

Role of Technology

- **We have not done telehealth previously and don't have the equipment. What can we do?**

The Centers for Medicare and Medicaid (CMS) has expanded access to telehealth services in response to the COVID-19 pandemic. Medicare will now pay for telehealth visits across a variety of settings (e.g., skilled nursing facility, office, hospital) and providers (e.g., physicians, nurse practitioners, clinical psychologists, and licensed clinical social workers). These visits will be reimbursed at the same rate as regular, inperson visits. CMS has also broadened acceptable platforms to perform telehealth by waiving enforcement of HIPAA health privacy law violations. In addition to current telehealth platforms, providers are now able to utilize common communication tools such as FaceTime and Skype.

[Additional details and billing advice are available here.](#)

- **We have done telehealth before but do not want to bring the machine into the room of a COVID-19 positive resident. What should we do?**

One potential solution is to designate a dedicated portable device, such as a tablet (e.g., iPad) or smartphone for COVID-19 positive or persons under investigation (PUI). If possible, have the device covered with a water resistant covering so that it can be wiped down after use. Have a Certified Nursing Assistant (CNA) – in appropriate personal protective equipment (e.g., contact and respiratory precautions) -- carry the device into the room so the resident does not have to hold the device. After completion of the visit the CNA can wipe down the device. Of course, the CNA should practice good hand hygiene and change PPE in accordance with the facility's current policy.

- **What about our medical providers? They work at multiple nursing homes and have outpatient practices.**

Encourage and support the use of telehealth so clinicians can avoid bringing COVID-19 into buildings or exposing themselves.

- **One of our residents has an appointment scheduled with a specialist they saw in the hospital. Should we send her to that appointment?**

We recommend that the staff call the outside consultants and delay non-urgent visits or procedures. If there is a pressing medical need for the appointment, explore options such as electronic consults or other telehealth modalities to limit exposure of the resident to other healthcare settings.

- **What if a family member who may be ill wants to visit a resident?**

They should not be permitted entry. Even if they do not have COVID-19, there is still a risk of acquisition and the risk of transmission of infection other than COVID-19 to other residents. In our current situation, introducing a rhinovirus or other non-COVID-19 respiratory illness into the building will lead to illness, increased use of tests and of PPE.

We recommend use of technology such as Skype, FaceTime, or similar phone and videoconference applications when possible to avoid an unnecessary exposure.