Centers for Disease Control and Prevention
Center for Preparedness and Response

The Role of Telehealth in Expanding Access to Healthcare During the COVID-19 Pandemic: Considerations for Vaccine Uptake and Monitoring for Adverse Events

Clinician Outreach and Communication Activity (COCA) Webinar

Thursday, March 11, 2021

Continuing Education

All continuing education for COCA Calls is issued online through the CDC Training & Continuing Education Online system at https://tceols.cdc.gov/

Those who participate in today's COCA Call and wish to receive continuing education please complete the online evaluation by **April 12, 2021,** with the course code **WC2922-031121**. The access code is **COCA031121.** Those who will participate in the on-demand activity and wish to receive continuing education should complete the online evaluation between **April 13, 2021** and **April 13, 2023** and use course code **WD2922-031121**. The access code is **COCA031121.**

Continuing education certificates can be printed immediately upon completion of your online evaluation. A cumulative transcript of all CDC/ATSDR CEs obtained through the CDC Training & Continuing Education Online System will be maintained for each user.

Continuing Education Disclaimer

- In compliance with continuing education requirements, CDC, our planners, our presenters, and their spouses/partners wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters.

- Planners have reviewed content to ensure there is no bias.

- The presentation will not include any discussion of the unlabeled use of a product or a product under investigational use.

- CDC did not accept commercial support for this continuing education activity.

Objectives

1. Discuss CDC's telehealth guidance and considerations for vaccine planning.
2. Summarize recent discussions with national telehealth providers.
3. Cite current CDC vaccine resources (e.g., V-safe, COVID-19 Vaccine Confidence Consults) and how healthcare facilities can integrate them into existing telehealth services.
4. Describe current telehealth experiences that can inform strategies to build vaccine confidence, address vaccine hesitancy, increase vaccine uptake, and expand vaccine adverse event monitoring.

How to Ask a Question; Location of Video Recording

- All participants joining us today are in listen-only mode.
- Using Zoom
  - Click the “Q&A” button.
  - Type your question in the “Q&A” box.
  - Submit your question.
- If you are a patient, please refer your questions to your healthcare provider.
- For media questions, please contact CDC Media Relations at 404-639-3286, or send an email to media@cdc.gov.
- The video recording of this COCA Call will be posted at https://emergency.cdc.gov/coca/calls/2021/callinfo_031121.asp and available to view on-demand a few hours after the end of the webinar.

Today's Presenters

- **Erica Tindall, MSN, MPH, APRN, AGNP-C, CIC**
  Public Health Analyst, Senior Health Research Analyst
  Peraton

- **Ann Mond Johnson** ***(no slides)***
  CEO
  American Telemedicine Association (ATA)

- **Michelle Rizor, MHSA**
  Principal, Strategic Partnerships – Virtual Health
  Spectrum Health

- **Daniel Smith, PA-C**
  Lead Provider Informaticist
  Spectrum Health

- **Todd Vento, MD, MPH, FACP, FIDSA**
  Medical Director, Infectious Diseases & Specialty TeleHealth
  Intermountain Healthcare

CDC COVID-19 Response: Telehealth & COVID-19 Vaccine Implementation

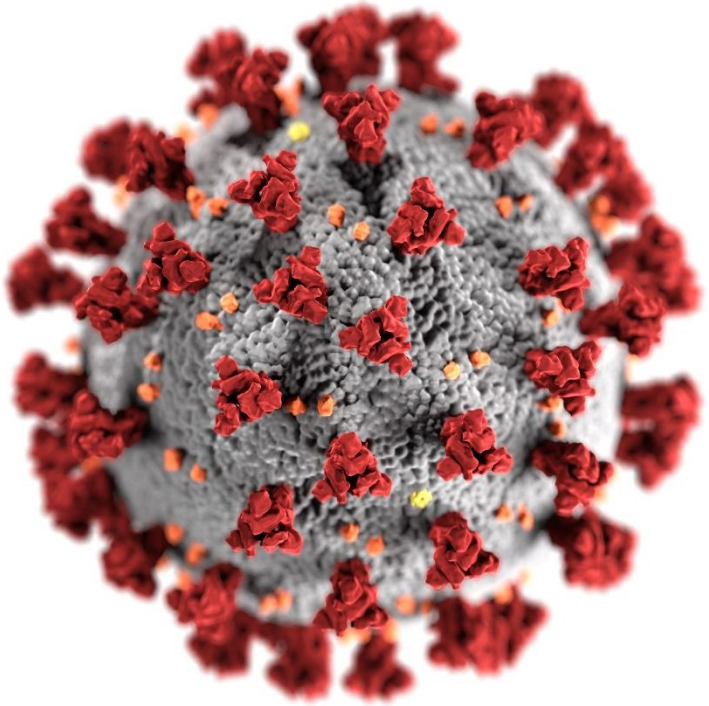
Erica Tindall, MSN, MPH, APRN, AGNP-C, CIC

March 11, 2021

Implementation & Telehealth Unit

Healthcare Systems Worker Safety (HSWS)

CDC COVID-19 Emergency Response



cdc.gov/coronavirus

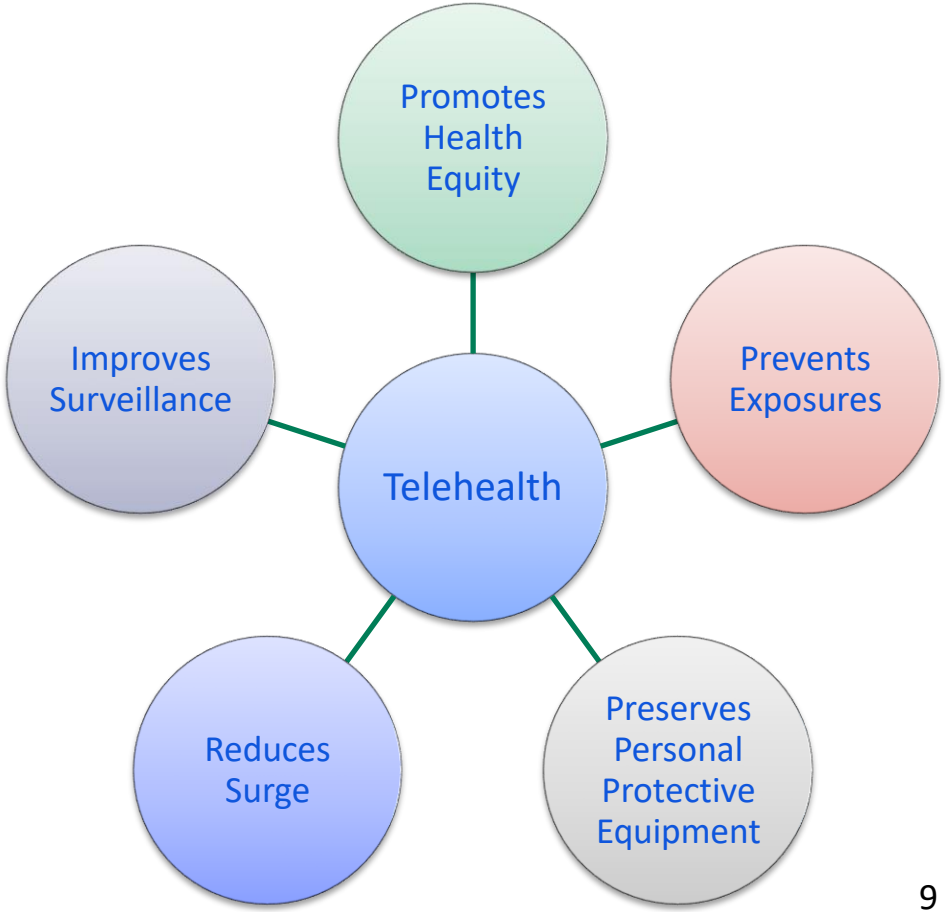
Telehealth Modalities

- Telehealth technologies are used to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration.
  - Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

Synchronous	• Real-time telephone • Live audio-video interaction
Asynchronous	• Store and forward technology • Patient portals
Remote Patient Monitoring	• Clinical measurement reporting • Patient wearable devices

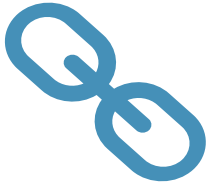
CDC COVID-19 Response Telehealth Updates

- Collaborating with federal partners
- Monitoring trends in telehealth usage with key telehealth partners
- Sharing guidance and information
  - COCA Calls
  - CDC Telehealth guidance
  - Publications:
    - Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic — United States, January–March 2020
    - Telehealth Practice Among Health Centers During the COVID-19 Pandemic — United States, July 11–17, 2020
    - Trends in Use of Telehealth Among Health Centers During the COVID-19 Pandemic — United States, June 26–November 6, 2020



TELEHEALTH & VACCINE IMPLEMENTATION

Vaccine Consultation



Linkage to Vaccine Administration Site

Vaccination Clinic Sites Readiness Assessments

Post-vaccination Concerns
Vaccine Adverse Event Monitoring & Reporting

Evaluation, Triage & Referral

Telehealth & Vaccine Administration

Telehealth Modalities	Vaccine Consultation	Linkage to Administration Site	Vaccine Administration Site Readiness	Post-Vaccination Concerns; Vaccine Adverse Event Monitoring & Reporting	Evaluation, Triage, & Referral
Synchronous	✓	✓	✓		✓
Asynchronous	✓	✓		✓	✓
Remote Patient Monitoring				✓	✓

COVID-19 Vaccine Resources for Clinicians & Telehealth Services

COVID-19 Vaccine Training Modules

- COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers
- Moderna COVID-19 Vaccine: What Healthcare Professionals Need to Know (Updated 2/11/21)
- Pfizer-BioNTech COVID-19 Vaccine: What Healthcare Professionals Need to Know (Updated 2/23/21)
- Janssen COVID-19 Vaccine (Johnson & Johnson): What Healthcare Professionals Need to Know (New March 6, 2021)

https://www2.cdc.gov/vaccines/ed/covid19/

Vaccinate with **Confidence**

Protect communities. Empower families. Stop myths.

- **COVID-19 Vaccination Communication Toolkit**
  - How to Build Confidence in COVID-19 Vaccine
  - Quick Answers for Common Questions about COVID-19 Vaccines
- **CDC COVID-19 Support Lines**
  - CDC INFO: 800-CDC-INFO (800-232-4636)
    - Call and ask for Clinician On-Call Center
  - CDC-INFO Submission page
- **Confidence Consults**
  - Technical assistance for state and/or local jurisdictions
  - Request a 60-minute consult with a vaccine confidence SME
  - Send an email to confidenceconsults@cdc.gov

- CDC Smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins for COVID-19 recipients.
  - Report to CDC any side effects after getting the COVID-19 vaccine
  - Depending on answers, someone from CDC may call to check on the vaccine recipient and get more information
- V-safe will also remind vaccine recipients to get their second COVID-19 vaccine dose if needed. V-safe does not schedule the appointment.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html

VaxText℠

- **Free** text messaging platform that providers can offer to their patients
- Patients can opt in to conveniently receive text message reminders to get their second dose of COVID-19 vaccine
- Offers the added benefit of reminding patients to sign up for **V-Safe**, a tool that allows people to report adverse outcomes following vaccination

https://www.cdc.gov/vaccines/covid-19/reporting/vaxtext/index.html

Thank You

DEPARTMENT OF HEALTH & HUMAN SERVICES • USA
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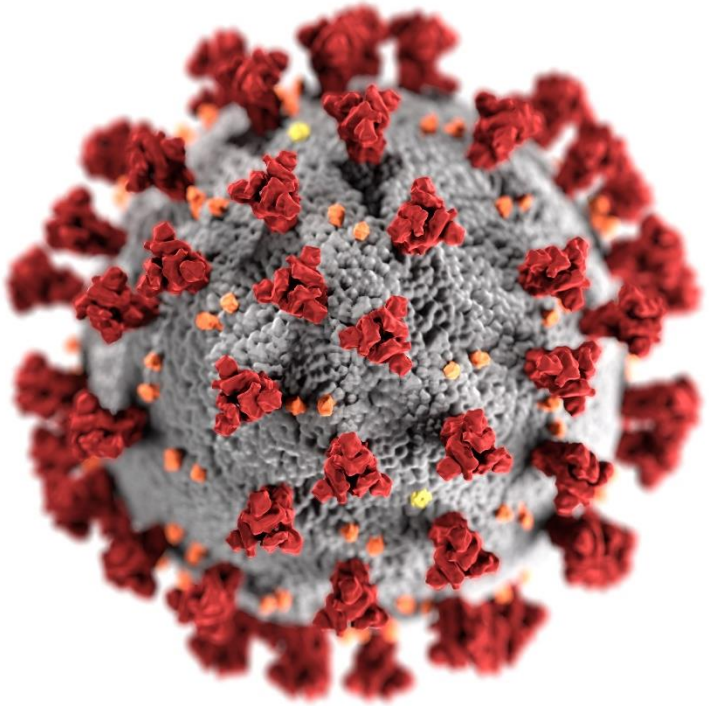
Disclaimer

The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention (CDC).



cdc.gov/coronavirus

Today's Second Presenter

Ann Mond Johnson (no slides)
CEO
American Telemedicine Association (ATA)

Spectrum Health

Spectrum Health Virtual Health

Spectrum Health

Improve health, inspire hope and save lives™

31,000
Employees

$8 Billion
Enterprise

$550 Million
Community Benefit

$37 Million
Philanthropy

3,300
Volunteers

4,600
Physicians and Advanced Practice Providers
(employed and independent)

14 Hospitals

150
Ambulatory Sites

208,000
Virtual Video Visits

415,000
Lives Touched Through Healthier Communities
(most recent fiscal year data available)

Priority Health

A Health Plan with Over 1 Million Members

7,000+
Employers Contracted by Priority Health

97%
Michigan Primary Care Doctors in Network

Venture Capital
$100 Million Fund

1.25.2021

Virtual Program Overview

Low Acuity

Direct To Consumer, Primary & Specialty Care

Medium Acuity

At Home Or At Other Non-Spectrum Health Locations

High Acuity

At Spectrum Health Locations

LOW RIS

HIGH RISK

- Integrated with Epic
- On-Demand low acuity (24/7)
- Primary Care & Specialty Care video visits
  - Spectrum Health providers
  - New & established patients
  - Consults & follow up
- eVisits
- Community partnerships – School-Based Behavioral Health

- Provider prescribed/provided home based devices and integration
- TytoCare
- Consumer purchased wearables and integration
- Complex in home care

Continuous Monitoring

- Virtual ICU
- MyChart Bedside
- Neuro-monitoring
- Cardiac monitoring/telemetry

System Priority & Virtual Strategy

Accelerate Virtual Health

Objective: Accelerate virtual-first model of care by delivering a best-in-class experience, expanding use of virtual technologies to advance patient care and improve patient health.

50% Primary Care virtual

25% Specialty virtual

Leveraging virtual and digital solutions for COVID-19 testing and vaccine efforts

Virtual Health Services Specific to COVID-19

COVID-19 at Home

- Remote monitoring for COVID-19 patients post-hospitalization
- Hospital care managers identify patients
- Patient has initial video visit with Hospitalist
- Ongoing monitoring by home nursing team

COVID-19 Vaccine Adverse Reaction Visit

- Video visit for patients with adverse reaction to vaccine
- Supported by Occupational Health provider team
- Patients contact COVID-19 phone line and/or nurse triage and are then scheduled

COVID-19 Screening and Testing

Call-Based Approach

- Provider-staffed line to assess patient and drop order
- Low bandwidth, many barriers and complications

Digital Approach

- Utilizes EHR vendor mobile app/web portal
- Fully automated process that allows patients to self-screen
- Appropriate order is generated and patient schedules collection time
- Approximately 30K patients utilize digital path

Start of Vaccine Distribution Roll-Out

Call-Based Approach

- Slow process with low conversion rates due to challenges with contacting patients
- Not viable on a large scale

Digital Approach

- Initial launch for digital path relied on EHR vendor mobile/web applications
- EHR options at the time created challenges:
  - Patient portal activation issues
  - Not as user friendly for those with tech disadvantages
  - Server bandwidth capacity limitations

Current Vaccine Distribution Plan

Registration for Vaccine

- Required for anyone interested in vaccine
- Occurs via unauthenticated Web Form on a .org page we host
- Allows us to understand demand and stratify patients into tiers outlined by MDHHS
- Supports notification when we are ready to schedule vaccine

Patient Notification

- Patients are notified via text, phone or email when vaccine is available to them (based on supply and tier)
- Patients are sent a one time use code and directed to call-in to schedule

Future Enhancements

- Standing up a digital, gated direct scheduling path which will be an additional option for those with tech resources
- Will reduce need for scheduling via phone

Spectrum Health

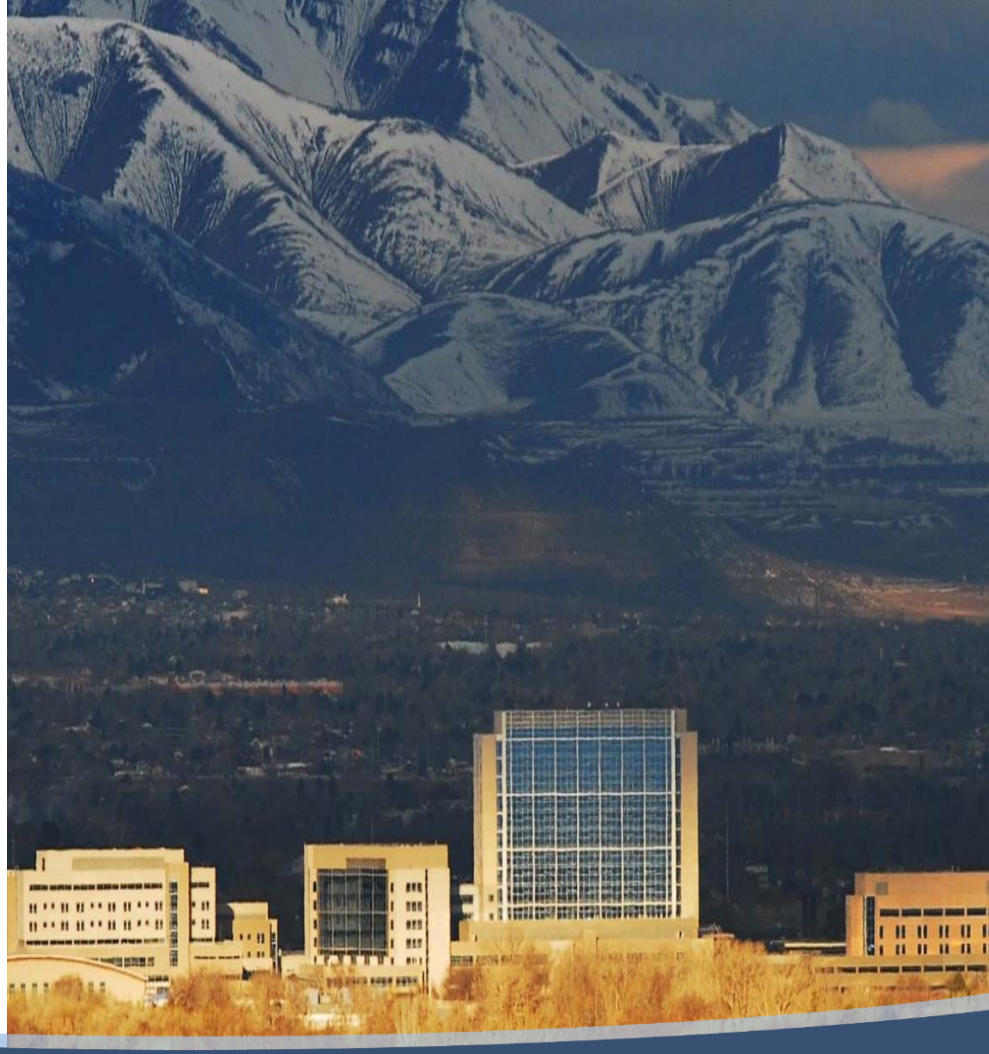
The Role of Telehealth in Expanding access to Healthcare during the COVID-19 Pandemic

Todd J. Vento, MD, MPH, FACP, FIDSA
Medical Director, TeleHealth Infectious Diseases
Medical Director, Intermountain Connect (Specialty Care)

Intermountain® Healthcare

Agenda

- Intermountain Healthcare overview
- Pre-COVID-19 telehealth programs
- Telehealth program expansion and lessons learned during COVID-19 pandemic



Factors associated with COVID-19 morbidity/mortality: role for telehealth in addressing these

>70 % of U.S. COVID-19 hospitalizations are in patients ≥50y[1]

AGE	DEATH RATE confirmed cases	DEATH RATE all cases
80+ years old	21.9%	14.8%
70-79 years old		8.0%
60-69 years old		3.6%
50-59 years old		1.3%
40-49 years old		0.4%
30-39 years old		0.2%
20-29 years old		0.2%
10-19 years old		0.2%

SEX	DEATH RATE confirmed cases	DEATH RATE all cases
Male	4.7%	2.8%
Female	2.8%	1.7%

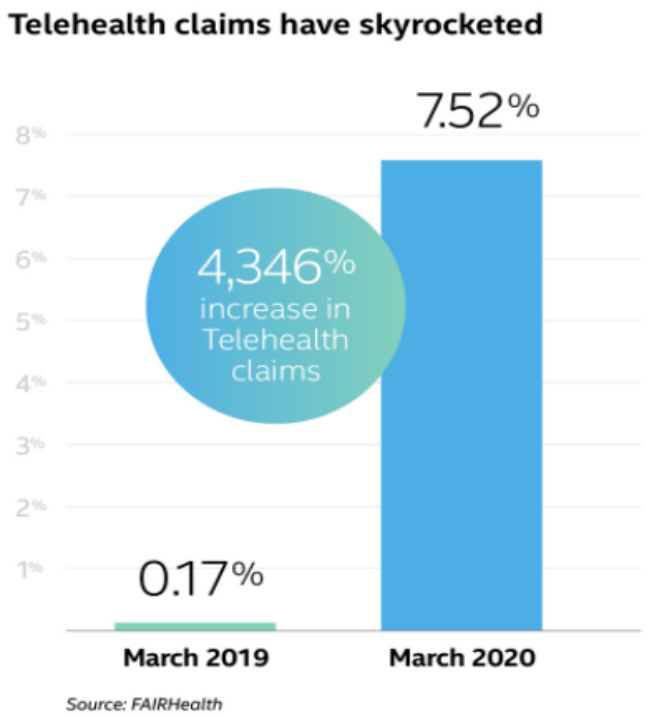
PRE-EXISTING CONDITION	DEATH RATE confirmed cases	DEATH RATE all cases
Cardiovascular disease	13.2%	10.5%
Diabetes	9.2%	7.3%
Chronic respiratory disease	8.0%	6.3%
Hypertension	8.4%	6.0%
Cancer	7.6%	5.6%
no pre-existing conditions		0.9%

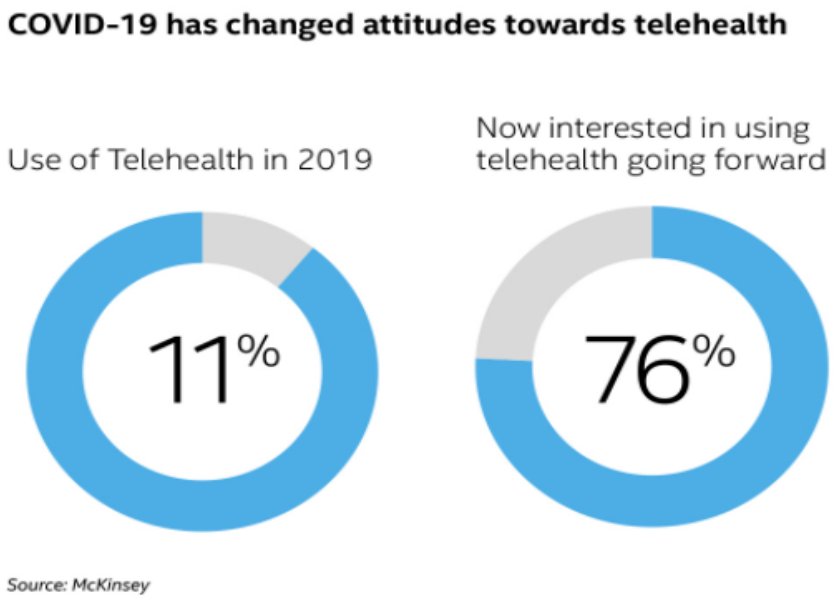
- ✓ Need for early therapeutics
- ✓ Prevent disease progression
- ✓ Prevent hospitalization when feasible/safe
- ✓ Telehealth modalities
  - ✓ Role for outpatient telehealth/hospital at home
  - ✓ Role for remote patient monitoring
  - ✓ Role for tele-coordination for delivery of home infusions e.g. monoclonal antibodies, convalescent plasma
- ✓ Challenges: access/comfort with digital health technologies

Oxford COVID-19 Evidence Service (Centre for Evidence-Based Medicine): April, 2020
https://www.cebm.net/covid-19/global-covid-19-case-fatality-rates/

[1]*MMWR* April 2020. 69(15):458–464

COVID and the Acceleration of Telehealth Use/Acceptance





https://www.intel.com/content/www/us/en/corporate-responsibility/covid-19-telehealth-article.html

ID-Telehealth service: acceptance and satisfaction (Pre-COVID-19)

- **Originating site staff (rural/community hospitals)**
  - Likert scale survey (2017)
  - 100% satisfaction (very satisfied/satisfied) across 6 categories
- **Patients**
  - Initial survey (2017)
    - Mean age: 63 yo
    - High satisfaction scores despite no prior telehealth experience
  - Follow-up study (2019)
    - 65% preferred a video visit follow-up over in-person visit
    - Higher percentage if already had an established relationship w/ clinical provider

Agenda

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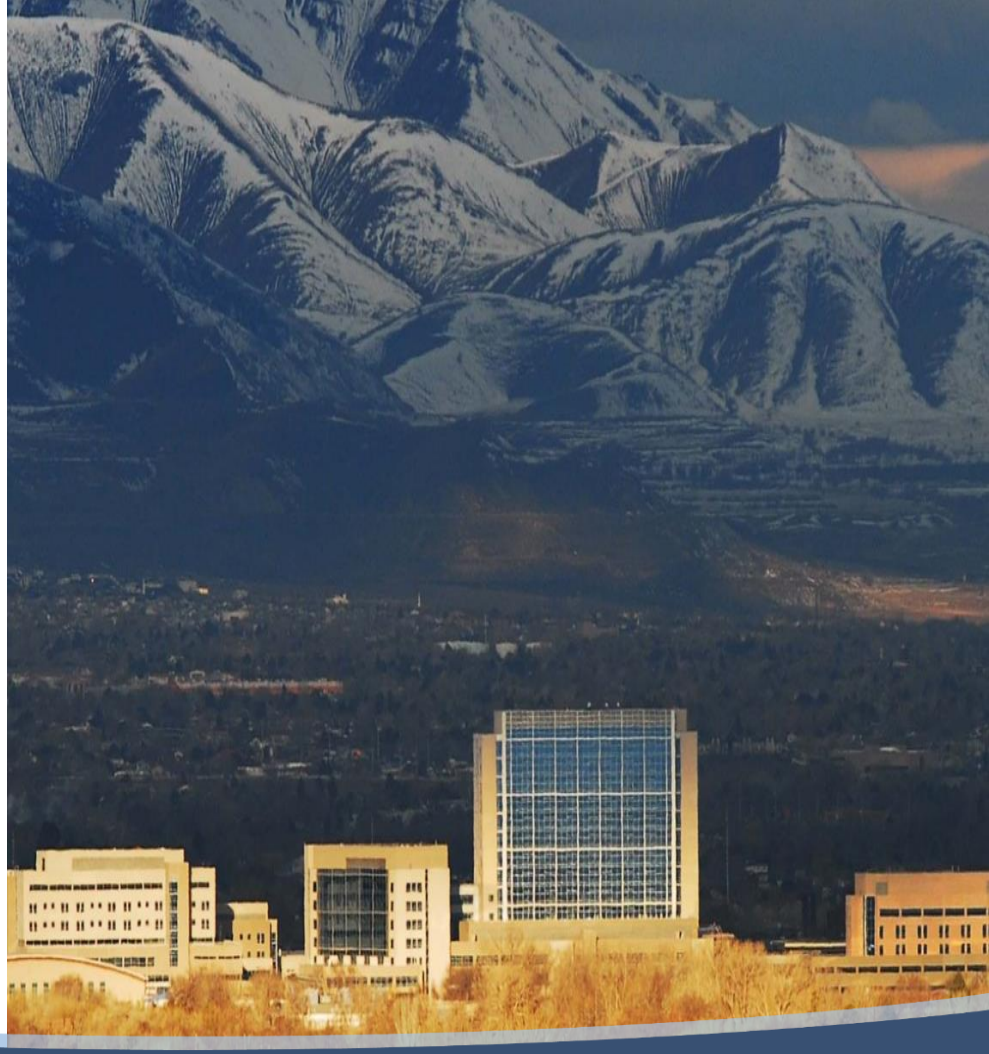

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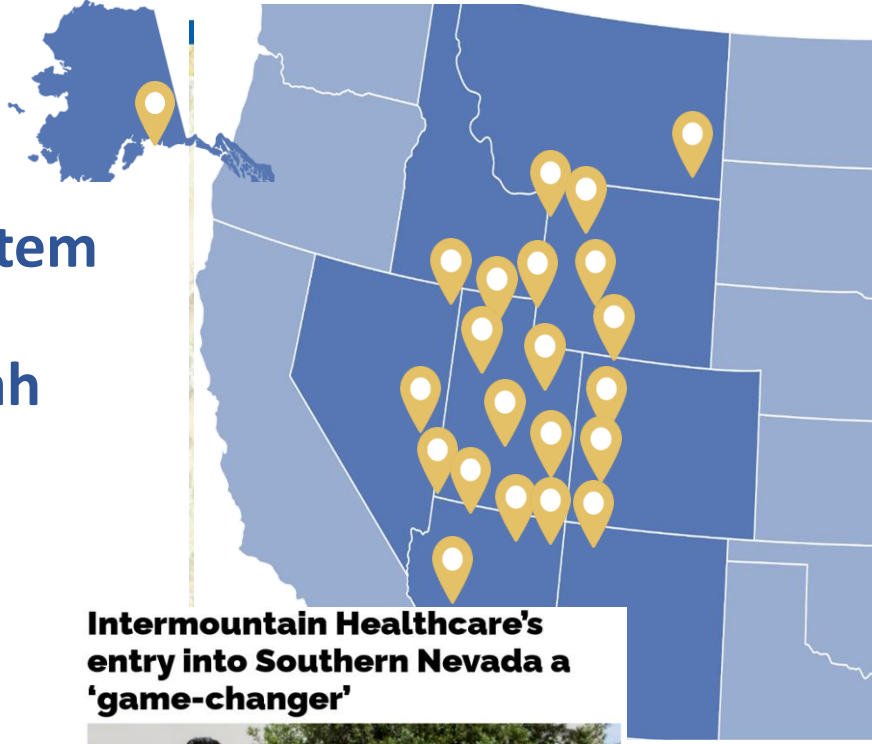
NUEVO LEON
Gulf of Mexico
BAJA CALIFORNIA SUR
SINALOA
DURANGO
México
TAMAULIPAS
The Bahamas

Intermountain Healthcare

- **Integrated, not-for-profit health system**
- **Headquartered in Salt Lake City, Utah**
- **Team of 40,000 caregivers**
  (24 hospitals, 190 clinics)
- **Serves healthcare needs across the Intermountain West**



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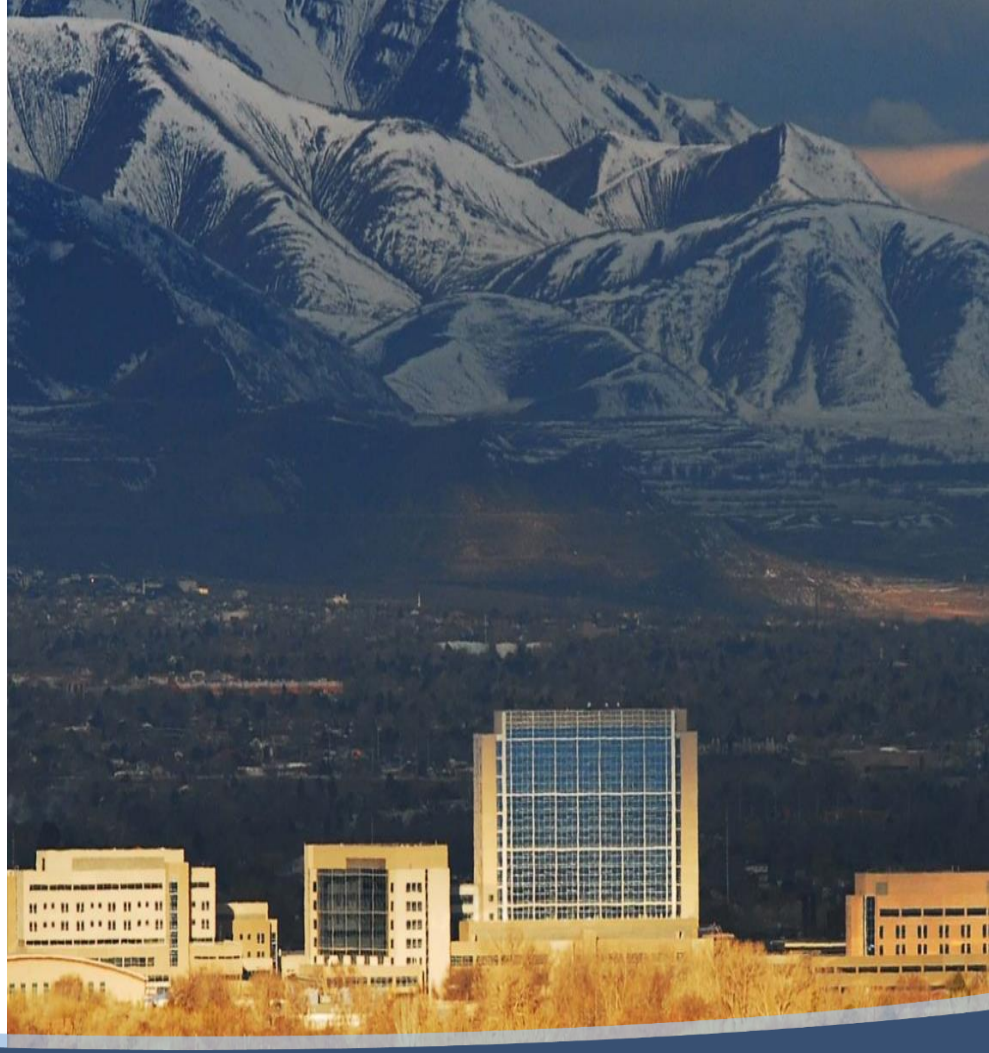


Telehealth Patient Interactions

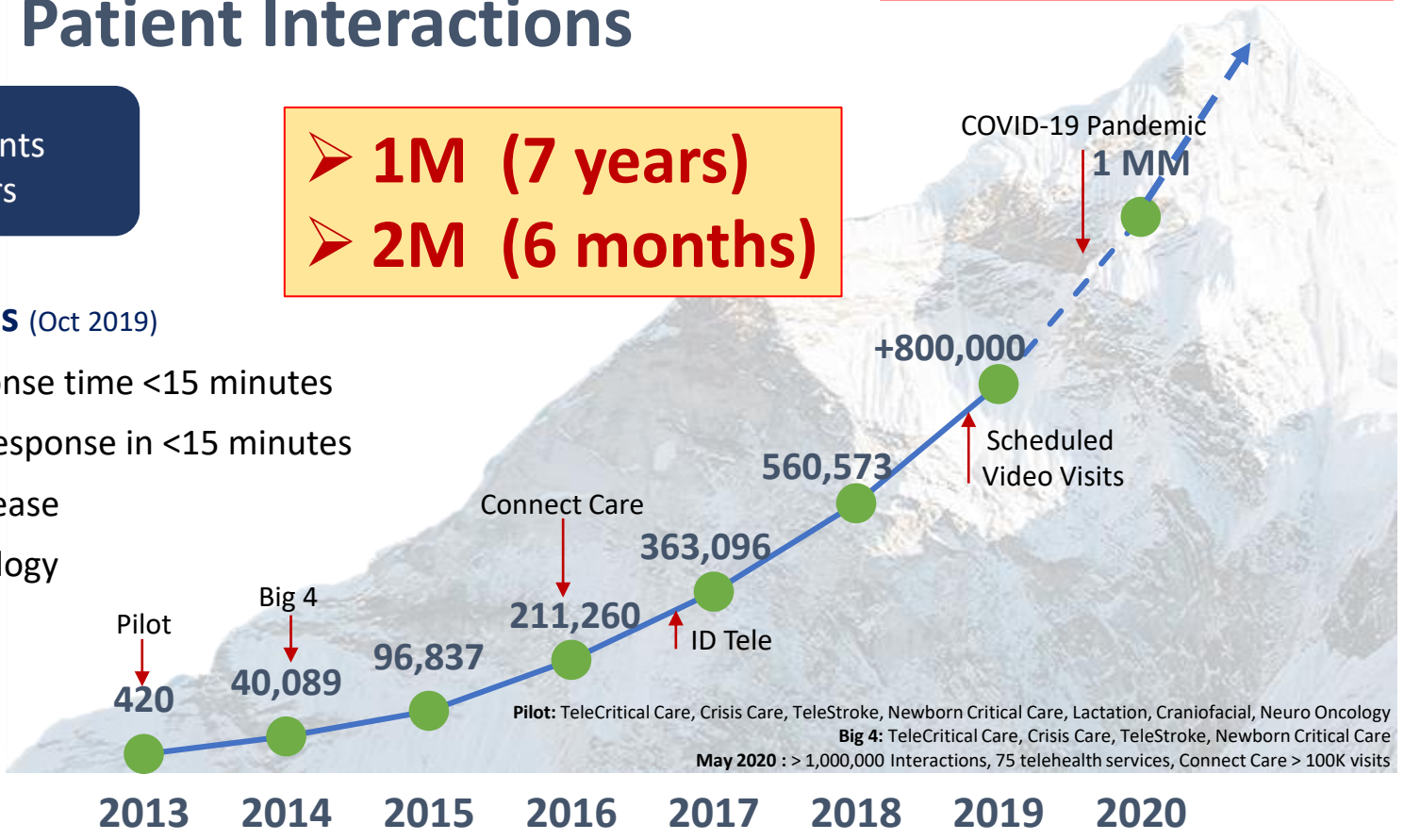
February 2021: > 2.3 MILLION

- **1,300** Access points
- **1,000+** Caregivers

➢ **1M (7 years)**
➢ **2M (6 months)**

Acute Care Consults (Oct 2019)

- 3,800 Stroke – response time <15 minutes
- 6,000 Crisis Care – response in <15 minutes
- 3,500 Infectious Disease
- 2,000 Medical Oncology



Pilot: TeleCritical Care, Crisis Care, TeleStroke, Newborn Critical Care, Lactation, Craniofacial, Neuro Oncology
Big 4: TeleCritical Care, Crisis Care, TeleStroke, Newborn Critical Care
May 2020 : > 1,000,000 Interactions, 75 telehealth services, Connect Care > 100K visits

Hospital Telehealth Services

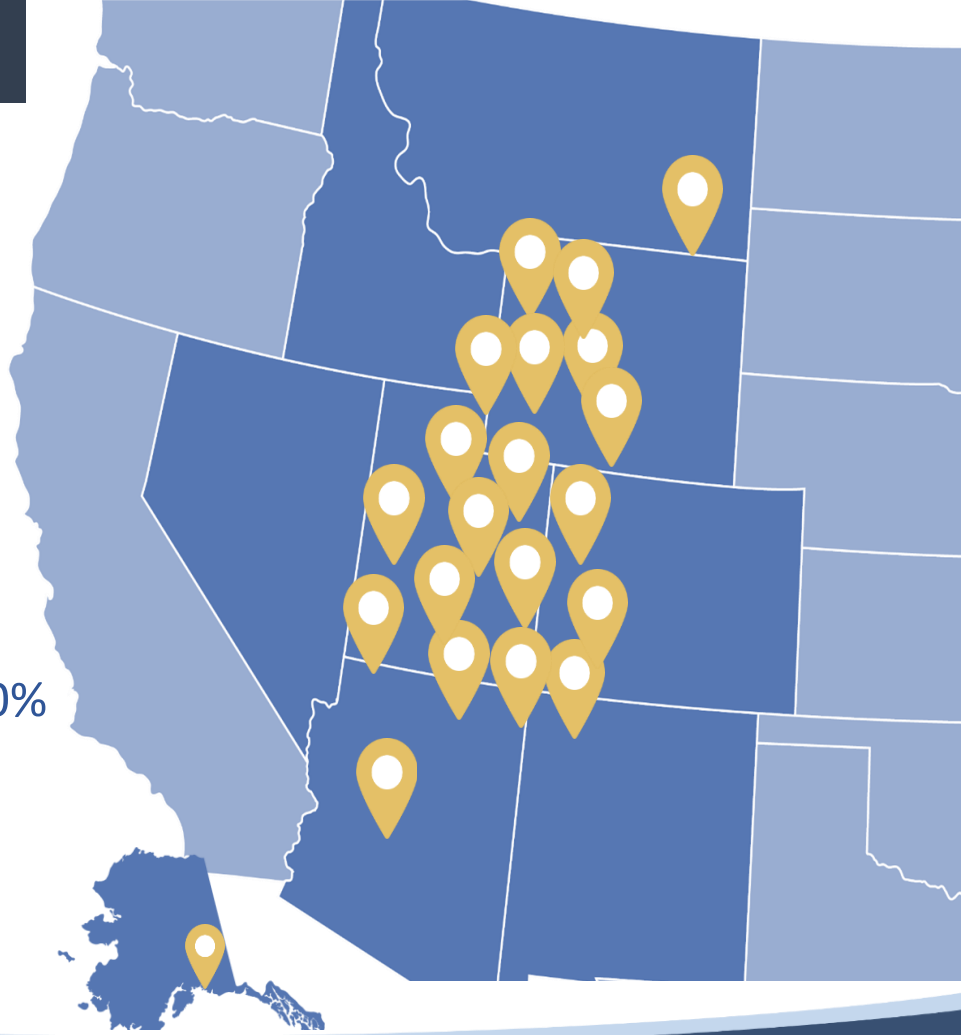
- **35 programs**
- >1,700 hospital access points
- 272,000 interactions/year (pre-COVID-19)

Critical Care
- Decreased small hospital mortality: 40%

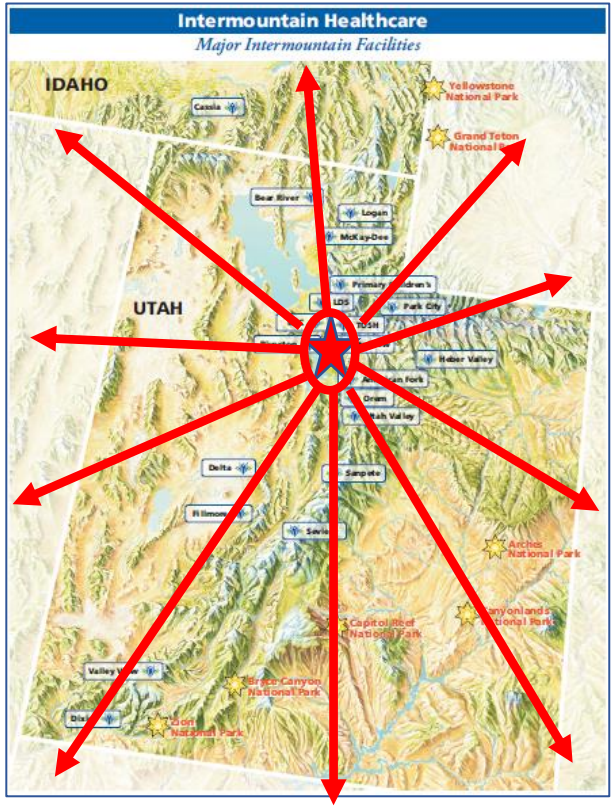
Newborn Critical Care
- Cost savings: $1.2M / year

Infectious Diseases
- Reduced broad spectrum antibiotic use: 40%
- Reduced *S. aureus* bacteremia mortality

Crisis Care (15 min response)
- Decreased ED stay: 53 mins



Intermountain Healthcare upgrades digital care for Utah patients with a new, more centralized ‘virtual hospital’



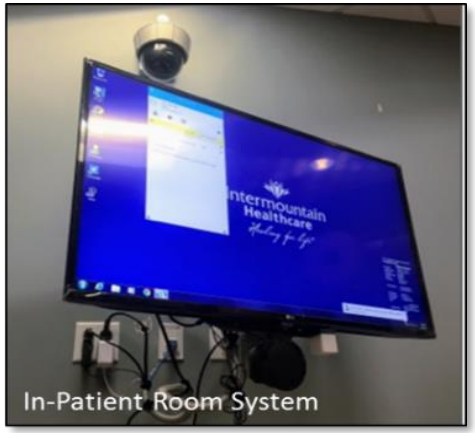
Telehealth Infrastructure

PSM

Fall Risk

60 Locations

Room Kits



1100 installed

50 locations

Mobile

150 installed

40 locations

Interpretation & Family Calls

950 installed

24 locations

Direct to Patient Services

Nurse advice line/COVID-19 Call Center

- 24/7/365

Connect Care Urgent Care

- On-demand video

Primary/Specialty Video Visits

- Scheduled via consumer & telehealth

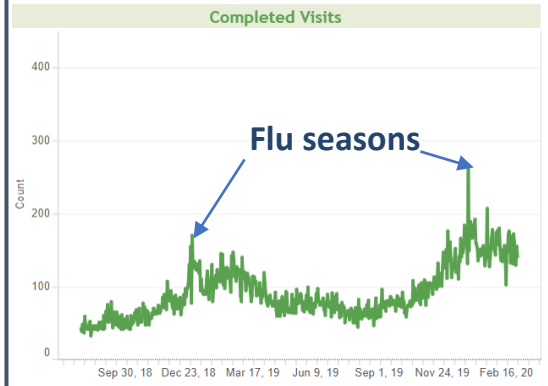
Chronic Care Management

- Remote patient monitoring
  - Identify early clinical decompensation
  - Prevent hospital readmission

Patient Acceptance

Connect Care Urgent Care

- 94 372 completed visits
- 181,622 enrollments

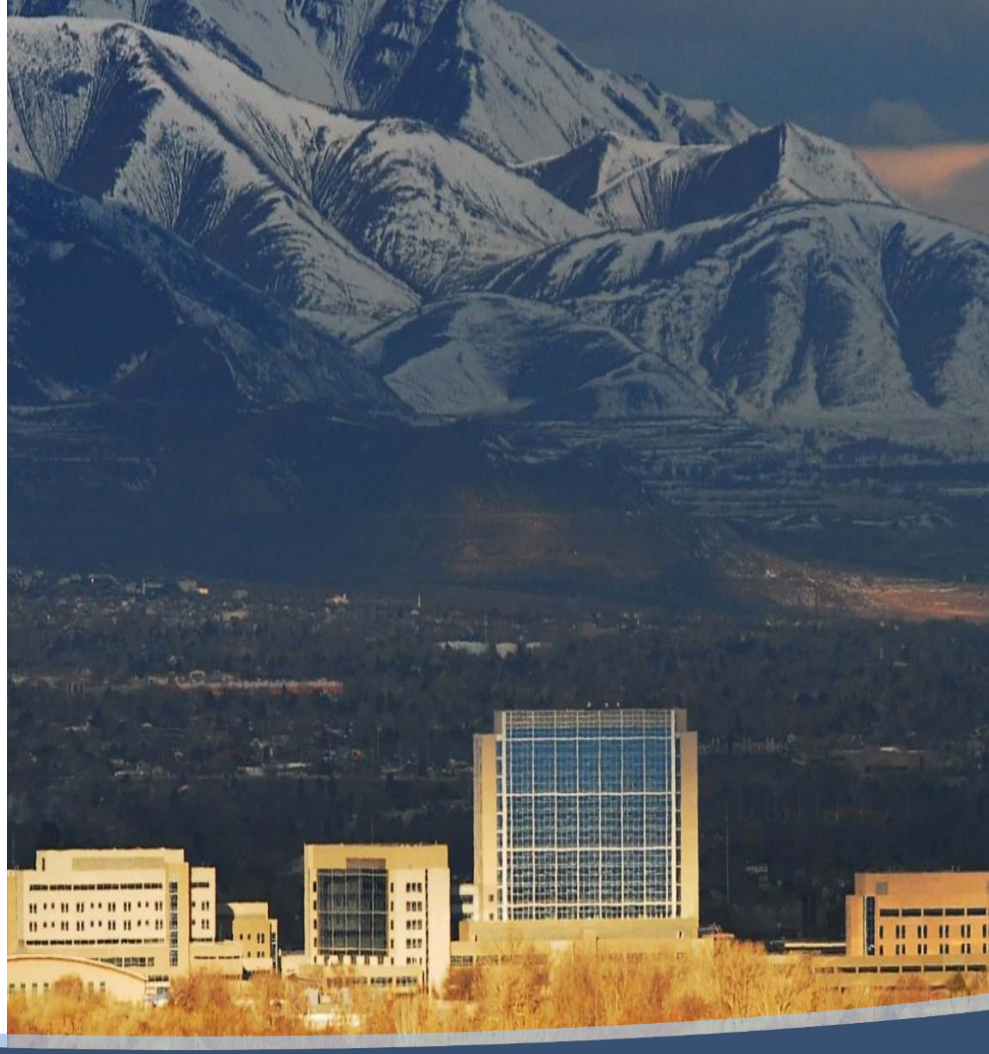


Sept 01 2018-Feb 28 2020

Jan 2020: CDC travel screening

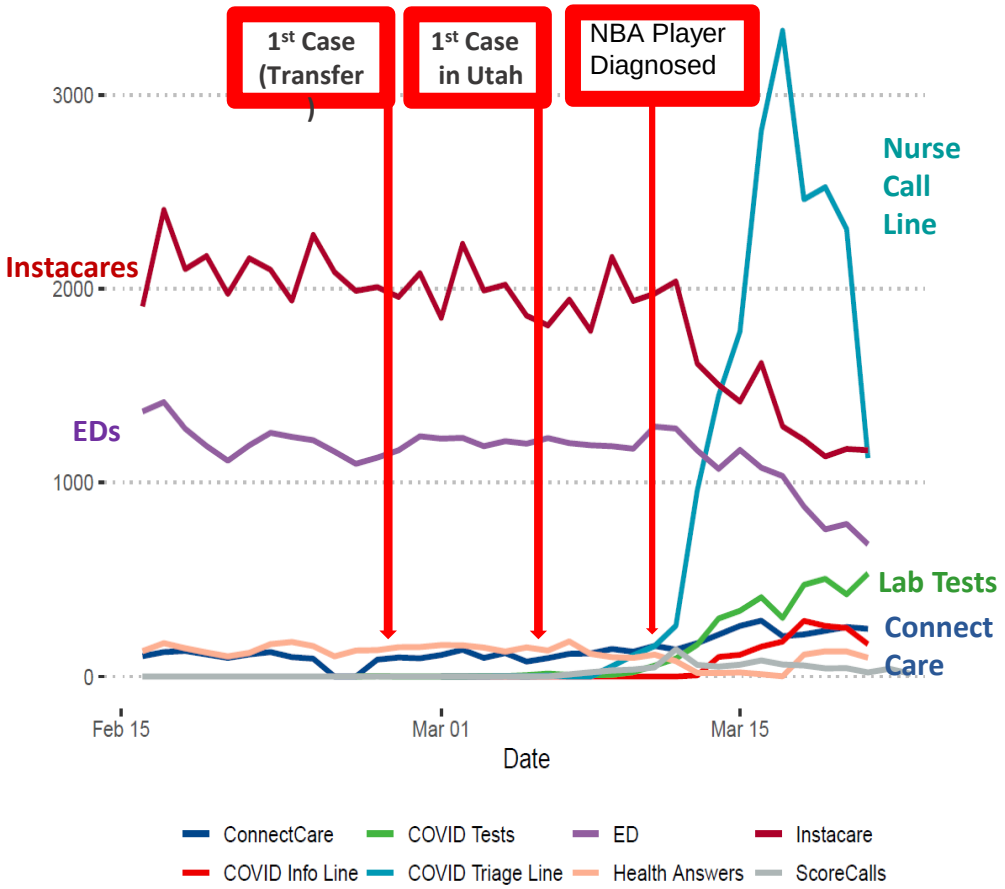
Agenda

- Intermountain Healthcare overview
- Pre-COVID-19 telehealth programs
- **Telehealth program expansion and lessons learned during COVID-19 pandemic**

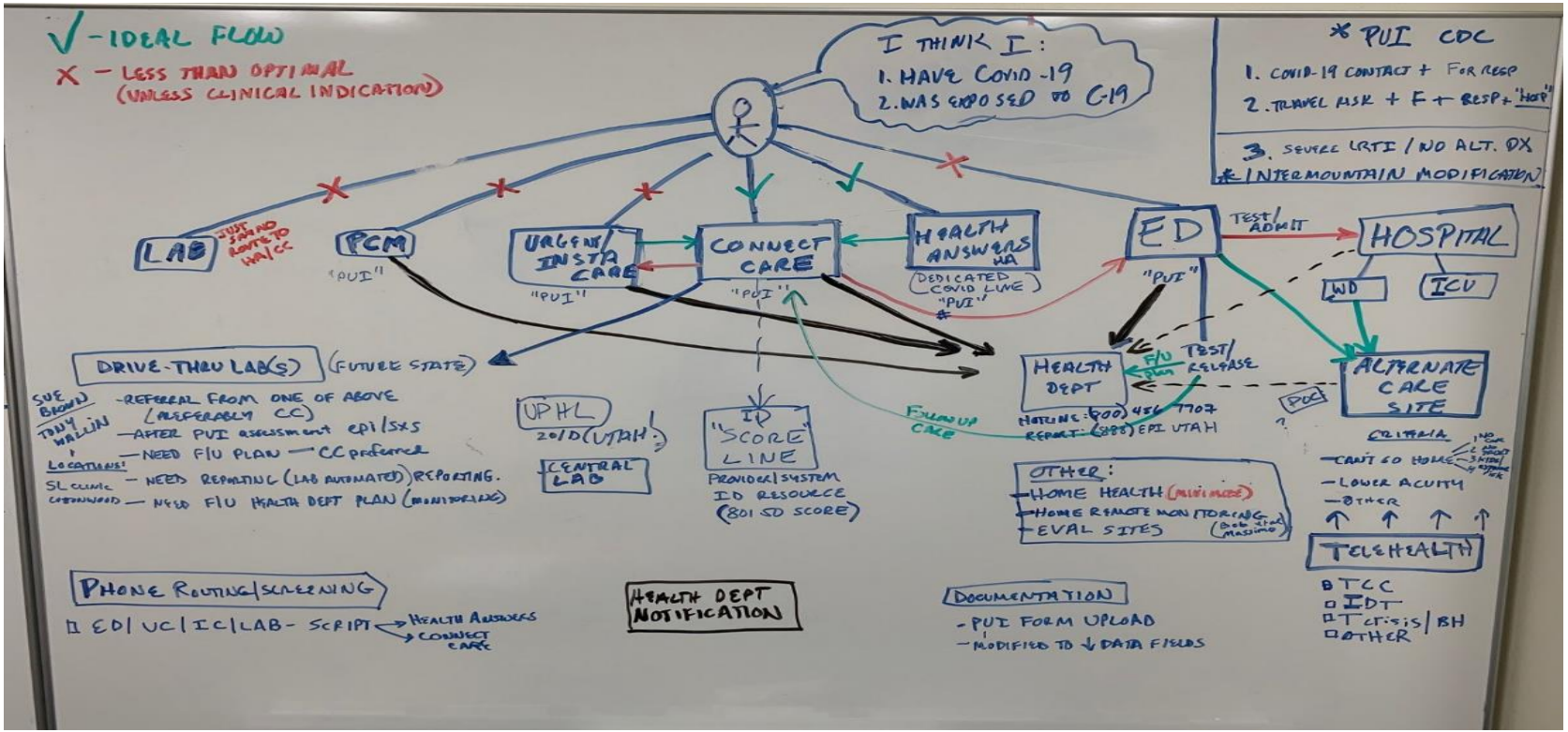


Comprehensive Telehealth Response

- **High-capacity services**
  - Telephone triage nurse
  - Web-based symptom checker
  - Urgent care video visits
- **Detailed expertise services**
  - Expanded ED/hospital HCW tools
  - Dedicated COVID-19 MD line (24/7)
  - Screen symptomatic healthcare workers
  - Expanded specialty care video visits (900/day)
  - Remote Patient Monitoring

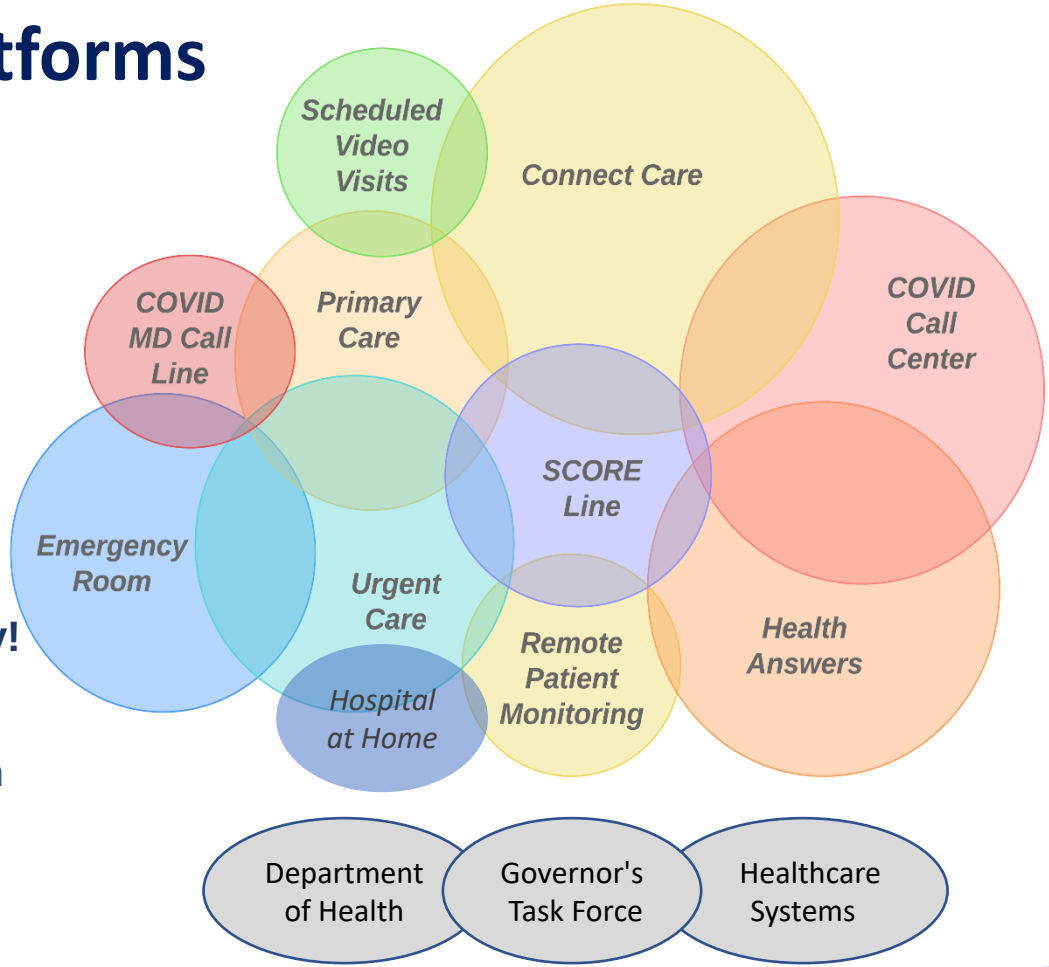


Post-Rudy: We need a plan!



Leveraging Telehealth Platforms

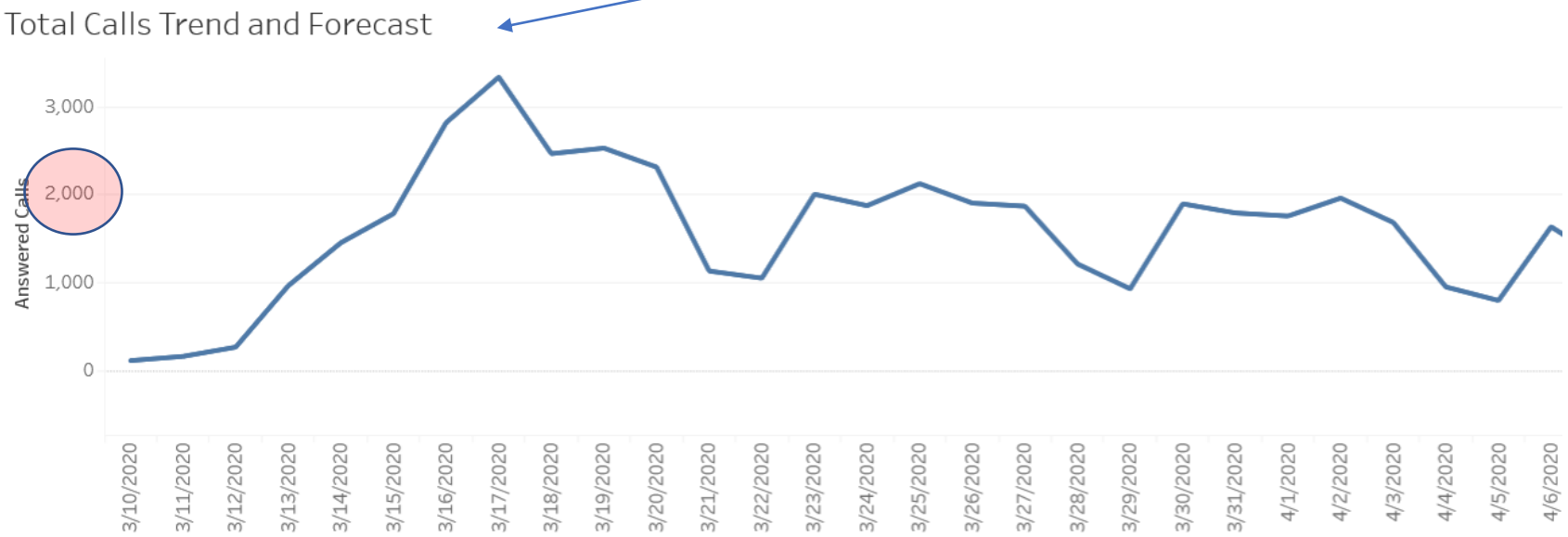
- **Robust telehealth & public health response**
- **Expanded existing platforms**
- **Early proof of concept (January 2020)**
  - Connect Care screenings
  - Identification of cases
- **Flexibility and communication are key!**
  - TeleHealth "Command Center"
  - Incident command structure
  - Rapid responsiveness to changing mission
  - Adjust plan (continually!)



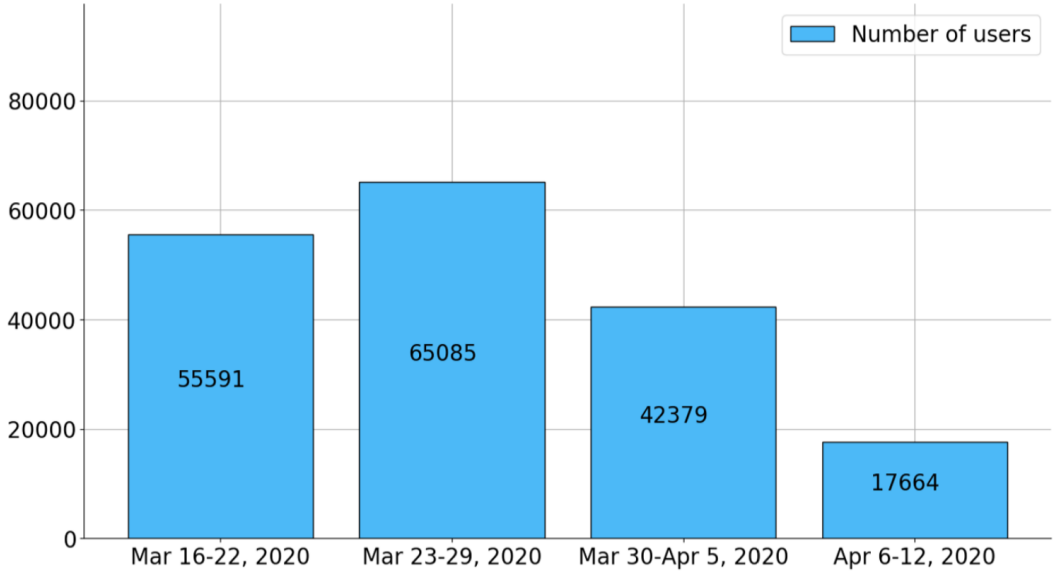
Connect Care COVID-19 Related Cases

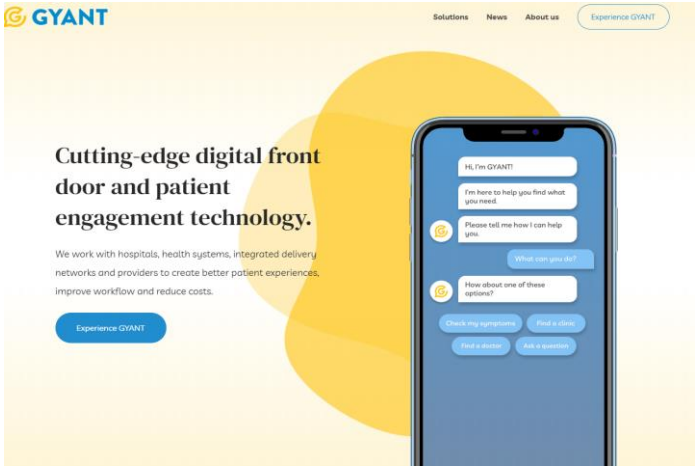
Nurse Triage Line/COVID-19 Call Center

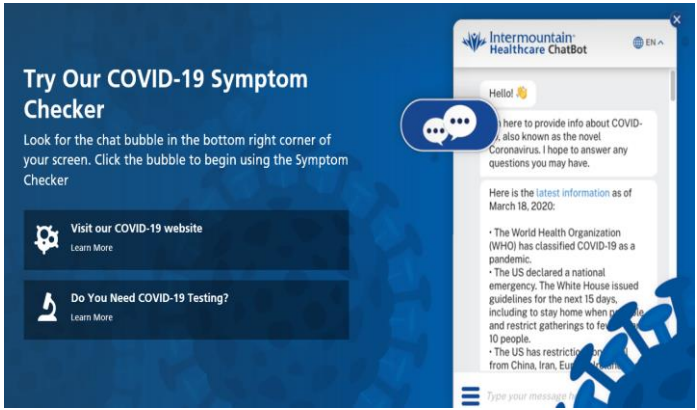
Thousands



GYANT “Scout” Online Symptom Tracker



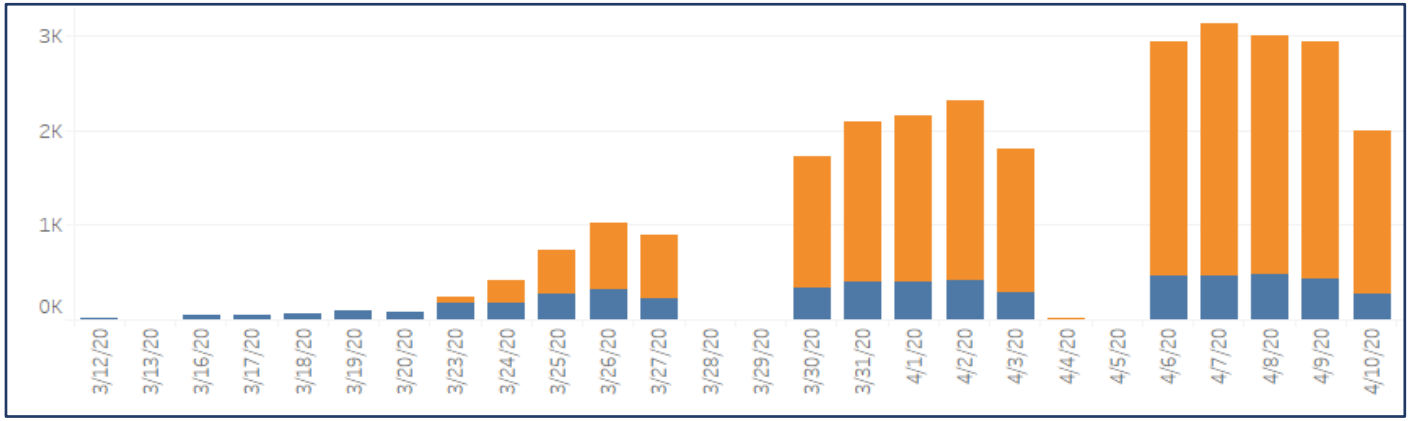




Telehealth and Scheduled Video Visits (SVV)

(COVID-19 and non-COVID-19)

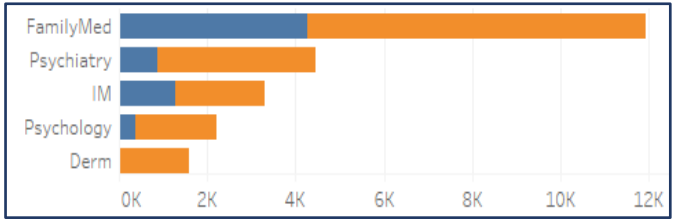
April 2020:
~60K video visits

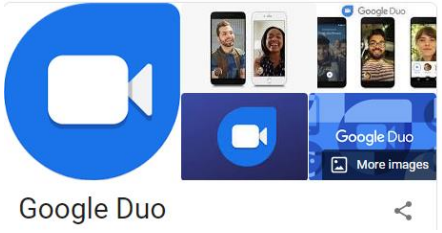


Consumer video Platforms

Telehealth Platform

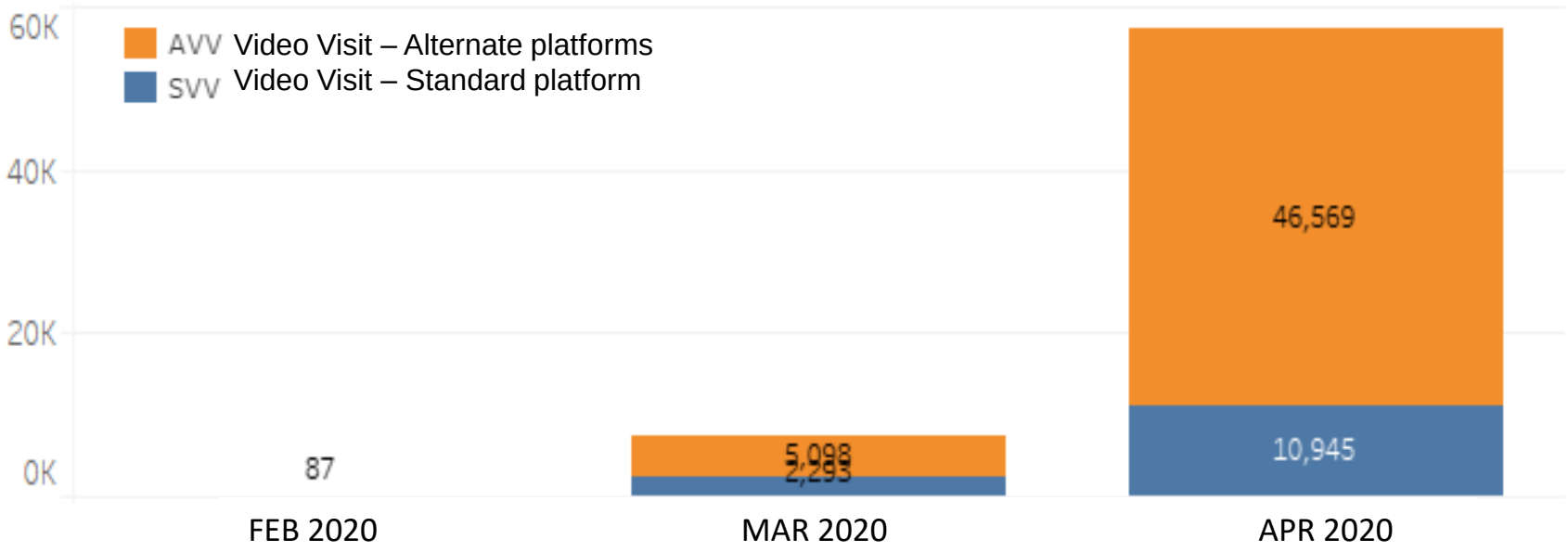
Top 5 Utilizing Departments





Outpatient Services: Monthly Completed Video Visits

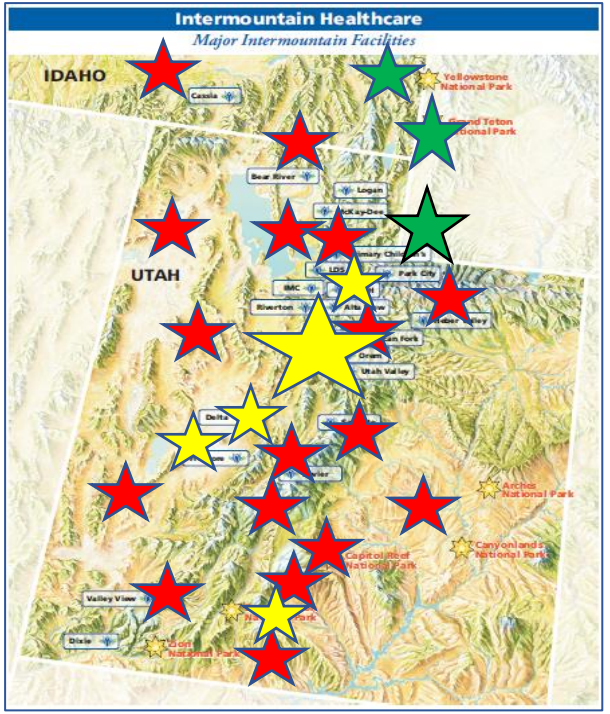
~60K Video Visits



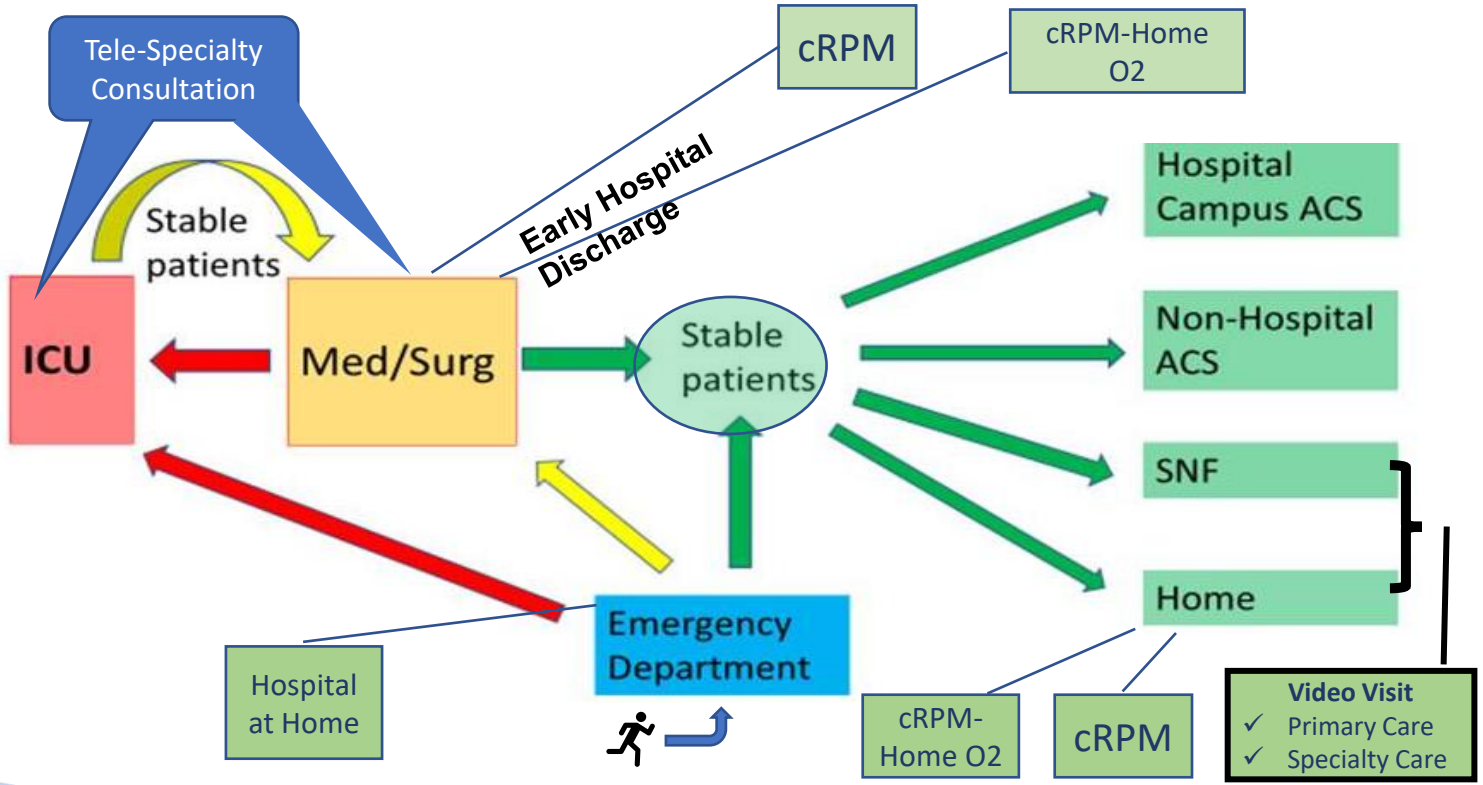
NOTE: As of January 2021
- **6,000 SVVs per week**
- **Approximately 17% of outpatient visits**

Rural/critical access hospitals: Tele-COVID-19 rounds and telementoring (ECHO®)

- **DAILY Multi-disciplinary/multi-state COVID-19 rounds**
  - Community Hospital Providers
  - Care Managers
  - Tele-ID physician
  - Tele-ID pharmacist
  - Tele-Critical Care Physician
  - Research Coordinators
- **Subject matter expertise to include:**
  - Current therapeutics
  - Standardized review for hospital transfer
  - Eligibility for clinical trials
- **Structured aggregate COVID-19 Workflow and Review**
- **Realtime decision making**

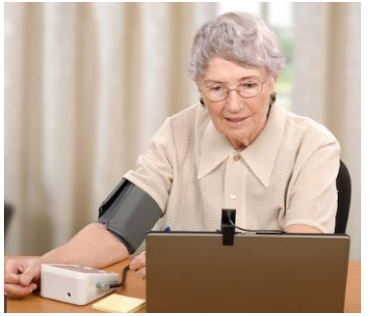


Increased use of Telehealth Care Modalities during Contingency Care



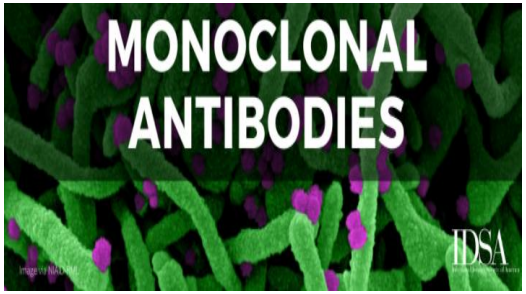
Remote Patient Monitoring (RPM)

- **Pre-COVID-19 use**
  - Cardiology, OB-Gyn, others
- **cRPM* pathway**
  - High-risk patients identified
  - Patients given RPM kit (symptom tracking, pulse oximeter, etc)
  - Biometric data transmitted to RPM team
  - Providers detect early signs of decompensation/intervene
- **Key role in pandemic with highly infectious pathogen**
  - Recognize early clinical worsening
  - Minimize exposures/prevent transmission to household contacts
  - Public health function during period of DOH diminished capacity



*cRPM: COVID-19 Remote Patient Monitoring

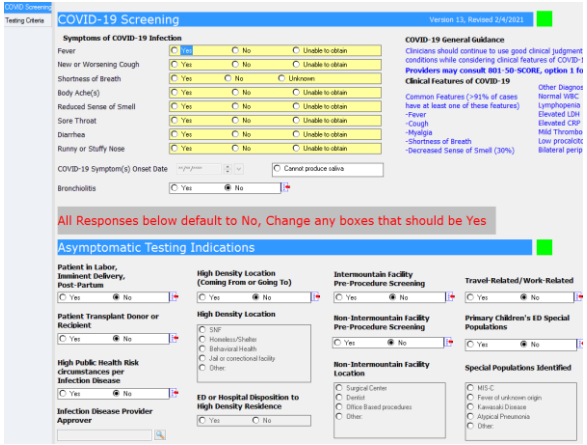
Clinical trial enrollment and counseling



Images shared with permission

Telehealth for Monoclonal Antibody Screening

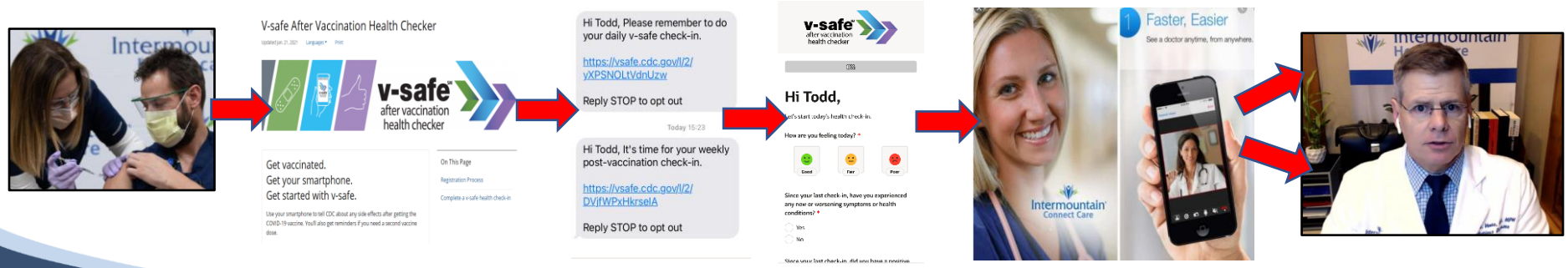
- Monoclonal Antibody FDA EUA (Bamlanivimab, Regeneron, Bam/Ete)
  - High risk, COVID-19 infected, symptomatic, non-hypoxic outpatients
  - State-dictated risk criteria (representation on Mab Task Force)
- Tele-provider screening
  - Redeployed clinicians
  - Daily generated positive COVID-19 test list
  - Contact high-risk patients
  - Complete e-consult and EMR communication
  - Mab infusion w/in 24h at nearest infusion site
  - 16 infusion centers (InstaCare, urgent care, rural EDs): UT/ID)
- Automated risk calculation processes
  - Data from automated PCR test order algorithm
  - EMR data integrated for risk score calculation
  - Includes age, ethnicity, gender, comorbidities; geography/access assessed
- Preliminary results
  - >900 Mab infusions (BAM and Regeneron)
  - Median age: 66y Median Risk Score: 9 (est. 50% hosp. risk)
  - <1% serious infusion reactions
  - 4% subsequent hospitalizations
  - NNT = 10



City	Patient Location	Specimen Collect. Date	Hospitalization Status	Age (Years)	Gender	Ethnicity	COVID Symptoms	Comorbidity Score	Mab_RISK_SCORE
MIDVALE	ER	02/12/2021	Inpatient: Active	63	Male	Hispanic, Latin	Yes	10	19.0
WEST VALL	ER	02/12/2021	Emergency: Discharg	79	Female	Not Hispanic, L	Yes	12	19.0
HERRIMAN	Emergency Roon	02/11/2021	Observation: Dischar	76	Male	Not Hispanic, L	Yes	10	18.0
BLUFFDALE	Central Lab OP (	02/12/2021	Outpatient: Discharg	81	Male	Not Hispanic, L	No	11	18.0
SAINT GEO	River Road Emer	02/12/2021	Inpatient: Active	88	Male	Not Hispanic, L	Yes	10	17.5
GLENDALE	Medical 9 (T9)	02/12/2021	Inpatient: Active	58	Male	Hispanic, Latin	No	9	17.0
MANTI	SanPete: Acute (	02/11/2021	Inpatient: Active	87	Male	Not Hispanic, L	No	9	16.5
OGDEN	Emergency Roon	02/12/2021	Inpatient: Active	66	Female	Not Hispanic, L	Yes	10	16.5
SOUTH JOR	Emergency Roon	02/12/2021	Inpatient: Active	61	Male	Not Hispanic, L	Yes	9	16.0
OGDEN	Intermediate Ca	02/12/2021	Inpatient: Active	75	Male	Not Hispanic, L	Yes	8	16.0
PAROWAN	Emergency Roon	02/12/2021	Inpatient: Active	60	Male	Not Hispanic, L	Yes	9	16.0
WEST VALL	CVU 3 (Cardiova	02/12/2021	Inpatient: Active	71	Male	Not Hispanic, L	Yes	8	15.5
PORTAGE	Emergency Roon	02/12/2021	Inpatient: Active	67	Male	Not Hispanic, L	Yes	8	15.5
DRAPER	Neuro Ortho 7 (T	02/11/2021	Inpatient: Active	80	Female	Not Hispanic, L	No	9	15.0
FARMINGT	JOINT AND SPIN	02/11/2021	Inpatient: Active	84	Female	Not Hispanic, L	No	9	15.0
KAYSVILLE	Medical (MED)	02/12/2021	Inpatient: Active	64	Male	Not Hispanic, L	No	9	15.0
SALT LAKE	CVU 4 (Cardiova	02/12/2021	Inpatient: Active	64	Male	Not Hispanic, L	Yes	8	15.0
OGDEN	Emergency Roon	02/12/2021	Emergency: Discharg	61	Female	Hispanic, Latin	Yes	7	15.0
OGDEN	Emergency Roon	02/12/2021	Emergency: Discharg	84	Female	Not Hispanic, L	Yes	9	15.0
WASHINGT	River Road Emer	02/12/2021	Inpatient: Active	84	Male	Not Hispanic, L	Yes	8	15.0

COVID-19 vaccine: telehealth opportunities

- Counseling at time of vaccination
  - Enrollment into CDC's V-safe during observation period
  - Connect Care instructions/reminder provided
- Connect Care: adverse event monitoring
  - Educated on common/serious reactions
  - Direct access to ID-Telehealth/COVID-19 line provider (24/7)
  - Coordination with patient transfer center for ED assessment/admission
  - VAERS reporting



COVID-19 vaccine: telehealth opportunities

- Rural vaccination programs (Utah)
  - Rural vaccination rates 50% lower than metropolitan rates
  - Local health department observations of patient AND provider hesitancy
  - Telementoring to educate rural providers (ECHO sessions)
  - Use established ID Tele connections/network to expand vaccination efforts
- High risk/disproportionately affected populations
  - Healthcare system vaccine clinics (March 2021) in proximity to patient pops.
  - Drive-thru and extended hour operations (front line worker access)
- Targeted messaging and communication
  - Language and multi-cultural subgroup to address health inequities/disparities
  - Media, community, and faith-based organization engagement
- Expanded use of other Digital Health Tools ?
  - Improved vaccine access
  - Improved vaccine uptake

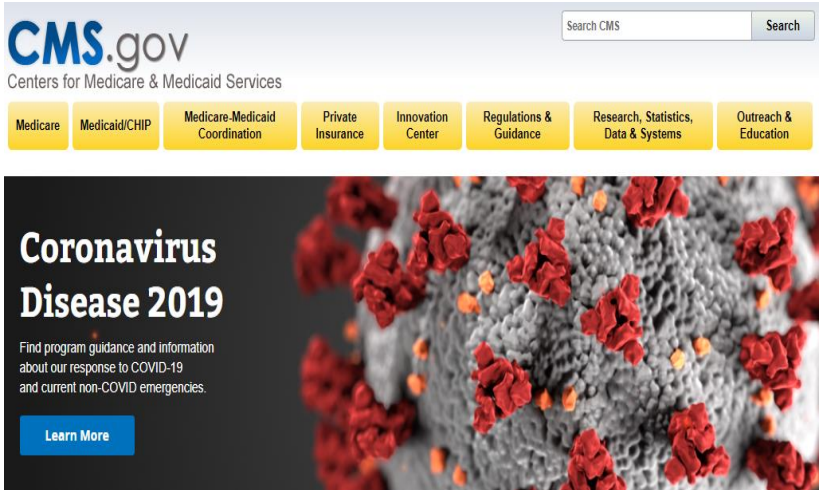
COVID-19 tele-expansion measures: summary

- Expanded telephone triage (3000/day)
- Initiated online symptom checker/chatbot program (>100K in 1 week)
- Biocontainment unit pt cared for with only telehealth physician visits
- Tablets/iPAD tools (ED/ward/ICUs)-minimize movement into pt room
- COVID-19 Remote Patient Monitoring (cRPM) of pts sent out of ED, Instacare, hospital on home isolation
- Expansion of Video Visits for non-COVID infected continuity clinic patients
- Redeployed Providers: asymptomatic HCWs on quarantine used as telehealth screeners/COVID-19 PCR orders
- Re-purposed/Re-deployed surgeons/others with decreased workload (surgeons as tele-providers)
- Expanded ECHO telementoring to educate system-wide workforce on COVID-19 clinical/public health practice
- Positive test notification/tele-isolation counseling d/t Department of Health diminished capacity
- Daily Tele-COVID-19 rounds for all Rural/Critical Access Hospitals/Community Hospitals
- Vaccine Adverse Effects assessment using V-safe and Connect Care
- 24-hour COVID-19 "hotline" for providers (Therapeutics, Monoclonal Ab, Vaccines)

Objectives
1. **Minimize exposures: vulnerable patients/HCWs**
2. **Conserve limited resources (hospital beds, PPE…)**
3. **Empower HCWs w/ up-to-date awareness/training**
4. **Improve patient access, safety, quality**

Key policy changes in Federal Telehealth coverage

- Stafford Act and National Emergency Act
- Change in requt. for HSA **“rural”** designation
- Expanded CMS telehealth coverage
  - Primary care
  - Mental health
  - Nursing home visits
  - Counseling, education, therapy services
  - **Patient home/home health**
- Expanded reimbursement for telephone visits
- Reimbursement as in-person care if same unit telehealth
- Removed barriers for hiring healthcare providers



Summary

- **Telehealth as a proven mitigation measure**
- **Intermountain pre/post-COVID-19 experience**
- **Telehealth legislation post-PHE**
- **Telehealth advantages in an ID epidemic**
  - Minimize patient/provider exposures
  - Conserve resources (PPE)
  - Allay patient fears/concerns
  - Support social distancing measures
  - Increased/early access to care (prevention/treatment)
  - Telehealth = Public Health
- **Opportunities for multi-disciplinary/multi-level coordination on therapeutics, vaccines, and more**

Thank You

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- Using Zoom
  - Click on the “Q&A” button.
  - Type your question in the “Q&A” box.
  - Submit your question.
- For media questions, please contact CDC Media Relations at 404-639-3286 or email media@cdc.gov.

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Those who participate in today's COCA Call and wish to receive continuing education please complete the online evaluation by **April 12, 2021,** with the course code **WC2922-031121**. The access code is **COCA031121.** Those who will participate in the on-demand activity and wish to receive continuing education should complete the online evaluation between **April 13, 2021** and **April 13, 2023** and use course code **WD2922-031121**. The access code is **COCA031121.**

Continuing education certificates can be printed immediately upon completion of your online evaluation. A cumulative transcript of all CDC/ATSDR CEs obtained through the CDC Training & Continuing Education Online System will be maintained for each user.

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- **When:** A few hours after the live call
- **What:** Video recording
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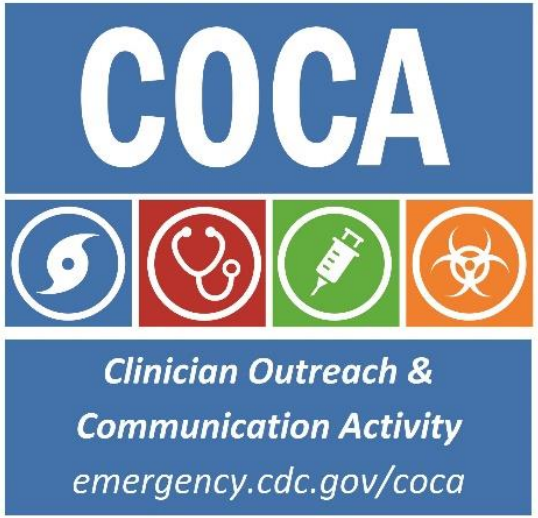

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