Telehealth and Palliative Care

Using telehealth offers many benefits to palliative care teams and their patients and families. There are 3 main "use cases" for telehealth: Provider-initiated visits; patient or caregiver call response; and provider-to-provider communications. This guide consolidates best practices on technology set-up, visit etiquette, and documentation/billing. For more detailed information, please see the individual resources on the CAPC website.

	Provider-initiated Visits	Patient/Caregiver Response	Provider-to-Provider Communications
Set-up and Process Basics	Invest in a high-quality webcam and microphone. Patients must be able to clearly hear you	Palliative care programs should have a 24/7 number to respond to patient calls. The call center should have procedures for routing the call to the appropriate clinician	Team members may collaborate on visits via telehealth
	Telehealth Platform during the COVID Emergency: CMS is authorizing the use of telephones with audio and visual capabilities, with HIPAA enforcement and penalties waived. Platforms can include: FaceTime, Skype, Updox, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts. Advice is to use the platform that will be easiest for the patient/family, such as one that is already included in their smartphone.		
	Designate staff to help patients/families set up the platform, give consent, and prepare ahead of the first visit	Patients or caregivers are encouraged to call with questions, concerns, as well as to report urgent issues/change of condition	Palliative care clinicians can consult with treating colleagues via telehealth
	Prepare patients/families - make sure they have a place in the home ready, are comfortable communicating via the platform, have their questions answered, etc.	Clinicians can respond to patient/caregiver needs via telephone or can initiate a telehealth visit if they need to see the patient	Home health providers can also collaborate with the palliative care team via telehealth
	Train all members of the care team in how to use the technology, follow required etiquette, and document	Systems should be in place to notify the clinician when the patients are ready to see them; many technologies provide a virtual waiting room, but a phone call or text will work too	Communication protocols should be established within the team and with collaborating home heatlh agencies and other collaborators
	Ensure all staff can assist with technology questions and glitches during the actual visit. Provide a checklist to test capabilities	Designated staff (or the responding clinician) should be ready to help patient/family get on the platform	Team members, treating clinicians, and/or home-based staff should contact the program for help with issues and decision-making
	Schedule the visit, and send reminders with detailed instructions on how to access, and whom to call if there's a problem	Clinician should instruct where to place the device's camera to see the area of concern, such as a wound, when warranted	Tele-consult services, such as Project Echo, may work with palliative care teams to extend consultation capabilities into smaller hospitals or rural areas
	Check with your malpractice insurance carrier to make sure that services provided via telehealth are covered		

Continued on page 2

	Provider-to-Patient Communications	Provider-to-Provider Communications
Virtual Visit Etiquette	Start the visit by confirming the screen is set up correctly and patient/family can see and hear. Then make a clear transition to the start of the clinical visit - "how are you doing?"	The palliative care team may need to triage provider consultations based on urgency
	Let patient/family know that it is ok to interrupt if they need to pause or make adjustments during the visit	Use the technology to provide immediate help for home visits
	Confirm that you will call them in the event that sound or video is lost during the visit	When feasible, include a supervisor or experienced staff person on new staff visits with patients/families to model communications and provide feedback after the visit
	If responding from home, clinician should find a quiet location with a neutral background	
	Always dress appropriately, and wear plain clothes (patterns can create nausea/discomfort)	
	Be mindful of the background- make sure to keep it as neutral as possible, and make sure to have good lighting	
	Speak slowly and clearly, and check every so often to ensure that you are being heard	
	Remember to look at the camera on your own device (not at the screen that has the patient's video). Match your 'head size' to theirs by positioning your distance to the camera	
	Call wrap-up: Let patient/family know when 5-10 minutes left and ask if there's anything they want to make sure to cover	
	End the visit by summarizing what you heard, what the plan is, reviewing prescripton refill needs and how they will be provided	
Medicare Document-ation/ Billing	Document and bill as you would face-to-face visits (who was present, what was discussed, what amount of time).	Medicare covers Interprofessional consultation, for time spent not in direct contact with patient
	Document patient consent to the use of telehealth (verbal is allowed; for example: "discussed with patient risks and benefits of telehealth and patient consented to receipt of such telehealth")	CPT 99446 - 99449
	Typical co-payments apply. (During the COVID emergency, Medicare is allowing practices to reduce or waive co-pays, but they will not cover the difference)	See this item from the AAP for more information: https://www.aappublications.org/news/2019/01/04/coding010419
	For information about what Medicare is covering and what is required during the COVID-19 public health emergency, please refer to Medicare Telehealth Billing During COVID-19	
		Non-face-to-face time related to E&M (codes 99358 and 99359) and care plan oversight for home health (G0181 and G0182) may be applicable as well