SC MGMA Fall Webinar Series
Introduction

September 16, 2020

Telehealth & Remote Patient Monitoring
Basic Implementation Strategies
South Carolina Telehealth Alliance

Sonya Frankowski, MPA
Coordinator for SC Telehealth Alliance

Beth Hyman, MHA
Healthcare Consultant at WebsterRogers

Nelda Fields, FHFMA, FACMPE, MBA
Healthcare Services Group Director at WebsterRogers

WebsterRogers LLP

WebsterRogers LLP is a leading South Carolina-based accounting and consulting firm that provides a broad spectrum of assurance, and tax and advisory services to our clients. Founded in 1984 on the principles of quality, integrity and dedication to client service, our success is directly related to our strong commitment to both our people and our clients. WebsterRogers offers the degree of personal attention, responsiveness and accessibility our clients expect and deserve—coupled with national resources that can satisfy their needs.

South Carolina Telehealth Alliance

The South Carolina Telehealth Alliance (SCTA) is a statewide collaboration of many organizations joining forces to expand telehealth services across the state. The SCTA provides guidance, assists with strategic development, and advises on technology and standards to develop an open-access network. This open-access network gives all South Carolina residents access to quality health care, while effectively managing the cost of providing care.

Healthcare Services Group

For over 30 years, our professionals have helped healthcare providers make intelligent, informed business decisions, and find creative solutions to drive growth and reduce risk.

WebsterRogers works with a variety of healthcare organizations, including health systems, primary care and specialist practices, RHC/ FQHC, ambulatory surgery centers, dentists and other ancillary services. Our dedicated team of healthcare professionals assists our clients with accounting, tax, payroll and employee benefits, consulting, compliance, and other healthcare specialty services to help them reach their goals. We work within the healthcare industry to drive efficiencies, knowledge, and compliance.
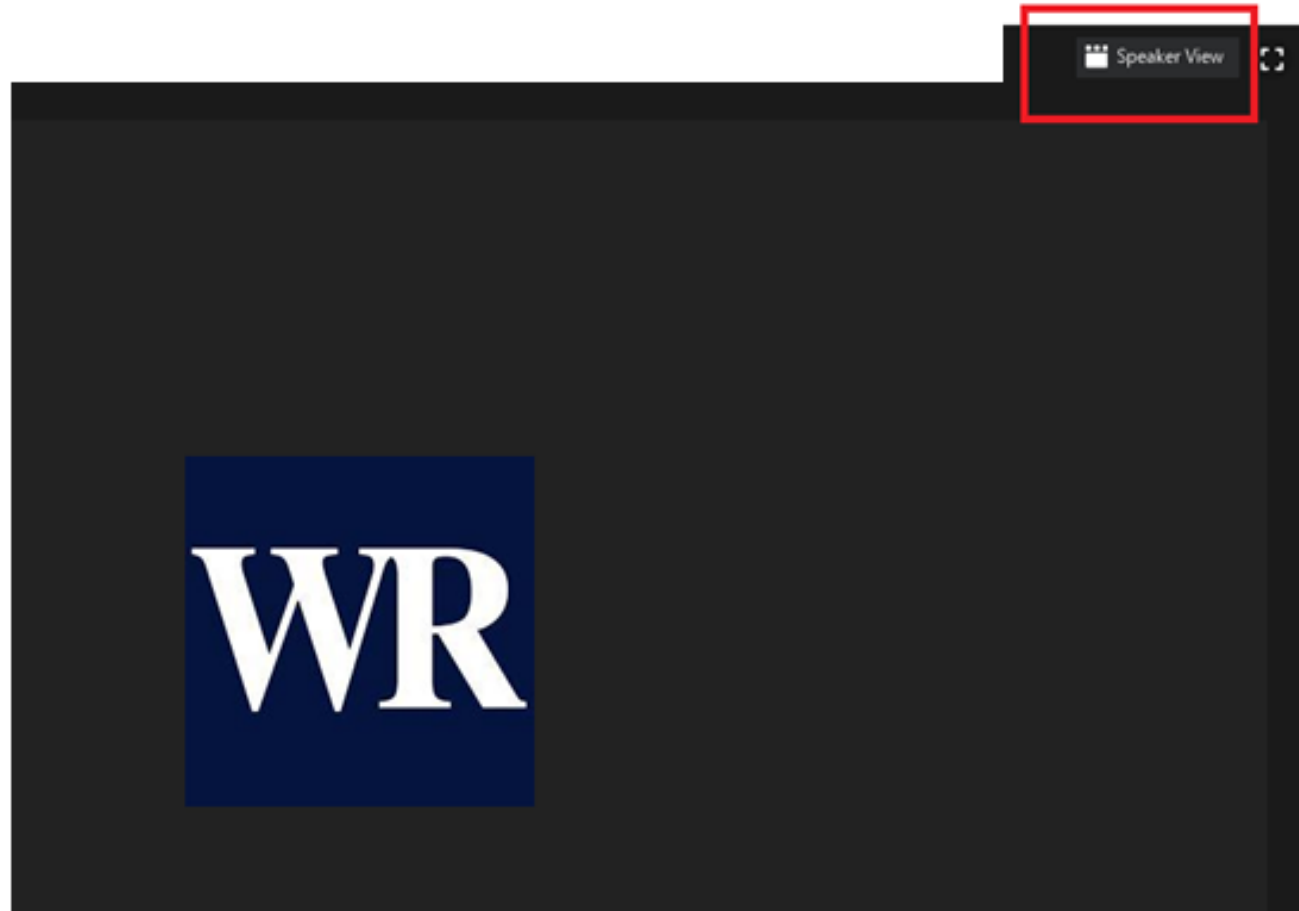
Physicians and practice managers look to us for benchmarking, compensation model design, reimbursement assistance, external chart coding and billing audits, and understanding new opportunities.

Healthcare Services Group

SERVICES

- Telehealth Implementation
- Chronic Care Management
- Transitional Care Management
- Remote Patient Monitoring
- Annual Wellness Visits
- Care Gaps with Payers
- Quality Initiatives
- Billing, Coding, Documentation Analysis
- Benchmarking
- Reimbursement
- Regulatory (MIPS, MU)
- Business Valuation/Fair Market Value Analysis

- RVU Production Analysis
- RAC Audit
- External Chart Review
- Cost report preparation
- Electronic Health Record Compliance
- Electronic Health Record Implementation
- Benefit Plan Audits
- Financial Statement Reviews
- Internal Control Assessments
- Cost Segregation Studies
- Outsourced practice management
- Practice assessment

- Compensation Model Design
- Strategic Planning
- Physician Compensation
- On-call compensation
- Fee schedule analysis
- Credentialing assistance
- Agreed-upon procedure audits
- Federal & State Tax
- Property & Sales Tax
- Bookkeeping & Payroll Services
- Workflow/Operational Improvements
- Regulatory Visit Preparation (DNV, TJC)

Zoom "Speaker View"

Today's Agenda

- ❑ Telehealth & Remote Patient Monitoring

- ❑ COVID & Telehealth

- ❑ Setting up Telehealth

- ❑ Communication & Promoting Telehealth

- ❑ Future of Telehealth & Opportunities in South Carolina

- ❑ SCTA & Resources for Telehealth

Telehealth

Synchronous

- Real Time Telephone Calls
- Live Audio-Video Interaction

Asynchronous

- Store and Forward Technology
- Patient Portals

Remote Patient Monitoring

- Clinical Measurement Reporting
- Patient wearable devices

What's the difference between Remote Patient Monitoring & Telehealth?

- Remote patient monitoring = the **use** of a specific technology to facilitate interaction between clinicians and patients at home.

- Telehealth is a broader term that refers to the **entire industry**, methodology and technologies that enable that type of healthcare.

- Remote patient management, then, just becomes a part of telehealth.

Remote Patient Monitoring Features

Monitoring programs can collect a wide range of health data from the point of care such as:

- vital signs
- weight
- blood pressure
- blood sugar
- blood oxygen levels
- heart rate
- electrocardiograms

- Monitoring programs create a variety of avenues to keep patients healthy & reduce hospitalizations and readmissions.

Importance of Telehealth & Remote Patient Monitoring

- Improved Chronic Conditions Mgmt
- Reduced Emergent Visits & Readmissions
- Increased Revenue Streams
- Reduced Burden on Healthcare Systems
- Improved Patient Outcomes
- Better Quality of Care
- Increased Patient Accountability & Education
- Supporting Patient-Centered Care

Legislative & Policy Changes Affecting Telehealth Utilization

- HIPAA Flexibility to include new technology platforms.

- Federally qualified health centers (FQHCs) and rural health centers can serve as eligible sites of care for telehealth services during the COVID-19 response.

- Waiver allowing healthcare providers to use telehealth wherever the patient is located.

- Providers may see both new and established patients.

- Out-of-state practitioners permitted to provide telehealth services in another state.

Telehealth Waivers

Centers for Medicare and Medicaid Services released waivers to increase access to and coverage for telehealth during COVID-19:

Key waivers relevant for ambulatory providers include:

- **No geographic restrictions**

- Patients are allowed to be **home** during telehealth interactions

- Providers are able to provide services when at **home**

- Reimbursement for **180 different codes**, including codes for live video and audio-only telephone

- **Reimbursement rates are the same as if services had been provided in-person.** Audio reimbursement rates have also been increased

Future extension of waivers unknown-many payers suggesting waivers lasting until October 1, 2020.

Pre & Post COVID Changes

PRE-COVID FOUNDATION

- Growth in telemedicine steady and consistent

- Cheaper, easier to use and more reliable technology

- Increasing consumer comfort level with technology

- Many digital natives entering workforce

- Improving reimbursement landscape

- Good fit for volume to value

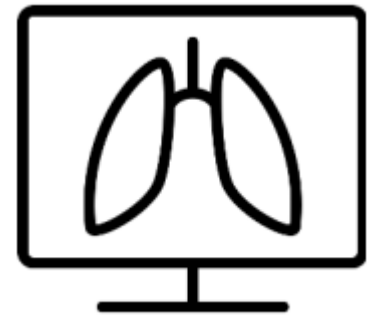Acknowledgement: Joe Kvedar, MD

POST-COVID CHANGES

- Stay at home orders in every state

- Preservation of PPE, limited testing, and protection of healthcare workers and resources

- Need for technology to help with triage of potential infected patients as well as ongoing care of chronic diseases

- Many barriers removed to telemedicine (technology, reimbursement, licensing)

How can Telehealth be used in response to COVID-19?

Monitoring symptoms

- Phone screenings and virtual visits assist with deciding when to escalate a case

Caring for Inpatients

- Quality care can be provided without contact thus reducing risk for providers, patients and caregivers.

Providing Healthcare Remotely

- Providing care to those who are self-quarantining in their homes can greatly reduce capacity in healthcare settings and reduce exposure, especially for the most vulnerable

Protecting Healthcare Workers

- Healthcare workers are constantly exposed to COVID-19, which could lead to a workforce shortage among healthcare providers if they must quarantine

How can Telehealth & RPM be used in response to COVID-19?

As the country continues to battle the COVID-19 pandemic, these virtual tools, including telehealth, remote monitoring technologies, and wearables, will become a way of life for patients and will likely replace some in-person care.

- As tech giants like Apple and Fitbit improve the health monitoring capabilities of smartwatches and wearables, these devices will collect vital health data the same as your car dashboard but for your health!
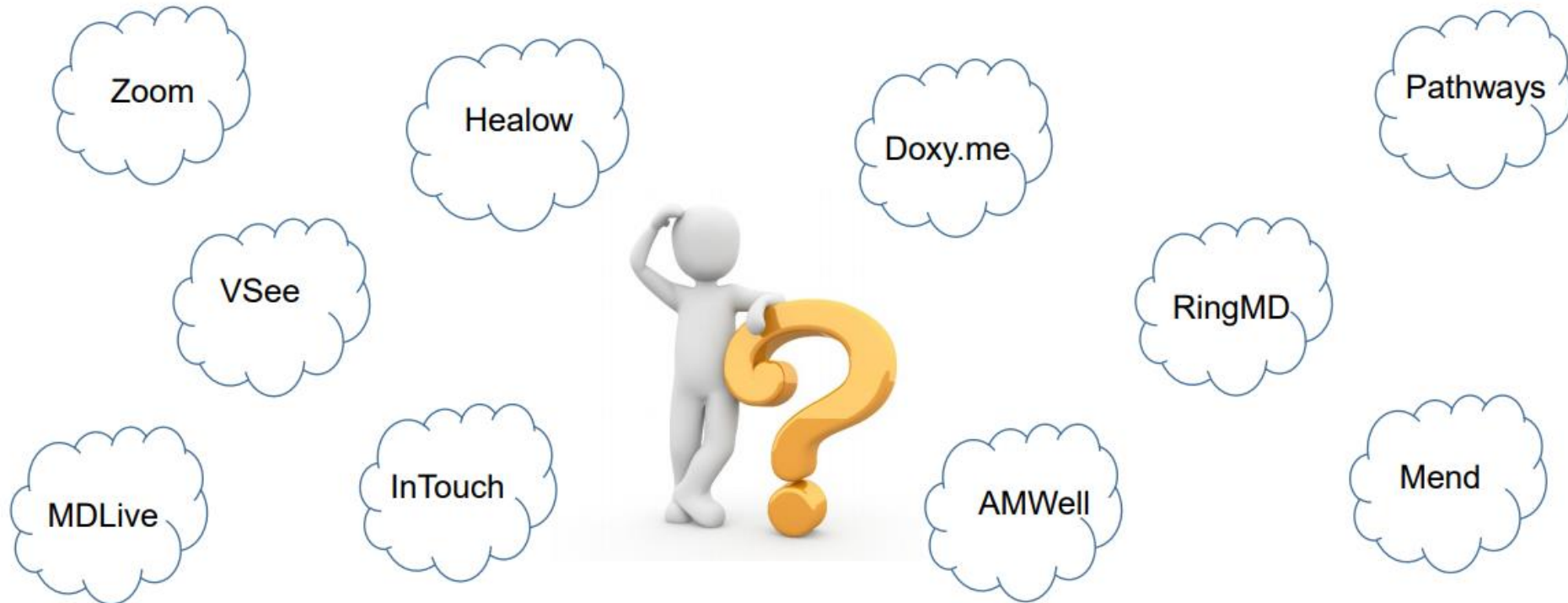
Remote Patient Monitoring Reimbursement

CPT Code	CPT Code Description	Reimbursement*
CPT Code 99453	Initial set up and patient education on use of equipment.	**$21.00** **(one-time fee)**
CPT Code 99454	Supply of devices, collection, transmission, and report/summary services to the clinician	**$69.00**
CPT Code 99457	Remote physiologic monitoring services by clinical staff/MD/QHCP for first 20 minutes of RPM services.	**$54.00**
CPT Code 99458	Remote physiologic monitoring services by clinical staff/MD/QHCP that exceeds first 20 minutes of RPM services	**$43.00 (estimation)**

*Based on current CMS Physician fee schedules

Setting up Telehealth

Choose a Platform

Zoom

Healow

Doxy.me

Pathways

VSee

RingMD

MDLive

InTouch

AMWell

Mend

Organize your Scheduling Workflow

1) Have a PLAN!

2) Start SMALL! One to two visits at the end of the day- Remember, this is new for patients as well.

3) Identify priority patients for telehealth

4) Educate patients using a script

5) Convert patients to telehealth

6) Visit by telehealth …but have a back-up plan (expect technology hiccups)

Telehealth Checklist – Online Scheduling

Online scheduling experience

☐ Can you find yourself online and schedule an appointment? Does a Google search show you offer telehealth services and connect patients to your online scheduler?

☐ Does your online scheduling process make it clear that telemedicine is a visit option?

☐ Is the telemedicine visit option clearly differentiated from other types (e.g. color, checkbox or another identifier)?

☐ Are telemedicine visit hours accurate and synchronized for changes to provider availability?

☐ Is the telemedicine visit incorporated into the automated reminder system? Is the automated reminder customized to clearly explain that this is a telehealth visit and not in-office?

Telehealth Checklist – Confirmation

Confirmation message content

☐ Did you receive a confirmation message (email, text or voice) for your successful schedule request?

☐ Did the message state it came from your practice and address the person by name? Did it include simple instructions on how to access the upcoming session? Did it include the visit date and time?

☐ Did the message include a calendar invite/ appointment reminder?

☐ Did the message include instructions to complete intake/ consent forms from your patient portal?

☐ Was there a simple one-click visit initiation to start the video session?

☐ Was there information about text, chat or phone support for glitches or for those who are confused or tech-challenged?

☐ Are communication options available in multiple languages and automated?

Telehealth Checklist-Visit & Post Visit

Visit and post-visit experience

☐ During the session login process (preferably before the session starts) or after the session at checkout, are co-pay amounts presented properly? Could you pay online with a credit or debit card? Could you see your outstanding balance for past charges and make an additional payment?

☐ Did you make available prescription and orders instructions? Did you see the preferred pharmacy for prescriptions? Could you make changes?

☐ Could you capture accurate charges in a familiar EHR or billing system? Did your telehealth visit show up on your regular statement with in-person visits and not separate for the telehealth visit?

Future of Telehealth in South Carolina

Bridging the Broadband Gap

On August 3rd, Senator Lindsay Graham met with healthcare leaders across the state to introduce the
"Governor's Broadband Development Fund"

- $10 billion to the Broadband Development Fund and would focus on bringing broadband to areas that don't have it while reducing the cost of the service.
- South Carolina would receive roughly $170 million from this program.
- Each state is provided a minimum of $75 million and the rest is distributed on this basis of state population.
- Telemedicine has played a large role during the pandemic, and every South Carolina needs broadband internet to have access to it.

"The Genie's Out of the Bottle"!

"I think the genie's out of the bottle on this one. I think it's fair to say that the advent of telehealth has been just completely accelerated, that **it's taken this crisis to push us to a new frontier, but there's absolutely no going back.**"

Seema Verma
Administrator for the Centers for Medicare and
Medicaid Services (CMS)

SC Telehealth Alliance (SCTA)

Mission:

Improve the health of all South Carolinians through Telehealth

- Funded by the SC Legislature (also leverage other external grants)
- Administered out of the MUSC Center for Telehealth
- Statewide collaboration of many organizations joining forces to expand telehealth services across the state.
- Guided by Advisory Council
  - Dr. Jimmy McElligott (MUSC) and Kathy Schwarting (PCC) co-chairs
  - Representation from Prisma, McLeod, SCDMH, SCDHHS, SCHA, SCETV, Rural Health Clinic.
  - SC General Assembly Members (2)

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Award-Winning Collaboration

In 2019, the SCTA received the American Telemedicine Association's (ATA) Presidents Award for the Transformation of Healthcare Delivery

- Statewide strategic plan
- Workgroups to advance strategic priorities
- Quarterly and Annual Reports to State legislature

COLLABORATIVE CLINICAL & WORKGROUP PARTNERS

ANMED HEALTH · etv · ROPER ST. FRANCIS HEALTHCARE · South Carolina DEPARTMENT OF CORRECTIONS

Beaufort Memorial · LRMC LITTLE RIVER MEDICAL CENTER · +rmc the Regional Medical Center Orangeburg, SC · DMH South Carolina Department of Mental Health

BHSA · McLeod Health · SOUTH CAROLINA AHEC · SCHA South Carolina Hospital Association

MUSC Health Medical University of South Carolina · South Carolina Children's Hospital Collaborative · SOUTH CAROLINA OFFICE OF RURAL HEALTH

Blue Cross Blue Shield South Carolina · PALMETTO CARE CONNECTIONS · South Carolina DAODAS · UNIVERSITY OF SOUTH CAROLINA

careSOUTH carolina · PRISMA HEALTH. · SOUTH CAROLINA DEPARTMENT OF EDUCATION · Spartanburg Regional Healthcare System

CLEMSON UNIVERSITY · Riverside PEDIATRICS · Healthy Connections MEDICAID · TIDELANDS HEALTH

AND MANY OTHERS
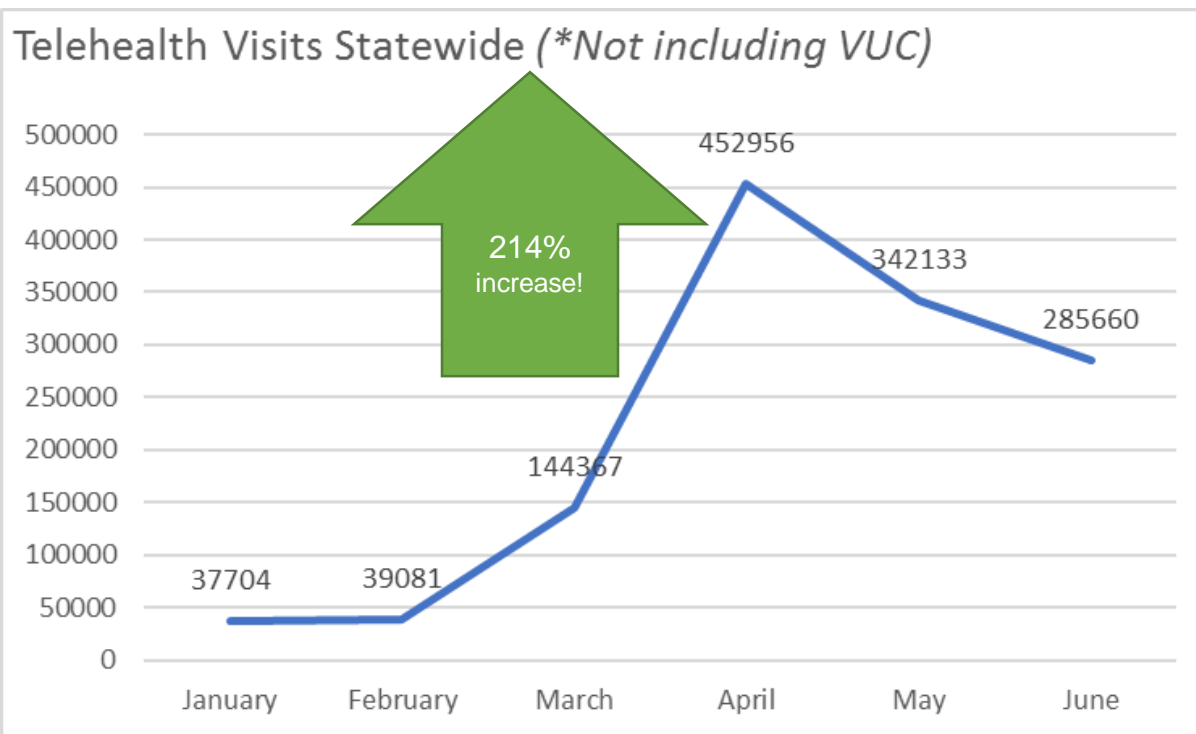
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Telehealth and COVID-19 – Supporting Access across the Care Continuum

- Virtual COVID-19 screenings with referrals to remote specimen collection sites for testing

- Telehealth Conversion of Ambulatory Care

- COVID-19 Remote Patient Monitoring

- Reducing Health Care Worker Exposure to COVID-19
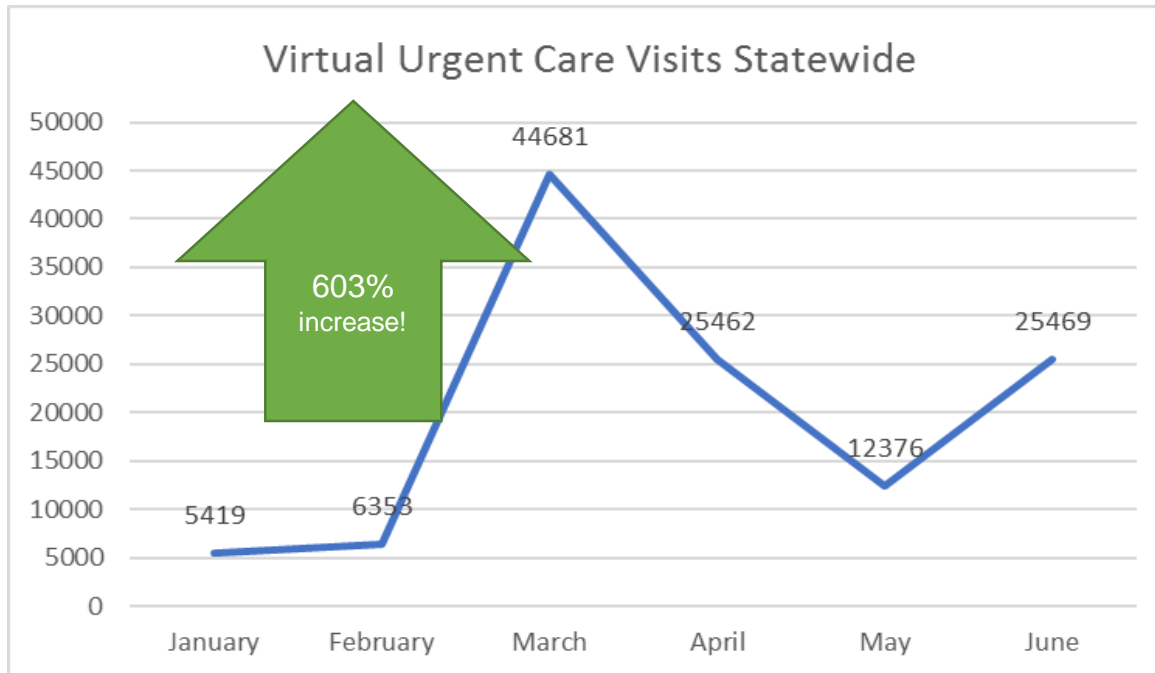
- Telehealth Patient-Family Connection

SCTA Q2 Report - Telehealth Utilization during COVID-19

Telehealth Visits Statewide (*Not including VUC)

Synchronous Audio and/or Video Visits (not including Virtual Urgent Care)

From January 1 through June 30 – survey respondents reported an aggregate total of 1,301,901 telehealth visits in South Carolina

SCTA Q2 Report - Telehealth Utilization during COVID-19

Virtual Urgent Care Visits Statewide

44681

603% increase!

25462

25469

5419

6353

12376

January   February   March   April   May   June

Virtual Urgent Care (VUC) Visits

Survey respondents reported an aggregate of 119,760 virtual urgent care visits from January 1 through June 30th in South Carolina

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SCTA Q2 Report - Telehealth Utilization during COVID-19

- Respondents also noted the importance of temporary telehealth policy changes in their ability to provide continuity of care and maintain patient access during the COVID-19 crisis.
  - Removed originating site and rurality restrictions
  - Expanded provider and service types

- All respondents reported they intend to continue to incorporate telehealth into their operations post-COVID, so long as reimbursement and policy support operational sustainability of telehealth programs.

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Resources & Opportunities for Telehealth Stakeholders

SCTA Instance of Doxy.me

- The SCTA has extended its clinic instance of Doxy.Me statewide at no cost during the COVID-19 crisis

- A clinic instance includes screenshare, group calls, and photo functionality

- Complete this request form to request a free user account!

Resources & Opportunities for Telehealth Stakeholders

- [Program Request Form](#)

- [SCTA](#) and [Palmetto Care Connections](#)' newsletters and other promotional opportunities
  - Telehealth Awareness Week: October 19-23, 2020

- [Palmetto Care Connections' (PCC) 8th Annual Telehealth Summit](#)
  - Virtual – 3 half days (Oct 9, 16, and 23)
  - Free registration

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"Share Your Support" Campaign

SCTA and PCC are collecting South Carolinians' voices of support and telehealth stories to share with policymakers and the general public.

Share Your Support
Sign on to support the recommendations outlined in the SCTA Position Statement

- Coverage and Payment for Telehealth Services
- Removal of Originating Site and Geographic Restrictions
- Minimal administrative burden

Share Your Story
Tell us about your own experience with telehealth as a patient, provider or other stakeholder

- Help put a human face on healthcare policy issues
- Help others understand the issue and its impact on South Carolina

Share Your Support Link: Share Your Support/Share Your Story Campaign

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THANK YOU

Contact Information:

Beth Hyman: beth.hyman@websterrogers.com

Sonya Frankowski: Sonya@SCTelehealth.org

Nelda Fields: Nfields@webstrrogers.com

General Healthcare Questions: Healthcare@websterrogers.com

Resources

- https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/

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