Telehealth for Kidney Care, Beyond COVID-19

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Welcome & Opening Remarks

JEFFREY PERL, MD
Division of Nephrology
St. Michael's Hospital
Associate Professor of Medicine
University of Toronto
@PD_Perls
Telemedicine from COVID-19 and Beyond

ERIC WALLACE, MD
ASSOCIATE PROFESSOR, MEDICAL DIRECTOR OF TELEHEALTH
UNIVERSITY OF ALABAMA AT BIRMINGHAM
Disclosures

• Baxter, Protalix, Idorsia, Avrobio, Freeline, Sanofi-Genzyme, Medtronic
Telehealth Prior to COVID

- Originating Site
  - Medical Facility
  - Rural Area

- Reimbursement
  - Medicare covered but other insurers were hit and miss
  - No facility fee for hospital-based clinic
  - Q3014 Code went to the originating site

- Home Dialysis
  - Bipartisan Budget Act of 2018
  - 1 in person MCP followed by 2 months of telehealth
Insurers

Fear of fraud
  • Just prior to COVID, two very large fraud lawsuits involving telehealth (primarily audio only)
  • Fear of increasing cost without improving outcomes

As such
  • Telehealth was for the healthy and low acuity
  • Urgent care primarily
DURING COVID-19
Telehealth Use Cases

• Direct-to-patient: largest growth was scheduled visits in the home
• Inpatient Telenephrology
• Provider-to-Provider Consultations
• Remote patient monitoring
COVID-19 Impact on Ambulatory Services (Does Not Include an Urgent-Care Platform, Asynchronous, Remote Patient Monitoring)

Data on file at University of Alabama at Birmingham: Telehealth Dashboard
COVID-19 Impact on Ambulatory Services (Does Not Include an Urgent-Care Platform, Asynchronous, Remote Patient Monitoring)

Data on file at University of Alabama at Birmingham: Telehealth Dashboard
Nephrology

Data on file at University of Alabama at Birmingham: Webfocus
HIPAA

• During COVID-19 pandemic, certain provisions of the Privacy Rule under HIPAA have been waived

• As telehealth is here to stay, would suggest planning for HIPAA compliance

• Patients care about their privacy

• HIPAA compliant telehealth
Practicing Across State Lines

• Practicing across state lines and billing across state lines are two different things

• Much confusion about this as it was understood the federal government was waiving state licensure.
Insurance

• Differs by Commercial Payor and State
• Medicare
  • Audio Only
  • Audio and Video
• Home as an originating site (Goes away once national state of emergency is lifted)
MCP

• In-center visits:
  • Visits 2, 3, and 4 can now be telehealth, but first visit must be in person
  • Must be video (not audio only)

• Home dialysis:
  • Same as previously: patient must come once every three months for a face-to-face visit
Economics

• Now almost 1:1 with in-person care with regards to physician payment

• Facility fee-
  • MUCH MUCH higher for in-person than telehealth
  • Incentive for health systems against telehealth but can reduce cost of care
Senate Help Committee

• Audio Only
  • Combating Fraud versus effectiveness
• Disparities
  • Age, Race, Socioeconomics
• Rural Broadband Access
• Continuation of Coverage of Telehealth Services
Panelist Introductions

DEBBIE COTE, MSN, RN, CNN, NE-BC

DAVID WHITE

CAROLINE WILKIE

JEFFREY PERL, MD

ERIC WALLACE, MD

SUSIE Q. LEW, MD, FASN
Roundtable Discussion

Please send questions to the panelists using the questions panel on your screen.
Closing Remarks

JEFFREY PERL, MD
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