

**Masonic Cancer Alliance**  
***Virtual Town Hall: COVID-19***

Presenters at the Masonic Cancer Alliance Virtual Town Hall on Friday, April 17, 2020 received questions they were not able to respond to due to time. Those questions are provided below, along with responses from the presenters to whom the questions were addressed.

**Dr. Roy Jensen**

**Q:** *I recently heard about a new clinical trial drug called Remdesivir. Do you have any idea if KUMC plans to use this new trial drug?*

**A:** KU Medical Center was not selected as a site.

**Dr. Allen Greiner**

**Q:** *Is KUMC testing all employees regardless of whether or not they have had symptoms?*

**A:** KU Medical Center is not testing all employees regardless of whether or not they have had symptoms.

**Q:** *Health departments have limited resources and funds, which impacts capacity to provide COVID-19 testing. What role do KU and the other leaders in healthcare have in taking a lead at this critical time?*

**A:** KU Medical Center faculty are heavily involved in contractual relationships with local public health departments (i.e., Johnson and Wyandotte Counties). Other faculty are providing support at the state level to the Kansas Department of Health and Environment. The University of Kansas Health System is providing test kits and laboratory processing for coronavirus as well. These are just some of the ways the university and the health system are supporting local public health; there are many other examples.

**Dr. Priyanka Sharma**

**Q:** *Is KU Cancer Center utilizing home health services for non-cancer treatment IV fluids (normal saline) so patients don't need to come to the cancer center?*

**A:** No. For appropriate and safe work-up, patients should be physically evaluated. Fluids are just treating symptoms and not providing a diagnosis or treatment of any underlying condition. Such a patient may have an infection, blood clot, electrolyte deficiency, etc., so appropriate work-up and treatment are needed.

**Dr. Shawna Wright**

**Q:** *How are you all handling patients that are unable to do telehealth?*

**A:** Methods for addressing patient care needs are typically made at the organizational level. Healthcare organizations/providers should determine if they have capacity for in-person appointments to meet the healthcare needs of patients who are unable to utilize telehealth. Telephone-only healthcare encounters may be a solution for some patients. Currently, Medicare is not reimbursing for telephone-only patient care. However, Kansas Medicaid and some commercial payers are reimbursing for some telephone-only patient encounters. Providers are encouraged to regularly review telehealth coverage/reimbursement announcements because telehealth policies are changing and are updated rapidly.

Providers and support staff are encouraged to problem-solve with patients who struggle with telehealth options, if needed. Patients may need assistance with understanding how to access internet resources or how to use telehealth technology. Family members or caregivers may be a good source of support. Additionally, providers can examine their capacity for telephone check-ins with patients to assess patient functioning and healthcare needs, even if these events are not billable.

**Q:** *Are you utilizing phone-only visits for those insurances that are allowing these types of visits?*

**A:** Some Kansas healthcare organizations, clinics, and mental health centers are utilizing telephone-only patient appointments and reporting various provider and patient reactions. Many providers report that it is difficult to maintain connection/interaction with patients through telephone-only encounters for time-based billing codes. Patients who are unfamiliar with telehealth have frequently described a preference for using telephone-only appointments.

Healthcare organizations and providers with interest in utilizing telehealth, and possibly maintaining telehealth as a line of service, are encouraged to work with providers and support staff to develop approaches focused on orienting patients to the telehealth process. Telehealth may not be a good fit for every provider or every patient. Although telephone-only encounters are unlikely to be reimbursed after the COVID-19 national emergency has passed, this option should not be ignored if it is the best fit for the patient during the pandemic.