



The Patient Will See You Now ~~The Doctor Will See You Now~~

Telemedicine 2.0

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Vice President for PA's in Virtual Medicine & Telemedicine

Disclaimer & Disclosures

- This presentation is not intended as, nor is a replacement for legal guidance.
- As the telemedicine world is changing rapidly it is the responsibility of each PA wanting to practice in telemedicine to:
 - investigate applicable statutes, regulations and standards
 - seek the guidance of attorneys for legal matters:
 - healthcare and business prior to starting in telemedicine.
- Non-Declaration Statement: I have no relevant relationships with ineligible companies to disclose within the past 24 months. (Note: Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.)

Objectives

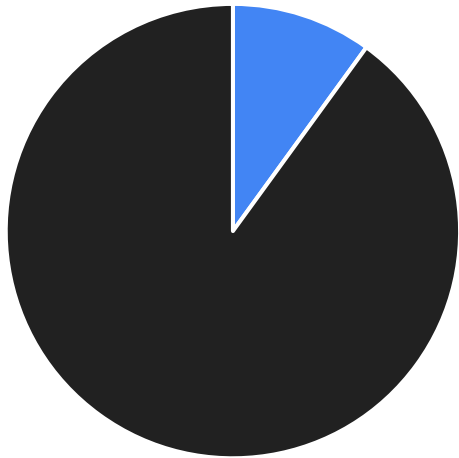
- Review the various types of Telemedicine
- Perform various modifications for physical examination on a telemedicine platform
- Discuss how telemedicine can be utilized/integrated for present and future use

Telehealth ¹

Telemedicine ¹

2

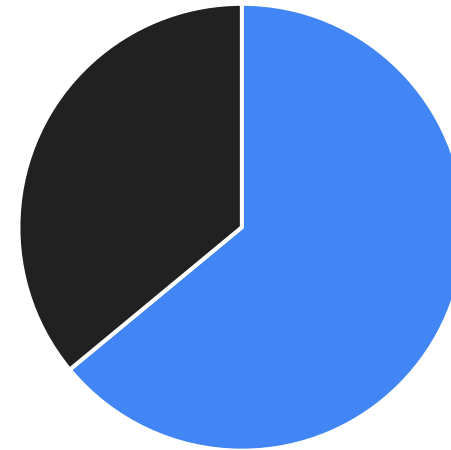
PA Telemedicine Use in 2/2020



■ Using Telehealth ■ Not using Telehealth

2

PA Telemedicine Use in 6/2020



■ Using Telehealth ■ Not using Telehealth



From 2014-2018 use of non-hospital-based, provider-to-patient telehealth grew...³

1393%

From December 2019 - December 2020 use of non-hospital-based, provider-to-patient telehealth grew...³

2817%

Types of Telemedicine

Broad Categories: Synchronous vs Asynchronous

- Real-Time, Face-to Face contact between care provider & patients
- Teleconferencing (zoom, Lifesize, Doximity, embedded in EMR)



- Monitoring & delivering feedback without Face-to-Face contact
- E-mail, Cell phone, data portals and automated messaging systems



Introduction to Telemedicine

Reimbursable Categories defined by CMS



**Video Visits
“Telehealth”**



**Interprofessional Consult
Curbside Consults or
eConsults**



**Telephone &
E Visits**

*Telephone: Brief
Communication Technology
Based Service/ Virtual Check In
*Email: Online Digital
Management and Evaluation
Services/ “e-Visit”

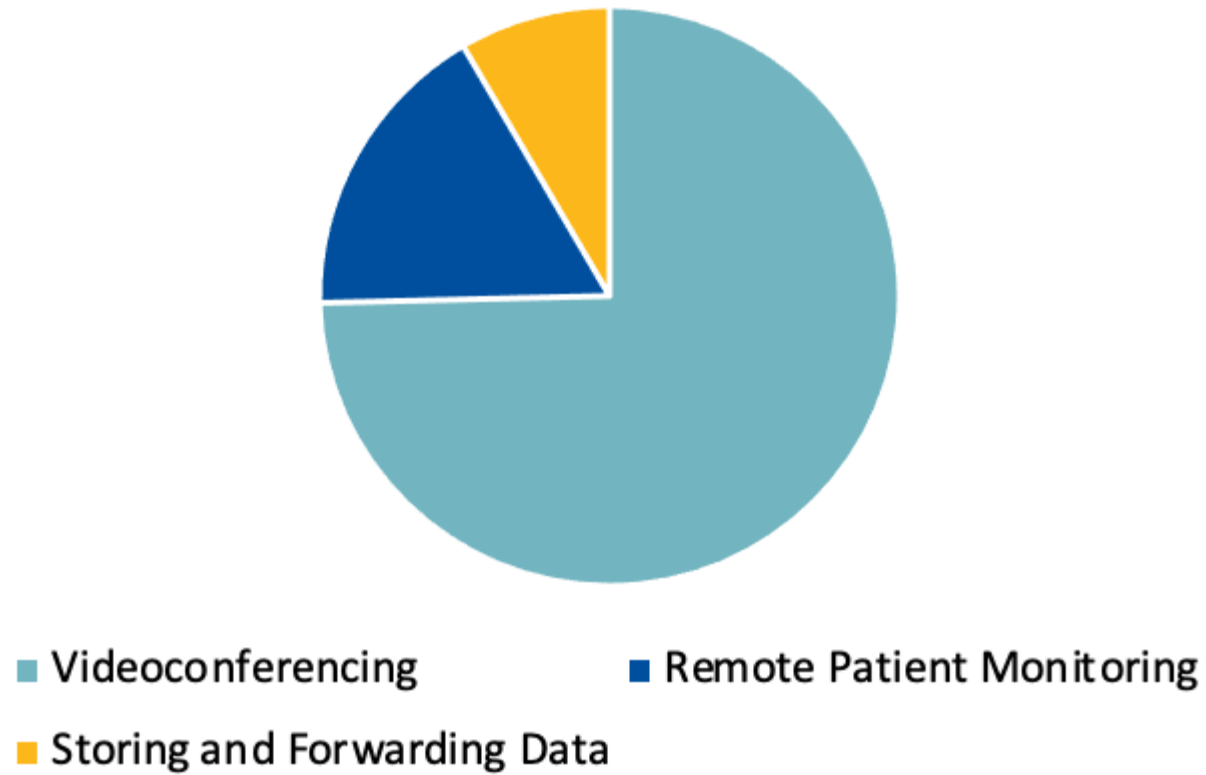


**Remote Patient Monitoring
and more**



Introduction to Telemedicine

Modalities of Telemedicine Used by PAs



Physical Examination on a Telemedicine Platform

Beginning⁵

- Introduce yourself
- Verify right patient, right location
- Use body language
- Use the patient's name
- Listen, repeat, clarify
- Avoid distractions

You had me at hello



Clinical Pearls ⁵

Vital Signs:

- Inquire about tools at home:
BP cuff, Thermometer, Pulse Ox, Weight scale
- Pain scale
- Count respirations
- Count pulse out loud to you



Clinical Pearls 5

Vital Signs:

- Inquire about tools at home- BP cuff, Thermometer, Pulse Ox, Pain scale, Count pulse and respirations

General:

- Comment on their surrounding- safe without hazards?
- General appearance
- Diaphoretic? Flushed? Appearing ill?
- Or No Acute sign of distress?



Clinical Pearls ⁵

Vital Signs: Do they have any tools at home? BP cuff? Thermometer? Pulse Ox? Pain scale? Pulse or respiratory count.

Gen: Surrounds- safe without hazards? General appearance.

Skin:

Dry?

Lesions?

Describe the rash

-Place a common item like a coin for comparison/assessment of size

-Tumbler Test/Glass test



Clinical Pearls ⁵

Vital Signs: Do they have any tools at home? BP cuff? Thermometer? Pulse Ox? Pain scale? Pulse or respiratory count.

Gen: Surrounds- safe without hazards? General appearance.

Skin: Dry, noted on exposed areas, describe the rash, picture with common item for comparison/assessment of size, tumbler test/glass test

HEENT:

-EOM

-Nystagmus

-Can use flashlight on their phone to illuminate oropharynx.

PERRL: use natural light source with camera at eye height-ask to open/close eyes.

For congestion- ask pt to yawn and note any cracking or popping in ears. Can palpate on sinus, mastoid process, mouth, lips etc.



Clinical Pearls 5

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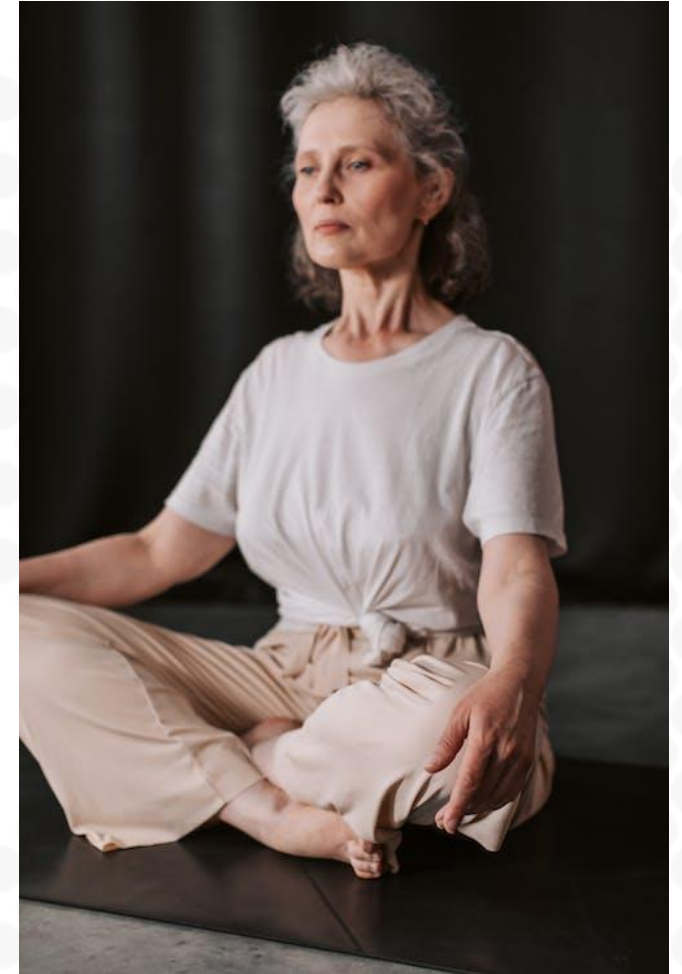
Respiration:

Ask patient to takes deep breath in/out.

Comment on patent nares,

Hear/observe wheezing, cough, accessory muscles

use



Clinical Pearls 5

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Respiration: Ask patient to takes deep breath in/out. patent nares, Hear/observe wheezing, cough, accessory muscles use

CV: JVD? Edema or varicosities noted?

Capillary refill

Cyanosis



Clinical Pearls 5

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Respiration: Ask patient to take deep breath in/out. patent nares, Hear/observe wheezing, cough, accessory muscles use

CV: comment on no JVD, no edema or varicosities noted. Capillary refill. No cyanosis.

Abd: Pt laying down, position the camera to see face and abdomen, note any facial grimacing.

Palpate in all four quadrants.

Special tests like Murphy's sign or tenderness at McBurney's

To assess possible acute abdomen- ask to do jumping jacks



Clinical Pearls⁵

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MSK:
ROM (have patient mirror you)
Assess gait and station
Special tests*





Physical Examination Skills: Neer's Test

Presented by Cody Rodman PA-S & Hina Mazharuddin PA-C
Student Director for PAVMT 2021-2022 & Vice President for PAVMT



Clinical Pearls 5

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MSK: . ROM, gait, station, can do special tests*

Neuro/ Psych: CN1-12, comment on speech and if in appropriate situational mood.



NEUROLOGY EXAM Cranial Nerves

Olfactory- Smell common household items - Coffee, Citrus, Perfume/Cologne, Candle

Optic- Grossly read paper/screen OD/OS/OU (use corrective lens if needed), Red desaturation test, Use of NIH stroke cards, Pupillary reaction to light, *fundoscopy

Oculomotor/ Trochlear/ Abducens: Extraocular Movements

Trigeminal- Grossly touch each side of face following trigeminal nerve pattern, may compare each side using common items ie: tissue, pen/pencil, ice. Assess motor function with clenching of jaw- to assess for tone and muscle bulk.

Facial- Assess if able to smile symmetrically, puff out cheeks, open and shut eyes

Vestibulocochlear- intact to voice, rub fingers to ear bilaterally, comment on gait and nystagmus

Glossopharyngeal & Vagus - Can comment on dysarthria ,palate elevation,gag reflex, uvula deviation

Accessory- Shrug shoulders, turn heard

Hypoglossal- Can comment on atrophy, asymmetry, fasciculations

*Subject to what resources you have access to



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MSK: . ROM, gait, station, can do special tests*

Neuro/ Psych: CN1-12, comment on speech and if in appropriate situational mood.

Feel free to use any screening tools (PHQ9, GAD7 etc), Ottawa rules, diagnostic criteria (ex: Centor Criteria), at home testing kits (COVID test, UTI tests)



Special Tests/Clinical Pearls





Cool Tech!



Telemedicine Utilization and Integration for present (2.0) and future use (3.0)

Telemedicine 2.0 – Patient case ⁶

Ms Jones is a 41 y/o F calls in on a video chat about R shoulder pain x 4 weeks

Recently moved to new apt and was repeatedly lifting heavy boxes

Pain occurs when using shoulder

Mostly at bedtime

Pain is in front of the shoulder

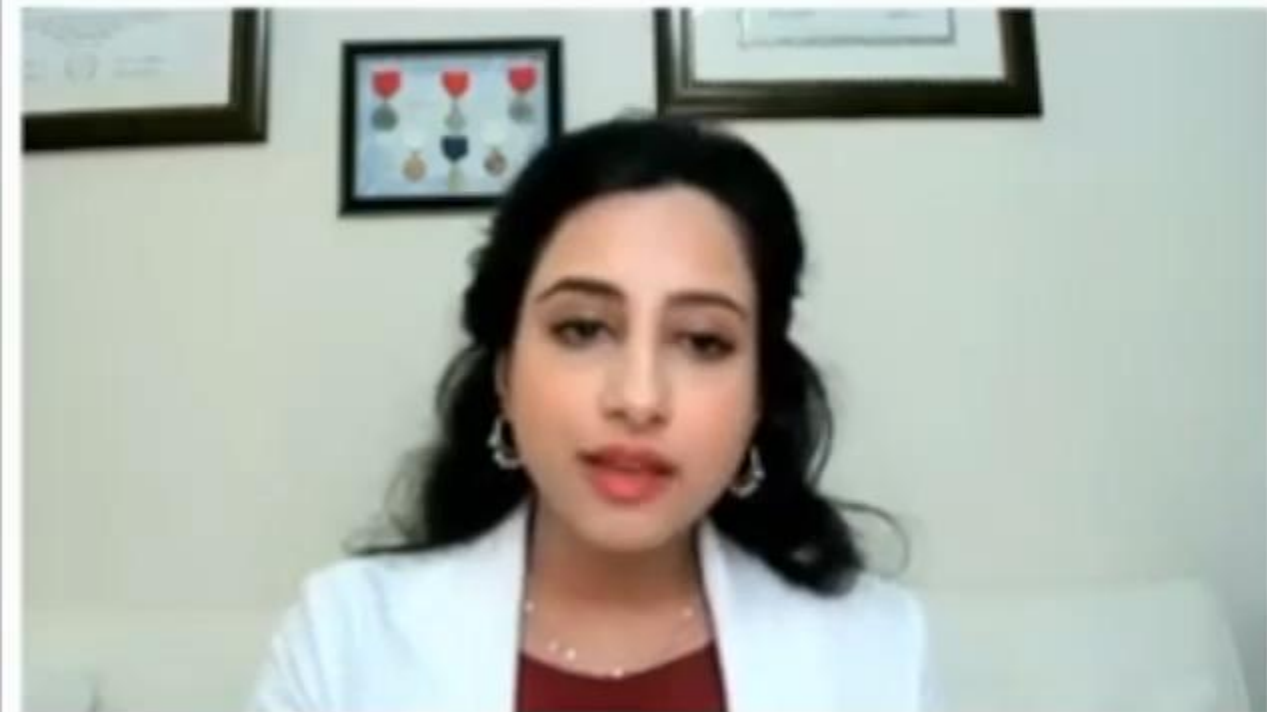
No hx of trauma/falls

No numbness/tingling

No red/warm swollen joint



Poll Everywhere



PA Foundation



PA FOUNDATION

Telemedicine 2.0 – Patient case ⁶

TXT: Ice, Rest, NSAIDS, ergonomic position recommendation, PT or Home exercise program

Follow up- synchronous or asynchronous, virtual or in person

No improvement: Consider imaging or referral to ortho



Telemedicine Ecosystem- More than just a zoom call ⁷

- Improve Access to care
- Improve patient experience
- Improve care
- Improve Efficiency/ Decrease costs
- Making meaningful impact through innovated care model



Telemed 3.0⁷

Meet Ms. Smith

- 38 y/o F
- Primary wellness visit
- PMHx: Pre-DM-taking metformin



Telemed 3.0⁷

7:45 AM Before work-

- Open app
- Geo locater to choose clinic
- Schedule /Calendar capability to find same day or next day appt with PCP
- Choose provider via bio



Telemed 3.0⁷

Before the visit:

- Alert/text message on her phone
- Fill out health hx and screening questionnaires
- Other Concerns:
Insomnia



Telemed 3.0⁷

12:15-12:45 PM- meets with her PCP

- Reviews Hx, USPSTF questionnaires
- Physical exam
- Pt education on pre-DM-set her up for the Diabetes Prevention Program
- RX refill
- Discuss pts concern re: insomnia

- New job with increased stress (reflected in her GAD7)
- Schedule mental health therapist/counselor,
- Orders: lab, DM retinopathy screening, Annual Flu shot
- F/u will be virtual



Telemed 3.0⁷

End of work day:

- Finds herself having more caffeine and sweets, remembers PCP education
- Clicks the invite to join DPP— nutrition, exercise, sleep, stress management, support group etc.



DM Prevention
Program



Telemed 3.0⁸



DM Prevention
Program

Telemed 3.0⁷

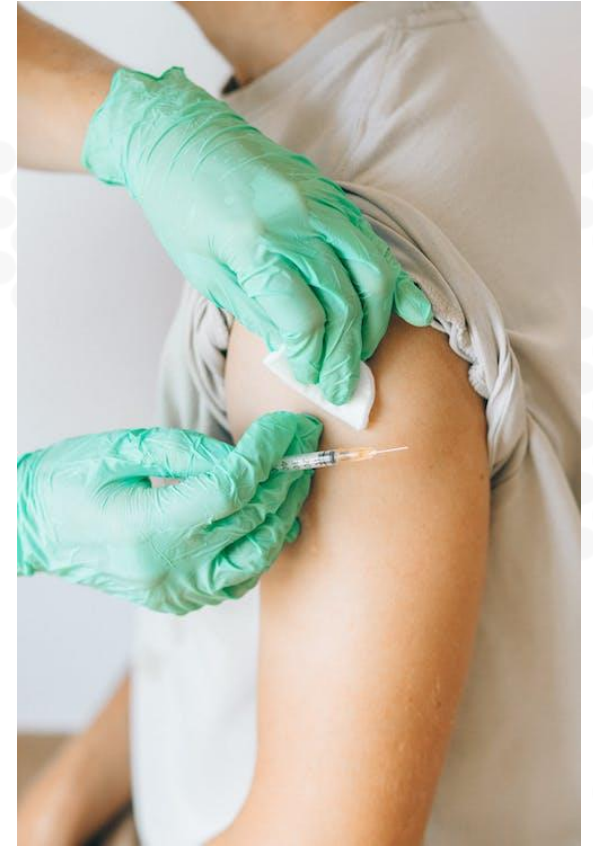
- After work pick up rx- , get her blood work drawn, gets her flu shot, kiosk- AI DM retinopathy screening





Shared with owner's permission
www.careportmd.com

Telemed 3.0⁷



Telemed 3.0⁷

Evening:

- After flu shot - feels a ill
- Soreness, redness on arm
- Use symptom checker and algorithm advises it something that can be take care of via virtual medical team(vs UC or ER) using the asynchronous messaging



Telemed 3.0⁷

Sample Asynchronous Questions:

When did symptoms start?

Where is this located?

Please send in multiple pictures of affected area.

Please describe the rash.

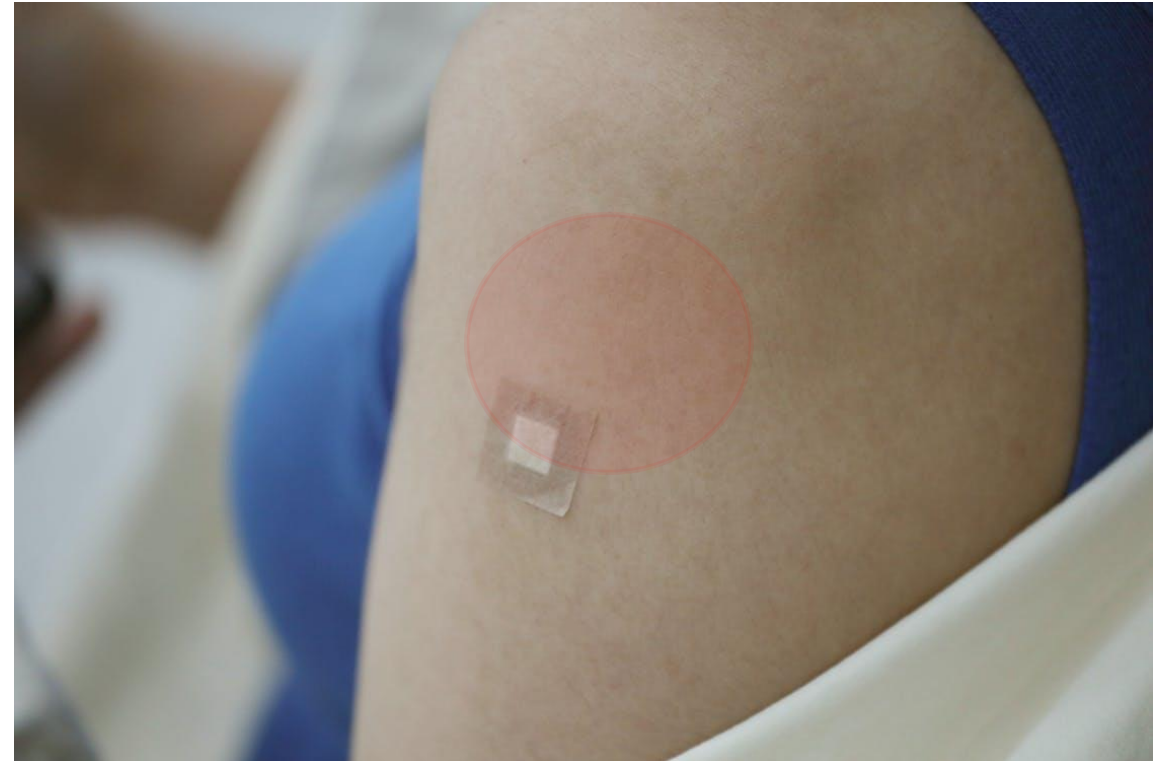
Pain? Fever? Itching?

Anything make it better?

Anything make it worse?

How would you rate your pain on a scale of 1-10?

Anything else you'd like to share with your medical provider?



Telemed 3.0⁷

Next day at lunch break

- 1st therapy appt with a Mental Health Counselor



Telemed 3.0⁷

Virtual follow up:

- Follow up with her multidisciplinary medical team for her holistic care



Telemed 3.0



- Virtual Reality/Augmented reality
- Digital therapeutics
- Wearable devices

Telemedicine Ecosystem- More than just a zoom call ⁷

- Improve Access to care
- Improve patient
- Improve care
- Improve Efficiency/ Decrease costs
- Making meaningful impact through innovated care model
-this already exists



Reimaging health care ^{5,7}

- Easy to use- reduce barriers
- Streamlined approach- matching modality with need
- Team oriented- we work better when we work together.
#stronger together



Provider Spotlight

Reimaging health care

- Telehealth for American Indian and Alaska Native communities
- Telehealth for behavioral health care
- Telehealth and cancer care
- Telehealth for chronic conditions
- Telehealth for direct to consumer care
- Telehealth for emergency departments
- Telehealth for HIV care
- Telehealth for maternal health services
- Telehealth for physical therapy
- Telehealth for rural areas
- Telehealth for school based services
- Telemonitoring



Provider Spotlight

Updates¹⁰

- Dec 29 2022 President Biden signed into law H.R. 2716 Consolidated Appropriations Act for Fiscal Year 2023.
- Provides funding including a 2 year extension of the major telehealth waivers that were initiated during the federal public health emergency – Dec. 31, 2024

Updates ¹⁰

- **Key Takeaway #1: Patients can continue to access telehealth from their home.**
- **Key Takeaway #2: Audio-only telehealth services is allowed.**
- **Key Takeaway #3: In-person visits for tele behavioral health not required under the CAA, but virtual prescribing for controlled substances still tied to PHE.**
- **Key Takeaway #4: Extend pre-deductible telehealth waiver.**
- **Key Takeaway #5: Expand care options with eligible practitioners and hospital at home programs.**

Center for Connected Health Policy¹⁰

The screenshot displays the CCHP website interface. At the top left is the CCHP logo. To its right is a search bar with the text "Look up policy by:" followed by three dropdown menus: "Topic", "Federal", and "State". A magnifying glass icon is on the right of the search bar. Below the search bar, on the left side, is a section titled "Compare state policies". Under this title, there are three dropdown menus. The first is labeled "TOPIC" and has "1 Audio-Only Delivery" selected. The second is labeled "JURISDICTIONS" and has "2 Texas" selected. The third is labeled "Federal" and has "3 Federal" selected. Below these dropdowns is a large orange button labeled "COMPARE". To the right of the dropdowns is a map of the United States where each state is represented by a hexagon. Most hexagons are green, but the hexagon for Texas (TX) is white with a black border. Other hexagons labeled include AK, ME, VT, NH, MA, RI, NY, CT, WA, MT, ND, MN, WI, MI, PA, NJ, OH, IN, IL, IA, SD, WY, ID, OR, NV, CO, NE, MO, KY, WV, MD, DE, CA, AZ, UT, KS, AR, TN, VA, NC, NM, OK, LA, MS, AL, SC, GA, FL, HI, DC, and US.



PAVMT⁺

VIRTUAL MEDICINE



Take home points:

1. Telehealth offers an opportunity to see the future, recreate the clinic experience remotely.
2. Telemedicine is a platform that allows PA to connect with patients in a meaningful way.
3. Expect growth and integration of telemedicine and various digital tools/capabilities to be integrated into a work-life and life-work flow
4. As PAs it is our and opportunity to be the change makers, improve practice revenue, improve patient health outcomes and provide value based care – which can involve telemedicine being part of that health care ecosystem.
5. For us to make those positive changes, we must educate ourselves on how to safely and confidently practice in the virtual space.

**PAVMT would like to provide you with a complimentary
Telemedicine Quick Reference Guide**



- ✓ Intro and Vitals >
- Abdominal >
- Respiratory >
- Cardiology >
- Dermatology >
- HEENT >
- Neurology >
- ✓ MSK >
- MSK Exam Intro
- ✓ MSK - Shoulder
- MSK - Elbow and Hand
- MSK - Back
- MSK - C-Spine
- MSK - Hip
- MSK - Knee
- MSK - Ankle
- MSK - Cool Tech
- Shoulder Exam
- Shoulder ROM
- Empty Can/Jobe Test
- Infraspinatus Test
- Hornblower's Test for Teres Minor
- Lift Off Test
- Belly Press
- Scarf Test (AC Joint)
- Cross Body Adduction Test (AC Joint)
- Neer Test
- ✓ Hawkins-Kennedy Test
- O'Brien Test
- ✓ Painful Arc Test
- Drop Arm Test
- Speed's Test
- Yergason's Test
- Tinel's Test
- Phalen's Test
- Finkelstein's Test
- Demo - Back ROM, Single Leg Raise, Double Leg Squat, Gait Assessment
- Demo - Reflexes



Membership

One Mission. PA Community. Together We are Stronger. Join Us.



Discount Code: AAPA23
www.pavmt.org/membership/join-renew

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