EXPERT PANEL WEBINAR
Monday, May 11, 2020 | 3:00pm Eastern; 2:00pm Central; 12:00 Noon Pacific

ED-based Models of Telehealth for Older Adults

MODERATOR: Don Melady, MD

Please visit gedcollaborative.com

COVID-19 Resources
gedcollaborative.com/article/covid-19-resources/

EXPERT PANEL

Kevin Biese, MD
Emergency physician,
University of North Carolina

Jeffrey Davis, MSc(HPM)
Director, Regulatory Affairs
ACEP

Michael Kurliand, MS RN
Director of Telehealth,
West Health

Kevin Curtis, MD,
Telehealth Director
Geisel School of Medicine at Dartmouth
Vision
A world where all emergency departments provide the highest quality of care for older patients.

Mission
We bring best practice into action.

We transform and evaluate interdisciplinary best practice in geriatric emergency medicine.

We build and distribute practical, evidence-based clinical curriculum and quality improvement tools that support sustainable, quality care for older adults.
Generously supported by:

The John A. Hartford Foundation
Dedicated to Improving the Care of Older Adults

westhealth institute

GEDC
1. All microphones have been muted.

2. Hover your mouse over the Zoom window to bring up five icons in the bottom center.

3. Q & A Function will NOT be used.

4. Click on **Chat** function, the icon on lower right.

Webinar RECORDING & SLIDES will be available at [gedcollaborative.com](http://gedcollaborative.com)
ED-based Models of Telehealth for Older Adults in the Age of COVID-19

Geriatric Emergency Department Collaborative
May 11, 2020

@theGEDC
Launching an ED Telehealth program during COVID-19: Real-world implementations for older adults
Meet Our Presenters

Dr. Kevin Biese

Jeffrey Davis

Michael Kurliand

Dr. Kevin Curtis
Dr. Kevin Biese

Emergency Physician
University of North Carolina
GEDC Co-PI
Michael Kurliand, MS RN

Director of Telehealth
West Health
Dr. Kevin Curtis

Medical Director, Telehealth
Dartmouth-Hitchcock Health
Geisel School of Medicine at Dartmouth
Dr. Kevin Biese
Overview of COVID-19 Telehealth Flexibilities

Jeffrey Davis, ACEP’s Director of Regulatory Affairs

American College of Emergency Physicians
ADVANCING EMERGENCY CARE
• Telehealth services can be provided from any location including both urban and rural areas.

• HIPAA waiver for use of everyday communication technologies like FaceTime or Skype.

• Telephone (audio-only) codes can be billed.

• EMTALA medical screening exam can be conducted via telehealth.

• ED E/M codes, critical care codes, and observation codes all temporarily added to list of approved Medicare telehealth services. Telehealth services are paid at same rate as in-person services.

• Place of service is considered the same as if service were conducted in-person; a 95 modifier should be included on the claim if provider and patient are in separate locations.

• Waiver allowing physicians who are licensed in one state to provide services to patients in another state.
Four Points to Remember

1. **Anywhere:** Telehealth services can be delivered regardless of location.
2. **Equal Payment:** Telehealth Services are paid at same rate as in-person services.
3. **Coding:** Use same place-of-service code as in-person services (ED--23) AND Attach modifier -95.
4. ** Temporary:** All these changes only last for the duration of the pandemic.
Regs & Eggs blog

I have blog focused on federal regulatory affairs, “Regs & Eggs.” Every Thursday morning, while you’re eating your breakfast, I provide weekly updates on the major federal regulations impacting emergency medicine.

- Click here for the current edition.
- Click here for previous editions.
- Click here to sign up for the distribution list.

COVID-19 Federal Updates

Federal agencies have been continually providing new COVID-19 guidance. ACEP tracks federal agency announcements and provides updates on our website here. Keeping checking our website for the latest information that impacts emergency medicine.
Michael Kurliand
Help PALTCs avoid unnecessary transports and hospital utilization
Make or Break Principle for Rapid Deployment:

#1
Keep it simple for both organizations
Make or Break Principle for Rapid Deployment:

#2 Commitment
Inform & Scale


Follow us: @WestHealth
Email us: telehealth@westhealth.org
Dr. Kevin Curtis
A Hub and Spoke Model in the Rural Northeast

1,900,000 people in rural regions

~50% of hospitals = CAH

Dartmouth-Hitchcock Telehealth Mission
To help deliver outstanding care to the region independent of patient location
Dartmouth-Hitchcock TeleEmergency
Dartmouth-Hitchcock TeleEmergency
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