Telehealth Webinar—Part 3

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NHPCO

Presentation Outline

- Disruptive Change & Telehealth
- Why Telehealth is an Important Delivery Model Alternative
- Steps to Telehealth Capacity Building
- 5 Keys to Successful Telehealth Implementation
- Potential Pitfalls

Learning Objectives

Participants will understand:

- The applications of telehealth in delivering palliative and hospice care
- What to consider in quickly implementing a telehealth delivery capacity
- How to position early telehealth efforts for future expansion of this approach to care

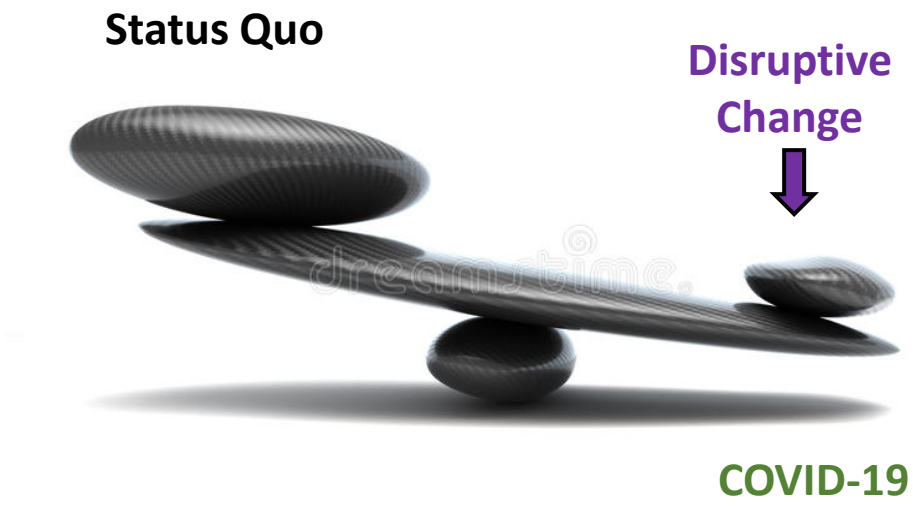
Telehealth Prior to March 13, 2020

- Viewed largely as an approach for reaching hard to access populations
- Modest application across the healthcare industry
- Lots of regulatory and reimbursement hurdles
- Moderate cost of entry
- Low and inconsistent rates of reimbursement across insurance carriers

Disruptive Change

Assessment:

- Who's been affected?
- What has been the impact?
- What are the implications for the future?
- How should we respond?



Responding to Change

Telehealth Under COVID-19 PHE

Why Use?

- Protect and serve established & new patients
- Protect the health of staff
- Manage spikes in demand
- Conserve personal protective equipment

Uses?

- When an observational visit is needed & appropriate
- To address urgent health questions/concerns or changing patient needs
- For patient check-ins for medication follow-up, refills, etc.,

Telehealth Going Forward

Telehealth is here to stay—healthcare's "New Normal"

Telehealth Going Forward

Why Use?

- Increased patient control of environment
- Reduced unproductive windshield time
- Heightened patient satisfaction
- Improved multidisciplinary team participation
- More efficient use of time for patient and team
- Expanded reach of and access to services
- Increased pool of licensed provider resources

Uses?

- Timelier interventions for both patients & caregivers
- Advanced care planning
- Facilitate family meetings
- Involving the patient's PCP and subspecialists in care
- Reduce team burnout

Steps to Telehealth Capacity Building

Build capacity expediently with an eye to the future

Planning

1. Delineate Telehealth Goals
   a) Rationale
   b) Discipline involvement
   c) Type of service
2. Identify Patient Population
   a) Acuity
   b) Geographic distance
3. Designate Service Manager
   a) Scope of responsibilities
   b) Technical support
4. Screen Targeted Population for Telehealth Capacity & Appropriateness
   a) Patient interest
   b) Self/caregiver enabled
   c) Appropriateness for receiving care through telehealth
5. Determine Applicable Payor Requirements
   a) Rank non-MC payors by total % of revenue
   b) Identify those payors with PC benefit
   c) Determine telehealth requirements

Steps to Telehealth Capacity Building

Build capacity expediently with an eye to the future

Technology

1. Assess, Select & Acquire Telehealth Platform Access
   a) Determine whether to make or buy platform capacity
   b) Identify desired current & future functionality
   c) Delineate platform selection criteria
   d) Identify potential partners/vendors
   e) Define hardware & connectivity needs
2. Acquire Hardware & Connectivity

Steps to Telehealth Capacity Building

Build capacity expediently with an eye to the future

Implementation

1. Train Staff
   a) On platform use
   b) Technical problem solving
   c) Service expectations
2. Obtain Consents
   a) Telehealth authorization
   b) Waiver for other forms of communication
3. Schedule Patient Visit
   a) Identify visit goal(s) & desired duration
   b) Needed team members
   c) Appointment management
4. Provide Initial Patient Technology Orientation

Steps to Telehealth Capacity Building

Build capacity expediently with an eye to the future

Implementation

5. Conduct & Document Visit
   a) Both clinical & administrative information
   b) Do today's work today

6. Code & Bill for Visit
   a) Hospice
      1) Face-to-face encounters
      2) Virtual visits
      3) EHR documentation
   b) Palliative Care

Steps to Telehealth Capacity Building

Build capacity expediently with an eye to the future

Implementation

Portland, OR Example

WHEN SEEING PATIENTS INSURED BY:	CODE NORMAL VISIT CPT CODE WITH MODIFIER	NOTES
Regence	GT	Policy dated 11-2017
Providence	POS 02, no modifier	01/2020
Medicare	POS 02, no modifier	3/6/20
Medicaid	POS 02, no modifier	Updated as of 3/16/20
MODA	POS 02, GT, 95 or GQ	Updated 2/12/20
CareOregon	POS 2	Updated 3/13/20
Cigna	POS 02 95 or GT	Paid at 50%, Policy date 3/12/20 and effective 6/15/20 (?)
PacificSource	POS 02, Modifier GT okay, but not required	03/2020

Steps to Telehealth Capacity Building

Build capacity expediently with an eye to the future

Implementation

Billing & Coding Tips:

- Place of Service 02 getting through Clearinghouses, some software not holding the leading ‘0’ and requires just ‘2’
- Low volume, but early reports by physicians and staff are good
- For Medicare, document complex care management time by discipline for billing
- Do NOT use old Telemedicine codes—use regular E&M codes
- Hold any zero or denied claims, there may be an opportunity to resubmit

5 Keys to Success in Initial Implementation

1. Seek to make the quality and presence of a telehealth encounter as good as an in-person visit
2. The benefits of telehealth need to be sold to patients, caregivers and families
3. Pay attention to telehealth etiquette
4. Make telehealth an integral part of your approach to care hiring staff that are willing to thrive using this tool
5. Don’t give up—it takes time to learn and be comfortable with Telehealth

Innovation Example

If you enable patients they will adopt this visit model

For patients without a front-facing camera device and/or connectivity:

Consider

Loaner Connectivity-Enabled Device Program
ResolutionCare uses: Refurbished iPads w/ WiFi or Satellite
Cost: Device $350, Connectivity $13/mth, Platform $1.50/mth

For patients appropriate for telehealth but not self or caregiver-enabled:

Consider

Team-Enabled Telehealth
ResolutionCare uses: a Community Health Worker or the discipline that needs to make an in-person visit but can facilitate a video conference with other members of the Team

Potential Pitfalls

- Assuming that telehealth is only useful in limited situations or rural environments
- Unwillingness to change platforms if a more reliable and convenient technology becomes available
- Insufficient training and mentoring of staff in this care delivery model
- Failing to make appointment reminder calls 30 minutes prior to the scheduled encounter
- Providing free care because of a mistaken understanding of payor telehealth requirements
- Not setting penetration targets for telehealth by discipline
- Letting perfection be the enemy of the good

Perspective on the Future

If we are going to more broadly expand Palliative Care capacity in America we will need the nations hospices to leverage existing resources into the provision of Palliative Care, and Telehealth is an efficient tool for increasing access and long-term sustainability

Resources

- NHPCO Quick Guide to Virtual Care

- General Provider Telehealth and Telemedicine Tool Kit: https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

- OCR Enforcement Discretion on Telehealth Remote Communications (effective 3/17/2020): https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

Questions?

Thank You

Should you have any questions or need assistance contact:

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