Telehealth for Musculoskeletal Conditions: Have We Entered a New Era Due to COVID-19?

Sayed E Wahezi, MD
Program Director, Pain Medicine Fellowship
Montefiore Medical Center
Associate Professor of PMR, Anesthesiology, and Orthopedic Surgery
Disclosure Information

• Consultant
  – Boston Scientific
Learning Objectives

• Discuss the impact of the interruption or reduction of rehabilitation services on individuals with MSK conditions due to COVID-19.
• State factors that impact the feasibility and appropriateness of the use of telehealth for these individuals.
• Explore the impact of telehealth for individuals with chronic MSK conditions on pain, physical function and disability.
• Identify challenges that exist in the use of telehealth for individuals with MSK conditions and strategies the interprofessional health care team can implement to mitigate these barriers.
Outline

• History
• Impact of COVID on Ambulatory MSK Centers
• Contemporary Telemedicine
• How did Medicare Change Telemedicine?
• Future of Telemedicine
• Fundamentals of the Telemedicine Examination
History

• Why was telemedicine created in the pre COVID era?
  o FUP short visits
  o Populations targeted for new assessment and planning- nursing homes/rural areas
    ▪ For new patient visits and continuity of care
    ▪ Was telemedicine used in ambulatory pain centers (APCs)
  o How was telemedicine used in clinical practices pre COVID?
    ▪ Short visits for FUP care
  o When was it used in urban/suburban settings?
    ▪ <5min phone conversations (indicate G code used for this purpose and payment)
  o Why not used in urban, suburban settings?
    ▪ Admin unfamiliar with billing
    ▪ G code did not reimburse well ($10-14)
    ▪ Most private carriers did not reimburse the G code
    ▪ Lack of evidence demonstrating efficacy in urban/suburban settings
    ▪ Concern about misdiagnosis by physicians
    ▪ Lack of administrative knowledge how to create appointments and schedule within existing physician face-face clinic schedule
    ▪ Physician unfamiliarity with telephonic and video examination
Impact of COVID on APCs

– Decreased APC patient volume
– Decreased number of available practitioners
  • Furloughed
  • Fired
  • Repurposed to COVID care
  • Patients needed pain treatment
  • Medications, home exercises, cognitive behavioral therapies prescribed to bridge patients to time outpatient
– Decreased available patients
  • decrease non-urgent medical visits to maintain social distancing in hospitals
  • decrease use of public transportation to medical visits
  • decrease in referrals to APCs
    – most practices which referred to APCs were slowed/closed due to COVID
– Practitioners uncomfortable with use of telemedicine because most not educated on telemedicine examination, assessment, and planning
– Need for APCs to adopt telemedicine
  • Creation of revenue stream
  • Patient care
MSK Physicians And Ancillary Health Professionals

Labs and Imaging
Medication on P T
Image Guided
Injections
CBT
Other Specialty Referral
Alternative Med and Nutraceutical

Health Personnel deployed to COVID Institution's overflow sites
PMR→Rehab facilities
Anesthesia→PACU
Neurology/Psych/NP/→ MedSurg
ER→ER
Fluoro Tech→Xray on COVID floors
LPN→COVID Test Sites
Medication (?)NSAIDS/Steroids, APAP Availability
PT Education
CBT Education
Urgent Referrals and Labs/Imaging/Surgery
R/O COVID (LBP)

Health Personnel staggered deployment back to MSK Clinics

Labs and Imaging
Medication on P T
Image Guided
Injections
CBT
Other Specialty Referral
Alternative Med and Nutraceutical

Patients and Referrers ill or observing Lockdown
Front and Back End Staff
Administrators and Secretaries→Registration at COVID overflow Sites, Transports, Assistants at Security Checkpoints

Patients and Referrals
Re-enter System at Rate
Dependent upon social anxiety and Referral Base

Initial Restructuring to Baseline

COVID Crisis
Contemporary Telemedicine

- How did COVID impact the use of Telemedicine in APCs?
- Need for APCs to remain active
  - decrease ER visits to not overwhelm systems caring for patients during surge
  - patients required medications for ongoing care
  - patients required assessment to evaluate for possible urgent/surgical medical needs
How did Medicare Change Telemedicine?

- Increased utilization
  - Due to patient health needs
  - APC financial needs

- 1135 Healthcare Waiver Expansion
  - Medicare and Private carriers changed payment structure for telemedicine
    - Telemedicine became financially viable
      - Telemedicine video visits reimbursed same as in-office codes
    - Telemedicine telephonic time based >10min visits
  - Copay changes
    - Cost sharing by Insurance providers, institutions, and patients
## Medicare 1135 Waiver Expansion

<table>
<thead>
<tr>
<th>TYPE OF SERVICE</th>
<th>WHAT IS THE SERVICE?</th>
<th>HCPCS/CPT CODE</th>
<th>Patient Relationship with Provider</th>
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| **MEDICARE TELEHEALTH VISITS** | A visit with a provider that uses telecommunication systems between a provider and a patient.                                                                                                                      | Common telehealth services include:  
  - 99201-99215 (Office or other outpatient visits)  
  - G0425–G0427 (Telehealth consultations, emergency department or initial inpatient)  
  - G0406-G0408 (Follow-up Inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)  
   For a complete list: [https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes) | For new* or established patients.  
*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency |
| **VIRTUAL CHECK-IN**   | A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient. |  
  - HCPCS code G2012  
  - HCPCS code G2010 | For established patients.                                                                                                                                                                                                 |
| **E-VISITS**           | A communication between a patient and their provider through an online patient portal.                                                                                                                              |  
  - 99421  
  - 99422  
  - 99423  
  - G2061  
  - G2062  
  - G2063 | For established patients.                                                                                                                                                                                                 |

Future of Telemedicine

- Depends upon
  - Patient willingness to return to APC for visits
    - Convenience of home visits may deter visit APC
    - Concern about contracting COVID keeps some patients home
  - Medicare payment
  - Private insurance payment response
  - Ability to competently perform telemedicine examination, assessment, and planning
  - Evidence that demonstrates clinical benefit of incorporating telemedicine or lack of inferiority to office-visits
References

• Maintaining high quality multidisciplinary pain medicine fellowship programs: **Part I**: Innovations in pain fellows’ education, research, applicant selection process, wellness and ACGME implementation during the Covid-19 pandemic

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• Pain Med. 2020 Apr 29 : pnaa168. Published online 2020 Apr 29. doi: 10.1093/pm/pnaa168

• PMCID: PMC7197561
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Fundamentals of the Telemedicine Neuromuscular Examination

- Pre-Visit Instructions
- Physician Props
- Patient Props
- Patient Clothing and Prep
Neck
Shoulder
Elbow and Hand
Lumbar Spine
Hip
Knee
Neurology Examination

• Mental Status

• Strength (Antigravity)
  – Adopted from NIH. Stroke Scale
    • No drift for 5 seconds. 0
    • Drift, but doesn't hit chair +1
    • Drift, hits chair
    • +2
  • Some effort against gravity +2
  • No effort against gravity +3
  • No movement
  • +4
Neurology Examination

• Balance
  – # Step Turnaround
• Reflexes
• Sensory
• Coordination
Thank You.