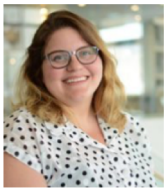
Welcome to the webinar:

Saving Our Telehealth

Susan Herman, MD
Director of the Epilepsy Program, Professor in the Department of Neurology at

Neil Busis, MD
Clinical Professor & Clinical Director of Telehealth Program for the Department of Neurology at



Jessica Nickrand, PhD
Manager of Programs & Leader of Telehealth initiative at

Thank you to our Sponsor

Saving Our Telehealth

Saving Our Telehealth: Overview

Neil A. Busis, MD
Department of Neurology
NYU Langone Health

Saving Our Telehealth

Range of Telehealth Services

Telephone | Digital E/M | Audio/Video | Inter-Professional | Remote Monitoring

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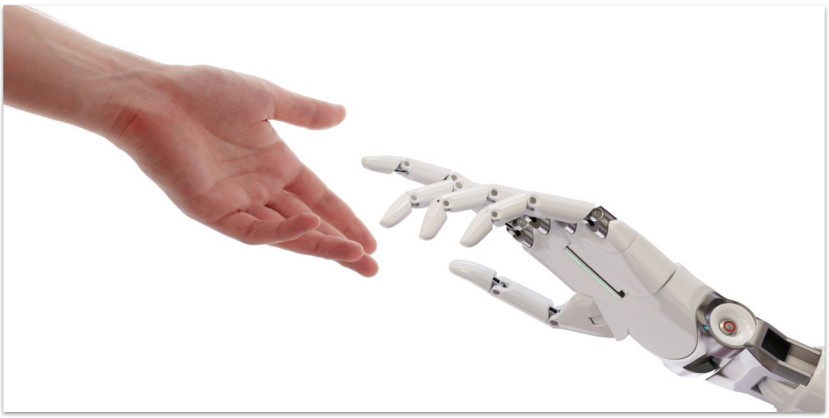

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Telehealth Breaks Down Barriers to Access

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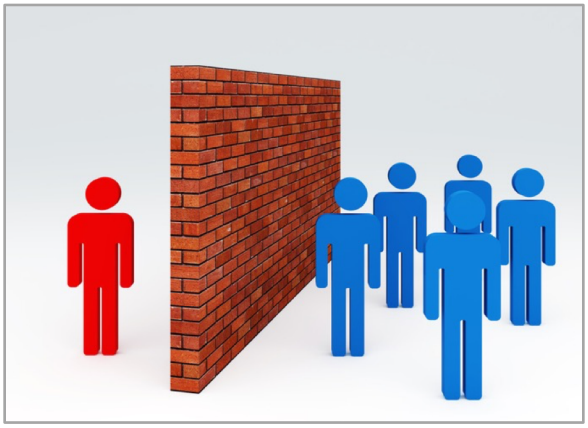
But Telehealth is the Ultimate PPE



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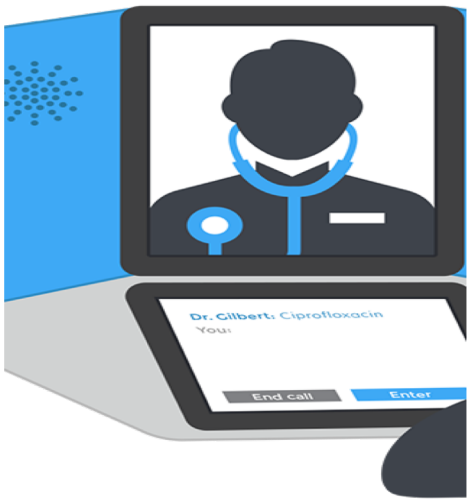
Even Before COVID, Patients Wanted Telehealth

- Patient Empowerment
- Instant access to care and information
- Convenience
- Lower cost for patient



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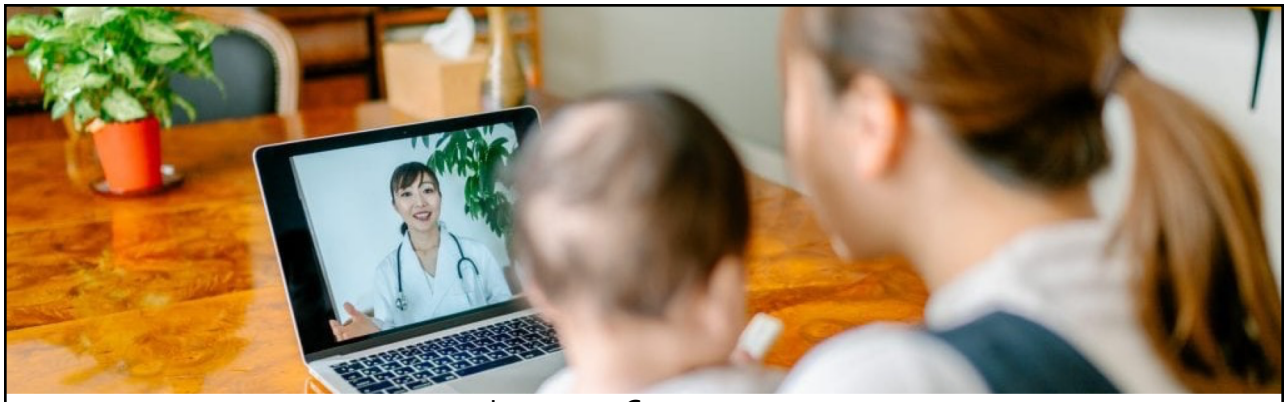

Telehealth Barriers

- Insurance Coverage
- Data/Privacy Concerns
- Technology Literacy/Digital Divide
- State-by-State Licensure/Liability
- Physical Examination

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Telehealth Regulations

Pre-Pandemic
- Sites of service restricted
- Spotty payer coverage for telehealth encounters
- Phone visits billed at lower rates than video visits for established patients
- Video appointments had to use HIPAA-compliant technology

During Pandemic
- People can receive care where they live—not where the provider works
- Expanded services available
- Personal phones and tablets can be used for telehealth via programs like FaceTime or Skype

Post-Pandemic
??????????????

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National Association NAEC of Epilepsy Centers

EPILEPSY LEARNING HEALTHCARE SYSTEM

Telemedicine in Epilepsy: Lessons from COVID

Susan T. Herman, MD
Professor of Neurology
Barrow Neurological Institute

President, National Association of Epilepsy Centers
Leader, Clinical Core, ELHS

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Types of Telemedicine

- Video and audio visits
  - Outpatient clinics, hospital and emergency room visits
- Phone visits (only during COVID)
- Online digital evaluation and management
  - Secure email, patient portals
- Interprofessional internet consultation
  - Doctor to doctor
- Remote monitoring
  - Vital signs, electroencephalogram

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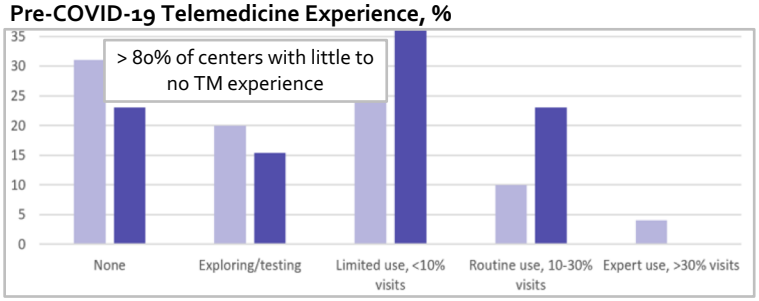
NAEC Telemedicine Survey, 3/2020

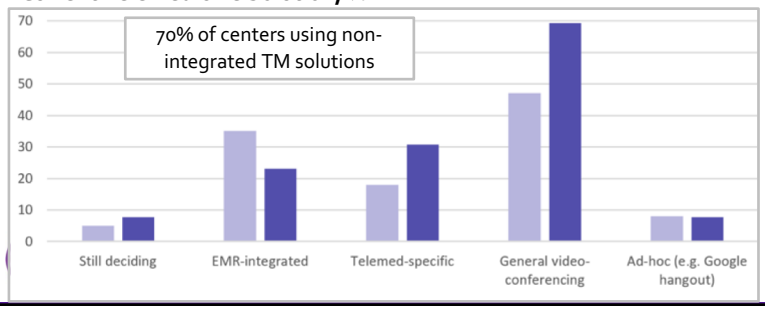
Pre-COVID-19 Telemedicine Experience, %



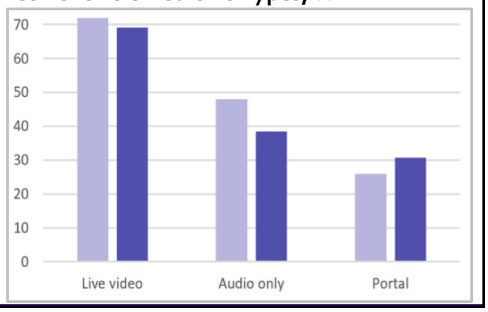
257 NAEC Centers: 99 responses 13 ELHS centers: 7 adult, 6 peds

All NAEC | ELHS

Current Telemedicine Solution, %



Current Telemedicine Types, %



BNI Telemedicine Timeline

Month	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
MARCH	8	9	10	11 Close Clinic Phone Visits	12 0% Video Visits	13	14
MARCH	15	16	17	18	19	20 Zoom Contract Signed	21
MARCH	22	23 Task Force Zoom Visits Epilepsy, Movement	24 Zoom Visits Neuromuscular	25	26 Zoom Visits Cognitive	27	28
MARCH / APRIL	29	30 Zoom Visits Headache	31 Tech Training Begins	1 Zoom Visits Stroke, Neuro-onc	2	3 All Providers / Staff Trained	4
APRIL	5	6	7	8	9	10	11
APRIL	12	13	14	15	16 80% of Usual Clinic Volume on Zoom	17	18

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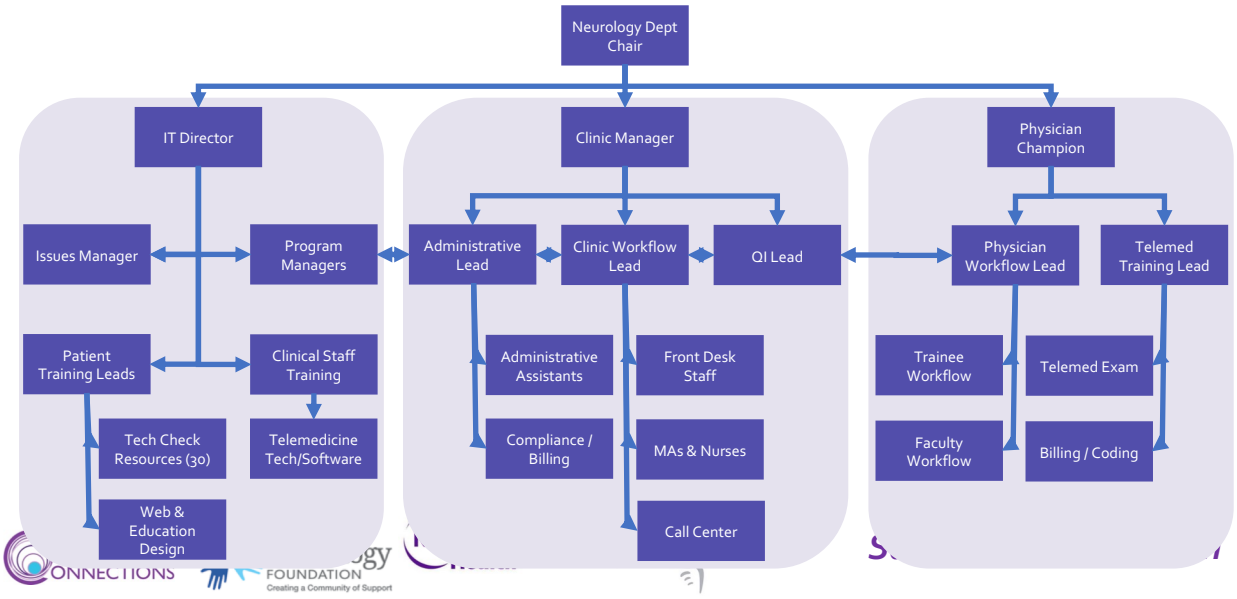
BNI COVID-19 Telemedicine Task Force



TELEMEDICINE VISIT CHECKLIST

Telemedicine or telehealth visits use audio and video to connect you to your healthcare provider from your location or home. These are sometimes called "virtual visits". You will be able to see, hear, and talk to your provider, just like you do in the office. Currently, these visits can be done between you at home and your provider in their office. The telehealth appointment is private, using secure software to make the connection. You can also have a family member or friend accompany you during the visit. You will be billed for the visit the same as if you were seeing your health care provider in person.

HOW TO PREPARE FOR A VIRTUAL VISIT

1-2 days before your telemedicine appointment

☐ Decide which device you will use for the visit. Virtual visits work best when your doctor can clearly see you. There are many options for the visit:

- Desktop computer with external webcam and microphone

https://www.epilepsy.com/sites/core/files/atoms/files/ELHS-Telemedicine-Checklist-English_051220.pdf

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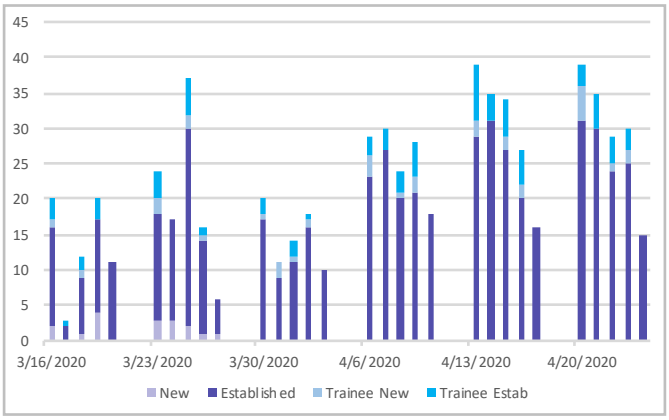
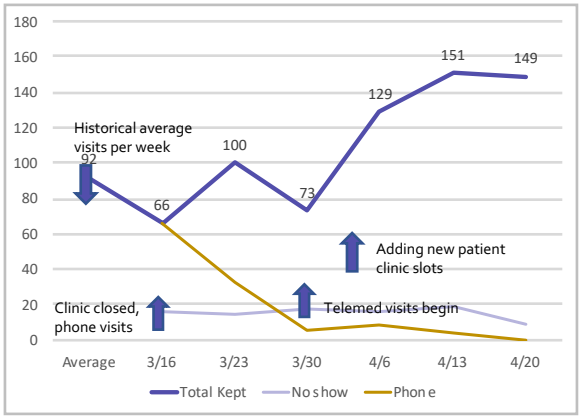
Telemedicine Clinic Visits, Barrow Epilepsy

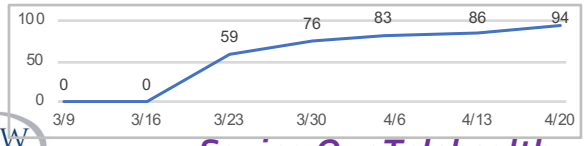
Daily Clinic Visits



Weekly Clinic Visits



% Visits Completed as Telemedicine Video



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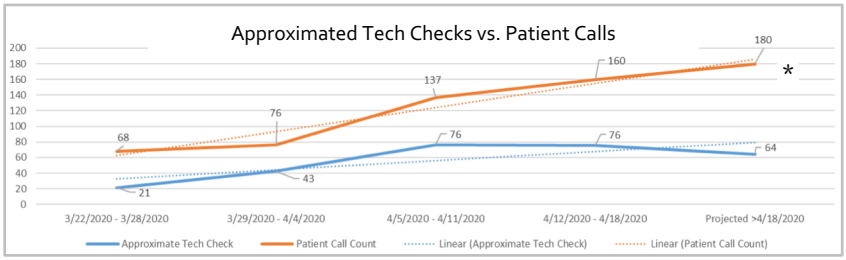
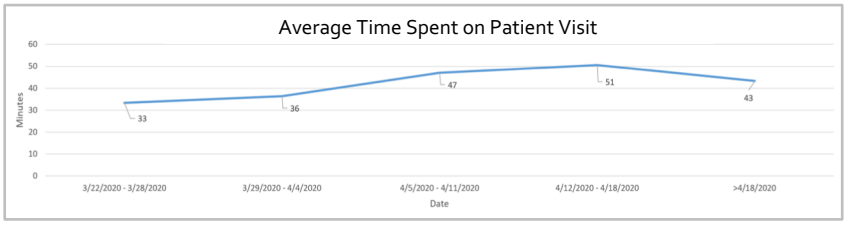
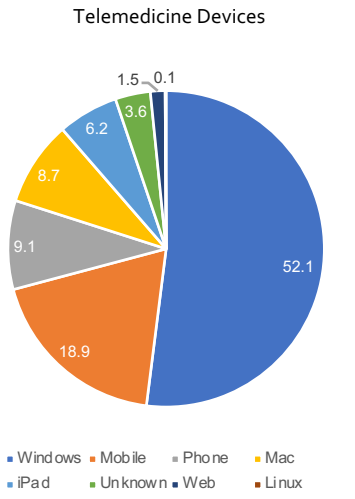
Telemedicine Sessions







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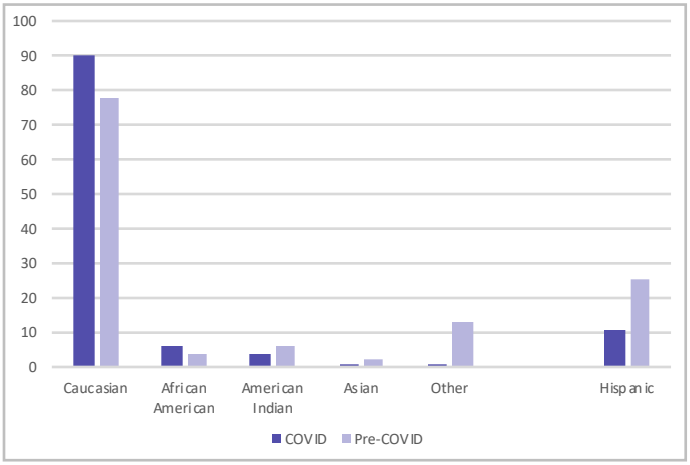
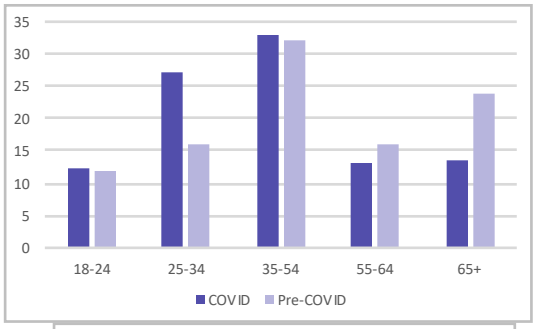
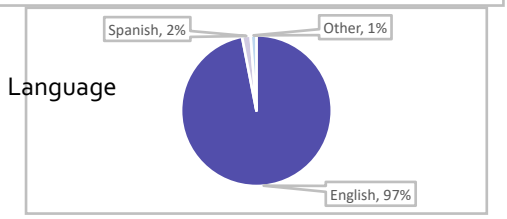
Demographics







Female: 56% **Gender** Male: 44%

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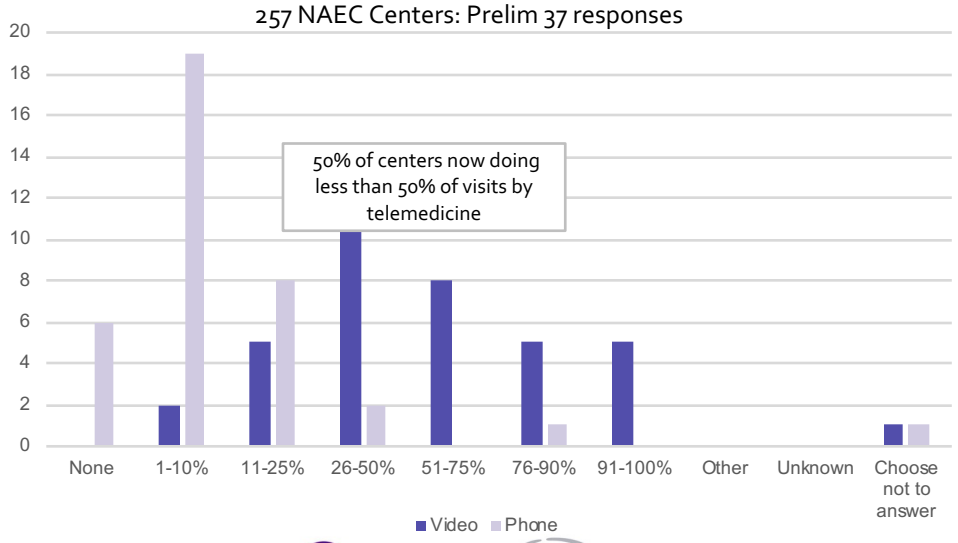
NAEC Telemedicine Survey, 7/16/2020

257 NAEC Centers: Prelim 37 responses



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Summary

- Telemedicine visits are feasible for providers and satisfactory for many patients
- Concerns about equity
  - Socioeconomic status: limited devices
  - Rural areas: limited broadband
  - Older age: unfamiliar with technology
- Major driver of telemedicine is hospital / clinic administration concerns about reimbursement
  - Rapid reversion to in-person visits

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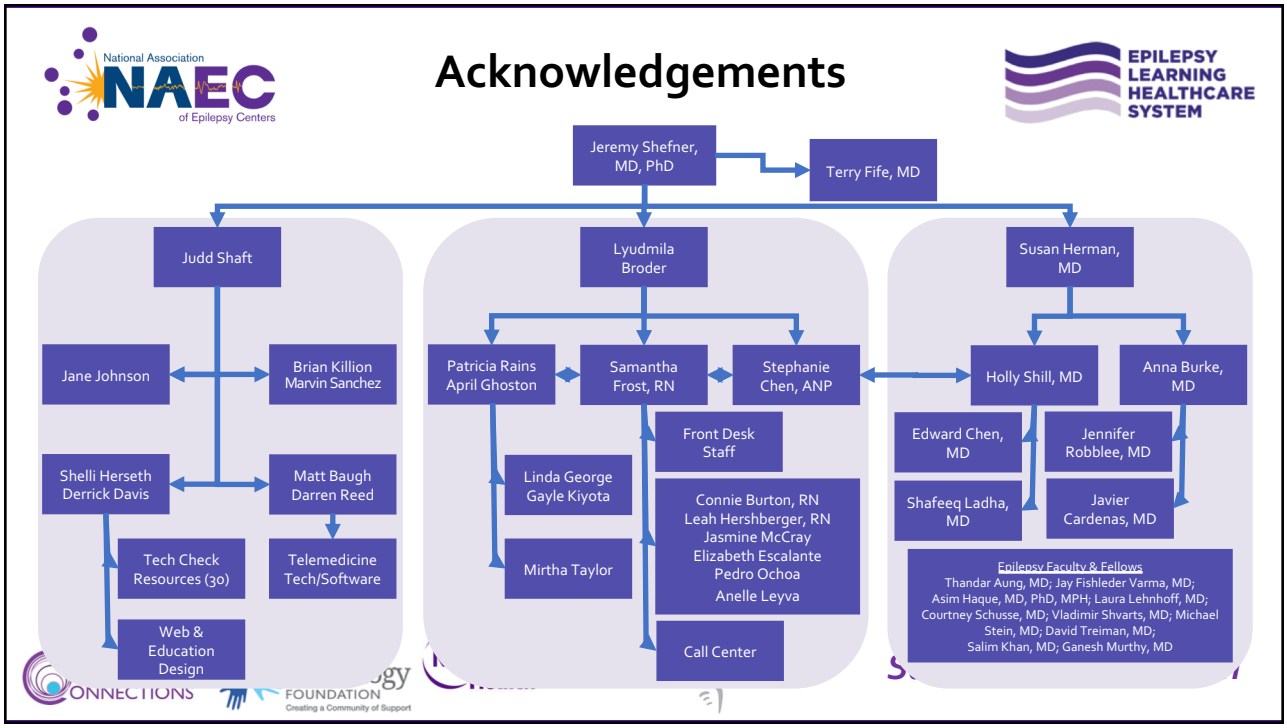

Saving Our Telehealth: Act Now!

What You Can Do

Jessica Nickrand, PhD
Manager of Programs
Child Neurology Foundation

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Why is Telehealth Working for Parents and Caregivers?

Lower wait times and higher access to care

Improved behavior regulation in children/patients

Troubleshooting in-home accessibility issues

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Public Health Emergency

"During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may see to communicate with patients and provide telehealth services, through remote communications technologies."

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Paying for Telehealth

Medicaid — Very Probably Covered!

- Coverage varies from state-to-state
- Authorized state Medicaid programs to utilize telehealth broadly
- Medicaid licensure requirements waived

Private Insurers — Likely Covered, for Now.

- Several announced they will make telehealth more widely available, including Aetna, Cigna, BlueShield BlueCross
- VP Pence announced progress in this area
- State-by-state. Montana offers coverage!

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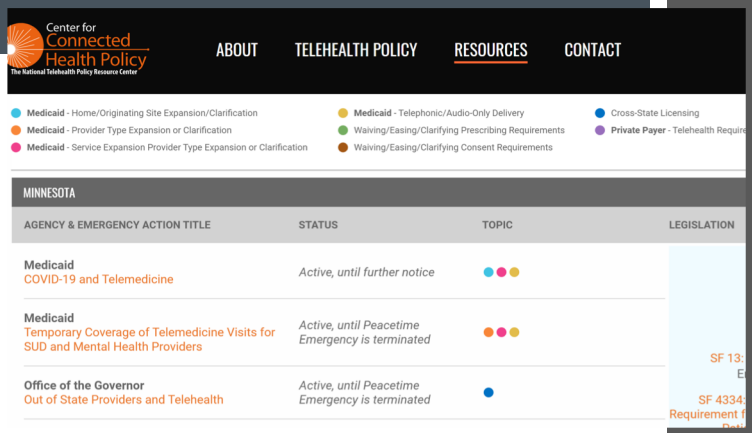
What About My State?



- State Action Resource Center:
- www.cchpca.org/covid-19-related-state-actions

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What About My State?

Center for Connected Health Policy
The National Telehealth Policy Resource Center

ABOUT | TELEHEALTH POLICY | RESOURCES | CONTACT

- Medicaid - Home/Originating Site Expansion/Clarification
- Medicaid - Provider Type Expansion or Clarification
- Medicaid - Service Expansion Provider Type Expansion or Clarification
- Medicaid - Telephonic/Audio-Only Delivery
- Waiving/Easing/Clarifying Prescribing Requirements
- Waiving/Easing/Clarifying Consent Requirements
- Cross-State Licensing
- Private Payer - Telehealth Require

MINNESOTA

AGENCY & EMERGENCY ACTION TITLE	STATUS	TOPIC	LEGISLATION
Medicaid COVID-19 and Telemedicine	*Active, until further notice*		
Medicaid Temporary Coverage of Telemedicine Visits for SUD and Mental Health Providers	*Active, until Peacetime Emergency is terminated*		
Office of the Governor Out of State Providers and Telehealth	*Active, until Peacetime Emergency is terminated*		

- State Action Resource Center:
- www.cchpca.org/covid-19-related-state-actions

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What Can I Do?

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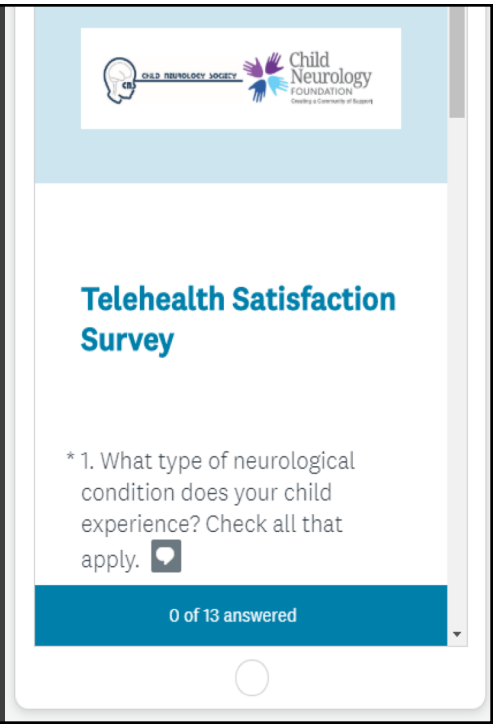
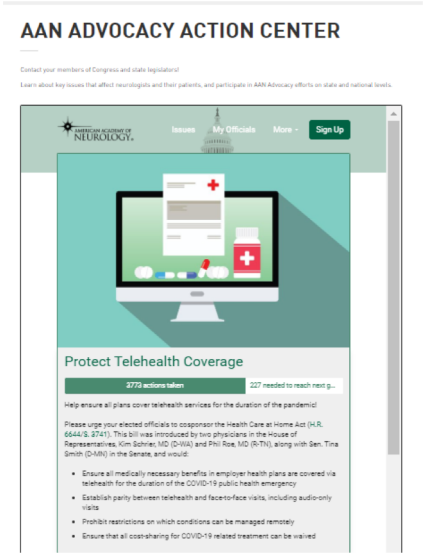
Tell Us Your Story.

www.surveymonkey.com/telehealthcovid



AAN Advocacy Center



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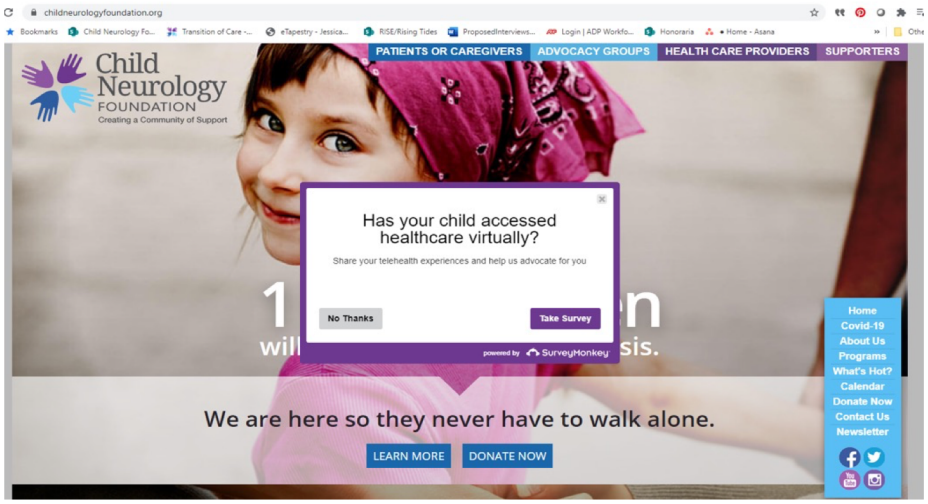
- Email Derek at Dbrandt@aan.com for more information

AAN Telehealth Days of Action

- July 28-29
- Toolkit to Include:
  - Op-Ed Template for Local News
  - Social Media Blasts
  - State and Federal Advocacy Opportunities



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Thank You for joining us!

Upcoming Webinars - ***Register at bit.ly/DEEPWebinars***

July 22nd – **Part 3: Rescue Meds for DEEs Part 3: Caregiver Experiences with Rescue Meds and I-SEPs**

July 29th – **Autonomic Dysfunction 101**

August 12th – **Part 4: Rescue Meds for DEEs Part 4: How to Design or Update your Individualized Seizure Emergency Plan!**

info@DEEPConnections.net **www.DEEPConnections.net**

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