

NHPCO COVID-19 Discussion on Effective Virtual Visits

*In collaboration with the
National Coalition for Hospice and Palliative Care*



April 27, 2020
nhpco.org/coronavirus

Your line has been muted upon entry. If you need assistance, please use the Q&A tool.

Our Members:

Focus on Cooperation, Communication & Collaboration



www.nationalcoalitionhpc.org



Welcome and Moderators



Amy Melnick, MPA
Executive Director
National Coalition for Hospice and Palliative Care



Lori Bishop, MHA, BSN, RN
Vice President of Palliative and Advanced Care
NHPCO



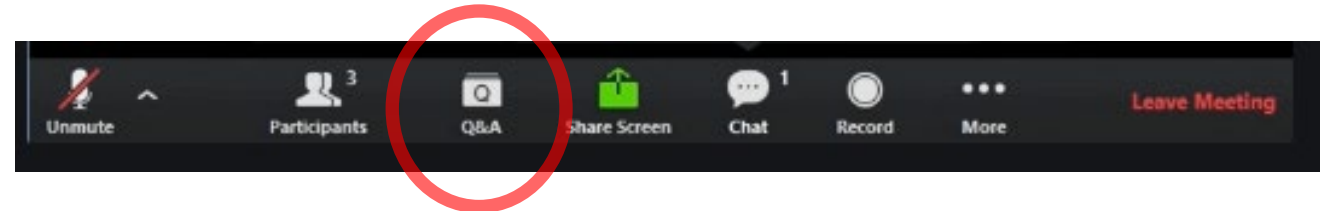
Joe Rotella, MD, MBA, HMDC, FAAHPM
Chief Medical Officer
AAHPM

Disclosures

The faculty and planners for today's webinar have no relevant financial relationships with commercial interests to disclose.

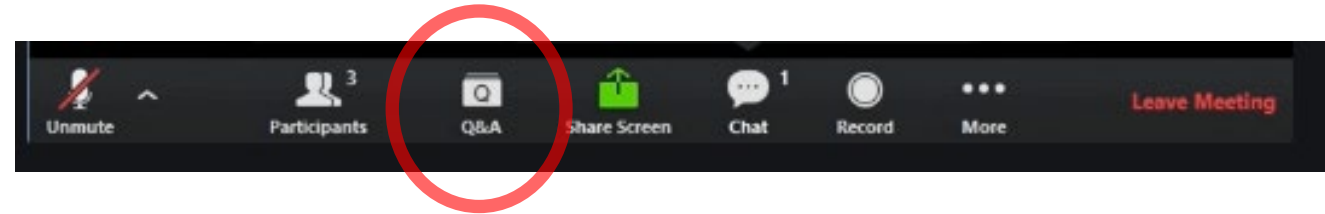
Logistics: Reminders for Participants

- Audio lines are muted to reduce background noise. You will ***not*** be able to unmute yourself.
- If you need assistance: Use the “Q&A” feature.



Logistics: Reminders for Participants

- At the conclusion of the presentations we will have time for questions.
- Submit a question at any time by using the “Q&A” feature.
- A recording of the presentation and presentation slides will be posted to www.nhpc.org/coronavirus



Today's Faculty



Christine Gardella MMS, PA-C
AAPA and PAHPM



Joanne B. Glusman, MSW, LSW, APHSW-C
Palliative Care Social Worker
Bryn Mawr Hospital / Main Line Health



S. Judith (Judy) Long, MA, MS
Palliative Care Chaplain and Educator
UCSF Division of Palliative Medicine
University of California, San Francisco



Kathryn A. Walker, PharmD, BCPS, CPE
Senior Clinical Director of Palliative Care, MedStar
Health/Associate Professor, University of MD
School of Pharmacy



Rena Dhillon, RN
Advanced Illness Management (AIM)
Clinical Manager, Concord & San Leandro
Sutter Health



Nancy A. Fickert, DNP, FNP-BC, PMHNP-BC, ACHPN
Home Based Palliative Care Nurse
Practitioner
Lehigh Valley Health Network



Michael Fratkin, MD
Founder/Medical Director
ResolutionCare Network

Objectives

- Define characteristics of an effective virtual visit
- Identify two to four guiding principles for effective virtual visits
- Demonstrate understanding of the discipline-specific considerations for effective virtual visits

COVID-19 Presents New Opportunities

- Security/HIPAA
- Billing
- Licensure
- Hospice
- Advance Care Planning/POLST

Definitions

- What do we mean by virtual?
 - Synchronous vs asynchronous
 - Audio (telephonic) vs audio/visual (video)
- Terminology
 - Remote Patient Monitoring (RPM)
 - Digital health
 - Telemonitoring
- **For purposes of today's webinar we will use the following terms:**
 - Telehealth is broad including all forms and types (RPM, telemedicine, and telephone in real-time)
 - Telemedicine is for video visits

Telehealth

“Telehealth is the provision of health care remotely... using telephones, smartphones, and mobile wireless devices with or without a video connection.”

(ER Dorsey, EJ Topel NEJM 2016)

Telemedicine vs Telehealth?

- Telehealth is broader in scope than telemedicine, covering remote healthcare services that are clinical *and* non-clinical.
- Telemedicine, on the other hand, refers *solely* to remote clinical services.
- The American Telemedicine Association (ATA) uses the two terms interchangeably, both encompassing remote healthcare.

Polling Question

- Are you utilizing telehealth?
 - Yes – in hospice only
 - Yes – in palliative care only
 - Yes – in both (hospice and palliative care)
 - No

Polling Question

- What is the biggest barrier you are experiencing or perceive?
 - Connectivity
 - Payment
 - Language
 - Functional ability
 - Equipment
 - Platform
 - Infection control
 - Support in the home
 - Scheduling
 - Acceptance

Telehealth Palliative and Hospice Use Cases

- Acute Issues: patient has a new symptom, cough, infection
- COVID-19 Screening
- Advance Care Planning (ACP): goals of care conversations
- Scheduled F/U Visit: good for rural or remote patients
- Symptom Management
- Care Coordination
- Psycho-Social and/or Spiritual Counseling
- Family Meetings
- Caregiver Support: provide positive feedback to paid and family caregivers, prevents caregiver burnout
- Team Meetings
- Urgent Information Dissemination
- Education

Considerations for Effective Virtual Visit

- Ideal is to use audio and visual
- Seriously ill population – burden to get to the provider
- Boundary protections – get to be at home, consent, time management
- Humanization of both patients and clinicians, neutral ground
- Home visits vs telehealth
 - When must the visit be in-person in the home vs in-person via telehealth?
 - Optimizing home visits – great tool in the toolbox
 - Using multiple modalities to meet the needs of patients and families
 - Accountability factor – family and caregivers more involved and feel more a part of the team
 - **Benefit vs Burden**
COVID-19 adds a whole other dimension!

Expected Benefits

- **Reduce risk of spread of COVID-19 and conserve PPE supply**
- **Decrease hospitalizations and emergency visits**
- **Improve quality:** Timely intervention in a patient's home improves clinical outcomes and increases patient/family satisfaction due to real-time connection.
- **Improve access:** Service to the patient and family is real-time and expands reach to the provider. There is an increase in ability for rural practitioners to access specialist health services in another location. The provision of services in rural and remote communities becomes feasible.
- **Maximize cost efficiencies:** Telehealth reduces cost of care and increases efficiency through better management of chronic illness and timely access to providers. Telehealth programs can also significantly reduce and/or eliminate travel time.

Tips for Effective Telehealth Visits

- No multitasking or picking nose – they see you!
- Create professional or neutral background
- Audio/video lag so speak slowly
- Exaggerating non-verbal cues
- Great opportunity to praise caregiver with details and specificity – “You’re doing a wonderful job caring for mom. I also see how beautiful her nails looks with that new red polish”
- Teaching tool for serious illness conversations

Use Case - TeleHospice

- Pilot of telehealth for hospice in rural Kansas in 1998, repeated in 2017
- 1998
 - Challenges to broad adoption included costs and attitudes about technology
- 2017
 - Mobile tablets and cloud-based videoconferencing (917 attendees)
 - Direct patient care, family support and administrative encounters
 - Seen as strengthening communication and relationships among patients, family and staff
 - Saved money for the hospice provider (reduced travel expenses)
- Staff more positive about telehospice in 2017
 - Three-fourths of the respondents believed would save travel time and enhance their job
 - 81% believed would help meet staff needs
- Suggests potential value of telehealth for hospice that predates COVID-19 outbreak

Doolittle, Nelson, et al (2019). TeleHospice: A Community-Engaged Model for Utilizing Mobile Tablets to Enhance Rural Hospice Care. *American Journal of Hospice and Palliative Medicine*®, 36(9), 795–800. doi: 10.1177/1049909119829458

Virtual Visit Considerations for Physicians

- Connection
- Intimacy/empathy
- Boundaries

Virtual Visit Considerations for Nurse Practitioners

- Home Based Perspective
- Maintain connection with the patient during COVID-19
 - Clinical and Administrative Support Team
 - Risk stratify patients
 - Right patient, right time, right access, right modality
 - Patient support (family, caregiver)
- Manage symptoms to avoid emergency visits and hospitalizations
 - Increased contact
- Address goals of care and document
 - Plan ahead
- Psychosocial support needs r/t anxiety and isolation
- Resources (caregivers, medications, food delivery)
 - Clinical team support (home care, social work)
 - Education

Virtual Visit Considerations for Physician Assistants

PAs are ideal in the delivery of virtual palliative care during COVID

- Our Training – flexibility as inter-disciplinarians
- Our Skills – team players in medical care
- Our Calling – Rural Health, FQHCs, VA, Indian Health Services, Correctional Institutions, Emergency crisis responders

Utilizing PAs for Virtual Palliative Care Visits during COVID

- For acute phase and post-acute phase

Barriers remain

- CMS and States' regulations: hospice care, supervisory issues, licensure, no direct reimbursement

How will I know my virtual telehealth care is effective?

- Effective Virtual Collaboration during COVID: SN, GCMs, Chaplains, SW, Rehab, Tele-psych, Dieticians, pain management, etc.
- Utilize your telehealth data: Did we prevent COVID illness? Did we prevent hospitalizations?

Virtual Visit Considerations for Registered Nurses

Considerations for RN Scope of Practice:

- Requires RN License for the state that clinician is practicing in, not working from or living in, if the 2 are different (some restrictions have loosened s/t COVID-19)
- Be careful not to diagnose the symptoms (symptom assessment and interventions/education)

Serious Illness/Palliative Care/Advanced Illness Management Tele-Support:

- RN led telephonic management of patients
- Practicing for 10+ years
- Proven effective with improved patient outcomes, quality of care, and cost to the healthcare system

Tools for effective RN Tele-Support Visit:

- Structure of a routine telephone visit
- Structure of a Tele-Triage call
- Quality and Technical Scorecard

Current state with COVID-19:

- Clinicians working remotely
- Rapid deployment of video visits to continue to meet the care needs of our patients



Virtual Visit Considerations for Social Workers

Regardless of call or video, acknowledge the difference for most

Loved ones are getting many provider and consultant calls

Acknowledge and use the “no agenda” message

If there are in-hospital team members, coordinate closely to streamline messaging

Anticipate issues (not enough contact from staff, lack of video calls) and know how to best “arc up” for solutions

Many have questions about cremation, funeral, and memorial

Be sure to know common practice and issues in your community

Create supportive resource lists for use as system, for support to employees

Offer zoom, and other options, to connect with you

Virtual Visit Considerations for Chaplains

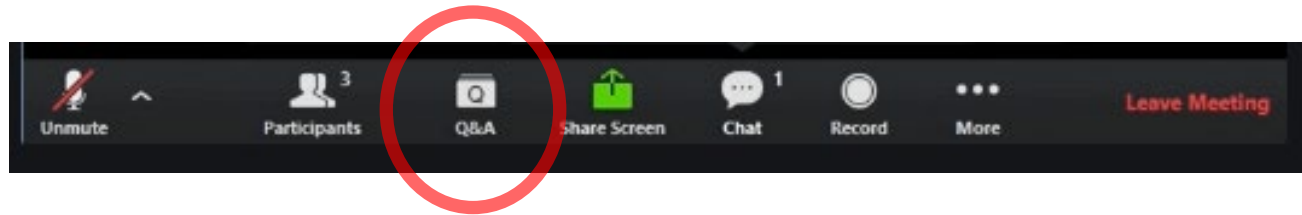
- Patient's understanding of chaplain's role on team
- Patient's possible connection to a faith tradition or faith community
 - and how that might inform the visit.
- Extra attention to relationship-building in setting of telemedicine and Covid.
- Connection and emotional resilience in the setting of shelter in place.
- Possible need for privacy for patient / for care partner.
- Family meetings, with or without an interpreter
- Presence at end of life
- Live online:
 - Funerals, memorials, rituals
 - Bereavement counselling and support groups
 - caregiver resilience groups.
- Support of team members.

Virtual Visit Considerations for Pharmacists

- Each clinician “coming into their home” may be their only clinical access point so transdisciplinary assessment is key
 - Overall well-being, care coordination, symptoms, goals of care
 - COVID check in (symptoms, soap, hand sanitizer, social distancing practices, etc)
 - Use the surprise question for risk of readmission/urgent issues to plan ahead
- Considerations for medication management
 - Reconciliation and targeted review
 - Medication supply (how are you receiving your medications- especially OTC)
 - Deprescribing opportunities (trial period)
 - Adherence issues related to changes in caregiver support (who is filling the pillbox?)
 - Identify medication use behaviors related to difficulty coping (use of sedatives, analgesics)
 - “tell me about how you manage a bad day”
 - Health literacy around medication use and monitoring (what would you do if...)

Questions?

Submit a question using the “Q&A” feature



Answering Your Questions

- How do we know telehealth visits are effective? What quality indicators should we be monitoring?
- What do we need to consider about connectivity issues?
- What are hospices doing to encourage staff/ patients/ families to use video call vs audio only for any non in-person visits?
- Are hospices submitting video or phone visits for HIS End of Life visits? I know there is a waiver on submitting HQRP data, does that mean hospices are not submitting any data? Does it mean that any data submitted will not affect publicly reported scores?
- How are you determining in-person vs telehealth visit for each patients? How are you incorporating the reason for telehealth visit(s) into your documentation?

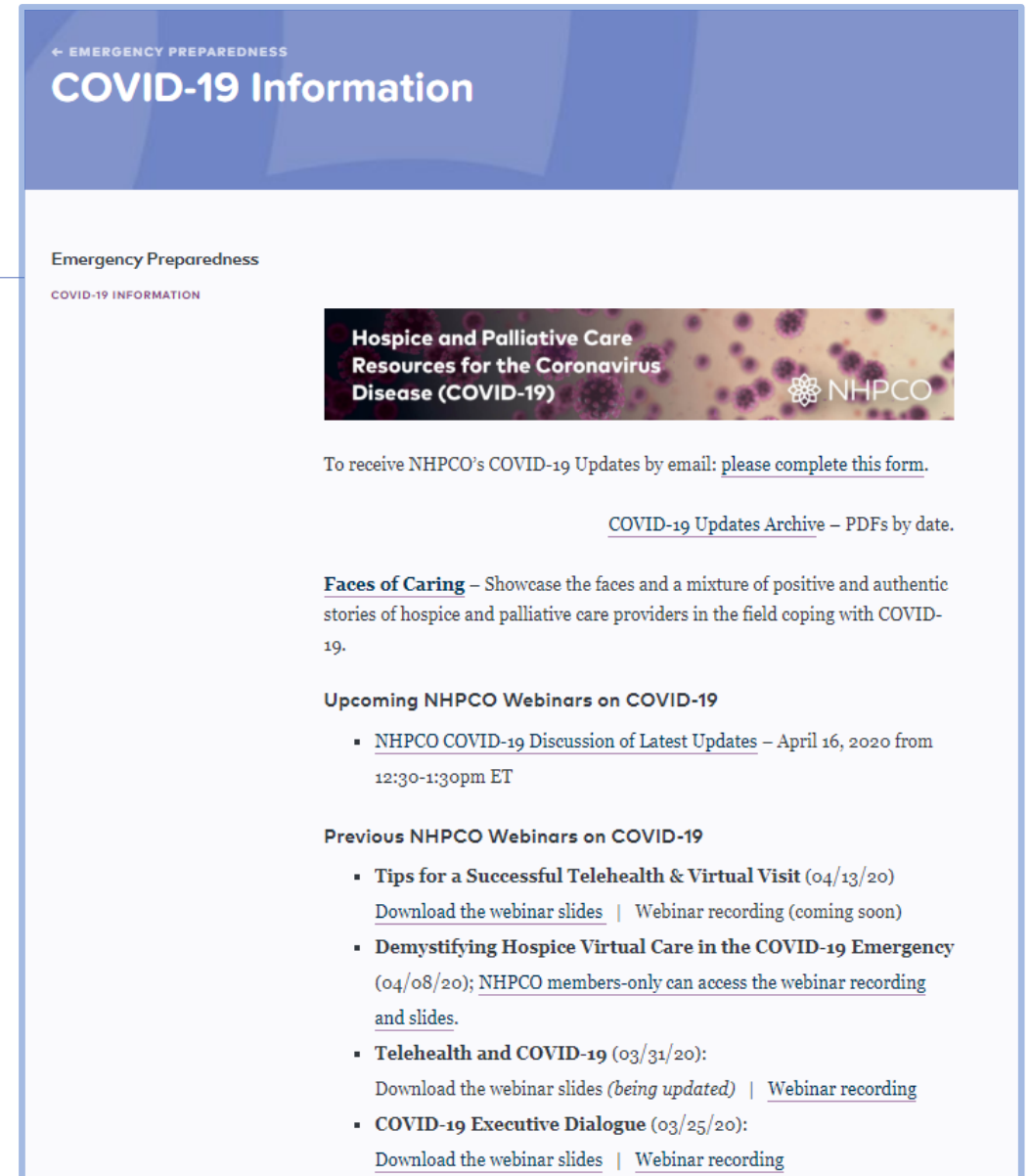
Thank you for your participation

CE/CME Credit – link will be sent via email

1. Identify the type of credit you want to receive
2. Evaluate the webinar by **May 5, 2020**
3. Print or email your CE/CME Certificate or Certificate of Attendance

nhpco.org/coronavirus

- Other resources:
- <https://www.nationalcoalitionhpc.org/covid19/>
- The CAPC Toolkit, that includes the Telehealth At-A-Glance document and other telehealth resources:
<https://www.capc.org/toolkits/covid-19-response-resources/>
- NHPCO Telehealth Resource: https://www.nhpco.org/wp-content/uploads/2019/04/PALLIATIVECARE_Telehealth.pdf



← EMERGENCY PREPAREDNESS
COVID-19 Information

Emergency Preparedness
COVID-19 INFORMATION

Hospice and Palliative Care Resources for the Coronavirus Disease (COVID-19) NHPCO

To receive NHPCO's COVID-19 Updates by email: [please complete this form.](#)

[COVID-19 Updates Archive](#) – PDFs by date.

Faces of Caring – Showcase the faces and a mixture of positive and authentic stories of hospice and palliative care providers in the field coping with COVID-19.

Upcoming NHPCO Webinars on COVID-19

- [NHPCO COVID-19 Discussion of Latest Updates](#) – April 16, 2020 from 12:30-1:30pm ET

Previous NHPCO Webinars on COVID-19

- [Tips for a Successful Telehealth & Virtual Visit](#) (04/13/20)
[Download the webinar slides](#) | [Webinar recording](#) (coming soon)
- [Demystifying Hospice Virtual Care in the COVID-19 Emergency](#) (04/08/20); [NHPCO members-only can access the webinar recording and slides.](#)
- [Telehealth and COVID-19](#) (03/31/20):
[Download the webinar slides](#) (*being updated*) | [Webinar recording](#)
- [COVID-19 Executive Dialogue](#) (03/25/20):
[Download the webinar slides](#) | [Webinar recording](#)

Thank you for your participation

Contact us:

- covid19@nhpco.org
- 800-646-6460