

Does anyone have experience with mobile/in-home radiology?

No one on the panel currently has experience with mobile or in-home radiology services although this may represent a creative solution given current concerns. Generally, orders for outpatient radiographs are provided and images obtained prior to telemedicine visits.

What suggestions are there to build a Telehealth Arthroplasty clinic with patient population that may be technologically challenged with limited access to Zoom, Facetime, Doximity, etc?

The greatest resource in such instances are family members and asking for a child or grandchild to be available to help. This is often useful not only for establishing the connection and beginning the visit but also for facilitating the visit and exam. Some of the various platforms can also make things simpler. Many patients now have smartphones and certain platforms currently available send a link that can establish a connection with a single click. In some rare circumstances, patients can be brought into the clinic and seen via a telemedicine interaction from a separate room.

Are you using a virtual PT platform, or do you have your physical therapists doing televisits with the patients?

Most of the panel is not doing physical therapy televisits. Those that are were providing this service prior to the current situation.

Can an example of a typical telemedicine schedule (clinic template) be provided? And over a typical week what % of patients of the Yale adult recon service are being seen via telemedicine?

Blocks specific to telemedicine visits have been established depending on demand and utilization rates. Across the panel this appears to be a dedicated half-day block. Visits are scheduled for 30 minutes for new patients and 15 minutes for a follow-up or phone call, especially when early in adoption. Per Dr. Rubin, Yale is seeing approximately 20-25% of prior office visits. This is mainly because pre-operative and post-operative visits for elective procedures have stopped and also routine visits, such as one-year rechecks, are currently on hold.

Can patients record, post/publish your tele visit without your (the physician) consent? What recourse do you have as a doc should a patient edit a visit and trash talk a physician. What if a patient records and posts an entire visit on you tube. What controls are there?

The panel would first encourage physicians to act professionally and in such a manner that, even if the visit is recorded and distributed in some fashion by the patient, no embarrassment would result. One member of the panel encourages his patients to record the interaction so it can be referred to or shared with family members if questions arise. Importantly, there are laws regarding the recording of interactions, face-to-face and via media, including which parties must consent. These laws vary by state and the panel advises physicians consult their attorneys/advisors for specific information and advice.

Can you make a diagnosis and recommend surgery to a patient with OA of hip or knee without performing a physical exam? Clearly the physical exam is important for differentiating the source of the patients' pain and necessary for differentiating muscular from joint related pain.

Diagnosis can be made and a recommendation for surgery similarly made, however, the consensus among the panel is that patients are seen in a face-to-face encounter whereupon the telemedicine visit diagnosis is confirmed and a formal exam performed prior to proceeding with surgery. This is readily done at a pre-operative visit prior to the scheduled surgery date.

How do you efficiently cue a patient to assume the positions and motions needed and use the camera to accurately assess their motion, especially for the hip which is complicated by the mutiplanar motion?

The panel encourages a review of Dr. Sassoon's talk, which reviews this in detail along with pictures.

I would not document time spent right now, that may decrease our reimbursement. Just document the level of visit code.

Code values are established via RUC surveys although certain additional data can be used/referenced. The consensus among the panel is that time is readily documented, understood and, depending on the platform, undisputable, all of which facilitate billing. Medical decision making is certainly an option. Users should be aware that it may be more complex than using time and the code billed must be justified by the work performed and documented, as always.

We have been told that visits can be billed as televisit as long as the device has audio and video capability, but that you do not necessarily have to use that capability to bill a 99201-5. ie using an iphone for telephone visit only, but OK since it had capability for video (even though video not used) is this correct?

This is not the understanding of the panel and we would recommend this be verified with the payor via written materials and source documentation stored in case of audit. The panel instructs physicians to only bill telemedicine visits when BOTH audio and video are employed. If only audio is used then this is a phone call, irrespective of video capabilities of the technology used.

If you document time, then won't they deny if billing based on MDM?

Time is used exclusively by several of the panel members. One of the members uses medical decision making to bill and time as a backup. Using medical decision making may be too complex for some simple visits. Additionally, the panel reminds physicians to include prep time for the visit. As always, the level billed must be supported by the accurate and appropriate documentation of the work performed.

What's the purpose of telemedicine if we can't put our hands on patients and can't inject them?
they want relief more than medications
thank you for doing this webinar however

There is much we can do remotely for patients, particularly those new patients that have tried no previous treatments. The diagnosis can still be established and a host of conservative treatment measures implemented: activity modifications, home exercise programs, over-the-counter medications and prescription modalities, among others. Telemedicine visits can also be a screening modality to identify those patients who are injection or surgery candidates with those visits established when clinics re-open.