

# Teledermatology Optimization

---

Making the Most of Our Hybrid World

Ivy Lee, MD, FAAD

Dermatology Innovation Symposium

October 15, 2022



# Teledermatology as a Tool to Work Smarter

## *Conflicts*

AAD Telemedicine Task Force  
AAD Augmented Intelligence Committee  
ATA Teledermatology Interest Group  
  
Direct Dermatology, Inc (stock)  
L'Oreal (Advisor)  
NOIE (Advisor)

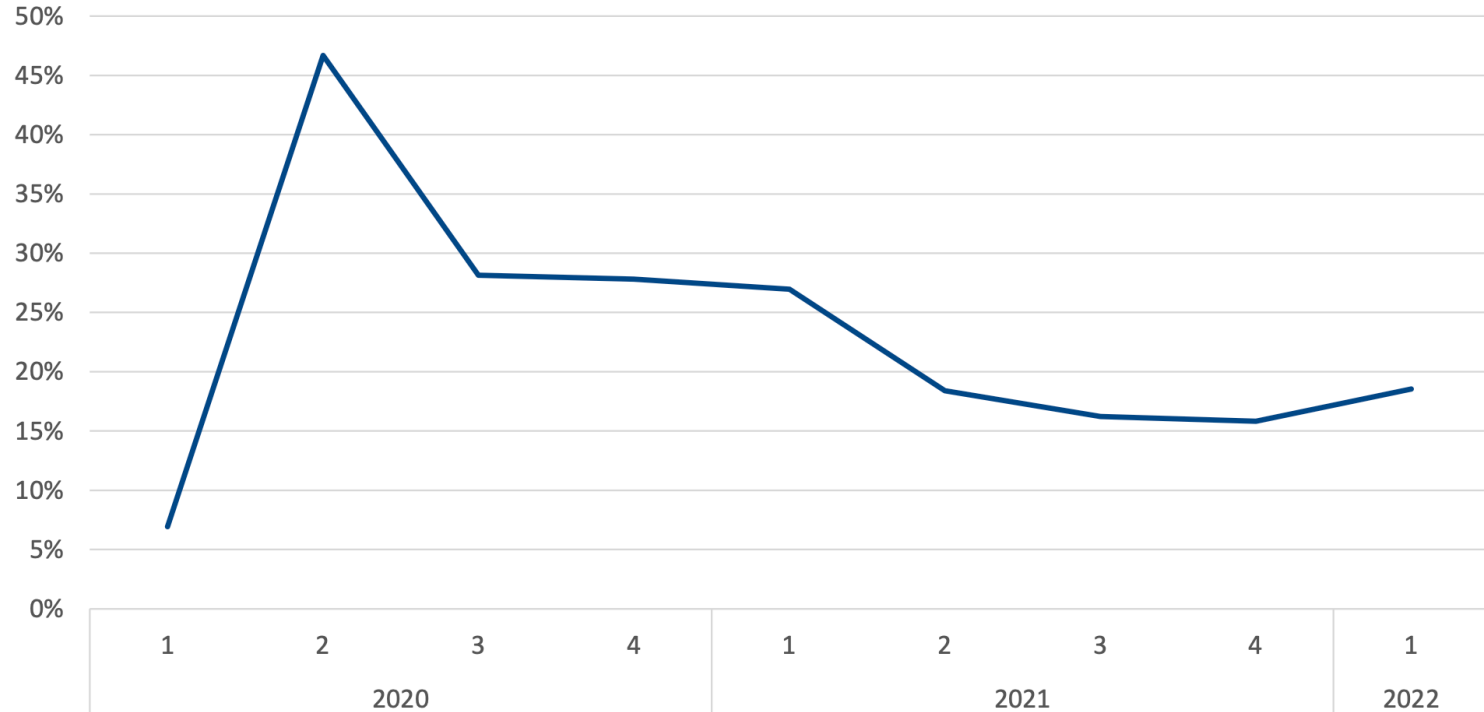
## *Practice Experience*

Private Dermatology Group  
Academic  
Safety-Net  
Federal Bureau of Prisons  
Senior Communities  
Direct-to-Consumer telehealth  
Volunteer

# Medicare Telehealth Trends Report

Medicare FFS Part B Claims Data: January 1, 2020 to March 31, 2022, Received by July 22, 2022

## Percentage of Medicare Users with a Telehealth Service by Quarter: Overall



# Telehealth Definitions

## Modalities

- Synchronous
  - Audio (telephone)
  - Videoconferencing
- Asynchronous (Store-and-Forward)
  - Email /portals
  - SMS text
  - Third party platforms

## End-User

- Patient
- Referring provider

## Function

- Triage
- Consultation

# Why Telehealth Modality Matters?

## Synchronous

- Audio/Phone
  - No images
  - Reliant on patient/provider description
- Videoconference
  - Poor image quality
  - Real-time communication (clinical history, questions, discussion)

## Asynchronous

- Store-and-Forward
  - Better images than videoconference
  - Images and clinical history can be reviewed with option of requesting additional data
  - Less time-consuming
  - Less opportunity for education and discussion unless intentional

**Hybrid** Telehealth = Combination of asynchronous + synchronous telehealth

**Hybrid** Care = Combination of telehealth + in-person, "brick-and mortar" care



# Pandemic Pivot

---

**Telehealth flexibilities quickly implemented.  
1135 waiver and "enforcement discretion"**

**Table I.** Updates in telehealth policy in the COVID-19 crisis\*<sup>1</sup>

	Pre-COVID-19 telehealth policy <sup>1</sup>	COVID-19 <sup>1</sup>
Physician licensure	Providers must be licensed in state of the patient	Waived but state regulations apply.
Patient population	Established patient of the practice (within 3 years)	New or established patients
Patient location	Eligible originating sites Rural communities (HRSA)	All settings, including patient's home.
Technology <sup>1</sup>	Synchronous (live-interactive) Asynchronous (store & forward)	No change.
Privacy and security	HIPAA compliance	Not enforced.
Synchronous E-visit (provider to patient)	Codes: 99201-99215 Only for established patients in eligible originating sites and geographic locations. Place of Service code: POS 02 Co-insurance/deductibles apply	May be reimbursed at the same amount as in-person visits, when using an interactive audio and video telecommunications system permitting real-time communication between distant site and patient at home. <sup>^</sup> Providers have flexibility in reducing/waiving out-of-pocket costs for patients. New or established patients Place of Service code: POS 11 <sup>&gt;</sup> Modifier: 95 <sup>&lt;</sup> E/M level selection can be based on MDM or time**
Asynchronous E-visit using patient portal (provider to patient)	Codes: 99421-3 Place of Service code: POS 02 Established patients only.	New or established patients Place of Service code: POS 11 <sup>&gt;</sup> Modifier: 95 <sup>&lt;</sup>
Interprofessional E-consultations (provider to provider)	Synchronous, asynchronous, or telephone New or established patients Codes: 99446-99452 Place of Service code: POS 11	Place of Service code: POS 11 <sup>&gt;</sup> Modifier: 95 <sup>&lt;</sup>
Virtual check-in (provider to patient)	Synchronous, asynchronous, or telephone - Patient initiated - Established patients only - Brief, 5-10 minutes - Cannot result from/lead to E/M service within previous 7 days or next 24 hours. - Low reimbursement  Codes: G2010 (asynchronous) G2012 (synchronous) Place of Service code: POS 02	New or established patients Place of Service code: POS 11 <sup>&gt;</sup> Modifier: 95 <sup>&lt;</sup>
<b>Other payers</b>		
Medicaid	By state <sup>2</sup>	Evolving by state
Private	By state <sup>2</sup> Billing modifier 95 (synchronous)	Evolving <sup>1</sup>

Telehealth: Helping your patients and practice survive and thrive during the COVID-19 crisis with rapid quality implementation

# Overnight Accelerated Adoption

- Telederm or bust!
- Economic incentives drive behavior
- Payment parity for synchronous telehealth only

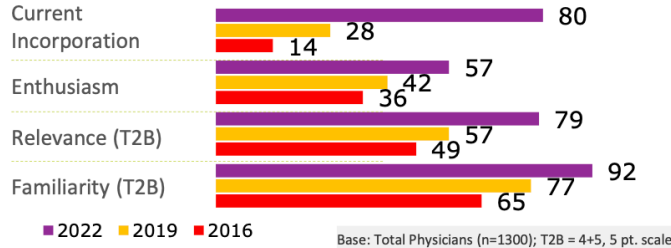
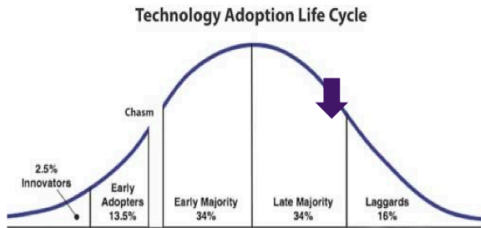


# Tele-Visits/Virtual Visits

Communication and sharing of electronic clinical data to consult with specialists, make referrals and/or transitions of care.

## Evaluation among Total Physicians

### Current State



Drivers among physicians where tool is relevant, but not yet used

### Most Attractive Elements

Above average importance & ranking

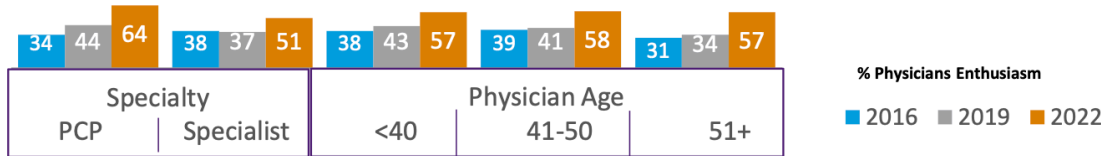
1. Improves health outcomes
2. Improves work efficiency
3. Provide care remotely
4. Increases patient convenience
5. Increases patient safety
6. Improves diagnostic ability

### Key Functional Requirements

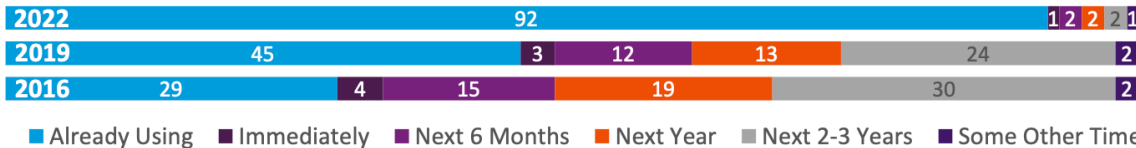
Above average importance & ranking

1. Can be reimbursed for time spent
2. Well integrated with EHR
3. As good as traditional care
4. Covered by standard malpractice insurance
5. Requires no special training

### Enthusiasm



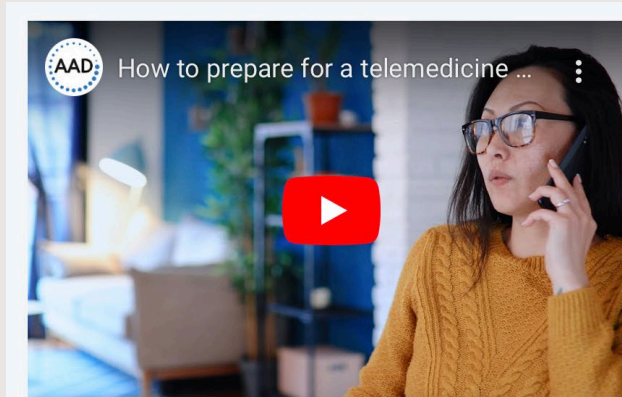
### Timeline of Adoption Among Enthusiastic



Base: Total Physicians, Excited About Solution: Point-of-care / Workflow Enhancement (n=743)

# AAD Teledermatology Toolkit

- Getting started checklists
- Workflow templates (small practices, academic or multispecialty groups)
- Consent form templates
- Coding quick reference and flowchart
- Vendor platforms
- Standards
- Online education

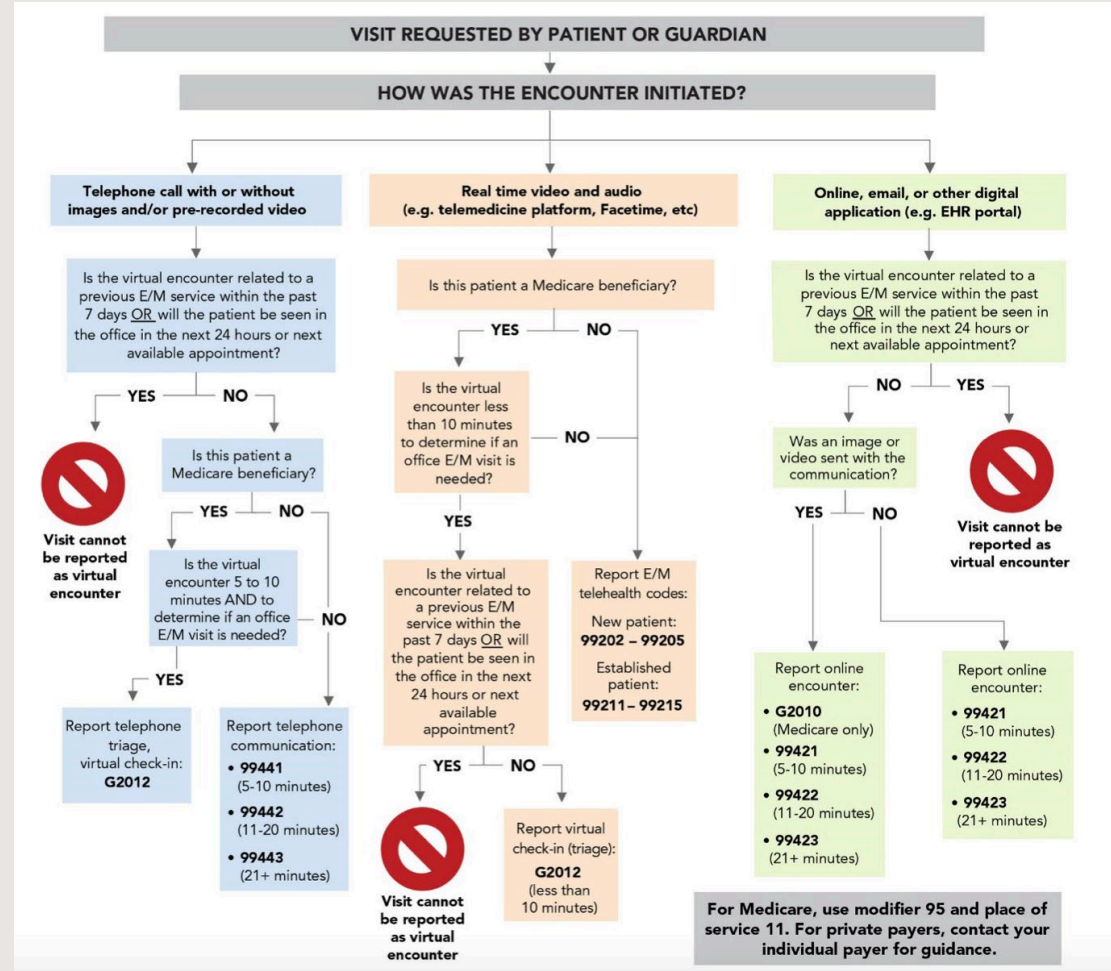


## HOW TO PREPARE FOR A TELEMEDICINE APPOINTMENT

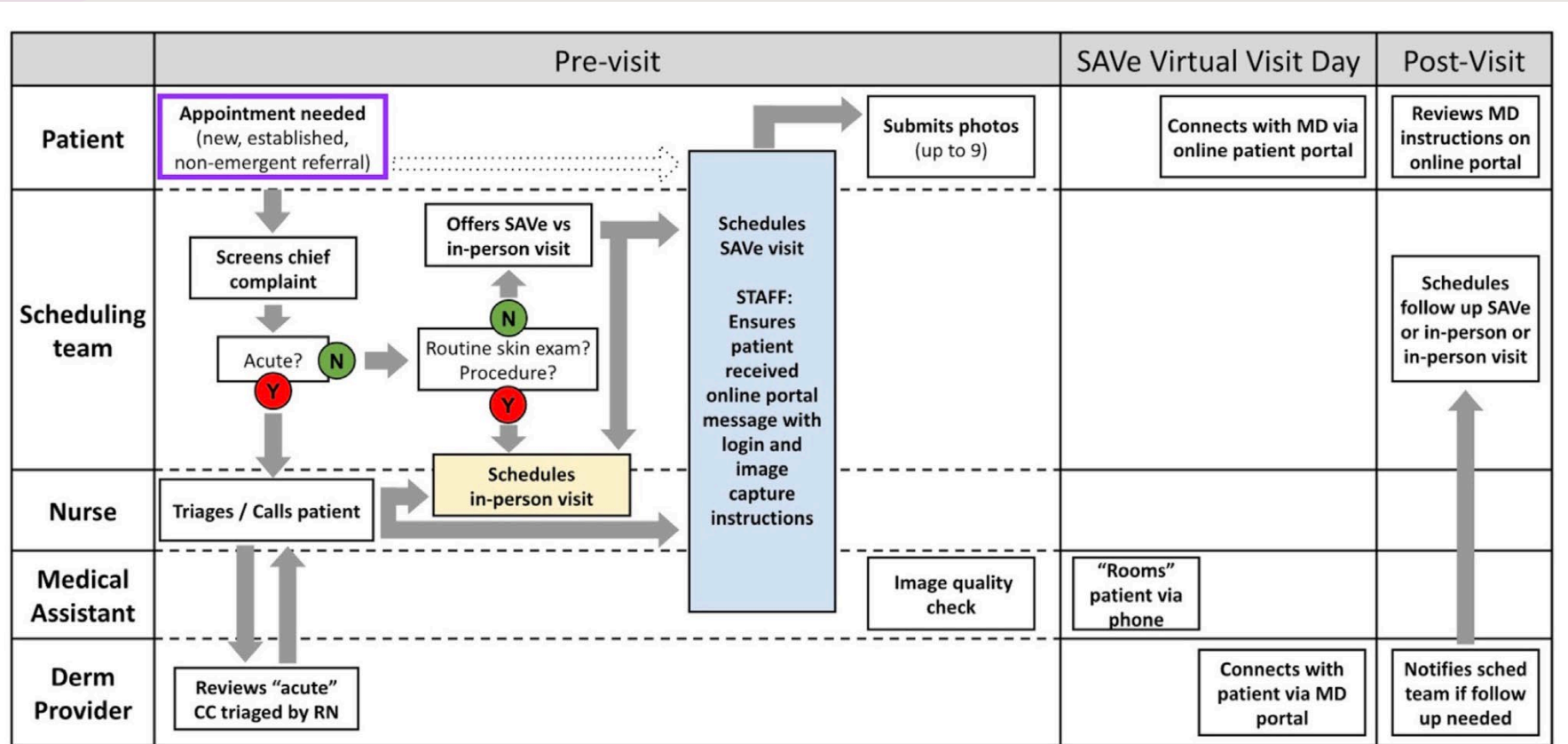
Consumer demand for virtual health care has exploded during the COVID-19 pandemic. Thanks to telemedicine, patients with new concerns and those with chronic conditions can have an appointment with a board-certified physician from the comfort and safety of their homes.

To help patients get the most out of their telemedicine appointments, board-certified dermatologists recommend following these tips.

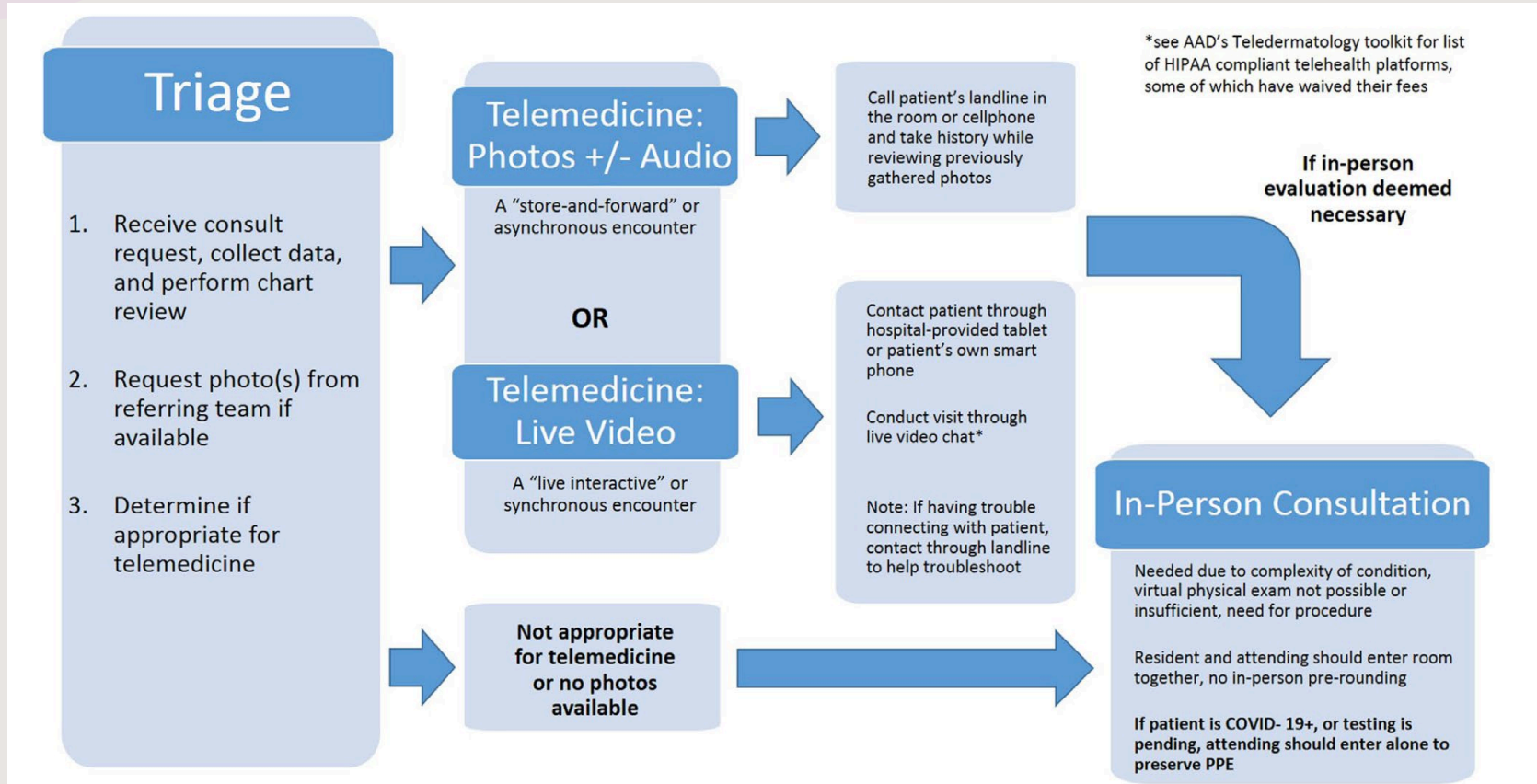
# Coding Workflow



# Diverse Customization: Outpatient



# Diverse Customization: Inpatient



# Experience and Experimentation

- Diverse experiments and ecosystems
- Rapid creation of resources
- Iterate and innovate



## My Week

M/Th: clinic + async telehealth

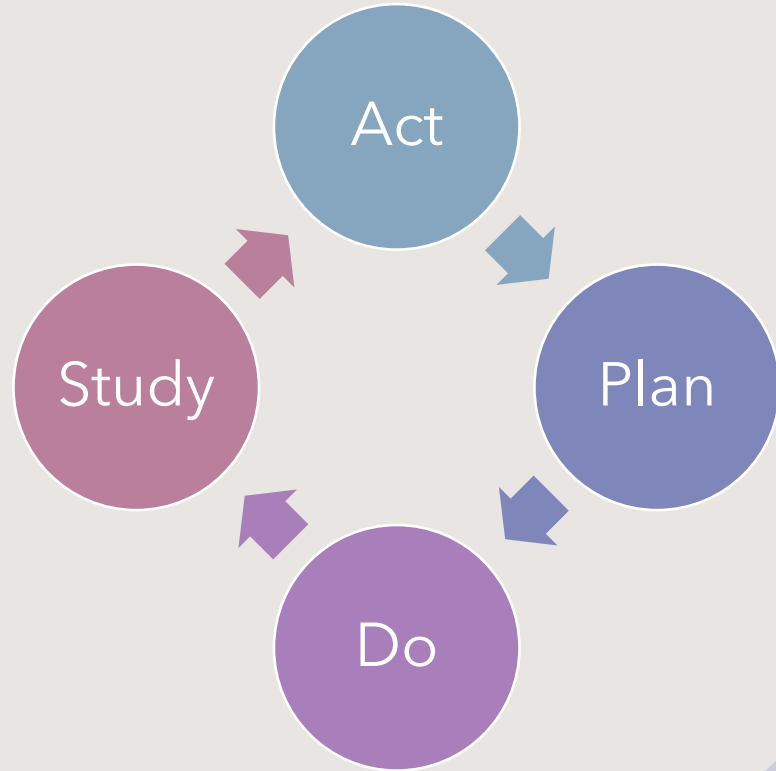
Telehealth Tuesdays

W: meetings, research, telehealth

F: volunteer + telehealth

# Quality Improvement With Telehealth

- Identify pain points or wins
- Brainstorm
- Implement
- Test
- Iterate



# Core Considerations for Optimization

- ❖ Consent
- ❖ Modality
- ❖ Privacy
- ❖ Patient location
- ❖ New or established patients
- ❖ Use cases
- ❖ Point in the patient journey
- ❖ Reimbursement
- ❖ Documentation & data storage

Chronic conditions

Med management/monitoring

New lesion (triage)

Skincare discussions

Pre-procedure consultation

Post-procedure follow-up

Travel

# Isotretinoin: Getting Started

---

- Medication and contraception counseling
- Consent forms
- Baseline Lipids, ALT, home/serum pregnancy test
- Baseline photos and review 'how-to' self-capture photos (no filters!)
- Skincare review
- Communication and Follow-up preference
- Pharmacy confirmation and counselling

Personal preference: In-person or synchronous, live-interactive

Online Questions: 5 days before  
Home Pregnancy test: Day of

# Telehealth Monthly Check-Ins

---

Photos: Face (1 anterior, 2 side views), Trunk (chest/back), skincare regimen

Review of Symptoms: Neuro, Psych, MSK, Ocular, GI, Skin

Response to therapy (multiple choice and free text)

Adherence check/pills remaining

Weight

Methods of Contraception

Attestation: Contraception, no med sharing, no blood donation, accuracy of info,  
telehealth preference

Personal preference: Month #1 Hybrid (store & forward, then synchronous, live-interactive)

Month #2-penultimate month: store & forward

Penultimate month: Hybrid

# Opportunities for Personalization

## *Prescription & Products*

Monthly review of skincare regimen

Visual check on adherence, concerns

## *Education*

Responsive to ROS

Proactive about adverse effects

Proactive about cosmetic options

Digital resources

# Uncertain Reimbursement & Regulatory Landscape

Public Health Emergency is extended every 90 days (7/16-10/15)  
Recent Consolidated Appropriations Act of 2022: 151-day extension

Several states have made telehealth flexibilities permanent.



**Center for Connected  
Health Policy**

THE NATIONAL  
TELEHEALTH POLICY  
RESOURCE CENTER



# California

**Medicaid: Live video, Store-and-Forward, Audio-only (payment parity 2023)**

**Private Payer Laws: Parity (service and payment)**

**Professional Requirements: Consent (verbal or written), state licensure**

# Emerging Concerns



Privacy

Trust

Provider  
rapport



Reimbursement

Burnout



Fraud

Cost



Equity

# Summary

- The Public Health Emergency provided an opportunity to **experiment** with telehealth.
- Telehealth can be **customized** to diverse practice settings and specific patient populations for the intent of operational **efficiency**, improved patient **access** and **experience**, and provider **well-being**.
- Proactive and ongoing telehealth optimization requires routine **quality improvement**.
- The greatest challenges remains the uncertain **regulations and reimbursement**.
- Sharing our collective breadth and depth of telehealth experiences will advance patient care, advocacy, and education.

# Thank you

---

## Resources:

AAD Teledermatology Toolkit [www.aad.org/telederm](http://www.aad.org/telederm)

Center for Connected Health Policy [www.cchpca.org](http://www.cchpca.org)

Center for Telehealth and e-Law [www.ctel.org](http://www.ctel.org)

American Telemedicine Association [www.ata.org](http://www.ata.org)

***“Wherever there’s a mobile signal,  
there’s a potential for better healthcare.”  
Eric Topol, M.D.***