



Technical Assistance Session:  
**Optimizing Client Access to Telehealth**

Thursday, November 18th at 5:00pm Eastern

# Overview

This session will provide an overview of client access to telehealth. Presenters will identify common barriers to client access, such as client access to the internet/phones, the "digital divide" and tech literacy among key populations, as well as information about how to optimize telehealth implementation for your clients.

***Submit questions through the Q&A chat box. Questions will be facilitated at the end of the session.***



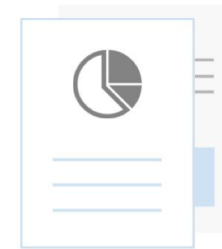
# TeleHealthHIV Overview



CAPACITY BUILDING



WEBINARS



RESOURCES

**[HealthHIV.org/TeleHealthHIV](https://HealthHIV.org/TeleHealthHIV)**

## Introductions - Speakers

**Brian Wood MD, Medical Director, MW AETC ECHO**  
Telehealth Program and Associate Professor, Department of  
Medicine, Division of Allergy & Infectious Diseases

**Javeed Siddiqui MD, MPH,**  
Infectious Diseases, Chief Medical Officer, TeleMed2U

# Brian R. Wood, MD

**Associate Professor of Medicine, UW & Mountain West AETC  
Chair, IDSA Telehealth & Emerging Technologies Work Group  
Co-Chair, UW Digital Health Equity Collaborative  
Medical Director, UW Project ECHO HIV Telehealth Program**



UW Medicine  
UNIVERSITY OF WASHINGTON  
MEDICAL CENTER

## Disclosures

I have no financial disclosures or conflicts of interest.

# Benefits of Video Visits

## Many Advantages and Should Remain an Option

- Reduced risk of exposure to infectious illness
  - Avoid public transportation, waiting rooms, etc.
- Reduced access barriers
  - Transportation challenges
  - Missed work, child, or other family care needs
- Added insights
  - See the home environment
- Overall high patient satisfaction, lower cost to patients\*

\*Sources:

Vosburg RW et al. Telemed J E Health . 2021 May 17.

Andrews E. Int J Nurs Stud Adv . 2020 Nov;2:100008.

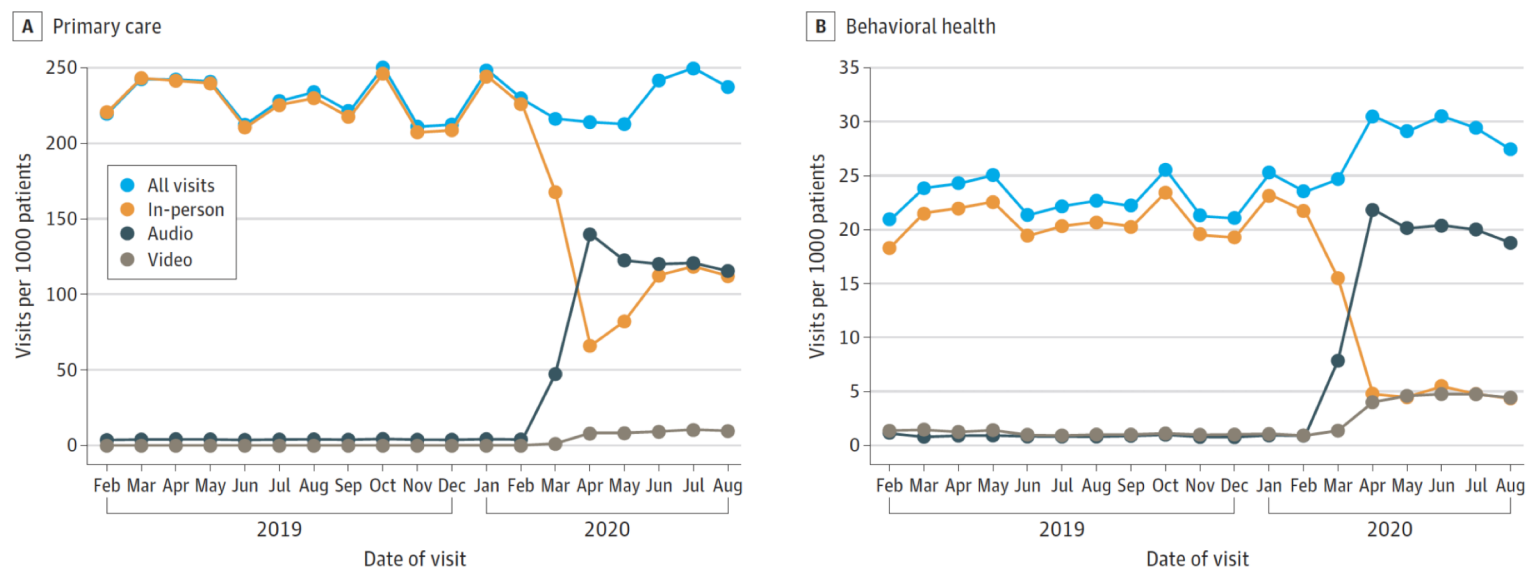
Nanda M, Sharma R. Telemed J E Health. 2021 March 12.

COVID-19 Healthcare Coalition Telehealth Impact Survey. <https://c19hcc.org/telehealth/>



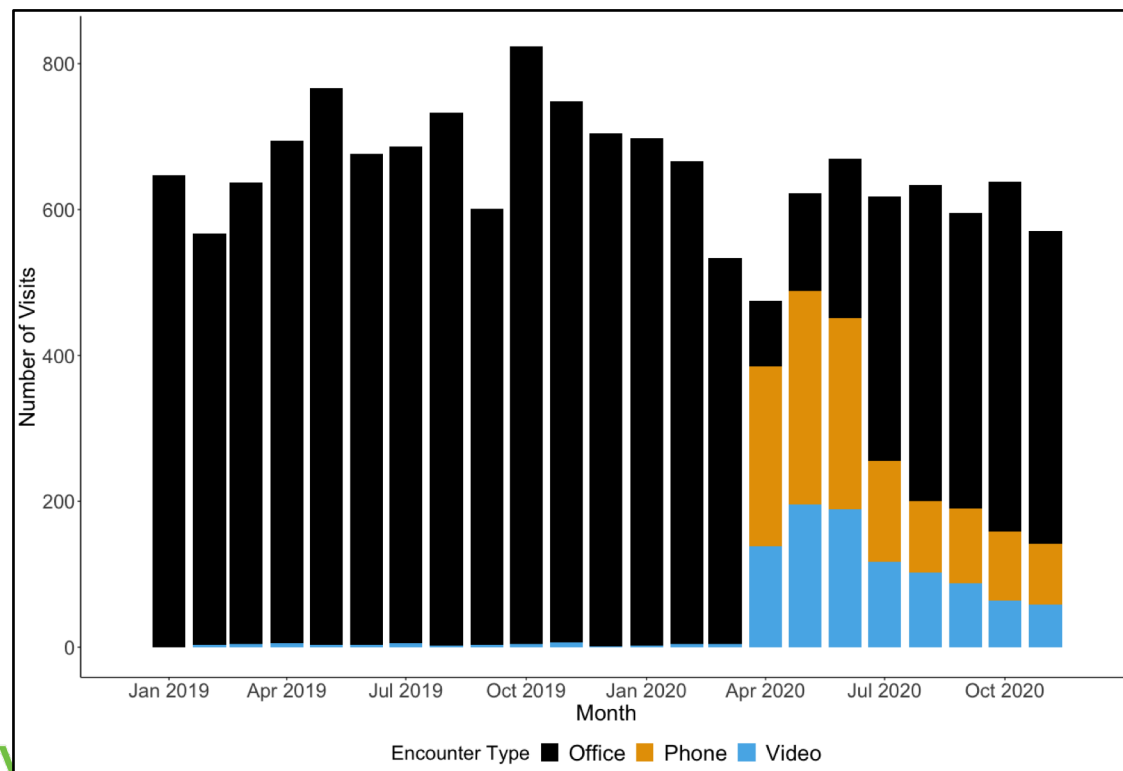
# Recent Explosion in Video and Audio-Only Phone Visits Data from California Federally Qualified Health Centers

Figure. Primary Care and Behavioral Health Visits per 1000 Patients by Visit Type From February 2019 Through August 2020



# Recent Explosion in Video and Audio-Only Phone Visits

## Data from Seattle's Ryan White HIV Clinic



# Disparities in Telehealth Access

## The “Digital Divide”

- Digital Divide: “the gap that exists between individuals who have access to modern information and communication technology and those who lack access”

Network Modeling Analysis in Health Informatics and Bioinformatics (2021) 10:26  
<https://doi.org/10.1007/s13721-021-00300-y>

### SHORT COMMUNICATION

## Telehealth and the digital divide as a social determinant of health during the COVID-19 pandemic

Camille A. Clare<sup>1</sup> 

Received: 23 October 2020 / Revised: 5 March 2021 / Accepted: 22 March 2021

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Definition from: The Digital Divide Council ([digitaldividecouncil.com](http://digitaldividecouncil.com)); Clare CA. Netw Model Anal Health Inform Bioinform. 2021.



# Video Visit Risks

## The Digital Divide & Other Risks

- Widening of the Digital Divide: gap between individuals who have access to modern information and communication technology and those who lack access
- Exacerbating implicit biases
- Less personal care/less rapport or trust
- Reduced quality of clinical care
  - Limited physical exam
  - Challenge coordinating labs
- Added administrative burden



Definition from: The Digital Divide Council ([digitaldividecouncil.com](http://digitaldividecouncil.com))  
Young JD et al. 2018. Telehealth: Exploring the Ethical Issues.

# Video Visit Needs

## Social Determinants of Digital Health

- Device with sufficient data
- Reliable broadband
- Technical literacy
- Language proficiency
- Privacy
- Social support



# Early Pandemic Telemedicine Uptake Uneven

## Real World Clinical Data

- UPenn primary care & subspecialty outpatient visits<sup>1</sup>
  - Less telemed: older, Asian, limited English proficiency (LEP)
  - Less video: older, female, Black, Latinx, lower income
- UPenn Cardiology & GI clinics<sup>2,3</sup>
  - Phone not video: Black, female, older, lower income, LEP
  - Less online portal use: Black, older
- MGH Cardiology<sup>4</sup>
  - Less video: older, lower income, public insurance, Black, Latinx



1. Eberly LA et al. JAMA Netw Open 2020. 2. Eberly LA et al. Circulation 2020. 3. Serper M et al. Gastroenterology 2020. 4. Brown et al. Eur Heart Journal 2021.

## Data from Seattle Ryan White Clinic

### Factors Associated with Completion of at least 1 Video Visit

Variable	Unadjusted OR	Adjusted OR	Adjusted OR lower CI	Adjusted OR upper CI	P value
Age, years					
35 to 50	0.89	0.90	0.68	1.19	0.400
50 to 65	0.72	0.75	0.57	0.99	<b>0.025</b>
Above 65	0.56	0.56	0.35	0.88	<b>0.010</b>
Race					
Asian or Pacific Islander	0.70	0.71	0.48	1.03	<b>0.045</b>
Black	0.70	0.81	0.65	0.99	<b>0.018</b>
Other	0.46	0.50	0.23	0.99	0.055
Unknown	1.80	1.71	0.07	44.31	0.690
Patient portal login	2.04	1.80	1.48	2.19	<b>&lt;0.001</b>
Insurance status					
Medicaid	0.65	0.73	0.58	0.91	<b>&lt;0.001</b>
Medicare	0.75	0.92	0.70	1.20	0.410
Self-pay	0.96	1.01	0.69	1.47	0.948



# Risk but also Opportunity: Promote Awareness, Quantification, & Interventions to Reduce Disparities

*Clinical Infectious Diseases*

IDSA FEATURES



IDSA  
Infectious Diseases Society of America



hivma  
hiv medicine association



OXFORD

## Advancing Digital Health Equity: A Policy Paper of the Infectious Diseases Society of America and the HIV Medicine Association

**Viewpoint** | COVID-19: Beyond Tomorrow

March 26, 2021

## Bridging the Digital Divide to Avoid Leaving the Most Vulnerable Behind

Nicholas W. Eyrich, MS<sup>1</sup>; Juan J. Andino, MD, MBA<sup>1</sup>; David P. Fessell, MD<sup>2</sup>

» [Author Affiliations](#) | [Article Information](#)

*JAMA Surg.* Published online March 26, 2021. doi:10.1001/jamasurg.2021.1143

ONLINE FIRST

FREE

David J. Vento,<sup>6</sup> Shireesha Dhanireddy,<sup>1</sup> Kay J. Moyer,<sup>7,8</sup> Javeed Siddiqui,<sup>8</sup>

HEALTH AFFAIRS BLOG

RELATED TOPICS:

ACCESS TO CARE | COVID-19 | TELEHEALTH | TECHNOLOGY | INTERNET | PUBLIC HEALTH | PANDEMICS

## Ensuring The Growth Of Telehealth During COVID-19 Does Not Exacerbate Disparities In Care

[David Velasquez](#), [Ateev Mehrotra](#)

MAY 8, 2020

10.1377/hblog20200505.591306



Wood BR et al. CID 2020.  
Eyrich NW et al. JAMA Surg 2021.  
Velasquez D, Mehrotra A. Health Affairs 2020.

# Telehealth in 2021

## Where Are We Going?

- Advocating for permanent policy changes:
  - Home can be originating site
  - No geographic restrictions
  - Payment parity for video visits
  - Coverage for audio-only visits
  - Treatment across state lines
- Assessing patient preferences and barriers
  - Surveys, focus groups, community input, quantifying uptake and barriers as well as solutions
- Quality improvement interventions to improve access

# Opportunities to Advance Digital Health Equity

## Clinical & QI Interventions

- Standardize telemedicine checklists; test visits beforehand
- Give devices with data plans or hotspots; also headphones
- Telemedicine stations at accessible locations
- Telehealth training kiosks; telehealth interpreters/navigators
- Make sure interpreters (including sign language) integrated
- Instructions in multiple languages; simple platforms (SMS)
- Include telehealth usage/gaps as key performance indicators



\*Design considerations for persons with disabilities: 1) Valdez RS et al. JAMIA 2021.  
2) Consortium for Citizens with Disabilities. <http://www.nacdd.org>

### Checklist for Telemedicine Visit

☐ Denote patient details and location for visit

Name: \_\_\_\_\_ MRN: \_\_\_\_\_

Patient plans to join encounter from: \_\_\_\_\_  
(specify location)

☐ Determine language needs

English | Spanish | Other: \_\_\_\_\_ ☐ Interpreter needed  
(circle one) (specify language if Other)

☐ Identify hardware and software needs

Telemedicine Software: \_\_\_\_\_ EHR | External Portal  
(select how patient will connect)

Connectivity: Internet | Broadband ☐ Headphones needed  
(circle one)

Device: Desktop | Laptop | Tablet | Smartphone  
(circle one)

☐ Test hardware and software

☐ Test call completed

Conduct test call and then fill out the video and audio assessments below

Video Quality: Acceptable | Poor Issues: \_\_\_\_\_  
(circle one) (describe any issues you experienced)

Audio Quality: Acceptable | Poor Issues: \_\_\_\_\_  
(circle one) (describe any issues you experienced)

☐ Denote any additional assistance needs

(e.g. family member, telemedicine navigator, other)

Completed By: \_\_\_\_\_ Date/Time: \_\_\_\_\_ / \_\_\_\_\_  
(print name) (mm/dd/yyyy) (hh:mm)

Sample  
telemedicine  
checklist



Wood BR et al. CID 2020.



# Conclusions

## Telehealth is Public Health

- As a community, we need to consider telehealth access as a social determinant of health and commit to promoting digital inclusion to mitigate worsening disparities
- It is important to acknowledge and better understand the risks of telehealth, so that together we can turn this era into an opportunity to improve healthcare access
- Closing the digital divide will take collaborative effort between numerous key stakeholders along with policy changes, research, advocacy, and community engagement



# Resources

- IDSA Telehealth Resources:  
<https://www.idsociety.org/clinical-practice/telehealth/telehealth/>
- Center for Care Innovations (CCI) Telemedicine Health Equity Toolkit:  
<https://www.careinnovations.org/resources/telemedicine-for-health-equity-toolkit/>
- UCSF S.O.L.V.E. Health Tech:  
<https://solvehealthtech.ucsf.edu/>

- IDSA Telehealth Resources:  
<https://www.idsociety.org/clinical-practice/telehealth/telehealth/>
- Center for Care Innovations (CCI) Telemedicine Health Equity Toolkit:  
<https://www.careinnovations.org/resources/telemedicine-for-health-equity-toolkit/>
- UCSF S.O.L.V.E. Health Tech:  
<https://solvehealthtech.ucsf.edu/>



# Javeed Siddiqui, MD MPH

**Infectious Diseases  
Chief Medical Officer  
TeleMed2U**



## Disclosures

- I have NO financial disclosure related to this lecture
- I do make a living practicing medicine
- I believe in telemedicine and teleHealth
- Actively practicing Telemedicine based ID since April 2002



# TeleMedicine In The Age of SARS-CoV-2

# **HR 6074 and CMS Public Health Emergency**

## **CMS Regulatory and Legislative Efforts in response to the Global Pandemic**

## Utilize Telemedicine to Mitigate the Exposure of Patients and Healthcare Workers to COVID-19<sup>1</sup>

### Many Telemedicine Requirements Have Been Lifted

#### Restrictions

- Emergency funding legislation HB 6074 waived many of the long-standing restrictions to the use of telehealth for Medicare recipients, including
  - Rural area requirements for originating sites (ie, patient location)
  - Allowing phones with 2-way, real-time interactive audio and visual capabilities to be used
  - Allowing the provider to conduct a telemedicine encounter from his/her home
- CMS has temporarily waived the Medicare and Medicaid requirements that physicians and nonphysician practitioners be licensed in the state where they are providing services<sup>2</sup>
- Issues regarding crossing state lines are potentially waived; see local regulations

#### Penalties

- The U.S. Department of Health & Human Services Office for Civil Rights announced that it would not impose penalties for the good faith provision of telemedicine during the COVID-19 public health emergency, even if remote communication technologies used for such services may not fully comply with the requirements of the HIPAA rules

#### Reimbursement

- Medicare will reimburse telephone and telemedicine visits for both new and established patients
- Providers can bill for telemedicine visits at the same rate as in-person visits

HIPAA=Health Insurance Portability and Accountability Act.

1. AASLD.org. <https://www.aasld.org/sites/default/files/2020-05/AASLD-COVID19-ClinicalInsights-May142020-FINAL-v2.pdf>. Accessed May 21, 2020. 2. CMS.gov. <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>. Accessed May 30, 2020.



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## CMS emergency provision **COVID-19 Public Health Emergency**

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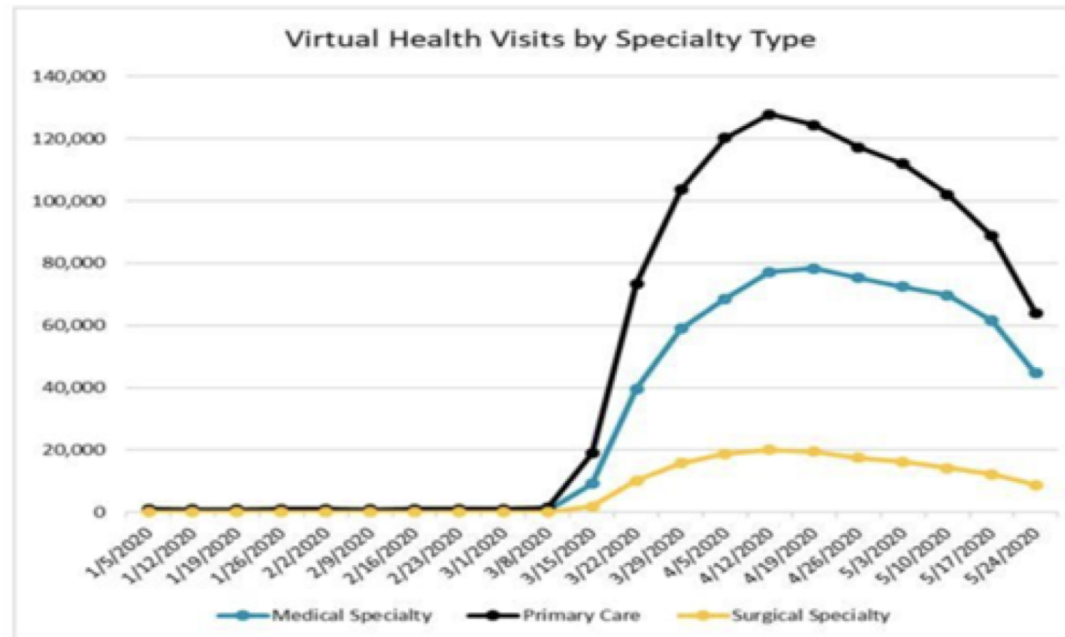
Home as an originating site of care

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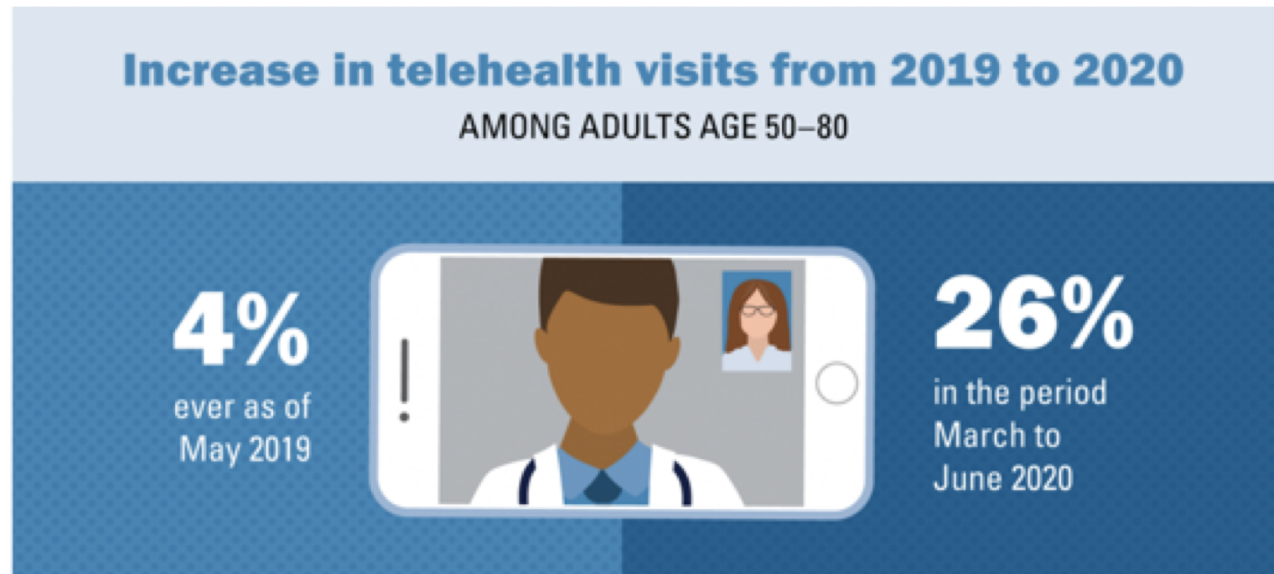
Suspended the Metropolitan  
Service Area exclusion rule

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**Do You Practice TeleMedicine?**



Virtual visits to ambulatory settings hit record usage during the first wave of the COVID-19 pandemic, increasing 149X in aggregate between March and May, compared to the prior nine-month, pre-pandemic weekly average.



One in four older Americans had a virtual medical visit in the first three months of the COVID-19 pandemic, most of them by video, a new telehealth poll finds.



<https://www.healthyagingpoll.org/report/telehealth-use-among-older-adults-and-during-covid-19>

# TeleMedicine

## Basics

# Technology

- Out-Patient / In-Patient
- HiTECH / HIPAA compliant
- Hardware requirements
- Compatibility
- Easy of Use
- Home based or Clinic based Telemedicine
- Interoperability
- Cost Model

# Hardware

- Computer
- Smart Phone
- Tablet
- iOS / Windows / Android
- Headphones

# Broadband

- The term **broadband** commonly refers to high-speed Internet access that is always on and faster than the traditional **internet** service.
- **Broadband** includes several high-speed transmission technologies such as: Digital Subscriber Line (DSL) Cable Modem and Fiber.
- Frames per Second:
- HD = 24 FPS
- 16-20 FPS can have a characteristic “jerky” appearance.



## Privacy

- Key Issue for health care
- Especially important in Infectious Diseases – HIV, Hepatitis C, etc
- Home based TeleMedicine
- Patients who need WiFi

# Privacy



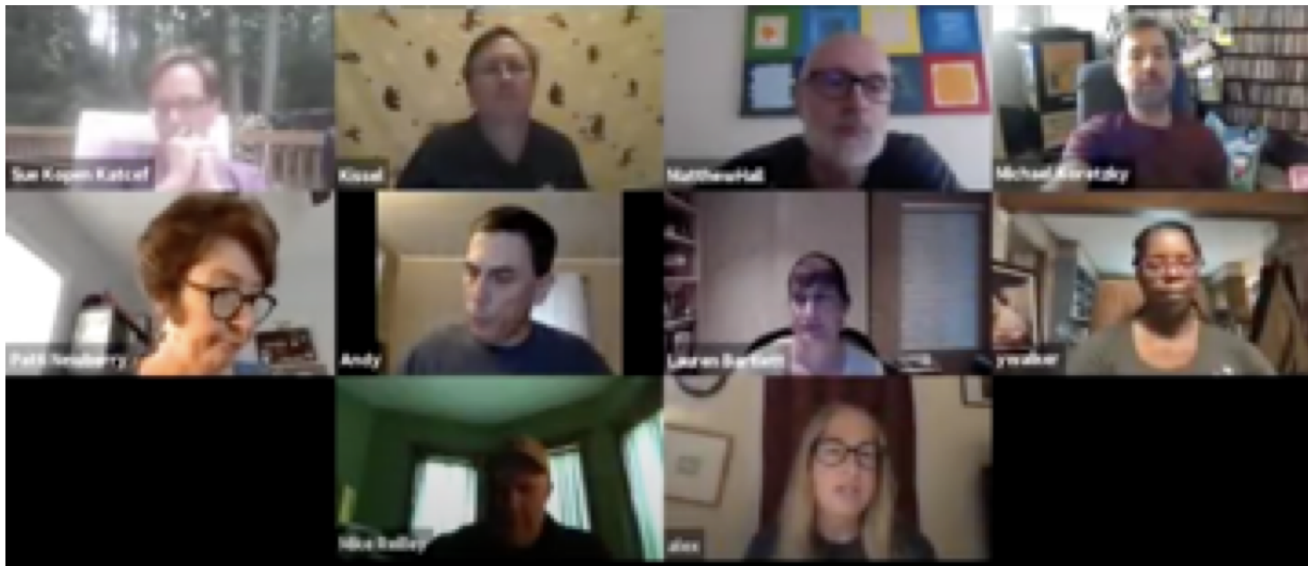
## Our Patients



## Digital Literacy: Providers

- Training
- What types of patients are you seeing?
- EMR Access
- Hardware
- Broadband
- Headphones
- Camera
- Lighting
- Microphone
- Digital Presence

## Digital Literacy: Providers



### Digital Presence:

- Lighting background
  - Audio
  - Avoid windows
  - Patterns in clothing
- Comfort level with the medium







## Digital Literacy: Providers





## Digital Literacy: Patients

- Training
- Where is patient been seen: Home / Clinic
- Hardware
- Broadband
- Headphones
- Camera
- Lighting
- Microphone
- Digital Presence

## Building Rapport

- If you are not comfortable that will show on screen
- If you are not comfortable, the patient will not be comfortable
- Take time to address patient questions and concerns
- Common Questions:
  - Is this being recorded
  - Can anyone else hear me
  - Is there anyone else in the room
- At the end of the visit ask the patient what their experience was like
- “Would like to see me through telemedicine again?”
- Explain your new practice paradigm

## How Often To See the Patients

- Individual decision
- Practice structure
- Examples:
  - Reviewing laboratory data
  - Follow up on specific issues or treatment
  - Triage

# Physical Exam

At Home  
In a Clinic  
Equipment

The Telemedicine Musculoskeletal Examination  
Edward R. Laskowski, MD et.AL

Mayo Clin Proc. n August 2020;95(8):1715-1731 n  
<https://doi.org/10.1016/j.mayocp.2020.05.026>

# Physical Exam

## Hospital Based

- Equipment: Digital Stetoscope
- 20 - 40X optical zoom
- Hand-Held ultrasounds
- Physician extenders



# Physical Exam

## Clinic Based

- Equipment: Digital Stetoscope
- 20 X optical zoom
- Dermatoscope
- Physician extenders

### Telemedicine Resources

#### CMS Telemedicine Health Care Provider Fact Sheet<sup>1</sup>

- Key takeaways on Medicare telehealth visits, virtual check-ins, and e-visits

#### CMS General Provider Telehealth and Telemedicine Tool Kit<sup>2</sup>

- Helpful information for implementation of telehealth practice

#### CMS Telehealth Frequently Asked Questions (FAQs)<sup>3</sup>

- Answers to frequently asked questions on Medicare telehealth during the COVID-19 pandemic

#### AMA Quick Guide to Telemedicine in Practice<sup>4</sup>

- Steps for expediting the implementation of telemedicine

Patient Resources: CDC COVID-19 Communication Resources website



The CDC website provides free patient communication resources (including videos, fact sheets, and posters) in both English and Spanish

AMA=American Medical Association.

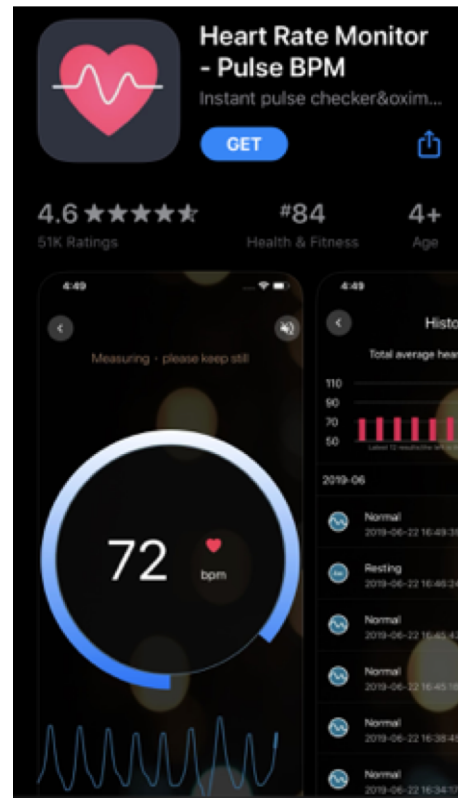
1. CMS.gov. <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet/20200511-telemedicine-health-care-provider-fact-sheet>. Accessed May 21, 2020. 2. CMS.gov. <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>. Accessed May 21, 2020. 3. CMS.gov. <https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faq-11-13-20.pdf>. Accessed May 21, 2020. 4. CMS.gov. <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>. Accessed May 21, 2020.

# Physical Exam

## Home Based

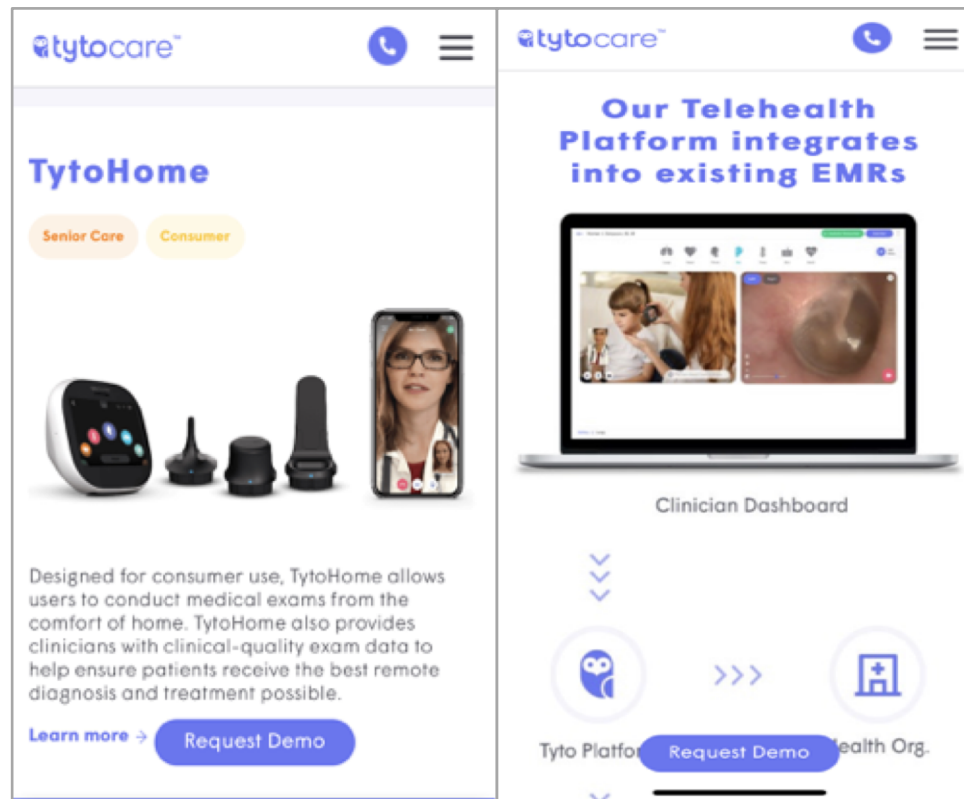
- Equipment: Limited to None
- Temperature / BP / HR
- Inspection

# Physical Exam





# Physical Exam



# Physical Exam

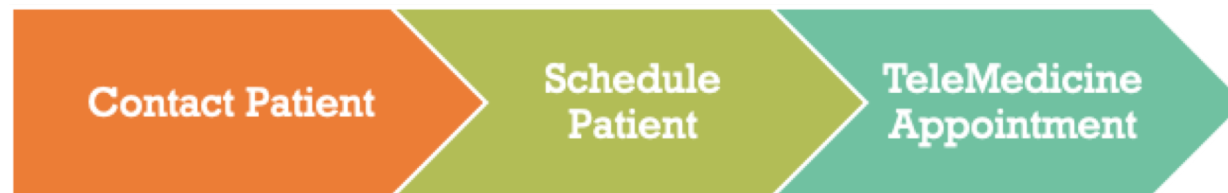


APPLE WATCH  
SERIES 6

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# TeleMedicine WorkFlow



# TeleMedicine WorkFlow





## Next Phase of Clinical Practice

TeleHealthHIV



# TeleHealthHIV Program Updates

## Webinar #2: "Lessons Learned and the Future of HIV Telehealth in 2022"

- Tuesday, December 7th, 1pm - 2pm ET
- Speakers:
  - Nicki Perisho, BSN, RN, Northwest Regional Telehealth Resource Center
  - Reetu Grewal, MD, UF Health Family Medicine and Pediatrics – Baymeadows
- Register in advance for this webinar:  
<https://event.on24.com/wcc/r/3517927/971875264908C2EA6B3A2608A1D53BD9>

## TA Session #3: "Optimizing the HIV Client's Telehealth Experience"

- Thursday, December 16th, 3:30pm - 4:30pm ET
- Speakers:
  - Dima Dandachi, MD, MPH, Medical Director of the HIV/AIDS Program, University of Missouri Health Care
  - Aleeshba Basil, Telehealth Navigator, University of Florida - Jacksonville
- Register in advance for this meeting:  
<https://us02web.zoom.us/meeting/register/tZYqf-6sqDgvG9RD2s2yg2eluT3FDLqr8LbR>

