

MONTHLY Feature

The Benefits of Telehealth in the Time of Coronavirus

Seven hours. That's how long one patient with spinal muscular atrophy (SMA) used to travel to receive care at the MDA Care Center at Children's Hospital of the King's Daughters in Norfolk, Virginia. This patient recently had a telemedicine visit with Crystal Proud, MD, a neuromuscular neurologist at the hospital, which included an observational assessment and insurance authorization, all without leaving his home.

While the coronavirus pandemic has upended the world as we know it, the subsequent influx of telehealth is proving to be beneficial to patients with neuromuscular diseases in more ways than one. In addition to reducing the need to travel, telehealth can help prevent exposure to the virus.

"For those of us who take care of high-risk patients, we are doing everything we can to reduce risks but still preserve what we know to be critical care for them," Dr. Proud says.

Noticeable improvement

Dr. Proud and her team have created a process for telemedicine visits that is similar to regular in-person visits. The front desk staff takes appointments, puts people on Dr. Proud's schedule, and confirms all the usual patient information, including insurance. On the day of their appointment, the patient accesses three virtual exam rooms: one video conference with Dr. Proud, another with physical medicine specialists, and a third with other members of the multidisciplinary care team, such as a physical therapist, occupational therapist, respiratory therapist, social worker, genetic counselor, nurse coordinator or dietician.

The telemedicine visit starts with typical history gathering and recording vital signs. "We can keep the flow of activity as if we were keeping the normal flow in the clinic," Dr. Proud says.

For the patient mentioned above, who is an adult, Dr. Proud's team estimated some of his vital signs. "He's maintained a stable weight. But for younger children, we've had families weigh the patient and tell us their height. Height does leave room for error, but we can use that as an estimate." (Recording weight is particularly important for pediatric patients because medication dosing often is based on weight.)

Dr. Proud then completed an observational assessment of the patient by having him close his eyes as hard

as he can, puff his cheeks — all the things she'd do in clinic. "He had profoundly better voice projection than pretreatment, and he began to move his index finger and have movement of his thumb in a way that he never had before," she says. "He was able to demonstrate these improvements that I was very clearly able to see on video by positioning his hand and his arm in front of the camera."

After Dr. Proud submitted documentation to the insurance company that the patient demonstrated clear improvement, he received full reauthorization to continue treatment. "Not temporary reauthorization — but for a full year as if it were a regular visit," Dr. Proud says.

Insurance considerations

Insurance can be a major hurdle in telehealth. Dr. Proud has created what she calls the "COVID letter," which essentially outlines her medical recommendation that a patient has a virtual assessment, and that it's not appropriate to delay care. "That means that I will not be able to submit formalized strength testing for reauthorization, but the end of the letter concludes that I have every intention of pursuing those motor functions once it's deemed medically safe for them to return to the clinic."

Dr. Proud pays particular attention to outlining what she's requesting and why. "My documentation is incredibly detailed, and usually, to be honest, I have a copy of the insurance policy next to me when I'm writing my notes."

Each insurer has specific criteria, so she makes sure to express her requests using the insurer's language. "I essentially say what the policy says, so all they have to do is look and check it."

Some insurers have other requirements, such as a numerically calculated improvement on motor function testing. In those circumstances, Dr. Proud's physical and occupational therapists have to conduct assessments in person. If she knows an insurance policy will request such scores and her team doesn't have those scores, she doesn't wait for a denial to then appeal the decision. Instead, she sends a letter of medical necessity to help cut down on lag time for authorization.

"Our patients are certainly going to benefit from the fact that we won't give up, we will keep doing what we need to do, and that we have team members who are willing to work with us, be creative, and think outside the box."