

Inpatient Video Visits: Telehealth

SBAR

Situation

Inpatient telehealth (video visits, e-consults) remains available in many inpatient areas across YNHHS, and further expansion is planned. Utilization has been less than anticipated, however.

Background

Throughout the COVID19 pandemic, the ability to virtually enter the inpatient room has become a priority for nursing, providers and other clinical staff in order to expediate care, preserve PPE, stop the spread and safely social distance. Video visits allow for efficiency gains for providers, can facilitate extra 'face time' with patients without additional exposure risk or PPE use, and can enhance communication with patients and the overall patient experience.

Assessment

Inpatient telehealth is expected to be a permanent part of the inpatient environment, and is accessible to all clinical staff. Integrating this technology seamlessly into workflows, and finding specific use cases, will be integral to broader adoption and use across YNHHS.

Recommendation

Identify 'champions' to utilize inpatient telehealth, who can then identify use cases, populations, or areas of the inpatient space to facilitate broader adoption.

Clinical staff have the ability to request either in person or video visit when placing a consult order in Epic for all outfitted telehealth units. For video consults, the consulting providers will utilize the existing deployment of InTouch video carts to connect with the patient on the units. With this, phone consults should be minimized if not eliminated on select pilot locations outlined below. Providers will be able to log in using Single Sign On (SSO) instead of the existing generic unit based access. Further units will be outfitted for this capability over time.

Note: must notify the Care Team via Mobile Heart Beat (MHB) at least 30 minutes in advance to ensure the InTouch cart is available and positioned toward the patient.

Getting Started:



New User_Enterprise
Login_InTouch Health



Video Cart
Deployment Steps_Fir

Helpful Tips

Order

Using the Consult Order the ordering provider will pick the most appropriate consult type. This preference will display to the consultant. Consultants will continue to use their discretion to adapt the consult type as clinically appropriate.

Process Inst.: ** YSC/SRC only. STAT consults contact on call ** Type selection into "To" field
 YNH Med Consult --> YSC Medicine Consult/Co-Mgmt Podiatry/IR? Tx Medicine
 YNH Trauma --> YSC Trauma/EGS Co-Mgmt
 Fracture Hospitalist --> SRC Hip Fracture/High Risk Spine Co-Management
 SRC Co-Management --> SRC Co-Mgmt (Podiatry, IR)
 Medicine Resident --> SRC Medicine Consult/? Tx Medicine

Consult: From: DESHPANDE, OHM MOHAN To: [Redacted]

Priority: Routine [Selected] Discharge Dependent

Patient Location: YNH (YSC/SRC) [Selected] BH(BC/MC)/GH/LMH/WH

Consult type: Hip/Spine Med Consult Transfer Evaluation Pod/IR Co-Mgmt

Reason for Consult: [Redacted]

Callback Cell Phone: [Redacted]

What type of consult is most appropriate for this patient? (Consultant may alter as clinically appropriate)
 In person Remote/Telemedicine E-Consult/Chart review recommendation [Selected]

Instructions for contacting the appropriate consultant:
 Connect Center: Please contact the consultant NOW

Is this order for an ED patient? YES

Comments: If consult to SRC resident is URGENT between 11pm-7AM, directly call the Consult Resident Dynamic Role.

Signing-In to InTouch

Care Team Members – Will utilize their existing Epic user ID and password to log into the InTouch system

Nursing – Continue to utilize the generic username provided above and the password (Password1!) provided to each unit

In order to narrow the Intouch cart list, search using the Delivery Network abbreviation (GH for Greenwich, BH for Bridgeport, YSC for York Street Campus, SRC for Saint Raphael Campus, LMH for Lawrence & Memorial, and WH for Westerly Hospital)

InTouch Provider Access App

My Care Locations

Search: GH Sort by name

- GH-ED-Stroke
- GH-SurgC-21110
- GH-SurgC-21112
- GH-Tele-ICU-2122

Technology

Nursing - Ensure the InTouch cart is plugged into an outlet and facing the patient. See attached “Video Cart Deployment Steps”.

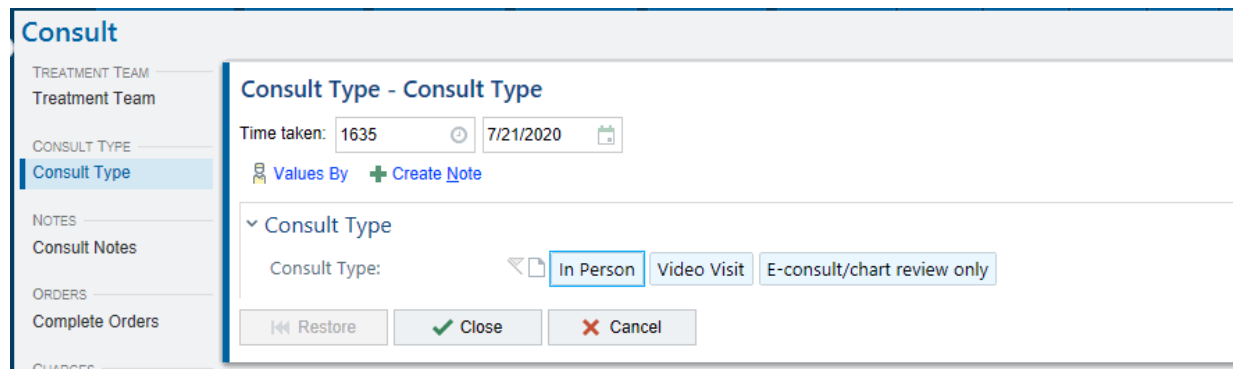
Care Team Member – If using InTouch cart, please notify RN ahead of time to ensure the cart is plugged in and facing the patient

Documentation

Care Team Member should utilize the **.visittype smartphrase** to document what type of visit was performed.

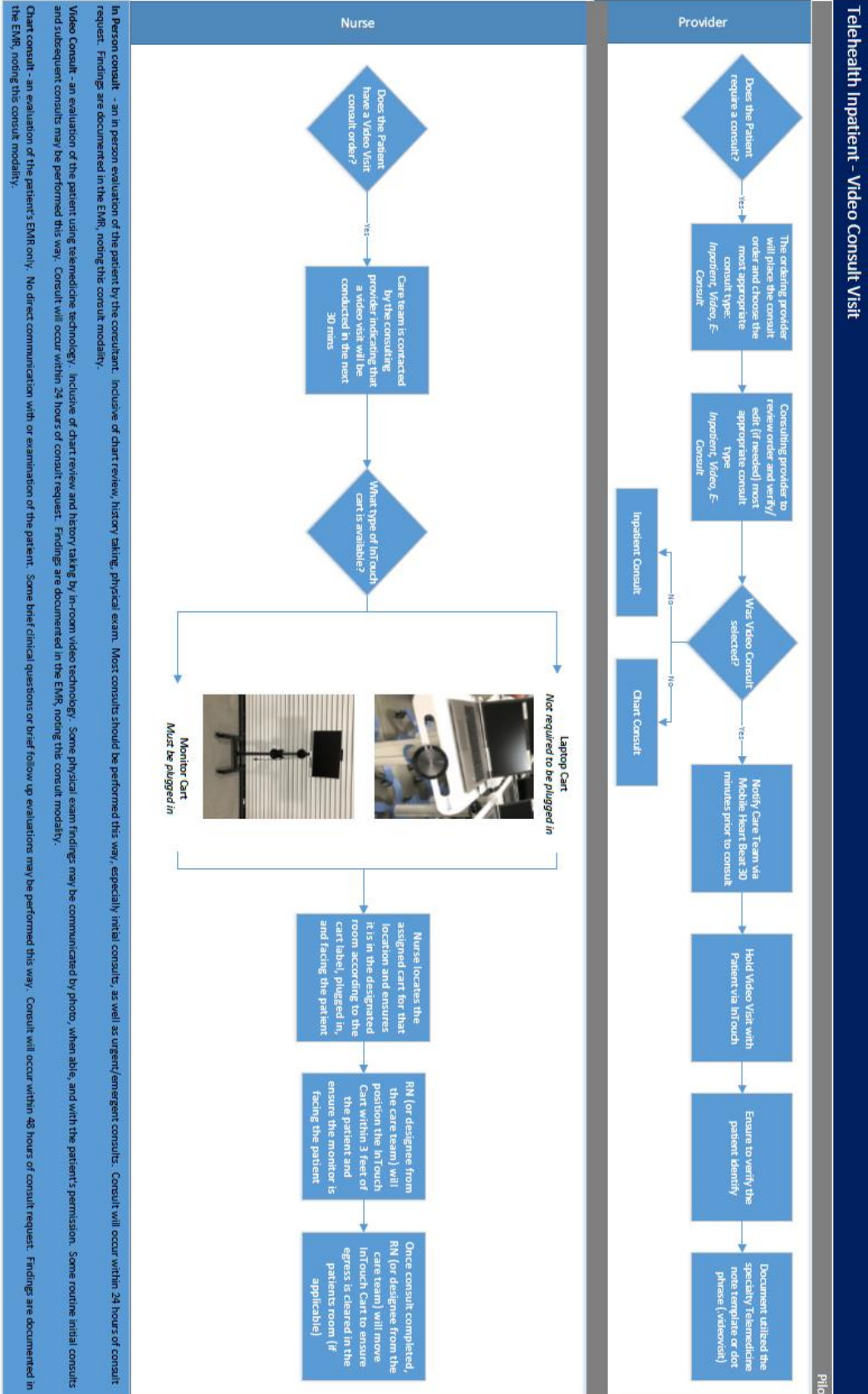
**This has already been added to most IP consult note templates.*

If using the Consult Navigator, mark what type of visit you have performed



The screenshot shows the 'Consult' interface with a sidebar on the left containing sections: TREATMENT TEAM (Treatment Team), CONSULT TYPE (Consult Type), NOTES (Consult Notes), ORDERS (Complete Orders), and CHARGES. The main panel is titled 'Consult Type - Consult Type'. It includes a 'Time taken' field with '1635' and a clock icon, and a date field with '7/21/2020' and a calendar icon. Below these are links for 'Values By' and 'Create Note'. A dropdown menu labeled 'Consult Type' is expanded, showing three options: 'In Person' (selected), 'Video Visit', and 'E-consult/chart review only'. At the bottom are three buttons: 'Restore', 'Close' (with a green checkmark), and 'Cancel' (with a red X).

Inpatient Telehealth Standard Workflow



Inpatient Telehealth Standards of Practice and FAQ for Clinicians

Inpatient telehealth has proven to be an invaluable mechanism for clinical staff to provide high quality patient care and communication, while also facilitating efficiency, diminishing staff safety exposures, and preserving PPE. Telehealth does not replace in person, bedside evaluation of patients. However, both patients and providers have made it clear that telehealth should be an option, when clinically appropriate, to deliver the best care possible. **YNHHS and Yale Medicine support the ongoing use of telehealth for the provision of care to augment existing standard practices in the inpatient setting.**

Inpatient Telehealth Guidelines

- **Who may use inpatient telehealth?**

Any member of the inpatient care team has access to inpatient telehealth, including in room video technology. This includes trainees and students.

In room video technology is available at all YNHHS inpatient delivery networks, and in most inpatient care spaces, but is not yet comprehensively available. Check with the unit leadership about availability if you are unsure if video technology is available or not where you are. Ultimately, YNHHS plans to have this available comprehensively for inpatients.

- **Why should I use inpatient telehealth?**

Telehealth technology is not intended to replace in person, bedside care in the inpatient setting. But it can augment inpatient care for both patients and clinical staff.

Benefits to performing an inpatient video visit or consultation may include:

- Safe and secure patient communication from wherever you are
- Flexible access and scheduling to meet dynamic needs of inpatient providers
- Opportunity for patients, families and providers to interact more efficiently

- **When should Telehealth be used?**

Clear communication with patients on what to expect during a video evaluation is necessary for a positive patient experience. Of note, to protect our patient's privacy, cameras and microphones in patient rooms remain off until needed by the care team.

Primary Medical/Surgical Team:

When Telehealth is appropriate:

- **In general, subsequent care should be performed in person daily**, except under rare circumstances where a video visit may suffice (i.e. clinically stable patient awaiting discharge).
- After an in person evaluation has been performed on a calendar day, subsequent communication or evaluation may be completed by video as clinically appropriate.

When Telehealth is **not** appropriate:

- **In person patient communication, evaluation, and physical exam are the standard of care.**
- **All H & Ps must be performed in person.**
- **E-Consult/Chart review alone is not acceptable for care by the primary team.**
- **Discharge evaluation must be performed in person.**
- **Death pronouncement must be performed in person.**

Consulting Teams:

When Telehealth is appropriate:

- **Initial Consults may be requested by the primary team to be in person, by video visit, or as E-consult/chart review only.** The primary team may indicate that multiple modalities are appropriate for that patient. The

consultant may use their discretion as to what type of evaluation is performed, based on the clinical question posed.

- **Most subsequent or follow up consults should be performed in person.** However, some subsequent consults may be performed by video or e-consult as clinically appropriate. Communication with the primary team is imperative, regardless of the modality utilized.

When Telehealth is **not** appropriate:

- **Most initial consults should be performed in person,** unless explicitly requested otherwise.
- **E-consults alone should be used infrequently,** and for specific, defined clinical questions.

Note: Each department is encouraged to develop internal practices and standards for triaging consult questions to in person evaluation vs video evaluation vs e-consult.

- **How do I use inpatient telehealth?**

Technology:

- For video visits, the only approved and secure platforms for inpatient care are:
 - InTouch
 - Zoom (via YNHHS account only)
 - Vidyo Connect
- There are myriad other video conferencing technologies available (i.e. Facetime, etc). These platforms are not currently approved for use in the inpatient setting unless you have specifically been granted approval for use by the telehealth executive committee.
- Refer to specific Tips sheets for each platform, and how to use them in your clinical setting.

Documentation:

- Visits performed using video technology or by e-consult must be **CLEARLY** identified.
- Be sure to **clearly identify what type of visit was performed** by using the consult navigator, .visittype smartphrase, or other identifier
- **Video visits must include the .videovisitingpatient smartphrase,** which denotes patient consent, and patient/provider physical locations. These are required by CMS and insurers.
- **E-consults must include the .consultCOVID19 smartphrase which includes documentation of consent by the patient/guardian,** and identifies if verbal or written communication with the primary team was performed, as well as the provider's physical location.

Billing:

Video Visits:

- If the **provider is in the same location/building as the patient**, then regular face to face billing codes are used for consults (99251-99255) and subsequent care (99231-99233).
- If the **provider is NOT in the same location/building as the patient**, then the GT Modifier must be added to indicate that the service was provided by telehealth

E-Consults:

- 99446-99449 should be used when the patient/provider are in different physical locations, and both verbal AND written report has been given to the consult requestor. Codes are delineated by time spent on medical consultative discussion, chart review, and/or review of the medical record.
- 99451 is used when only a written report is submitted without verbal communication.

Primary Team		H & P	Subsequent care	Discharge
	In person	99221-99223	99231-99233	99238-99239
	Video*	NA	99231-99233	NA
	E Consult	NA	NA	NA
Consultant		Initial Consult	Subsequent care	
	In Person	99251-99255	99231-99233	
	Video*	99251-99255	99231-99233	
	E Consult	99446-99449, 99451	99446-99449, 99451	

***NOTE:** If patient and provider are in different location, use Modifier GT.

Reimbursement/RVUs:

- Currently, video visits are reimbursed and carry the same RVUs as Face to Face visits.
- E-Consults are reimbursed at a lower rate, and have lower RVU generation, as noted in the table.

CPT code	Reported by	Concluded with	Time required	How time is spent	2019 wRVUs	2019 RVUs ^a
▲99446	Consultant	Verbal and written report to requestor	5-10 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc. and medical consultative verbal or internet discussion ^b	0.35	0.51
▲99447	Consultant	Verbal and written report to requestor	11-20 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc. and medical consultative verbal or internet discussion ^b	0.70	1.01
▲99448	Consultant	Verbal and written report to requestor	21-30 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc. and medical consultative verbal or internet discussion ^b	1.05	1.52
▲99449	Consultant	Verbal and written report to requestor	≥ 31 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc. and medical consultative verbal or internet discussion ^b	1.40	2.02
●99451	Consultant	Written report to treating/requesting physician/QHP	≥ 5 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc. and medical consultative verbal or internet discussion	0.70	1.04
●99452	Treating/requesting physician/QHP	N/A	≥ 16mins ^c	Preparing for the consult and/or the actual time spent communicating with the consultant	0.70	1.04

^aThe facility and non-facility relative value units (RVUs) are identical

^bFor codes 99446-99449, more than 50% of the service time must be consultative time and not time used to review data. Do not report codes 99446-99449 if data review time is greater than 50% of the total service time.

^cCode 99452 can be reported in addition to non-direct prolonged services (99356-99359) if appropriate (see CPT manual)

● new code

▲ code with a revised descriptor

Shaded boxes note some major differences.

wRVU: work relative value unit

What evidence is there for Telehealth?

Published evidence for the use of telehealth and telemedicine in specific areas existed prior to COVID, but with wide spread adoption of telehealth into all areas in response to the pandemic **there is a growing body of literature to support the use of telehealth more broadly in the inpatient setting:**

- Gabel C.K., Nguyen E., Karmouta R., Liu K.J., Zhou G., Alloo A., et al. Use of teledermatology by dermatology hospitalists is effective in the diagnosis and management of inpatient disease. J Am Acad Dermatol. 2020(pagination):ate of Pubaton: 07 May 2020.
- Humphreys J., Schoenherr L., Elia G., Saks N.T., Brown C., Barbour S., et al. Rapid Implementation of Inpatient Telepalliative Medicine Consultations During COVID-19 Pandemic. J Pain Symptom Manage. 2020(pagination):ate of Pubaton: 2020.
- Jones M.S., Goley A.L., Alexander B.E., Keller S.B., Caldwell M.M., Buse JB. Inpatient Transition to Virtual Care During COVID-19 Pandemic. Diabetes Technology and Therapeutics. 2020 01 Jun 2020;22(6):444-8.
- Kalin M.L., Garlow S.J., Thertus K., Peterson MJ. Rapid Implementation of Telehealth in Hospital Psychiatry in Response to COVID-19. Am J Psychiatry. 2020 01 Jul 2020;177(7):636-7.
- Keller J.J., Johnson J.P., Latour E. Inpatient teledermatology: Diagnostic and therapeutic concordance among a hospitalist, dermatologist, and teledermatologist using store-and-forward teledermatology. J Am Acad Dermatol. 2020 May 2020;82(5):1262-7.
- Monkowski D., Rhodes L.V., Templer S., Kromer S., Hartner J., Pianucci K., et al. A retrospective cohort study to assess the impact of an inpatient infectious disease telemedicine consultation service on hospital and patient outcomes. Clinical Infectious Diseases. 2020 01 Mar 2020;70(5):763-70.
- Mustafa S.S., Staicu M.L., Yang L., Baumeister T., Vadmalai K., Ramsey A. Inpatient Electronic Consultations (E-consults) in Allergy/Immunology. The journal of allergy and clinical immunology.In practice. 2020(pagination):ate of Pubaton: 22 Jun 2020.