

# Relationship Based Telehealth:

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## Incorporating Telehealth into your Care Coordination Program

Building Leaders – Transforming Hospitals – Improving Care



## 45 Years of Delivering Results

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**HealthTechS3** is a 45 year old, award-winning healthcare consulting and strategic hospital services firm based in Brentwood, Tennessee with clients across the United States.

We are dedicated to the goal of improving performance, achieving compliance, reducing costs, and ultimately improving patient care. Leveraging consultants with deep healthcare industry experience, **HealthTechS3** provides actionable insights and guidance that supports informed decision making and drives efficiency in operational performance.

Our consultants are former hospital leaders and executives. **HealthTechS3** has the right mix of experienced professionals that service hospital clients across the nation. **HealthTechS3** offers flexible and affordable services, consulting, and technology as we focus on delivering solutions that can be implemented and provide a positive, measurable impact.



## STRATEGY – SOLUTIONS – SUPPORT

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### GOVERNANCE & STRATEGY

- Affiliation Consulting
- Executive & Management Leadership Development
- Strategic Planning & Market share Analysis
- Community Health Needs Assessment
- Compliance Consulting Services

### FINANCE

- Performance Optimization / Margin Improvement
- Revenue Cycle & Business Office Operations
- Productivity & Staffing Consulting - Optimum Productivity Toolkit

### CLINICAL CARE & OPERATIONS

- Continuous Survey Readiness
- Quality Assurance Performance Improvement
- Lean Culture
- Customer Experience
- Clinical Resource Management
- Care Coordination – Primary Care Practice
- Physician Practice & Clinic Assessment
- Long Term Care Consulting
- Swing Bed Consulting
- Perioperative Services Consulting

### RECRUITMENT

- Executive Recruitment
- Manager and Clinical Positions
- Physician / Provider Recruitment
- Information Technology Professionals
- Interim Placement



## 4TH Quarter Webinars

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### CMS Revises Swing Bed Standards – What's New?– What's the Same? – Are You Ready?

Host: Carolyn St.Charles, RN, BSN, MBA, Regional Chief Clinical Officer

October 5, 2018 at 12pm CST

<https://bit.ly/2wJsa93>

### Relationship-Based Telehealth: Incorporating Telehealth into your Care Coordination Program

Hosts: Faith M Jones, MSN, RN, NEA-BC, HealthTechS3 Director of Care Coordination

October 11, 2018 at 12pm CST

<https://bit.ly/2MoaGdY>

### Interim Leadership: Ensuring A Catalyst for Change

Host: Jennifer LeMieux, CRCR, BS, MBA, Strategy Consultant, HealthTechS3

October 25, 2018 at 12pm CST

<https://bit.ly/2Q3ujoF>

### Strategies for Meeting the Healthcare Needs of At-Risk Populations

Host: Carolyn St.Charles, RN, BSN, MBA, Regional Chief Clinical Officer

November 2, 2018 at 12pm CST

<https://bit.ly/2CwrmKT>

### Advance Care Planning: It's about the Conversation not the Form

Host: Faith M Jones, MSN, RN, NEA-BC, HealthTechS3 Director of Care Coordination

November 15, 2018 at 12pm CST

<https://bit.ly/2MPqrtB>

### Critical Access Hospitals - Anything New for 2019?

Host: Carolyn St.Charles, RN, BSN, MBA, Regional Chief Clinical Officer

December 7, 2018 at 12pm CST

<https://bit.ly/2NPgysk>

### Getting Organized with Lean: 5S for the New Year!

Host: Faith M Jones, MSN, RN, NEA-BC, HealthTechS3 Director of Care Coordination and Lean Consulting

December 13, 2018 at 12pm CST

<https://bit.ly/2Q5OmCU>

**All Webinars are Recorded**

## Instructions for Today's Webinar

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- ✓ You may type a question in the text box if you have a question during the presentation
- ✓ We will try to cover all of your questions – but if we don't get to them during the webinar we will follow-up with you by e-mail
- ✓ You may also send questions after the webinar to our team (contact information is included at the end of the presentation)
- ✓ The webinar will be recorded and the recording will be available on the HealthTechS3 web site: [www.healthtechs3.com](http://www.healthtechs3.com)



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## HEALTHTECHS<sup>3</sup>

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**Faith M Jones, MSN, RN, NEA-BC**  
**Director of Care Coordination and Lean Consulting**

Faith Jones began her healthcare career in the US Navy over 30 years ago. She has worked in a variety of roles in clinical practice, education, management, administration, consulting, and healthcare compliance. Her knowledge and experience spans various settings including ambulance, clinics, hospitals, home care, and long term care. In her leadership roles she has been responsible for operational leadership for all clinical functions including multiple nursing specialties, pharmacy, laboratory, imaging, nutrition, therapies, as well as administrative functions related to quality management, case management, medical staff credentialing, staff education, and corporate compliance. She currently implements care coordination programs focusing on the Medicare population and teaches care coordination concepts nationally. She also holds a Green Belt in Healthcare and is a Certified Lean Instructor.

Healthcare  
Focus

45 Year  
Company History

Experienced  
Consultants

Technology  
Partnerships

## Objectives

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### Upon completion of the webinar, the participant will understand:

- The role of the care coordinator in primary care practices
- How to leverage the relationship between care coordinators and patients to facilitate the use of telehealth technologies



## Changing Models

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“Our goal is to recognize the trend toward **practice transformation** and overall improved quality of care, while preventing **unwanted** and **unnecessary** care”

CMS CFR 11-12-2014

“CMS’s focus is on putting patients first, and that means protecting the doctor-patient relationship”

CMS Administrator Seema Verma 7-17-2018

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Downloads/2018-07-17-eNews-SE.pdf>



## Care Delivery Models

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“...new and evolving care delivery models, which feature an increased role for non-physician practitioners (often as care coordination facilitators or in team-based care) have been shown to improve patient outcomes while reducing costs, both of which are important Department goals as we move further toward quality and value-based purchasing of health care services in the Medicare program and the health care system as a whole.”

Vol. 80 Wednesday, No. 135 July 15, 2015, P 226



## The Provider Question

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What do I have to do?



Embrace the concept of  
Team Based Care



## Team Based Care

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### Care Coordination uses a Team Based Care Approach

**Shared goals:** The team—including the patient and, where appropriate, family members or other support persons—works to establish shared goals that reflect patient and family priorities, and can be clearly articulated, understood, and supported by all team members.

**Clear roles:** There are clear expectations for each team member's functions, responsibilities, and accountabilities, which optimize the team's efficiency and often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts.

**Mutual trust:** Team members earn each other's trust, creating strong norms of reciprocity and greater opportunities for shared achievement.

**Effective communication:** The team prioritizes and continuously refines its communication skills. It has consistent channels for candid and complete communication, which are accessed and used by all team members across all settings.

**Measurable processes and outcomes:** The team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team's goals. These are used to track and improve performance immediately and over time.

Source: Mitchell et al., 2012



## Chronic Care Management

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### Practice/Billing Eligibility

- Qualified EHR
- After hours access
- Patient Agreement/Consent
- Care Planning
- At least 20 minutes per Calendar month coordinating care

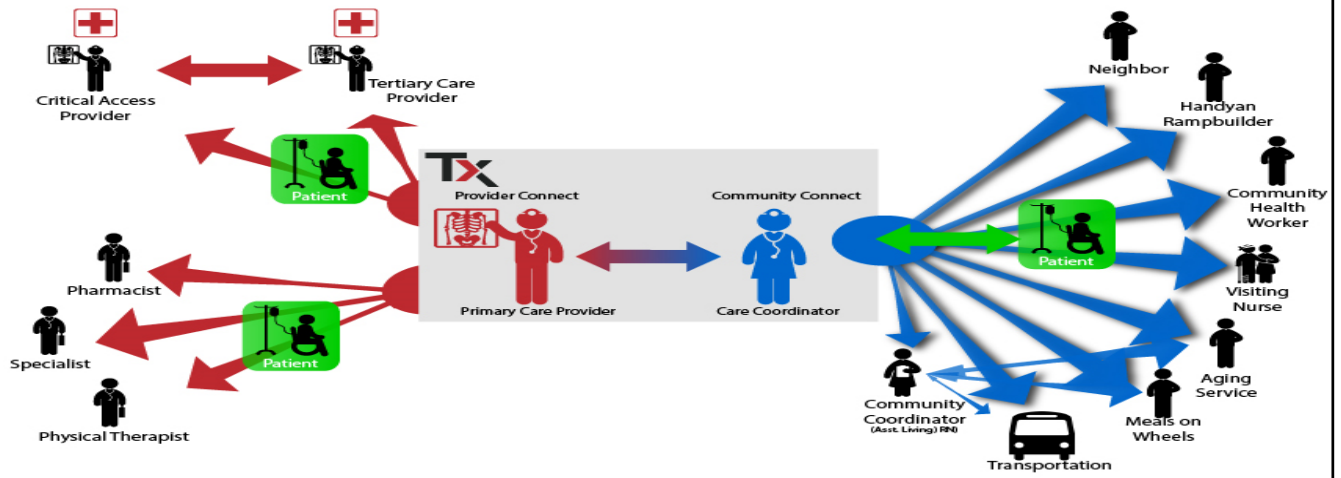
### Patient Eligibility

- Medicare Patient
- Two or more chronic conditions expected to last at least 12 months or until the death of the patient
- At significant risk of death, acute exacerbation, decomposition, or functional decline without management



## Expand your Reach

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## Leveraging Care Coordinator Relationships

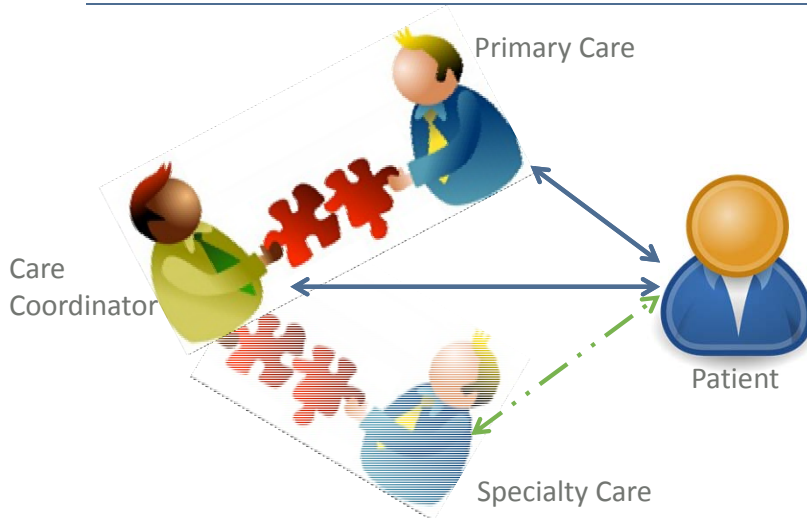
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Relationships  
Relationships  
Relationships



## Connecting CCM Patients to Specialty Services

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Patient / Primary  
Care Provider  
Relationships

Patient / Care  
Coordinator  
Relationships

Patient / Specialty  
Provider  
Relationships



## Telehealth Technologies

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No longer cost prohibitive

Easy to use across various platforms  
including cell phone apps

Be secure – Use Encryption





## Telehealth Billing Rules

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### Originating Site

#### – Eligible Location:

- County outside of a Statistical Metropolitan Area (SMA)
- Rural Health Professional Shortage Area (HPSA)

### Distant Site:

- Practitioners at the site who furnish and receive payment for the covered telehealth service

<https://www.census.gov/programs-surveys/metro-micro/about.html>



## Originating Site

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### Originating Site authorized by Law:

- The offices of physicians or practitioners
- Hospitals
- Critical Access Hospitals
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers
- Skilled Nursing Facilities
- Community Mental Health Centers

Telehealth Services Medicare Learning Network Feb 2018



## Distance Site Practitioners

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### Distance Site Practitioners authorized by Law:

- Physicians
- Nurse Practitioners
- Physicians Assistants
- Nurse Midwives
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists
- Clinical Psychologists and Clinical Social Workers
  - For specific codes
- Registered Dietitians or Nutrition Professionals

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## Originating Site Reimbursement

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### Originating Site

- Originating sites are paid an originating site facility fee for telehealth services
- The code to use is the HCPCS Code Q3014
- The fee is separately billable Part B payment
- The fee is intended to cover the costs of the originating site such as space, technology, and labor
- For 2018 – the fee is ~\$25.00 per use

Telehealth Services Medicare Learning Network Feb 2018



## Benefits to Originating Site in addition to Reimbursement

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### Care Coordinator

- Established the relationship with the patient
- Can make the patient feel at ease with the technology
- Can be present with the patient during the visit
  - Hear first hand what the specialists is telling the patient
  - Can incorporate elements into the plan of care
  - Can assist with follow through



## Charging vs. Tracking

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### Billable Visit

- No Double Dipping
- Continue to bill for eligible services
- If service is billable do not track time
- Specialty Visit
- Originating Site Visit

### Time Tracking

- No Double Dipping
- Track all time for non-billable services
- Do Not track time if billing for the visit
- Track time for all of the referral management and appointment set up



## Proposed Changes to Telehealth Billing

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Paying clinicians for virtual check-ins (brief virtual appointments via video or audio communications)

Paying clinicians for evaluation of patient-submitted photos

Expanding Medicare-covered telehealth services to include prolonged preventive services



## Thank you!

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If you would like more information or would like to discuss implementing or expanding our care coordination program, please feel free to contact me.

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**HEALTHTECH S<sup>3</sup>**  
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