

# Guide to Telehealth Delivery

for Home Health and Hospice Plans of Care



**Home Health Foundation**

The Leaders in Home Health and Hospice Care



## INTRODUCTION

### ▶ Definition

Telehealth, in its simplest definition, is the provision of healthcare remotely by means of telecommunications technology. Traditionally, home health has been a segment of healthcare that has been an early adopter of telehealth technology, although by and large, there has been no reimbursement for this service, and it has been used mainly as a means to improving care coordination, quality outcomes and patient teaching within a home health episode.

### ▶ Innovation

Due to the COVID-19 pandemic, Home Health Foundation is leveraging its knowledge of telehealth in new and innovative ways, to enable our staff to continue to provide a high level of service to patients while decreasing the frequency of in-person visits. We are expanding our fleet of devices capable of conducting video encounters, and we are taking full advantage of the easing of some restrictions that are allowing commercially available platforms, such as Skype, to be used to enhance our care. We are also exploring how telehealth can improve care delivery in hospice and enhance our after-hours patient experience.

### ▶ What is HRS?

Home Health Foundation uses a telehealth platform called HRS in order to allow for the collection of patient data, including objective measures like vital signs, and subjective measures like patient reporting of symptoms. The HRS platform includes the ability to initiate or receive video communication with patients. This technology has been available in each of our Home Health Foundation companies, but availability was limited and telehealth was deployed mainly for patients with CHF and related conditions.

This guide will assist our Home Health Foundation clinicians to learn more about all of the ways that telehealth technology can be used, both now as we deal with the particular demands of providing care during a pandemic, and for tomorrow, as we are sure that health care's future will be forever changed by the innovation that is happening today.

# Types of Telehealth Encounters

## 1) Non-Skilled Telephonic Patient Encounters

### a. Examples include:

- i. Clinician screening calls (COVID-19 and other screening needs)
- ii. Non-clinician support staff screening calls
- iii. Clinician phone calls that serve as check-in or brief problem-solving encounters with patients
- iv. Non-clinician coaching calls

### b. Key Features:

- i. May be used in both Home Health and Hospice episodes of care
- ii. Do not stand alone as a skilled assessment encounter
- iii. Does not take the place of an ordered, scheduled visit
- iv. Is not recorded in HCHB as a visit of any type
- v. Conducted by Clinical and Non-Clinical Staff
  - 1.] Clinical: Direct Professional Clinical Staff and Back Office Administrative Clinical Staff
  - 2.] Non-Clinical: Scheduling Staff, Non-clinical Coach, other administrative staff assigned to telephonic work

### c. Billable Status:

- i. Always non-billable, regardless of payer

### d. Documentation:

- i. Documentation of key elements of phone call
- ii. HCHB – Coordination Note (various existing templates may be used, depending on the nature of the call, or a brief narrative can be written)

## 2) Skilled Telephonic Visit

### a. Key Features:

- i. May be used in both Home Health and Hospice episodes of care
- ii. Scheduled as a Phone Visit in HCHB-Service codes- IPHONE (interactive phone visit) discipline specific service codes in Home Health (VNA), HP (hospice phone) discipline specific service codes in Hospice.
- iii. Phone visits may be scheduled by the clinicians via the calendar order at SOC, ROC, or recert or by updated calendar order. An in-person visit may also be changed to a phone visit via request to scheduler after sending visit back to scheduling for service code change.
- iv. Always conducted by a skilled clinician – may be Professional Direct staff or Professional Administrative staff
- v. Scheduled phone visits completed in Pointcare (tablet)
- vi. May be planned or PRN
  - 1.] Scheduled in advance by clinician – patient is told that next visit will be telephonic and will focus on particular content related to plan of care
  - 2.] PRN – may be the result of an after-hours call to RN on-call who conducts a detailed telephone visit, avoiding the need for an in-person visit
- vii. Skilled assessment using questions that relate to the patient's condition and that result in the skilled clinician conducting interventions that might include:
  - 1.] Patient/family education
  - 2.] Directing the patient to make a change in self-care
  - 3.] Altering the established plan of care
  - 4.] Communicating with the patient's MD
- viii. The interaction can stand alone as a skilled encounter
- ix. The interaction takes the place of an ordered, scheduled visit (with MD approval) or replaces a PRN visit

### b. Billable Status:

- i. The Telephonic Visit is potentially billable, depending on the payer
- ii. The Visit will be documented as non-billable by default but will be reviewed by billing to determine availability of a fee schedule
- iii. A billable version of the new IPHONE service code will become available when payors agree to pay for the phone visits and payors are set up for phone visit claims. The IPHONE billable version will begin with a B, example BSNIPHONE.

### c. Documentation:

- i. The HCHB Skilled Visit/Assessment is used to capture detailed elements of the Telephonic Visit. Visit documentation should be as thorough as conditions of a telephonic visit allow while being clear that the visit was not conducted in person
- ii. The Plan of Care is reviewed along with the visit assessment items in order to ensure the patient's care is thorough, individualized and adequate.

# Types of Telehealth Encounters - continued

## 3) Skilled Video Visit

### a. Examples include:

- i. Skype-platform video assessments
  - 1.] Between Professional Clinician and patient using PointCare device and patient/family smart phone or other device (all remote)
  - 2.] Between Professional Clinician in the patient's home connecting to another clinician remotely who will perform a guided assessment of the patient (can support remote evaluation by another discipline, or a specialist consult while primary clinician is present in the home)
- ii. HRS Telehealth Platform Video Visit
  - 1.] Patient is provided a smart tablet (Android or I-pad, enabled with HRS technology) and a Professional Clinician performs a video encounter with the patient using clinician's PointCare device or agency-issued PC or laptop
    - a. HRS technology may or may not be paired with Bluetooth-enabled medical devices such as BP cuff or pulse oximeter. Presence or absence of such devices does not impact on the ability to conduct a Video Visit
    - b. Telemonitoring (i.e. the collection of patient vital signs and other data via HRS) can enhance the ability of the clinician to conduct a Video Visit but is not a required element of the Video Visit

### b. Key Features:

- i. May be used in both Home Health and Hospice episodes of care
- ii. Scheduled as a Video Visit in HCHB using discipline specific "VIDEO" service codes, and documented in Pointcare.
- iii. Once the Video visit capability is confirmed, VIDEO visits may be scheduled by the clinicians via the calendar order at SOC, ROC, or recert or by updated calendar order. An in person visit may also be changed to a VIDEO visit via request to scheduler after sending visit back to scheduling for service code change.
- iv. May be planned or PRN
  - 1.] Scheduled in advance by clinician – patient is given date and time to expect video visit to occur
  - 2.] PRN – patient who has been provided a tablet may call in to the Telehealth Team or after-hours and have a video visit with professional clinical staff to assess a patient health concern.
- v. Skilled assessment of the patient, enhanced by the ability of the clinician to visualize the patient and make a visual assessment.
  - 1.] Patients with wounds, IV's or other complex conditions may be good candidates for Video Visits
  - 2.] Patients under a therapy plan of care may be asked to demonstrate elements of a home exercise program to a skilled therapist who can visualize and correct technique
  - 3.] Skilled clinician can observe functional status, respiratory distress, non-verbal pain indicators, etc.
- vi. Video visit results in the skilled clinician conducting various interventions, including but not limited to:
  - 1.] Patient/family education
  - 2.] Directing the patient to make a change in self-care
  - 3.] Altering the established plan of care
  - 4.] Communicating with the patient's MD
- vii. The interaction can stand alone as a skilled encounter
- viii. The interaction takes the place of an ordered, scheduled visit (with MD approval) or replaces a PRN visit

### c. Billable Status:

- i. The Video Visit is potentially billable, depending on the payer
- ii. The Visit will be documented as non-billable by default but will be reviewed by billing to determine availability of a fee schedule. B Video visits will replace VIDEO visit service codes as the services become billable for that payor. (Example SNVIDEO will be replaced with BSNVIDEO).

### d. Documentation:

- i. The HCHB Skilled Visit/Assessment is used to capture detailed elements of the Video Visit. Visit documentation should be as thorough as conditions of a video visit allow while being clear that the visit was not conducted in person
- ii. The Plan of Care is reviewed along with the visit assessment items in order to ensure the patient's care is thorough, individualized and adequate

