COVID's Metamorphoses: Risk Adjustment and Telehealth Adaptations in the Age of Coronavirus

PRESENTED BY

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EPISOURCE

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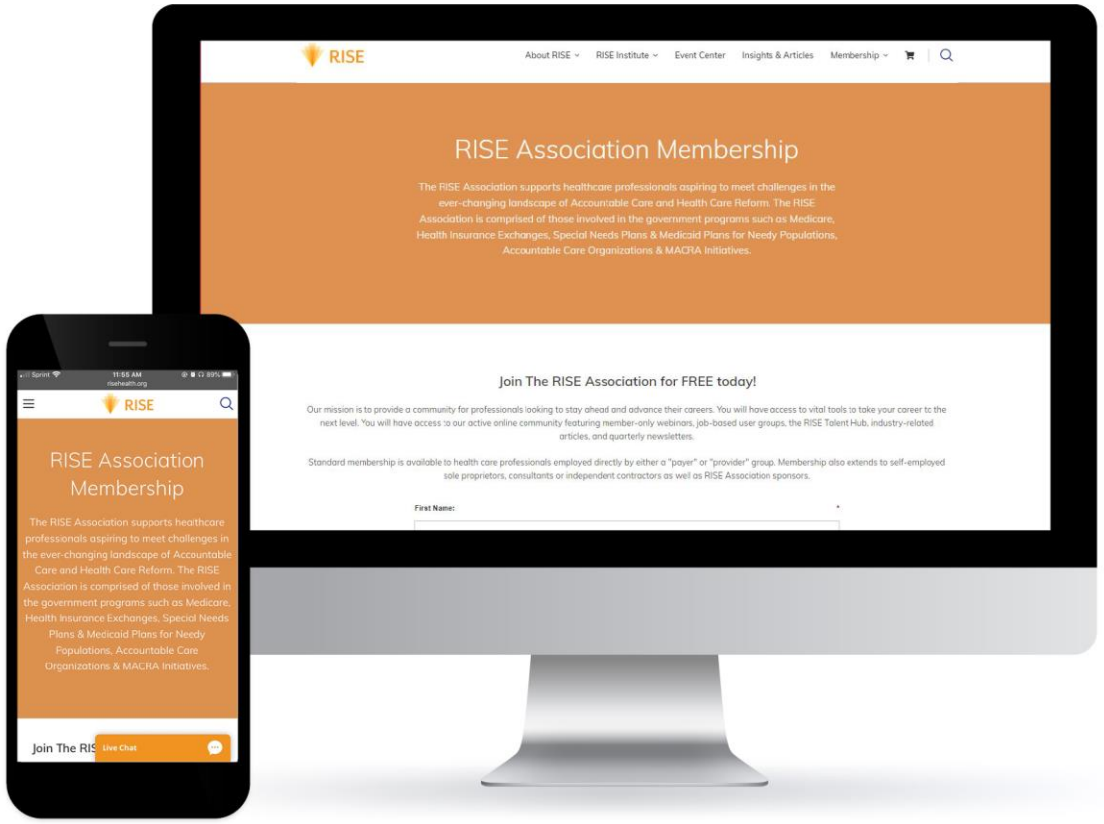

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AGENDA

- COVID's Impact
- CMS Encourages Telehealth
- Why Telehealth?
- Implementing a Telehealth Solution
- Considerations for a Telehealth Solution

An Unprecedented Crisis

COVID-19 related social distancing efforts create serious clinical access issues for the **chronically ill** and **elderly**

Any physical contact creates a high risk for transmission

Clinics & hospitals are overwhelmed with COVID cases and cannot take in non-COVID cases

COVID's Impact on Patient Care

As a result of CDC recommendations,
PCP visits have fallen as much as 80%

Quarantine is creating gaps in care for patients with chronic conditions

62%
of American adults now live with at least one chronic condition

42%
have more than one.

***adapted from** https://www.advisory.com/-/media/Advisory-com/Research/HCAB/Resources/2020/Coronavirus-scenario-planning-HCAB-2020.pdf
** https://www.usatoday.com/story/news/health/2020/04/02/coronavirus-pandemic-jobs-us-health-care-workers-furloughed-laid-off/5102320002/
https://healthlandscape.org/covid19/

COVID's Impact on Risk Adjustment & Quality

2019 Retrospective

Record Retrieval risks disrupting providers

- 2020 HEDIS submission cancelled
- ACA deadline extended, but MA impact is TBD

2020 Prospective

Drop in PCP visits interrupting baseline care of chronically ill population

- Procedures important to quality go unperformed
- Monitoring, evaluation, and treatment of new and chronic conditions has been considerably reduced
- In-home health assessments are inadvisable / irresponsible

CMS Encourages Telehealth

> We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities.
>
> **– Roger Severino, OCR Director.***

CMS recommends all in-person well visits be suspended

1135 Waiver Authority and CARES Act empower providers to use telehealth to fill the gap: allowing providers to deliver part B services via telehealth regardless of member/provider location.

*https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

CMS Encourages Telehealth

The announcement permits the use of **standard in-office E&M codes (CPT 99201-99205, 99211-99215)** via telehealth while the member is in-home.

Additionally, **Home Visits (CPT codes 99341-99345; CPT 99347-99350)** are allowed.

Guidance in CMS' National Stakeholder Call 3/31/2020 is to use the normal CPT you would use for the service with the addition of a 95 modifier.

Why Telehealth?

Telehealth offers several advantages to thwart the spread of COVID-19 and stop it from overwhelming our already stretched medical system:

- Telehealth visits are sufficient to complete an initial assessment and most wellness visits
- Schedule difficult to reach or quarantined members for an assessment
- Ensures treatment in clinical settings is reserved for high-need patients
- Visits are good for answering questions, providing education, and recommending the next steps a patient should take

Population Reach of Telehealth

86%
of Medicaid-eligible people own a smart phone*

- >13% Growth in these areas by Medicaid beneficiaries since 2016**

At least **70%** of Medicaid beneficiaries are interested in using apps that employ voice recognition technology, connect patients to “live” health professionals, and engage with virtual assistants.***

73%
of U.S. adults ages 65 and older say they use the internet

59%
of U.S. adults ages 65 and older say they have access to broadband at home****

Higher-earning Americans are more likely to have access to both

*fig 1 https://www2.deloitte.com/content/dam/insights/us/articles/4673_Medicaid-and-digital-health/figures/4673_fig1.png
**fig 2 https://www2.deloitte.com/content/dam/insights/us/articles/4673_Medicaid-and-digital-health/figures/4673_fig2.png
*** fig 4 https://www2.deloitte.com/content/dam/insights/us/articles/4673_Medicaid-and-digital-health/figures/4673_fig4.png
**** https://www.pewresearch.org/internet/fact-sheet/internet-broadband/

Telehealth For Risk & Quality

Telehealth not new for risk and quality: these visits have long been considered face-to-face and risk adjusting, albeit with more limitations in service type and member location

CMS traditionally required telehealth visits to be synchronous (not recorded) two-way video and audio for it to qualify as “face-to-face.”

Traditional uses of telehealth:

- Consultations in rural areas, where the patient and provider is in a clinical setting
- Informed telephone calls, synchronous chat for therapy, and asynchronous secure messaging for ongoing communications

Acceptability for Risk Adjustment

ACA

Telehealth accepted as a face-to-face visit, and acceptable for risk adjustment

Medicaid

Permitted on a state-by-state basis in accordance with state guidelines; most states do permit telehealth for risk adjustment

MA

While RA has not been addressed specifically yet, prior mentioned CPT codes are generally acceptable for risk adjustment under normal circumstances--even via TH!

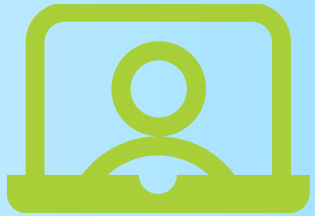
- Further RA guidance from CMS is expected soon

How Telehealth can Help

Empowers PCPs to continue care

Telehealth software platforms enable provider groups to continue seeing patients and meet quality and risk requirements

Never more important to keep members out of the hospital



Replaces or extends your in-home risk assessment programs

Risk & quality focused health risk assessments, tailored for a virtual visit

Particularly important given change in PCP programs

MA HCC Gaps Closed via Telehealth

HCC Count by Visit Type and Assessability

Assessability Scale		In-Home		Telehealth	
		HCC Count	HCC %	HCC Count	HCC %
0	Not Assessable	23	27%	24	28%
1	Conditionally Assessable	30	35%	39	45%
2	Readily Assessable	33	38%	23	27%
	Readily/Conditionally Assessable HCCs	**63**	**73%**	**62**	**72%**

Telehealth Risk Assessment vs In-Home

		Assessability		
HCC	HCC Description	In-Home	TeleHealth	Prevalence
HCC21	Protein-Calorie Malnutrition	●	◑	1.4%
HCC22	Morbid Obesity	●	◑	32.8%
HCC96	Specified Heart Arrhythmias	●	◑	11.3%
HCC103	Hemiplegia/Hemiparesis	●	◑	2.8%
HCC104	Monoplegia, Other Paralytic Syndromes	●	◑	0.3%
HCC106	Atherosclerosis of the Extremities with Ulceration or Gangrene	●	◑	0.0%
HCC107	Vascular Disease with Complications	●	◑	0.4%
HCC108	Vascular Disease	●	◑	12.0%
HCC136	Chronic Kidney Disease, Stage 5	●	◑	1.3%
HCC161	Chronic Ulcer of Skin, Except Pressure	●	◑	1.1%
HCC122	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	◑	○	0.1%

● Readily Assessable

◑ Conditionally Assessable

○ Not Assessable

ACA HCC Gaps Closed via Telehealth

HHS-HCC Count by Visit Type and Assessability

Assessability Scale		In-Home		Telehealth	
		HCC Count	HCC %	HCC Count	HCC %
0	Not Assessable	54	42%	56	44%
1	Conditionally Assessable	47	37%	55	43%
2	Readily Assessable	27	21%	17	13%
	Readily/Conditionally Assessable HCCs	**74**	**58%**	**72**	**56%**

ACA HCC Gaps Closed via Telehealth

V05 HHS-HCC	HHS-HCC Description	Assessability	
		In-Home	TeleHealth
23	Protein-Calorie Malnutrition	●	◑
63	Cleft Lip/Cleft Palate	●	◑
142	Specified Heart Arrhythmias	●	◑
150	Hemiplegia/Hemiparesis	●	◑
151	Monoplegia, Other Paralytic Syndromes	●	◑
153	Atherosclerosis of the Extremities with Ulceration or Gangrene	●	◑
154	Vascular Disease with Complications	●	◑
161	Asthma	●	◑
187	Chronic Kidney Disease, Stage 5	●	◑
217	Chronic Ulcer of Skin, Except Pressure	●	◑
64	Major Congenital Anomalies of Diaphragm, Abdominal Wall, and Esophagus, Age < 2	◑	○
139	Atrial and Ventricular Septal Defects, Patent Ductus Arteriosus, and Other Congenital Heart/Circulatory Disorders	◑	○

● **Readily Assessable**

◑ **Conditionally Assessable**

○ **Not Assessable**

HEDIS Gaps Assessed Via Telehealth

Effectiveness of Care

3 Adult Immunization Status (AIS)*†‡
8 Care for Older Adults (COA) Advance care planning‡
9 Care for Older Adults (COA) Medication review‡
10 Care for Older Adults (COA) Medication list‡
11 Care for Older Adults (COA) Functional status assessment‡
12 Care for Older Adults (COA) Pain assessment‡
14 Pharmacotherapy Management of COPD Exacerbation (PCE)‡
15 Medication Management for People With Asthma (MMA)*†
16 Asthma Medication Ratio (AMR)*†
17 Annual Monitoring for Patients on Persistent Medications (MPM)*†
19 Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)*†‡
20 Statin Therapy for Patients With Cardiovascular Disease (SPC)*†‡
24 Statin Therapy for Patients With Diabetes (SPD)*†‡
25 Disease-Modifying Antirheumatic Drug Therapy for Rheumatoid Arthritis (ART)‡
26 Osteoporosis Management in Women Who Had a Fracture (OMW)‡
27 Antidepressant Medication Management (AMM)*†‡
32 Pharmacotherapy for Opioid Use Disorder (POD)*†‡
33 Diabetes Screening for People With Schizophrenia/ Bipolar Disorder Using Antipsychotic Meds (SSD)*†‡
34 Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)*†‡
35 Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)*†‡
36 Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)*†‡
40 Non-Recommended PSA Based Screening in Older Men (PSA)‡
41 Potentially Harmful Drug Disease Interactions in Older Adults (DDE)‡
42 Use of High-Risk Medications in Older Adults (DAE)‡
43 Use of Opioids at High Dosage (HDO)*†‡
45 Risk of Continued Opioid Use (COU)*†‡
46 Fall Risk Management (FRM)‡
47 Management of Urinary Incontinence in Older Adults (MUI)‡
49 Physical Activity in Older Adults (PAO)‡
52 Medical Assistance With Smoking and Tobacco Use Cessation (MSC)*†‡
53 Pneumococcal Vaccination Status for Older Adults (PNU)‡
54 Unhealthy Alcohol Use Screening and Follow-Up (ASF)*†‡
55 Depression Screening and Follow-Up for Adolescents and Adults (DSF)*†‡
56 Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)*†‡
57 Depression Remission or Response for Adolescents and Adults (DRR)*†‡

Access/Availability of Care

58 Adults' Access to Preventive/ Ambulatory Health Services (AAP)*†‡

Utilization and Risk Adjusted Utilization of Care

62 Identification of Alcohol and Other Drug Services (IAD)*†‡
63 Mental Health Utilization (MPT)*†‡
64 Plan All-Cause Readmissions (PCR)*†‡

Health Plan Descriptive Information

69 Language Diversity of Membership (LDM)*†‡
70 Race/Ethnicity Diversity of Membership (RDM)*†‡

* ACA
† Medicaid
‡ Medicare

HEDIS Gaps Assessed Via Telehealth

Effectiveness of Care

2 Adult Dental Visit (ADV)*†‡
4 Breast Cancer Screening (BCS)*†‡
5 Cervical Cancer Screening (CCS)*†
6 Colorectal Cancer Screening (COL)*‡
7 Chlamydia Screening in Women (CHL)*†
28 Follow-Up After Hospitalization for Mental Illness (FUH)*†‡
29 Follow-Up After Emergency Department Visit for Mental Illness (FUM)*†‡
30 Follow-Up After High Intensity Care for Substance Use Disorder (FUI)*†‡
31 Follow-Up After Emergency Department Visit for Alcohol/Other Drug Abuse/Dependence (FUA)*†‡
38 Transitions of Care (TRC)*†‡
39 Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)*†‡
50 Flu Vaccinations for Adults Ages 18-64 (FVA)*†‡
51 Flu Vaccinations for Adults Ages 65 and Older (FVO)*†‡

Access/Availability of Care

59 Annual Dental Visit (ADV)†
60 Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)*†‡
61 Prenatal and Postpartum Care (PPC)*†

Utilization and Risk Adjusted Utilization of Care

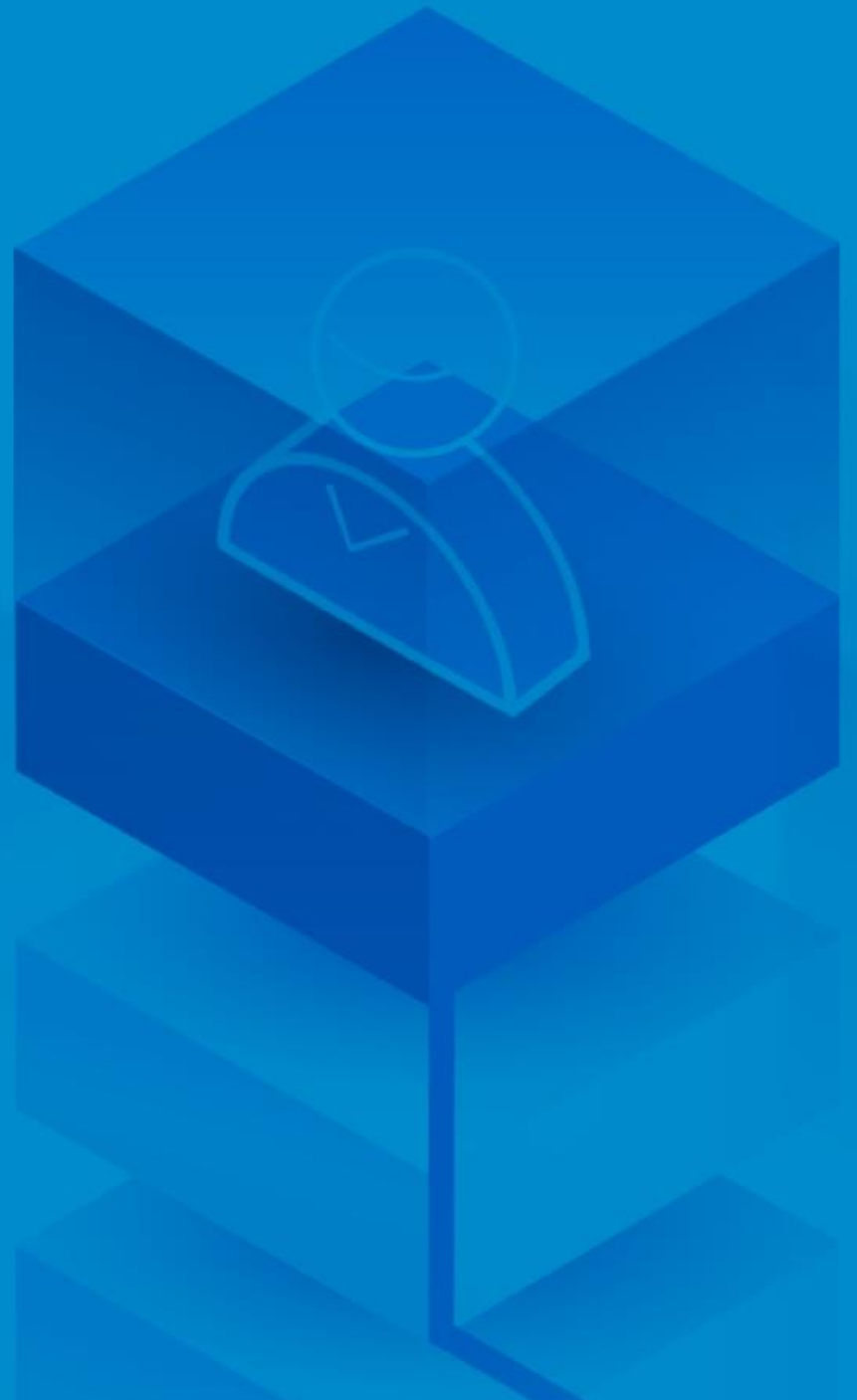
65 Hospitalization Following Discharge from a Skilled Nursing Facility (HFS)‡
66 Acute Hospital Utilization (AHU)*‡
67 Emergency Department Utilization (EDU)*‡
68 Hospitalization for Potentially Preventable Complications (HPC)‡

Health Plan Descriptive Information

69 Language Diversity of Membership (LDM)*†‡
70 Race/Ethnicity Diversity of Membership (RDM)*†‡

* ACA
† Medicaid
‡ Medicare

Implementing a Telehealth Solution



Enabling Providers

Telehealth Platforms

Provides a secure video channel for patient visits

- **App:** Fully web-based, or may require an app for providers and / or patients
- **Scheduling:** May require scheduling in-app or may integrate with practice management system / EMR
- **Notifications:** Handled by the app (SMS/calendar) or handled by the practice itself
- **Other Features:** multiparty conversations (patient side: family member; provider side: NP or specialist

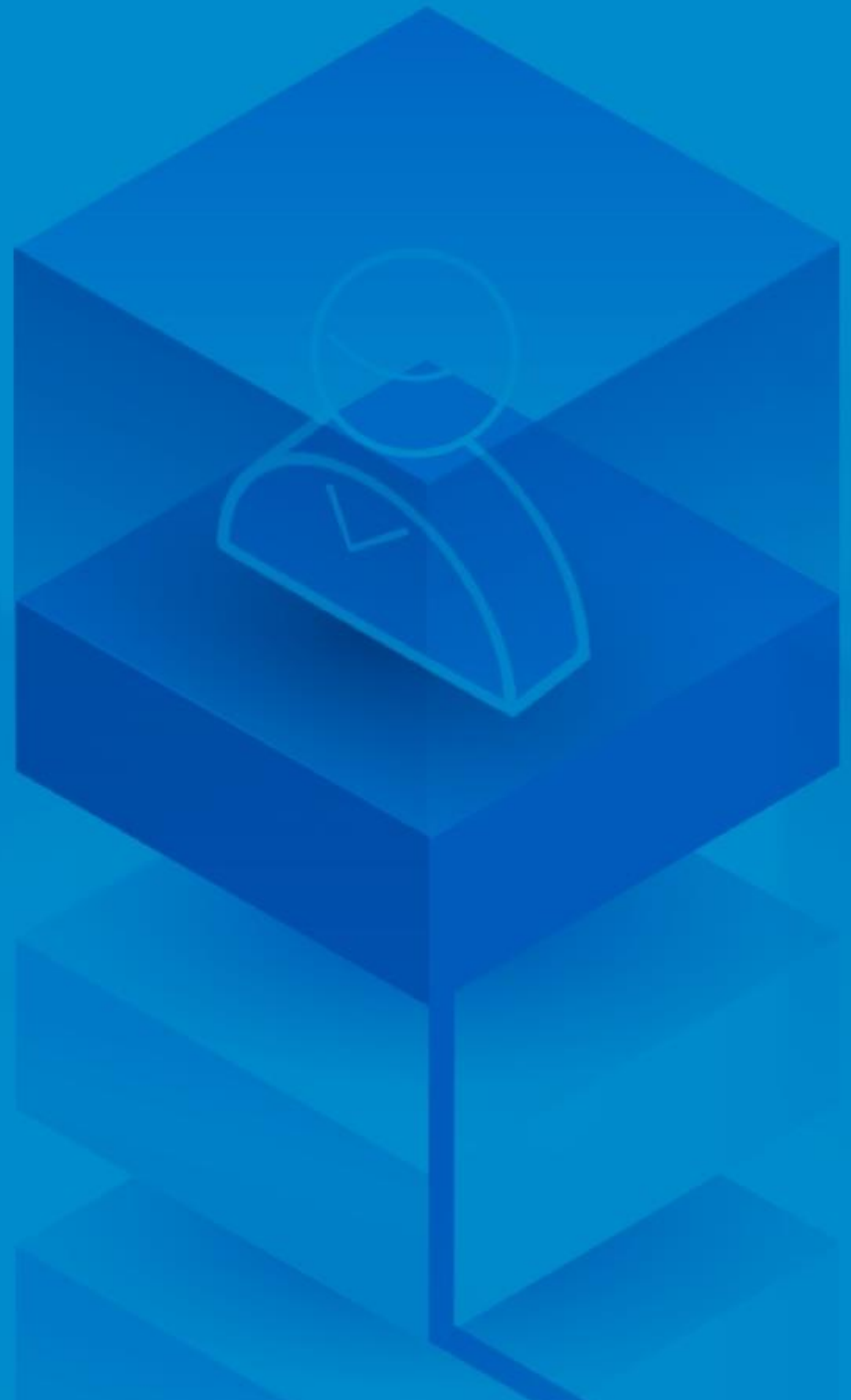
Adjusting your In-Home Program

Telehealth Risk Assessments

Provides a secure video channel for patient visits

- **Scheduling:** New scripts to vet member readiness (device / internet access)
- **Assessment:** Updated provider training and assessment software to help providers to conduct best possible visit via telehealth
- **Diagnostics:** Mail in labs, or diagnostic-only follow-up visits later in the year
- **Other:** Tech support, member device programs (limited use phones tablets) for the most at-risk

Considerations for Telehealth Services



Is it secure?

- Are there privacy concerns?
- Does it have end-to-end encryption?
- Is it HIPAA compliant?

Is it scalable?

- Can it handle a member population immediately?
- How does it do under stress?

Is it immediately usable?

Keep it simple!

- Does it require a download?
- Do users have to register or configure it?
- Does it require a certain platform?
- Does it provide reminders?

Is it easy to implement?

- How quickly can you get the service up and running?
- How easily can it integrate into your workflow?

Immediate Benefits of Telehealth

- Improve public safety by coordinating communities to fight the spread of disease
- Better outcomes for high-risk members
- Flexibility to adapt to the current emergency
- Continue member engagement through additional, easy to access options

The Long-Term Benefits of Telehealth

- Keeping people out of clinics
- Reducing transportation issues
- Rural visits
- Additional option beyond a physical visit

Takeaways

- **1135** waivers allow Medicare to pay for office, hospital, and other visits furnished via telehealth across the country, including a patient's home starting March 6, 2020 and at least until the termination of the emergency declaration
- Telehealth visits are face to face and risk adjust for many populations; MA TBD but promising
- Effective way to continue care and close gaps by enabling provider groups and continuing in-home assessment programs