Webex for Healthcare

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Purpose of this document

This document provides an overview of "off the shelf" Webex and how it can be used to help healthcare institutions respond to the continuing COVID-19 situation. In particular, this document will leverage Personal Meeting Rooms ("PMRs") for a variety of use-cases. Time to market is very short using this approach. The features and use-cases addressed in this document are not the exhaustive set of use-cases that are possible for healthcare, but instead respond to the urgent scenarios that have been bubbling up from healthcare customers.

If you need access Webex licenses, please contact your Cisco Account Manager. If you do not have an Account Manager or Webex licenses, go to https://www.webex.com/ to sign up.

NOTE: The approaches outlined in this document are NOT integrated with any EMR like EPIC or Cerner. However, it can be implemented to conform to HIPAA guidelines if best practice guidelines are followed, moreover, with the recent waiver issued by the Federal Government (see attached FAQ), hospitals and clinicians are able to leverage the worlds #1 on-line meetings platform to deliver telehealth with a waiver around HIPAA rules. For more information about integration with EMRs, contact your Account Manager.

Scheduling and Billing are NOT part of this off the shelf solution. We are using Webex Personal Meeting Rooms and Call Detail Reports to make scheduling agnostic and the billing is manual after the fact. We do capture the consult details.

Examples of use-cases where PMR can help

1. Emergency Department/Skilled Nursing Facility/Primary Care providers **connecting to specialists**, e.g., ED physician consults Peds Psych to evaluate treatment options
2. **Patients at YOUR facility** connecting to specialists e.g., patient connecting to anesthesiologist during in-person urgery visit
3. **Patients at home**/community connecting to care team at YOUR facility, e.g. patient at home connecting to RN to provide lactation advice to new mothers
4. Clinicians can perform "**virtual rounds**" with in-hospital exam rooms without needing to physically be present in the room**.**

This list is illustrative, not exhaustive.

Webex HIPAA compliance

Yes. The Webex platform is **HIPAA compliant**. Documentation is here:
https://trustportal.cisco.com/c/dam/r/ctp/docs/hipaa/collaboration/cisco-HIPAA-compliance-webex-services-whitepaper.pdf

Please contact your account manager to engage in the **Business Associate Agreement (BAA)** process.

Why turn a Webex "PMR" into a Virtual Telehealth Consult Room?

- Ease of Use

Webex for Healthcare

- Simple Setup
- Reliable Proven Webex Platform
- Great experience
- Cisco Support

How is it simple?
The Telehealth consult link *never* changes for the Clinician or the Patient, yet it is completely secure. As the link never changes, a virtual consult can be scheduled through a simple CUT and PASTE into any scheduling platform and be sent out using any email platform.

The **patient** can use a smart phone, Apple iOS or Android phone to join. PC and Macs are also supported. There is also a web browser client for Webex, so some users may never need to install any application at all. Ideally the **clinician** will be on a PC/MAC or on a Cisco Video Endpoint, Video Phone, or Video Conference Unit, (Any standards based SIP/H.323 endpoint will work).

How is it Secure?
Each virtual room is ALWAYS ON, but never OPEN, it is always locked and only operational when the clinician is in the virtual room. Again, the virtual telehealth consult room is locked and only the clinician can admit the patient. If some other patient tries to access the virtual room they will be placed in the lobby. The clinician can admit them once the other patient has left the room. Once someone leaves they cannot return without being readmitted.

Why is the Experience Great?
Webex provides high definition video, wide band audio, and is simple to use on any smartphone or with a PC or MAC.

Use Cases
The setup above can be used to address many Video Visit scenarios including (but not exclusive to):

Program	Description
Tele Medical Screening	Remote ED provider conducts ED Medical Screening Exam for patient within triage setting
Chronic Condition Counseling	Nurses to conduct nurse visits with empaneled adult medicine primary care patients at home/in community over video
RN Lactation Consultation	Nurses/OB care team members to consult with post-partum patients for lactation consulting over video at home/in community
ED Follow-Up	ED providers to follow-up with subset of discharged patients over video to prevent revisits
Field Consults	Field-based providers, such as EMS, community health workers, and visiting nurses connect with providers over video while in the field with a patient to assess and consult

Tele-neurology	Inpatient teams carry out urgent/emergent consults with remote neurologists to improve access to specialty care
SNF Access to Providers	SNF Care teams consult with remote providers
Pediatric ED Psych Consults	Pediatric ED/CPEP teams consult with remote H+H providers to expand emergency psych access
Pediatric Consults	Pediatric telemetry teams consult with remote H+H providers to prevent unnecessary transfers
Telestroke	ED and/or inpatient teams conduct emergent acute stroke consults with remote providers
Telepsychiatry	Telepsychiatry visits over video with patient onsite at Primary Care clinic and psychiatrist in a remote setting
Pre-Op Anesthesia Consults	Anesthesia provider conducts pre-op visits with patients over video while patient is onsite for another visit

Webex Mobile Applications (For Patient's Smart Phone)

We support both Android and iOS for the mobile app experience for the patient. Webex iOS get from Apple, Android get from Google, Samsung or most Android Stores.

Onboarding the patient

After the patient agrees to use your telehealth program, they will need to be onboarded with the Webex application. This means helping them or instructing them on how to download the webex application on their smartphone and setting it up.
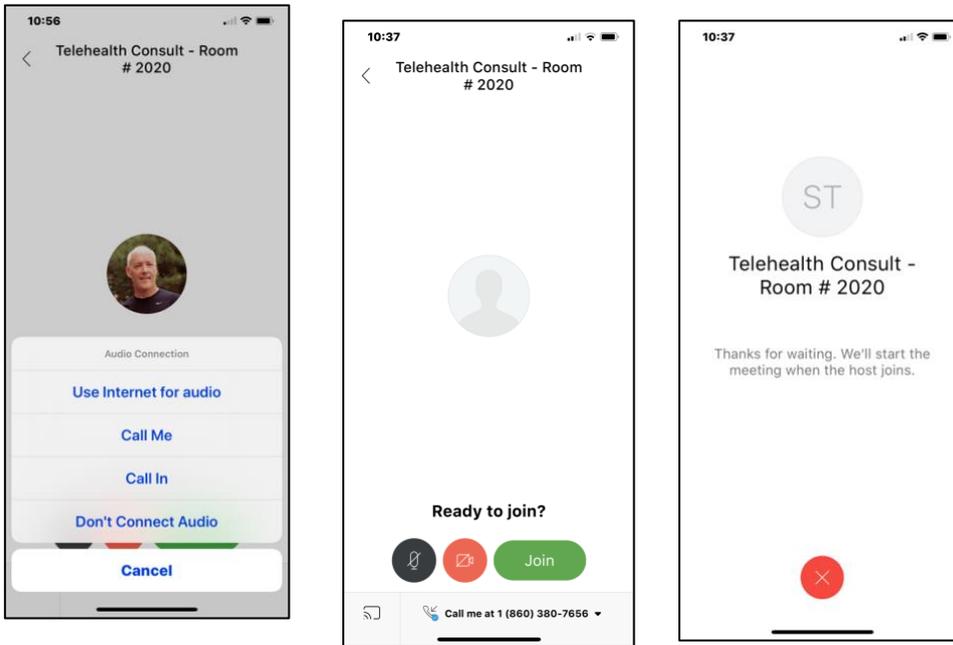
Installing the Webex Mobile App
(https://help.webex.com/en-us/p3t8bg/Use-the-Cisco-Webex-Meetings-Mobile-App#Install-the-Cisco-Webex-Meetings-Mobile-App).

Configure the patient's Webex application settings:
Follow the prompts for the initial setup of the Webex application on the patient's phone. The main key is to have the patient's Webex app to point to your webex telehealth URL or site name. Complete a test connection to a "PMR" or test virtual health consult that you have setup in advance.

Webex will ask permission for access to the camera and microphone during the installation process which is required in order for the telehealth consult to work successfully.

Choose Call Back and configure the patient's Webex app to automatically call back the patient at their personal mobile phone #.

Other Resources

Adoption Tool Kit
https://ebooks.cisco.com/story/webexmeetingsmobileapp/page/5/1

Recording of How to use the Mobile App
https://launch.webex.com/launch/ldr.php?RCID=bc997ab6adcf7d4d6768f062701416b3.

Turning Exam Rooms Virtual

The Goal

Reduce the need for clinical staff to enter an exam room with a potentially impacted patient until absolutely necessary.

How

Leverage devices (consumer, or from Cisco) and Webex Personal Meeting Rooms (PMR) to enable this pattern. In this case, each Exam Room will be a user that the clinician "calls" instead of doing their physical rounds. When a clinician wants to visit an exam room, they'll "join" the Exam Room's PMR. This enables them to contact and consult with a patient virtually as much as possible, reducing the need for resources such as N95 masks, and the risk of contagion when removing protective gear, etc.

What you'll need

1. A Webex account for each exam room you want to take virtual
2. A Webex device (DX80 or Room Kit Mini + TV) or consumer phone or tablet device for each exam room
3. A phone in the room or other device that can be called by the clinician or nurse to inform the patient to activate the device

Setting up the exam room

1. Mount the device in the room
2. Ensure it is connected to power and securely mounted
3. Install the Webex Meetings application on the device (https://help.webex.com/en-us/p3t8bg/Use-the-Cisco-Webex-Meetings-Mobile-App#Install-the-Cisco-Webex-Meetings-Mobile-App)
4. Log into Webex Meetings with the exam room's "user account"
5. Lock the device to the Webex Meetings app so that users can't accidentally change the app/focus
   a. For **iPhone/iPad**: use "Guided Access" feature: https://support.apple.com/en-us/HT202612
   b. For **Android devices**, use "Screen Pinning" feature: https://support.google.com/android/answer/9455138?hl=en

Setting up the clinician

This is to help clinicians easily "go visit" an exam room by giving them a single page with all of the links.

NOTE: It is recommended that the clinician's machines have the Webex Meetings app installed, though not necessary. This procedure below will launch the web client and clinicians can use this. If the Webex Meetings app is installed, that will launch instead.

1. Create a single static HTML page that contains the list of all of the exam rooms, with the links to the Personal Meeting Room for each Exam Room.
   a. This doesn't have to be a static HTML page – this could be any page or document which is easily accessible by the clinicians and care staff. As long as the application can launch a web browser, this solution will work.
2. Publish this HTML page on the intranet, or whatever network access is needed to facilitate your clinicians virtually visiting the exam rooms.

Doctors "Virtual Rounds"
When the doctor is ready to visit a room,

1. Notify the patient in the exam room (via a phone call, etc.) that the doctor is ready to meet with them and that they'll need to click the "Green Start Meeting" button on the app.
2. Start the meeting:
   a. **Approach A (start visit themselves):** have them visit the static HTML page and click on the link of the Exam Room that they wish to visit
   b. **Approach B (office assistant starts):** have the office assistant go to the static HTML page, click on the link of the Exam Room

Fact sheet

MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET
Mar 17, 2020

Medicare coverage and payment of virtual services

INTRODUCTION:

Under President Trump's leadership, the Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President's emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19 – are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.

Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health. Innovative uses of this kind of technology in the provision of healthcare is increasing. And with the emergence of the virus causing the disease COVID-19, there is an urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need. Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread.

EXPANSION OF TELEHEALTH WITH 1135 WAIVER: Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Prior to this waiver Medicare could only pay for telehealth on a limited basis: when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.

Even before the availability of this waiver authority, CMS made several related changes to improve access to virtual care. In 2019, Medicare started making payment for brief communications or **Virtual Check-Ins**, which are short patient-initiated communications with a healthcare practitioner. Medicare Part B separately pays clinicians for **E-visits**, which are non-face-to-face patient-initiated communications through an online patient portal.

Medicare beneficiaries will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings. This will help ensure Medicare beneficiaries, who are at a higher risk for COVID-19, are able to visit with their doctor from their home, without having to go to a doctor's office or hospital which puts themselves and others at risk.

TYPES OF VIRTUAL SERVICES:

There are three main types of virtual services physicians and other professionals can provide to Medicare beneficiaries summarized in this fact sheet: Medicare telehealth visits, virtual check-ins and e-visits.

MEDICARE TELEHEALTH VISITS: Currently, Medicare patients may use telecommunication technology for office, hospital visits and other services that generally occur in-person.

- The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home. Distant site practitioners who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.
- It is imperative during this public health emergency that patients avoid travel, when possible, to physicians' offices, clinics, hospitals, or other health care facilities where they could risk their own or others' exposure to further illness. Accordingly, the Department of Health and Human Services (HHS) is announcing a policy of enforcement discretion for Medicare telehealth services furnished pursuant to the waiver under section 1135(b)(8) of the Act. To the extent the waiver (section 1135(g)(3)) requires that the patient have a prior established relationship with a particular practitioner, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.

KEY TAKEAWAYS:

- *Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.*
- *These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.*
- *Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.*

- *While they must generally travel to or be located in certain types of originating sites such as a physician's office, skilled nursing facility or hospital for the visit, effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.*
- *The Medicare coinsurance and deductible would generally apply to these services. However, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.*
- *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.*

VIRTUAL CHECK-INS: In all areas (not just rural), established Medicare patients in their home may have a brief communication service with practitioners via a number of communication technology modalities including synchronous discussion over a telephone or exchange of information through video or image. We expect that these virtual services will be initiated by the patient; however, practitioners may need to educate beneficiaries on the availability of the service prior to patient initiation.

Medicare pays for these "virtual check-ins" (or Brief communication technology-based service) for patients to communicate with their doctors and avoid unnecessary trips to the doctor's office. These virtual check-ins are for patients with an established (or existing) relationship with a physician or certain practitioners where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available). The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would generally apply to these services.

Doctors and certain practitioners may bill for these virtual check in services furnished through several communication technology modalities, such as telephone (HCPCS code G2012). The practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or use of a patient portal. Standard Part B cost sharing applies to both. In addition, separate from these virtual check-in services, captured video or images can be sent to a physician (HCPCS code G2010).

KEY TAKEAWAYS:

- *Virtual check-in services can only be reported when the billing practice has an established relationship with the patient.*
- *This is not limited to only rural settings or certain locations.*
- *Individual services need to be agreed to by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient agreement.*
- *HCPCS code G2012: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.*
- *HCPCS code G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within*

the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment.

- *Virtual check-ins can be conducted with a broader range of communication methods, unlike Medicare telehealth visits, which require audio and visual capabilities for real-time communication.*

E-VISITS: In all types of locations including the patient's home, and in all areas (not just rural), established Medicare patients may have non-face-to-face patient-initiated communications with their doctors without going to the doctor's office by using online patient portals. These services can only be reported when the billing practice has an established relationship with the patient. For these **E-Visits**, the patient must generate the initial inquiry and communications can occur over a 7-day period. The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable. The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would apply to these services.

Medicare Part B also pays for E-visits or patient-initiated online evaluation and management conducted via a patient portal. Practitioners who may independently bill Medicare for evaluation and management visits (for instance, physicians and nurse practitioners) can bill the following codes:

- 99421: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
- 99422: Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes
- 99423: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.

Clinicians who may not independently bill for evaluation and management visits (for example – physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can also provide these e-visits and bill the following codes:

- G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
- G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11– 20 minutes
- G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

KEY TAKEAWAYS:

- *These services can only be reported when the billing practice has an established relationship with the patient.*
- *This is not limited to only rural settings. There are no geographic or location restrictions for these visits.*
- *Patients communicate with their doctors without going to the doctor's office by using online patient portals.*

- ***Individual services need to be initiated by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient initiation.***
- ***The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G206, as applicable.***
- ***The Medicare coinsurance and deductible would generally apply to these services.***

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA): Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. For more information: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

Summary of Medicare Telemedicine Services

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99431 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.