

Telehealth in Your Pharmacy Practice

Using Innovative Technology to Care for Patients During COVID-19

As essential health care providers, pharmacists need to be able to continue to effectively provide care and manage patients during the COVID-19 pandemic. This is specifically important for patients who have chronic conditions and require ongoing monitoring and management. Telehealth can be an effective strategy to provide care and counseling to patients. Being informed and knowing how to implement telehealth quickly in your practice are the key to successful clinical care.

Due to social distancing, telehealth is recommended by providers and the government as a mechanism for continuity of patient care. Pharmacists have established practices using telehealth technology to provide first-line triage services, such as remotely supervising technicians and overseeing medication dispensing, medication therapy management (MTM), chronic disease state management, diabetes education, and medication counseling on potential medication interactions and improving adherence. Outlined below are frequently asked questions for applying telehealth to your pharmacy practice.

What is telehealth?

The U.S. [Department of Health and Human Services](#) (HHS) defines telehealth as the “use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration.”

What types of communication and technologies are considered telehealth?

Telehealth encompasses a wide range of communication technologies. These “include videoconferencing, the internet, store-and-forward imaging, streaming media, and landline and wireless communications. Telehealth services may be provided, for example, through audio [e.g., telephone calls], text messaging, or video communication technology, including videoconferencing software.” Requirements for the use of specific technologies can be service- and payer-specific.

Do HIPAA restrictions apply to using telehealth for providing care during the COVID-19 pandemic?

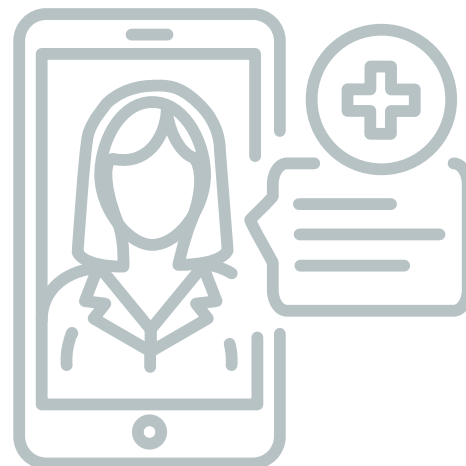
HIPAA guidelines stipulate that there must be secure communication channels when delivering telehealth services to protect patient health information. During the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) issued guidance through [HHS](#) that has loosened restrictions on telehealth requirements to allow for use of “non-public-facing technologies.” These include platforms such as Apple FaceTime, Facebook Messenger video chat, Skype, Zoom, Google Hangouts video, and WhatsApp Video chat. A non-public-facing remote communication is one that allows only an individual and the person with whom the individual is communicating to see what is transmitted in the communication.

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How has the COVID-19 pandemic impacted where telehealth services can be delivered?

The [HHS waiver](#) expanded the allowable locations so that patients in all settings, including their homes, are eligible to receive real-time telehealth services. Previously, only patients in rural areas and in a medical clinic, hospital, or certain other types of medical facilities could receive telehealth services. Requirements for providers have also been eased, so that telehealth services can be provided outside of the office or clinic, including in their homes.



What services are covered telehealth services in Medicare?

[CMS has a list of services with billing codes](#) that are normally provided in person but may be provided by telehealth. When billing for services that are delivered via telehealth instead of in person, a specific location reporting code for telehealth is used to indicate that the service was provided remotely.

What remote services are not considered telehealth services under Medicare?

Under Medicare, certain services such as Chronic Care Management (CCM) services and Chronic Care Remote Physiologic Monitoring (RPM) services have their own codes and do not fall under telehealth services. The same is true for non-face-to-face services such as Virtual Check-Ins (which are short patient-initiated communications with a health care practitioner) and E-Visits (which are non-face-to-face patient-initiated communications through an online patient portal).

Which patients are eligible for telehealth services under Medicare?

Under an 1135 waiver, CMS has expanded the ability of health care professionals to provide telehealth for both new and established patients. In addition, there may be further restrictions based on payer requirements and state authorities. Individual board of pharmacy regulations and payer requirements should be regularly reviewed for further detail, as information is changing rapidly.

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How could pharmacists contribute to meeting access needs during the COVID-19 pandemic using telehealth services?

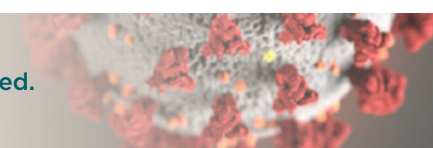
Pharmacists have been delivering Medicare Part D MTM services telephonically for some time. Recently, pharmacists have been engaged in delivering virtual components of Medicare [CCM](#) and TCM services, which are paid as a bundled payment to a physician or other qualified health care professional for the work of a team providing the service. The pandemic has posed significant burdens on the health care system. Through telehealth, pharmacists can contribute by monitoring and managing patients' chronic conditions in coordination with other providers. Pharmacists can also screen patients based on their symptoms; triage them to the appropriate health care facility, home, or other alternatives; and order COVID-19 tests.

Can pharmacists provide Diabetes Self-Management Training (DSMT) via telehealth delivery to their Medicare patients during COVID-19?

It depends on the practice setting. Pharmacists working in accredited DSMT practices that include physicians or other qualified providers could provide DSMT services via telehealth under physician supervision that includes real-time audio and video communication. Stand-alone accredited DSMT programs that are unaffiliated with hospital and physician clinics, such as pharmacies, have not been addressed in recent CMS updates related to the provision of DSMT telehealth services. These programs are often led by a pharmacist, nurse, or registered dietitian, and CMS has not clarified that these programs can provide DSMT telehealth services to new or established beneficiaries. This is being evaluated regularly and subject to change. There is a [comprehensive FAQ for telehealth DSMT](#) by the Association of Diabetes Care and Education Specialists (ADCES) with additional information.

Will Medicare pay pharmacists for telehealth services during the COVID-19 pandemic?

No. Because pharmacists are not qualified providers under Medicare Part B, they cannot be paid directly for Medicare telehealth services. Considered "auxiliary personnel" by CMS, pharmacists can enter into an "incident-to" physician services arrangement. These arrangements permit the physician to bill for certain services such as evaluation and management (E/M) delivered by the pharmacist under direct physician supervision. The CMS 1135 waiver allows E/M services to be provided via telehealth and permits physician supervision to be provided virtually using real-time audio and video technology. This could allow the physician to oversee and bill for pharmacists' telehealth E/M services under incident-to physician arrangements. Payment for such services would be made to the billing practitioner, who would then make the appropriate payment to the pharmacist under the terms of the financial arrangement. Check with the appropriate Medicare Administrative Contractor with questions. For more information, visit [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19](#).



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Will commercial payers pay pharmacists or pharmacies for providing telehealth services?

It depends. Some payers offer telehealth coverage for pharmacists' services. Payment by commercial payers requires the pharmacist or pharmacy to have a direct contract with the payer to provide services. If there is an existing contract and telehealth is not covered, the payer should be approached to explore the addition of telehealth coverage. New payers may be interested in pursuing a telehealth contract to expand access to care in the midst of the pandemic. A payer may require a network of pharmacists/pharmacies to ensure all beneficiaries are covered. Payment could be negotiated as fee-for-service or under a value-based payment model.

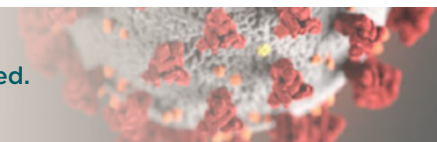


Are there state/local restrictions on providing telehealth services?

Restrictions may exist within your state or local jurisdiction on telehealth services. Information is rapidly changing, and pharmacists should consult the regulations from their respective boards of pharmacy or check for updates on the [National Alliance of State Pharmacy Associations \(NASPA\)](#) or the [Center for Connected Health Policy](#) websites. Other excellent resources are your state pharmacy association and public health department, as they may have state-specific information.

What do I need to do if I would like to deliver telehealth services across state lines during COVID-19?

It's important to first understand a specific state's requirements for out-of-state pharmacists, pharmacy technicians, and interns to practice in that state during the COVID-19 public health emergency. Some states are recognizing the National Association of Boards of Pharmacy's (NABP) Passport program ([NABP Passport](#)) as a mechanism to provide pharmacists, pharmacy technicians, interns, and pharmacy businesses with a temporary or emergency license to practice across state lines. Some states may also have [federal waivers](#) permitting telehealth services under Medicaid to be delivered across state lines. Check with your state board of pharmacy for requirements and also if the state recognizes NABP Passport.



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Additional Telehealth Resources

APhA Member Education—Telehealth eLearning

- [The Role of the Telehealth Pharmacist: Defining Telehealth](#)
- [The Role of the Telehealth Pharmacist: Telehealth Systems and Technology](#)
- [The Role of the Telehealth Pharmacist: Communication](#)
- [The Role of the Telehealth Pharmacist: Regulatory Considerations](#)
- [Use of Telehealth to Enhance Pharmacy Services During Transitions of Care \(Home Study\)](#)

Quick Links to Other Sources of Information on Telehealth

- [HHS Telehealth Site](#)
- [CMS Video on Medicare Coverage and Payment of Virtual Services](#)
- [American Association of Diabetes Educators: Understanding and Preparing for Coronavirus](#)
- [CMS: Medicare Telemedicine Health Care Provider Fact Sheet](#)
- [CMS: Medicare Telehealth Frequently Asked Questions — Published March 17, 2020](#)
- [HHS: FAQs on Telehealth and HIPAA during COVID19 nationwide public health emergency](#)
- [HHS: Emergency Situations: Preparedness, Planning, and Response](#)
- [Center for Connected Health Policy](#)

Also, refer to APhA resources at <https://www.pharmacist.com/telehealth> and the Medication Management Special Interest Group (SIG).

***Disclaimer:** Information related to the COVID-19 pandemic is changing rapidly. The material and information contained in this publication is believed to be current as of the date included on this document. The American Pharmacists Association assumes no responsibility for the accuracy, timeliness, errors or omission contained herein. Links to any sources do not constitute any endorsement of, validity, or warranty of the information contained on any site. The user of these materials should not under any circumstances solely rely on, or act based on this publication. Pharmacy professionals retain the responsibility for using their own professional judgment and practicing in accordance with all rules, regulations, and laws governing the pharmacy practice within their jurisdiction.*

