PART 1 OF 3

Telemedicine: A primer for today's ObGyn

Ready or not, you should be embracing the technology. Here's how to get started.

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IN THIS ARTICLE

If telemedicine had not yet begun to play a significant role in your ObGyn practice, it is almost certain to now as the COVID-19 pandemic demands new ways of caring for our patients while keeping others safe from disease. According to the American College of Obstetricians and Gynecologists (ACOG), the term "telemedicine" refers to delivering traditional clinical diagnosis and monitoring via technology (see "ACOG weighs in on telehealth," page 31).[1]

Whether they realize it or not, most ObGyns have practiced a simple form of telemedicine when they take phone calls from patients who are seeking medication refills. In these cases, physicians either can call the pharmacy to refill the medication or suggest patients make an office appointment to receive a new prescription (much to the chagrin of many patients—especially millennials). Physicians who acquiesce to patients' phone requests to have prescriptions filled or to others seeking free medical advice are not compensated for these services, yet are legally responsible for their actions and advice—a situation that does not make for good medicine.

This is where telemedicine can be an important addition to an ObGyn practice. Telemedicine saves the patient the time and effort of coming to the office, while providing compensation to the physician for his/her time and advice and providing a record of the interaction, all of which makes for far better medicine. This article—the first of 3 on the subject—discusses the process of integrating telemedicine into a practice with minimal time, energy, and expense.

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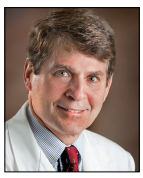

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Telemedicine and the ObGyn practice

Many ObGyn patients do not require an in-person visit in order to receive effective care. There is even the potential to provide prenatal care via telemedicine by replacing some of the many prenatal well-care office visits with at-home care for pregnant women with low-risk pregnancies. A typical virtual visit for a low-risk pregnancy includes utilizing home monitoring equipment to track fetal heart rate, maternal blood pressure, and fundal height.[2]

Practices typically use telemedicine platforms to manage one or both of the following

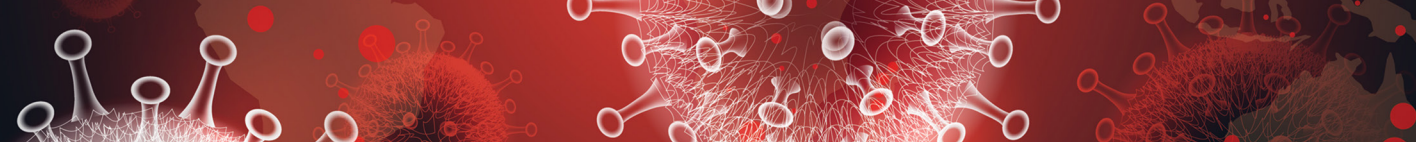

TABLE 1 Sample telemedicine video conferencing products

Products	Pros	Cons
Google+ Hangout	Free	No screen sharing
SecureVideo	HIPAA compliant	
Skype	Market leader for voice and video	No screen sharing Requires ample bandwidth Not encrypted or HIPAA compliant
Tango	Excellent on iPhone, Android	No screen sharing
WebEx	Leader for presentation/webinars	Decreased video performance
Zoom	Mobile support iPad, iPhone, Android	Group video not free after 40 minutes
CiscoJabber	Supported on all mobile devices (iPad, iPhone, Blackberry, Android)	Complicated server requirements and difficult to cross firewalls

Abbreviation: HIPAA, Health Insurance Portability and Accountability Act.

types of encounters: 1) walk-in visits through the practice's web site; for most of these, patients tend not to care which physicians they see; their priority is usually the first available provider; and 2) appointment-based consultations, where patients schedule video chats in advance, usually with a specific provider.

Although incorporating telemedicine into a practice may seem overwhelming, it requires minimal additional equipment, interfaces easily with a practice's web site and electronic medical record (EMR) system, increases productivity, and improves workflow. And patients generally appreciate the option of not having to travel to the office for an appointment.

Most patients and physicians are already comfortable with their mobile phones, tablets, social media, and wearable technology, such as Fitbits. Telemedicine is a logical next step. And given the current situation with COVID-19, it is really not a matter of "if," but rather "when" to incorporate telemedicine as a communication and practice tool, and the sooner the better.

Getting started

Physicians and their colleagues and staff first need to become comfortable with telemedicine technology. Physicians can begin by using video communication for other purposes, such as for conducting staff meetings. They should practice starting and ending calls and adjusting audio volume and video quality to ensure good reception.

Selecting a video platform

TABLE 1 provides a list of the most popular video providers and the advantages and disadvantages of each, and **TABLE 2** shows a list of free video chat apps. Apps are available that can:

- share and mark up lab tests, magnetic resonance images, and other medical documents without exposing the entire desktop
- securely send documents over a Health Insurance Portability and Accountability Act (HIPAA)-compliant video
- stream digital device images live while still seeing patients' faces.

Physicians should make sure their implementation team has the necessary equipment, including webcams, microphones, and speakers, and they should take the time to do research and test out a few programs before selecting one for their practice. Consider appointing a telemedicine point person who is knowledgeable about the technology and can patiently explain it to others. And keep

TABLE 2 Example telemedicine apps

• Amwell
• Babylon (translation software)
• Dialogue
• Doctor on Demand
• First Opinion
• HealthTap
• Lemonaid
• MDLive
• Pager
• PlushCare

in mind that video chatting is dependent upon a fast, strong Internet connection that has sufficient bandwidth to transport a large amount of data. If your practice has connectivity problems, consider consulting with an information technology (IT) expert.

Testing it out and obtaining feedback

Once a team is comfortable using video within the practice, it is time to test it out with a few patients and perhaps a few payers. Most patients are eager to start using video for their medical encounters. Even senior patients are often willing to try consults via video. According to a recent survey, 64% of patients are willing to see a physician over video.[3] And among those who were comfortable accepting an invitation to participate in a video encounter, increasing age was actually associated with a higher likelihood to accept an invite.

Physician colleagues, medical assistants, and nurse practitioners will need some basic telemedicine skills, and physicians and staff should be prepared to make video connections seamless for patients. Usually, patients need some guidance and encouragement, such as telling them to check their spam folder for their invites if the invites fail to arrive in their email inbox, adjusting audio settings, or setting up a webcam. In the beginning, ObGyns should make sure they build in plenty of buffer time for the unexpected, as there will certainly be some "bugs" that need to be worked out.

ObGyns should encourage and collect patient feedback to such questions as:

- What kinds of devices (laptop, mobile) do they prefer using?
- What kind of networks are they using (3G, corporate, home)?
- What features do they like? What features do they have a hard time finding?
- What do they like or not like about the video experience?
- Keep track of the types of questions patients ask, and be patient as patients become acclimated to the video consultation experience.

Streamling online workflow

Armed with feedback from patients, it is time to start streamlining online workflow. Most ObGyns want to be able to manage video visits in a way that is similar to the way they manage face-to-face visits with patients. This may mean experimenting with a virtual waiting room. A virtual waiting room is a simple web page or link that can be sent to patients. On that page, patients sign in with minimal demographic information and select one of the time slots when the physician is available. Typically, these programs are designed to alert the physicians and/or staff when a patient enters the virtual waiting room. Patients have access to the online patient queue and can start a chat or video call when both parties are ready. Such a waiting room model serves as a stepping stone for new practices to familiarize themselves with video conferencing. This approach is also perfect for practices that already have a practice management system and just want to add a video component.

Influences on practice workflow

With good time management, telemedicine can improve the efficiency and productivity of your practice. Your daily schedule and management of patients will need some minor changes, but significant alterations to

your existing schedule and workflow are generally unnecessary. One of the advantages of telemedicine is the convenience of prompt care and the easy access patients have to your practice. This decreases visits to the emergency department and to urgent care centers.

Consider scheduling telemedicine appointments at the end of the day when your staff has left the office, as no staff members are required for a telemedicine visit. Ideally, you should offer a set time to communicate with patients, as this avoids having to make multiple calls to reach a patient. Another advantage of telemedicine is that you can provide care in the evenings and on weekends if you want. Whereas before you might have been fielding calls from patients during these times and not being compensated, with telemedicine you can conduct a virtual visit from any location and any computer or mobile phone and receive remuneration for your care.

And while access to care has been a problem in many ObGyn practices, many additional patients can be accommodated into a busy ObGyn practice by using telemedicine.

Telemedicine and the coronavirus

The current health care crisis makes implementing telemedicine essential. Patients who think they may have COVID-19 or who have been diagnosed need to be quarantined. Such patients can be helped safely in the comfort of their own homes without endangering others. Patients can be triaged virtually. All those who are febrile or have respiratory symptoms can continue to avail themselves of virtual visits.

According to reports in the media, COVID-19 is stretching the health care workforce to its limits and creating a shortage, both because of the sheer number of cases and because health care workers are getting sick themselves. Physicians who test positive do not have to be completely removed from the workforce if they have the ability to care for patients remotely from their homes. And not incidentally the new environment has prompted the Centers for Medicaid and Medicare Services (CMS) and private payers to initiate national payment policies that create parity between office and telemedicine visits.[4]

Bottom line

Patient-driven care is the future, and telemedicine is part of that. Patients want to have ready access to their health care providers without having to devote hours to a medical encounter that could be completed in a matter of minutes via telemedicine.

In the next article in this series, we will review the proper coding for a telemedicine visit so that appropriate compensation is gleaned. We will also review the barriers to implementing telemedicine visits. The

ACOG weighs in on telehealth

The American College of Obstetricians and Gynecologists (ACOG) encourages all practices and facilities without telemedicine capabilities "to strategize about how telehealth could be integrated into their services as appropriate."[1] In doing so, they also encourage consideration of ways to care for those who may not have access to such technology or who do not know how to use it.

They also explain that a number of federal telehealth policy changes have been made in response to the COVID-19 pandemic, and that most private health insurers are following suit.[2] Such changes include:

- covering all telehealth visits for all traditional Medicare beneficiaries regardless of geographic location or originating site
- not requiring physicians to have a pre-existing relationship with a patient to provide a telehealth visit
- permitting the use of FaceTime, Skype, and other everyday communication technologies to provide telehealth visits.

A summary of the major telehealth policy changes, as well as information on how to code and bill for telehealth visits can be found at https://www.acog.org/clinical-information/physician-faqs/~/link.aspx?_id=3803296EAAD940C69525D4DD2679A00E&_z=z.

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third article is written with the assistance of 2 health care attorneys, Anjali Dooley and Nadia de la Houssaye, who are experts in telemedicine and who have helped dozens of practices and hospitals implement the technology. They provide legal guidelines for ObGyns who are considering adding telemedicine to their practice. ●

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