Best Practices for Telehealth Visits to Home

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Today's Presentation

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Objectives for Presentation

- Discuss nursing best practices using telehealth for viewing patients in their homes
- Demonstrate best practice using the Comprehensive Patient Assessment using Telehealth in the Home (CPATH) to guide

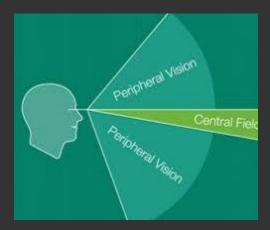
Background

- Hospice/Palliative care patients
- Informatics to examine telehealth human factors
- Gerontology to explore older adult's use of technology
- Usability and acceptability of technology
- Shared understanding required between home healthcare provider, patients and caregivers
- Conscious of task-oriented nature of "show time".
- Intentional visualization due to narrow lens of camera

Visualization

Human Eyes

 Wide focal area with peripheral vision



Camera lens

 Narrow focal area with <u>no</u> peripheral vision



3 Levels of Telehealth

- Telehealth, defined simply as "the delivery of health care services over a distance by using telecommunication technology (Finley and Shea, 2019)
- Level 1 Remote Communication (RC)
 - Video
- Level 2- Remote Patient Monitoring (RPM)
 - Ability to collect and pass real-time biometric data
- Level 3- Remote Patient Engagement (RPE)
 - Predictive
 - Proactive
 - Preventative

m.Care, (2020, Jan.) The three levels of telehealth. [Web log] Retrieved from: <u>https://m.care/blog/three-levels-of-</u> telehealth/?utm_source=ata&utm_medium=newsletter&utm_campaign=fe b20

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Telehealth Compared to Clinic Visits

Telehealth

- Rapid access to physical or psychological assessment of patient
- Traverses travel time and distances easily
- Can potentially see patients in their natural environment
- Provider preparation includes contemplation of indicators of risks related to illness
- More frequent visits without exposure to risks
 - Fall
 - Infection
 - Exhaustion
- Can't touch or smell

Clinic

- Symptoms can be heightened by anxiety/stress
- Travel is challenging for patients, physically and emotionally
- Time and travel can cause stress and costs time and money (possibly for 2 people)
- Ill patients tire easily
- Provider preparation before is overview of illness
- Questions to patient about home environment
- Travel, clinics, emergency rooms and hospitals visits increase exposure to infection

Support for Telehealth in Nursing

Use of advanced technologies

- American Nursing Association (ANA) –*Privacy and Confidentiality*- Position Statement- June 2015
- Call for Action: Nurses Lead and Transform Palliative Care (ANA & HPNA) March 2017
- **ANA**–Center for Ethics and Human Rights Advisory Board- Position Statement-
- Comments from Alliance of Nursing Informatics (ANI)- November 2019
- Centers for Medicare and Medicaid
 (CMS)









COVID 19---CMS New 1135 Waiver

Home Visit New Patient

- 99341 Low severity problem, 20 min.
- 99342 Moderate severity problem, 30 min.
- 99343 Moderate to high severity problem, 45 min.
- 99344 High severity problem, 60 min.
- 99345 Patient unstable or significant new problem requiring immediate physician attention, 75 mi

Home Visit Established Patient

- 99347 Self-limited or minor problem, 15 min.
- 99348 Low to moderate problem, 25 min.
- 99349 Moderate to high problem, 40 min.
- 99350 Patient unstable or significant new problem requiring immediate physician attention, 60 min

Frontloading for Telehealth Visit

- Simplify Access
 - One click
 - Familiar with software
- Prepare the Technology
 - Audio
 - Video
 - Microphone
 - Signal
- Prepare your space
 - Minimize distractions
 - Lighting
 - Camera positioning
 - Eye contact
 - Distance
 - Background

- Risk review
 - Diagnosis
 - Comorbidity
 - Lack of care
 - Safety
- Prepare for the Flow
 - Items to discuss
 - Test results
 - Items to share
 - educational
 - Questions
 - Critical CPATH items

Intentional Steps for Telehealth Visit

1. Small talk

- Comfort
- Relationship
- 2. Shared Understanding
 - Why the visit
 - Why looking around
 - What will do with information
- **3.** Consent to use a camera along the way
- 4. CPATH visit
 - a) Domains
 - Environment
 - Equipment
 - Medications
 - Patient Characteristics
 - Caregiver Characteristics

b) Let domains drive additional views



Guide for Telehealth Visits

Comprehensive Patient Assessment for using Telehealth at Home

Environment	Medication
• fans, airflow	• types
• safety	• dosages
• bedding	• administration guidance
Equipment/treatments (as	Patient characteristics
appropriate)	breathing
urinary collection	• skin color or turgor or
oxygen delivery	integrity
• feeding	Non verbal gestures
• non-medical therapies	• positioning in bed

positioning in bed **Caregiver/family Characteristics**

Case Study- You are the nurse on a Home Care Visit with Telehealth

- Steve 75 year old male
- CVA 2018 with left side neglect
- COPD
- Experiencing shortness of breath and increasing dementia
- Lives with wife and son

What would you put into recommendations?

- Wrap-up (5-10 minutes left)
 - Questions from patient/family
 - Recommendations from nurse
 - Patient-centered plans
 - Next visit













Dramatic Changes Since January

- No reimbursement for home as site of origin
- Limited parity with States
 - <u>https://www.covid19.polsinelli.com/</u> <u>telehealth</u>
- In-person is the gold standard
- HIPAA violations with software a concern
- Where will the compromise be after COVID 19?

Conclusions

- Telehealth enables access to healthcare and limits risks to patients
- Video is useful for visualization, communication and hearing
- Narrow camera lens limits what can be seen
- Frontloading, intentional actions and CPATH viewing emulates in-person visit.
- The CPATH protocol provides a guide for intentional viewing and allows for a more comprehensive visit
- Resources Telehealth Nationally Regionally and Locally. <u>https://telemedicine.arizona.edu/</u>

https://www.telehealthresourcecenter.org/

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THANK You for Attending

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