

Fundamental Challenges To Virtual Care

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Agenda For Today

- Introduction
- What to do in Implementing a Telemedicine Program
- Technology Selection
- Telemedicine to Maximize Revenue
- Practice Guidelines
- Future Considerations in Remote Care



Virtual Care - Anytime Anywhere



Improve Patient Care

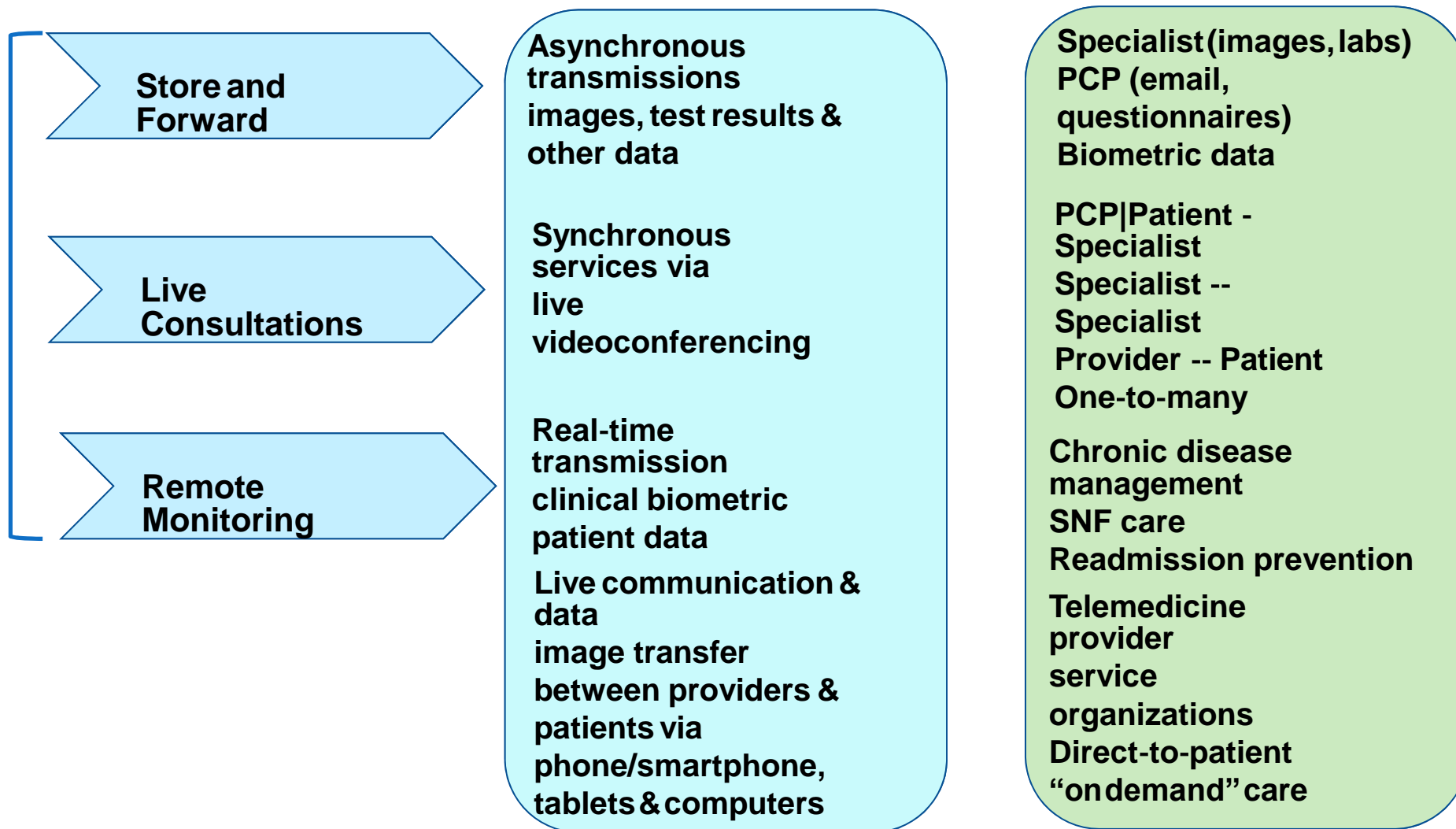
Virtual Care Platforms with customized services which help you expand its reach beyond traditional care settings.

See more patients with convenient 24/7 access.

Generate a new source of revenue and improve patient care.

Telemedicine Today: Service Definition and Delivery Systems

*Established
Technologies*



Telemedicine Today: Service Definition and Delivery Systems

Combines the immediacy & convenience of urgent care medicine with the continuity of care foundational to a primary care medical home.

- Direct-to-patient care for medical consultation, triage, diagnosis, and treatment
- Acute conditions brief duration attributed to illness or injury
- Stable exacerbations of chronic conditions
- Visits are generally unscheduled and episodic
- Delivered on-line or by telephone, often 24/7/365
- Service endpoints can be anywhere, anytime
- Does not totally replace need for in-person visits
- Safe alternative to in-person care for certain medical conditions
- May establish a provider-patient relationship via telemedicine

VIRTUAL CARE – What Can I DO?

Provide your clinic with access to all the capabilities and benefits of virtual health.

- Real-time HD video consults
- Conduct telephone consults
- Secure messaging capabilities
- Set your schedule
- Recording capabilities
- Collect co-payments
- Integrates seamlessly with EHR
- Integrates with medical devices
- White-labeled options to match your clinic's brand



Virtual Clinic Workflow Model

Patient

Member Requests Care

- By phone (1-800 #)
- Web portal
- Smartphone app
- Nurse line referral
- Appointment



Verification

- Patient service rep or software verifies request from eligible member
- Consent/acknowledgement
- High risk patients may be flagged

Virtual Visit Begins

- Conversation via phone or webcam commences

Assessment & Care

- Provider determines if virtual care appropriate; then either escalates care (triage) or diagnoses & treats
- Provider follows condition specific guidelines for delivery of care by telemedicine

Visit Concludes

Patient receives visit summary, education materials & satisfaction survey

Document & Email

- Provider emails/mails visit summary to patient
- Arranges prescription if appropriate. EMR document sent electronically to provider office (e-fax/EMR)

Follow Up & Referral

- Follow up care arranged for member with PCP or PCP selection facilitated.
- Notification to Case Management; initiative support etc.

An Informed Visit

Informed consent or acknowledgement:

- Verbal or via platform
- Mode of service delivery
- HIPAA policy on privacy and security measures, privacy risks
- Location of patient & provider
- Contingencies for technical failure (hold harmless for lost information)
- Consent to forward PHI to 3rd parties
- Mandatory reporting
- Communication with patient (visit summary, satisfaction survey)
- Procedures for coordination /continuity care
- Procedures for contact between visits
- Conditions under

Share Information Up Front

- Comprehensive information about the service
- Disclose what PHI is collected (name, DOB, contact info, location, benefit eligibility, PCP/clinic)
- Scope of care (most common conditions)
- Who's delivering the service (provider bios and photos)
- Scheduling process
- Expected wait time
- Prescribing policies (no narcotics, prescriptions not guaranteed!)
- Billing & price transparency
- Confidentiality and HIPAA policies
- Code of Ethics

Define Your Goals

- Understand your market
- How will telemedicine improve your ecosystem?
- Determine basic technology requirements
- Make technology comply to workflow, not workflow to technology
- How will TM improve efficiency?
- Improve service to patients
- Extend office hours
- Allocate time slots for TM “walk-ins”
- Manage quality of life
- Work from home
- Engage ancillary services (Education, Pharmacy, Case Management)



Doctor – Patient Relationship

- State-by-State definition of the patient-physician relationship & practice of medicine
- Once physician affirmatively acts in a patient's case by examining, diagnosing, treating, or agreeing to do so and patient accepts, relationship exists (no in person presence requirement in historic case law)



Doctor – Patient Relationship

- Know your organization’s role and include appropriate disclosures and disclaimers
- Verification and authentication of patient location and identity (licensure based on patient location)
- Disclosure and validation of physician’s identity and credentials
- Obtain appropriate consents to provide care (ability to “reject” or “best direct” patients may be limited by technology and business model)
- Make appropriate provisions for follow-up care
- Arrange, as necessary, for referrals to emergency or other third-party care



Clinical Operations: High Level Considerations

Provider Qualifications

- State Licensure (physicians, nurses, allied professionals)
- Board certification
- Malpractice insurance that covers TM & TH practice
- Payer credentialing

Documentation And Periodic Update Of Policies/Monitor For Compliance

- Regulatory restrictions : federal; state and pharmacy medical boards

Provider Onboarding And Periodic Training

- Process workflow & documentation
- Clinical practice guidelines, information resources
- Patient education materials
- Patient resources (i.e., UC or 24-hour pharmacy locations, lab)

Quality Assurance Program

- Documentation process for clinical oversight

HIPAA

- Policies addressing privacy & security, data transmission & storage, data encryption, control of access to PHI, management of breach, destruction materials containing PHI

Evaluation and Treatment

- **Telemedicine provides the same doctor-patient relationship as in-person governed by regional and state variations**
- **Available clinical records & analytics should be previewed at POC**
 - EHR, remote monitoring data
 - Flag: narcotic use, ER frequent flyers, hospitalizations, high risk
- **Providers should identify themselves and provide credentials**
- **Follow clinical guidelines based on symptom or condition**
- **Evaluate need for escalation**
 - Advice given to patient for alternate care (i.e., ER, UC)
- **Referrals**
 - Knowledge patient's healthcare network when feasible
 - Primary & specialty providers, educators, therapists, lab, imaging

Clinical Practice Guidelines

- ✓ Should be specific to mode of patient encounter (phone, video, asynchronous email, web form, w/peripherals, future business models)
- ✓ Describe condition and corresponding ICD code
- ✓ Scope of treatment via telemedicine based on medical evidence, or at minimum, precedent for successful management based on peer reviewed guidelines or expert opinion
- ✓ Parameters under which condition can be treated
- ✓ Parameters under which condition may not be treated and require referral to alternate modes of management
- ✓ Escalation protocol



Create An Optimal Environment

- Location should be private & HIPAA compliant
- Seating and lighting tailored to allow maximal comfort & visibility
- Can you hear patient/representative?
- Keep devices on secure, stable platform
- Position camera for optimal face-to-face contact
- Backdrop limits distraction & creates professional atmosphere
- Define minimum acceptable levels privacy, distraction, noise, other environmental factors
- Who's in the room with the patient?
- Consider impact of documenting during the visit
- Attire consistent with in-person encounter
- Cultural considerations
- Converse in language familiar to both parties (translator, signer)
- Patient/representative participate in provider-directed self-exam



Ideal Platform

- Platform Features
- Web-based Online Exam Room with multipoint high-definition video conferencing
- Patient Personal Health Record (PHR)
- Remote Diagnostic & Monitoring Devices
- Integrated Link to Laboratories and Pharmacies
- Technical vendor insures a secure platform for both providers and patients
- Cross platform capabilities enabling full mobile device utilization
- Able to fully integrate with other IT infrastructures
- All systems are HIPPA compliant
- Robust firewall protection
- Physical security features at all Data Center locations



Ideal Platform Overview

Conduct virtual visits with new or existing patients by computer, or phone. Features should follow the protocols you would use just as you would in a traditional clinic setting.

Easy to navigate platform overviews with:

- Physician Dashboard
- Patient Portal
- Reporting Analytics
- Administrative Features



Telemedicine Use Case and Opportunity

- Extend provider availability
- Timely access to convenient care
- Market differentiator
- Recruitment and retention
- Time and cost of transit for patients
- Time and cost of transit for providers
- Avoidable ER
- Avoidable admissions /readmissions
- Population health management
- Optimize initiatives (HEDIS, STAR, CAHPS)
- Reduce cap/ex cost of brick and mortar



Underserved



Urgent Care



Retail Clinics



ACO's



Consumer



Education



Mobile Clinics



Correctional Facilities



SNF's



Home Health



Health Plans

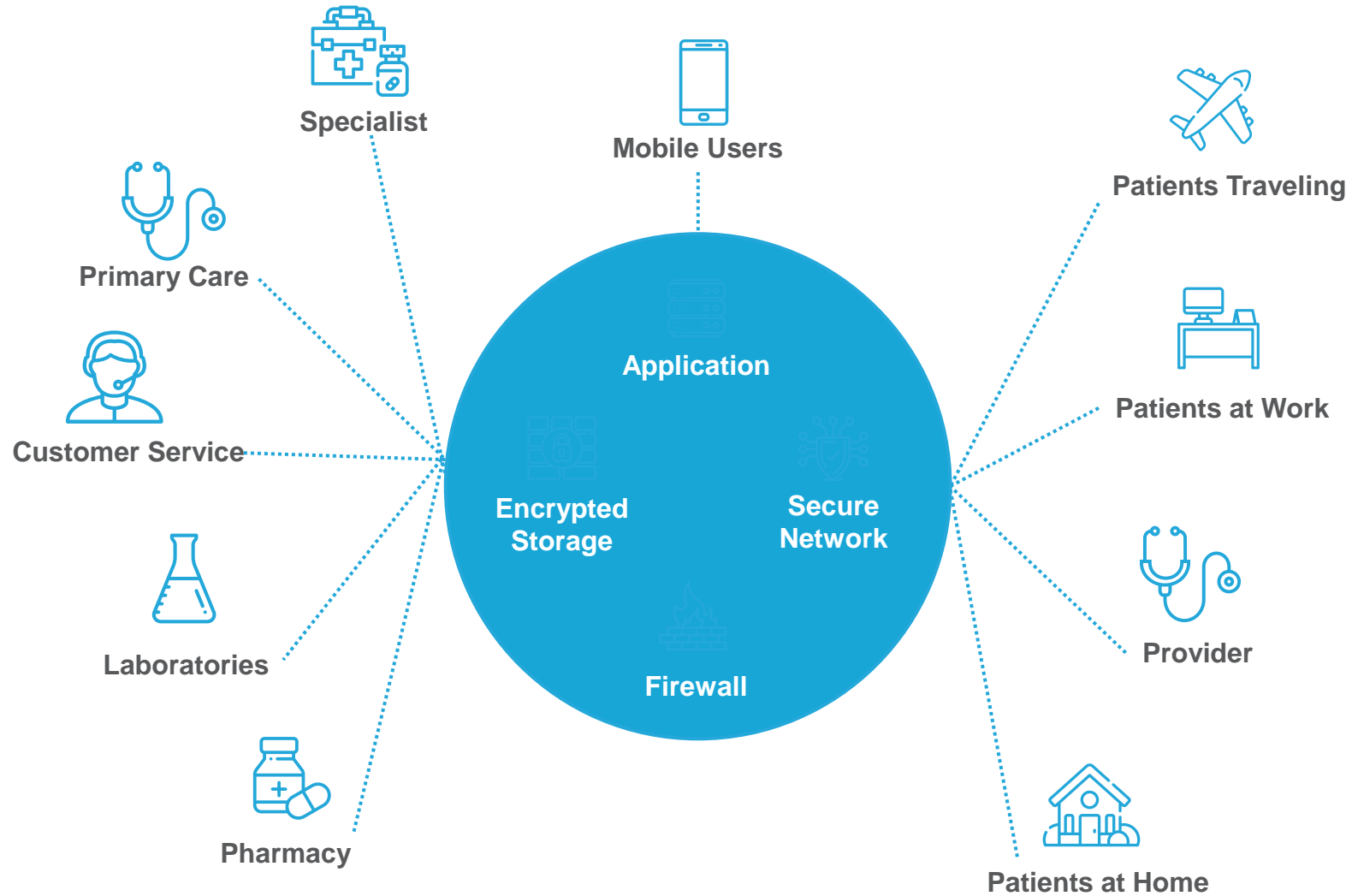


Case Management



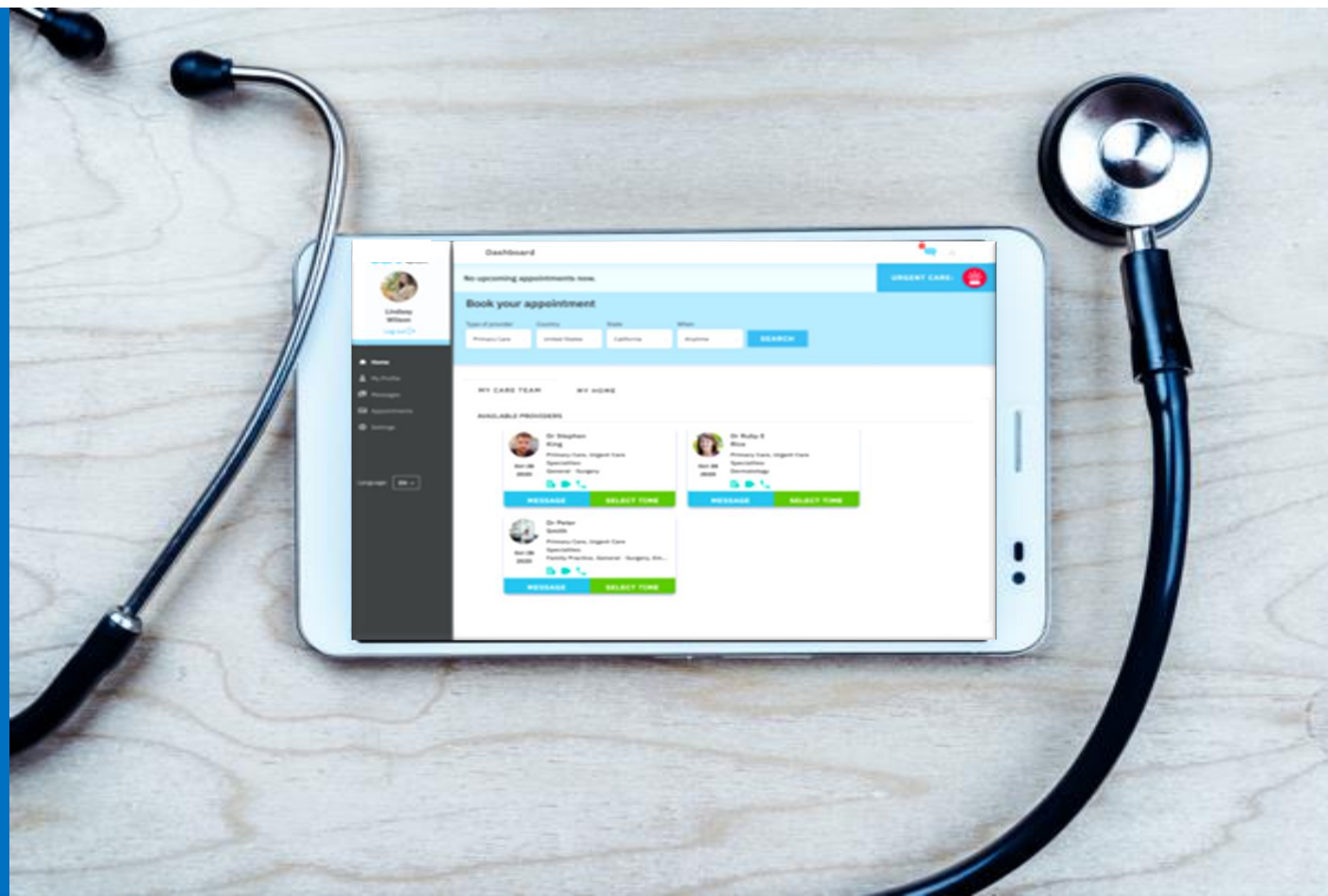
Health Systems

The Virtual Care Model



Integrated Programs and Applications to Consider

- Remote Patient Monitoring
- Chronic Care Management
- ER Triage
- Population Health Management
- Staff Load Balancing
- Urgent Care Virtualization
- Virtual Medical Suite



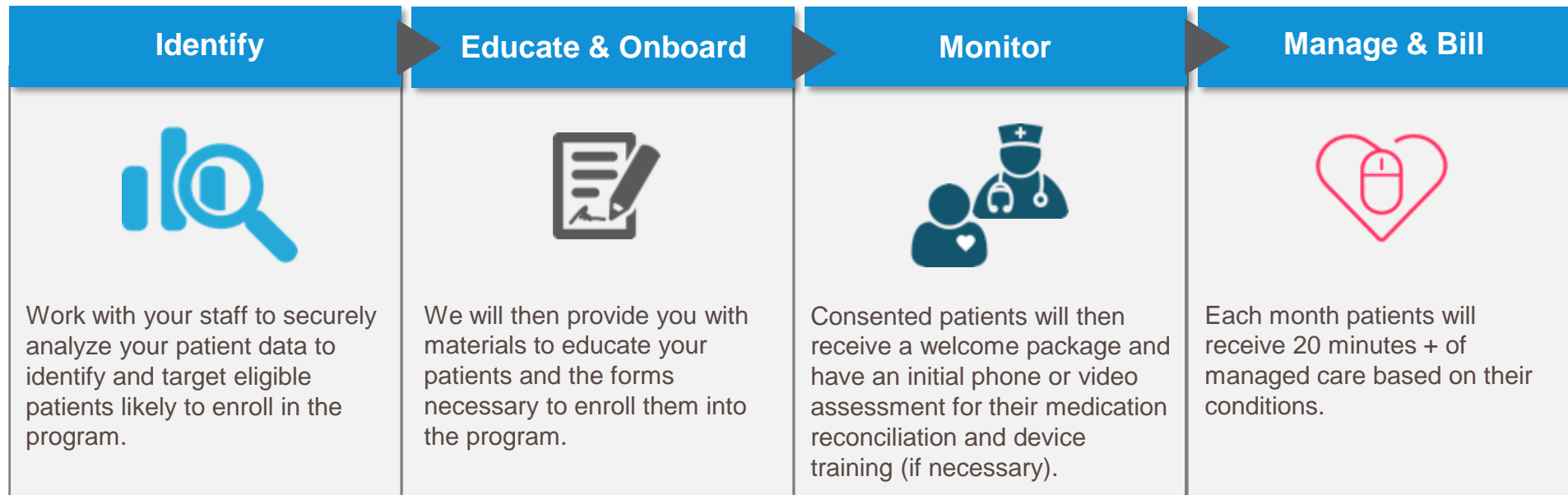
Patient Centered Medical Home

Chronic Care Management

Create your own Chronic Care Management system by using your practitioners or our turn-key Chronic Care Management service to address chronic conditions as simple as asthma to those as complex as heart failure.

Remote Patient Monitoring

Establish your own Remote Patient Monitoring system by using your practitioners to help you reduce readmissions and safely discharge patients earlier.



Population Health / Chronic Care Management

Provide your senior patients with multiple chronic conditions with a safe, convenient and simple way to manage and improve their health.



Remote Patient Monitoring

Improve Patient Care and
Increase Bottom Line



How It Works

1. Enroll Patients into the Virtual Care Platform
2. Start with a minimum number of patients
3. Onboard Patients
4. Start Monitoring
5. Support staff and Virtual Care Platform track patient
6. Document necessary information for claims processing



RPM Benefits

- Produce better patient outcomes
- Patient data delivered to you instantly
- Device and customer support provided
- Generate significant additional revenue for your practice
- Increase patient satisfaction and care plan compliance
- Faster access to patients through your own virtual clinic



Urgent Care Virtualization

Provide immediate 24/7 care to your patients online by establishing a virtual urgent care center for common conditions.

- Patient Portal with capacity to monitor specific disease states
- Easily Assessable web and mobile app simplifies care
- Avoid Hospital stays through earlier identification of at-risk patients and high-risk conditions
- Send prescriptions through e-prescribe

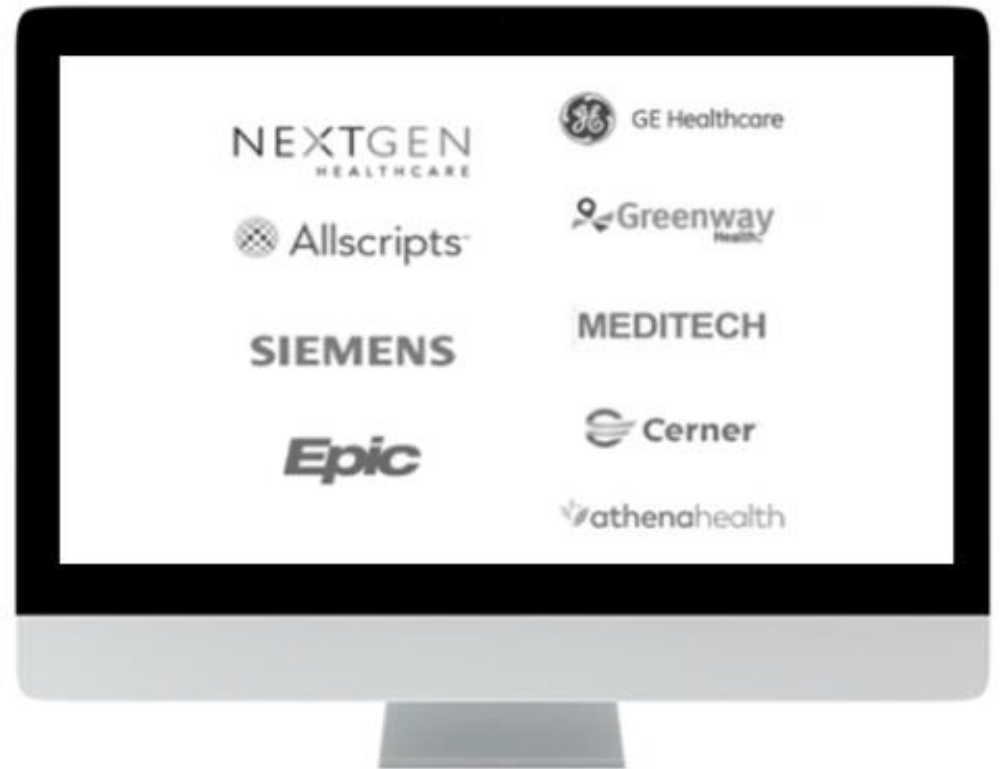
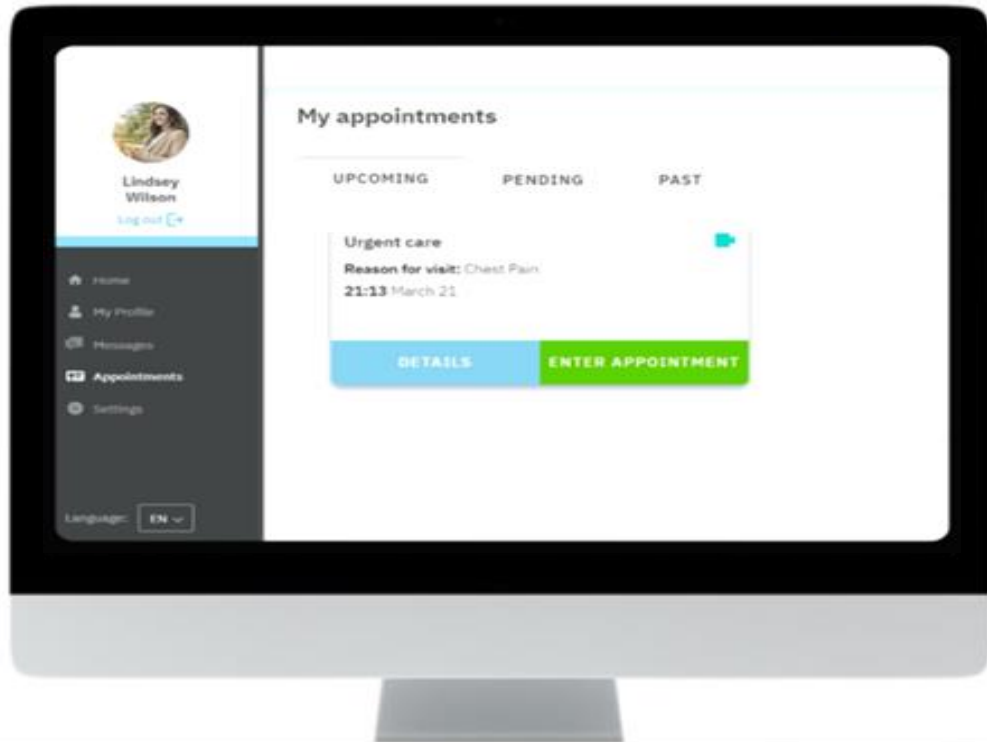


ER Triageing

Implement a patient triage system to direct your patients to the most convenient and effective healthcare setting, before hospitalization and even within the ER.



Integration With EHRs



Quality Control

Technical

- Application is HIPAA/HITRUST Compliant
- Application has segregated testing environments as well as the live instance
- Security Awareness training is completed annually with all employees
- Firewalls/Unique Logins are mandatory for access
- Audit trails to identify issues and prevent loss prevention
- Security incidents are recorded and tracked to eliminate reoccurring issues
- Remote access to ensure all security updates/firewalls are most up to date
- SOC Compliant

Clinical Services

Quality Measurements

Measures the quality of providers by utilizing the framework by the Institute of Medicine (IOM), which includes these six measurements:

- **Safety:** Measuring how well the provider avoids harm to patients from the care that is intended to help them.
- **Effectiveness:** Measuring how well the provider is at providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Patient-centered:** Measuring how well the provider is at providing care that is respectful of and responsive to individual patient preferences, needs, and values while also ensuring that patient values guide all clinical decisions.
- **Timeliness:** Measuring how well the provider does with reducing waits and sometimes harmful delays for both those who receive and those who give care. For example, length of time it takes for prescriptions to be sent in after patient visit.
- **Efficiency:** Measuring how well provider does with avoiding waste, including waste of ideas, and energy.
- **Equitably:** Measuring how well the provider is with providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Goals of Measurement

- The goals of quality measurements are as follows:
- To assure that the health care provider to patient is of appropriate level of continuity and quality.
- To assure that treatment rendered is consistent with clinical impression or working diagnosis.
- To assure that appropriate consultations are obtained relative to patient's condition.
- To assure that the performance of the provider is consistent with accepted medical standards of health care.
- To assure that the overall health needs of patients are met, including patient satisfaction.

Tools Utilized for Measurement

- Utilize the following tools to report on provider quality:
- Surveys and Questionnaires
- Provider Performance Evaluations and Chart Reviews

Billing

- **Direct-to-Consumer**
 - Full price transparency prior to service
 - Maximum possible fees collected as result of the service
 - Method of collection
 - Credit card collection must be PCI compliant
- **Availability of Medicare, Medicaid and other insurance restrictions and requirements**
- **Up front discussion with payers/TPAs regarding fee parity with “in-person” visits ; alternate reimbursement models**

Reimbursement Coverage for Telehealth

- Medicare
 - Limited to both (a) type of service and (b) location of patient
- Some CMMI and ACO programs are exceptions
- Professional Service vs. Facility Service
- Appropriate MAC for claim filings
- Medicaid--State specific coverage
- Private Payor
 - "Parity" Legislation (definition of telemedicine services)
 - Managed Care Contracting
- Cash Pay Options

Increase Your Bottom Line

Overview

AVG Reimbursement

CareClix Essentials

\$2,500
Fee Waived

CPT 99453

Initial set-up

\$18.77
One-time

CPT 99454

Device supply, daily recordings,
each 30 days

\$62.44
Monthly

CPT 99457

Treatment management by clinician,
first 20 mins/month

\$51.61
Monthly

CPT 99458

Treatment management by clinician,
each additional 20 mins.

\$42.11
If Applicable

Every month, you receive an additional reimbursement of, on average, \$59.33 per patient per month, or about \$660 per patient per year once the program is up and running. That's a total of \$66,000 for every 100 patients

Note: these amounts may vary by location.

Thank you!

We look forward to improving your patient care

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