TELEHEALTH AND COVID-19
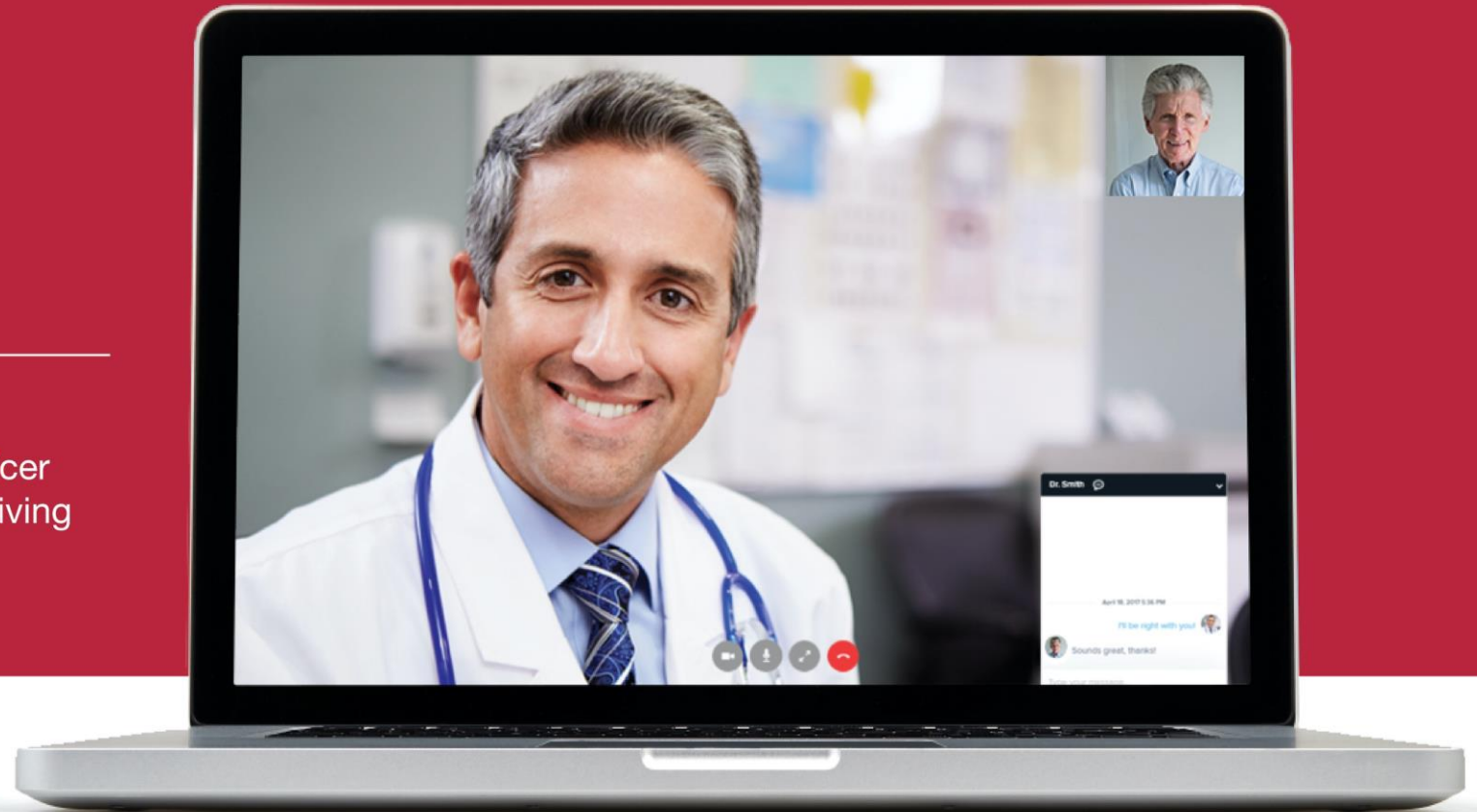## SERVING PATIENTS IN CHALLENGING TIMES

SPEAKERS

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Declared Pandemic

- On March 11, the World Health Organization (WHO) declared Coronavirus (COVID-19) a pandemic.

- No known effective therapeutics against the virus

- There is no immunity and no vaccination

- Estimates are 60-70% of world population could be infected if we don't control

- Has begun to affect commerce and the protection of health of all humans

NAHC Requests CMS Consideration

- On the same day as the WHO announcement, Bill Dombi, President of National Association for Homecare and Hospice, submitted a letter to CMS requesting 'sweeping changes' to assist agencies in fighting this current virus.

- Among the most important requests made was one for telehealth-based encounters:
  - Telehealth to count toward LUPA thresholds so that reimbursement is not affected
  - Remote care monitoring to be reimbursed by Medicare and Medicaid

Telehealth to Fight the Coronavirus

- Telehealth can keep people healthy during the outbreak

- The virus is spread person to person

- Healthcare workers are in the most danger since they care for those with the virus
  - Many healthcare workers are stretching thin and do not have enough protective gear, therefore the virus among healthcare workers is imminent

- A study JAMA published in February suggests the virus has had a 41% rate of transmission in hospitalized patients
  - 40 of these were healthcare workers and 17 were patients hospitalized for other reasons

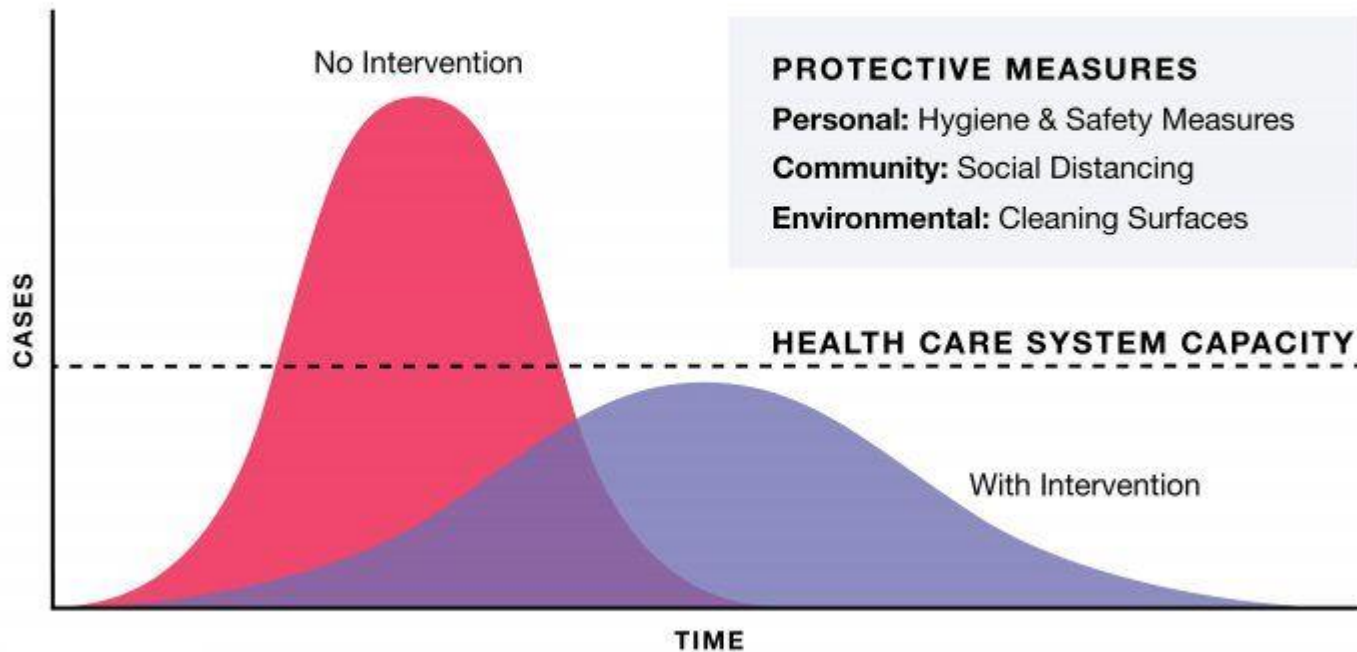# A Myriad of Telehealth Uses during the Pandemic

- Those becoming ill at home and self-quarantining can check in with physician/provider via telehealth monitoring to reduce the risk of infecting others in physician offices, urgent care centers, or emergency rooms

- Telehealth reduces the strain on ERs, physician offices and hospitals

- It takes less than five minutes to set up telehealth using a smartphone, laptop or desktop computer.

- In China, telehealth is already on the rise as a result of this crisis. One telehealth company had 400,000 online inquiries in 4 weeks!

Prevention and Testing Key to "Flatten the Curve"

Flatten the Curve

Collective action can limit the rise of new COVID-19 infections and help hospitals manage increased demand for care.

No Intervention

PROTECTIVE MEASURES

Personal: Hygiene & Safety Measures
Community: Social Distancing
Environmental: Cleaning Surfaces

CASES

HEALTH CARE SYSTEM CAPACITY

With Intervention

TIME

Source: CDC

"How we respond to this challenge right now will determine what the ultimate end point will be."

-Dr. Anthony Fauci, Director
National Institute of Allergy and Infectious Disease
White House Presidential Briefing March 14, 2020

Stay at Home

- With what we know so far, we must do everything we can to keep patients at home

- We need to do what we can to keep our clinical staff safe

- To date, about 60% of large hospitals have some sort of telehealth

- Those who use telehealth report a 35% improvement in patient outcomes

- Telehealth infectious disease consultations can reduce length of hospitalization (if necessary)

- Telehealth provides prompt care to decrease symptoms and spread of the disease

Empower Your Staff

- Telehealth can provide better use of resources

- Telehealth can enable your staff to stay healthier by eliminating the risk of exposure

- Telehealth can improve patient outcomes

Telehealth – Time is NOW!

- The Centers for Disease Control (CDC) released a statement recommending telehealth services to assist healthcare professionals in the care of patients affected by COVID – 19.

- Telehealth is now reimbursable based on $500M funding approval from Federal Government to combat coronavirus.

- Medicare waived geographical restrictions on telehealth. Physicians compensated via virtual visits.

- John Hopkins predicts 9.6 million will need to be hospitalized and 3 million will need ICU care. There are only 100,000 ICU beds across the U.S.A., with the majority treated at home.

  Question is no longer "Why telehealth?"

SPEED TO DEPLOYMENT is imperative!

Speed To Market is Imperative

- What tech to utilize? So many to choose!
- How long to customize new telehealth system?
- Who will develop workflow and build the clinical pathways?
- Who will respond to the telehealth alerts?
- Medical or Non-Medical?
- M-F/8a – 5p? 365 Days – 24/7?
- Who will program each patient's telehealth?
- Who deals with training the patient? Troubleshooting?
- Who will train my marketing team?
- Do we build the collateral from scratch?

Epidemic will be over if deploying on own

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Connected Home Living

Connected Home Living (CHL) prevents avoidable readmissions by blending live 24/7 professional Remote Care Coordination, with the latest intuitive remote patient monitoring, providing timely intervention, bridging external care services, and addressing patient psychosocial needs.

Connected Home Living is a Leader in Remote Care Monitoring

- **75%** Human Connection
- **15%** Workflow and Protocol
- **10%** Technology

Turnkey Solution

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Technology

In concert with the Home Health Agency (HHA), Hospital, Physician Group, or ACO's direction, each Remote Patient Monitoring (RPM) is personalized, based on medical condition, wellness plans and vital parameters.

- Manage Kits:
  - Tablet
  - Built in 4G Internet
  - Video Call/Triage

- Wireless Med Devices
  - Pulse Oximeter
  - Blood Pressure Monitor
  - Weight Scale
  - Optional: Thermometer, Glucose

- BYOD (Bring Your Own Device):
  - Smartphone, tablet or computer
  - Lower in Cost
  - Ease of deployment

We are HIPAA compliant!

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Technology

- Pre-Built Clinical Tools:
  - Patient Dashboards – filtered and actionable patient dashboards and alerts
  - Clinical Charting – documentation and coding for reimbursement
  - Medication Management – RXNorm-coded medication tracking
  - Virtual Visits – high-definition, multi-party video conferencing
  - Real-time access and views to patient data for designated members of the care team with appropriate levels of access based on security access privilege
- Integrated with most EMRs

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Remote Care Coordinators

The majority of CHL patients utilize our service in the home environment, assigning each patient with a live 24/7 Remote Care Coordination team member, and the latest remote patient monitoring (RPM).

RCC duties include:

- Video-conference with the patient daily for the first 14 days +
- Check vitals and responses to Care Pathway questions
- More than 1,100 Educational Videos (I.e. Chronic conditions, Coping with illness, Meds)
- Call with medication reminders, set up transportation
- Socialize with the patient to provide companionship and build rapport
- Available 24/7 for patient contact
- Any high alerts are reported to our clients on-call staff, medium alerts are sent through email with photos related to the patients' condition

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Key CHL Focus Areas:

- Constant Monitoring
  - Latest RPM (tablet/BYOD)
  - Proactive Outreach

- Timely Intervention
  - Live 24/7 Remote Care Coordination
  - Video Triage/Picture

- Extension to Clinical and Care Professionals
  - Reminders
  - Follow Up Task Between Visits

- Bridge Basic Social Determinants
  - Coordinate Transport
  - Assist with Pharmacy refill, Replenish Supplies

- Psychosocial Needs
  - Companion to Lonely and Isolated
  - Volunteer Group

- Close Loop Reporting
  - Proactive Reporting/Update to Entire Care Team
  - On Demand Reporting via Portal

CUSTOM INTEGRATION

EASILY ADOPTED

IMMEDIATE RESULTS

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Remote Care Coordinators and Volunteers

Social isolation is prevalent with seniors living alone. "Silent Killer" – per AARP

- Constant Companionship
  - Connect at personal level
  - Same small group of RCC throughout care
  - Monitor changes in behavior and physical changes
  - Always "reason to look forward call"
  - Coordinates Concierge Services

- CHL Volunteer Program
  - High School/College Volunteers (Community Service)
  - Intergenerational Connection
  - Video-to-Video interaction:
    - "Website of the Day"
    - "Walk Through Memory Lane"
    - "Check my neighborhood"
    - "Meet my friends and family"

Evergreen Valley High

Coronavirus Screening
Patient Experience

Screening Experience
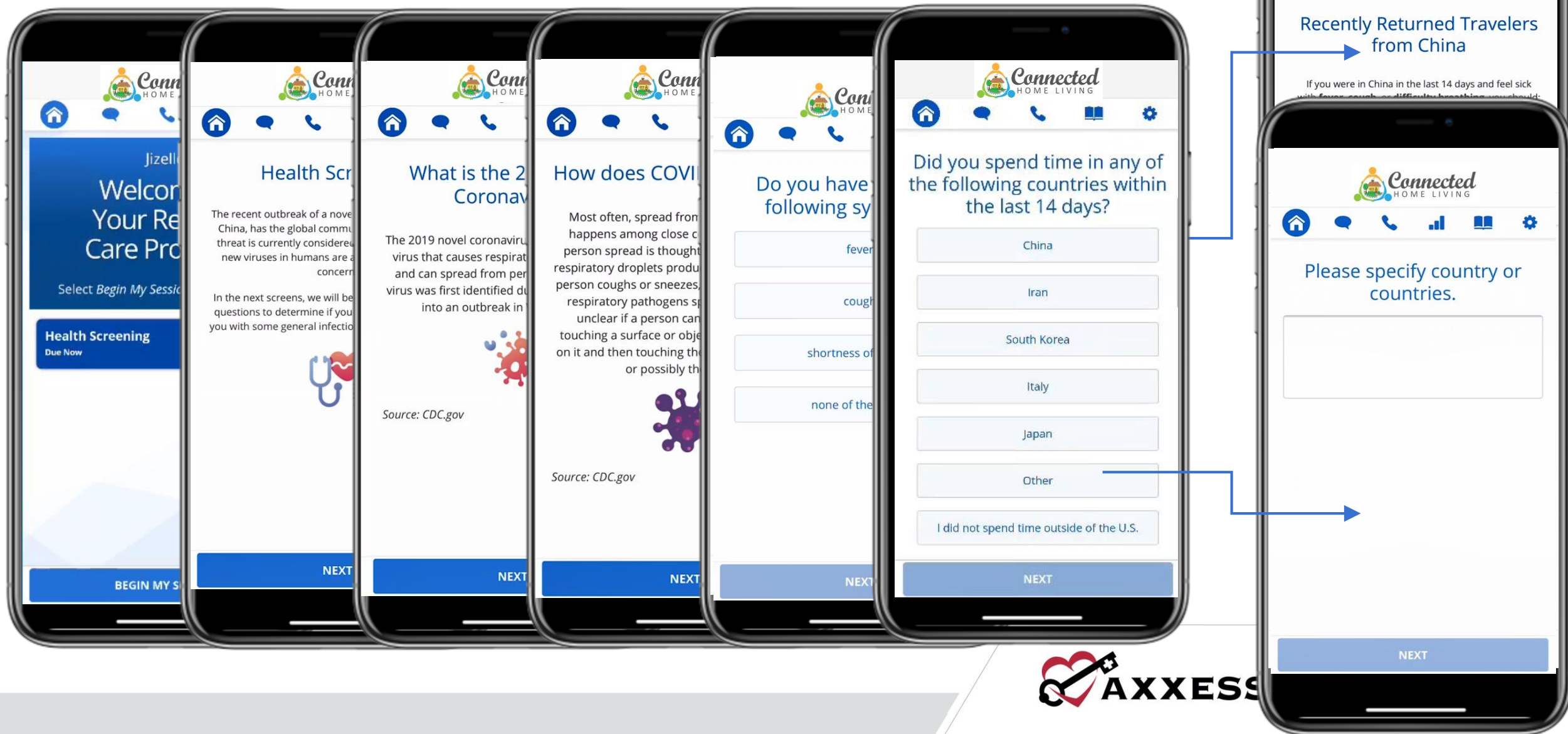
Screening Experience
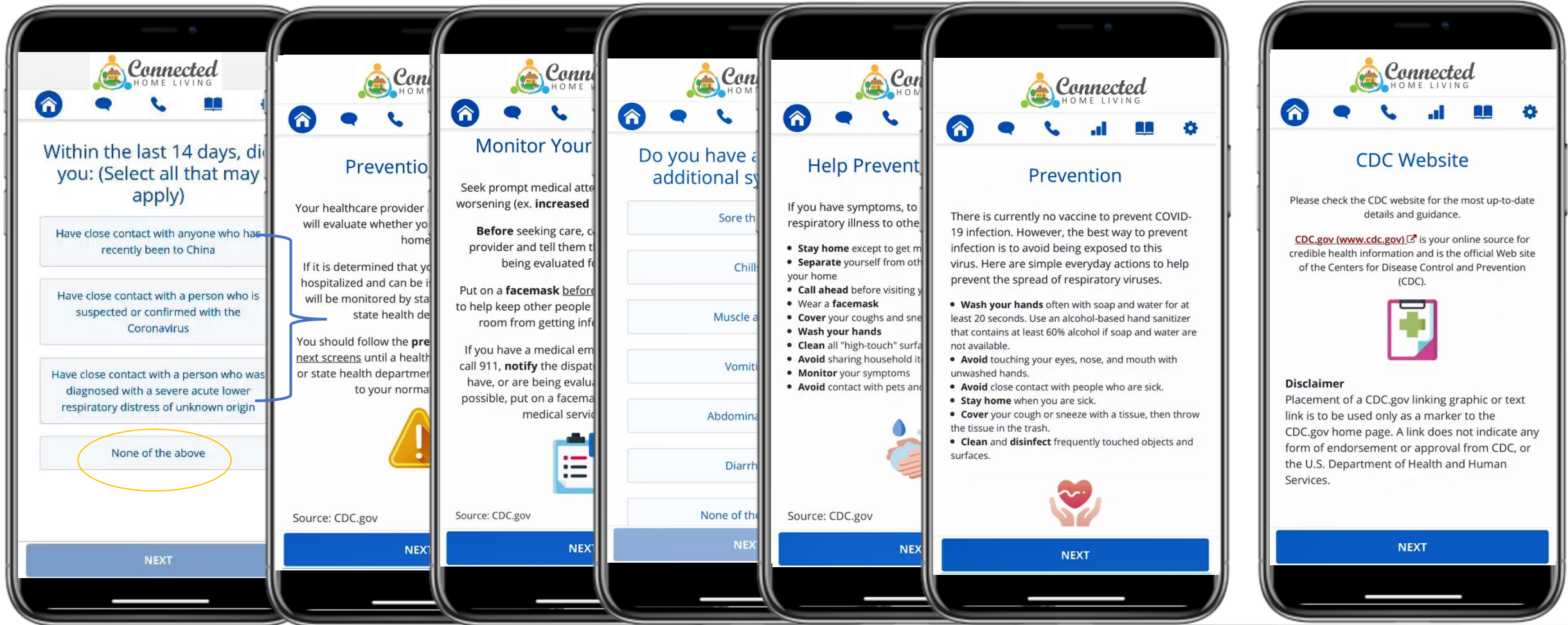
Asymptomatic
High-Risk Population
Patient Experience

COVIDAHR01 – Self-Isolation Risk Assessment

One-time data collection for providers to determine the risk level of self-isolation patients
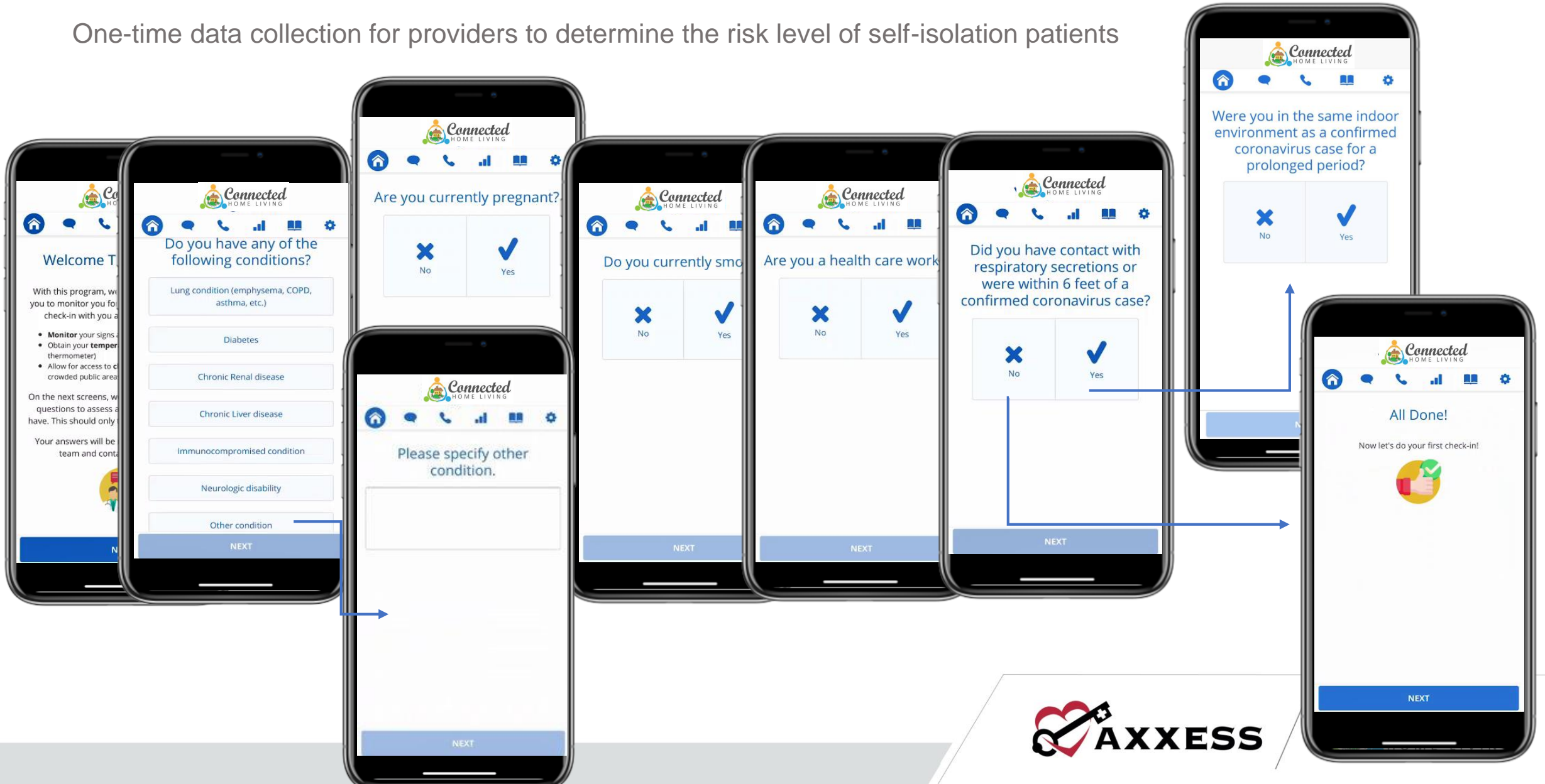
COVIDAHR02 - Self-Isolation Monitoring

Twice daily data collection and monitoring for self-isolation patients.

Care Team Portal Notification:
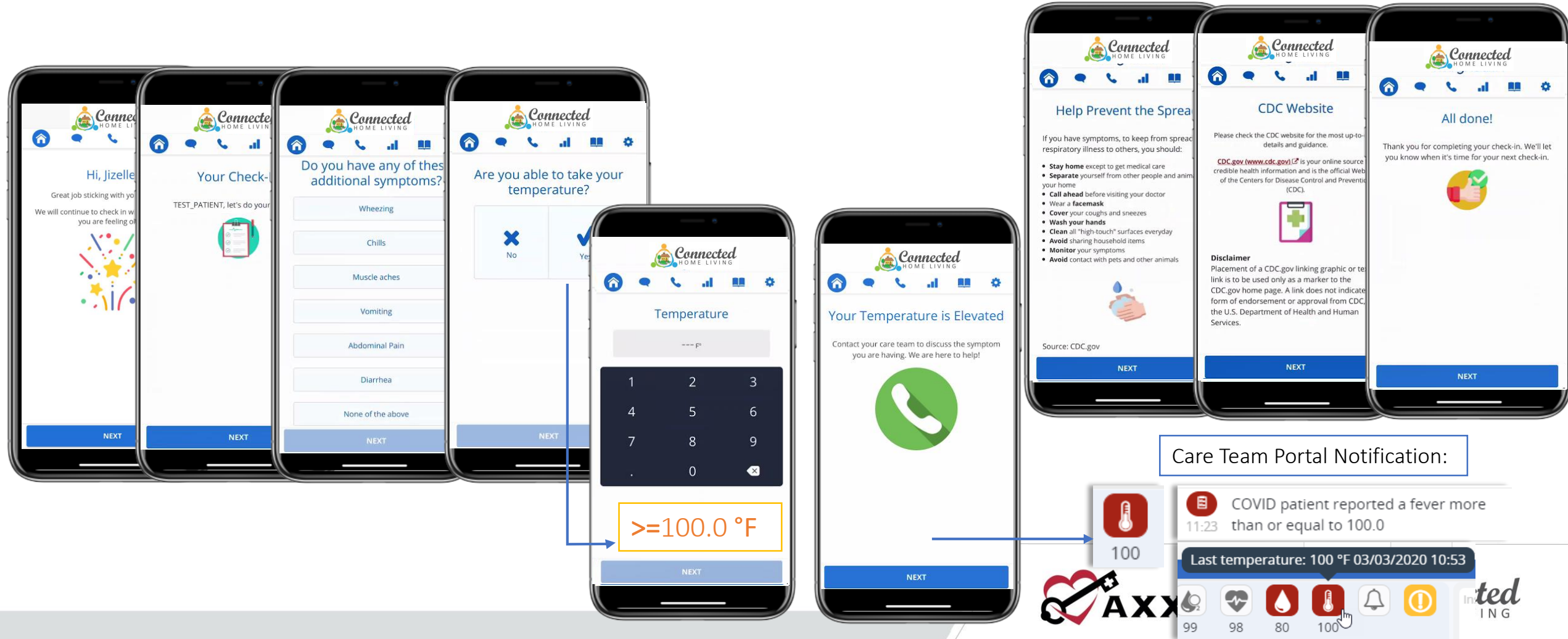
Provider Experience

Care Team Portal

Secure Messaging

Clinical Escalation and Documentation

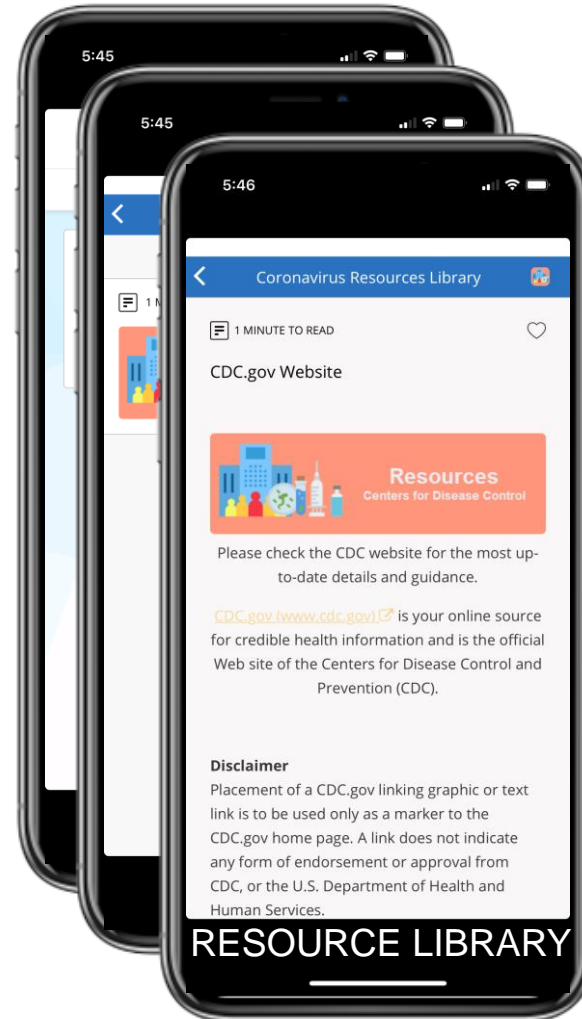# Key Features

Key Features

Enhanced features for better communication.

MESSAGING

CALL REQUESTS

RESOURCE LIBRARY
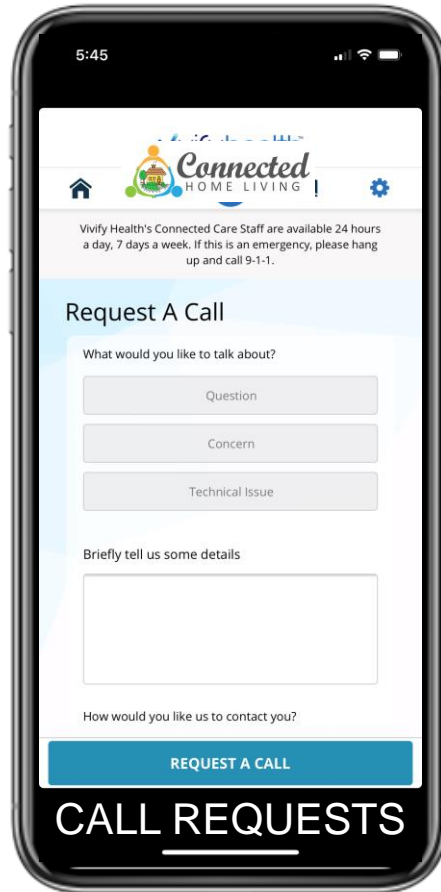
VIRTUAL VISTS

Virtual Visit Experience

Patient to provider virtual visits for easy contact.
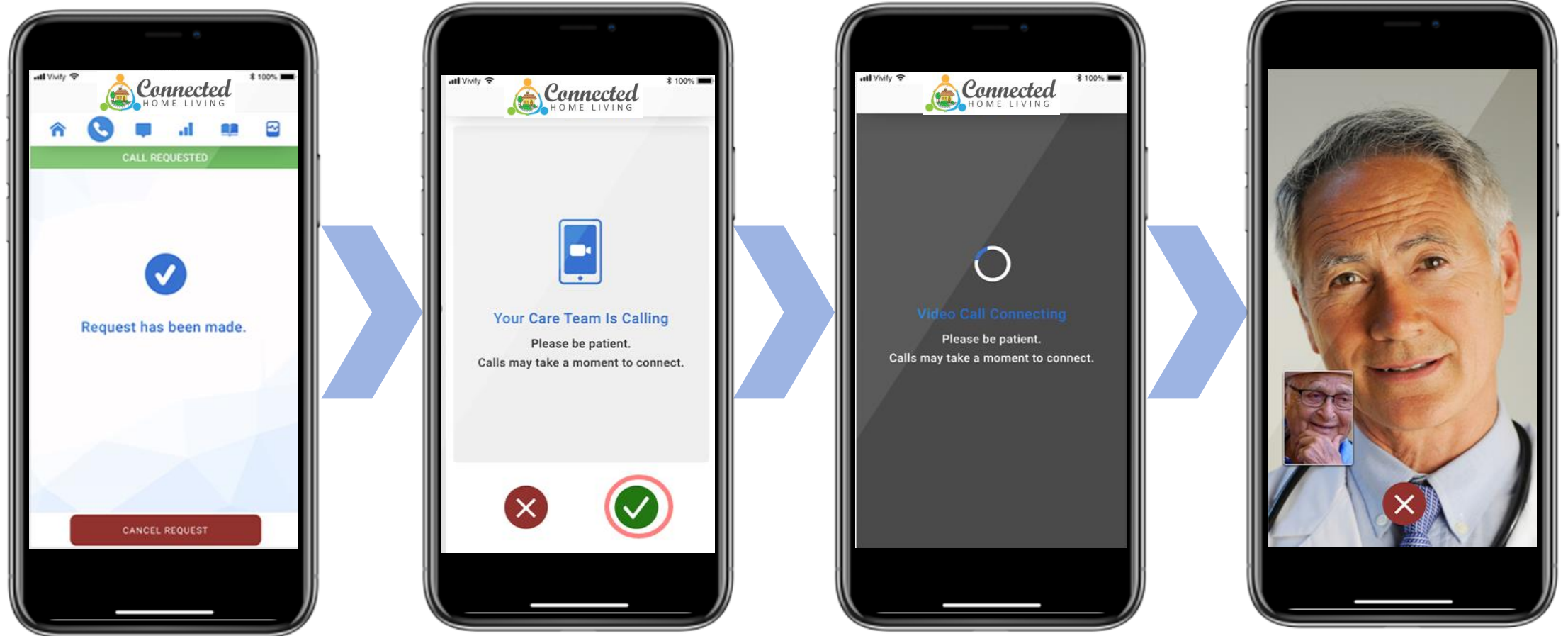
Resource Library

Robust library of COVID-19 content at a patient's fingertips. CHL is continually updating with CDC guidelines.
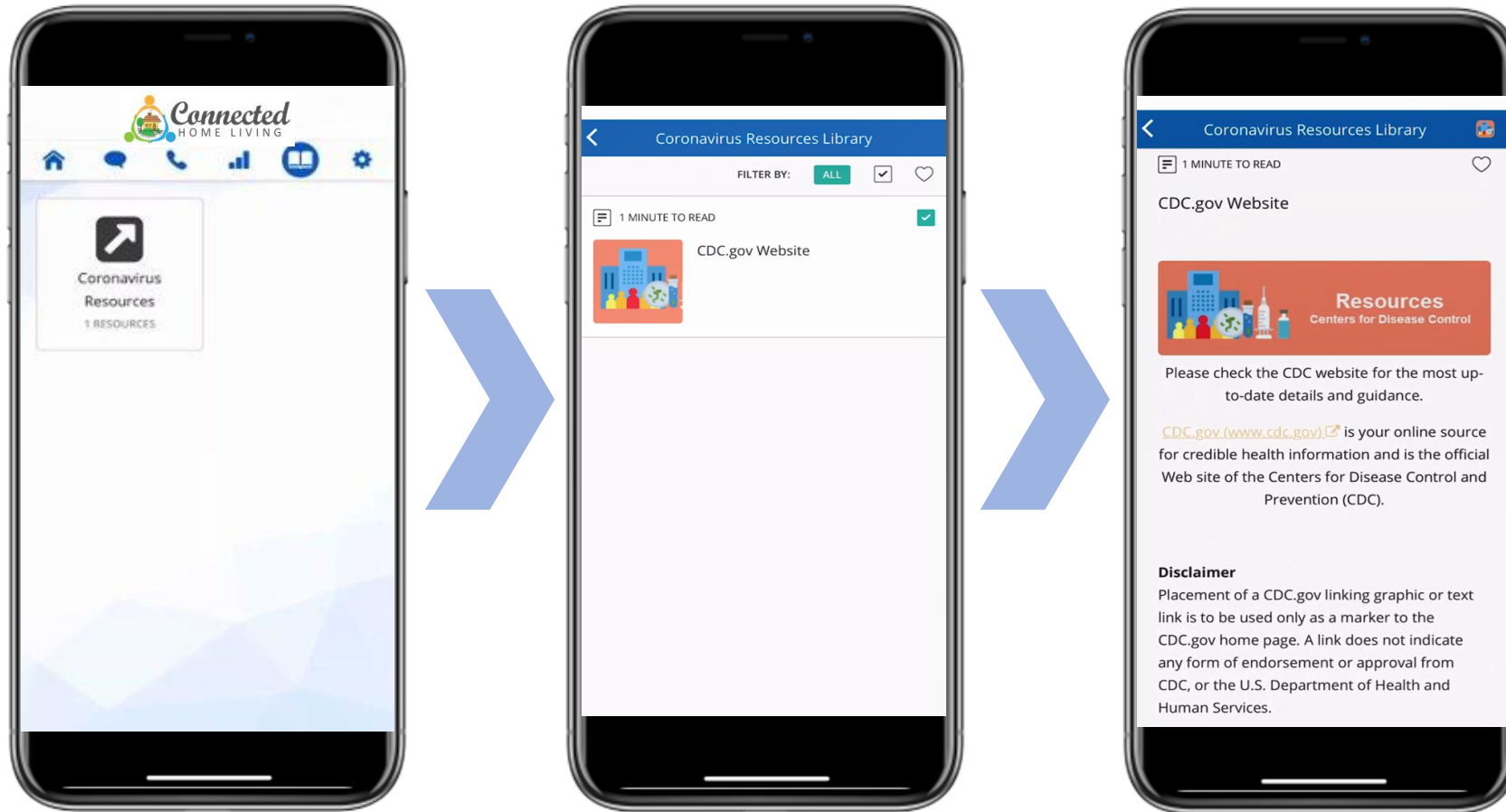
Reimbursement

$8.3 Billion Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020

The bill allocates $500m to Medicare telehealth services (i.e., live voice/video) spending, which would **allow the HHS Secretary to waive Medicare telehealth restrictions during the coronavirus public health emergency so that care can be provided regardless of where a patient is located, and with the home being an originating site**.

* CMS has waived telehealth geographic and originating site restrictions for Medicare Advantage Plans only.

$2.2 BILLION

for federal, state *and* local health agencies

INCLUDING

$950 MILLION

for state and local to conduct testing and *other* response activities

$950 MILLION

to Medicare telehealth services (i.e., live voice/video)

* Many organizations expect the HHS Secretary to waive Medicare telehealth restrictions during the coronavirus public health emergency so that care can be provided regardless of where a patient is located, and with the home being an originating site.

Reimbursement Details

- Remote Patient Monitoring may be used for COVID-19 monitoring and management. This would **include CPT codes 99453, 99454, 99457**, and Virtual Check in code G2012 and all current telehealth services, but not CCM nor Principal Care Management, which require a chronic condition.

- **CPT codes 99421-99423 (patient-initiated digital communication) and HCPCS codes G2061-G2063 (online assessment)** can be furnished via telehealth

- New HCPCS codes for lab testing have been added (U0001, U0002), and more codes may be added for additional services.

- There is a requirement that the patient has been seen by the provider in last three years (established patient).

- Cost sharing (copays, deductibles, etc.) may be waived by states, health insurance plans, and Medicare Advantage programs; you should check with your plan or state, some of this is already happening

HCPCS Codes

- We will look for additional codes by CMS that can benefit CHL and our customers. Things are currently very dynamic at the federal level.

- HCPCS code (U0001) to bill for tests and track new cases of the virus. This code is used specifically for CDC testing laboratories to test patients for SARS-CoV-2.

- HCPCS billing code (U0002) announced recently allows laboratories to bill for non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).

- Medicare claims processing systems will be able to accept these codes starting on April 1, 2020, for dates of service on or after February 4, 2020. Local Medicare Administrative Contractors (MACs) are responsible for developing the payment amount for claims they receive for these newly created HCPCS codes in their respective jurisdictions until Medicare establishes national payment rates.

Useful Links

- COVID-19 FAQs CMS
  - https://www.cms.gov/files/document/03062020-covid-19-faqs.pdf
  - https://www.cms.gov/files/document/hpms-memo-covid-information-plans.pdf
- CNS Emergency Services without 1135 Waivers
  - https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Consolidated_Medicare_FFS_Emergency_QsAs.pdf
- House Appropriations Bill 6074
  - https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/Coronavirus%20Supp%20Summary%203.4.20.pdf?inf_contact_key=37125a6c7e3d7c62dae83431126982da680f8914173f9191b1c0223e68310bb1
- Virtual Check-in
  - https://www.cms.gov/newsroom/press-releases/telehealth-benefits-medicare-are-lifeline-patients-during-coronavirus-outbreak
- Medicare Fact Sheet
  - https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf

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