

TELEHEALTH IN THE NORTHEAST

FIELD REPORT: SAMPLE STAKEHOLDER CHALLENGES, SOLUTIONS, & LESSONS LEARNED

NORTHEAST TELEHEALTH RESOURCE CENTER (GRANT GA5RH37459)

MONTHLY REPORT: FEBRUARY 2022

QUESTIONS? PLEASE CONTACT DANIELLE LOUDER, PROGRAM DIRECTOR (DLOUDER@MCD.ORG)

COLLABORATIVE EFFORTS TO SUPPORT EXPANSION OF TELEHEALTH IN TITLE X AND REPRODUCTIVE HEALTH SERVICES

Telehealth for Title X Family Planning: In the Spring of 2021, the [Reproductive Health National Training Center](#) (RHNTC) invited the NETRC to serve as subject matter experts on a national Peer Learning Group (PLG) webinar series, focused on leveraging telehealth for Title X Family Planning and Reproductive Health Services. RHNTC works in collaboration with Office of Population Affairs (OPA) and the Office on Women’s Health (OWH) to provide training and technical assistance to support Title X family planning service grantees and providers and Teen Pregnancy Prevention (TPP) grantees and program staff. With its mission to ensure that personnel working in OPA-funded Title X and TPP projects have the knowledge, skills, and attitudes necessary to deliver high-quality services and programs, the RHNTC wanted to ensure that telehealth was a part of their toolkits, particularly as the COVID-19 pandemic continued to impact access to care.

The RHNTC Peer Learning Group included participants from 13 Title X grantee agencies who receive funding from OPA. Topics in the five-part series included the following:

- July 2021: Overview of the PLG and Culturally Humble Care
- August 2021: Strategies to Implement Services via Telehealth
- September 2021: Strategies to Improve Digital Equity
- October 2021: Unique Considerations for Adolescents
- November 2021: Envisioning Telehealth for the Future

In addition to the live discussions on the dedicated topic areas, a broad variety of practical resources and literature were provided throughout the series, including many developed by the Telehealth Resource Centers. Each participating team also developed specific goals for telehealth integration, and presented progress toward those goals at the end of the program. Through the relationships developed within the PLG, several Title X programs reached out directly to the NETRC for more hands-on technical assistance, including connection with their regional TRCs. Common TA requests included “in the weeds” billing and reimbursement questions that were not covered during the live webinars, and requests for information and tools for specific use cases, like TeleSANE.

The PLG was so well received that stakeholders requested opportunities for ongoing networking and learning. In response to this request, RHNTC hosted a follow up session in February 2022: Lessons from the Field, and will be providing Office Hours focused on specific topic areas of interest, such as scheduling and workflows.



Below is an example of a follow up TA request from the New Mexico Title X Program:

Question from Title X Program: For the telephonic visits, it reads that this cannot be used if a related E&M service was provided within the previous 7 days, nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment.

When I have completed a telephonic visit for the annual visit- and written the order for the BCM for clients, the client may then go to the public health office to see the Nurse for a supply pick up visit of the method. The Nurse may use 99211 as a visit code. Is this acceptable- is the Nurses' visit considered another E&M service, or how is this usually handled in other sites that you may have seen? Or, if the supply pick up occurs more than 24 hours later, is this acceptable?

Initial Answer and Follow up from NETRC: Thank you for your inquiry. Telephone E/M codes are different than Audio Only Telehealth Visits, so it would be helpful to have a bit more information. What is the payer insurance and by annual visit, do you mean annual preventative visit, Medicare Annual Wellness visit, or are you billing an office visit?

Telephone E/M codes are meant to be a triage call to determine if the patient needs a visit. Brief clinical advice is given with 5 or minutes as the threshold for the 99441 code, and this code set has global rules.

After confirmation that the question was specific to billing in New Mexico...

Follow-up Answer from NETRC: No worries...this is what we do! It looks like during the remainder of the PHE, Providers treat patients via audio only for telehealth services.

Please see: <https://cv.nmhealth.org/2020/03/20/state-medicaid-program-and-superintendent-of-insurance-issue-new-requirements-to-promote-telemedicine-during-covid-19-emergency/>

https://nmmedicaid.portal.conduent.com/static/PDFs/Special%20COVID-19%20Supp-3_Redacted.pdf

Final Response from Title X Program: "I can't thank you enough!"

TeleSANE: As highlighted in our [March 2021 success story](#), the NETRC has also worked with regional stakeholders to integrate telehealth into existing Sexual Assault Nurse Examiner (SANE) preceptor training and live consultations. In late 2020, the NETRC team partnered with the University of New England to provide training and to launch a pilot TeleSANE site at Northern Light Eastern Maine Medical Center. Training included workflow (consent, HIPAA, security) for requesting a precepted TeleSANE medical forensic examination, equipment utilization for connecting a call, changing cameras during the call, and some trouble-shooting tips. The first TeleSANE consult was successfully conducted in February, 2021 which was the first TeleSANE consult in the state of Maine. In 2022 and 2023, the NETRC will assist UNE and program partners to replicate the TeleSANE pilot in two additional hospital emergency departments, with support from a HRSA Advanced Nursing Education - Sexual Assault Nurse Examiners (ANE-SANE) Program grant. The goal of the UNE SANE project is to continue to increase access to preceptor training and expand the SANE workforce via telehealth, and to eventually offer 24/7 coverage in every emergency department across the state. All of the materials developed for this initial project were created with replication in mind, so they may be integrated into each individual hospital when the time is right.

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