

1. Palliative Care

2. Telehealth/Telemedicine

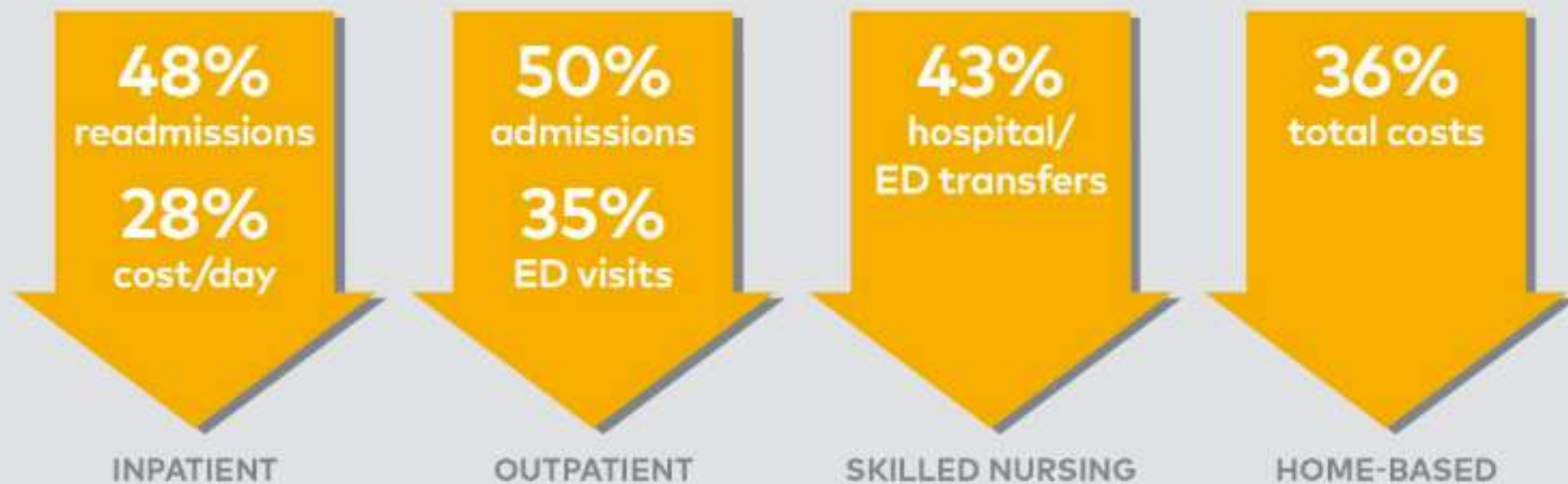
What is Palliative Care?

- Medical care focused on improving **quality of life** for people with **serious illness—whatever the diagnosis**
- It is appropriate at any age and at any stage in a serious illness and can be **provided along with curative treatment**
- **An extra layer of support**

Proven Benefits of Palliative Care

- Improves pain and symptom control
- Improves family satisfaction with care
- Reduces costs
- Increases likelihood of completing cancer-directed therapies and staying in clinical trials
- Palliative care does not accelerate death, and may prolong life in selected populations.
 - J Pain Symptom Manage 2003; 25:150-168.
 - Lancet 2000; 356:888-893.
 - J Pall Med 2006; 9:894-902
 - J Pain Symptom Manage 2008; 36f:22-28.
 - N Engl J Med 2010; 363:733-42

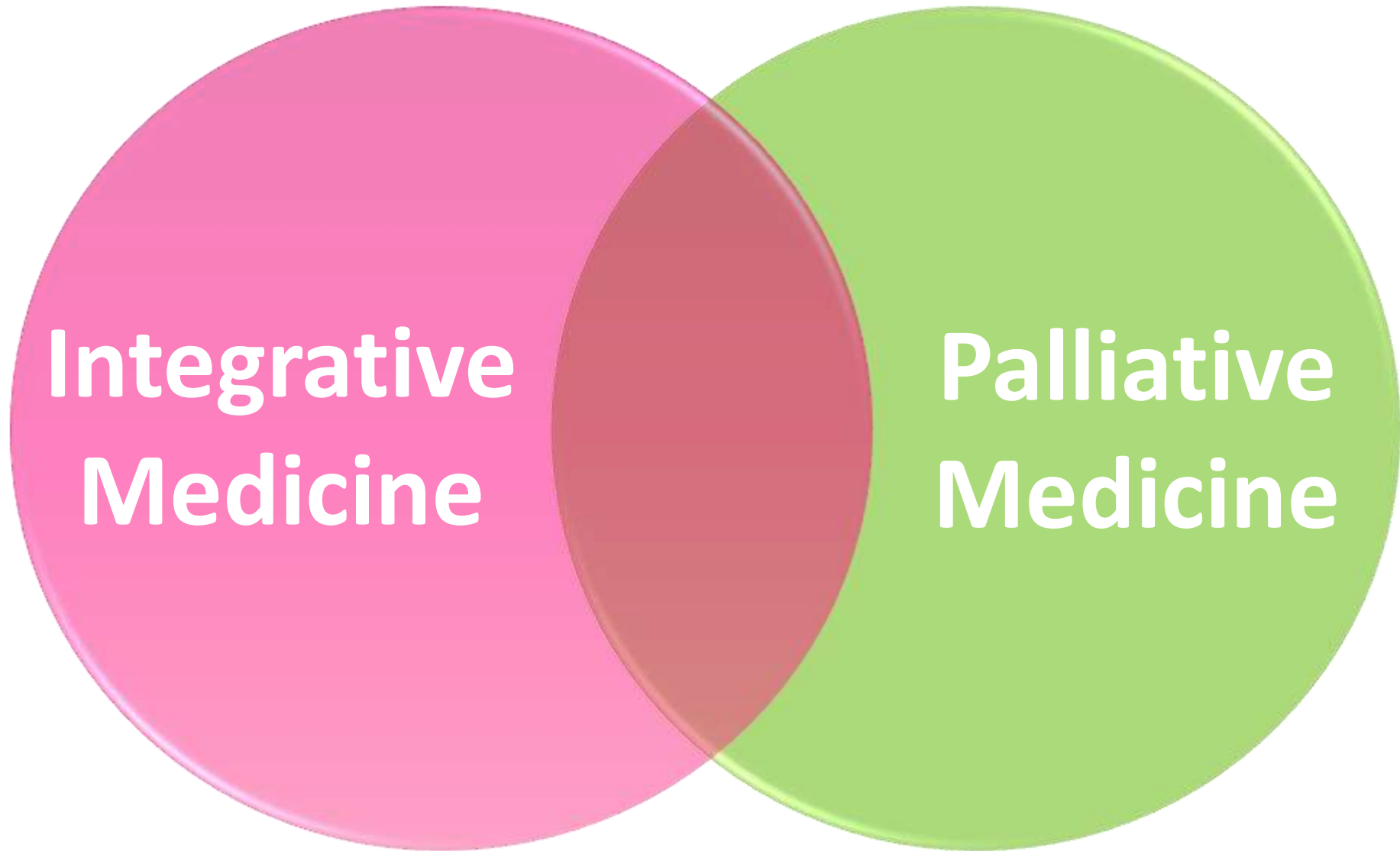
PALLIATIVE CARE REDUCES AVOIDABLE SPENDING AND UTILIZATION IN ALL SETTINGS



Source: Center to Advance Palliative Care

The Core Elements of Palliative Care

- Symptom management
- Advanced care planning
- Comprehensive care
 - Bio-psycho-social-sexual-spiritual
 - Family & community
- Continuity
- Team-based care
- Not limited to palliative care specialists!



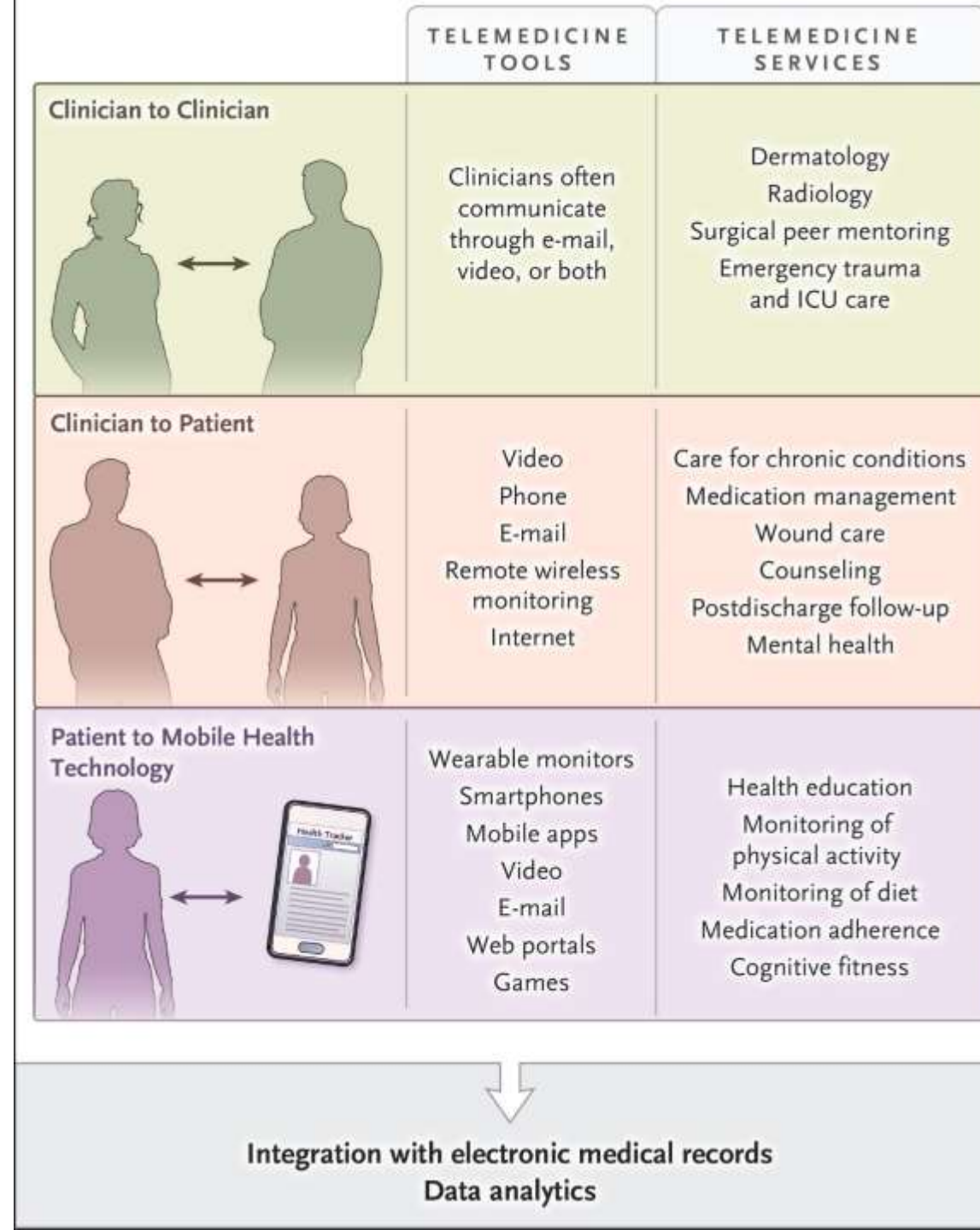
**Integrative
Medicine**

**Palliative
Medicine**

Telemedicine

Telehealth/Telemedicine

The remote delivery of health care services and clinical information using telecommunications technology



How do patients and practitioners like telehealth?

- 2019 MGH Study
 - Cross-sectional survey 426 patients; 74 attending physicians
 - 62.6% of patients and 59.0% of clinicians reported no difference in “the overall quality of the visit”
 - Video visits preferred by patients due to convenience and travel time
 - Patients also reported improved access to clinicians and care efficiency
 - 84% of patients would recommend it to family and friends
 - 52.5% of clinicians reported higher efficiency of video visits
- New disruptive technology = mixed opinions
- Need for more data

Potential Barriers/Disadvantages

- Vulnerable population considerations
 - Access to technology
 - Safe, private space for visit
 - Language
- Patient knowledge/acceptance
- Provider discomfort/skepticism

Operational Considerations

- Billing and Reimbursement
- Legal Considerations
- Clinic Implementation

Reimbursement in California

- California has a telehealth parity law
 - Private payors reimburse for telehealth if the equivalent in-person service is also covered
 - Uses same CPT codes, with –GT modifier and POS 02
 - Reimbursement is at the same rate
- Medicare does not reimburse for telehealth when the patient is in their home
 - Telehealth can be part of Chronic Care Management
- Can check out American Telemedicine Association(see handout)

Legal Considerations

- Verbal consent for telehealth must be collected and documented in the medical record
 - Biggest risk is clinical insufficiency; in-person visit may be needed
 - Data is encrypted for transport and not stored, very low risk to privacy
- Patients who do not consent must be offered an in-person visit

Legal Considerations

- Providers must be licensed in the state where the patient is when the encounter occurs
- There are exceptions, they vary by state
 - Patients who have been seen by an out-of-state provider and require follow-up care
 - Patients who are in a state temporarily

Clinic Implementation

- The process of scheduling and conducting video visits aligns well with other clinic operations, but is unique in some ways
 - Patients will need preparation for video visits
 - i.e. UCSF has a dot phrase with instructions, offers test runs
- Train team members so they can provide at least basic IT support
- Privacy, lighting, equipment are all important

Summary

- Palliative care focuses on quality of life, and is a natural fit with integrative medicine and integrative oncology
- Any practitioner can increase their comfort with and skills in palliative care
- Telehealth can help increase access in palliative care, oncology and other fields
- There are many potential applications of telehealth

Acknowledgements

- UCSF Telehealth Resource Center
- Patty Nason
- Brook Calton, MD
- Linda Branagan, PhD

