Telemedicine for Trauma Resuscitation

Toronto Trauma Telemedicine (3T) Project

Project Manual

Additional Resources:

1. Data collection sheets
2. Information letter and consent forms for health care participants
3. Billing information sheet
4. Physician billing information
5. Patient flow diagram

Updated September, 2011
### Emergency Department Physician Survey:

Please Fax completed form to 1-416-864-5540

**DATE:**

**HOSPITAL SITE:**
- [ ] Peterborough Regional Health Centre
- [ ] South Muskoka Memorial Hospital
- [ ] Huntsville District Memorial Hospital
- [ ] Humber River Regional Health - Finch

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Trauma Registry Patient Data:

Date:      Hospital Site:
Age of patient:    Gender:
Mechanism of injury:    Time of Injury:
Lowest blood pressure in referring hospital:
Lowest GCS score at referring hospital:
Injuries identified at referring hospital:
Interventions performed at referring hospital:
Time of Contacting St. Michael’s Hospital (From Paging database):
Time of arrival of transport team to referring hospital (From transport record):
Time of departure of transport team from referring hospital (From transport record):
Significant clinical events during transport (From transport record):
Time of arrival at Trauma center:
Injury Severity score:
Airway status of patient upon arrival at Trauma center:
Initial SBP after Trauma center arrival:
GCS after arrival at Trauma center:
Initial base deficit upon arrival to trauma center:
Units of packed RBCs
  Before arrival to trauma center:    After arrival to trauma center:
Injuries identified at trauma center:
Interventions performed at trauma center:
Trauma center mortality (yes/no)
Length of stay at trauma center:
## Trauma Specialist Survey:

Please fax the completed form to 416-864-5540

Name of Trauma Physician:    Date:

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<td>I could obtain pertinent information needed to make clinical decisions using telemedicine</td>
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<td>I could communicate effectively with the remote health care provider using telemedicine</td>
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Do you anticipate an increase in your workload?

Did you facilitate transfer even when your hospital was under pressure for beds?

Do you feel that telemedicine consultation will affect your decision to accept transfers as compared to telephone consultation?
<table>
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<td>Please identify any specific concerns about your ability to provide clinical direction to the staff from a distance.</td>
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<td>Do you have any legal concerns in regards to the role that you will have?</td>
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<td>What barriers/obstacles did you encounter in telemedicine trauma consultation?</td>
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<td>Please indicate any concerns that you would like to be addressed.</td>
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<td>What other features could enhance the overall experience?</td>
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<td>How did you help the referring hospital through telemedicine trauma consultation?</td>
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Dear Sir/Madam,

As a health care professional at ________________ you are being requested to help in a research study involving the use of telemedicine for trauma resuscitation. The purpose of the study is to determine the following:

1. To assess the technical feasibility of telemedicine for trauma resuscitation
2. To develop and pilot telemedicine trauma resuscitation in non-trauma centers
3. To evaluate the utility of telemedicine to support telemedicine trauma resuscitation.

We kindly ask that you review the enclosed information regarding the study. If interested, we will be holding a training session on the use of telemedicine for trauma resuscitation in the near future at your site. Your participation in this study will help to assess a novel means of communication and access to specialized trauma care during the resuscitation of an injured patient when time matters.

For further information or questions please contact the research assistant at zakirovar@smh.ca

Many thanks for assisting us.

Regards,

Avery B. Nathens MD FACS MPH PhD
Professor of Surgery, Trauma Director
30 Bond Street, Queen Wing 3-076
St. Michael’s Hospital
Toronto, Ontario, M1B 1W8
Tel 416-864-5750
Fax 416-864-5540
Information letter to Health Care Participants

Title of Study: Telemedicine for Trauma Resuscitation

Principal Investigator: Dr. Avery Nathens
Trauma Department, Division of General Surgery
30 Bond Street, Queen Wing 3-076
St. Michael’s Hospital
Toronto, Ontario, M1B 1W8
Tel 416-864-5750
Fax 416-864-5540

Statement of Problem
Care of the severely injured in a designated trauma centers is associated with a 25% reduction in the risk of death. While some of the benefits might be related to immediate access to specialized resources (e.g. diagnostic imaging, operating room, blood banks), there is increasing evidence to suggest that much of the mortality benefit is attributable to the experience of health care providers in trauma centers.

Rapid triage and transfer are critical to survival in rural centers. However, there are no minimal requirements for trauma education among emergency physicians in these centers, nor are there means of rapid transfer to definitive care. In preliminary work evaluating trauma care in Ontario, we have demonstrated that the mean time to definitive trauma care for patients first assessed at non-designated centre is six hours (90th percentile – 11 hours). Further, we have demonstrated a 50% greater risk of death in emergency departments outside a trauma centre’s catchment area, suggesting there might be opportunities for improving triage and preliminary trauma care in Ontario.

This proposal addresses the gap between needs and access to care for severely injured rural Ontarians by bringing expertise to the non-trauma centers using telemedicine. Using the infrastructure of Ontario Telemedicine’s Emergency & Accelerated Specialist Access Program (EASAP), our long term goals are to implement “teleresuscitation” to address the needs of the severely injured patient and providers in non-trauma centers. Telemedicine brings specialized expertise to emergency departments to better guide the resuscitation, triage, and transfer of the trauma patient when minutes matter.

Methods
Telemedicine consult
Telemedicine consult will be initiated at the discretion of the emergency department physician in the non-trauma hospital. Once initiated, the teletrauma physician will be contacted via CritiCall Ontario and a telemedicine connection will be
established. Telemedicine will provide audio and video connectivity between the non-trauma hospital and the trauma center during acute trauma resuscitations where the physician will be able to communicate and discuss the clinical scenario. The video capability of telemedicine will permit the trauma specialist to visualize pertinent patient findings to aid in clinical decision making.

**Participant training for telemedicine**

Health care professionals that are interested in participating in the telemedicine trauma project will be asked to attend a 60 minutes training session conducted by Ontario Telemedicine Network. This training session will provide familiarity with the equipment and the study protocol.

**Evaluation**

Health Professional surveys and injury data from the trauma registry will be collected to evaluate the clinical utility of telemedicine for trauma resuscitation. For each trauma case, health care professionals (ER physician, ER nurse) involved in the telemedicine consultation will be asked to complete a survey to assess their perception, comfort level and impact of telemedicine on trauma care. This survey will take approximately 5-10 minutes to complete.

**Risks and Benefits**

There are no direct risks associated with your participation in this study. However results of this study may help to improve accessibility to specialized trauma care in non-trauma hospitals when time matters.

**Compensation**

There is no compensation provided for participation in this survey.

**Confidentiality**

The study team is committed to maintaining your privacy. No personal identifiers will be collected from your survey responses. The principal investigator will protect your records including any electronic files and keep all information confidential to the greatest extent possible. However, please note that there is a very small chance that confidentiality may be breached.

**Participation**

Your participation in this study is voluntary. You can choose not to participate with no consequences to your current or future employment.
Questions

For questions about this study or to request a copy of the final report please call the Research Co-ordinator at 416-864-5750 or send email to zakirovar@smh.toronto.on.ca

Many thanks for considering participation in this study.

Regards,

Avery B. Nathens MD FACS MPH PhD
Professor of Surgery, Trauma Director
30 Bond Street, Queen Wing 3-076
St. Michael’s Hospital
Toronto, Ontario, M1B 1W8
Tel 416-864-5750
Fax 416-864-5540
Statement of Consent:

Title of Study: Telemedicine for trauma resuscitation

I have had the opportunity to read the study information and clarify any questions to my satisfaction. I understand the requirements of participating in this research study as well as the potential harms and benefits. I voluntarily consent to take part in the study.

I understand that I have not waived my legal rights nor released the study investigators or involved institutions from their legal and professional responsibilities. I know that I may ask now, or in the future, any questions I have about the study. I understand that records relating to me will be kept confidential and that no information will be disclosed without my permission unless required by law.

Name of participant     Signature     Date
**Billing information sheet also available in the Emergency Services folder of the Member Resource Library at [www.otn.ca](http://www.otn.ca)**
Telemedicine Billing Process
Fact Sheet for Physicians

An Overview

☐ How do physicians bill for OTN telemedicine consultations?
   Physicians submit their bills for telemedicine consultations directly to the
   Ontario Health Insurance Program (OHIP).

☐ Is telemedicine an insured service with OHIP?
   No. Telemedicine is an uninsured service. Remuneration is provided through
   the provincial telemedicine program but billings are sent directly to OHIP.
   Patients do not have to pay for telemedicine services.

☐ Why do physicians bill OHIP directly?
   This procedure makes it easier for physicians to bill for telemedicine services
   and eliminates the need for a separate paper billing process to OTN. The
   common administrative approach is fair and encourages the use of
   telemedicine across Ontario.

What do I have to do to prepare for the direct-to-OHIP billing procedure?

☐ What do I have to do?
   Physicians must be registered as “telemedicine physicians” with OHIP before
   their claim is accepted. The following simple steps are required:

   ▪ Physicians must sign a registration form with OTN. This form, entitled
     Telemedicine Physician Registration Form, is similar to the original OHIP form
     signed by doctors at the start of their practice.
   ▪ Once the form has been received at OTN, OTN will submit it to OHIP to register
     the physician as a telemedicine physician.
   ▪ Once OHIP has processed the registration, a Registration Acknowledgement Letter
     will be sent to the physician from OTN. Detailed billing information will be
     included with this letter.

☐ What elements are covered under the direct-to-OHIP billing arrangement?

   The arrangement includes the following elements:
   ▪ sharing of telemedicine claims payment related data with MOHLTC and OTN for
     program planning purposes
   ▪ payment and reporting of telemedicine claims to the physician’s group if the
     physician submits the claims through an OHIP group billing number

... continued
- disclosure of applicable telemedicine claims related data with the Workplace Safety Insurance Board by MOHLTC for program planning purposes
- recovery of any overpayment of telemedicine claims
- billing OHIP only when the consultant and patient are at OTN-certified sites

A Few More Details

☐ Do the telemedicine premium codes apply?
  Yes. Special OTN telemedicine premiums for all patients seen via OTN apply. Fee codes for these telemedicine premiums, as well as codes for missed appointments (patient no-show) and technical failures have been developed by OHIP.

☐ How do Alternate Payment Plan (APP) physicians bill under this process?
  APP and FHT physicians can submit claims as per their APP contract.

☐ Are Workplace Safety Insurance Board (WSIB) consultations covered?
  Yes. Physicians can submit invoices for WSIB claims.

☐ Are out-of-province consultations covered?
  Yes. Physicians can submit claims for out-of-province patients (except Quebec).

☐ What happens if a claim is rejected?
  A list of fee codes that cannot be billed for telemedicine is included in the Physician Billing Information Manual that is sent to you with the letter acknowledging your successful registration.

  If a claim you believe to be valid is rejected, you should resubmit it as a manual claim. For example, if the physician thinks they are using the right code for an innovative new use of telemedicine, resubmit the claim with this explanation. Manual claims will be reviewed by a panel and accepted if the fee code is deemed appropriate to be done by telemedicine.

Questions?

☐ Where do I get more information?

  For more information about OTN and the direct-to-OHIP billing process, visit www.otn.ca and click on the “Physicians & Allied HCPs” tab.

  If you have more questions, please contact OTN at 1-866-454-6862 or email hcpinfo@otn.ca
1. REGISTRATION INFORMATION:

Telemedicine is an uninsured service. This form is used to register the physician for the billing and payment of telemedicine services via the claims processing system of the Ontario Health Insurance Plan (OHIP). The Ontario Telemedicine Network (OTN) requires the following information prior to the first submission of telemedicine claims for processing through the OHIP claims system. Please complete, sign and return the form to the above address.

Surname: ____________________________________________________________

Given Name(s): ______________________________________________________

OHIP Billing Number*: ___________________________ Contact Telephone Number: ___________________________

Fax Number: ___________________________________ E-Mail Address: ___________________________

*If you do not have an OHIP Billing Number you must also complete a “Registration for Regulated Health Professionals” form available at the Ministry of Health and Long-Term Care (“Ministry”) website (http://www.health.gov.on.ca).

2. BILLING AND PAYMENT INFORMATION:

When this form has been processed and you have been notified by OTN, you can commence billing for the payment of telemedicine services through the OHIP claims system. Only eligible telemedicine claims that meet the form requirements and contain the information specified by OHIP will be processed in this manner.

Payment will be:

a) with your solo monthly OHIP remittance if billed under your solo Billing Number or with the group monthly remittance(s) if billed under a group Billing Number, and deposited directly into the solo or group bank account in accordance with the OHIP deposit instructions in effect at the time your telemedicine claims were processed for payment.

b) summarized on the applicable monthly OHIP Remittance Advice. No summary is provided for CCRA (e.g. income tax) purposes.

c) subject to any legally enforceable third party adjustments, deductions or orders in effect from time to time (e.g. Court Order).

Unless otherwise indicated on the claim, for “opted out” physicians, payment will be made directly to the patient.

OTHER OHIP PAYMENT PROGRAMS: If you provide telemedicine services via a group practice affiliated with an Academic Health Sciences Centre, Alternative Funding Program, or Primary Health Care model, you should consult your group administrator regarding the payment details applicable to your group practice.
PHYSICIAN ACKNOWLEDGEMENT, CONSENT, AND SIGNATURE:

A. By signing below, I acknowledge that:

a) Claims for telemedicine services will only be processed through OHIP for services rendered after OTN has confirmed my registration to bill for telemedicine services with OHIP and that registration remains in force.

b) Only claims for telemedicine services rendered when both the patient and I were in personal attendance at OTN approved telemedicine sites are to be submitted for processing through OHIP.

c) Only claims submitted within 6 months of the service date will be processed through OHIP.

d) Claims for a telemedicine service eligible for funding under any other Ministry program or initiative are not to be submitted for payment through OHIP.

e) Telemedicine services verification letters will be randomly sent to patients for whom I have claimed telemedicine services.

f) OHIP or OTN may terminate this telemedicine claims submission and payment option at any time for any reason, upon providing me with not less than 10 business days’ notice.

B. By signing below, I consent:

a) to the disclosure of my telemedicine claims payment information to the group administrator and/or members of the group, where the telemedicine claims have been submitted to OHIP with a group Billing Number;

b) to provide medical records relating to telemedicine services to the Ministry of Health and Long-Term Care to substantiate my telemedicine claims, if and when requested to do so by the Ministry;

c) to the disclosure of my telemedicine claims payment related information within the Ministry of Health and Long-Term Care, and to OTN, the Workplace Safety Insurance Board, and the health insurance plans of other provinces and territories as applicable for the purposes of audit, funding, funding transfer and health planning; and

d) to the recovery (i.e. deduction or set-off) by the Ministry of Health and Long-Term Care from any Ministry payments otherwise payable to me of any telemedicine payment processed through OHIP if the Ministry is of the opinion that:

   (i) an overpayment of a telemedicine service claim has occurred due to a billing error made, or a payment error has been made by OHIP;

   (ii) a claim was submitted and paid for a telemedicine service that was not rendered or the nature or circumstances of the service were misrepresented, whether intentionally or inadvertently;

   (iii) a claim was submitted and paid for a telemedicine service that was not medically necessary; or

   (iv) the claim was not submitted in accordance with one or more of the conditions set out above.

C. Signature: ___________________________ Date: ___________________________
Information Sheet for Tele-Trauma Consultations

Clinical Context:

- Tele-Trauma consultations are aligned with regular fee codes for face-to-face consultations.
- The Most Responsible Physician (MRP) at the patient site remains the MRP for the patient while in the Trauma Care area.
- Please note that OTN does not endorse these billings as appropriate when ‘non-telemedicine’ services are claimed to OHIP.

Billing for Trauma Specialists

Initial Consult on a new patient by each Trauma Specialist involved:

a. Appropriate OHIP service fees including Trauma Team Lead call service fee (e.g. A035, A935, G521, G522, G523)
b. Trauma Premium E420 if the patient met severe injury criteria and is seen within 24 hours of the trauma
c. Emergency Department after-hours premium (K981, K982, K994, K998, K999, K991, K993, K995, K999, K997) when applicable
d. Special Travel Premium when coming from outside the applicable for Tele-trauma consult (K960, K961, K962, K963, K964) when applicable
e. B100A: $35.00 First Telemedicine Patient Encounter premium (for the first patient seen in any given day) or B200A: $15.00 Subsequent Telemedicine Patient Encounter premium (for additional patients seen in the same calendar day)

*Only one $35.00 first telemedicine encounter premium can be billed for first patient seen in any given day per physician.

Follow-up Unplanned Visits (This is at least the second patient visit for the Trauma Specialist that is unplanned and required due to unanticipated changes in the patient’s condition.)

a. Appropriate OHIP service fees
b. Emergency Department after-hours premium (99x series of codes) when applicable
d. Special Travel Premium (96x series of codes)
e. B100A or B200A Telemedicine premium

Follow-up Elective Visits (This is at least the second patient visit for the Trauma Specialist that is electively planned.)

a. Appropriate OHIP service fees
b. B100A or B200A Telemedicine premium

NOTE: Required OHIP Data Elements

a. A valid Health Card number for the patient.
b. The referring physician’s OHIP billing number
c. Service Location Indicator (SLI) - Enter “OTN” into the SLI field to identify the claim as being for telemedicine.

1 Please note that OTN does not endorse these billing processes as appropriate when “non-telemedicine” services are claimed to OHIP.
Billing for On-Site Physicians who are with the patient (MRP)

The following fees may be billed during Tele-Trauma consultations:

1. Service claims:
   a. Usual Fee Codes for trauma care as used for face to face. This should be billed as an OHIP claim and not a telemedicine claim.
   b. Trauma Premium E420 if the patient met severe injury criteria and is seen within 24 hours of the trauma.
   c. Emergency Department afterhours premium (K990, K993, K994, K998, K996, K991, K993, K995, K999, K997) when applicable.
   d. Special Travel Premium when coming from outside the hospital for Tele-trauma consult (K960, K961, K962, K963, K964) when applicable.

2. Telemedicine Patient Encounter Premium if this extends the videoconference telemedicine session:

   This should be billed as a telemedicine claim and not an OHIP claim.

   B100A: $35.00* First Telemedicine Patient Encounter (for the first patient seen in any given day) or B200A: $15.00 Subsequent Telemedicine Patient Encounter premium (for additional patients seen in the same calendar day).

   * Only one $35.00 first telemedicine encounter premium can be billed for first patient seen in any given day per physician.

NOTE: Submit Separate Claims: OHIP billing and telemedicine premium billing are submitted as two separate claims:
   a. Telemedicine claims are flagged for manual review when submitting OHIP billing and telemedicine premium billing for the same patient on the same date of service.
   b. Written explanation is required to confirm that it is not a billing error or a duplicate claim rather than tele-Trauma service.
   c. Service Location Indicator (SLI) - Enter “OTN” into the SLI field to identify the claim as being for telemedicine.

Hospital Master Numbers

The four-digit hospital master number must be included in the telemedicine claim to OHIP when the patient is registered in the Emergency or as an inpatient in the hospital. Hospital master numbers can be found at: http://www.health.gov.on.ca/masternumbers

Questions?

☐ Where do I get more information?
   If you have questions about the OHIP billing process, please contact your local OHIP claims office. If you have questions about OTN, please visit www.otn.ca, email hcpinfo@otn.ca or call 1-866-454-6862.
Physician at one of the participating sites has a pt with unstable blunt or penetrating trauma

Referring site calls CritiCall with Teletrauma request

CritiCall refers to TTT schedule and contacts Teletrauma oncall at either SMH or SHS.

CritiCall relays to Teletrauma – referring physician, hospital, basic pt demographics & diagnosis and trauma site ‘up next’ in Toronto.

Teletrauma decides to either

(A) Accept for immediate transfer
(B) go direct to OTN conference

(A) CritiCall calls back to referring to notify that Teletrauma will be dialing through OTN directly and the staff can begin making transport arrangements as patient is accepted to ‘up next’ trauma site. The referring hospital is responsible for making transportation arrangements.

(B) CritiCall calls back to notifying that Teletrauma physician will be dialing through OTN directly.

Teletrauma dials referring site via OTN and provides video consultation. CritiCall will close documentation unless called back by Teletrauma.

Teletrauma calls back to CritiCall after video consultation to relay outcome of consultation. (pt accepted, referred, too unstable for transfer, etc)

REFERRAL

CritiCall follows direction of Teletrauma referral to another specialty. Process flow for new specialty followed (i.e. Neurosurgery)

NO TRANSFER

CritiCall documents the outcome of the consultation and closes the case.

ACCEPTANCE

CritiCall connects Teletrauma with the TTL at the ‘up next’ trauma centre for pt hand-off.

CritiCall notifies triage/ accepting trauma site, follows ETA and completes documentation.