



HEALTH CARE & BIOTECH

Amy Stulick
(818) 316-3121 | astulick@sfbvj.com

Telemedicine Obstacles Overcome for COVID-19

State, federal barriers are lifted to bring patients and providers together.

By **AMY STULICK** Staff Reporter

Telehealth companies have seen barriers to service lifted overnight due to an overwhelming demand for online visits, with doctors and patients alike fearing infection during the pandemic.

Two major federal changes involve — temporarily — Medicare patients and state medical licenses. Providers are now able to get reimbursement for serving Medicare patients, and doctors are able to practice telemedicine across state lines.

“The temporary waiver allowing practitioners to deliver care across state borders, and allowing Medicare reimbursement has enabled us to respond quickly to this crisis,” said **Miles Kramer**, vice president at **Aligned Telehealth Inc.** in Woodland Hills. “There’s a physician shortage and a high demand for care, and in many communities care is difficult or impossible to access. The current regulatory environment is helping break down some of the barriers limiting the ability to match a patient in need with a provider.”

Amwell, parent company of telepsychiatry-focused **Aligned**, has seen a surge of 2,000 percent in usage compared to what the Boston telemedicine company had expected pre-COVID.

“We were very well positioned prior to this crisis, and obviously in the last six to eight weeks there has been a tremendous overall

increase in using telemedicine. ... Today Americans are more convinced in the care and delivery that can be provided through telemedicine and our current crisis has only highlighted this,” said Dr. **Nitin Nanda**, chief executive officer at **Aligned Telehealth**.



Nanda

options, starting with a phone service linked to a physician’s computer to the rollout of Colorado-based **OTTO Health**, a virtual visit platform that was in the works pre-virus and quickly fast tracked.

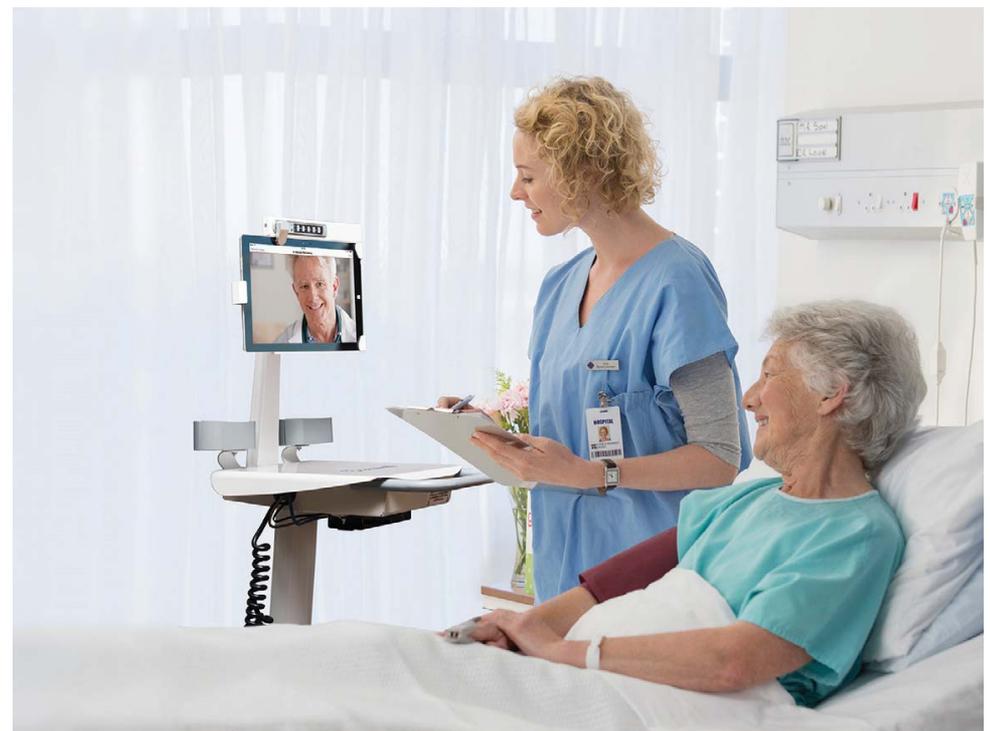
“We were planning it and making all the preparations for it, and when this happened the state allowed billing to be completed for telemedicine and telehealth visits. We definitely jumped on that because it’s a strategy to protect our patients from exposure,” said Dr. **David Luna**, chief medical officer at **Valley Community Healthcare** in North Hollywood.

Prior to the outbreak, one member of each department had been trained to use **OTTO**; now the rest of the system’s providers are getting a crash course in the program.

“There is a significant training portion we need to do for our providers before we start that. (The doctor is) expected to be present,

For physicians, the shift from preferred in-person visits to virtual calls comes with multiple tiers of training and patience while techs bring platforms online.

Valley Community Healthcare, for one, has begun a one-two punch up of available telehealth



Bedside: Relaxed rules on crossing state lines and Medicare payments facilitates care.

provide emotional feedback, be empathic to the patient,” added Luna. “The setting needs enough lighting, no window behind you, and a certain level of training — people don’t realize how much is required to launch that. It’s easy to just say, ‘Let’s set up a camera and communicate,’ but it won’t be the right product if you don’t think of all the details.”

A skeleton crew mans each department at **Valley Community** when a patient has

no choice but to physically come in. Luna expects physical visits to involve vaccines and immunizations, mostly, as well as late-stage treatment for a patient that has already had telehealth visits.

“Things like rashes or moles, those kind of findings that are more visual we could potentially diagnose by the telemedicine platform and determine if they need further biopsy, monitoring or medical treatment,” explained Luna.

Flattened Curve: Hospitals Deal with Demand

Providers talk surge plans while equipment firms bring needed support.

By **AMY STULICK** Staff Reporter

Health care systems have seen COVID-19 cases slow to a steady yet manageable flow, with intensive care unit admissions under control.

“We are absolutely ‘flattening the curve,’” said Dr. **Nancy Gin**, regional medical director of quality and clinical analysis for **Kaiser Permanente** Southern California. “We have seen a leveling off of admissions to the hospitals, including the ICUs, compared to two weeks ago.”

Others such as **Adventist Health** systems are still seeing a slow increase in incidence rates, but at a much more manageable flux than several weeks ago.

“It’s not doubling like before but it’s creeping up. It’s possible that more people are getting tested, so the more people that get tested the more information we have,” said **Alice Issai**, president of **Adventist Health Glendale**.

“In Ventura County, our cases are still going up, I haven’t seen that flatten yet,” added **Jennifer Swenson**, president of **Adventist Health Simi Valley**. “What we’ve been told by our public health director is that the numbers are not nearly what we had originally anticipated.”

Ventura County Public Health Officer Dr. **Robert Levin** estimated that more than 1,000 people within the county might die from



Needed: Ventilators procured by enBio.

COVID-19 over the course of three to seven weeks, according to a report Levin made to the Ventura County Board of Supervisors on March 31; as of press time, there were 13 deaths in Ventura County.

Some hospitals are in markets with “significantly more” COVID-19 cases, Gin said, but health experts are not sure what accounts for the variation. Kaiser has been moving personnel and equipment to facilities within its network to where they’re needed most.

Other health systems such as **Providence St. Joseph Health** and **Dignity Health** have

revealed similar plans, along with suggesting patients get virtual care before trying to physically visit a site.

Most hospitals have a multi-layered surge plan in place, with preparations made weeks in advance, Issai said. The **California Hospital Association** required hospitals to achieve a 45 percent increase in surge capacity, according to Swenson.

Adventist Simi Valley did just that, she said, doubling capacity to hold patients, in addition to expanding ICU capabilities.

“What we also did was put more emphasis on the front end. We purchased a trailer and set up two tents right outside our emergency department and then we moved our screening outside so those with respiratory symptoms and those that met the criteria for COVID were directed there and not actually in the facility,” explained Swenson.

“We’ve doubled our ICU bed capacity, we have plenty of ventilators, PPE. We’ve done a lot of readiness in order to not feel overwhelmed,” added Issai. “We have additional surge capacity that we haven’t opened, including ICU capability. It feels good to be in a place where you’re able to manage when you’re part of a 22-hospital system. The system has helped us, sending supplies and ventilators from other locations that have not been hit like Glendale has.”

In addition to sharing within a system, sometimes across state lines, maintaining existing equipment and purchasing from outside sources has kept companies such as **enBio** in Burbank working round the clock to make sure hospitals, clinics and other providers are

prepared.

Like so many other companies in this pandemic, **enBio** has grown and adapted to meet the needs of its clients, expanding its sourcing of equipment and beds for hospital systems.

“We still have to do our prerequisite work, which is maintaining all of the medical equipment, making sure preventative maintenance is done,” said **Arthur Zenian**, chief executive of **enBio**. “On top of it there’s this added stress of availability of additional (ventilators). My core competency isn’t selling ventilators or medical equipment, but we’ve been asked by so many health care organizations to assist them with trying to find ventilators, and we have sourced a few.”

Talent is being paid for during the crisis too, Zenian said, with certain hospital systems securing his biomedical technicians to make sure they are on stand-by if needed.

“Biomedics that are trained are very hard to come by. You can’t train anyone overnight,” Zenian said of his staff. “They have to be educated, they have to understand physiology, they have to understand electronics.”

Zenian admitted he has had a hard time recruiting for such a niche market, with roughly 120 employees currently taking advantage of weekend pay and overtime to help hospitals stay on top of cases.



Zenian