

April 14 Telehealth Session Chat Comments

Participants were allowed to submit questions in advance and reply to speakers throughout the informational session.

Janice Karin asked: what about eye exams?

Michael Lee wrote: There are apps where phones and remote tools can be used to examine eyes so actually I think this should remain as clinical judgment.

Deb Schoenthaler wrote: Per Dr. Schwamm and Dr. Kimball's comments, requiring prior auth for all telehealth visits, vs carving out any specific/obvious ones that are not appropriate for telehealth, would bring our health care system to a grinding halt

Lee H Schwamm, MD wrote: the exam itself may need to be done in person but interpretation and discussion may be able to be done via telehealth. new smartphone technology promises to upend this field, as FDA approved devices for home diagnosis are coming on the market such as otoscopes that can take and upload images to providers.

Janice Karin wrote yes, I meant the exams themselves (similar to the discussion on surgery vs surgeons). Interesting to hear about the new technology

Karen Granoff wrote: MHA is on record as agreeing with Dr. Spivak's comments - modality is a clinical decision; rules should not differ based on modality but should follow the in person guidelines and requirements

Janice Karin wrote: I think patient consent is a big part of this, especially for the types of calls that we've discussed in the past where the patient may not think it's a visit but the provider decides it falls into that category - telling the patient "if we continue this discussion I'll have to bill you for a visit" would go a long way in this regard

Janice Karin noted: (on the surprise billing front, not directly related to out of network)

Janice Karin asked: do mass laws apply to providers in mass or patients in mass or both? (i.e. location matters for that, right?)

Karen Hefler wrote: Client location is dictated to be in the state of Massachusetts per some licensure laws

Courtne Tower wrote: Typically location matters as I understand it. If patient for example is in Florida and physician isn't licensed in that state typically they shouldn't treat that patient. I personally experienced this when I had a schedule telehealth appt with a MA provider, but I was in Florida. They wouldn't treat me.

Lee H Schwamm, MD wrote: the patient location has traditionally determined where the care is being rendered, but this has caused great complexity in cross state care. Many groups are re-thinking this

Courtne wrote: I located information regarding providing telehealth services across state lines on the telehealth.hhs.gov website. <https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/telehealth-licensing-requirements-and-interstate-compacts/>. The website referenced above lists guidelines by state.

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Sally Reyerling added: <https://www.federalregister.gov/documents/2020/12/09/2020-26977/fourth-amendment-to-the-declaration-under-the-public-readiness-and-emergency-preparedness-act-for>

Kathy Keough wrote: Could not agree more with Mike

Jatin Dave: Thank you all for your engagement, participation and time. Special thanks to Kevin.

Barbara Spivak wrote: Thank you for the opportunity to speak on these issues.

Lee H Schwamm, MD wrote: Agree. A wonderful opportunity for sharing of ideas