

How to provide Telehealth to PACE Participants in their Homes

Gary and Mary West (GMW) PACE has implemented new telehealth processes in response to COVID-19 to help reduce the risk of transmission. This guide describes a tele-presenter approach to assess PACE participants in their homes. A PACE employee, such as a personal care aide, is the tele-presenter who goes into the patient's home with telehealth technology and connects with the PACE provider who is at the clinic or his/her home. Follow the steps below to implement telehealth for your PACE participants.

STEP	
Choose A Tele-Presenter	<ol style="list-style-type: none"> 1. Tele-presenters are PACE staff members who facilitate the video visit from the participants' home so that the participant can see and hear (and be seen and heard by) a provider at the PACE site. 2. Tele-presenters can be any member of the PACE interdisciplinary team including medical assistants, certified nursing assistants, and personal care aides/professional caregivers.
Train Staff	<ol style="list-style-type: none"> 1. Conduct several hands-on training sessions during which time staff can practice making and receiving video calls. 2. Have staff initiate calls with each other to learn how to use the technology and experience it from the perspective of staff and patient/caregiver. 3. Encourage staff to engage in practice calls with their friends and family and compare successes and challenges with each other. 4. Make sure your electronic medical record or documentation system is set-up for telehealth and provider and tele-presenter understand how to document in the electronic medical record. 5. Provide staff with a simple data collection tool – list of questions to include basic demographics, symptoms or primary concern (e.g. fever and cough) and any physical finding and show them how to use it while conducting a video visit.
Prepare PACE Participant for Video Visit	<ol style="list-style-type: none"> 1. Using a telephone, call the participant to explain the telehealth visit and who will be visiting the participant. 2. Obtain verbal consent from the participant for the telehealth visit and document consent was obtained. During a public health emergency, verbal consent is permitted. Depending upon state rules, written consent is needed otherwise. 3. If you determine that a caregiver is needed for the call, discuss this with the participant to ensure understanding and set accurate expectations. 4. Provide information on what to expect during the visit such as (1) name of the tele-presenter who will arrive at the home (2) when the tele-presenter will arrive, (3) what the tele-presenter will do before and during the call, and, (4) expected duration of the telehealth visit.
Prepare PACE Staff for Video Visit	<ol style="list-style-type: none"> 1. At the beginning of the day/shift, review the schedule together to ensure visits occur and that charts are reviewed prior to the video visits.

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<p>Prepare PACE Staff for Video Visit</p>	<ol style="list-style-type: none"> 2. Develop plan on what to do/expect if the video visit becomes disconnected. Options can include (a) restarting of the video application and/or (b) tele-presenter phones the provider to complete the visit. 3. If needed, the tele-presenter should check-out/bring any equipment that will be necessary to conduct the telehealth visit and record vitals such as a blood pressure cuff and stethoscope. Equipment may also include that which is needed to facilitate proper documentation of each encounter.
<p>Conducting the Video Visit: Provider and Tele-presenter</p>	<ol style="list-style-type: none"> 1. Tele-presenter arrives at the participant's home and obtains any information needed such as taking and recording of vital signs. Tele-presenter should also position the participant so that he/she will be easily seen and heard by the provider. 2. Tele-presenter contacts the PACE provider by phone to indicate readiness to launch the video call. 3. Provider initiates the video call and tele-presenter answers the call. 4. Tele-presenter gives a brief report of findings to the provider. Tele-presenter ensures that the participant can see and hear the provider and that the provider can see and hear the participant. 5. Treatment plan is discussed with the participant and family / caregiver. 6. The provider ends the video visit. If applicable, the tele-presenter leaves and drives to the location of the next video visit. 7. Provider documents visit in the electronic medical record, follow-up appointment is scheduled as needed, any orders for medications or diagnostics are placed. 8. Providers are encouraged to use telehealth specific CPT Codes to capture visit type and workload.
<p>Evaluation Metrics</p>	<ol style="list-style-type: none"> 1. Define process metrics to assess your program such as those that can be captured via patient and/or caregiver surveys. 2. Tele-presenter metrics may include: (a) time on scene, (b) video visit duration, (c) number of physical exams performed, (d) number of failed video connections and number of attempts and, (e) number of successful video connections 3. Provider metrics may include: (a) number of telehealth visits conducted (b) visit outcomes, including care plan changes, patient/caregiver education provided, etc. (c) number of visits per patient, and (d) amount of time on video.
<p>Tips for Successful Telehealth Encounter</p>	<ol style="list-style-type: none"> 1. Identify a quiet space with minimal interruptions for your video visits. 2. Speak clearly and with enough volume. Limit movement during video visit. 3. Maintain eye contact with the patient. Practice where to look on the screen with coworker. Tell participant if you need to look away from the camera.