



Telemedicine Considerations for Podiatry Practices



Are you using this medium to its potential?

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This past year has motivated many practices to ‘test’ the option of telemedicine to address the needs of patients when the “office” is unavailable, but a disruption in your workflow isn’t new or limited to the coronavirus (COVID-19). Telemedicine is a patient-focused service line that may be the one constant to your practice in any circumstance.

There are considerations—treatment and care options, patient acceptance, delivery platform, and reimbursement. There are benefits—reduced exposure between patients and staff, increased patient compliance and satisfaction, and expanded access to remote patients.

The obvious limits to telehealth visits in a more hands-on specialty like podiatry should not discourage a provider from reviewing the way care has always been delivered. Practicing in an area where winter poses a real or perceived travel risk to the patient, extending access to their provider from the comfort of their home may encourage patients to reach out sooner and feel more commitment to their treatment plan. There can be value in observing the patient’s living en-

vironment. The patient’s understanding of factors that contribute to their well-being could benefit from your literal viewpoint. A virtual visit will never completely replace the face-to-face encounter in any specialty. But with the upcoming patient base more comfortable with technology and the

Scores are Changing Medicine.” It reminded readers that the majority of patient complaints (96%) are related to bad customer service, offering long wait times and poor communication as examples. Is that a perception or a reality? The patient may be experiencing pain or discomfort when schedul-

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unpredictable access to the brick and mortar, the practice will benefit from having a complementary delivery method in place.

Back in the 1970s, Life cereal had a commercial with the catch-phrase, “Mikey likes it!” The characters were skeptical about something new and waited until the younger sibling tested the product. A well-thought-out implementation plan for tele-visits may strike the same surprising result with your patients. The October 2019 issue of *Medical Economics* featured an article titled, “How Patient Satisfaction

ing an appointment to see a podiatrist.

That pain may continue for a period of time until they can be seen and then they must drive a variable distance to the office. They may also decide they just don’t feel well enough to come in and either cancel or not show. Following the patient who does arrive at the practice, that patient is already uncomfortable and possibly annoyed at something that happened enroute. Even a short wait in an uncomfortable waiting room (sorry, nothing will match their overstuffed

Continued on page 38

Telemedicine (from page 37)

recliner at home) will seem like an eternity and add to their annoyance. The person next to them may cough or sneeze or have a painful-looking brace and your patient's anxiety just increases. A poor patient evaluation isn't about their individual experience with the practice but rather the collective experience of the entire event.

Replay that same patient's experience when scheduled for a televisit. The patient remains in a comfortable overstuffed recliner until the provider is ready to start the visit. Within their own environment, the patient is relaxed and can focus on describing their condition or their progress instead of being focused on the office environment. When the initial assessment is a virtual meeting, the patient also has the chance to become comfortable with the provider on their terms. The first face-to-face when they start treatment isn't a hesitant and new experience. A recent survey noted that 72% of the 1,000 respondents had their first virtual care visit ever during the pandemic, with over 75% saying they were very satisfied with their experience.¹

Will Brady, senior advisor to HHS Secretary Alex Azar has been quoted as saying "Telehealth is now the preferred method. People want this as the first site of care. We are seeing a demand from consumers."²

If there is hesitancy within the team about telemedicine for your practice or your current patient mix, ease into this service by creating a positive experience with the patient portal experience. An integrated patient portal is an essential component of a successful tele-visit. When the patient is making payments and requesting appointments from the comfort of their home, it will be second nature to participate in a visit from home. Each staff member will play a significant role in helping the patient adapt to a virtual office. Clinical staff can remind the patient about requesting medication refills online or accessing educational materials through the portal. When the patient is reaching out via the messaging system, it will be easier for them to reach out via tele-visit.

Consider reaching out to the pa-

tient virtually when responding to more in-depth phone calls or questions. When appointments are scheduled for non-treatment visits (consultations, re-evaluations, etc.), the front desk can offer the tele visit to save the patient time. The automatic response "you'll need to schedule an appointment" can be updated to "would you like to discuss that with the provider in a tele-visit?" Improved communications between the practice and the patient will naturally increase the relationship to and loyalty of your patients.

of the respondents noted they would consider switching providers for the offering. Public demand drives healthcare policy which includes reimbursement policy.

The Centers for Medicare and Medicaid (CMS) Outpatient Prospective Payment System (OPPS) 2020 Proposed Rules contain key information on the future reimbursement for telehealth services—at least for Medicare patients. The upside is that as many know 'so goes Medicare, so goes the world of reimbursement.'

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The cheapest marketing is a positive referral from an existing patient.

It can be tempting to implement a telemedicine workflow that uses the video features of Skype, Facetime, or other social media. This is convenient, but not compliant. Zoom recently drew the attention of the Federal Government with multiple reports of video sessions being "zoom bombed." Select a vendor that is able to integrate telemedicine, including the video aspect, within the EHR module. ONC certification will ensure that all aspects of the tele-visit are secure from data encryption, user authentication, and patient verification. There is efficiency in being able to document the patient care during the encounter.

There is the saying in academic medicine—leading edge/bleeding edge. Not every new technology, procedure, or process is embraced by the insurance payors as rapidly as the medical community. However, COVID-19 has definitely had an impact on payor policy. Many payors quickly relaxed copayment rules and/or expanded coverage for telehealth services "temporarily" during the pandemic. Now they are seeing it may be very difficult to put the genie back in the bottle. The same survey referenced above noted that almost 75% of the respondents wanted virtual care to be a standard part of their care moving forward. Half

The formal comments and responses from practicing providers are vital to the policy process.

The practice and delivery of healthcare continues to respond to the needs of the community. Do the homework. Check the state regulations especially if the practice and patient cross state lines. Ensure your risk management policy covers the additional services. It is worth the investment of time to determine the best way telemedicine can augment the quality of care you provide. **PM**

References:

¹ <https://www.kyruus.com/patient-perspectives-on-virtual-care>

² <https://www.fiercehealthcare.com/practices/cms-upcoming-medicare-payment-rule-to-include-proposals-to-expand-telehealth>



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