COVID-19 TOWN HALL Q&A – April 29, 2020

QUESTION TOPIC INDEX

- **Telehealth**
- **Continuing Professional Development and Continuing Medical Education**
- **Health of the Public and Science**

MEMBER QUESTIONS	AAFP RESPONSES
TELEHEALTH	
Does the AAFP have a process that explains how to implement telehealth in clinics? We use Cerner as our electronic health record (EHR) system, but we do not have a license to use the video portion of the system.	This is an area the AAFP is exploring, but more resources are required to create a process. The AAFP has set up a comprehensive webpage of resources called Using Telehealth to Care for Patients During the COVID-19 Pandemic. At the top of this page there is a link to the AMA Quick Guide to Telemedicine in Practice. The U.S. Department of Health and Human Services (HHS) has also recently created the telehealth.hhs.gov site for physicians and other health care providers. The site was created with input from the AAFP, and it includes many useful how-to resources from telehealth resource centers.
Has the Centers for Medicare & Medicaid Services (CMS) provided any guidance on documentation for using telehealth for the Medicare annual wellness visit (AWV) regarding blood pressure, body mass index and waist circumference? What is the AAFP's recommendation?	There continues to be no guidance from CMS on the provision of a Medicare AWV via telehealth to a patient in his or her home. The AAFP is aware there remains confusion about providing the Medicare AWV via telehealth. It is unclear that CMS anticipated the Medicare AWV to be delivered via telehealth in non-clinical sites, such as a patient's home. It is also unclear how some elements of the visit (e.g., blood pressure, body mass index or waist circumference) would be accommodated and accepted by CMS, as current guidelines require these to be obtained by a health professional. Absent explicit guidance from CMS on this issue, the AAFP does not advise doing a Medicare AWV via telehealth unless the patient is in a clinical originating site. On a recent CMS Open Door Forum, the agency acknowledged that there is confusion about the service, but they stopped short of saying they believe it could be delivered when the patient's home is serving as the originating site. The AAFP is continuing to seek clarity from CMS on this issue. Commercial and private payers may have different policies. Please check with your local provider representative for additional guidance.
Telehealth has become a new platform for delivering primary care during the COVID-19 pandemic. Does the AAFP believe this will this continue post-COVID-19? How can we ensure equity in its use when	The AAFP's Telehealth and Telemedicine policy states, "Telehealth technologies can enhance patient-physician collaborations, increase access to care, improve health outcomes by enabling timely care interventions, and decrease costs when utilized as a component of, and coordinated with, longitudinal care." The AAFP continues to

some patients may have limited access or ability to use the technologies?	advocate that the recent expansion of telehealth in primary care be continued beyond the COVID-19 pandemic. There are significant value-added benefits to be gained, such as improved patient access to a family physician, improved patient convenience, more intensive chronic disease management and the ability to expand physicians' capacity to care for patients. Telehealth can be a valuable asset in a value-based care environment. The point raised about the challenge to ensure equity in its use is important. The AAFP's Telehealth and Telemedicine policy also states, "As telemedicine services are expanded and utilized to achieve the desired aims, it is imperative that outcomes are closely monitored to ensure disparities in care are not widened among vulnerable populations, attributed to increased use of telemedicine." AAFP advocacy routinely draws attention to the need to expand coverage of telehealth services to urban/metropolitan areas, and to the fact that patient benefit is not limited to rural areas and areas where there are physician shortages, as patients in urban settings may lack transportation or the means to access care when needed.
Is there an update from CMS on providing the AWV by telephone for patients without video access?	Medicare continues to require that telephone (audio-only) encounters with patients be reported using either a telephone services code (99441-99443) or the virtual check-in code (G2012), as appropriate. From a Medicare perspective, it would be inappropriate to report a Medicare AWV code (G0438 or G0439) for a telephone (audio-only) encounter with a patient. The AAFP continues strong advocacy with CMS regarding adequate reimbursements for phone (audio-only) visits.
CONTINUING PROFESSIONAL DEVELOPMENT AND CONTINUING MEDICAL EDUCATION	
How is the AAFP coordinating with the American Board of Family Medicine (ABFM) regarding continuing certification?	The AAFP and ABFM have been in communication at several levels to address concerns about continuing medical education (CME) and certification requirements. Both organizations recognize the extraordinary circumstances facing family physicians during this time and both have responded with extended timelines for meeting requirements. The following links from the AAFP and ABFM provide more information on this topic.
HEALTH OF THE PUBLIC AND SCIENCE	
Is Singulair (montelukast) efficacious in the treatment of patients symptomatic of COVID-19?	Currently, Singulair (montelukast) has not been recommended as a treatment for patients with COVID-19.
What can family physicians do to assist patients who are losing their employment and health insurance? How should we	HHS launched a new COVID-19 Uninsured Program Portal that allows health care providers who have conducted COVID-19 testing or provided treatment for uninsured COVID-19 individuals on or after Feb. 4, 2020, to submit

follow up with these patients while avoiding financial harm?	claims for reimbursement. Additional information about the program can be found here. The AAFP's COVID-19: Financial Relief for Family Physicians webpage has additional information about financial assistance for physicians.
How can family physicians practicing in poor-resource communities best serve their patients?	Assess specific gaps in care and communicate those to stakeholders in your community, such as health systems or payer groups. Emphasize the poor health outcomes and the cost savings in spending on health care that could be achieved by creating new resources. This may facilitate bringing needed resources into the community.
Does the AAFP know if point-of-care antibody tests can be used in the clinic and billed to insurance without a Clinical Laboratory Improvements Amendments (CLIA) waiver?	All serological tests have been classified for high- or moderate-complexity laboratories. Currently, there isn't an antibody test available for point-of-care.
What is the link for the screening questions referenced during the Town Hall?	Among other resources, the AAFP's The EveryONE Project has social needs screening and implicit bias training resources.
How does this crisis shine a light on chronic inequities and how can the current public health emergency be leveraged to address the structural racism at the heart of health disparities creating the increased risk of contracting this virus for these groups?	The data of populations most affected by COVID-19 can help tell the story of the disproportionate impact on people of color in local communities, followed by a critical examination of the policies and systems that created them. The AAFP's policy on Institutional Racism in the Health Care System offers additional context for this problem.
Latin communities are suffering increasing disparities and worse outcomes with COVID-19. Does the AAFP have any thoughts on what family physicians can do to improve outcomes for these communities? Does the AAFP know if health departments are informing these communities about precautions and protocols in Spanish?	One thing medical practices can do is ensure availability of medical interpretation services and materials on the prevention and treatment of COVID-19 in various languages representing the diversity of the community served. Latin immigrants may be particularly vulnerable because fear of detainment and deportation have deterred many from seeking necessary care. Establishing trusted individual relationship and organizational partnerships in these communities is essential.
What can family physicians do to engage populations who have historically distrusted the health system, especially considering the abundance of disinformation about COVID-19?	The AAFP's The EveryONE Project has resources on the topics of community engagement and advocating for health equity. Read these materials and share them with your colleagues to help advance health equity locally.
What recommendations are there to strengthen the integration and collaboration between primary care and public health to better prepare our public	Strongly encourage involving the community at the beginning. The mantra, "nothing about us without us" should be a call to action for communities. An AAFP position paper, Integration of Primary Care and Public Health, provides

health care systems to meet the needs of our most vulnerable populations?	context and calls to action at the physician, practice, leadership and educational levels.
My partners and I have historically spent much time on the phone with our rural patients. How can we now justify billing for these services, particularly when family resources are already stretched very thin? Many of these patients are self-pay or underinsured.	HHS launched a new COVID-19 Uninsured Program Portal, allowing health care providers who have conducted COVID-19 testing or provided treatment for uninsured COVID-19 individuals on or after Feb. 4, 2020, to submit claims for reimbursement. Additional information about the program can be found here. The AAFP's COVID-19: Financial Relief for Family Physicians webpage has additional information about financial assistance for physicians.
What are the top two or three changes in policies or provisions for more vulnerable populations to decrease health care disparities?	The top areas for change from the AAFP's Center for Diversity and Health Equity include: • Medicaid expansion in all states • Funding for federally qualified health centers (FQHCs) • Funding for federal food subsidy programs • Elimination of work requirements for Supplemental Nutrition Assistance Program (SNAP) recipients