Telehealth and Hospice: COVID-19 Creates a Paradigm Shift

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But What Role Will Telehealth Play in the Future of Hospice Care?

During the COVID-19 pandemic, telehealth has provided an invaluable connection with patients, their families and caregivers, say hospice leaders. While some larger U.S. hospices had been using telehealth for several years, most of the 5,500 hospices nationwide had not launched a remote-care program of any kind. COVID-19 changed the paradigm – practically overnight.

"At the beginning of the pandemic, with everyone facing such severe health risks – patients and staff alike – what else could hospices do?" said Theresa Forster, vice president for Hospice Policy and Programs for the National Association for Home Care and Hospice. "Fortunately, CMS (the Centers for Medicare and Medicaid Services) temporarily waived a number of restrictions in light of the national emergency, and even those hospices that had been hesitant about telehealth before, got up to speed within two weeks."

For the foreseeable future, COVID-19 will likely continue to influence hospices to adjust their care approach for everyone's protection. This makes it particularly important to review what has happened in the past six months and the implications for the future. In this white paper, hospice policy leaders and providers offer their perspectives on these key questions:

- **Lessons Learned:** What are the most important learnings from this first wave of implementation?
- **The CMS Role:** What has CMS done to make telehealth possible during this crisis, and what are the policy and reimbursement issues that must be considered going forward?
- **The Future:** What role will telehealth play in hospice care in the post-COVID-19 world?

Seven Lessons Learned:

From Training and Professionalism to On-Call Coverage and Grief Support

Lesson 1: Technical Support and Training Enhance a Smooth Implementation

While time was of the essence for all hospices this past spring, Bluegrass Care Navigators in Kentucky made sure they provided training and technical support for those expected to use telehealth during COVID-19. According to Stephanie Greene, vice president and chief hospice officer at Bluegrass, their IT department created a comprehensive resource guide and set of instructions for providers to use in conducting a telehealth visit. They also provided a virtual telehealth support team to help providers navigate their early virtual visits, supplemented by "super users" who became comfortable with the technology early in the process.

Bluegrass started by training its nurses, some of whom became part of the "super user" team, then moved through its other providers, including social workers, physicians, and chaplains.

Lesson 2: Permission to Use Clinical Judgment Lowers Provider Concerns

To help improve providers' comfort level with telehealth, Greene said they encourage staff to use their critical clinical judgment when deciding whether an in-person or a technology-based visit was best. "If they feel they need to see a patient on-site, we tell them to do so," she explained. "But when a personal visit is not necessary, we strongly encourage our providers to use Zoom. This has given everyone comfort, knowing that if they really feel strongly about it, they can choose to visit in person."

Lesson 3: Visit Consistency Adds to Professionalism

Bluegrass also felt it was important to offer some consistency to patients, regardless of which provider was "visiting" via telehealth. They were aided by an already existing patient visit design system.

"We use a standardized approach to our patient visits, which we designed in partnership with Multi-View, Inc.," Greene said. "We adapted telehealth visits to that framework. The 'visit design' system has standardized how we introduce ourselves, approach patients emotionally, and assess their home environment – basically every aspect of a patient visit. When we implemented telehealth, we added to this design by offering providers guidance on lighting, their home background, essentially how their personal 'presentation' would come across online. This helped to ensure professionalism."

Lesson 4: A Hybrid Approach to Visits Has Profound Impact

At Teleios Collaborative Network, teams have found that a hybrid approach to patient visits during COVID-19 adds unexpected value. "When a hospice nurse visits a patient in person, we've discovered that they can easily facilitate a telehealth visit for that patient – both with other members of the hospice team and with out-of-town family members," said Annette Kiser, RN, MSN, NE-BC, CHC, chief compliance officer for Teleios. "Having the nurse there makes a difference, because they know the technology, they can guide the team's discussion, and they can help patients 'see' family members, sometimes for the first time. It has been eye-opening."

Lesson 5: Telehealth Significantly Enhances On-Call Service

Both Greene and Kiser see a great advantage in telehealth technology when it comes to providing on-call support to patients and caregivers. "The biggest opportunity for telehealth long-term is to improve our on-call structure," Greene said. "When we get calls for help in the middle of the night, we cannot be in two or three places at once. With telehealth, we can actually visualize what is happening with the patient, we can do quicker assessments, and can often be more reassuring to caregivers about what they can and should be doing."

To ensure that it is providing the best care to patients and families during the COVID-19 pandemic, Ohio's Hospice is now offering Real-Time Care℠, a collection of telehealth and support tools. Real-Time Care has been helpful to greatly reduce exposure to COVID-19 and maintain social distancing, while continuing to deliver care.

"We are working diligently to ensure the safety of our patients, families, volunteers and staff during the COVID-19 pandemic," said Ed Ruff, chief technology officer at Ohio's Hospice. "When a visit to a patient's home is not feasible, the care team at Ohio's Hospice now has the ability to perform video-based visits with patients and family members."

However, if an in-person visit is needed, the care team goes wherever the patient calls home and addresses their needs in person.

"Our Real-Time Care tools are available for all staff to use to quickly deliver the same superior care and superior service our patients and families expect from Ohio's Hospice," Ruff said. "Through Real-Time Care, our care teams are able to spend less time traveling and more time interacting with patients."

Lesson 6: Volunteers and Telehealth Can Be a Good Match

One unexpected finding involving telehealth is that it provides an opportunity for patients to socialize at a time when they are particularly isolated, Kiser said. "We have identified patients who truly enjoy talking on the phone or using a video link, and we have asked our volunteers to make those connections," she explained. "Volunteers are not visiting patients in their homes right now, but they can talk with them – and that helps our patients as well as our providers."

Lesson 7: Telehealth Makes Grief Support Possible in Difficult Times

In addition to patient care, telehealth offers some advantages for grief support for families during COVID-19, Kiser said. "Zoom has actually created some real opportunities for grief support groups, because it's easier for people to get together when they do not have to be in one specific location," she said. "People do like the face-to-face interaction, and Zoom makes this possible. It is also a lovely way to do virtual grief camps. I have done hospice work for 34 years, and I do not want to lose the personal touch. But telehealth has allowed us to keep these personal connections at a critical time."

The CMS Role:

Waivers Were Critically Important; Reimbursement Questions Still Unanswered

Since March 2020, CMS has, according to its own press release, "issued an unprecedented array of temporary regulatory waivers" to help ensure that hospices could continue to meet patients' and families' needs during the COVID-19 pandemic.[1]

Forster agrees and says that the waivers, particularly those related to HIPAA and technology-based visits, "made a phenomenal difference in allowing patients to continue on service and in hospices comfortably."

Before COVID-19, Ohio's Hospice had been evaluating telehealth solutions. When CMS responded to the COVID-19 pandemic by allowing telehealth as an appropriate visit, Ohio's Hospice was able to implement Real-Time Care across all of its affiliates.

"Our response needed to be quick as the government social distancing restrictions were put in place," Ruff said. "We evaluated several possible solutions and found one that is secure and HIPAA compliant."

CMS stated early in the pandemic that there were very few conditions of participation that require in-person visits, and hospices could provide technology-based visits as part of the patient's plan of care, Forster explained.

Questions are arising, however, around claims, coding, and reimbursement, Forster explained. Currently, social work phone calls are the only ones that fall under a reportable technology visit. "Hospices have been instructed not to bill other visits unless they are in-person. This creates some frustration as it appears that direct services are not being provided when, in fact, they are – albeit through the use of technology. But there are no codes to differentiate between an in-person and a technology-based visit," Forster said. "We have gone to CMS to ask about a series of codes for this purpose, but this will be a longer-term process."

A telehealth visit is considered a regular visit from a plan-of-care perspective, but not from a claims perspective, Kiser explained. "In the last seven days of life, additional visits to patients – which are so important to care – can be entered on a claim, but not if they are provided via telehealth," Kiser said. "That's a problem, and it does not really make sense that we cannot report to CMS the number of those visits we are providing."

Another concern is whether CMS will provide codes but will lower the rate of reimbursement for a telehealth visit. "Telehealth changes the plan of care, but it doesn't necessarily lower the cost of care," Forster said. "If HIPAA flexibility is eliminated after the national emergency is over, everyone will need a certified system with the right hardware and software to continue technology-based visits. We also have broadband access issues in many rural areas of the country. This means there will be costs involved, and it could be very expensive, particularly for small hospices. All of this must be analyzed before CMS determines a reimbursement rate."

The Future

The data are not available yet to assess patient and provider satisfaction with technology-based visits, but the consensus among Forster, Greene, Kiser and Ruff is that telehealth in hospice care is very likely here to stay – not as a substitute for in-person visits but as a valuable supplement.

"COVID-19 will have a long tail," Forster said. "People will not forget how vulnerable the elderly population is, and seniors will not be as comfortable accepting people into their homes for some time to come. Telehealth will allow us to continue to give people choices around end-of-life care, it will address legitimate fears, and it will add an important dimension to our treatment plan."

Greene sees telehealth staying with us. "It has been part of our strategic plan all along," Greene said. "We still have to determine how to best integrate telehealth as an added benefit to patients and

families. But to be sure, I would like to see it become part of our on-call structure at a minimum."

The care teams throughout Ohio's Hospice are grateful for the new technology. Referral teams are communicating with families through Real-Time Care. Rapid admissions are being conducted through this new technology. Admission and social workers are meeting families off-site at a location other than where the patient is located to sign consent forms and discuss hospice services.

"This has allowed us to continue to provide care to patients who need hospice services," Ruff said. "We found Real-Time Care to be a very useful tool when nursing homes, extended care facilities and hospitals limited the number of visitors in their buildings because of the COVID-19 pandemic."

All four leaders also emphasized how important research will be in determining next steps for telehealth in hospice. "All of our information about effectiveness, appropriate use, and patient satisfaction is anecdotal because this is all so new," Forster said. "We will need research into how it is used, best practices in training and implementation, and what the effects and satisfaction levels are. I believe it can be an invaluable tool for us, but data collection and analysis will be critical to making those determinations."

Resources

CMS Expands Telehealth for Hospice, Other Providers During COVID-19 Outbreak
https://hospicenews.com/2020/03/17/cms-expands-telehealth-during-covid-19-outbreak/

Hospices Tackle Telehealth Challenges During COVID-19
https://hospicenews.com/2020/04/20/hospices-tackle-telehealth-challenges-during-covid-19/

Hospices Turn to Telehealth, Mostly, to Address COVID-19 Concerns
https://mhealthintelligence.com/news/hospices-turn-to-telehealth-mostly-to-address-covid-19-concerns

Opportunities and Barriers for Telemedicine in the U.S. During the COVID-19 Emergency and Beyond
https://www.kff.org/womens-health-policy/issue-brief/opportunities-and-barriers-for-telemedicine-in-the-u-s-during-the-covid-19-emergency-and-beyond/

References

1 https://www.cms.gov/files/document/covid-hospices.pdf

About National Hospice Cooperative

Our mission is to provide world-class, business support services, maximizing financial and process efficiencies to empower community-based, not-for-profit hospice providers to focus their resources on the delivery of quality care.

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