COVID-19: Rapidly Reengineering Primary Care

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April 2, 2020
Agenda

- Primary care capacity in COVID-19 crisis
- Anticipating Chronic disease tsunami
- Team based approach to virtual care
- Essential Workflow Redesign
Covid-19 Call to Action in Primary Care

Action is necessary to

• Protect your patients
• Protect yourself and your team
• Protect your practice, revenue, and financial sustainability
• Protect jobs and community
Critical: Comprehensive COVID-19 Rapid Response

Office Teams & Workflows

Community Response: Addressing SDOH, Shelter In Place, Public Health Guidance

Inpatient Response: PPE, Capacity, Ventilators

Office Preparedness: PPE, Screening, Patient Education Campaign
Flattening the curve refers to community isolation measures that keep the daily number of disease cases at a manageable level for medical providers. (Image: © CDC)
Primary Care Must Manage the 80%

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Disease</td>
<td>5</td>
</tr>
<tr>
<td>Respiratory Failure, Shock, Multiorgan Dysfunction</td>
<td>14</td>
</tr>
<tr>
<td>Severe Disease</td>
<td>81</td>
</tr>
<tr>
<td>Dyspnea, Hypoxia, &gt;50% Lung Involvement on Imaging</td>
<td></td>
</tr>
<tr>
<td>Mild to Moderate Disease</td>
<td>?</td>
</tr>
<tr>
<td>No to Mild Pneumonia</td>
<td></td>
</tr>
<tr>
<td>Asymptomatic but Infected</td>
<td></td>
</tr>
</tbody>
</table>
COVID-19: A New Paradigm

Influenza
- Predictable Symptoms
- In-Office Triage
- Rapid Test
- Screen for Complications
- Treat

COVID-19
- Variable Symptoms
- Out-of-Office Triage
- No Rapid Test
- Monitor for Complications
- No Treatment
COVID-19 Capacity Crisis

- Average PCP panel= 2000
- 50% infection rate = 1000 patients with COVID-19
- Of infected, 80% develop mild illness = 800 patients requiring home based care
As of today, are your primary care clinics...

The Calm Before the Primary Care Storm
Chronic Disease: Preparing for a Second Tsunami

Week 1

Week 2

Week 3

Week 4
COVID-19: Managing the Outpatient Tsunami

Anticipated COVID-19 Cases
COVID-19 Home Management
Chronic Disease Management
COVID-19 Hospital/ICU
Monumental Moment in Time For Primary Care

Source: https://www.flickr.com/photos/pahowho/9525240640
Typical Primary Care Inflow

- Refill Request
- Nursing Home Assisted Living
- Wellness Visits
- Specialty Care
- Post Acute
- Routine Follow-Up
- Home Health Hospice Recert
- COVID-19 Triage
- Urgent Non-COVID-19
- ED Follow-Ups

Office Visit
Reengineering Patient Inflow to Primary Care

- COVID-19 Triage
- Urgent Non-COVID-19
- ED Follow-Ups
- Refill Request
- Nursing Home Assisted Living
- Wellness Visits
- Specialty Care
- Post Acute
- Routine Follow-Up
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Telehealth
CCM
PCM
TCM
AWV
Telephone E/M
Virtual Check-In
Office Visit

What percent of your primary care visits do you see moving to telehealth?
Are you concerned a large number of patients won't have web or smart phone access?
New: Telephone E/M Visits

Interim approval to use codes during COVID-19 Public Health Emergency

Audio-only evaluation and management

<table>
<thead>
<tr>
<th>Physician and Non-Physician Provider</th>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td></td>
<td>99441</td>
<td>Telephone E/M Visit, 5-10 min</td>
</tr>
<tr>
<td></td>
<td>99442</td>
<td>Telephone E/M Visit, 11-20 min</td>
</tr>
<tr>
<td></td>
<td>99443</td>
<td>Telephone E/M Visit, 21 or more min</td>
</tr>
<tr>
<td>Qualified Health Care Professional</td>
<td>98966</td>
<td>Telephone Assessment Visit, 5-10 min</td>
</tr>
<tr>
<td></td>
<td>98967</td>
<td>Telephone Assessment Visit, 11-20 min</td>
</tr>
<tr>
<td></td>
<td>98968</td>
<td>Telephone Assessment Visit, 21 or more min</td>
</tr>
</tbody>
</table>
## Now Is the Time for Team-Based Care

<table>
<thead>
<tr>
<th>Service</th>
<th>Billable by Physician/NPP?</th>
<th>Billable by QHP?</th>
<th>Support Staff Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtual Check-In</td>
<td>G2012, G0071</td>
<td>No</td>
<td>Support Workflow</td>
</tr>
<tr>
<td>Remote Evaluation</td>
<td>G2010, G0071</td>
<td>No</td>
<td>Support Workflow</td>
</tr>
<tr>
<td>Digital E&amp;M or Assessment</td>
<td>99421-99423</td>
<td>G2061-G2063</td>
<td>Support Workflow</td>
</tr>
<tr>
<td>Telehealth</td>
<td>Yes</td>
<td>Only applicable services</td>
<td>Contribute to time for applicable services</td>
</tr>
<tr>
<td>Telephone E&amp;M or Assessment</td>
<td>99441-99443</td>
<td>98966-98968</td>
<td>Support Workflow</td>
</tr>
<tr>
<td>Care Management (CCM, TCM, PCM)</td>
<td>Yes</td>
<td>No</td>
<td>Contribute to billable time</td>
</tr>
<tr>
<td>BHI/CoCM</td>
<td>Yes</td>
<td>No</td>
<td>Contribute to billable time</td>
</tr>
</tbody>
</table>
All Hands On Deck
Setting a Course to New Care Models

**Captain**
- Establish new care delivery models and workflows
- Re-imagine provider support in new models

**Navigator**
- Delegate tasks to calibrate efforts to new workflows
- Identify lists for proactive outreach, care management, and follow-up

**Crew**
- Prioritize and operationalize support for care management
- Align across roles and functions to facilitate new care models
Dramatically Different Front Desk Capabilities

Office-based Model
- Manage Appointments/Scheduling
- Verify Insurance
- Check-In/Check-Out
- Manage Records/Information Requests

Remote Care Model
- Triage COVID-19 Incoming Calls
- Schedule Appointments
- Verify Insurance
- Check-In/Check-Out
- Obtain & Document Consent for Virtual Care and Care Management
- Educate Patients about Virtual Care Services
- Assess Patient Readiness for Virtual Care
- Support Patient Use of Technology for Virtual Care
Refocusing IT/HIM Roles

- Modify schedule templates to accommodate new appointment types
  - Telehealth – E/M, Acute, Wellness
  - Telephone E/M
  - Virtual Check-In, Remote Evaluation
  - Digital E/M
  - Office visits
- Establish a clear pathway to virtual care on Portal/Website
- Support technology for telehealth
- Support providers/staff work-from-home
- Revisit down-time procedures and prepare clinical teams
- Support temporary telehealth solutions
- Support telehealth vendor RFP/Contracting
Redefining Billing & Coding Roles

• Shift teams from closed clinical areas to support primary care surges
  • Ambulatory surgical center
  • Elective surgical clinics
• Contact commercial plans to establish NEW coverage
• Master new/expanded coding
• Provider coding support/education
• Audit early on to identify problems
Create Partnerships & Referral Networks to Address Needs

- Paramedicine Programs
- Medicine Banks, Medication Delivery
- Transportation Assistance
- Senior Citizen Centers
- Churches, School Programs
- Meals on Wheels
- School Programs
- Lily Care
- Public/County Health Agencies
- Area Agency on Aging
Putting Workflows to Work
Approaches Will Vary

**Low Risk**
- Under 65
- No co-morbidities, nonurgent
- Delay Wellness, Refills x 3-6 mo
- Add to follow up list
- Establish into new care model

**High Risk**
- 65+
- HTN, DM, CVD, Lung Disease, Depression
- Avoid in-person, Establish home care
- Proactive outreach (CCM, AWV)
- Establish into new care model
Using Provider Time Wisely

Best use of provider time

- Telehealth
- Telephone E/M
- Provider CCM/PCM
- Virtual Care, Digital E/M
Nurse-Led Care Management Is Critical

- Top-of-license care
- Telephonic support
- Between Visit Care
  - CCM
  - PCM
- Transitional Care Management
- Preventive Care
  - Telehealth AWV
  - Proactive, prescriptive outreach
- Telephonic support for COVID-19 home management
Reengineering Patient Inflow

- COVID-19 Triage
- Urgent Non-COVID-19
- ED Follow-Ups
- Refill Request
- Nursing Home & Assisted Living
- Wellness Visits
- Specialty Care
- Post Acute
- Routine Follow-Up
- Home Health Hospice Recert

- Virtual Check-In
- Telehealth E/M or Other Service
- Telehealth Preventive Care
- CCM
- PCM
- TCM
- Telephone E/M
- Office Visit
Reengineering Patient Inflow: COVID-19 Triage

COVID-19 Triage
Urgent Non-COVID-19
ED Follow-Ups
Refill Request
Nursing Home & Assisted Living
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Telehealth Preventive Care
CCM PCM TCM
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Office Visit
Reengineering Patient Inflow: Routine Follow-Up
Reengineering Patient Inflow: Refill Request

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What Type of Service Does the Patient Need?
Discussion

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

Questions or suggestions on future webinars or resources?
Email us at: COVID19@caravanhealth.com
CMS Actions in Response to COVID Public Health Emergency
Friday, April 3rd | 10am PT | 1pm ET

The Centers for Medicare and Medicaid Services just issued a lengthy set of policy changes to address the growing COVID-19 public health emergency. The new rules aim to help hospitals and health providers respond to the crisis quickly and safely. Join Tim Gronniger, President and CEO of Caravan Health, to find out how these new rules impact telehealth, quality reporting, and performance loss relief for MSSP ACOs.

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

Emergency Funding Considerations for Rural Hospitals
Thursday, April 9 | 11am PT | 2pm ET

Over the past several weeks, we have seen the implementation of waivers, expansion in telehealth and related services, and the creation of multiple temporary and permanent funding options. Join Greg Paris, VP of Customer Success and the team at Eide Bailly to discuss how these changes affect rural providers across the nation. The panel will share their insight on revenue cycle, reimbursement, cost reporting and operational components.

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