

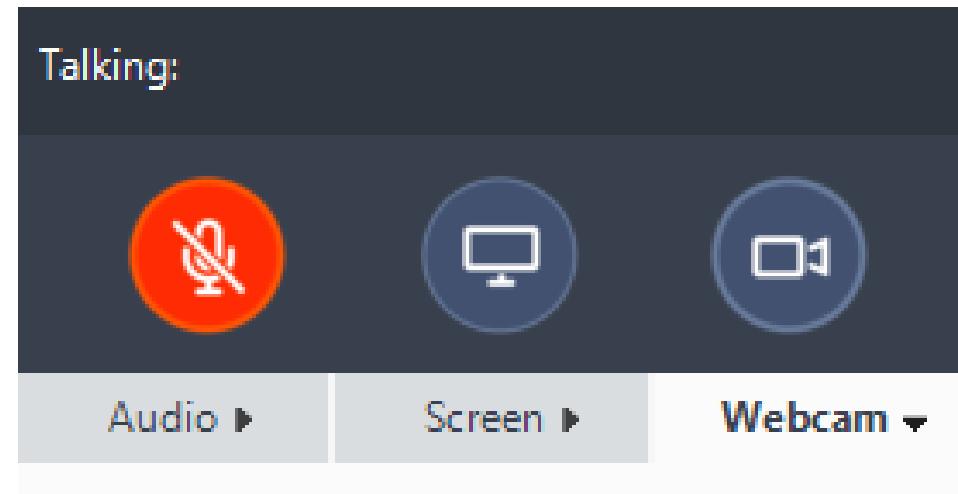
COVID-19 Update:

Second Surge Preparation and Maximizing the Value of a Telehealth Visit

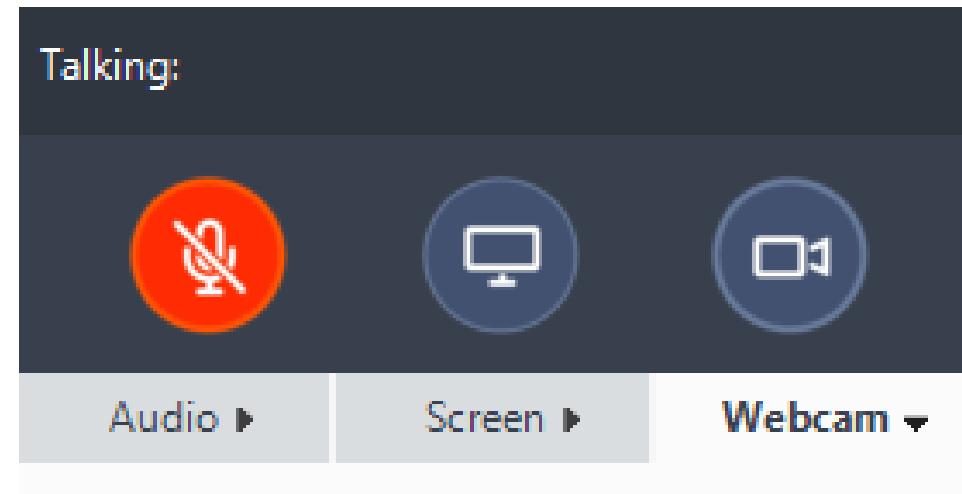
New England Quality Care Alliance

November 12, 2020

Please Mute

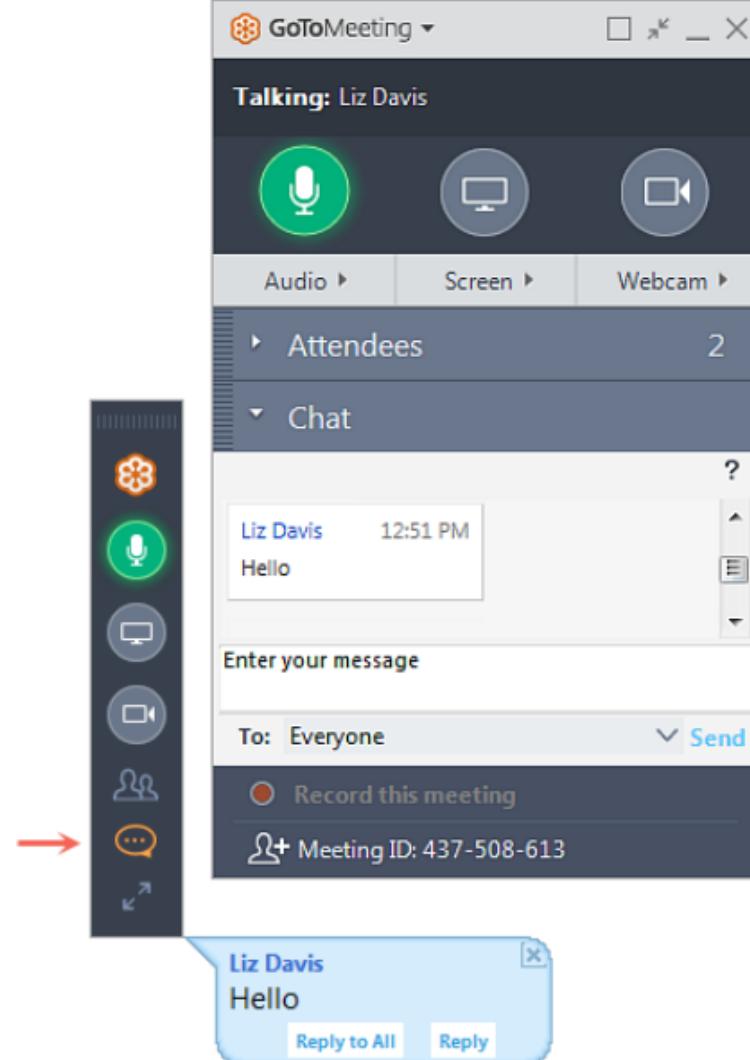


No Webcam



To Ask A Question

- Please use the “chat” feature to submit your question
- A moderator will then pose your question(s) to the presenters



Opening Comments

Joseph Frolkis, MD, PhD

CEO and President

Agenda

COVID-19 News and Updates

Ben Kruskal, MD, *Senior Medical Director, NEQCA*

Risk Adjustment Focus for 2020 and Telehealth (Now and in the Future)

Pratiksha Patel, MD, *Senior Medical Director, NEQCA*

Practical Telehealth Tips

Davis Bu, MD, Internal Medicine – Primary Care TMCCC (Melrose Wakefield)

COVID-19 Update

Ben Kruskal, MD

Senior Medical Director

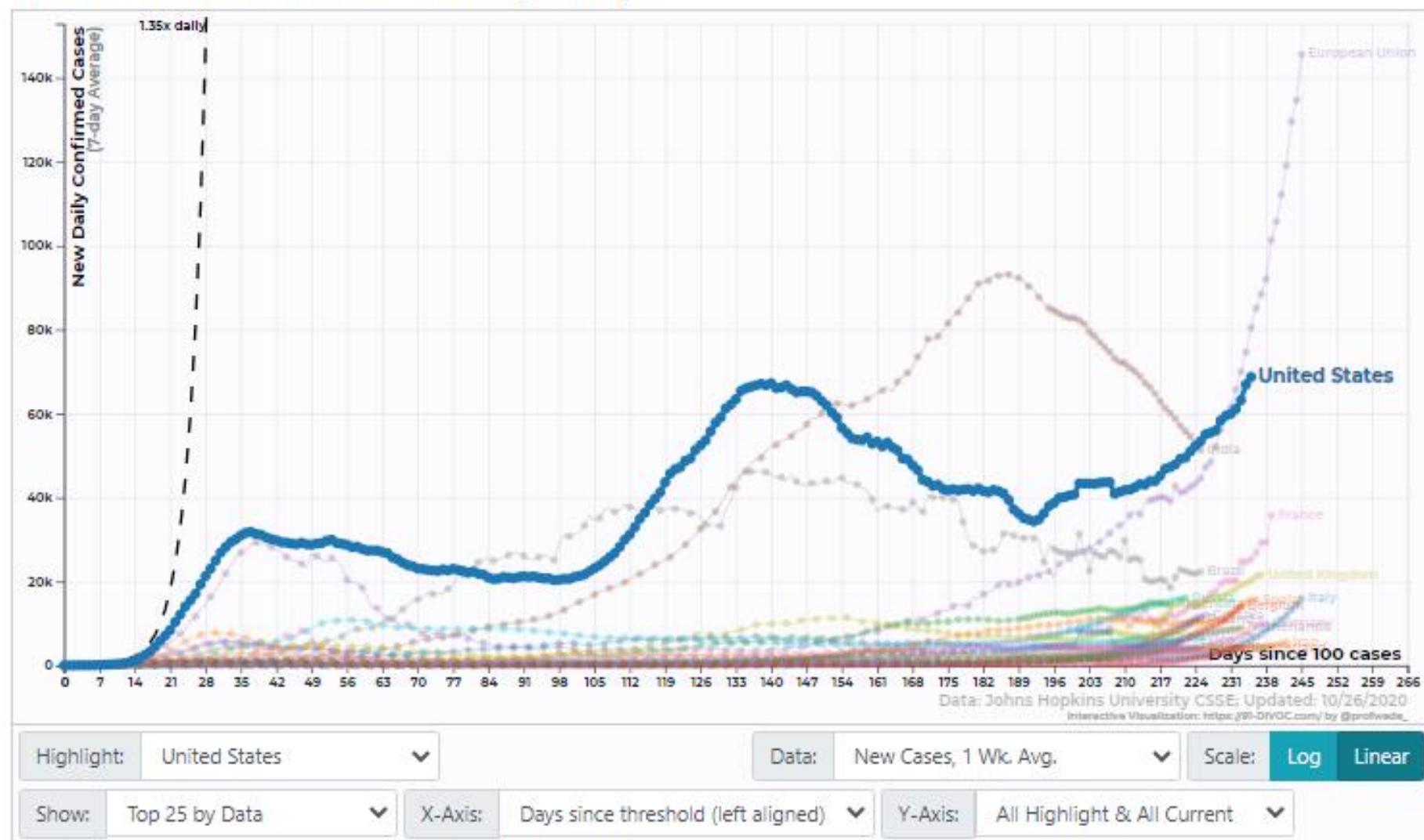
Section Overview

- Current situation
- COVID-19 News and Updates
- Next steps

Numbers as of Monday, 11/8/2020

- **US**
 - Cases/hospitalizations/deaths: 9.8M/494K/229K
 - Daily new cases: ~100,000
- **Mass.**
 - Cases/hospitalizations/deaths: 171K/13.4K/10K
 - Daily new cases: ~2000

New Confirmed COVID-19 Cases per Day



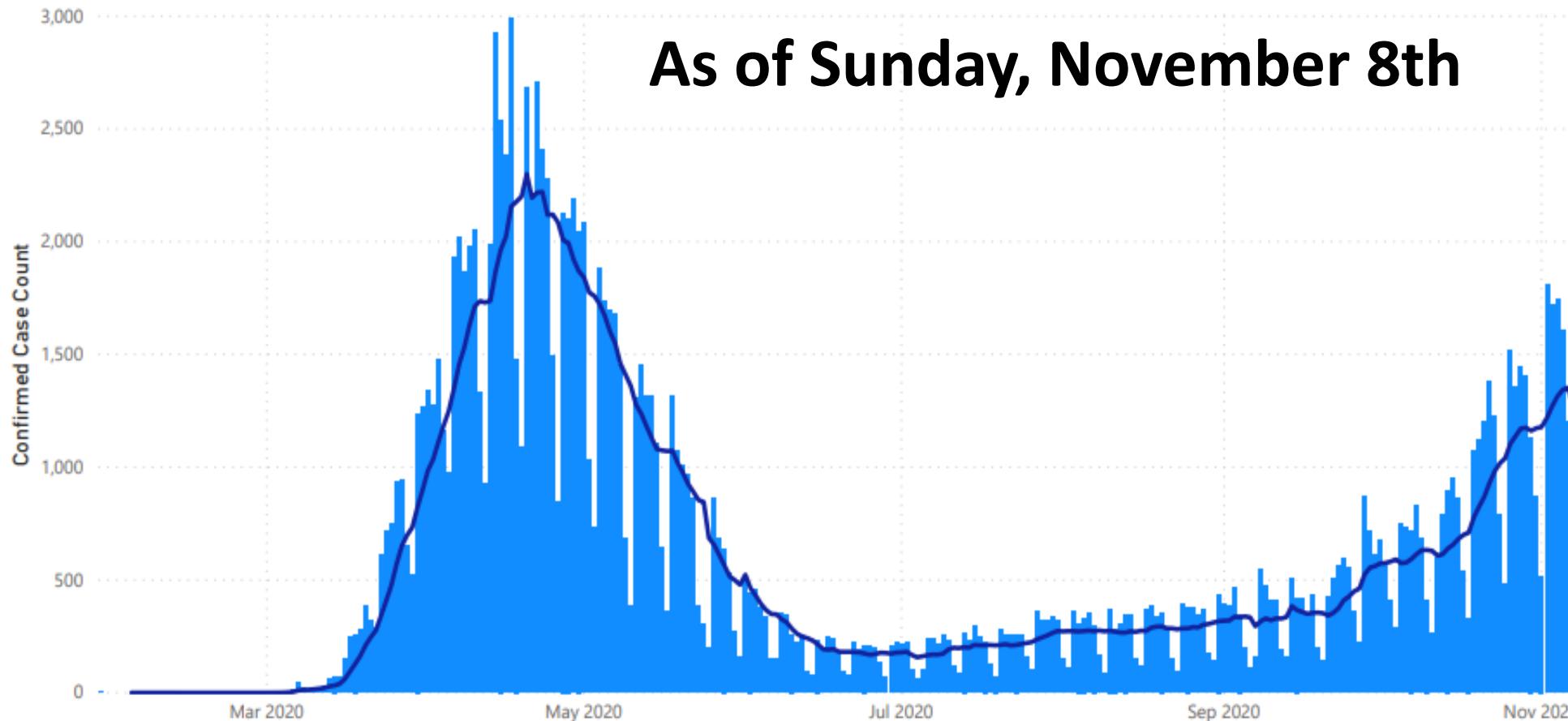
<http://91-divoc.com/pages/COVID-19-visualization/>



Massachusetts Department of Public Health COVID-19 Dashboard- Daily Confirmed Cases (Since March)

Confirmed COVID-19 Cases To Date by Date Individual Tested

● Confirmed Cases by Date ● 7-Day Average Confirmed Case Count



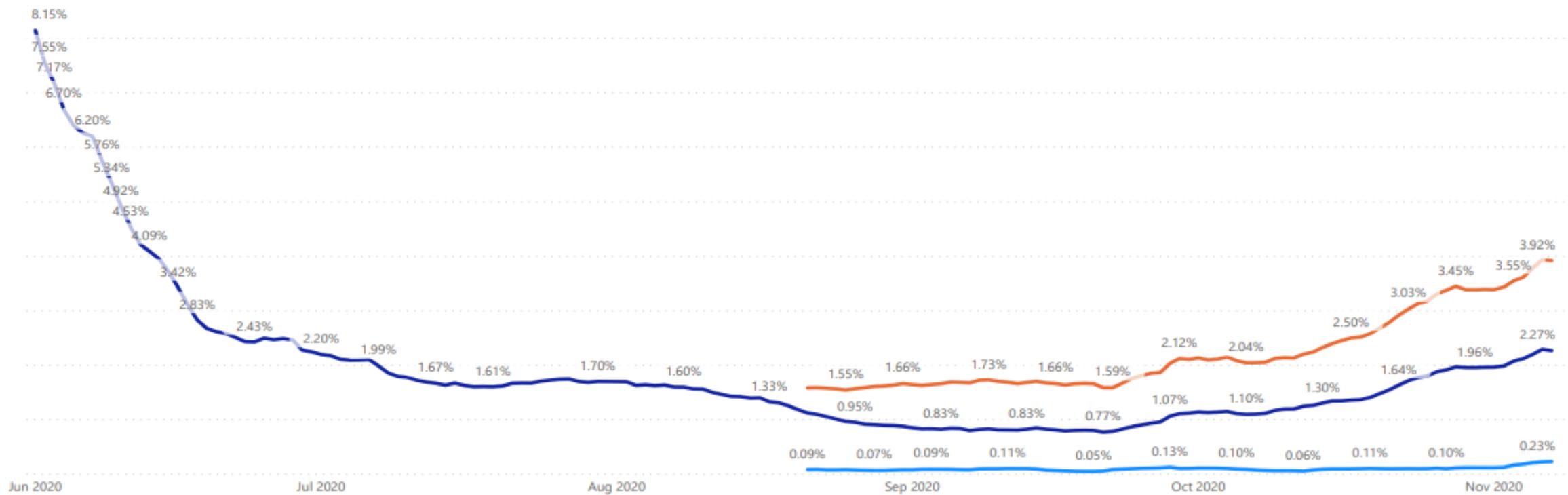


Massachusetts Department of Public Health COVID-19 Dashboard- Sunday, November 08, 2020

Testing by Date - Molecular (Percent Positive)

7-Day Weighted Average of Percent of Tests By Molecular Method that are Positive by Test Date

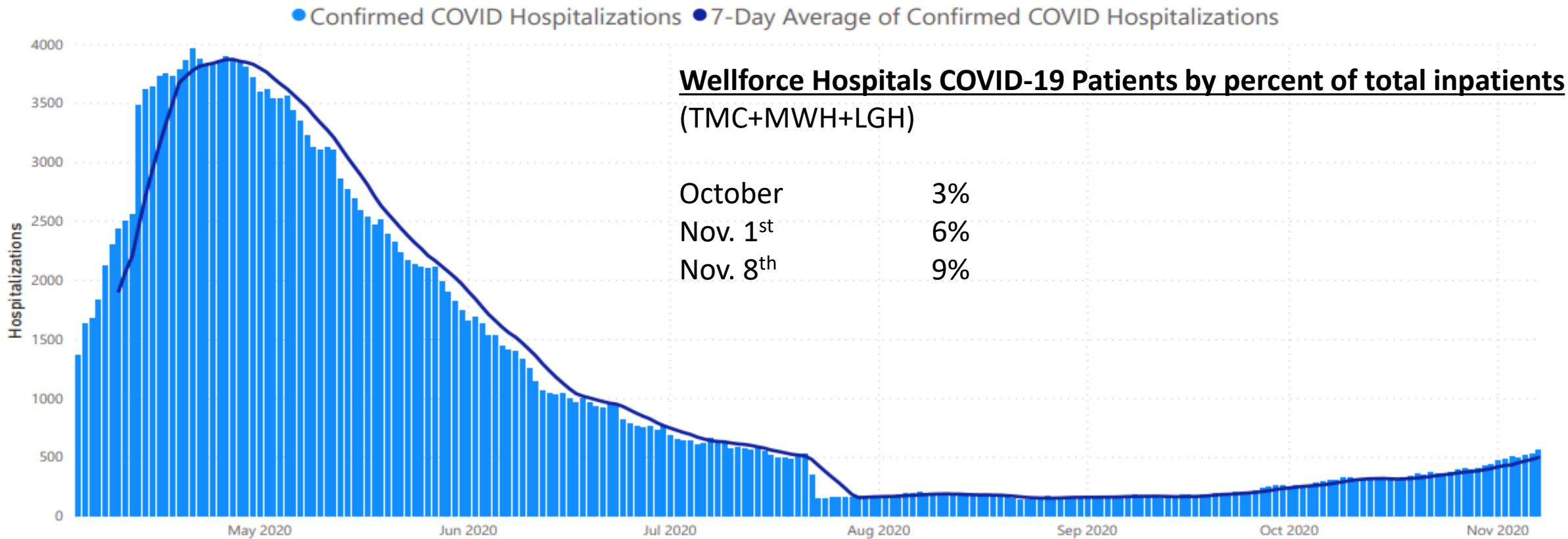
● MA Statewide (metric on p.2) ● MA Higher Education Only ● MA with Higher Education Tests Removed





Daily Confirmed Hospitalizations

Total Confirmed COVID Patients in Hospital



COVID-19 News

LitTidbits

- **Ibuprofen/NSAIDS appear safe in COVID-19**
 - Danish national registry: all patients with +COVID-19 tests. No difference in admission, ICU, or mortality, according to NSAID use, among habitual users vs non-users.
 - PLOS Medicine | <https://doi.org/10.1371/journal.pmed.1003308> September 8, 2020
- **Do regular eyeglasses reduce COVID-19 transmission?**
 - Cohort study of 276 inpatients in Suizhou, China. 6% of them were regular (>8h/d) glasses wearers, all myopia; incidence of myopia in this city ~30%.
 - JAMA Ophthalmol. doi: 10.1001/jamaophthalmol.2020.3906 Published online September 16, 2020

Masks: The good, the bad (and the ugly is hidden by the mask)

Citation:
Carbon C-C (2020) Wearing Face Masks Strongly Confuses Counterparts in Reading Emotions. *Front. Psychol.* 11:566886.
doi: 10.3389/fpsyg.2020.566886

Masks
really
protect
healthcare
workers,
even
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with
patients

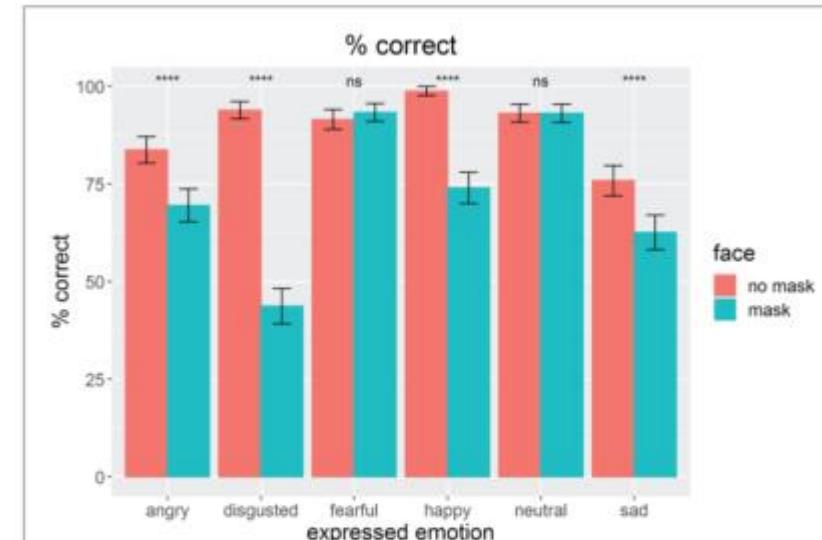
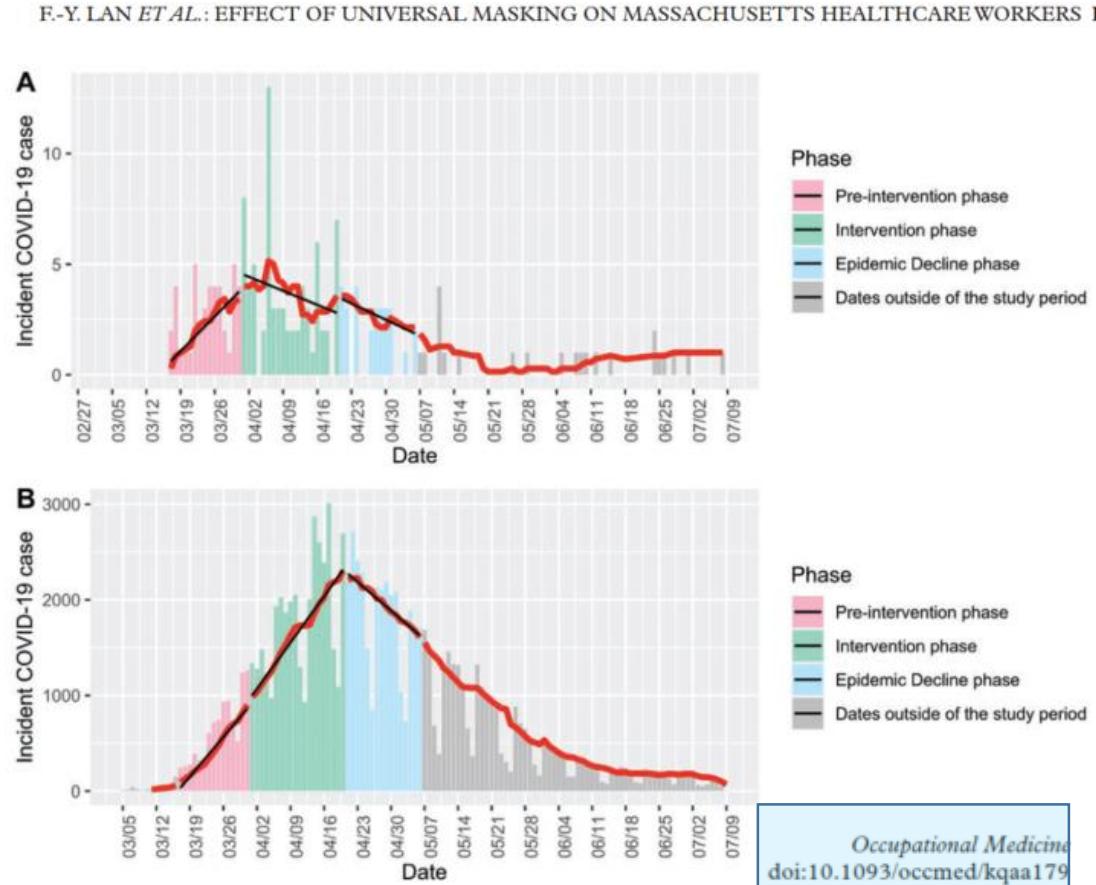


FIGURE 2 | Mean percentage of correct assessment of the emotional states for faces with masks (blue) or without masks (red) on the face. Error bars indicate confidence intervals CI-95% based on adjusted values for taking within-subject variances into account (Morey, 2008). Asterisks indicate statistical differences between conditions of wearing and non-wearing on the basis of paired t-tests: *** $p < 0.0001$; ns, not significant.

Masks
really
make it
harder to
read
emotions

The first vaccine candidate looks promising

Pfizer's Early Data Shows Vaccine Is More Than 90% Effective

- mRNA vaccine
- Planned unblinding of some results as part of an interim Data Safety and Monitoring Board
- Trial primary endpoint: any COVID-19 symptoms at all
 - Does it prevent infection?
 - Does it prevent severe COVID-19 or death
- No serious adverse events/side effects to date
- <https://www.nytimes.com/2020/11/09/health/COVID-19-vaccine-pfizer.html?action=click&module=Top%20Stories&pgtype=Homepage>



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 Share

What do we need to do next?

- We will need a transient shift to MORE telehealth needed as COVID-19 numbers surge
- See patients in the office when necessary, knowing risk to both patient and health care personnel is minimal when using recommended precautions.
- Learn to do telehealth effectively and efficiently
- Year-end focus on risk adjustment to make sure budget for 2021 reflects burden of illness in our population
- Code for risk adjustment consistently and effectively including telehealth

Risk Adjustment Focus for 2020 and Telehealth (Now and in the Future)

Pratiksha Patel, MD

Senior Medical Director

Reason for Focus on Risk adjustment

- 2020 has been an unprecedented year due to the coronavirus pandemic and will continue to be due to continued and increasing disease activity
- Payers have generally made accommodations for quality targets
- Utilization of health care services has been very low in 2020, reducing total medical expense (TME) this year
- TME may be higher than usual in 2021 due to care deferred by patients in 2020
- Many fewer patients have been seen by PCPs this year than typically, even including telehealth visits.
 - These missed appointments mean missed opportunities for risk adjustment coding.
- Risk adjustment describes the severity and complexity of our patients' illnesses, and is important because it affects the budget that payers allocate for our patients' care in 2021
- During the balance of calendar year 2020, we must focus on visits with our patients with chronic conditions and coding for those conditions. (Risk adjustment coding may be done at video telehealth visits exactly as with in-office visits.)

Limited Time Left In 2020: How Best To Use It?

- *Practices should shift focus away from familiar and comfortable commercial quality metrics and instead concentrate efforts on seeing patients with multiple chronic conditions who are appropriate priorities both clinically and for risk adjustment*
- Two recommended approaches
 1. ***Outreach and schedule*** visits for those patients in greatest need of care (i.e., those with chronic diseases needing management, especially multiple conditions)
 2. ***Ensure appropriate coding*** for those patients with visits as many practices now have mostly full schedules for the next several months
- NEQCA Central is aiming to optimize risk adjustment support to practices

Components of Risk-Adjustment Support

- 1. *Outreach* (to schedule visits for identified patients with coding opportunities)**
 - NEQCA Central Resource to create practice-specific lists for patient outreach
 - NEQCA Central Resource can contact patients with no appointment scheduled (portal, phone, etc.)
 - NEQCA Central Resource can assist in the deployment of automated outreach campaigns
- 2. *Pre-Visit Prep***
 - NEQCA Central Resource can review schedules to see who is already booked and document coding opportunities in practice designated EMR location (i.e., telephone encounters, alerts, etc.)
 - NEQCA Central Pharmacists to incorporate coding opportunities into medication review recommendations
 - NEQCA Central Resource can review practice schedule and review coding opportunities with appropriate practice staff ahead of daily appointments (i.e., daily huddle)

Components of Risk-Adjustment Support (continued)

3. *Supporting Visit Coding*

- NEQCA Central Resource can provide coding education at LCO all-physician meetings
 - Reminding clinicians of why and how to code for risk adjustment
 - Reminding clinicians of specific diagnoses that are often missed at both in-office AND telehealth visits (morbid obesity, diabetes with complications, peripheral vascular disease)

4. *Telehealth*

- Use of video (risk adjusts for ALL payers) vs phone (DOES NOT risk adjust for all payers)
- Telehealth visits can be used like in-office visits in terms of review of chronic conditions and risk adjustment coding
- Risk adjustment coding may be done at video telehealth visits exactly as with in-office visits
- NEQCA Central Resource can provide support to optimize telehealth encounter workflow

Implications of Onset of 2nd COVID-19 Wave and Telehealth

- If the rate of new cases increases to surge levels, may need to shift vast majority of visits to telehealth. In that case, video visits should be done whenever possible.
- While nobody is following this strictly, we want to point out that DPH never changed their policy: “Anything that CAN be done by telehealth SHOULD be done by telehealth”
- However, certain visits still need to be seen in person and with proper infection precautions in place, patients may be seen in the office

Where are we now in terms of telehealth?

- **In April**, many offices were doing vast majority of visits by telehealth due to surge and safety considerations
- **From July to now**, with decrease in COVID-19 cases, practices are seeing a smaller portion of their visits as telehealth (July data show about 20-30% visits telehealth)
- **When we reach surge levels**, we recommend shifting back to majority of visits as telehealth
- Offices should have workflows and processes in place to make this shift between telehealth and in office visits
- During this pandemic, remember most visits can be started as telehealth. Those encounters that may require an in-office visit include hands on exam, procedures, injections, specimen collection, etc..

Maximizing appropriate use of telehealth visits

Consider review of schedule for the next day with clinician and staff member

- Consider converting patients scheduled for in office to telehealth if appropriate
- Flag high risk patients that need to be rescheduled in case they no show or cancel their appointment
- If patient cancels because they don't want to come to the office, offer telehealth appointment. The provider can subsequently bring in patient for necessary in office procedures or targeted exam.

Telehealth and the future (even after COVID-19)

- National survey data indicate that patients assume and desire that telehealth will be a component of care now and even in the future.
- Given this trend, continuous improvement of telehealth use is crucial even post-COVID-19
- A balance of telehealth and in-office visits may serve both patients and providers better than either alone
- Some advantages of video visits:
 - Decreased infection risk including pandemic and typical infections
 - Convenience for patients
 - Seeing patients in their home environment
 - Meeting other family members or caregivers
 - Ability to use video visit platform even after hours to assess a patient and potentially avoid UC or ED visit (option to change unpaid phone calls to revenue producing encounters)

What are patients saying about telehealth?

Patient interest in telehealth

76%

Of patients who have tried telehealth report that they are interested in using telehealth again in the future

69%

Of patients want their clinicians to offer more telehealth services as an alternative to in-person visits, even after the pandemic

60%

Of patients would consider a virtual visit in lieu of a one-day wait time to see their regular clinician in person

<https://www.advisory.com/-/media/Advisory-com/Research/PEC/Resources/2020/Our-Take-Meet-the-rising-bar-for-virtual-experience.pdf>

Telehealth and Risk Adjustment

- Remember that video visits risk adjust (for all payers)
- You can code for risk exactly the same as you would for an in-office visit
- Even a problem focused visit (telehealth as well as in office) can be an opportunity to briefly review chronic conditions and code for them.
 - e.g. Patient seen for a finger injury for video visit who has diabetes (review blood sugars), obesity (self reported weight) and asthma (review of asthma control and inhaler use).
 - Documentation of these factors can be very brief and would suffice for coding for risk
- You can even use video visits for complex encounters

Frequently Missed Diagnoses: Capture via Telehealth or In Person

Coding Opportunities	Documentation Reminders
<i>Morbid Obesity</i> BMI \geq 35 w/ co-morbid condition, OR BMI \geq 40	Patient reported vitals (weight, height-BMI). Remember to code Morbid Obesity code <u>and</u> BMI.
<i>Hypertension</i>	Patient reported vitals (home BPs); review adherence to medication schedule.
<i>Diabetes</i>	Review blood sugars, insulin status, dietary intake and exercise patterns, subjective symptoms of hypoglycemia or other complaints.
<i>CHF/COPD</i>	Can do home BP, weights, pulse ox, etc., have patient describe symptoms, assess audible wheeze or cyanosis.
<i>Vascular disease</i>	Visual observation of extremities, photograph and insert in EMR.

[*https://caravanhealth.com/CaravanHealth/media/Resources-Page/Telehealth_PhysicalExam.pdf](https://caravanhealth.com/CaravanHealth/media/Resources-Page/Telehealth_PhysicalExam.pdf)

Key Takeaways

- Risk adjustment for this calendar year sets our budget for caring for patients in 2021 and beyond
- Remember that video visits risk adjust (for all payers)
- Focus on patient outreach to schedule patients with chronic conditions
- Remember that even problem focused visits can be an opportunity to assess and code for chronic conditions
- Accurately coding for the patient's conditions even briefly discussed at the visit is important
- Many visits will need to be video visits given COVID-19 resurgence
- Start reviewing schedules now to convert suitable in office to telehealth visits for patients already scheduled
- Optimization of telehealth is crucial since consumers will expect it to be part of their care even beyond COVID-19

Practical Telehealth Tips

Davis Bu, MD

Internal Medicine – Primary Care

TMCCC (Melrose Wakefield)

Telehealth: an important backup plan

- **Patients:** Access to care if they are quarantined or want to minimize COVID-19 exposure
 - In addition, patient convenience and preference even beyond end of COVID-19
- **Providers:** Opportunity for continued work if they have to be quarantined
- **Practices:** Additional revenue stream if there is a lockdown or patient volume decreases
- **Network:** Provides an alternative tool to manage populations at highest risk

➤ Like an insurance plan, get things in order ***before*** you need to use it

Practice set up

- ✓ **Choose and be familiar with your telehealth platform**

Helpful for providers to be able to do basic troubleshooting on the fly

- ✓ **Have clearly defined roles and responsibilities for all staff**

Helpful to have both an in-house “expert” and to have staff cross-trained

- ✓ **Make sure patients are aware of telehealth options**

- ✓ **Set up EMR templates**

- ✓ **Perform test runs to make sure the workflow is smooth**

Patient identification

- Proactively triage your schedule to make sure patients are seen in the right “location” (physical vs. telehealth)
- Identify patients at risk who would benefit from telehealth outreach
- Do not make assumptions about who cannot use telehealth
- Pages while on call might be converted to telehealth visits
- If your primary telehealth technology is more complicated, have a simpler backup plan (while COVID-19 waivers are in effect)

Telehealth visit set-up

✓ **Confirm the appointment in advance of the appointment**

- Check that it is appropriate for telehealth
- Check technology requirements are met
- Insurance verification

✓ **Adapt your current workflow to the telehealth world**

- MAs setting up the visit template
- MAs reviewing meds, completing forms, etc. – can be done over the phone
- Patient reminded to collect information – BP cuff, thermometer, scale, fingerstick log, etc.

✓ **Keep patients in the loop if you are running behind schedule**

During the visit

- Optics matter – Patient experience should reflect your office environment
- For the physical exam:
 - You can observe and document lots of your regular exam
 - You can ask patients to perform parts of the exam where appropriate
- Patients can still come in for tests – do not let that stop you from doing a telehealth visit
- Do not let “perfect to be the enemy of the good”

After the visit

- ✓ **Incorporate your regular post-encounter workflow**

Scheduling follow up visits, coordinating referrals, etc.

- ✓ **Consider having a documentation checklist**

Time spent, technology used, other participants, telehealth consents

- ✓ **Solicit feedback about the telehealth experience**

- ✓ **Consider promoting your patient portal**

Miscellaneous thoughts

- Telehealth encounters are still opportunities to assess your patients' overall health, and not just a problem focused visit
 - The lockdown could mean patients will go longer periods between visits, so take the opportunity to address chronic issues while you have the chance
- Telehealth offers opportunities to more creatively address patients' needs (e.g., extended hours)
- Telehealth will have an important role to play even after the COVID-19 pandemic is over

Questions?

Additional resources

- NEQCA practices desiring additional assistance with **telehealth**, please contact Matt Madara at mmadara@neqca.org
- NEQCA practices desiring additional assistance on **risk adjustment**, please contact Donna Campbell at dcampbell@neqca.org

- NEQCA is planning to post a telehealth resource guide for practices on the [NEQCA website](#) soon



PROGRAMS & SERVICES

TELEHEALTH SERVICES

NEQCA, in coordination with Tufts Medical Center and Wellforce is offering Network providers the opportunity to provide telehealth services. Interested providers will receive training and support to successfully conduct virtual visits with their patients.



Upcoming Webinars

Wednesday, November 18, Noon - 1:00 p.m.

NEQCA Coding Update: *Preparing for 2021 E/M Office Visit Coding Changes*, featuring Mike Enos, CPC, CPMA, CPC-I, CEMC, Enos Medical Coding

Wednesday, December 2, 5:30 - 6:30 p.m.

Visit the [Wellforce Webinar Series](#) website for details.

PATIENTS SOUGHT FOR COVID-19 NICLOSAMIDE CLINICAL TRIAL

The Tufts Clinical and Translational Science Institute (CTSI) is trialing the use of Niclosamide for the treatment of COVID-19 Asymptomatic Patients or those with Mild to Moderate Disease.

Providers should click [here](#) for more information about the [trial](#). This [flyer](#) and [brochure](#) may be provided to interested patients at the time of testing.



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Tufts Clinical and Translational Science Institute



NEQCA
New England Quality Care Alliance
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Thank you!