Department of Family Medicine
University of Colorado **Anschutz Medical Campus**

PRACTICE LEARNING COMMUNITY

SEPTEMBER 17, 2020

Call Instructions:

Please

- **Mute your phone, microphone, and speakers on your computer/device to prevent background noise**
- **Enter your name/organization in the chat box feature for attendance**
- **Submit questions via the chat box feature**
  - ***Questions will be answered following the presentation***
  - ***Time to ask questions via audio will be offered for those on the phone, *6 to unmute your phone***

Collaborative Learning Opportunities

Practice Learning Community

Practice Learning Community

Goal: Monthly opportunities for practices in all Practice Innovation Program projects to learn and share

Format:

Subject Matter Expert on topic

Practices to share on topic;

- How they have implemented,
- Why they think it is important
- What benefit to their patients, staff and payors

Schedule

Registration Link

Monthly the
3rd Thursday
12:00-1:00 pm

Date	Topic/title	Speaker
July 22	2021 E&M Coding	Nancy Enos Pam Ballou-Nelson
Aug 20	Social Needs	Heather Bleacher
Sept 17	Telehealth	Pam Ballou-Nelson
Oct 15	Policy Affecting Primary Care	Kyle Leggett
Nov 19	Community of Care	RHCs
Dec 17	E&M 2021	Pam Ballou-Nelson
Jan 21	Providing Value	Pam Ballou-Nelson

FAST Learning Series

Registration Link

Alcohol Use Disorder in Primary Care

Presenters:

Rebecca Mullen, MD MPH

Assistant Professor

University of Colorado Department of Family Medicine

Ryan Jackman, MD, FASAM

Medical Director

St. Mary's Integrated Addiction Medicine

Date	Topic/title	Time
Sept 30	Screening and Diagnosis of Alcohol Use Disorder (AUD) in Primary Care	Noon to 1 PM
Oct 28	Medication Assisted treatment (MAT) for Alcohol Use Disorder (AUD)	Noon to 1 PM
Nov 11	Alcohol Use Disorder (AUD) Treatment Monitoring and Follow-up in Primary Care	Noon to 1 PM

How Can We Help?

September 17, 2020

Where Are We Going with Telehealth?

What can we offer

Perspective

Encouragement

Knowledge

Ideas

Objectives

1. Review proposed rule for telehealth policy Medicare & Colorado Medicaid Rule 212
2. Benner's Novice to Expert model
3. Identify the role telehealth is playing in my practice
4. Practice sharing

Telehealth Policy –CMS/HHS

- Before the public health emergency (PHE), only 14,000 beneficiaries received a Medicare telehealth service in a week
- Over 10.1 million beneficiaries have received a Medicare telehealth service during the public health emergency from mid-March through early-July. Roughly 18 weeks (https://www.cms.gov/newsroom/press-releases/trump-administration-proposes-expand-telehealth-benefits-permanently-medicare-beneficiaries-beyond)
- Telemedicine can never fully replace in-person care, but it can complement and enhance in-person care by furnishing one more powerful clinical tool to increase access and choice for patients per Seema Verma.

Telehealth Policy –CMS/HHS

- The latest renewal, which occurred on July 23, 2020 now lasts up until Oct. 21, 2020.
- The most significant telehealth expansions tied to the public health emergency include the following:
  - Removal of geographic and facility site limitations in Medicare
  - Additional providers allowed to bill Medicare for telehealth delivered services, including federally qualified health centers and rural health clinics
  - Telehealth services codes expanded
  - Allowance to utilize audio-only phone for some services and receive reimbursement through Medicare
  - Allowance to use live video to prescribe controlled substances without an in-person exam or falling under a list of narrow exceptions
  - Enforcement discretion on HIPAA violations for use of commonplace remote communication technologies

Proposed Telehealth Policy –CMS/HHS

- The most notable proposed change is to allow physicians to fulfill direct supervision requirements while remote, provided the physician is immediately available to engage via audio-video technology if needed.
- This change can greatly increase physician leverage and virtual oversight, including more incident-to billing options.
- Another notable change is CMS' proposal to remove frequency limitations for facility inpatient-type telehealth services.

- https://www.foley.com/en/insights/publications/2020/08/telehealth-cms-proposes-new-medicare-changes-2021

Proposed Telehealth Policy –CMS/HHS

- **Consent.** Providers must continue to obtain patient consent for these services (the consent is to be billed the applicable co-pay). The consent can be verbal or written and can be documented by the billing practitioner or by auxiliary staff under general supervision.

- **Compliance Tip**. When the brief communication technology-based service originates from a related E/M service (including one furnished as a telehealth service) provided within the previous 7 days by the same physician or other qualified health care professional, this service is considered bundled into that previous E/M service and is not separately billable to Medicare or to the beneficiary (i.e., it is a provider-liable service).

Proposed Telehealth Policy –CMS/HHS

- Although CMS is proposing to remove *the exclusion* of telephones, facsimile machines and electronic mails systems from the definition of an 'interactive telecommunication system', *they are not proposing to continue reimbursement for telephone codes (99441-99443).*
- However, they are seeking comment on whether CMS should develop alternate coding and payment for a service similar to the virtual check-in but for a longer unit of time and with a higher value and whether telephone-only services should be provisional policy during the PHE or if it should become a permanent payment policy.

Proposed Telehealth Codes/Services - CMS

CMS grouped the telehealth services into three lists:

1) nine (9) codes that will become permanent;

2) seventy-four (74) codes that will be removed when the PHE expires; and

3) thirteen (13) codes to add to the list, but only on a temporary basis (CMS dubbed these Category 3 codes).

Concurrent with the CMS proposed rule, the White House issued an Executive Order designed to enhance access to telehealth services under Medicare by charging CMS to create even more virtual care coverage opportunities.

Proposed Telehealth Services to Become Permanent

Service Type	HCPCS/CPT Codes
Group Psychotherapy	90853
Domiciliary, Rest Home, or Custodial Care services, Established patients	99334-99335
Home Visits, Established Patient	99347-99348
Cognitive Assessment and Care Planning Services	99483
Visit Complexity Inherent to Certain Office/Outpatient E/Ms	GPC1X
Prolonged Services	99XXX
Psychological and Neuropsychological Testing	96121

Telehealth Services Proposed to be Removed

Service Type	HCPCS/CPT Codes
Initial nursing facility visits, all levels (Low, Moderate, and High Complexity)	99304-99306
Psychological and Neuropsychological Testing	96136-96139
Therapy Services, Physical and Occupational Therapy, all levels	97161-97168, 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521- 92524, 92507
Initial hospital care and hospital discharge day management	99221-99223, 99238- 99239
Inpatient Neonatal and Pediatric Critical Care, Initial and Subsequent	99468- 99472, 99475- 99476
Initial and Continuing Neonatal Intensive Care Services	99477-99480
Critical Care Services	99291-99292
End-Stage Renal Disease Monthly Capitation Payment codes	90952-90953, 90956, 90959, 90962
Radiation Treatment Management Services	77427
Emergency Department Visits, Levels 4-5	99284-99285
Domiciliary, Rest Home, or Custodial Care services, New	99324-99328
Home Visits, New Patient, all levels	99341- 99345
Initial and Subsequent Observation and Observation Discharge Day Management	99217-99220, 99224- 99226, 99234-99236

Telehealth Services during the Public Health Emergency (Category 3 codes)

Service Type	HCPCS/CPT Codes
Domiciliary, Rest Home, or Custodial Care services, Established patients	99336-99337
Home Visits, Established Patient	99349-99350
Emergency Department Visits, Levels 1-3	99281-99283
Nursing facilities discharge day management	99315-99316
Psychological and Neuropsychological Testing	96130- 96133

These codes are currently listed as Medicare-covered telehealth services for the duration of thePHE, but would be included on a more extended temporary basis, starting January 1, 2021. CMS is accepting public comment regarding whether any additional codes should be added to the Category 3 list.

Therapist

- **Additional Guidance on Communications Technology Based Services (CTBS)**
- CTBS by Therapists. CMS proposed to allow HCPCS codes G2061 through G2063 to be billed by, for example, licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists who bill Medicare directly for their services when the service furnished falls within the scope of these practitioner's benefit categories.
- CMS allows this currently under PHE waivers, but the proposed rule would make it permanent.

Non-Physician Practitioners

- CMS also proposed to expand billing of other CTBS by nonphysician practitioners through the creation of two additional HCPCS G codes that can be billed by practitioners who cannot independently bill for E/M services:
- G20X0 *(Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the CMS-1734-P 114 patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment.)*
- G20X2 *(Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion)*

Rural Communities - Executive Order

- **Main elements from the executive order include:**
- An innovative payment model to enable rural health care transformation
- Development and implementation of a strategy to improve physical and communications infrastructure in rural America
- A report to Congress on existing and upcoming policy initiatives
- Direction to the Secretary of Health and Human Services to propose a regulation that would extend the telehealth services offered to Medicare beneficiaries and the services, reporting, staffing and supervision flexibilities offered to providers in rural areas beyond the duration of the PHE.

Synchronous

- Videoconferencing
- Telephone
- Real-time

Remote monitoring

- Ability to collect and pass biometric data
- Daily monitoring (RPM)
- Sensors
- Health trackers

Asynchronous

- Store and Forward
- Texting
- Images

*Medical history Mechanic OJ, Kimball AB. Telehealth Systems. [Updated 2019 Dec 27]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. https://www.ncbi.nlm.nih.gov/books/NBK459384/#_NBK459384_pubdet_*

Colorado Policy Change Telehealth

Colorado SENATE BILL 20-212

Telehealth - definitions. (2) (e)

A carrier shall not:

- (II) IMPOSE SPECIFIC REQUIREMENTS OR LIMITATIONS ON THE *HIPAA-COMPLIANT TECHNOLOGIES* THAT A PROVIDER USES TO DELIVER TELEHEALTH SERVICES, INCLUDING LIMITATIONS ON AUDIO OR LIVE VIDEO TECHNOLOGIES;
- (III) REQUIRE A COVERED PERSON TO HAVE A PREVIOUSLY ESTABLISHED PATIENT-PROVIDER RELATIONSHIP WITH A SPECIFIC PROVIDER IN ORDER FOR THE COVERED PERSON TO RECEIVE MEDICALLY NECESSARY TELEHEALTH SERVICES FROM THE PROVIDER; OR
- (IV) IMPOSE ADDITIONAL CERTIFICATION, LOCATION, OR TRAINING REQUIREMENTS ON A PROVIDER AS A CONDITION OF REIMBURSING THE PROVIDER FOR PROVIDING HEALTH CARE SERVICES THROUGH TELEHEALTH.

Colorado SENATE BILL 20-212

(e) (+) **"Telehealth" means** a mode of delivery of health care services through HIPAA-COMPLIANT telecommunications systems, including information, electronic, and communication technologies, REMOTE MONITORING TECHNOLOGIES, AND STORE-AND-FORWARD TRANSFERS, to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a covered person's health care while the covered person is located at an originating site and the provider is located at a distant site.

Colorado SENATE BILL 20-212

(b.5) **"REMOTE MONITORING"** MEANS THE USE OF SYNCHRONOUS OR ASYNCHRONOUS TECHNOLOGIES TO COLLECT OR MONITOR MEDICAL AND OTHER FORMS OF HEALTH DATA FOR INDIVIDUALS AT AN ORIGINATING SITE AND ELECTRONICALLY TRANSMIT THAT INFORMATION TO PROVIDERS AT A DISTANT SITE SO PROVIDERS CAN ASSESS, DIAGNOSE, CONSULT, TREAT, EDUCATE, PROVIDE CARE MANAGEMENT, SUGGEST SELF-MANAGEMENT, OR MAKE RECOMMENDATIONS REGARDING A COVERED PERSON'S HEALTH CARE.

Colorado SENATE BILL 20-212

25.5-5-320. Telemedicine - reimbursement - disclosure statement - definition - repeal. (1) On or after July 1, 2006, *in-person contact between a health care or mental health care provider and a patient* ***is not required*** *under the state's medical assistance program for health care or mental health care services delivered through telemedicine that are otherwise eligible for reimbursement under the program.*

ANY HEALTH CARE OR MENTAL HEALTH CARE SERVICE DELIVERED THROUGH TELEMEDICINE MUST MEET THE SAME STANDARD OF CARE AS AN IN-PERSON VISIT.

TELEMEDICINE MAY BE PROVIDED THROUGH INTERACTIVE AUDIO, INTERACTIVE VIDEO, OR INTERACTIVE DATA COMMUNICATION, INCLUDING BUT NOT LIMITED TO TELEPHONE, RELAY CALLS, INTERACTIVE AUDIOVISUAL MODALITIES, AND LIVE CHAT, AS LONG AS THE TECHNOLOGIES ARE COMPLIANT WITH THE FEDERAL "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996" PuB.L. 104-191, AS AMENDED. HIPAA

Colorado SENATE BILL 20-212

(2.5) (a) **A TELEMEDICINE SERVICE MEETS THE DEFINITION OF A FACE-TO-FACE ENCOUNTER FOR A RURAL HEALTH CLINIC, AS DEFINED IN THE FEDERAL "SOCIAL SECURITY ACT",** 42 U.S.C. SEC. 1395x (aa)(2). THE REIMBURSEMENT RATE FOR A TELEMEDICINE SERVICE PROVIDED BY A RURAL HEALTH CLINIC MUST BE SET AT A RATE THAT IS NO LESS THAN THE MEDICAL ASSISTANCE PROGRAM RATE FOR A COMPARABLE FACE-TO-FACE ENCOUNTER OR VISIT.

***A TELEMEDICINE SERVICE MEETS THE DEFINITION OF A FACE-TO-FACE ENCOUNTER FOR A FEDERALLY QUALIFIED HEALTH CENTER,* AS** DEFINED IN THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395x (aa)(4). THE REIMBURSEMENT RATE FOR A TELEMEDICINE SERVICE PROVIDED BY A FEDERALLY QUALIFIED HEALTH CENTER MUST BE SET AT A RATE THAT IS NO LESS THAN THE MEDICAL ASSISTANCE PROGRAM RATE FOR A COMPARABLE FACE-TO-FACE ENCOUNTER OR VISIT.

Colorado SENATE BILL 20-212

As USED IN THIS SECTION, "HEALTH CARE OR MENTAL HEALTH CARE SERVICES" INCLUDES SPEECH THERAPY, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, HOSPICE CARE, HOME HEALTH CARE, AND PEDIATRIC BEHAVIORAL HEALTH CARE.

The Bill does not direct us to specific services/codes covered

Commercial Payers

Telehealth policy

Commercial Plans and Telehealth

- **United:** https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19.html
- With the 90-day continuance of the national public health emergency announced by the U.S. Department of Health and Human Services, UnitedHealthcare is extending our temporary COVID-19 measures public health emergency period, currently scheduled to end Oct. 22, 2020
- **Cigna:** Some items extend until October 22 others until December 31 2020. https://medicareproviders.cigna.com/static/medicareproviders-cigna-com/docs/coronavirus-billing-guidelines-faq.pdf
- **Aetna:** Coverage of commercial telemedicine services, as described in its telemedicine policy, will now extend through December 31, 2020.
- **Anthem: In Colorado** Anthem's fully-insured commercial plans issued in Colorado cover telehealth as required by applicable law. Effective April 3, 2020, and for the duration of and consistent with Colorado's emergency orders, Anthem will cover the additional services outlined in those orders. In addition, Anthem will waive member cost shares for a limited set of remote monitoring codes (99453, 99454, 99457, or 99091) with in-network providers for visits coded with POS "02" and modifier 95 or GT.

https://providernews.anthem.com/colorado/article/information-from-anthem-for-care-providers-about-covid-19-

Note that some payers have termination dates for some specific items such as co-pays, cost share, referral requirements etc.

Role Telehealth Could Play in Your Practice

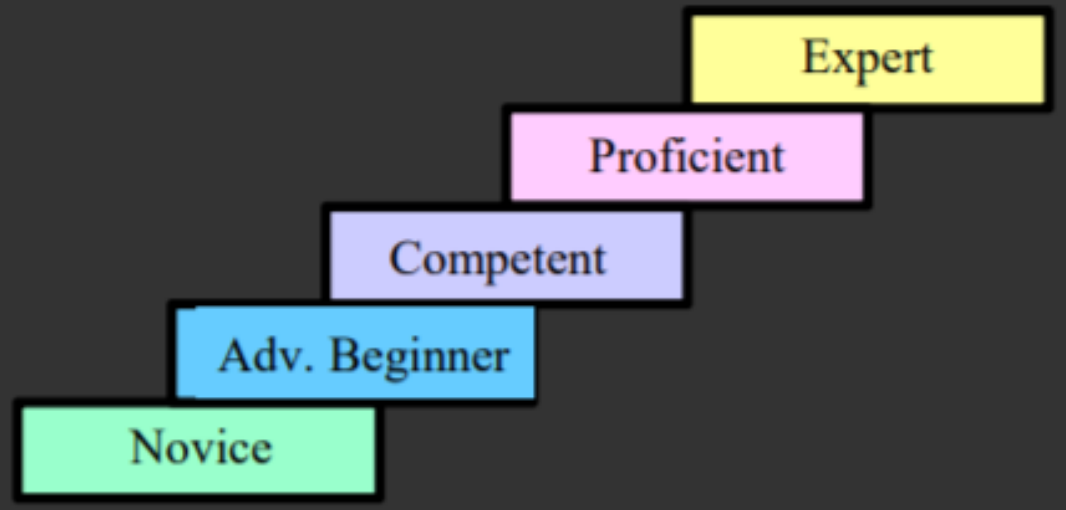
Benner’s Novice to Expert Model

Skill Acquisition

(Dreyfus & Dreyfus 1979, Benner 1982)

- Novice
  - Focus on succeeding
  - Hasty mindset
- Advanced Beginner
  - Knowledge and information begins
  - Starts to troubleshoot
- Competent
  - Solves problems
  - Difficulty pinpointing which details to focus on

Most were Novices at Telehealth during COVID



- Proficient
  - Looks at bigger picture
  - Frustrated by oversimplification
  - Desire for ongoing self-improvement
- Expert
  - Become source of information to others
  - Intuitive

Develop Use Case

- Experts say those that treat home telehealth as just another piece of equipment tend to have much lower success and sustainability rates.
- Before setting out to assess home telehealth hardware and software it is important to establish a clear use case for home telehealth in your practice or organization.
- When thinking about a use case for home telehealth in your organization you need to ***really do an assessment of what you would hope to accomplish by adding home telehealth to your practice or organization***.
  - Is it about: revenue
  - Cost savings also cost avoidances.
  - Delivering superior care
  - Better disease management
  - Meeting regulatory guidelines
  - Preventing rehospitalization
  - Delivering more holistic care
  - Helping elders age in place
  - Or is it because you got the grant and now what are you going to do with the money

https://telehealthtechnology.org/toolkit/home-telehealth-assessment-guide/

Define Functionality from Hardware and Software

- With a complete use case,
- User population in mind
- Then you are ready to define the functionality you require from the hardware and software. This is about defining what you need the hardware and software to be able to do for your program
- Do you have staff that is comfortable with technology? Will the staff be able to teach patients how to use the technology? Will the staff be able to do technical troubleshooting of the technology should a problem arise? Will the staff be able to set equipment up in patient's homes?

Comprehensive Patient Assessment for using Telehealth at Home CPATH University of Arizona

Inclusion criteria

- Adults > 60 years old
- Requiring ongoing symptom management for at least one of four symptoms (pain, breathlessness, fatigue, and/or decreased wellbeing)
- Used email and a smartphone with Wi-Fi connection at least weekly

Exclusion criteria

- Cognitive impairment
- Immobility

University of Arizona Current CPATH evaluation research is ongoing, however emerging themes have been found • Situational continuum for the application of telehealth • Offering technological support and partnering with a caregiver/designated point of contact is highly desired • Comprehensive assessment without physical barriers to care was noted.

Comprehensive Patient Assessment for using Telehealth at Home CPATH University of Arizona

Comprehensive Patient Assessment for using Telehealth at Home (CPATH)

Environment

- fans, airflow
- safety
- bedding

Equipment/treatments (as appropriate)

- urinary collection
- oxygen delivery
- feeding
- non-medical therapies

Medication

- types
- dosages
- administration guidance

Patient characteristics

- breathing
- skin color or turgor or integrity
- hand clenching or face grimacing
- positioning in bed

Caregiver Characteristics

Training Courses University of Arizona

- **TRACK 2: Telemedicine Applications**
  2020: (Webinar) November 2
- **Course Content:**
- This conference covers advanced telemedicine topics through an in-depth look at real-world clinical applications of telemedicine and telehealth.
- **Who should attend?**
- This course is excellent for individuals or groups who have some telehealth experience and are interested in expanding their services. It is also a great course for those new to telehealth who are interested in gaining a deeper understanding of this growing industry.
- **https://telemedicine.arizona.edu/training**

Summary

- Recognize the importance of using a framework to guide telehealth based on Novice to Expert levels
- Develop your “use case”
- Decide your population and medical conditions you will serve
- Create inclusions and exclusion criteria
- Decide on the software and hardware ***based on the population you will serve***
- Consider domains from the Comprehensive Patient Assessment for using Telehealth in the Home (CPATH) for telehealth visits *or some other assessment criteria*

Resources

- Heritage Foundation https://www.heritage.org/health-care-reform/report/telehealth-the-pandemic-and-beyond-the-policies-made-it-possible-and-the
- **Novice to Expert: A Guide to Comprehensive Patient Assessment Using Telehealth in the Home,** https://www.youtube.com/watch?v=ZWyDOlNlrUU
- Telehealth Guide https://telehealthtechnology.org/toolkit/home-telehealth-assessment-guide/
- Telehealth Toolkit https://www.aledade.com/telehealth-toolkit?utm_source=google&utm_medium=paidsearch&utm_campaign=toolkit_telehealth&gclid=Cj0KCQjw7sz6BRDYARIsAPHzrNJW75TqlmdpVwyPd72U5zd3xUOKOmuo1Cd_Icaq6Vob_16rgiB5EakaAmaGEALw_wcB

Practice Sharing

Every Child Pediatrics

The Family Practice