COVID-19: Primary Care Strategies to Support Alternative Care Delivery Methods

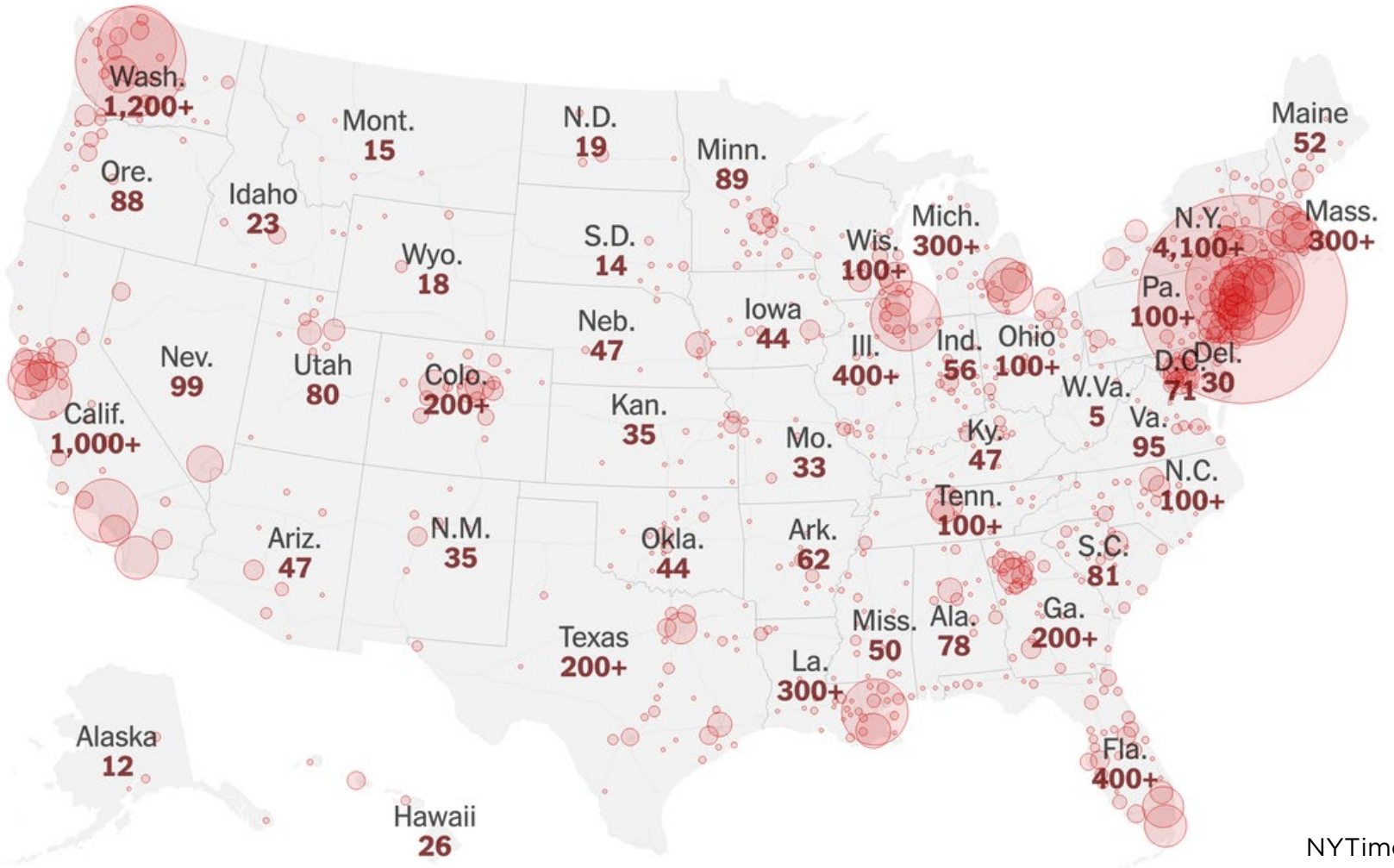
Dr. Anna Loengard

March 20, 2020

Agenda

- Impact Of COVID-19
- Primary Care: Planning, Prevention, & Patient Management
- Virtual Care Options
- Team Based Approaches
- Specialist and System Reponses
- Discussion

Current COVID-19 Caseload

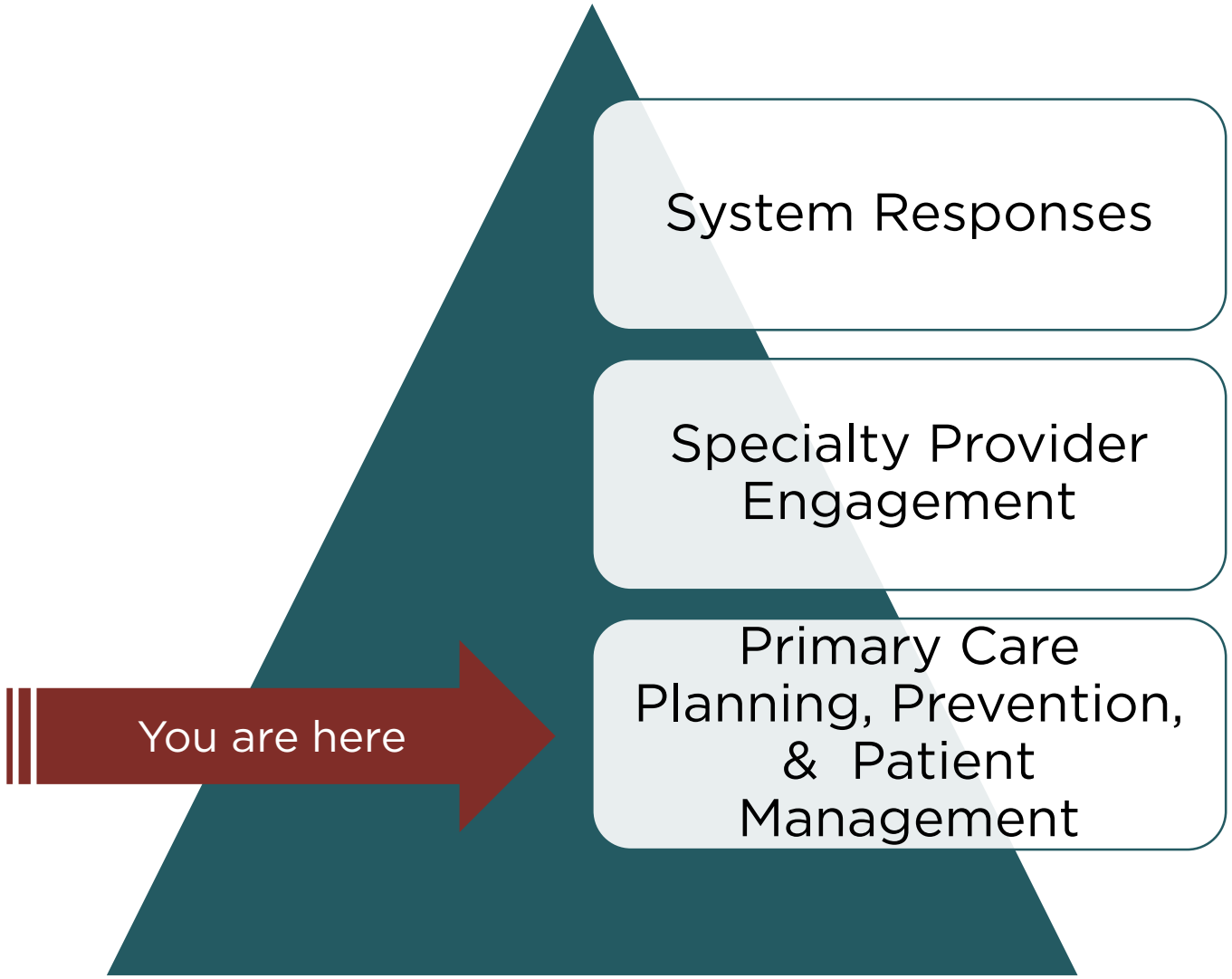


NYTimes. March 20, 2020

Unpredictable Virus, Predictable Impacts

- Unprecedented national emergency
- Health systems will be overwhelmed
- Ambulatory care will face unique challenges
- Organizational focus and services will shift
- Caravan Health will support clients and community:
  - Understand policy changes and impacts to care delivery
  - Shift to virtual care for acute and chronic care needs
  - Find solutions for population health issues

Right Care, Right Time, Right Setting



Primary Care: Prevention

- Prescriptive outreach to high and rising risk
  - COVID-19 risk management
  - Care management for factors driving risk (chronic diseases)
- Misinformation management
- Proactive patient communication:
  - Options for incoming communication with providers (portal, calls, triage line)
  - “Worried well” instructions
  - Utilize automated telephone calls, clinic/hospital website and social media, text/email campaigns, recorded clinic/hospital telephone greeting

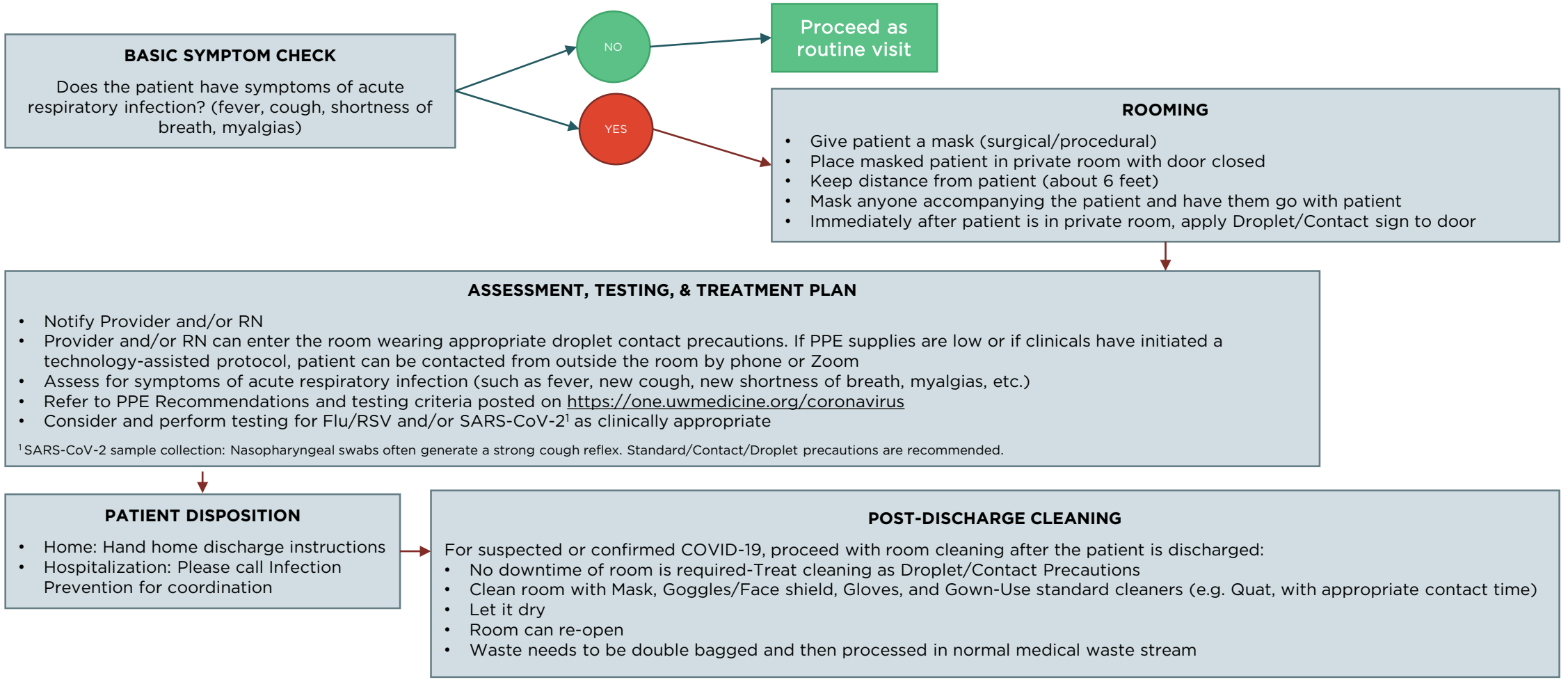
Primary Care: Acute Management Planning

- Incoming call management
- Triage protocols and workflows
- Testing supplies and protocols
  - Department of health
  - Test availability and testing criteria
- Schedule management
  - Moving patients to virtual options

Primary Care: Acute Management Planning

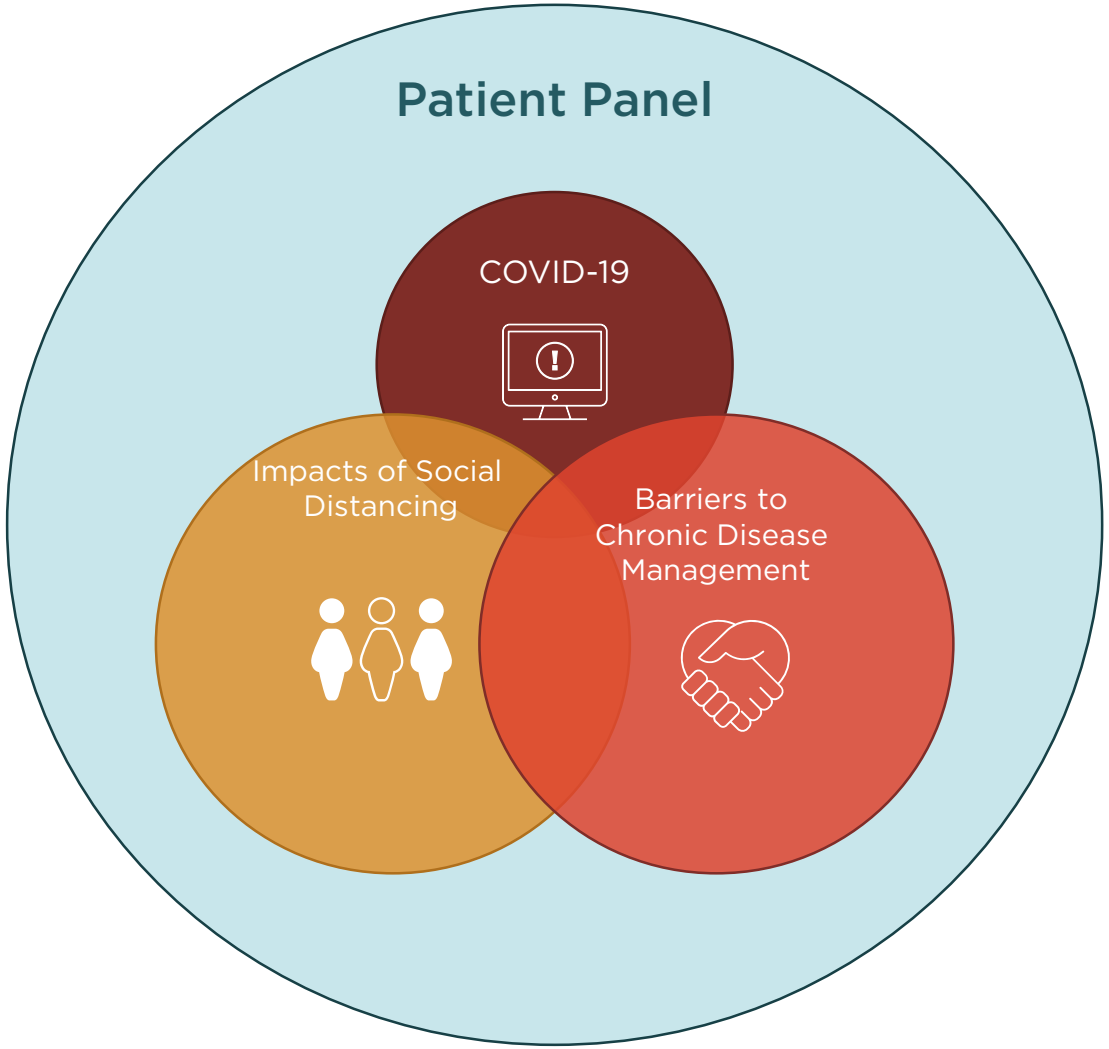
- Processes to decrease transmission risk
  - Drive by testing
  - Fever or respiratory clinics
- Keeping patients out of healthcare settings
  - Support patients at home
  - Prevent avoidable acute care utilization
- Identifying and connecting with high risk patients
  - Risk stratification
  - Connecting to community services
    - Food, medication, volunteers

Primary Care: Acute Management Planning



Source: University of Washington. COVID-19 Workflow for Ambulatory Settings. Updated March 16, 2020. Accessed via https://education.uwmedicine.org/wp-content/uploads/2020/03/3-Ambulatory-Settings-Workflow.pdf.

Future Planning: Avoiding the “Second Tsunami”



Moving to Virtual: UCSF example

Urgent

Need to be seen and can't wait.

- Convert to video visit, if possible – 1st priority for video visit capacity
- If not, keep as in-person visit – 1st priority for in-person capacity

Semi-Urgent

Cannot wait for a month to be seen without increasing the risk of worse medical outcomes, even given the risk of coming into a medical facility.

- Please evaluate if they can be managed with a video visit, or if they need an appointment – 2nd priority for video visit or in person capacity
- If you postpone these patients, please keep a list of them, and I will work w/ Apex to see if we can track them in Apex for you so we do not let them get lost to follow up.

Fully Elective Visits

Can be safely postponed for more than three months without risk.

- Convert to video visit if there is capacity – 3rd priority for video visit capacity
- If not, cancel and reschedule for > 3 months in the future

Patient Management: Virtual Care

Transitioning To Virtual Care

- Most Medicare patients are high risk
- Transitioning to virtual care will be imperative
    - Reducing exposure for both health care workers and patients
    - Consider rotating physicians/providers from in-person to telehealth
- Chronic disease management can be accomplished
    - Continue to use your team as available
- Know what resources are in the community
    - Home health
    - Meals on wheels/Grocery delivery
    - Prescription delivery
    - Volunteer services

Patient Management: Telehealth

- Waivers have made telehealth easier to access
  - Available to all, urban and rural areas
  - Originating site can be the patient's home (FFS)
    - RHC/FQHC limitations
  - HIPAA technology considerations
    - EHR, smart phone, web-based
  - Ability to waive co-insurance (FFS)
  - Physicians can practice across state lines if licensed
- Outpatient E&M services can be transitioned to telehealth
  - TCM & AWV included
- More detailed guidance to come

Patient Management: Care Management

Chronic Care Management

- **99490**: CCM (20 min)
- **G2058**: CCM, extra 20 min
- **99487**: Complex CCM (60 min)
- **99489**: Complex CCM, extra 30 min
- **99491**: Provider-Only CCM (30 min)

Principal Care Management

- **G2064**: Provider-Only PCM, 30 min
- **G2065**: Care team PCM, 30 min

Transitional Care Management

- **99495**: TCM, moderate complexity
- **99496**: TCM, high complexity

G0511: General Care Management in RHC/FQHC, including CCM, PCM, and provider-only care management services

Patient Management: Virtual Visits

Virtual Check-In

G2012

- Telephone only with option to enhance with video or other data
- Provider management of new or chronic condition

Remote (Virtual) Evaluation

G2010

- Video or images
- Provider evaluation and follow up within 24 business hours

Technology-based Services, RHC/FQHC

G0071

- Virtual Check-In and Remote Evaluation included in code
- Minimum 5 minutes of provider virtual communication

Patient Management: Digital Visits

- Digital exchanges (patient portal, messaging app) between billing provider and patient over the course of (up to) 7 days
- Time-based service, time is cumulative over the entire service period
- Cannot be billed in RHC/FQHC

Digital E/M Visits

- Physicians and Non-physician providers
- Requires clinical decision-making typically needing an office visit
- CPT codes 99421-99423

Digital Assessments

- Qualified Healthcare Providers (PT, OT, LCSW, Dietician)
- Requires assessment consistent with typical face-to-face care
- HCPCS codes G2061-G2063

Patient Management: E-Consults

Requesting Provider & Consultant Physician must both code the service
Telephonic, electronic, or Internet consultation meets billing requirements

99452 - Interprofessional telephone/Internet/electronic health record referral service, 30 min
Requesting Provider must be eligible to bill E/M visits
Cumulative time over multiple exchanges may count towards the required time

99446 - 5–10 minutes of medical consultative discussion and review, verbal & written report
99447 - 11–20 minutes of medical consultative discussion and review verbal & written report
99448 - 21–30 minutes of medical consultative discussion and review verbal & written report
99449 – 31 minutes or more of medical consultative discussion and review verbal & written report
99451 - 5 or more minutes of medical consultative time, written report only

Primary Care: Patient Management Takes a Team

- Care teams are well-positioned to address care needs
- Resource allocation, including care team responsibilities, will shift over time and level of impact
- Management of many patients can be handled using care team
- Teams can be leveraged in other ways:
  - Nurse Visits (99211)
  - Prescriptive outreach
  - Health education and coaching
  - Connecting with community resources

Beyond Primary Care

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Specialist Level

- Outpatient specialty clinics likely to see decline in volume
- Move to virtual care
  - E-consults
  - Telehealth
- Coordinate efforts between PCPs and other specialty providers
- Transition to care management and virtual services:
  - Prescriptive outreach
  - PCM and other care management
    - Provider-Only PCM

System Level

- Identify areas with increased bandwidth (PT/OT, dietician)
- Leverage resources for prevention and patient management
  - SDOH
  - Behavioral Health needs
  - Financial Stress
- Facilitate partnerships to meet patient needs
  - Home Health
  - Parish Nursing
  - SNF (3 day waiver)

Discussion

Visit https://caravanhealth.com/covid-19/ for resources.

Join Us Next Week

Using CMS's New Guidance on Telehealth

Thursday, March 26 | 9am PT | 12 pm ET

This informative webinar will feature **Dr. Anna Loengard**, Caravan Health Chief Medical Officer discussing the changes and how telehealth option can help clinicians respond to this unprecedented health emergency.

Register online at https://caravanhealth.com/covid-19/.

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www.caravanhealth.com | info@caravanhealth.com | 916.542.4582