

Wellforce Clinical Webinar Series

Serious Illness Conversations

Presented by: Tamara Vesel, MD, Chief of Palliative Care, Tufts MC

October 21, 2021

Zoom Participation and Etiquette



The image shows a Zoom interface with several key features highlighted by red boxes and arrows:

- Mute yourself to avoid distractions.** An orange speaker icon with a red 'X' is shown above the 'Unmute' button in the bottom toolbar.
- Use Reaction Icons to Raise your Hand or share Reactions** A grey hand icon is shown above the 'Reactions' button in the bottom toolbar.
- Ask a question with the Chat button.** A large black question mark is shown next to the 'Chat' button in the bottom toolbar.

The bottom toolbar includes the following buttons: Unmute, Start video, Share, Record, Reactions, and Chat. The 'Reactions' button is highlighted with a red box, and a red arrow points to it from the text 'Use Reaction Icons to Raise your Hand or share Reactions'. The 'Chat' button is also highlighted with a red box, and a red arrow points to it from the text 'Ask a question with the Chat button. We can answer your question during Q&A time. Press enter to send the message.'.

A red box also highlights the 'Unmute' button, with a red arrow pointing to it from the text 'Mute yourself to avoid distractions.'.

A red box highlights the 'Reactions' button, with a red arrow pointing to it from the text 'Use Reaction Icons to Raise your Hand or share Reactions'.

A red box highlights the 'Chat' button, with a red arrow pointing to it from the text 'Ask a question with the Chat button. We can answer your question during Q&A time. Press enter to send the message.'.

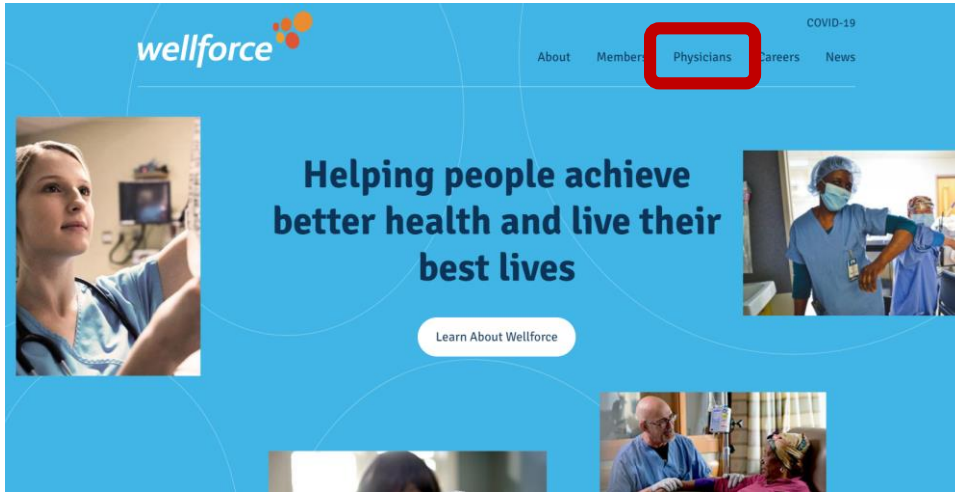
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This Webinar is brought to you by the Wellforce Clinically Integrated Network:

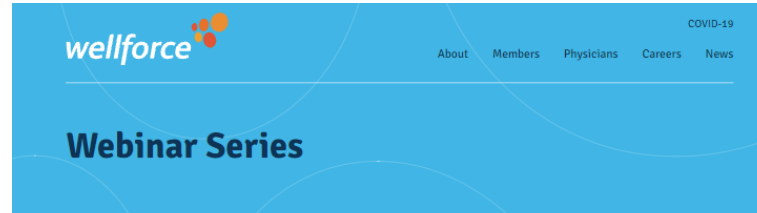
*A distinctively different population health and value-based care contracting entity that builds upon the best of **Lowell General PHO** and **New England Quality Care Alliance (NEQCA)**.*

Visit Our New Site to Learn About the Wellforce Clinically Integrated Network: wellforce.org/physicians/clinically-integrated-network



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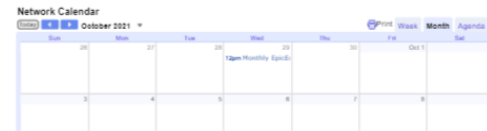


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Agenda

- Welcome and Introductions
- Goals of Care/Serious Illness Discussions
 - *How to have them, when to have them*
 - Q&A
- Advance Care Planning Visit
 - Coding and Billing
 - Q&A

Serious Illness Discussions

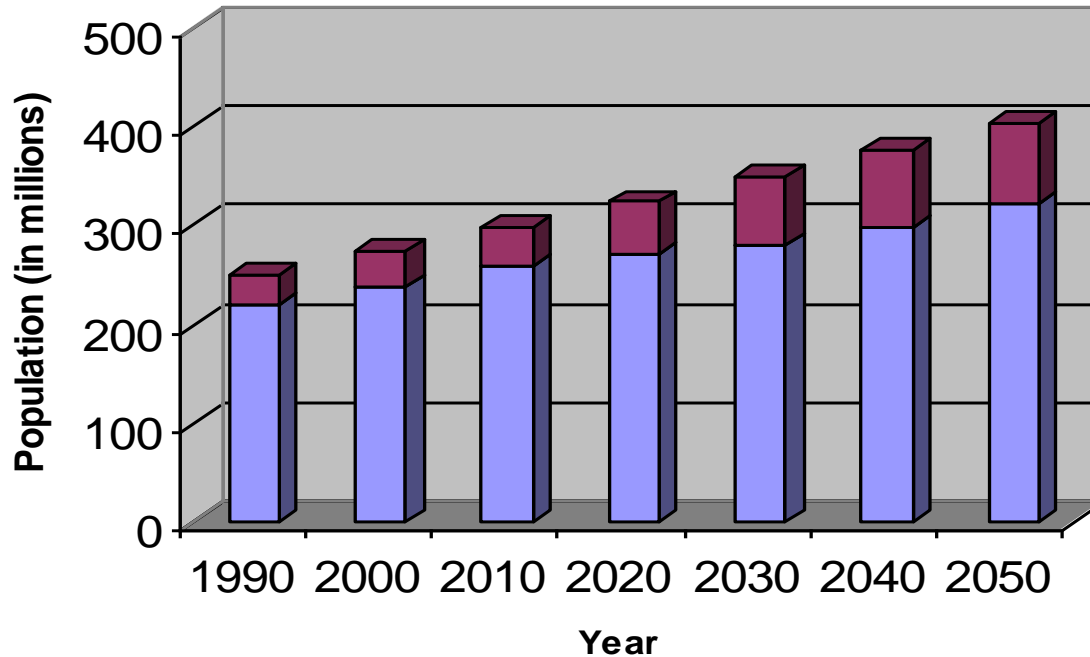
Dr. Tamara Vesel, MD Chief of the Division of Palliative Care, Tufts Medical Center



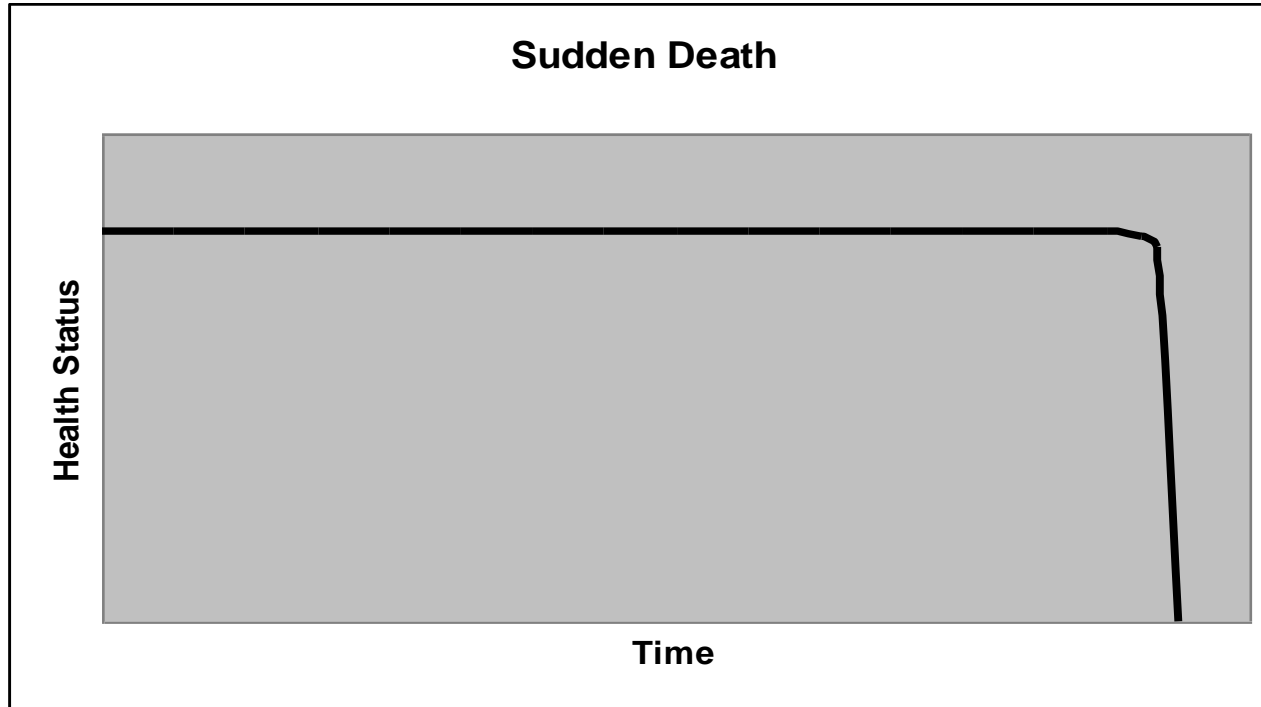
Tell me
more...

Tamara Vesel,MD
Palliative Care Division,
Department of Medicine
Tufts Medical Center

Americans are living longer



What patients want

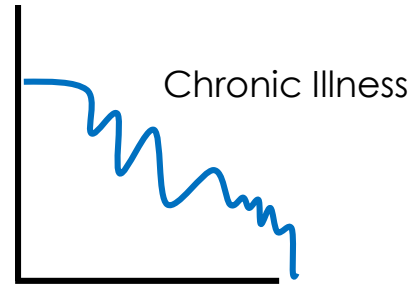
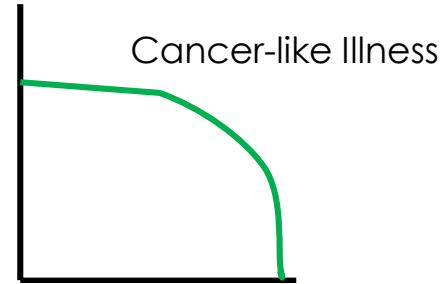
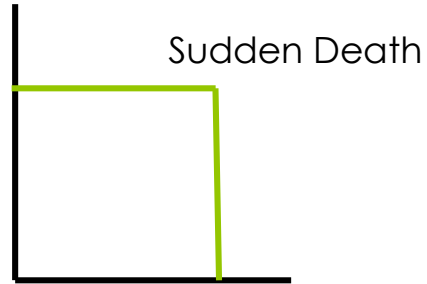


What do patients with serious illness want?

- Pain and symptom control
- Avoid prolongation of the dying process
- Achieve a sense of control
- Relieve burdens on family
- Strengthen relationships with loved ones

Singer et al. JAMA 1999;281(2):163-168.

What they get...



Adapted from Lunney, 2003

What do hospitalized patients get?

- Physical suffering
- Poor communication regarding goals of medical care
- Care discordant with patient and family preferences
- Financial, physical, and emotional burdens on family

Teno et al. JAMA 2004;291:88-93.

© Cartoonbank.com



*"There's no easy way I can tell you this, so I'm
sending you to someone who can."*



● ADVANCE DIRECTIVES

- Only can be done *in ADVANCE* when a patient has capacity.
- Kicks in only if patient is:
 1. Incapacitated AND
 2. Diagnosed with a qualifying condition
 - Terminal
 - PVS
 - End Stage

Advance Directives

1) Living will

document that specifies what types of medical treatment are desired.

2) Power of attorney

document in which you name a person to be a **proxy** to make all your health care decisions if you become unable to do so. Before a medical power of attorney can be used to guide medical decisions, a person's physician must certify that the person is unable to make their own medical decisions.

3) Health Care Proxy

DNR- Do not resuscitate

- In hospital

MOLST form in MA

- Out of the hospital

Conversation Tools

- ◉ <https://theconversationproject.org/>
- ◉ <https://www.vitaltalk.org/>
- ◉ <https://www.capc.org/>
- ◉ Serious Illness Conversation Guide-Ariadne lab
- ◉ <https://www.bioethics.northwestern.edu/programs/epec/>
- ◉ <https://www.aacnnursing.org/ELNEC>

Four Fundamental Principles for Better Communication

- Principle 1: “Ask-Tell-Ask”
- Principle 2: When you are stuck, ask for more information: “Tell me more”
- Principle 3: Respond to emotion (NURSE)
- Principle 4: Assess the patient’s coping style

Goals of care Conversation

- Elicit patient's and/or surrogate's understanding of the patient's condition
- Get permission to share news
- Elicit what is most important to the patient in the context of the illness
- Explore your patient's values as they influence care options, or guide surrogate decision-makers to explore the values and goals of the patient

My own wisdom 😊

- If you don't know what to say- remember kitchen table conversation with your mom/grandma
- Low hanging fruit
- What keeps you awake at night?
- Bells curve of Being present

Thank you

- tvesel@tuftsmedicalcenter.org

Discussion/Questions

Advance Care Planning Visit

Donna Campbell, Risk Adjustment Manager

Advance Care Planning Documentation and Coding Guidelines

- Voluntary Advance Care Planning (ACP) is a face-to-face service between a Medicare physician (or other qualified health care professional) and a patient to discuss the patient's health care wishes if they become unable to make decisions about their care.
- CPT has established two time-based codes (99497, 99498) for Advance Care Planning
- When reporting these codes, no active management of problem(s) is undertaken during the time period reported.
- CMS has not issued specific guidelines, but suggested the following as examples of appropriate documentation:
 - An account of the discussion with the beneficiary (or family members and/or surrogate) regarding the voluntary nature of the encounter;
 - Documentation indicating the explanation of advance directives (along with completion of those forms, when performed);
 - Who was present; and the time spent in the face-to-face encounter.

Advance Care Planning Documentation and Coding Guidelines

- If ACP is billed with the Welcome to Medicare Visit (IPPE) or Medicare Annual Wellness Visit (AWV), cost-share is waived. Append the modifier -33 to the claim.
- If Advance Care Planning is billed with non-AWV visits, no modifier is used and cost-share will apply.
- There are no limits to how frequently ACP can be reported for a given beneficiary in a given time period. However, when the service is billed multiple times for a single beneficiary, CMS expects to see documentation which supports the need for multiple conversations – such as a change in health status and/or wishes regarding care.
- ACP **can** be provided via telehealth (either video or audio-only).
- For more information, please see the Medicare Learning Network [Advance Care Planning Fact Sheet](#)

ACP: CPT Codes and Medicare Allowables

CPT Code	Description	Notes	Medicare Allowable Reimbursement: Metro Boston (non facility)	Medicare Allowable Reimbursement: Rest of Mass (non facility)
99497	ACP 30 minutes	Minimum face-to-face time is 16 minutes* (*per CPT guidance, a unit of time is attained when the halfway point + 1 minute has been passed)	\$93.94	\$88.48
+99498	ACP each add 30 minutes	Add this code when you have spent at least 46 minutes in face-to-face time.	\$80.75	\$76.46

Discussion/Questions

Upcoming Events

Mark Your Calendar!



EpicEdge Community Info Sessions

Program Overview and Billing sessions for Wellforce Private Practices interested in the EpicEdge Community Offering. [Learn more here.](#)

Billing Overview:

Monday, October 25: Noon - 1:00 p.m.

Program Overview:

Thursday, October 28: 5:30 p.m. - 6:30 p.m.

Mark Your Calendar!



The Wellforce Clinically Integrated Network

IEP for Home Seminar Series

LEARN HOW TO SET YOUR CHILD UP FOR SUCCESS AT SCHOOL

The IEP for Home seminar series provides detailed psychoeducation to parents about the skills that all children need to build. The series also will address the issue of parents-as-teachers, given the prevalence of remote learning during the COVID-19 era.



Seminar topics include:

1. Positive relationships
2. Sleeping
3. Eating
4. Movement
5. Schedules
6. Rules
7. Friendships
8. Homework

Seminars are scheduled on the following Wednesdays from 7-8 p.m

OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE
6	3	1	5	2	2	6	4	1

Join the seminar via ZOOM: tinyurl.com/IEPForHome

Meeting ID: 914 4931 0430

IEP for Home Seminar

Wednesday, November 3

7-8 p.m.

Mark Your Calendar!

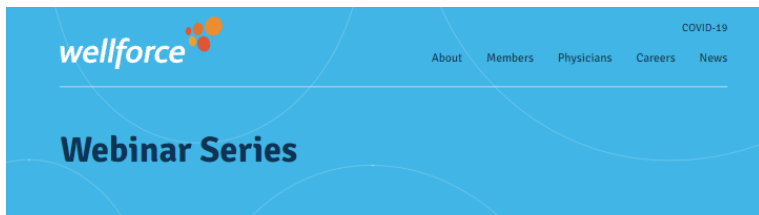
Risk Adjustment Coding Webinar:

A deeper dive into Vascular
conditions for risk coding

Thursday, November 18
Noon-1 p.m.

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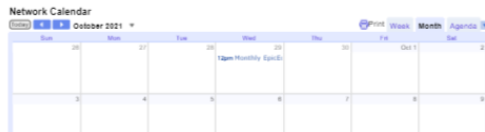


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