

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



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Disclosure Information

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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

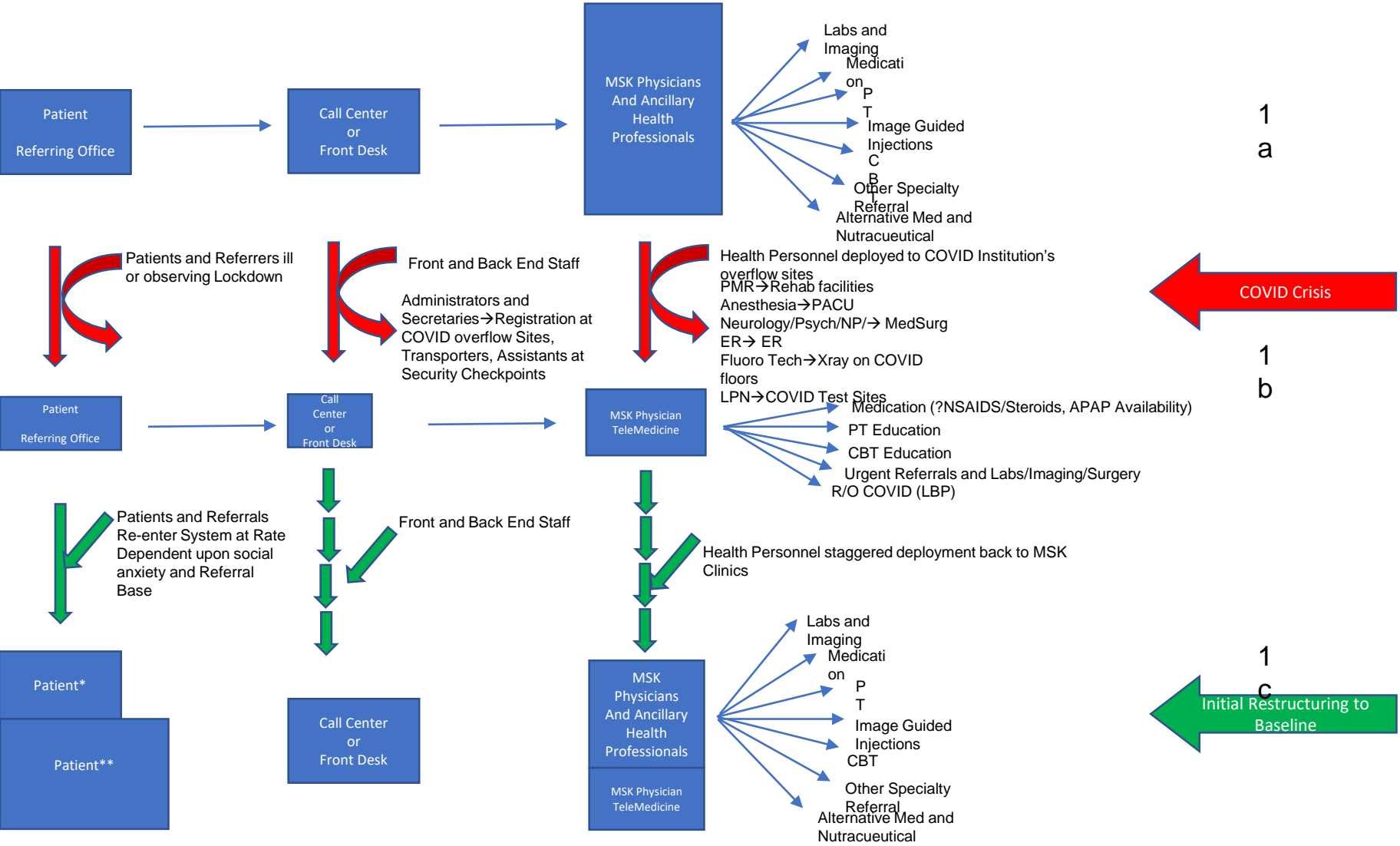
- History
- Impact of COVID on Ambulatory MSK Centers
- Contemporary Telemedicine
- How did Medicare Change Telemedicine?
- Future of Telemedicine
- Fundamentals of the the Telemedicine Examination

History

- Why was telemedicine created in the pre COVID era?
 - FUP short visits
 - 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)
 - How was telemedicine used in clinical practices pre COVID?
 - Short visits for FUP care
 - When was it used in urban/suburban settings?
 - <5min phone conversations (indicate G code used for this purpose and payment)
 - 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



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

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	<p>Common telehealth services include:</p> <ul style="list-style-type: none"> • 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) <p>For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes </p>	<p>For new* or established patients.</p> <p>*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</p>
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.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients.

Source: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>. Accessed 11/4/2020.

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
- Lynn Kohan, Susan Moeschler, Boris Spektor, Rene Przkora, Cristopher Sobey, Scott Brancolini, **Sayed Wahezi**, Magdalena Anitescu
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- PMCID: PMC7197561

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- PMCID: PMC7197561

References

- Maintaining high quality multidisciplinary pain medicine fellowship programs: **Part II**: Innovations in clinical care workflow, clinical supervision, job satisfaction and postgraduation mentorship for pain fellows during the Covid-19 pandemic
- Lynn Kohan, Christopher Sobey, **Sayed Wahezi**, Scott Brancolini, Rene Przkora, Naum Shaparin, Boris Spektor, Susan Moeschler, Magdalena Anitescu
- Pain Med. 2020 May 7 : pnaa176. Published online 2020 May 7. doi: 10.1093/pm/pnaa176
- PMCID: PMC7239119

References

- [Telemedicine During COVID-19 and Beyond: A Practical Guide and Best Practices Multidisciplinary Approach for the Orthopedic and Neurologic Pain Physical Examination.](#) **Wahezi SE**, Duarte RV, Yerra S, Thomas MA, Pujar B, Sehgal N, Argoff C, Manchikanti L, Gonzalez D, Jain R, Kim CH, Hossack M, Senthelal S, Jain A, Leo N, Shaparin N, Wong D, Wong A, Nguyen K, Singh JR, Grieco G, Patel A, Kinon MD, Kaye AD. Pain Physician. 2020 Aug;23(4S):S205-S238. PMID: 32942812

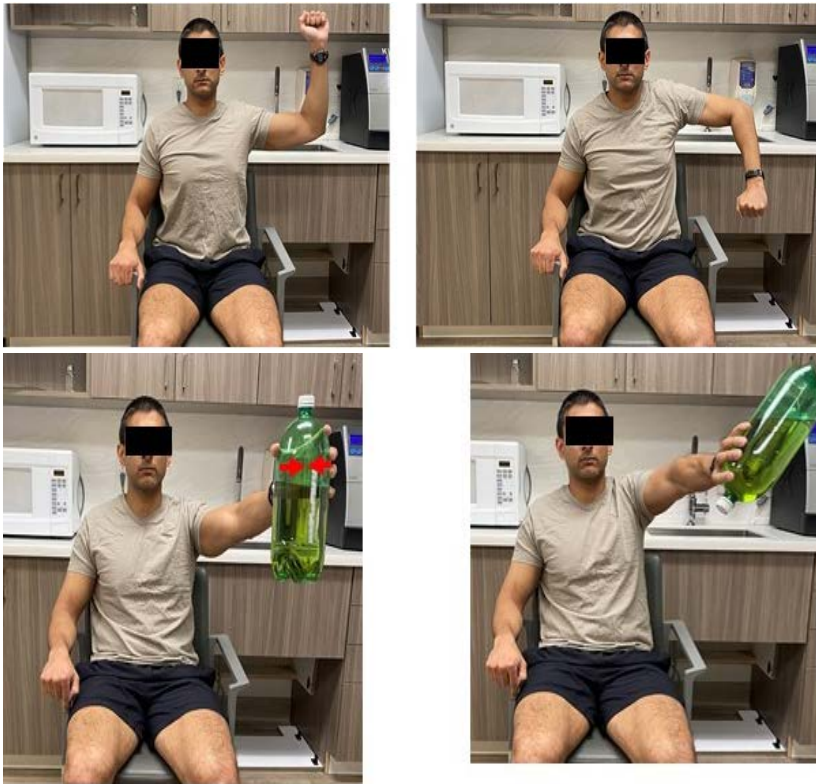
Fundamentals of the Telemedicine Neuromuscular Examination

- Pre-Visit Instructions
- Physician Props
- Patient Props
- Patient Clothing and Prep

Neck



Shoulder



Elbow and Hand



Lumbar Spine



Hip



Knee



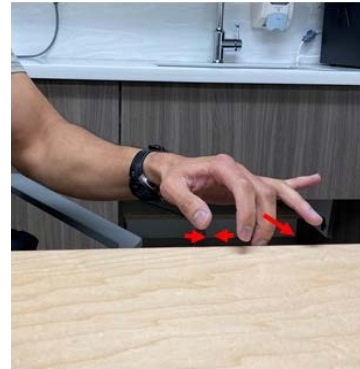
Neurology Examination

- 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.