

Telehealth Modalities for Primary Care Providers

<https://www.hrsa.gov/library/telehealth-coe-musc>

As telehealth technologies and modalities evolve, primary care providers (PCPs) have new opportunities to provide enhanced, more specialized care to patients in ways that are more efficient and cost-effective. The following table outlines various telehealth modalities that can be used by PCPs to better care for their patients, highlighting diabetes management as a use case demonstrating how these interventions might be deployed in a primary care setting. Several of these modalities are eligible for reimbursement by the Center for Medicare Services. This is indicated by an '*' with explanatory footnotes at the bottom of the table.

	Modalities	Description	Use Case: Diabetes Management
Specialty Care to Primary Care Provider	Asynchronous e-consults* (i.e. interprofessional internet consultation)	Structured electronic communication between a PCP and specialist that results in the specialist providing guidance to the PCP on how to best manage that patient's care.	A primary care provider will electronically send a clinical question to an endocrinologist regarding a patient with typically well controlled insulin-dependent diabetes and new onset of unrecognized and asymptomatic hypoglycemic episodes on routine blood sugar checks. The endocrinologist responds to the primary provider with a recommendation to reduce insulin and allow blood sugars to run over 200 for 2 weeks to reset the patient's sensitivity.
	Outpatient Specialty Teleconsultations* (synchronous video)	Video consults between a specialist or ancillary health care provider and a primary care patient at the primary care clinic.	A primary care provider requests a consultation from a nutritionist in order to counsel a patient in diabetes on self-management strategies and diabetic diet. The patient is able to use video to talk to the nutritionist after their appointment from the primary care provider's office. At the end of the visit, the primary care provider steps back into the room where the patient is doing the video consult, and the nutritionist, patient and provider review the plan of care together.
	Telementoring (e.g. Project ECHO)	Telementoring links specialist teams with PCPs in local communities. Together, they participate in regular online clinics, which are like virtual grand rounds, combined with mentoring and patient case presentations. Project ECHO is an evidence-based model of telementoring.	A primary care provider attends a Diabetes Management Project ECHO Clinic that includes a didactic session on managing diabetes within prenatal and perinatal patients offered by a maternal fetal medicine physician. The PCP will also learn how to improve diabetes treatment through participation in case studies and has the opportunity to present his or her own patient cases within the clinic to receive expert guidance.
Primary	Virtual Check-in*	Brief, non-face-to-face communication (phone or video visit) between a provider and pre-established patient in order to assess that patient's conditions between in-person visits.	A patient with uncontrolled diabetes is seen in the office and prescribed an injectable GLP-1 agonist for better blood sugar control. A virtual check-in is performed 2 weeks later to address several issues. This is a short visit that can occur via video or telephone, and might include a questionnaire prior to the contact:

			<ol style="list-style-type: none"> 1. Was the patient able to get the medication from the pharmacy and if not, what issues arose to prevent receiving the prescribed medication? 2. Are they performing injections daily or weekly as prescribed? If not, why? 3. Any side effects? 4. Blood sugar changes <p>The patient answers these questions from the structure survey as well as offers other issues and concerns in free text form prior to the virtual check-in. The primary provider can use this information to help guide the discussion during the virtual check-in.</p>
	<p>Remote Patient Monitoring (RPM)*</p>	<p>Tracking a patient’s clinical conditions outside of a conventional clinical setting on a regular, ongoing basis. Some RPM models utilize a centralized pool of nurses or case managers to monitor conditions and facilitate interventions as needed.</p>	<p>All patients in a practice or a group of practices with diabetes are included on a diabetes registry. A cohort of patients with HbA1C \geq 9% in the last year are given Bluetooth glucometers and blood pressure monitors. Data is loaded into an RPM dashboard and monitored weekly by a PharmD or clinical nurse working with the practices. Patients with high readings outside a defined protocol are reviewed by a PCP or physician in the practice who makes treatment recommendations. The RPM nurse/coordinator communicates those recommendation back to the patient. The monitoring and treatment modifications are guided by a clinical protocol.</p>
	<p>Acute Virtual Care Visit</p>	<p>Online visits designed to provide rapid care for common, acute conditions. These virtual visits may be either real-time video visits or asynchronous, non-video structured interviews.</p>	<p>A person with diabetes believes they have a urinary tract infection but does not have time to make an in-person visit or there is not a timely visit available can answer a structured questionnaire and receive care conveniently and quickly, avoiding progression of their condition. The virtual visits target low risk conditions for which patients often seek in person care.</p>
<p><i>* CPT Codes 99446-99449, 99451, & 99452 now provide standalone reimbursement for "Interprofessional Internet Consultation;" HCPCS Code G2010 covers Remote Evaluation of Patient-transmitted Images; Chronic Care Remote Physiologic Monitoring is covered by CPT Codes 99453, 99454, & 99457; "Virtual Check-Ins" are reimbursed by HCPCS Code G2012, but must have a synchronous audio component.</i></p>			

To learn more about how telehealth might be deployed to support primary care, feel free to reach out to your local Telehealth Resource Center (<https://www.telehealthresourcecenter.org>) or contact the MUSC Telehealth Center of Excellence (TelehealthCOE@musc.edu).