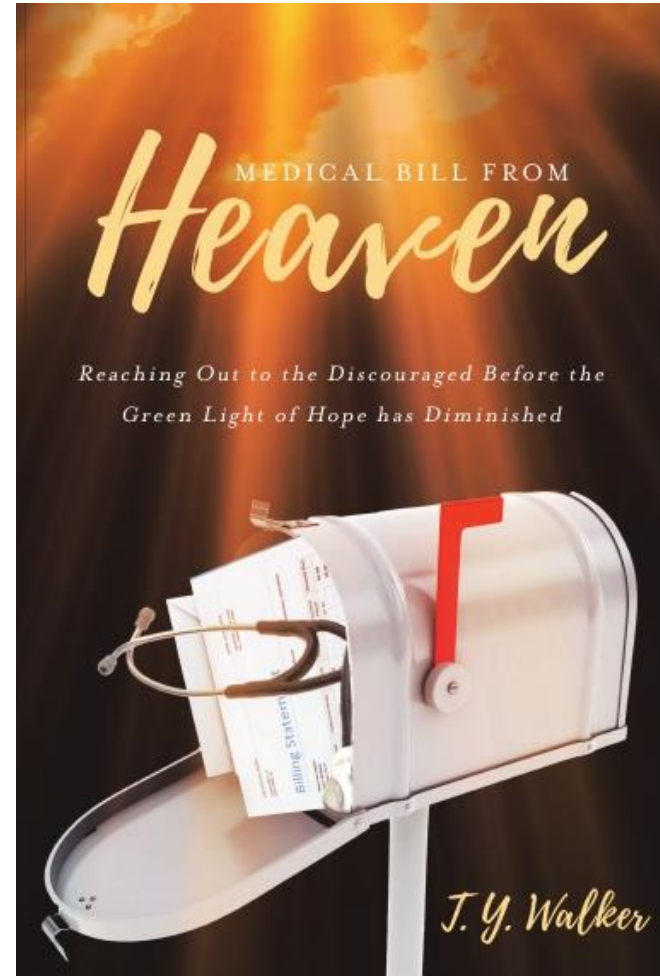
No COVID-19 for me!

- Reduce exposure
 - No wait time in lobby or common areas
 - No physical interaction with providers or patients
- After the pandemic
 - I understand some assessment need to be in-person
 - I would love to have the option of in-person or virtual visits in the future, even after the pandemic

Indirect benefits



- I wrote a book!
 - I have save so much time from medical appointments with telehealth that I was able to finish a book about my experience as a kidney patient.



Questions or Comments?



You raise the hand next to your name if you would like your line unmuted OR you can use the Chat/Q&A Feature to “All Panelist”

Thank You!



Better healthcare,
realized.

IPRO ESRD Network Program

<https://esrd.ipro.org/>

Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042-1072

<http://ipro.org>