

Navigating Patient Care, Teleaudiology During the COVID-19 Pandemic

By Catlin Nalley

Amid the COVID-19 pandemic, health care providers across the continuum of care have been tasked with providing the necessary services and support to their patients while ensuring the well-being of everyone involved.

When the disease first started to spread in the United States, audiologists across the country had little time to prepare for the decisions and changes that would have to be made. In a practice based in midtown Manhattan, which would quickly become the epicenter of the pandemic, Craig Kasper, AuD, the managing director of New York Hearing Doctors Institute For Hearing & Balance, was faced with a difficult choice: when to close his doors.

"We made the decision to close, probably earlier than most, for the benefit of our staff and patients," he noted. "As a team, it was important to us that we didn't contribute to the spread of the disease."

However, this decision did not mean his patients were left out in the cold. With a diversified practice that offers several services, including hearing assessments, hearing aid fitting and care, cochlear implants, and vestibular assessment, closure meant determining what parts of patient care could continue via telemedicine.

Kasper's practice has been offering remote care for about 1.5 years and, as a result, patients have still been able to receive certain services, including tinnitus counseling, second opinion appointments, and hearing aid care.

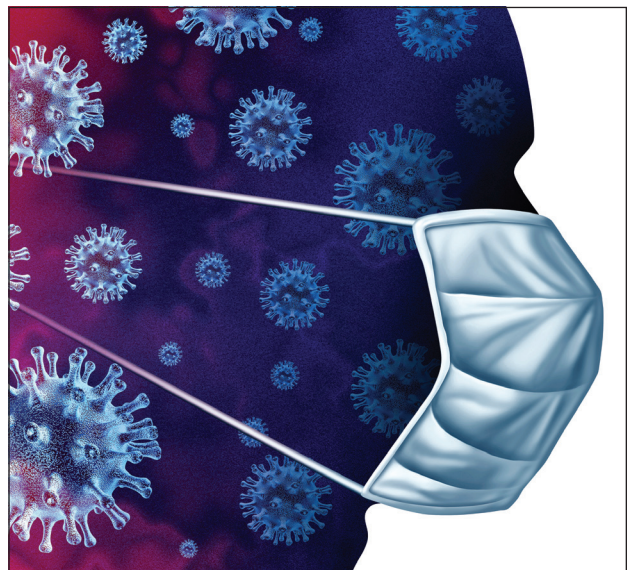
"We've been managing hearing aids from afar, including repairs, battery replacements, and basic troubleshooting," Kasper explained. "I have been shipping batteries to patients from my home. The most important thing is to be available to help patients when they need us."

COVERAGE & REIMBURSEMENT

During a time when the safest approach requires physical distancing, telemedicine is a powerful tool. However, navigating the implementation and use of this technology comes with its own set of challenges—number one being insurance coverage and reimbursement hurdles.

In light of the ongoing pandemic, the Centers for Medicare & Medicaid Services (CMS) expanded telehealth services to include Medicare Part B (outpatient) beneficiaries, retroactive to March 1, 2020, and for the duration of the public health emergency.

"The waiver of these requirements expands the types of health care professionals that can furnish distant site telehealth services to include all those who are eligible to bill



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Medicare for their professional services," according to the CMS Fact Sheet. "This allows health care professionals who were previously ineligible to furnish and bill for Medicare telehealth services, including physical therapists, occupational therapists, speech-language pathologists, and others, to receive payment for Medicare telehealth services."

Under this expansion, four cochlear implant codes (92601, 92602, 92603, and 92604) were added to those eligible for telehealth. According to the American Academy of Audiology, "While this is just a start, the Academy will work to ensure that other audiology codes are added to the code list. CMS also stated that during this emergency the Agency will add new telehealth services on a sub-regulatory basis, considering requests by practitioners."

This update is an important step; however, inconsistencies in coverage and reimbursement remain depending on where audiologists practice. Therefore, they must be aware of what services are covered under different insurance providers.

"Over the course of this emergency period, we have seen several states implement emergency changes to their licensure laws with respect to telepractice," noted Jeffrey P. Regan, MA, the director of government affairs and public policy at the American Speech-Language-Hearing Association (ASHA). "Additionally, many state Medicaid programs have also expanded telepractice coverage beyond their current scope to include audiology services.

"In terms of private payers, several major insurance plans have announced the expansion of coverage to include audiology

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services for reimbursement,” he continued. “We have witnessed several changes in a relatively short period, and while an audiologist’s ability to provide services through telepractice and receive reimbursement has grown, it still depends largely on where they live and who they’re billing for those services.”

To help audiologists navigate an everchanging situation, ASHA has created policy trackers that provide the latest information on insurance coverage and reimbursement policies for



Kim Cavitt, AuD

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telepractice in each state.

“Audiologists must have a comprehensive understanding of the intricacies of insurance coverage and reimbursement,” noted Kim Cavitt, AuD, of Audiology Resources, Inc. “This is crucial not only for their practice but also for their patients.”

FINDING THE RIGHT STRATEGY

Once an audiologist has a clear picture of what services they can and cannot offer via telemedicine, how do they integrate this technology into their practice?

“It starts with equipment,” Cavitt said. “Do audiologists have the tools needed to provide telemedicine services? A critical component is finding a videoconferencing program that is HIPAA-compliant, although, given the current circumstances, this requirement has been waived to facilitate the use of telemedicine.”

Per the Department of Health and Human Services, “covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, to provide telehealth without the risk that the Office for Civil Rights might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.”

While limits on technology have been lifted, it remains important to protect the privacy of patients whether communicating via email or video call. Patients must have a secure location for their virtual visits to ensure uninterrupted services.

Connecting with patients virtually can be challenging, especially when clinicians are accustomed to face-to-face interactions; however, this approach can offer benefits. “Some audiologists are finding it helpful to observe their patients in their own homes,” Cavitt noted. “For instance, if they are dealing with a particular issue, you can help them adjust the environment as needed.”

Open lines of communication with patients are key to successfully navigating telehealth. “We started communicating with our patients literally the day we were closing our doors because of COVID-19 and made sure we had a meaningful message to share,” recalled Kasper.

“This is not the time to try and build your business,” he continued. “This is a time to be there and be human for people. Our team made a concerted effort to call all of our patients to check in and make sure they, as well as their families, were okay. We made sure they knew we were here and ready to help, if needed.”

Kasper and his team found patients responded well to this approach and it reassured them that they had not been forgotten during these chaotic times. Just as audiologists are looking out for their patients, they must also make sure they have the necessary support.

Audiologists are facing unprecedented challenges and they should never hesitate to ask for help. Professional organizations like ASHA have a plethora of resources available. “Are you struggling to integrate remote care into your practice? Are you unsure of what services you can or cannot provide?” queried Tricia Ashby-Scabis, AuD, CCC-A, the director of audiology practices at ASHA.

“We are here for you,” she urged. “It’s okay to ask for help. Everyone is in uncharted territory and, to succeed, we must help one another. Whether an audiologist is looking for specific information or simply needs a sounding board, we are ready and eager to offer our assistance.”

Overcoming the challenges associated with a crisis like COVID-19 often requires out-of-the-box thinking and creative solutions. For instance, beyond providing telehealth services and general patient support, Kasper and his team started

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Craig Kasper, AuD

sharing daily Q&A videos on YouTube that cover a variety of topics, including common hearing aid tips, hearing loss, ear wax removal, and remote assessments.

“We often receive questions from patients,” Kasper explained. “These videos have allowed us to talk shop with one another while also communicating important information to our patients and the community at large.”

WHAT HAPPENS NEXT?

As the audiology community continues to contend with COVID-19, this experience has the potential to transform care delivery systems. This crisis has prompted audiologists to think about how telemedicine can be best utilized in the future.

Can this technology help audiologists become more integrated into a health care delivery team that may be in multiple locations? Can they better serve older patients with mobility issues by making it possible for them to receive care from the comfort of their own home?

"This experience has highlighted how dependent we are, as a profession, on the face-to-face component of care," said Kasper. "We have to ask ourselves: How can we further diversify our practices and utilize telemedicine?"

"When we reach the other side of this, audiologists must evolve their practice. This includes maintaining remote access to care," Cavitt emphasized. "This should now be part of your toolbox and something that remains available to your patients because, for some, it's the best option.

"To make this a reality, we must continue to pursue policy changes to ensure all audiologists have the ability to use this technology," she added. "Every audiologist can and should

get involved because that is the only way we are going to see real change."

Cavitt urges audiologists to join state and national organizations that are working towards these goals. There are a variety of ways to make your voice heard, including attending a Lobby Day or writing a letter to your state representative.

"We are witnessing a paradigmatic shift in the health care policy landscape, especially with respect to telepractice," noted Regan, while emphasizing the importance of audiologists engaging with professional organizations. "Policy can best be influenced by what our providers need.

"This is an uncertain time, that being said, it can also be a time of opportunity and growth," he concluded. "The audiology community can capitalize on these opportunities to transform the profession of audiology and move it forward in new directions." ■