



COVID-19 Special Edition # 3 - March 24, 2020

PROJECT PATIENT CARE.ORG

Greetings - We hope this finds you, your family, and loved ones in good health - both physically and mentally.

All In Together - What We Can All Do!

During the COVID-19 Pandemic, it is an opportunity for all of us to be supportive or a leading partner on initiatives to help out communities. We urge everyone to:

- Take care of yourself
- Take care of your family and loved ones
- Check in your neighbors with twice daily check ins for high risk COVID-19 persons
- Get engaged in supporting your community.

Some initiatives include:

- Run food and medication errands for housebound people
- Ensure community members are getting the COVID-19 information
- Support local businesses that have supported community through the years
- Prepare food-filled backpacks or packages for students without meals
- Support financially and volunteer at local food banks
- Hold conference call sessions for community members to share
- Form a virtual support group for those experiencing challenges with COVID-19
- Identify community healthcare providers that are offering TeleHealth services
- Share online cultural event information including virtual museum or song tour
- Help healthcare workers with errands, child care, or hot meals
- Ask Construction companies, ambulatory surgery and dental offices to donate their N95 masks to their local hospitals as they are in extreme need of N95 masks as part of their Personal Protective Equipment (PPE)

There are many creative ways to serve others during this time - and it will take all of us working together to 'bend the curve.'

Pioneering TeleHealth and TeleMedicine in Normal and COVID-19 Times

Recently, the Centers for Medicare and Medicaid Services tore down some of the barriers to usage of TeleHealth by healthcare providers. Through the issuance of emergency rules, TeleHealth overnight became more readily available and accessible to interactive meetings and discussions between health care providers and patients.

TeleHealth refers broadly to electronic and telecommunications technologies and services used to provide care and services at-a-distance typically between a patient and healthcare provider. TeleMedicine is under the TeleHealth umbrella but is more narrowly defined as the provision of clinical services by a healthcare provider to a patient that is located a distance away.



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*Champion Change Agents
March 2020*

Special Podcast - Pioneering TeleHealth Professionals During and Before COVID-19

Project Patient Care discusses how TeleHealth and TeleMedicine are providing lifelines to so many people that are in need but are concerned about going into a healthcare location where they might get exposed to COVID-19. Hear from our pioneers in TeleHealth - Dr. David Chess who is an entrepreneur that has advanced TeleMedicine with physicians and other clinicians to save patient and nursing home resident lives. Wendy Hayum-Gross is a recent pioneer using TeleHealth services with patients with mental and behavioral health conditions that do not want to be exposed to COVID-19 and do not want to leave their homes. Both Dr. Chess and Wendy share their experiences in how they and their patients have readily adapted to using TeleHealth for routine and urgent healthcare visits. To listen to the podcast, Click [HERE](#)

Rapid Expansion of TeleHealth with COVID-19 As a result of reducing the barriers to TeleHealth, many patients and healthcare providers are finding routine office visits are effectively and efficiently being done through the usage of TeleHealth and are reducing possible exposure of patients to COVID-19.

Also, with COVID-19, patients that are having COVID-19 symptoms, can confer with their physician through TeleHealth to assess the seriousness of the symptoms and what the next steps might be in terms of testing or any interventions.

During this time of COVID-19, many people are seeking mental and behavioral health support but at the same time not wanting to expose themselves to COVID-19 infected patients. As the emergency rules include mental and behavioral health services, mental health professionals are now able to continue or start sessions as needed by their patients.

Telemedicine in Nursing Homes is the Equivalent to a Hospital Rapid Response Team

It is rare that one ever hears Code Blue in a hospital because hospitals routinely are assessing patients and when a patient is rapidly declining, they activate a Rapid Response team. The Rapid Response Team rapidly assembles at the patient bedside to assess and determine best interventions to avoid a life threatening event. Also, hospitalists and advance practice nurses are constantly monitoring and assessing patient conditions to identify any declines in health or expected healthcare plan outcomes.

In nursing homes, a physician only needs to see a resident once every 30 days and after 90 days, only every 60 days. In many nursing homes, the resident care responsibility is through the nurse manager or nurse administrator. If a resident rapidly starts to decline, a physician is typically notified and a determination is made as to next steps - emergency department visit or some other intervention. If a resident is slowly declining, the situation is monitored over time which may or may not result in an intervention that could avoid a resident from 'crashing' in the near future.

Nursing homes that have a nursing home resident declining can contact their TeleMedicine provider to help them assess the resident situation and develop an intervention. The TeleMedicine physician can see the resident; check their electronic medical record; assess their conditions with electronic diagnostic tools; and develop a course of action with the nurse. This can all be initiated at first signs of decline in a resident.

As many in nursing home care know, CMS publicly issued their findings on the Kirkland nursing home in which nearly 100 residents and staff were infected with COVID-19 and 35 residents and staff have died. The findings released yesterday could have all been prevented with early action and proper infection control and prevention procedures - clearly, TeleMedicine could have picked up on this at its earliest stage had TeleMedicine been available and used by staff.

The findings:

"The inspectors found three "Immediate Jeopardy" situations, which are situations in which a patient's safety is placed in imminent danger. Specifically, the facility's failure to rapidly identify and manage ill residents, notify the Washington Department of Health about the increasing rate of respiratory infection among residents, and failure to possess a sufficient backup plan following the absence of the facility's primary clinician, who fell ill."

As a result of these findings and increased reporting of COVID-19 cases in nursing homes, CMS is requiring nursing homes to focus on infection control and prevention, early detection and ongoing assessment of residents, and fully implement the guidance CMS provided them weeks ago (as noted in our COVID Special Edition Newsletters of March 15 and 20 - click [Here](#)

CMS Payment and Guidance for TeleHealth On March 20, CMS issued toolkits for providers using TeleHealth - one for General Practitioners [Here](#) and another for End Stage Renal Disease (ESRD) Providers [Here](#)

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 	For established patients.

Resources

There are many resources readily available from international, national, state, county/city government agencies. Typically resources are centralized with most in state and city departments of public health.

A few links:

World Health Organization - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Centers for Disease Control and Prevention (CDC) - www.cdc.gov

Centers for Medicare and Medicaid Services (CMS) -

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

State of Illinois - <https://www2.illinois.gov/sites/coronavirus/Pages/default.aspx>

Illinois Department of Public Health - <http://www.dph.illinois.gov/>

City of Chicago - <https://www.chicago.gov/city/en/sites/covid-19/home.html>



We Enjoy Hearing from YOU!

Please feel free to contact us at any time but during the COVID-19 'Stay at Home' period, we are all working remotely from our homes.

Contact us at:

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Thank you!