

*As we were not able to answer all your questions during the webinar, we have compiled responses to all unanswered questions. If you have any further questions, comments, or concerns, please email [Covid19bulletin@hawaiiapacifichhealth.org](mailto:Covid19bulletin@hawaiiapacifichhealth.org).*

### **IT:**

- **Q:** Are all international numbers free from doxy.me?
- **A:** Doxy.me provides telemedicine “calls” which can be used internationally as well, provided that the user on the other end also has access to sufficient bandwidth and a supported device. To clarify, doxy.me does not provide a phone number, but an online web link to join a secured virtual call.
- **Q:** I tried Zoom and Doxy.me and Facetime and have found Facetime is easier for patients. I noticed the more steps you have the harder it is for patients who are not tech savvy and elderly. Facetime is actually very secure with the only limiting step is if you do not have an apple device or if the patient is on android, then you lose the opportunity. It might be better to have an alternate android device at work?
- **A:** Please note: Facetime will not meet HIPAA compliance after COVID-19 crisis waivers are rescinded. Also, your personal phone number/information is available to the patient which is not wanted by some providers. The device dependency is also why doxy.me may be a better long term choice since it is device agnostic.
- **Q:** Our Wi-Fi service has been terrible at our clinics limiting our ability for telehealth. What can we do to better our situation?
- **A:** Please submit a request via the Intranet telehealth page to get set up with webcam and headsets. Satellite clinics have priority as clinic Wi-Fi's were built to meet waiting room patient needs and not established for clinic video streaming which requires construction budgets.
- **Q:** How do we request a second screen, tablet and webcam in our work setting (clinic)?
- **A:** You and your clinic manager can submit a purchase request. Webcams and most hardware is in short supply because of worldwide coronavirus impact. When we get them in, we can set you up if you have space in your work area for a second screen. Tablets are not currently supported on a large scale basis, so you could purchase your own and use it for work.
- **Q:** Can there be a button for telehealth consent like there is for telephone encounters?
- **A:** This is in progress. For now, please use the smartphrase or document in your note.

### **BILLING/CODING:**

- **Q:** Are all telephone only visits still only for established patients?
- **A:** No, code G2012 can be used for both new and established patients.
  
- **Q:** Should we continue to use G2012 for all telephone visits, or should we start using the time-base codes (5-10min, 10-20min, etc.)?
- **A:** Yes, providers can use the other telephone encounter E/M codes (99441-99443) to account for longer phone discussions, as follows:
  - 99441                      5-10 minutes (similar to G2012)
  - 99442                      11-20 minutes
  - 99443                      21+ minutes

### **TESTING:**

- **Q:** Do we have an idea of the consistency (or variability) of the different Covid-19 tests being used in Hawaii? Can we assume them to all be the same, or not?
- **A:** The various labs in Hawaii (including the Department of Health) all have RT-PCR tests that target different areas of the SARS-CoV-2 genes. The tests were correlated to the DOH as part of their validations. Therefore, these tests are generally assumed to be the same.
  
- **Q:** What is or will be the role of IgM and IgG testing?
- **A:** This serologic testing is suspected to be used to identify prior exposure to SARS-CoV-2, possible immunity to SARS-CoV-2, and possibly to assess candidates for convalescent plasma donation.

### **HPH:**

- **Q:** Since the curve seems to be flattening for Hawaii, how will HPH determine when it's safe to resume routine medical procedures?
- **A:** We will create a stepwise plan to resumption looking at recommendations from a number of sources while keeping track of local factors that matter like disease activity and PPE utilization and availability.
  
- **Q:** If and when we have elective surgical cases again, should the staff also be tested? I understand the sensitivity and specificity are variable.
- **A:** Assuming that we maintain the current risk based PPE practices, testing of staff shouldn't be necessary. All of us with patient care interaction should consider BID temperature monitoring and of course, staying out of work if ill.
  
- **Q:** Do we have online counseling resources for patients?
- **A:** For HHP providers, our HHP Central Support line (808-462-5104) is available as a resource to help coordinate behavior health care for your patients. In clarification, HHP helps with coordinating care and is not an online counseling service.