

COVID19

Telemedicine Guiding Principles

Request

1. All telemedicine requests should be submitted centrally via System Incident Command using the SIMCOVID19@ynhh.org
2. Request should contain the following information:
 - a. Description of the workflow that requires telemedicine capability
 - b. Number of devices requested
 - c. Availability of the existing equipment that can be utilized as telemedicine terminal

Prioritization

3. All telemedicine requests will be prioritized through the Crisis Executive Team with the Technology Action Team.
4. Requests prioritization order:
 - a. Tier 1: **ICU and/or Negative Pressure Rooms**
 - b. Tier 2: Emergency Departments
 - c. Tier 3: Ambulatory
 - d. Tier 4: All other requests

Tier 1

ICU
Negative Pressure Rooms

Tier 2

Emergency Department

Tier 3

Ambulatory

Tier 4

All other requests

Equipment allocation

5. For all telemedicine requests that can **utilize existing equipment**, IT will attempt to configure the equipment with minimal delays based on prioritization - until competing demands no longer allow for this.
6. If the telemedicine request **requires additional equipment**, IT must exercise caution and will engage with the Executive Command Team. IT is actively working to identify additional equipment to be repurposed.

For Ambulatory Providers & Sites:

With the good news that there are further deregulations in telemedicine, we want to emphasize our commitment to supporting our physicians and patients through this crisis and clarify our telehealth approach for providers.

- For scheduled Ambulatory visits, whether for COVID - related illness or ongoing care, the Epic-based workflow using Vidyo is recommended to support care continuity, billing, compliance and RVU tracking. While FaceTime or Zoom may be a seemingly easier solution, there are several significant drawbacks:
 - FaceTime is an apple technology that only runs on apple devices. 40% of mobile device users do not have FaceTime.
 - When we FaceTime with a user, the patient will have your phone number. Providers should be aware of this when FaceTiming with patients.
 - When we use FaceTime or Zoom as a tool to communicate with our patients we have no capability to audit the interaction. This leaves us completely unaware of the interaction should we ever be required to do so from a compliance perspective.
 - There is no integration with our current systems, which means FaceTime or Zoom visits will not be connected to your provider schedule. This will result in confusion during an already confusing time.
 - As this crisis resolves, payers may tighten the reins on reimbursement again, we are far better served to base our Telemedicine practices in solutions that will outlive this crisis.
- We have successfully completed hundreds of visits using the Epic-based Telemedicine workflow, in just the last few days, with positive feedback from patients and physicians, alike. Your support of our patients and openness to provide care in novel ways is greatly appreciated. If you are having difficulty that is preventing you from conducting Telehealth visits, please contact the Joint Telehealth Team. Other non-ambulatory visit workflows are leveraging alternative telecommunications and telehealth tools such as FaceTime and Zoom, to engage patients and families during this crisis. For example, all negative pressure rooms in the inpatient setting have been outfitted with telehealth software from InTouch, and FaceTime and Zoom are used in some ED and group visit settings. For any circumstance where you believe an alternative solution is needed, please contact our team and they will assess and recommend the appropriate solution. Contact Nikki Delucia at Nichole.delucia@yale.edu or Matt Zawalich at Matthew.Zawalich@ynhh.org