
It Took a Pandemic: Adapting Transplant Processes to Telehealth

The New Normal? Transplant Quality During a Pandemic

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October 6, 2020



Greetings from Iowa City!



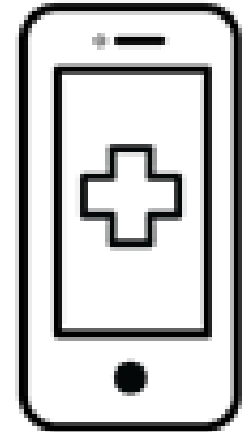
Telehealth is the New Normal

It took a Pandemic: Telehealth

Poll Question #1

Where is your center using telehealth?

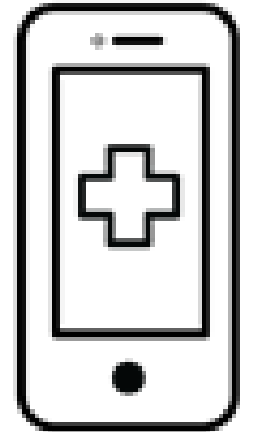
- 1) Stable post-transplant patients only
- 2) Home monitoring of suspected or known Covid positive patients
- 3) Pre-transplant evaluation
- 4) Long distance patients
- 5) All of the above



Poll Question #2

What is your long-term plan for telehealth?

- 1) We will go back to only face to face visits once the pandemic is over
- 2) We will keep using it once the pandemic is over



What is Telehealth?

Telehealth, defined as the delivery of health care services at a distance using electronic means for diagnosis, treatment, prevention of disease and injuries, research and evaluation and education of health care providers

What is Telehealth?

Synchronous versus asynchronous

Audio and/or video synchronous visits

Store and forward – images and PRO

Telemonitoring

Tele-interpretation

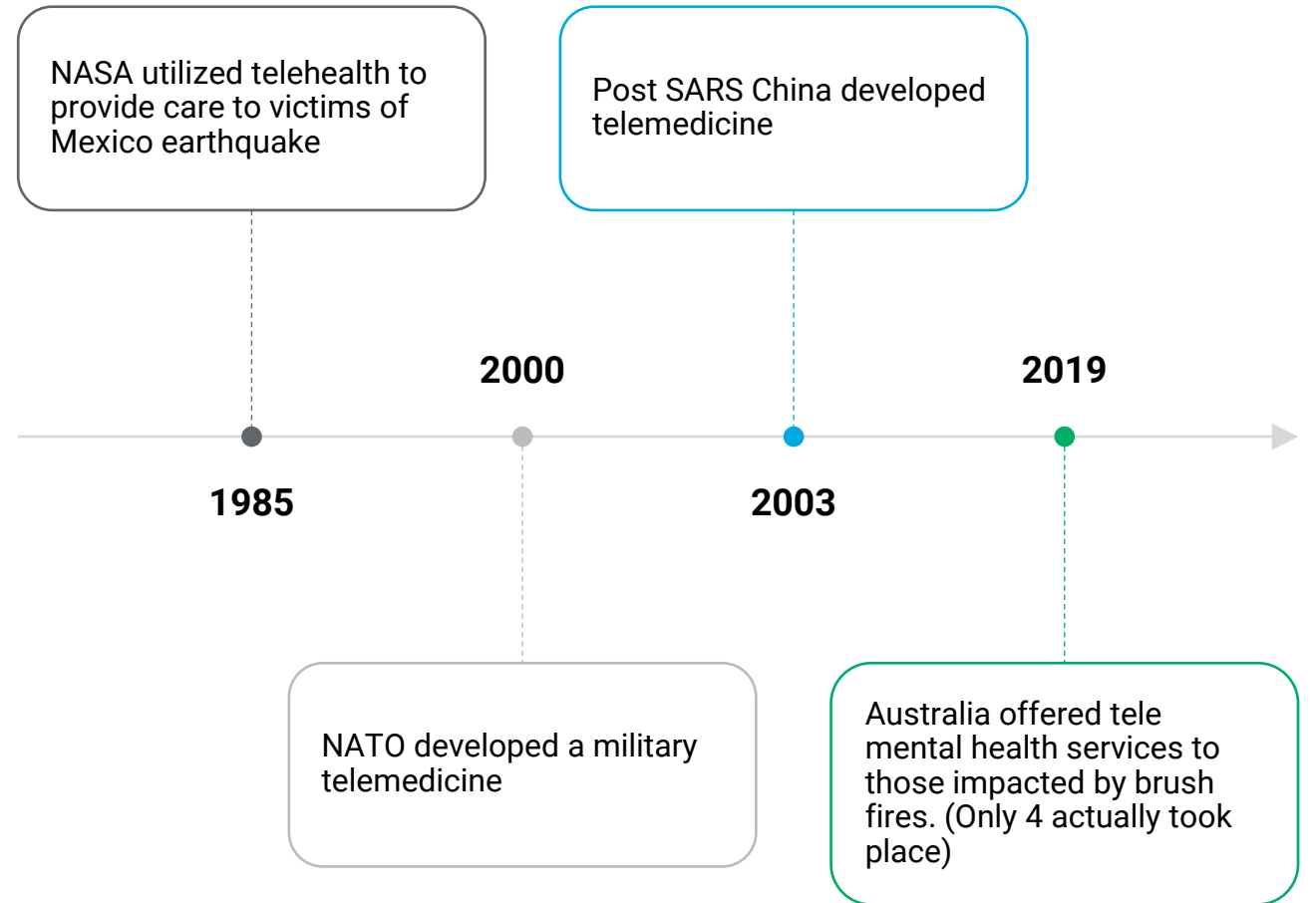
Tele -ICU

Teleconsultation

Chat bots



Telehealth is not New



Telehealth is the New Normal

- Convenient, effective, and efficient
- Decreases the spread of respiratory infectious diseases in and out of a pandemic
- Conserves PPE
- Brings care to the patient, not the patient to the care
- Needs to be viewed as “regular”



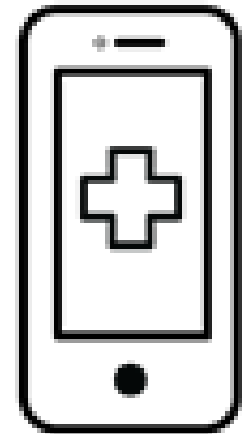
Types of Telehealth Visits

- Provider to patient's home
- Provider to patient in a facility with other healthcare professionals

Poll Question #3

What barriers have you experienced?

- 1) Lack of technology – hospital
- 2) Lack of technology – patient
- 3) Privacy concerns
- 4) Billing and reimbursement
- 5) Regulations/licensing/etc.



**When and
Where Can
You Use
Telehealth in
Transplant?**

**What are the
barriers?**

**What should I
keep in mind?**



Barriers

- Perceived lack of technology
- Perceived lack of provider or patient acceptance
- Sparse evidence of outcomes
- Privacy concerns
- Billing and reimbursement
- State license issues
- Legal and other regulatory issues

Overcoming Barriers

A donut chart with a yellow outer ring and a black inner segment. The text '81%' is centered in the white space of the donut. Below the percentage, the text 'Of US adults own a smart phone' is written in a smaller font.

81%

Of US adults own a smart phone

Perceived lack of technology

Overcoming Barriers

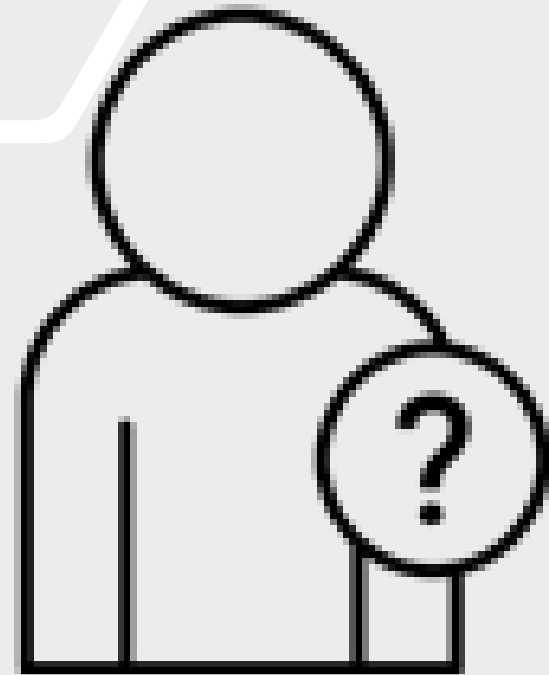
Patient acceptance:

Serper, et al (2020): Telehepatology

Patel et al (2020): Group DM visits

Gordon (2012): Cancer patients with skin lesions

Rodler et al (2020): Study of telehealth acceptance in urological cancer patients in Germany





Overcoming Barriers

Patient acceptance:

- Patel et al (2020) Telehealth Usability Questionnaire – TUQ
- 21 questions on Likert scale:
 - Usefulness
 - Ease of use
 - Interface and interaction quality
 - Reliability
 - Satisfaction and future use



Overcoming Barriers

Sparse evidence of outcomes

- Most studies are process or acceptance
- Should be comparable or better than in person visits
 - Patel (2020) Group diabetes visits – no difference in outcomes
 - Basch et al (2017) PRO for chemotherapy patients – demonstrated 5 month survival benefit, increased QOL, increased ability to tolerate continuation of chemotherapy



Overcoming Barriers

- Privacy concerns
 - Doximity
 - Zoom, Skype, etc..
 - HER products (My Chart, Vidyo)



Overcoming Barriers

Billing and reimbursement; Medicare changes:

- Expanded eligible services
- Expanded eligible providers
- Removed patient geographic location restrictions
- Removed provider geographic location restrictions
- Waived HIPAA violations
- Waived cost sharing for Covid 19 related visits
- Audio or audio/video synchronous only



Overcoming Barriers

Billing and reimbursement; Medicaid:

- 50 states and DC pay for some video visits
- Differences state by state
- Some states pay store and forward and remote monitoring
- 23 states limit the facilities that can be the originating site
- Most states allow a facility fee



Overcoming Barriers

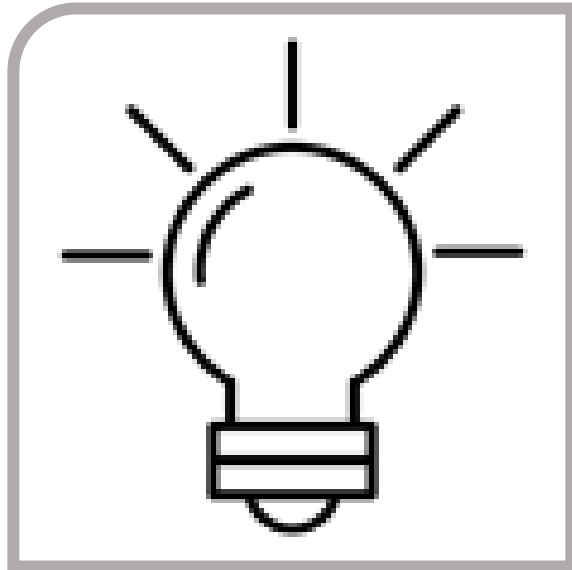
Billing and reimbursement; Employer paid and private:

- In 2019, 82% of employer-based plans offered some kind of telehealth benefit
- At least 40 states and DC have policy regarding telehealth
- Since pandemic, most states have enacted policy to decrease the barriers to telehealth similar to CMS

More on Billing and Reimbursement

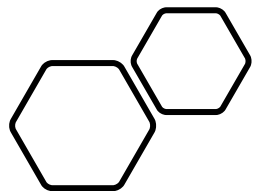
- Very dynamic state right now – changes frequently
- Most restrictions have been waived in national and state declared emergencies but should be planning for the future
- Evaluation billing and reimbursement should be NO different from pre-pandemic
- Use E&M codes 99201-99205 and 99212-99215
- Medicare, Medicaid and most commercial payors are now covering





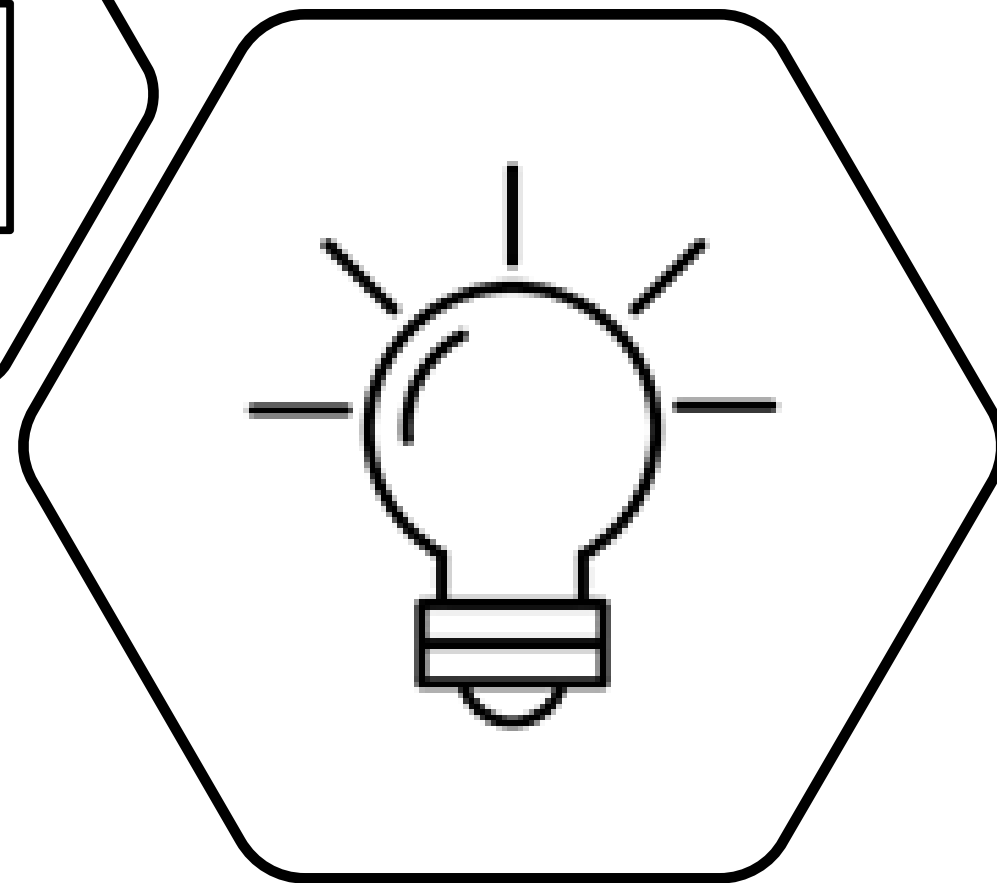
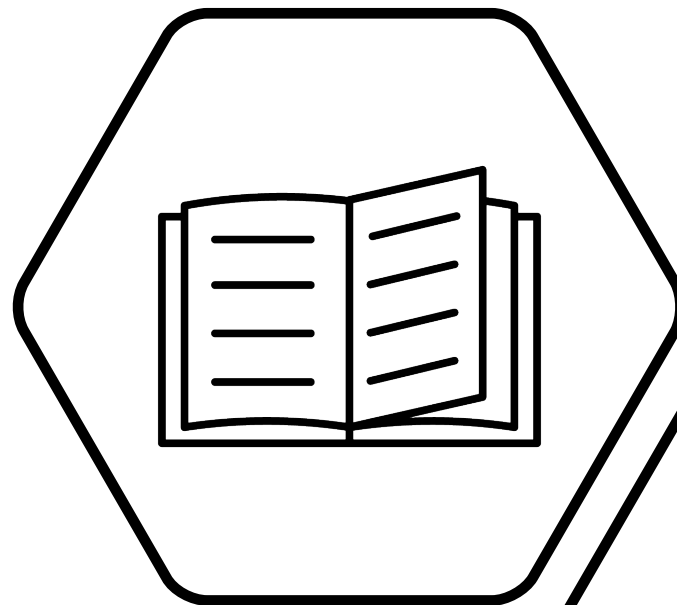
Overcoming Barriers

State license issues



Overcoming Barriers

- “Conflict of laws”
- Transplant regulations



Use of Telehealth in the Evaluation Phase? Very “Doable”

- Patient education
- Psychosocial assessment
- Nutrition
- Pharmacy
- Transplant Nurse Coordinator
- Informed Consent considerations
- Rule outs

What about the Medical Exam?

- Video versus audio only
- Vital signs
- General
- Respiratory
- Cardiac
- Abdominal



What about the Medical Exam?

- Extremities
- Musculoskeletal
- Skin
- Neurologic
- Psychologic



Living Donor Evaluations: Keep it Local!

- Living donor travel is very difficult during the pandemic
- Doing as much of the evaluation local to the donor is ideal
- Use PCP as partner along with telehealth
- Also great for long term donor follow-up visits

Post Transplant Visits

- Probably not ideal for immediate post operative patients
- Not suited for unstable patients
- Widespread use for daily monitoring for patients with known or suspected Covid 19 infection
- Long term, stable patients
- Reinforces the role of local PCP

Preparation is Key!

- Pre- visit call:
 - Vital signs
 - Labs
 - Medication reconciliation
 - Check records from other health care sources (Care everywhere, etc...)
 - Connectivity check



Visit Etiquette

- Be on time
- Consent patient to video or audio
- Be aware of camera placement
- Be in a private area

Documentation

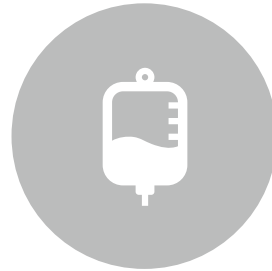


- Evaluation – same elements as you have for in person visits
- Consider e-consents
- Minimum elements:
 - Patient consent
 - Audio only versus video
 - Chief complaint
 - History of present illness, relevant dx testing results
 - Assessment and plan
 - Time spent on health discussion and evaluation
 - Time spent counseling
 - Other items such a scripts, orders and referrals

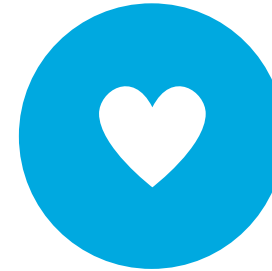
Other uses in Transplantation



EDUCATION AND
COMPLIANCE



ORGAN
PROCUREMENT



ORGAN OFFERS



ACCESS TO
CLINICAL TRIALS

Resources

- Center for Connected Health Policy

<https://www.cchpca.org/covid-19-related-state-actions>

- CMS

<https://www.medicare.gov/medicare-coronavirus>

<https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

- American Telemedicine Association

<https://info.americantelemed.org/covid-19-news-updates>

- Federation of State Medical Boards

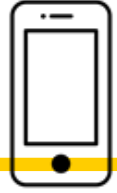
<https://www.fsmb.org/advocacy/covid-19>

- American Academy of Nurse Practitioners

<https://www.aanp.org/advocacy/advocacy-resource/coronavirus-disease-2019-covid-19-policy-updates>

- America's Health Insurance Plans (AHIP):

<https://www.ahip.org/health-insurance-providers-respond-to-coronavirus-covid-19/#B>

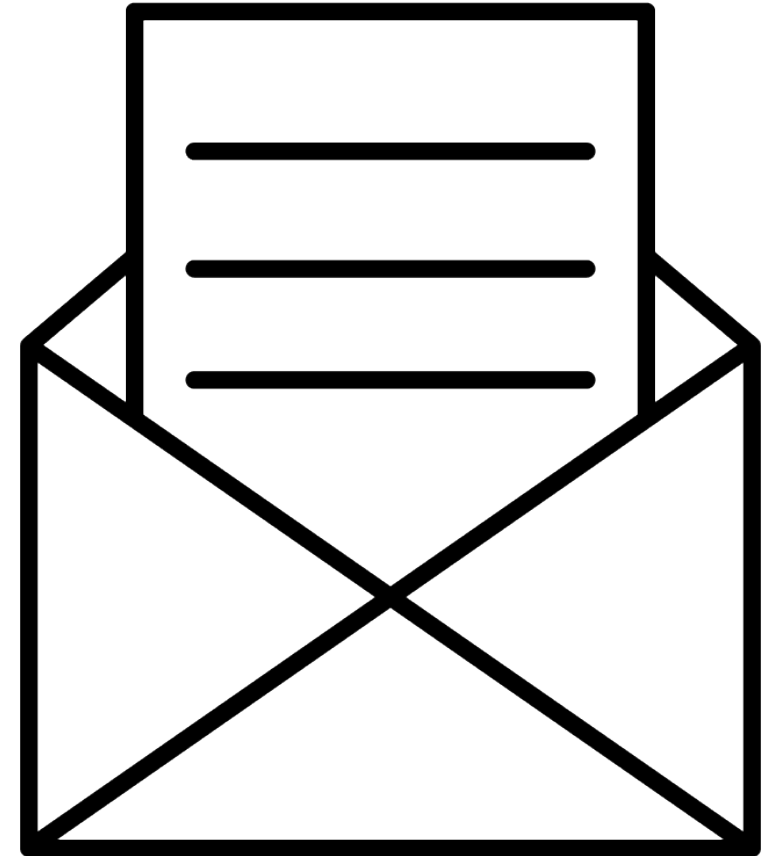


Where do we go from here?

- Standardized guidelines
- Removal of regulatory and reimbursement barriers
- Research on outcomes including Patient Reported Outcomes

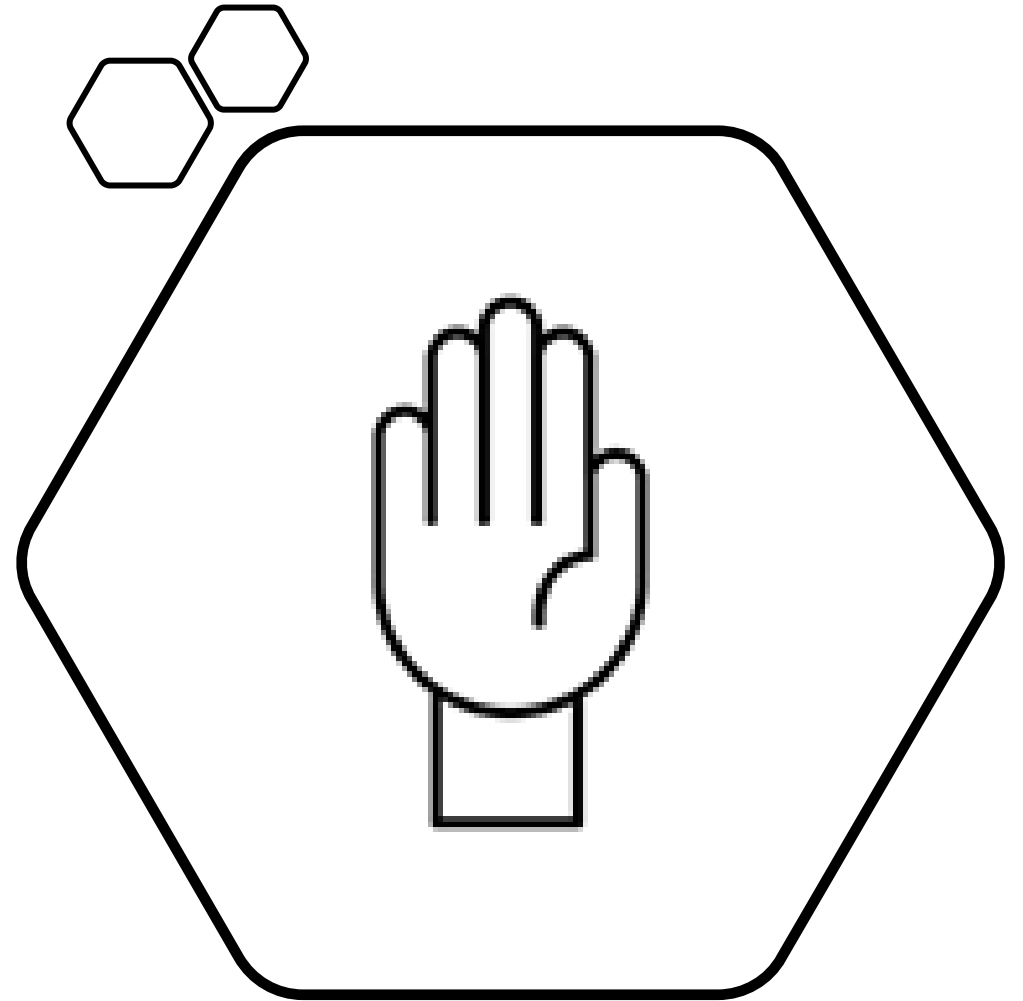
Conclusion:

- Telehealth is here to stay!
- Keep pushing the edge of the envelope!



Audience Participation

- How are you using telehealth?
- What has worked well?
- What has been problematic?



References

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Thank you

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