In many cases, telehealth and virtual care can keep people safer at home and out of hospitals, doctors’ offices and urgent care by triaging those who have questions and need medical care, providing access to timely diagnosis and treatment, and monitoring patients with chronic conditions, while also limiting the person-to-person spread of COVID-19.

Quick tips to simplify your telehealth journey

- Continue to follow the Centers for Medicare & Medicaid Services’ (CMS’) telehealth and telemedicine toolkit for general practitioners, which includes coding and billing guidelines, along with the American Medical Association’s Telemedicine Quick Guide for physicians and physician practices.
- In response to CMS’ increasing access to Medicare telehealth services, look into such virtual platforms as Skype, Zoom, Webex or FaceTime to expand your reach to patients.
- Partner with local digital companies to leverage resources like access to virtual platforms, additional laptops, iPads, etc.
- As inquiries and the need for further medical evaluation increase, post communications on the web page on high e-visit volume and wait times, as it will help ease concerns regarding clinician availability to triage patients who are at home.
- Ensure that health care workers are trained on existing or potential virtual platforms, patient portals, patient-monitoring tools, messaging apps, etc.
- For patients without virtual platform capabilities or those in rural communities with low bandwidth, establish a system comprising phone calls, emails or text messaging with the patient or a caregiver.

Hospitals and health systems are leveraging telehealth and online tools in many ways to combat novel COVID-19

Mobilizing online assessment tools and virtual triage

As COVID-19 cases become more widespread in communities, providers increasingly are using coronavirus assessment tools, online screening tools or COVID-19 telephone and email hotlines as a first step in assessment.

- COVID-19 assessment tools: These tools can help hospitals assess and improve their preparedness for responding to a communitywide outbreak of COVID-19. Providence is using a chatbot, a computer program built with Microsoft services and designed to provide answers to questions from people about potential COVID-19 symptoms. Through the chatbot, people at high risk of infection are directed to seek immediate care, and other at-risk patients are connected with the health system’s nurse via telephone or can schedule a telemedicine appointment.

A number of health tech companies are offering free tools. Bright.MD offers a free COVID-19 screening tool for hospital websites. Vivify Health offers unlimited use of the COVID-19 screening pathway to providers at no
cost, along with deeply discounted and rapid deployment to providers new to the Vivify Pathways™ platform. Designed by Vital software, Emory Healthcare helped to build C19check.com, a self-triage tool, embedded with the Center for Disease Control and Prevention guidelines on COVID-19, for the public to assess their symptoms and risk of contracting COVID-19.

**e-Visits:** Hospitals and health systems also are using e-visits to triage anyone who has COVID-19 symptoms or has been exposed to someone who has traveled to major hotspots and, if clinically appropriate, referring for COVID-19 testing. MultiCare is offering free e-visits to those with symptoms and use of the promo code COVID19 (in the payment section) to waive the regular fee. Additionally, UW Medicine is triaging potential COVID-19 patients through its existing virtual clinic, and training clinicians across its 45 specialties to conduct video calls for non-COVID-19 patients.

Spectrum Health is offering free virtual screenings for people in Michigan who are concerned that they may have the virus. Individuals schedule a free screening through its COVID-19 hotline and are scheduled for a virtual video visit and assisted in downloading the Spectrum Health Now app. It is not necessary to be a Spectrum Health patient to use the service and receive the screening.

**Toolkits:** Rx.Health, the digital startup of Mount Sinai Health System, created a digital COVID-19 toolkit to help hospitals screen for COVID-19 and care for those with symptoms. The toolkit includes checklists for health care workers to prepare for potential COVID-19 diagnoses and cases, telehealth platform and tools for front-line workers to digitally monitor cases, and guidelines to identify high-risk patients.

Caring remotely for persons with suspected or confirmed cases of COVID-19

The CDC urges patients with suspected cases and mild COVID-19 symptoms to be cared for at home and monitored closely using virtual check-ins. Telehealth also is being used by patients with other conditions who do not want to be exposed to the virus. Kaiser Permanente is using telehealth to care for members who are quarantined at home. Patients are staying in touch with doctors via video, phone and text messaging.

Protecting health care workers with virtual tools and putting quarantined clinicians to work

As more clinicians are exposed to and infected with COVID-19, telehealth is a way to limit exposure to infected individuals among health care workers and lessen the use of masks, gowns and other personal protective equipment that are already in short supply. Health systems with existing telehealth technology can leverage it in ambulatory settings for patients who test positive for COVID-19 and for hospitalized patients to reduce exposure risks for visitors and staff. Jefferson Health is experimenting with televisit systems, including having providers use video calls to communicate with patients from room to room in a hospital setting. If clinicians are quarantined but still able to work, they may be able to provide telehealth from their homes. Intermountain Healthcare uses video visits for COVID-19-infected patients who are in one of its hospitals. Patients in isolated rooms are cared for by nurses in person, but doctors see them via a live video feed. Kaiser Permanente is issuing laptops to more physicians who can do visits from home during late hours or if they are isolated due to potential infection.

Expanding telecritical care

Health systems that provide e-ICU services are expanding to help other hospitals cover critical care units remotely and provide support to hospitals that may be facing a staffing shortage. The University of Alabama at Birmingham (UAB) already provides critical care via telehealth to four hospitals around the state. However, if COVID-19 spreads further as expected, additional providers will be needed to care for patients considered to be
critical or in need of an intensive care unit. UAB is working to expand the number of sites to support hospital staff when necessary.

**Leveraging the use of telehealth technology vendors and coordinating care handoffs**

Many hospitals have established relationships with telehealth providers that can be expanded and coordinated for patients who need medical attention. Even the main telehealth players — Teladoc Health, Amwell, Doctor on Demand Inc. and MDLive Inc. — are seeing high visit volumes and wait times. PlushCare, a San Francisco-based company, is expanding its focus from providing birth control and other drugs to patients to helping patients identify risk factors for COVID-19, and monitoring positive cases remotely. Part of the increase is from people worried about COVID-19, but is also driven by patients with other conditions seeking to avoid being exposed. Even without having established relationships with telehealth providers, health systems need to be ready for handoffs. When Amwell has patients who meet CDC guidelines for testing and refers them to hospitals, the company contacts the hospital regarding each patient’s arrival, and tells them to remain in their cars until hospital personnel meet them. It also ensures that local public health officials are contacted to make sure the patients were treated.