

Approaches to Telehealth During the COVID-19 Pandemic




Micah Matthews

5

Handwritten notes area with horizontal lines.


Housekeeping

- No conflicts to declare
 - I serve on the Board of Directors for CLEAR and Advisory Board for Centers for Telemedicine Law
 - Presenting today in my capacity as Deputy Executive Director of the WMC
 - WMC is an independent regulatory authority for MDs (30,00) and PAs (4,200) in Washington State.
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6

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Pre-Pandemic


- Existing Policy, Guidelines, and Rules from WMC
 - ✓ [Telemedicine Guideline](#)
 - ✓ [Continuity of Care in Telemedicine Policy](#)
 - ✓ Rules...none
 - U.S. Federal considerations
 - ✓ DEA controlled substances prescribing-RHA and questionnaires
 - ✓ CMS site restrictions
 - ✓ Federal system license supremacy
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7

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Pandemic Onset


- [Volunteer Emergency Health Practitioner Act \(RCW 70.15\)](#)
- [CMS 1135 Waiver and Washington State](#)
- [Governor proclamation](#)
- WMC Actions
 - ✓ Clarity in 70.15 process and practice
 - ✓ [Telemedicine statement](#)
 - ✓ [Regulatory intent statement](#)



8

Lessons learned...So far


- Practitioner confusion
- Existing vs. new patients
- Billing vs. practice



9

Predictions of a post-Pandemic Telehealth World

- We will not return to 'normal'
- We will not see successful U.S. "federal licensure"
- We will see increased respect in the policy space for health care workers
- We will see more deregulation in the telemedicine space
- We will see more deregulation in the licensure space generally




10

Contact Information

Micah Matthews, MPA
 Deputy Executive Director
 Washington Medical Commission
 Olympia, Washington
 360-236-2834
[Micah.Matthews@WMC.wa.gov](mailto:micah.matthews@wmc.wa.gov)
WMC.wa.gov

CLEAR
 108 Wind Haven Dr., Ste. A | Nicholasville, KY 40356
 (859) 269-1289 | www.clearhq.org



11

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12

Saskatchewan summary


- 1.2 Million people
- Approximately 1/2 of the population in 2 cities
- Significant rural and distributed population
- Approximately 2600 physicians, 900 residents and medical students
- One health authority – operates all hospitals
- Single payer (government of Saskatchewan) all insured services are provided at no cost to the patient



13

Guidance to physicians – virtual care


- *Patient-Physician Communication using Electronic Communications*
- *The Practice of Telemedicine*
- Both available on CPSS website



14

Pandemic Planning involving CPSS


- Frequent “town hall” conferences open to physicians
- Frequent communications involving the Medical Association, Government, the Health Authority, other regulatory bodies
- Single daily email blast to physicians with information from CPSS, the Medical Association and the Health Authority
- Website with CPSS expectations and link to information related to the pandemic



15

Pandemic Planning involving CPSS

- CPSS bylaws allow the Registrar or Deputy Registrar to declare an emergency and:
 - Waive any licensure requirement; and
 - Suspend the effect of any bylaw, guideline or standard of practice
- An emergency declaration has been made




16

CPSS expectation document – care during the pandemic

[CPSS expectations of Physicians during a Pandemic](#)
[Guidance to Physicians regarding patient issues during the CPVID-19 pandemic](#)
[Physicians and Healthcare Emergencies](#)


- An expectation that patients will not be abandoned
- Physicians are encouraged to provide virtual care whenever that is possible



17

Telemedicine and licensure


- Licensure requirements are not affected by the pandemic - a physician must be licensed in Saskatchewan in order to provide medical care virtually or in-person to a Saskatchewan patient. That expectation is contained in Saskatchewan legislation, so it cannot be modified by the College.



18

Changes in scope of practice


- Physicians are not permitted to change their scope of practice without the College’s permission
- Physicians will complete a [simplified document](#) to obtain approval
- Applies to Covid-19 treatment whether in-person or virtual



19

Changes in scope of practice


- An expedited process has been developed which includes an expectation that a physician seeking to change their scope of practice to provide care for Covid-19 patients is aware of the resources to treat Covid-19 in the community and is aware of the current information from reliable sources related to Covid-19



20

College expectation document - telemedicine


- Published on CPSS website
- Includes an expectation that to the extent possible the care provided virtually will be the same as when there is no emergency
- Addresses privacy and confidentiality of the information



21

College expectation document - telemedicine


- Addresses requirement to maintain patient records
- Addresses expectations for follow up care including management of test results



22

Emergency Licensure


- Available to provide telemedicine or in-person care
- Currently limited to physicians retired within the past 3 years
- Contingency plans to expand licensure criteria
- Ongoing discussions with Saskatchewan Health Authority to be able to respond to needs for service delivery
- Issued at no cost with simplified application process
- Terminates when emergency no longer in effect



23

Physician Payment


- A single-payer system
- Before the pandemic there was no ability to bill the Saskatchewan Medicare system for virtual consults
- The Saskatchewan Government introduced temporary billing codes to permit physicians who have a Saskatchewan billing number to bill for virtual care.



24

Challenges in virtual care


- The use of telemedicine is relatively new for most Saskatchewan physicians
- Many physicians are working from their homes, without the infrastructure support that they would otherwise have if practising in a clinic
- Security of information when communicating with platforms such as Skype and using email



25

Challenges in virtual care


- Lack of information about what information may be stored, and where, arising from the use of commercial platforms
- Obtaining relevant demographic and other information to create a patient record
- Maintaining appropriate records for physicians who do not have remote access to an electronic medical record system.



26

Challenges in virtual care


- Patient information may be handwritten notes or typed into a laptop at the physician's home. How and where will that information be retained when the pandemic ends?
- Some physicians have expressed concern that the easy availability of telemedicine consultations means that patients will seek multiple opinions, and potentially could lead to inconsistent care and inappropriate use of medications



27

Challenges in virtual care


- The lack of physical examinations - particularly for some specific forms of care
- The quality of some digital images
- Some patients do not have access to telemedicine platforms and internet. Vulnerable and high risk populations cannot be reached



28

Challenges in virtual care


- Challenges in effectively communicating with patients whose first language is not English
- Difficulty in coordinating special investigations like blood work and reviewing/following up on results



29

Benefits of virtual care


- Some physicians and patients have appreciated ease of access and expressed satisfaction with care provided through telemedicine – particularly in psychiatry and with university students
- Allows for some level of care without potential of either patient or physician exposure to Covid-19
- Beneficial for seniors who have difficulty travelling



30

Benefits of virtual care

- Physicians who have the disease, or are self-isolating can still contribute
- Physicians with risk factors that prevent them from actively providing care in high risk situations can still meaningfully contribute
- The ER's reports much lower volume of less significant concerns and diminished numbers of the "worried-well"
- Provides some income to physicians



31

Contact Information

Bryan Salte
 College of Physicians and Surgeons of Saskatchewan
 101 – 2174 Airport Drive
 Saskatoon, SK S7L 6M6
 306-244-7355
 Bryan.Salte@cps.sk.ca

CLEAR
 108 Wind Haven Dr., Ste. A | Nicholasville, KY 40356
 (859) 269-1289 | www.clearhq.org



32