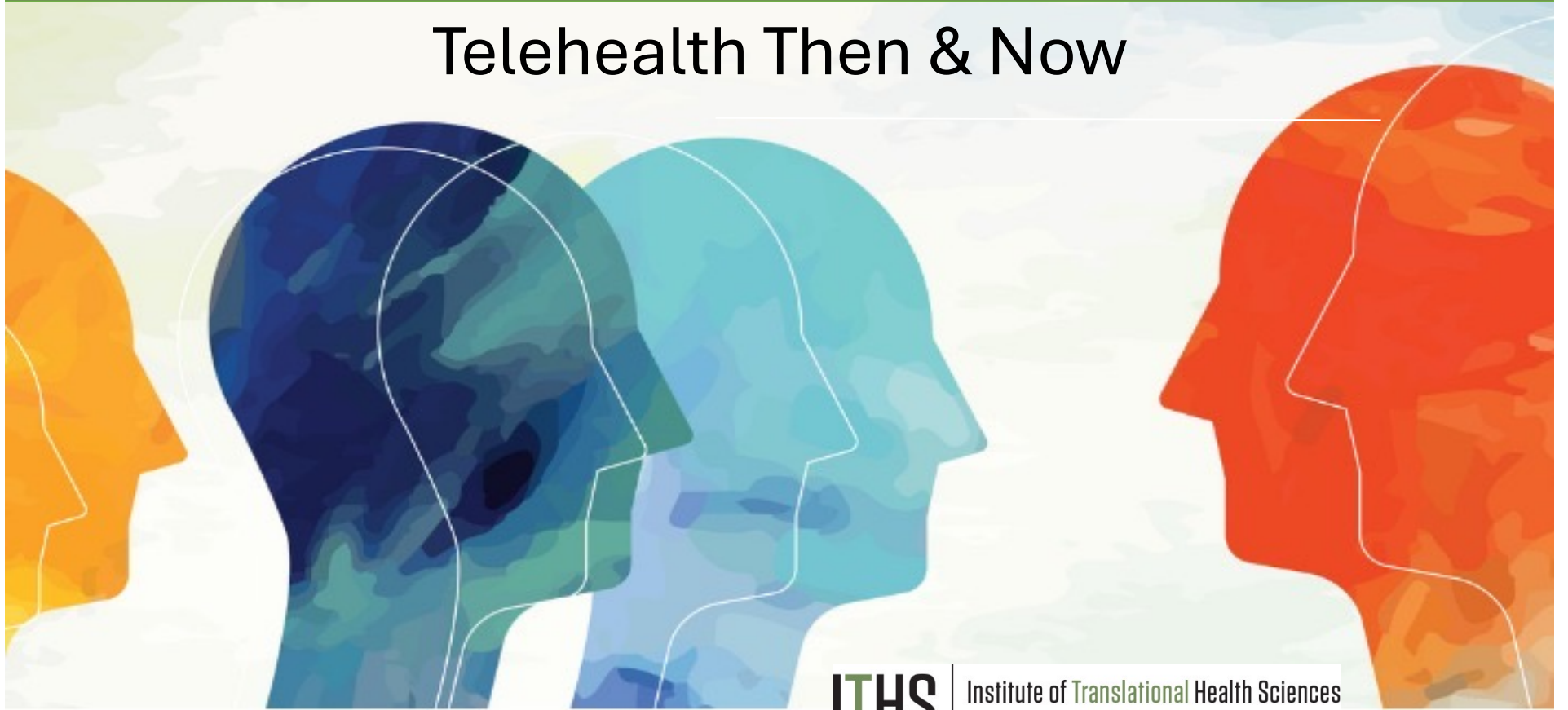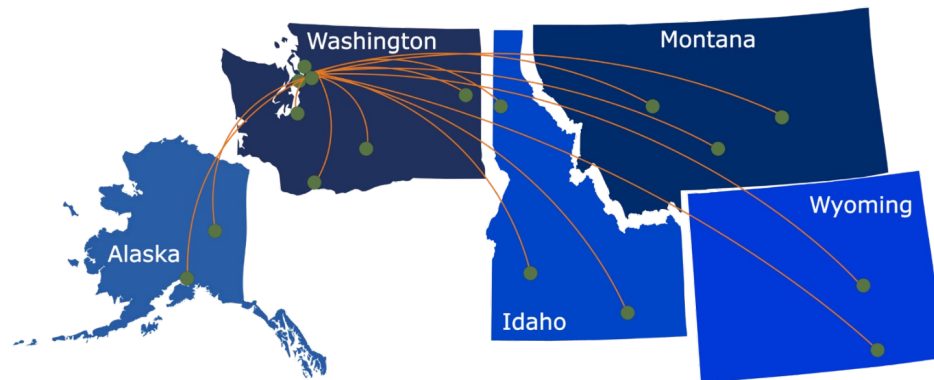Career Development Series 2024

Telehealth Then & Now

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What We Offer:

① **Research Support Services:** Members gain access to the different research services, resources, and tools offered by ITHS, including the ITHS Research Navigator.

② **Community Engagement:** Members can connect with regional and community based practice networks

③ **Education & Training:** Members can access a variety of workforce development and mentoring programs and apply for formal training programs.

④ **Funding:** Members can apply for local and national pilot grants and other funding opportunities. ITHS also offers letters of support for grant submissions.

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Feedback

At the end of the seminar, a link to the feedback survey will be sent to the email address you used to register.

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Telemedicine 2.0 Series

Date	Session	Title
	Session 1	Telemedicine 2.0: How Is It Relevant to Me? (Pre-recorded video available)
Sept. 25, 2024	Session 2	Telehealth Then and Now
Oct. 1, 2024	Session 3	Telemedicine Regulatory Issues: Licensing, Standards of Practice, Billing, and Reimbursement
Oct. 8, 2024	Session 4	Protecting Privacy and Maintaining Security in Telemedicine
Oct. 15, 2024	Session 5	The Entrepreneur's Perspective on Telemedicine Technology and Tools Development
Oct. 24, 2024	Session 6	Digital Inclusion and Access to Care by Telemedicine

More details at: https://www.iths.org/event/telemedicine-then-and-now/?instance_id=1372

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Telemedicine 2.0 Series – Learning Objectives

At the end of the series, participants will be able to:

1 Identify opportunities to improve remote patient care

2 Identify security and privacy risks associated with telemedicine technologies

3 Mitigate introduction of disparities in access to clinical care

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Disclosures

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None of the planners have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Dr. Lin serves as a medical advisor to OpenEvidence.

All relevant financial relationships have been mitigated

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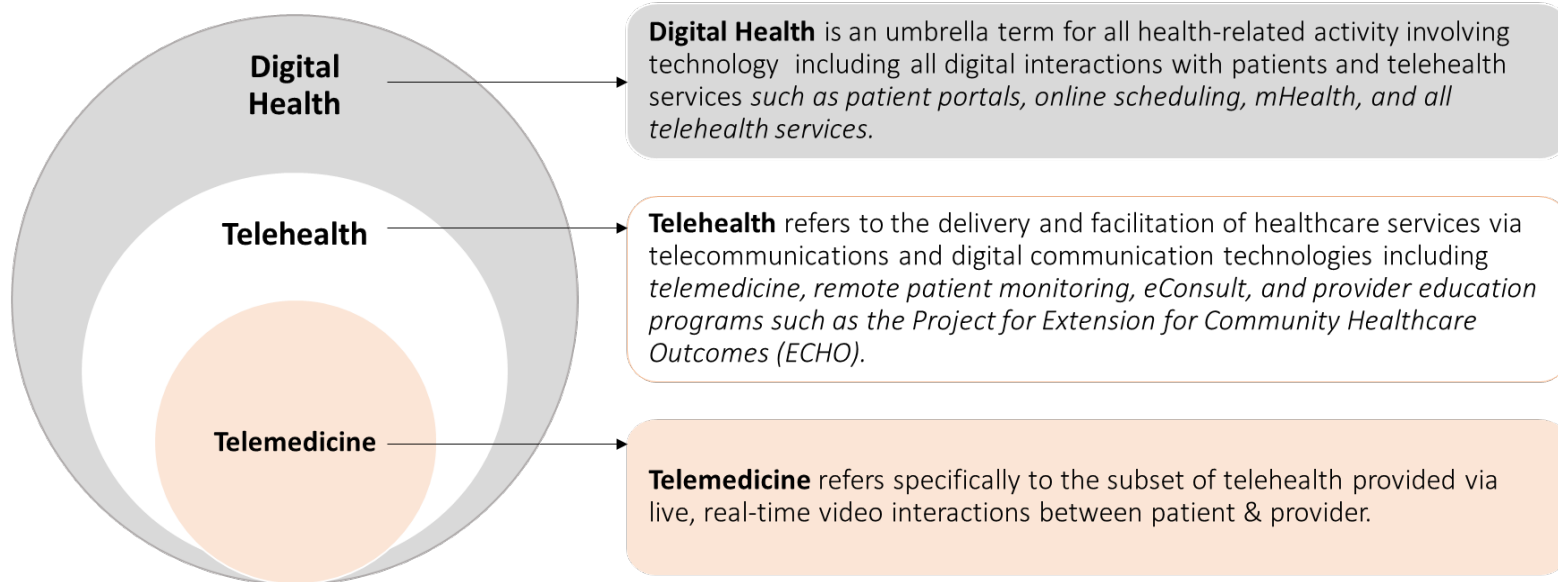ACCELERATING RESEARCH. IMPROVING HEALTH.

Session 2 Learning Objectives

At the end of the session, participants will be able to:

1 Identify and describe basic overall clinical, regulatory, and business concepts underlying telehealth/telemedicine and device-related digital health, including how the two areas are generally related to or different from each other.

2 Identify and describe different modalities for delivery of telehealth services

3 Identify and describe unique challenges in the adoption of telehealth in rural areas

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Definitions: Digital Health, Telehealth and Telemedicine

The terms **telemedicine** and **telehealth** are often used interchangeably, however there are differences.

Digital Health

Telehealth

Telemedicine

Digital Health is an umbrella term for all health-related activity involving technology including all digital interactions with patients and telehealth services *such as patient portals, online scheduling, mHealth, and all telehealth services.*

Telehealth refers to the delivery and facilitation of healthcare services via telecommunications and digital communication technologies including *telemedicine, remote patient monitoring, eConsult, and provider education programs such as the Project for Extension for Community Healthcare Outcomes (ECHO).*

Telemedicine refers specifically to the subset of telehealth provided via live, real-time video interactions between patient & provider.
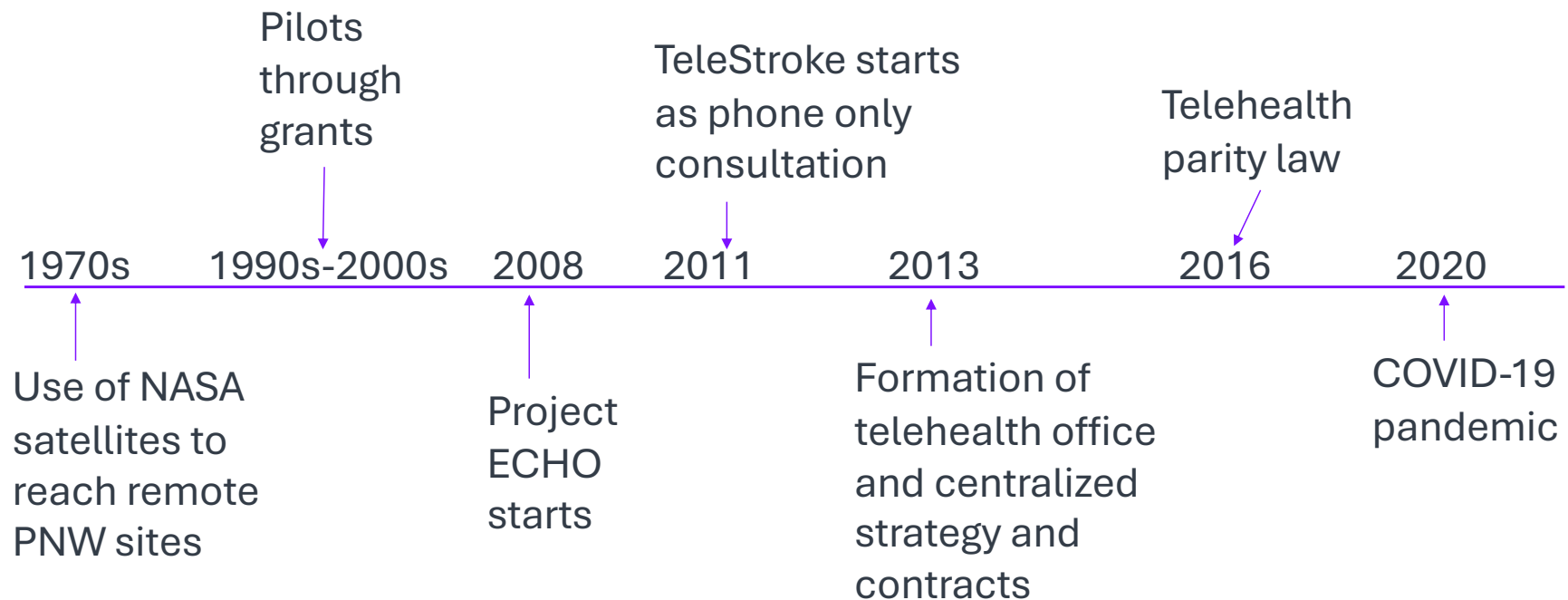
Types of Telehealth

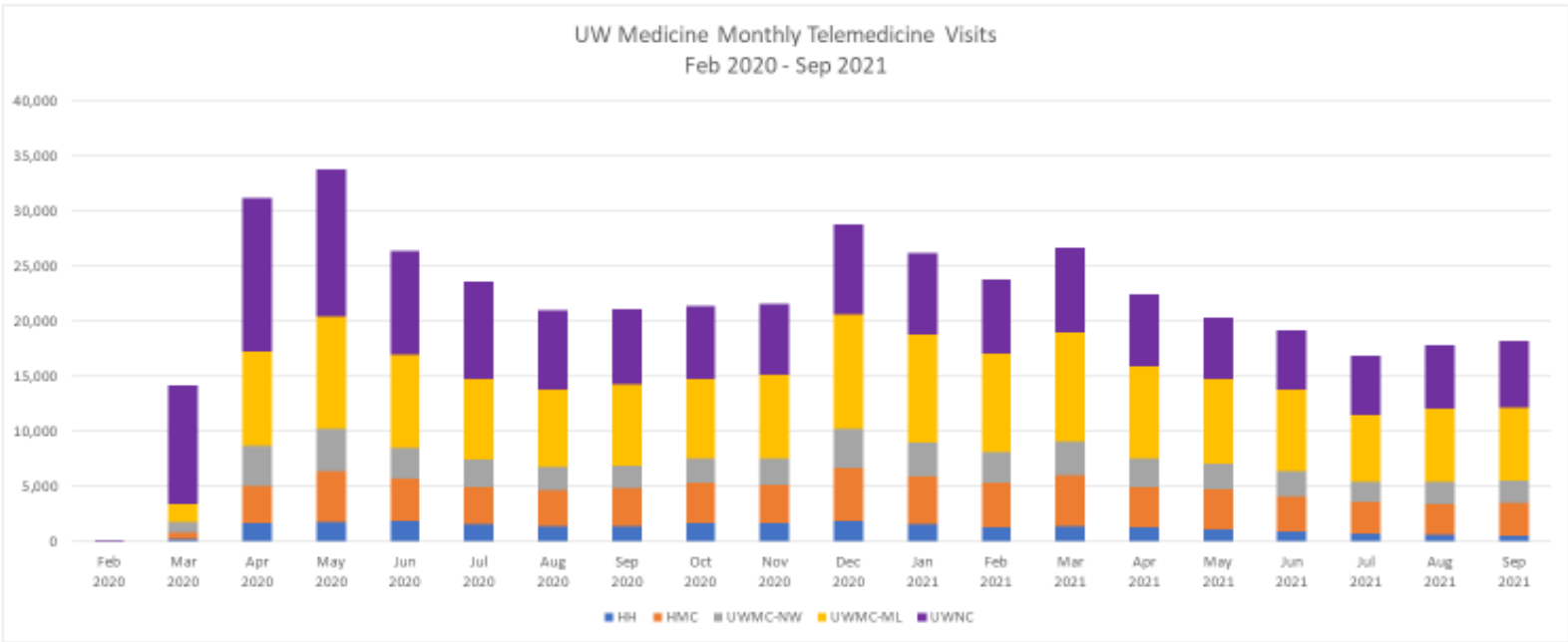| Live Video and Chat "Synchronous"	Store-and-Forward "Asynchronous"	Remote Patient Monitoring	mHealth	Provider Education
Medical devices and communication technology to deliver healthcare remotely Examples: TeleStroke, TelePsychiatry	Provider-provider or provider-patients consults that include data storage, transfer, review and response Examples: eConsults, e-visit questionnaires	Health data collected from an individual and transmitted electronically to a provider Examples: Blood glucose or blood pressure monitoring from home	Use of mobile and wireless devices to improve health outcomes, services and research Examples: medical apps, decision support, data collection	Remote case review to upskill providers and peers working in rural and urban communities Examples: Project ECHO for HIV or Hepatitis C

UW Med Active?

✓ ✓ ✓ ✓ ✓

UW Medicine

5

History of Telehealth at UW

Pilots through grants

TeleStroke starts as phone only consultation

Telehealth parity law

1970s   **1990s-2000s**   **2008**   **2011**   **2013**   **2016**   **2020**

Use of NASA satellites to reach remote PNW sites

Project ECHO starts

Formation of telehealth office and centralized strategy and contracts

COVID-19 pandemic

UW Medicine COVID-19 Telehealth Response

UW Medicine Monthly Telemedicine Visits
Feb 2020 - Sep 2021

eConsults Program

eConsults are a **cost-effective** solution to **improve access** to specialty care

Referring Provider

"I have a clear clinical question for a specialist to help me manage my patient's care plan."

» Timely access to specialty input

» Improved continuity of care for patients

Specialist

"I reply with recommendations and next steps for the patient so the referring provider can continue managing the patient's care."

» Improved access for higher acuity patients and new patients

» More efficient referrals

eConsults
- Secure written exchange between providers
- Condition-specific templates
- Include relevant labs, tests, images
- 3 business day turnaround

Impact
- Over 40,000 eConsults completed since 2016

Live Specialties at UW Medicine
- Allergy, Cardiology, Dermatology
- Endocrinology, Gyn, Heme
- Infectious Dis, Renal, Neuro
- Psychiatry, Pulmonary, Rheum
- Urology, Wt loss, Palliative Care

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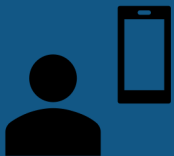ACCELERATING RESEARCH. IMPROVING HEALTH.

eConsults

- Improved access by 30% for first 4 specialties
- Helps PCPs to work at top of their license
- Support collaborative care model
- Reimburse <u>both</u> requesting provider and responding specialist 0.7 rVU
    - CMS, WA Medicaid and most commercial insurance companies reimburse
- Leverages electronic medical record
- Currently only available within UW Medicine system

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Asynchronous Psychiatry

Synchronous Telepsychiatry

Asynchronous Telepsychiatry
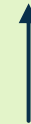
Step 1: Provider refers patient to telepsychiatry

Step 2: A video of the patient interview is recorded

Step 3: Video & history sent to consulting psychiatrist

Step 4: Psychiatrist sends consult note with treatment recs to PCP

Solid Literature to Support Concept

Yellowlees et al

Original Paper

Clinical Outcomes of Asynchronous Versus Synchronous Telepsychiatry in Primary Care: Randomized Controlled Trial

Peter M Yellowlees[1], MBBS, MD; Michelle Burke Parish[1], MA, PhD; Alvaro D Gonzalez[1], MA; Steven R Chan[2,3], MBA, MD; Donald M Hilty[4], MD; Byung-Kwang Yoo[5], PhD, MD; J Paul Leigh[5], PhD; Robert M McCarron[6], DO; Lorin M Scher[1], MD; Andres F Sciolla[1], MD; Jay Shore[7], MD; Glen Xiong[1], MD; Katherine M Soltero[8], LCSW; Alice Fisher[5], BA; Jeffrey R Fine[5], MPH; Jennifer Bannister[1], EdM; Ana-Maria Iosif[5], PhD

A Pilot Randomized Trial of Asynchronous and Synchronous Telepsychiatry in Skilled Nursing Facilities

Glen L. Xiong, MD • Ana-Maria Iosif, PhD • Haley T. Godwin, BS • Murtaza Khan • Michelle B. Parish, MA • Peter Yellowlees, MD • Debra Kahn, MD • Show less

Primary Care Physician Adherence to Telepsychiatry Recommendations: Intermediate Outcomes from a Randomized Clinical Trial

Monica K. Lieng (iD) (✉), Magi S. Aurora, Young Kang, Joseph M. Kim, James P. Marcin (iD), Steven R. Chan, Jamie L. Mouzoon (iD), Daniel J. Tancredi, Michelle Parish (iD), Alvaro D. Gonzalez (iD), Lorin Scher, Glen Xiong, Robert M. McCarron, and Peter Yellowlees

🏛 **View article**   🔧 **Permissions & Citations**   ⟨ **Share**

Abstract

*Objective:*To compare clinical recommendations given by psychiatrists and the adherence to these recommendations by primary care physicians (PCP) following consultations conducted by asynchronous telepsychiatry (ATP) and synchronous telepsychiatry (STP).

*Materials and Methods:*ATP and STP consultations were compared using intermediate data from a randomized clinical trial with adult participant enrollment between April 2014 and December 2017. In both study arms, PCPs received written recommendations from the psychiatrist after each encounter. Independent clinicians reviewed PCP documentation to measure adherence to those recommendations in the 6 months following the baseline consultation.

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Challenges for Telehealth in Rural Areas

- Broadband Access
- Digital Literacy
- Financial Barriers
- Privacy

https://broadband-wacommerce.hub.arcgis.com/pages/broadband-service-comparison
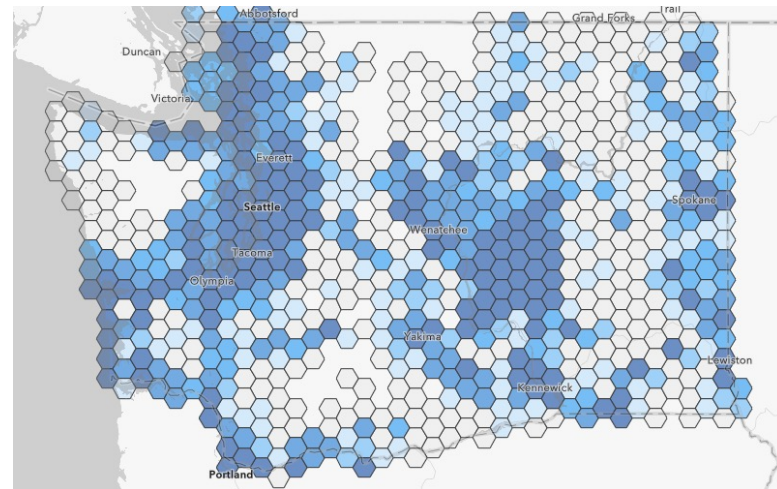
Current Challenges

- Rollback of PHE and many policies are changing
- Privacy and security for mHealth
- Ryan Haight Act regulations for prescribing controlled substances
- Integration of patient-reported information into EMR
- Who owns data?
- Payment system and misalignment of incentives

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Telehealth
Then & Now

Cindy Lin, MD, FAAPMR, FACSM
Clinical Professor, Sports & Spine Medicine,
University of Washington Medical Center
Endowed Professorship in Sports and Exercise Medicine
Director of Clinical Innovation, The Sports
Institute

September 25, 2024

Disclosures

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Outline of Topics

1. Defining remote patient and remote therapeutic monitoring (RPM/RTM)

2. RTM/RPM benefits, safety considerations

3. Example of how RTM meets the clinical needs in rehabilitation and physical activity support

4. Intro to Teleradiology

The Digital Health Market is Expanding Rapidly

Mobile Health
Wellness, fitness trackers and nutrition apps

Digital Therapeutics (DTx) deliver medical interventions to patients using evidence-based, clinical software to treat, manage, and prevent conditions.

The global DTx market is projected to increase from $5.8 billion to $56 billion by 2025.

Telehealth
Telemedicine visits
Remote patient monitoring
Remote therapeutic monitoring
Teleradiology

Health Information Technology
Electronic health records

Devices, Sensors and Wearables
Wearable and wireless devices

Personalized Healthcare
Predicative analysis

Citations: runway.is/blog/digital-health-trends/ , https://dtxalliance.org/understanding-dtx/ , https://www.mobihealthnews.com/news/emea/digital-therapeutics-and-wellness-app-users-reach-14-billion-2025

Telehealth: The Role of Remote Monitoring

- Monitor important health metrics in the home setting for chronic or post-acute care conditions

- Helps address some barriers to access and transportation for patients and enables healthcare in the home and community setting.

Timeline of the Expansion of Remote Monitoring

History of RTM

Remote Patient Monitoring approved by CMS

Remote Therapeutic Monitoring codes were created and submitted to CMS & AMA

RTM Codes go-live for MSK and Respiratory patients

| 2019 | Early 2020 | Late 2020 | 2021 | 2022 |

A gap in care existed for MSK and Respiratory patients

RTM codes approved by CMS and assigned RVU values

Early 2020, COVID-19 Public Health Emergency (PHE) increased flexibilities of telehealth use

Figure credit: Remote TherapeuticMonitoring Explained (limberhealth.com)

Remote Monitoring Market Size

Global Remote Patient Monitoring Software and service Market

Size, by Product, 2022–2032 (USD Billion)

■ Service　■ Software

Year	Value
2022	6.7
2023	8.6
2024	10.8
2025	14.7
2026	19.4
2027	24.3
2028	28.6
2029	36.8
2030	46.0
2031	59.2
2032	78.4

The Market will Grow At the CAGR of **28.7%** The Forecasted Market Size for 2032 in USD **$78.4B** market.us ONE STOP SHOP FOR THE REPORTS

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Definition: Remote Patient Monitoring (RPM)

- RPM (P=Patient or Physiologic) is collecting and analyzing *physiological* data from patients via an approved, connected medical device and used to develop and manage a condition

  - Data: weight, blood pressure, blood glucose, pulse, temperature, oximetry, respiratory flow rates, and more
  - Conditions: High blood pressure, diabetes, obesity, heart conditions, chronic obstructive pulmonary disease, sleep apnea, asthma, other

Devices used for RPM

- Weight scales
- Pulse oximeters
- Blood glucose meters (continuous glucose monitoring)
- Blood pressure monitors (self-measured)
- Sleep apnea monitors
- Heart monitors
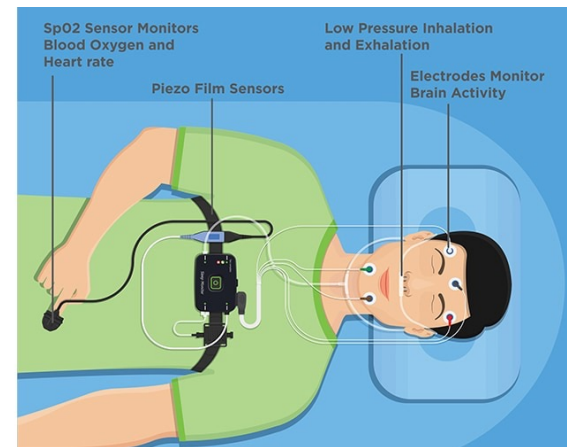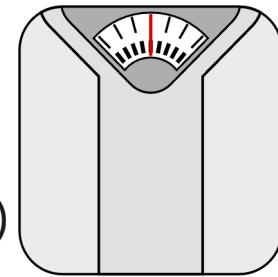- Fetal heart rate and movement monitors

SpO2 Sensor Monitors Blood Oxygen and Heart rate

Piezo Film Sensors

Low Pressure Inhalation and Exhalation

Electrodes Monitor Brain Activity

Image credit: https://www.wired.com/gallery/the-best-continuous-glucose-monitors/
https://www.te.com/en/whitepapers/sensors/sensors-for-sleep-apnea-equipment.html

Reimbursement for RPM

CPT Code	Requirement	Provider
99453	Initial set up and patient education on use of equipment	Clinical Staff
99454	Device supply with daily recording or programmed alert transmission each 30 days	Clinical Staff
99457	Interpretation of data and interactions with patient requiring 20 mins/month	Clinical Staff
99485	Interpretation of data and interactions with patient requiring 20 mins/month Used in conjunction with 99457 for additional mins/month	Clinical Staff
99091	Collection and interpretation of physiological data requiring 30 mins per 30 days	Physician/QHCP

Definition: Remote Therapeutic Monitoring (RTM)

- RTM is a method of monitoring *non-physiological* data from patients via an approved, connected medical device.

- RTM can monitor therapeutic interventions with the use of telehealth sessions, mhealth applications, or wearable technology

- RTM covers musculoskeletal or respiratory system, motion sensor tracking, cognitive behavioral therapy, pain, and therapy (medication) adherence and response.

RTM Collects Non-Physiological Data

- Data such as pain level, therapy/medication adherence, therapy/medication response, and self-reported data can be evaluated.

- RTM requires the use of an FDA-approved medical device but it can include self-reported data received through an app or web-based platform.

- RTM codes allow for wider practitioner eligibility: including physicians, NP's, PA's, nurses, physical therapists, occupational therapists, speech language pathologists and clinical psychologists.

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RTM Billing Codes

Table A

CPT® Code	Code Description	Timing
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response); initial set-up and patient education on use of equipment	Report once per episode of care for monitoring of 16 days or more. Report only once, even if monitoring exceeds 30 days.
98976	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days	Report once per 30-day period for monitoring of 16 days or more.
98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	Report once per 30-day period for monitoring of 16 days or more.
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days	Report once per 30-day period for monitoring of 16 days or more.
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes	First full 20 minutes (no increments) per calendar month. Must include one interactive communication with patient or caregiver.
+98981	. . . each additional 20 minutes (List separately in addition to code for primary procedure)	Report with 98980 for each additional full 20 minutes (no increments).

https://www.aapc.com/blog/87433-know-when-to-bill-for-rtm-services/

RTM Examples
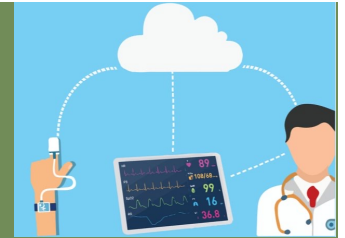
Musculoskeletal

Physical therapy monitoring

Fall detection and prevention

Pain,
exercise adherence, fatigue, and strength tracking

Respiratory

Spirometers

Inhalers

Sleep monitors

Cognitive

Tracking mental health, anxiety, depression symptoms and related factors.

Medication adherence

AMA Remote Patient Monitoring Playbook | AMA (ama-assn.org); Health_FutureOfRemoteMonitoring.pdf

Potential Benefits of Remote Monitoring for Patients & Providers

Patients	Providers
Improved Chronic Disease Management Continuous monitoring allows for early detection of abnormalities, potentially reducing the risk of complications.	**Efficient Healthcare Delivery** Healthcare providers can efficiently manage a large panel of patients
Enhanced Convenience and Accessibility Patients can receive care from home, reducing need for in person visits. This is beneficial for those with mobility issues or in remote areas.	**Timely Intervention and Reduced Hospitalizations**
Increased Patient Engagement By monitoring their health metrics, patients become more aware of their health	**Enhanced Medication Adherence**
Empowerment in Self-Care RPM provides them with valuable insights and encourages informed medical decisions	**Streamlined Chronic Care Management**
Better Quality of Life	**Integration into Healthcare Systems**

Patient Safety Considerations with Remote Monitoring

Risks to Patients

- Failure to identify when patients need attention
- Device or tech related challenges
- Inaccurate data collection and risk of misdiagnosis
- Data security and privacy considerations

Organizational Solutions & Strategies

- **Patient selection**: Protocols for identifying appropriate patients to use RPM.
- **Triage and escalation protocols** so that abnormal results are addressed by staff. Thresholds for flagging abnormal results
- **Tech support/device management**
- **Managing data volume & interpretation**, how it will be integrated with EHR and clinical workflow
- **Education and training provider & patient**

Unmet Needs of Rehabilitation & Potential for RTM

Home exercise compliance relies largely on self-report

Challenges with self-report: Accuracy, inefficient data collection, data interpretation by clinicians, how to translate to actionable insights

Newer technologies require wearables – can be costly and associated with accessibility barriers

Work-out Log

A - - NuStep (machine - - leg and
      arm pump - 8-10 min)   10/25 - - A
B - - Sit/stand (10 reps)   10/28 - - A
C - - Stretch band (standing)   10/30 - - A
D - - Stretch band
      (sitting, knees 24reps)
E - - Walking (10 min plus)

09/06 - - B,C, D, E
09/09 - - A
09/10 - - A, B, E
09/12 - - A
09/13 - - A, B, D, E
09/14 - - A, D, E
09/16 - - A, D, E
09/18 - - D, E
09/20 - - A, C, D
09/21 - - A, D, E
09/23 - - A
09/24 - - A, E
09/26 - - A, E!
09/27 - - D, E
09/30 - - A, D, E
10/01 - - A, D
10/02 - - E!
10/03 - - D, E
10/04 - - A, B, D, E
10/07 - - A, B, D ,E

Image credit: MyndVR Launches MyndVR at Home to Aid Seniors Aging in Place - Rehab Management (rehabpub.com)

Digital Rehabilitation Platforms

Require VR Headsets
- MyndVR
- XR Health

Computer Vision Technology
- Kaia
- Fittonic

Utilize GPS Tracking
- Altis

Require Wearable Sensors
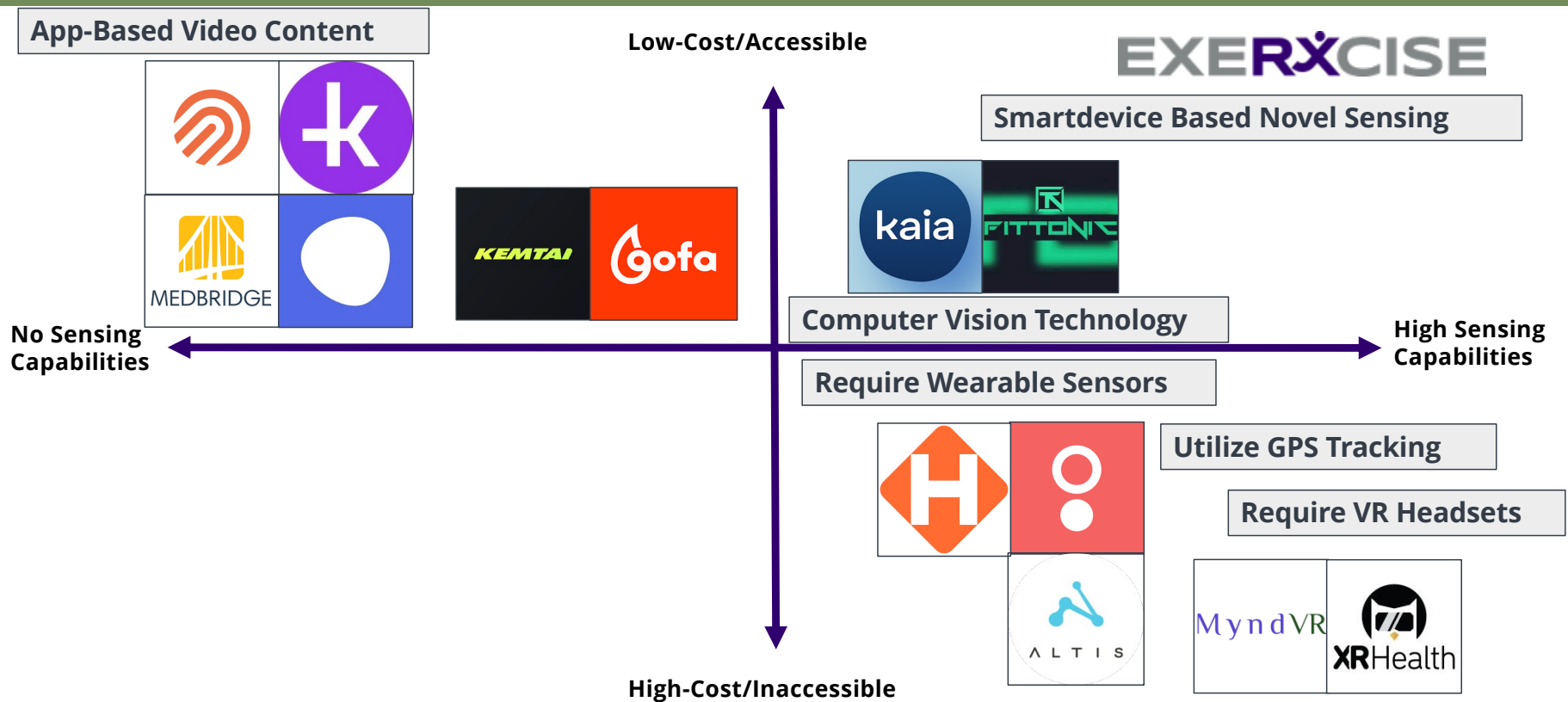- Hinge Health
- SWORD Health

Camera-Based Motion Capture
- Kemtai
- GOFA

App-Based Video Content
- MedBridge GO
- Ventrk
- Omanda Health
- Kiio

Digital Rehabilitation Platforms

App-Based Video Content

Low-Cost/Accessible

EXERXCISE

Smartdevice Based Novel Sensing

MEDBRIDGE

KEMTAI gofa

kaia FITTONIC

Computer Vision Technology

No Sensing Capabilities

High Sensing Capabilities

Require Wearable Sensors

Utilize GPS Tracking

Require VR Headsets

ALTIS

MyndVR XRHealth

High-Cost/Inaccessible

What Makes ExerciseRx Different?

Physical Therapy

- omada
- kaia health
- Kiio
- TheraCentric
- KEMTAI
- Hinge Health™

Physical Activity

- fitbit
- Apple WATCH
- GARMIN™
- EXi

EXERXCISE

- ➤ Home exercises for physical therapy
- ➤ Progressive activity support
- ➤ EHR Integration
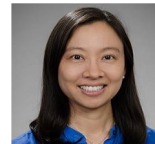- ➤ Scalable patient-provider connection

ExerciseRx Team

 THE SPORTS INSTITUTE · UW Medicine · ubicomplab · HUMAN CENTERED DESIGN & ENGINEERING · UNIVERSITY of WASHINGTON

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Richard Li, MS
Engineer

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ExerciseRx is a pragmatic, scalable platform developed for rehabilitation and physical activity
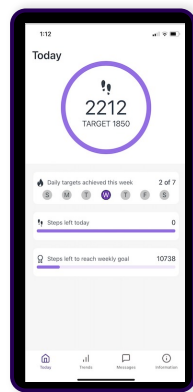
EXER**R**CISE

Patient App

Physical Activity Data Capture

Home Exercise Sensing

Provider Dashboard

Clinically Relevant Activity Data Integration

Semi-Automated Patient Support

RTM for Rehabilitation and Physical Activity

Current Space

Variety of home exercise and rehabilitation solutions are commercially available

Generally, higher sensing capabilities are associated with increasing costs and potential user challenges

Filling a Needs Gap

EXERXCISE

Future

Considerations: Usability & feasibility for patients and providers

Integration of AI/ML algorithms

EHR for scalability and integrating to clinical care

In Summary: RPM vs. RTM
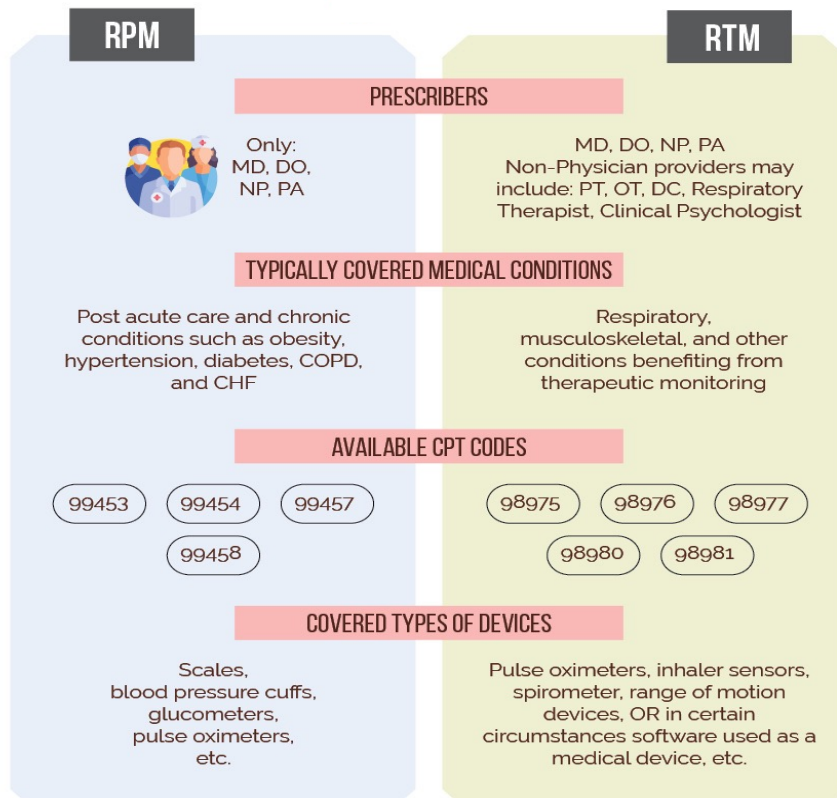
Teleradiology

Image credit: https://www.prescript.com.au/prescriptblog/frcr-teleradiology-global

Definition of Teleradiology

Teleradiology is a subset of telemedicine that involves interpreting diagnostic imaging at a site geographically remote from where the image was taken.

Teleradiology Framework

Intramural Teleradiology

Intra-organizational
- The radiologist works for or is associated with the organization that acquires the images and cares for the patient

Extramural Teleradiology

Extra-organizational
- The radiologist interpreting the image works for a radiology practice and/or corporation not affiliated with the healthcare organization acquiring the images

Hanna TN, Steenburg SD, Rosenkrantz AB, Pyatt RS Jr, Duszak R Jr, Friedberg EB. Emerging Challenges and Opportunities in the Evolution of Teleradiology. AJR Am J Roentgenol. 2020 Dec;215(6):1411-1416. doi: 10.2214/AJR.20.23007. Epub 2020 Oct 14. PMID: 33052736.

Teleradiology Benefits

- **Remote consultations:** Radiologists can provide interpretations of images regardless of their location
- **Efficiency:** Radiologists can review and interpret images from multiple hospital sources without being physically present, allowing for more efficient scale of image interpretation
- **Second opinions:** Sharing of images with other specialists and hospitals
- **Improved access:** Patients in rural and/or underserved areas can receive radiological assessments without having to travel distance
- **24/7 coverage** for image interpretations, critical for emergencies
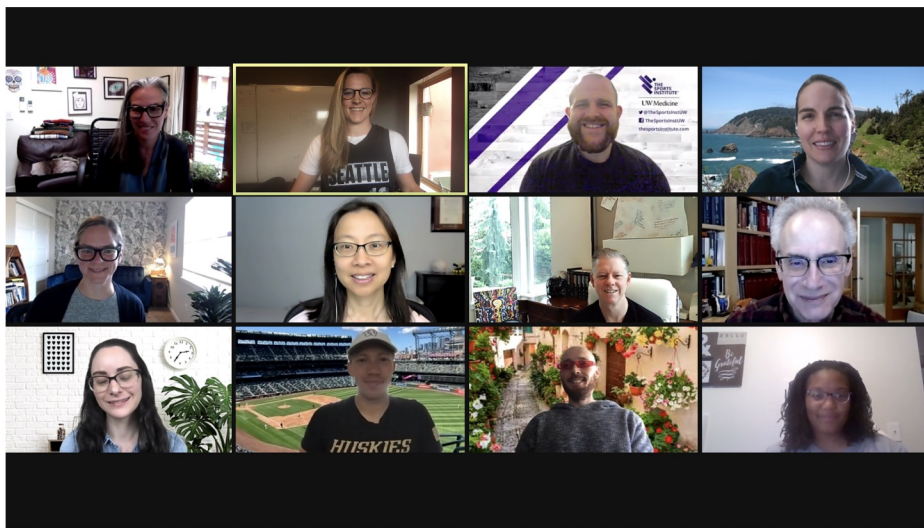
Future of Teleradiology
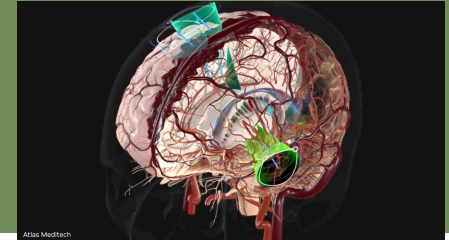
- Integration of AI/ML to augment radiologists' capabilities by assisting in image analysis, pattern recognition, and automated report generation. AI algorithms can help detect abnormalities, provide quantitative measures, and triage critical cases.

- Integration with telemedicine platforms and EHR enables real-time consultations, facilitating multidisciplinary care

- Emerging modalities such as molecular imaging, functional imaging, 3D and 4D imaging are expanding the possibilities for more accurate diagnoses.

https://dcmsys.com/project/teleradiology-and-telehealth-in-2024/#:~:text=One%20of%20the%20key%20trends,recognition%2C%20and%20automated%20report%20generation. Image credit: https://developer.nvidia.com/blog/accelerate-ai-workflows-for-3d-medical-imaging-with-nvidia-monai-cloud-apis/

Summary and Future Directions

1. Remote monitoring's future potential is significant

2. Patient, provider, and health systems barriers/facilitators can make or break adoption, scale, and sustained use.

3. Demonstrating the value and ROI of RPM and RTM is critical.

4. Future will include integration of AI/ML and help improve personalized medicine, we can help to shape that future

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Thank you!

Contact: lincindy@uw.edu
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Thank You!

Open for Questions

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Feedback Survey

A link to the feedback survey has been sent to the email address you used to register.

Please get out your device, find that email, and spend a few moments completing that survey before you leave today.

Tip: If on a mobile device, shift view to landscape view (sideways) for better user experience.

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