

# Tips on generating revenue and improving care using telehealth for COVID-19

---

Presented by:

Dr. Yeeny Gonzalez CEO, PCP1st

Bill Bassett, President, Wanda Health



# Dr. Yeeny Gonzalez, CEO



- Located in southern FL
- Specializes in customized care for high risk and those that require complex care management
- Experts in the use of telehealth and remote patient monitoring, to deliver proactive care that is shown to reduce costs and improve satisfaction
- Provide innovative remote healthcare solutions for CINs, ACOs, MSOs and provider offices
- Develop customized programs to achieve value-based goals



# Bill Bassett, President



- Integrated telehealth solution combining predictive analytics, advanced behavioral sciences, patient engagement, and a multimodal communication platform
- Active artificial intelligence brings real-time adverse event warnings into the clinical decision process
- Customers are experiencing reductions in unplanned rehospitalizations and emergency department visits, increased patient satisfaction, added revenue, and improved productivity





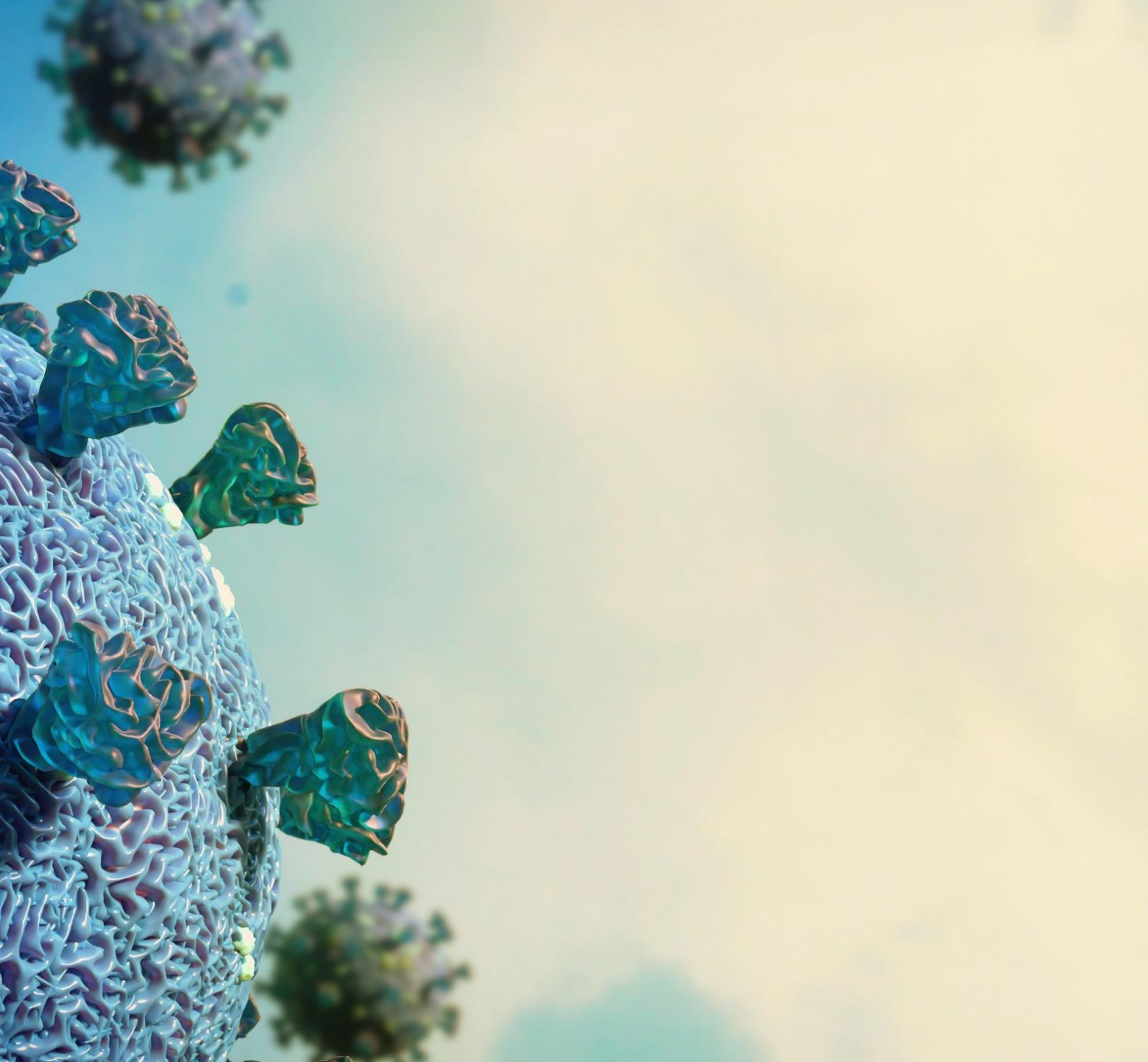
# Presentation Agenda

---

- Challenges facing providers from COVID-19
- PCP1st adopts COVID-19 Telehealth solution
- Tips for telehealth success during COVID-19
- The results of the COVID-19 program
- Learnings from the COVID-19 program
- Telehealth pathways: COVID-19 and beyond
- Financial Model
- Questions and Answers
- Summary







---

# Challenges facing providers from COVID-19

---



# Provider challenges during the pandemic

---

The onset of the COVID-19 crisis has presented several new challenges for healthcare including:

- Patients, especially those at high risk with pre-existing conditions, are reluctant to visit doctors' offices, clinics, or hospitals fearing increased risks of infection of COVID-19.
- Risk to clinical staff and healthcare workers and growing need to facilitate remote working, when self-isolating, to maintain high standards of care
- Rapidly declining revenue at healthcare providers including doctors' offices, clinics, and hospitals
- Educating patients on the proper identification of symptoms and supporting their information needs while they are self-isolating





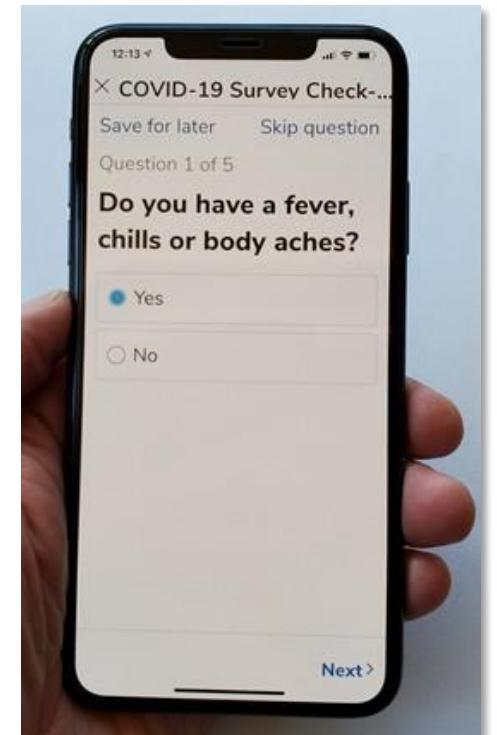
PCP1st Adopts  
Telehealth  
Solution for  
COVID-19

---

# The PCP1st Solution – Wanda Health

## Deployed the COVID-19 Telehealth solution

- Providing patients and quarantined individuals with automated symptom screening
- Supported remote ongoing care management for symptomatic and positive patients
- Improved safety for patients and care team
- Easy to use workflow and mobile care support
- Multi-function telehealth services optimized internal workflow
- Multi-modal communications with patients supports patient-centered delivery (landline, IVR, mobile, Text, mobile app)





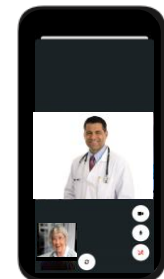
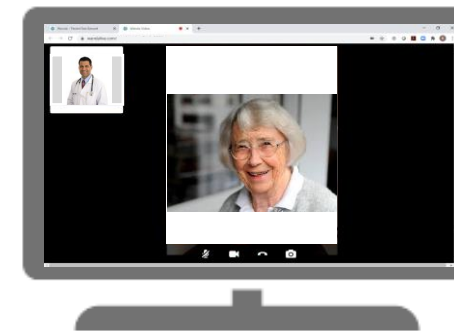
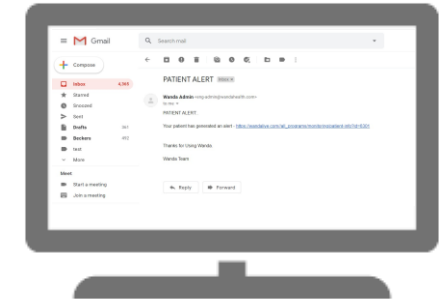
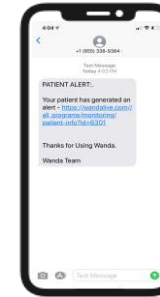
# The COVID-19 Screening Program

- Program followed a “rapid deployment” process going live within 12 days
- Data collection followed symptom guidance from the CDC
- Program designed to support reimbursement requirements
- Patients sent automated COVID-19 Daily Health Checks™



# Interactive Telehealth

- Doctors and care team were notified of symptomatic patients in real time with COVID-19 Telehealth Alerts
- Doctors, staff and patients interacted using Wanda Health's embedded video and voice conferencing
  - Enact interventions
  - Respond to questions about COVID-19 and care
  - Provide remote support for care, medication management, etc.





---

# Tips for a Successful Telehealth Program During COVID-19

---

# Building a successful program

- Have a well-defined internal workflow process
- Make sure entire team understands the workflow and their roles
  - Handoffs
  - Escalation
  - Follow up on interventions
  - Coverage for “out of office” staff
- Use the proper telehealth functions during care – integrate their use

Telehealth Service	Use Cases
Symptom screening/Data collection	Use for automated COVID-19 Screening
Multi-party Video/Voice conferencing	Use for validation, care management and support, E/M visits, training, clinical consultations, case conferencing
Automated reminders, call back requests	Patient engagement and adherence
Remote monitoring	Ongoing care of high-risk patients, patients with COVID-19 who can stay at home, blood-pressure/vital sign management






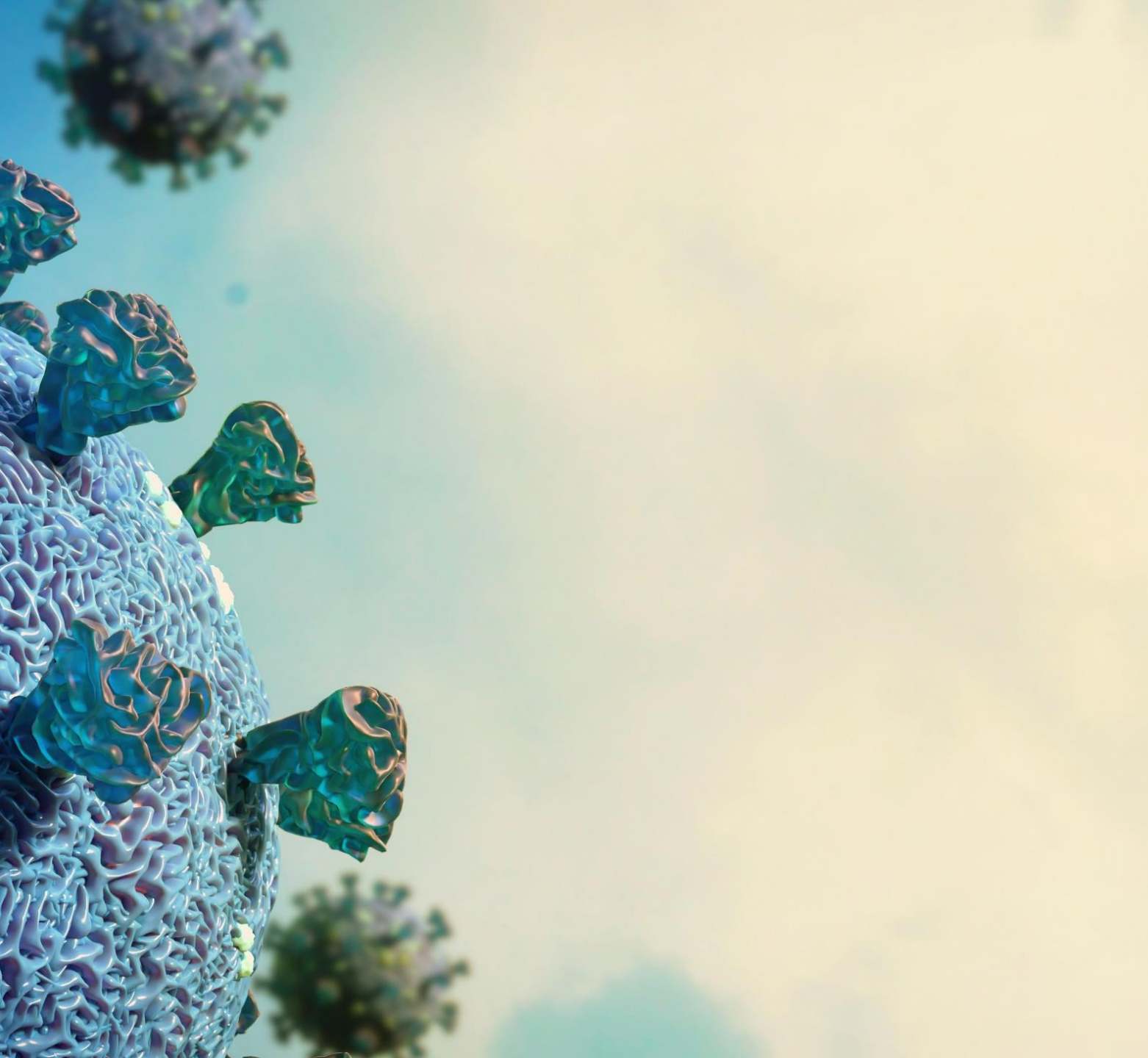


# Insights for Implementation Success

---

- Training, Roll Playing, and Practice before rollout
- Staff need to actively embrace the telehealth technology in how they deliver care
  - Daily stand ups to review issues or questions on telehealth workflow
  - Track daily use metrics to support program visibility and transparency
- Choose systems that are easy to use
  - Provide reliable data on patients to support intervention
  - Use system that supports your workflow
  - Speed of data and mobility are key
  - Audit and billing support
- Initial stress test in team to evaluate workload changes
  - *Pent up patient demand was significantly underestimated*
  - *Have adequate staff at the office*
  - Don't send out automated Daily Health Checks to all patients at one time





# Analyzing the Results of the COVID-19 Telehealth Program

---



# Program Operational Metrics

---

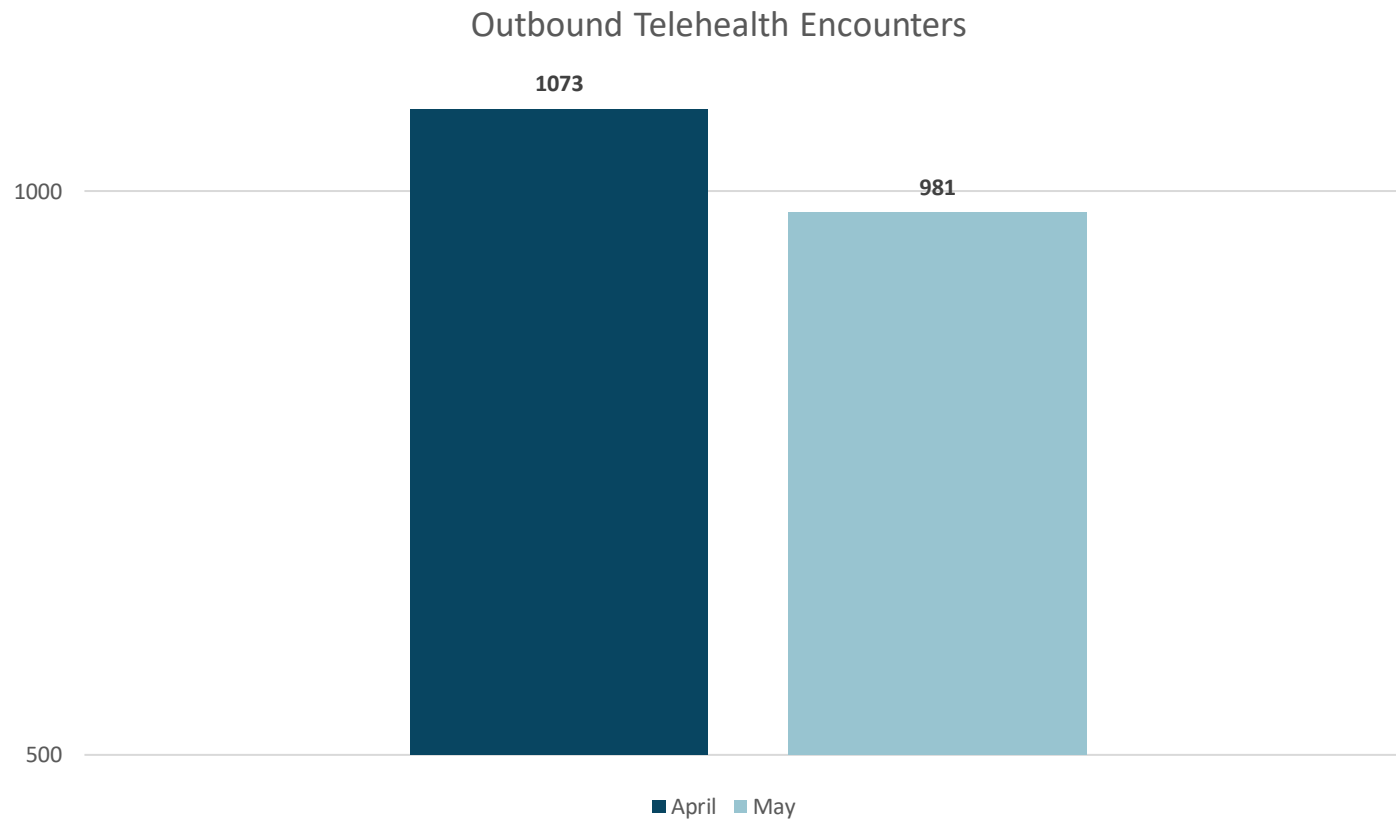
The following were achieved in the first 30 days of the program

- **6,951 automated COVID-19 calls delivered**
  - 95% via Interactive Voice Response
  - Selected since phone # was common data across all patients
- **2,460 completed COVID-19 Daily Health Checks**



# Results: Outbound telehealth encounters completed by care team

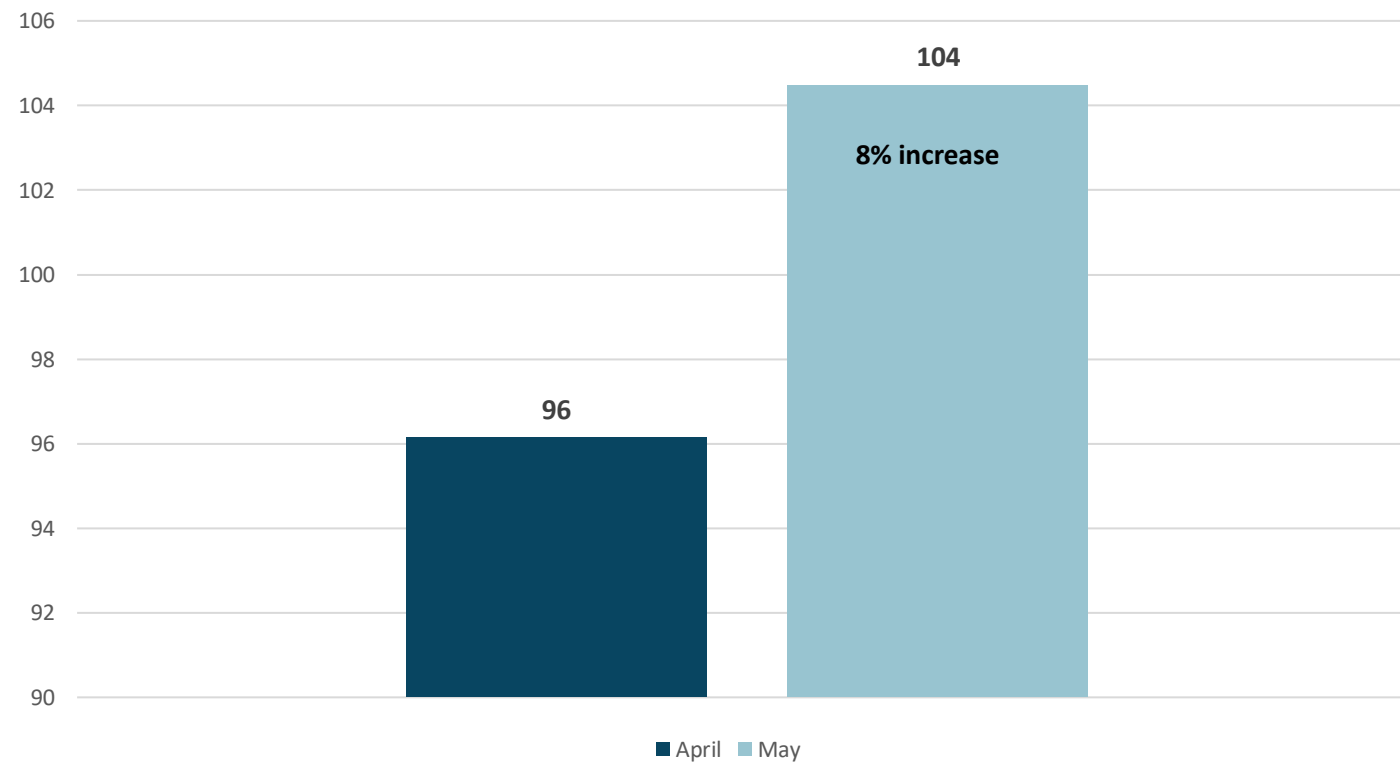
---





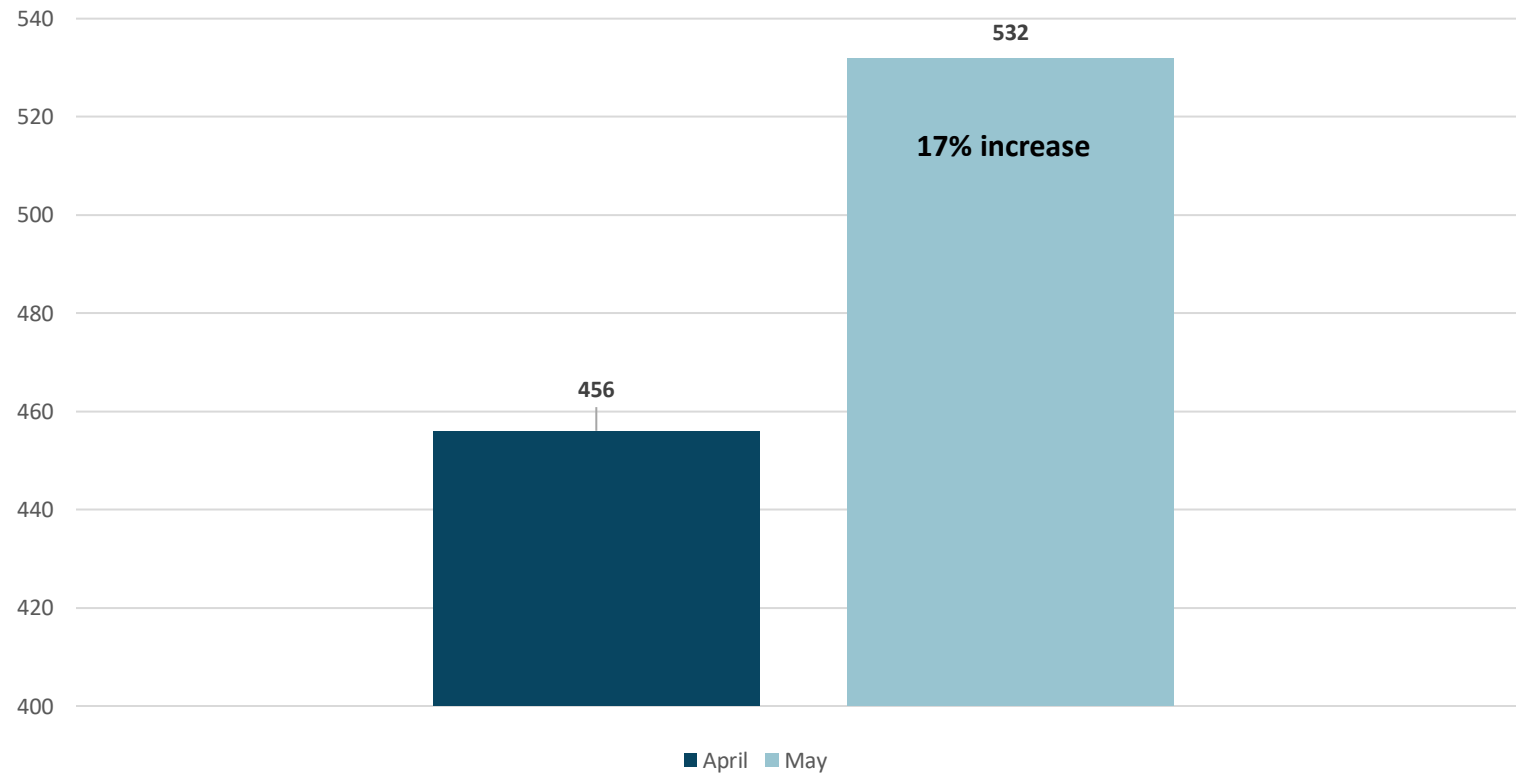
# Results: Total hours per month on outbound telehealth

Outbound Telehealth Encounters – Total Hours



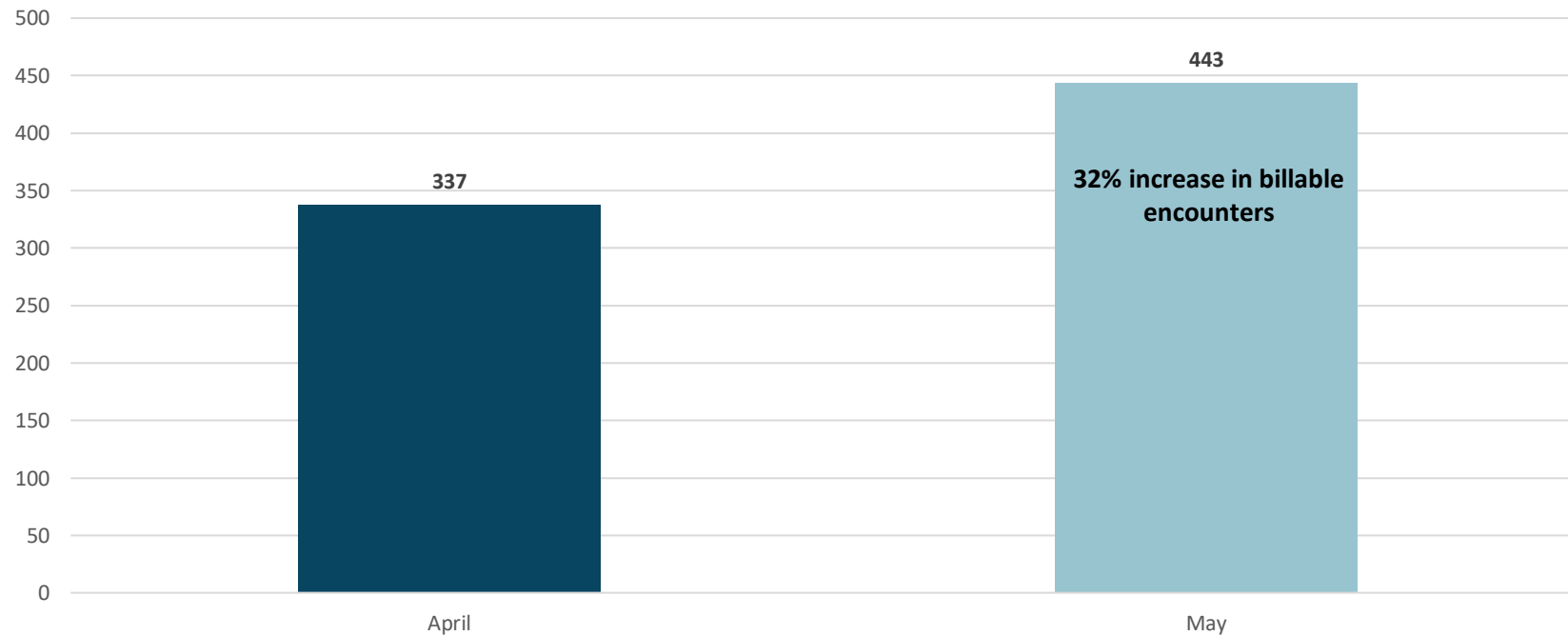
# Results: Unique patients with telehealth encounter

Unique Patients Having Telehealth Encounter



# Results: Billable telehealth encounters

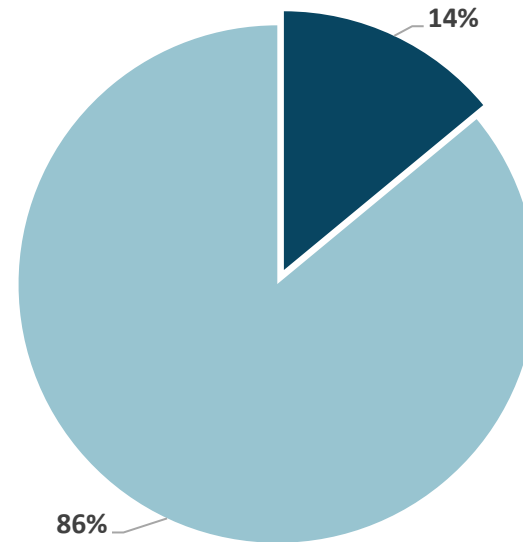
Billable Telehealth Encounters



# Results: Percent with COVID-19 symptoms

---

14% of Patients Symptomatic for COVID-19

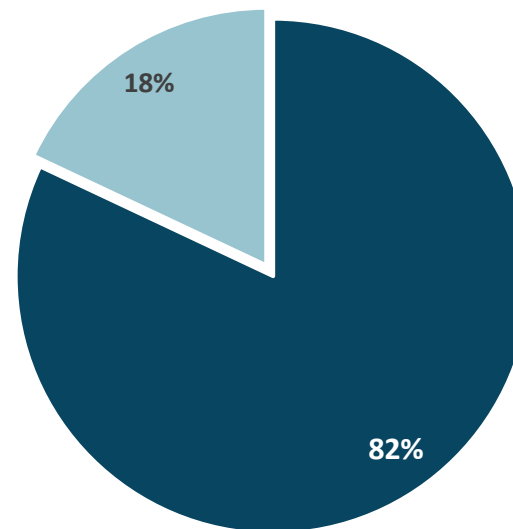




# Results: Overall program patient satisfaction

---

82% Patients Satisfied with the COVID-19 Program



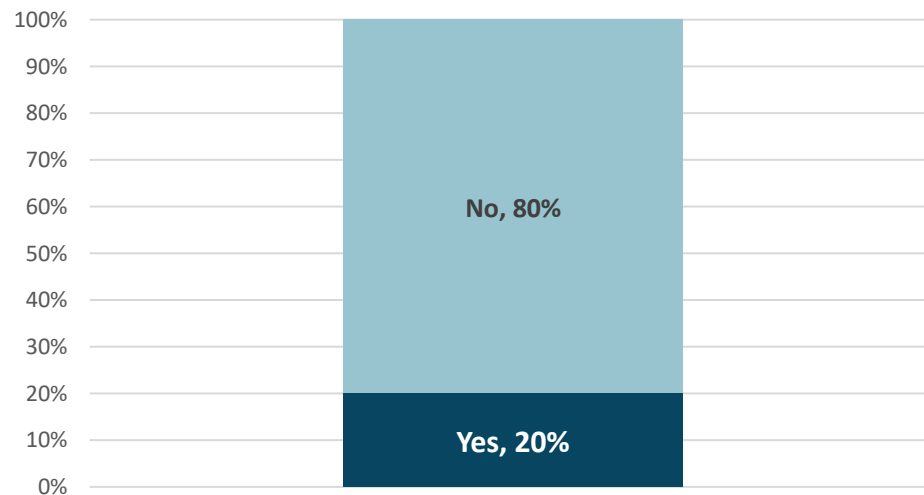
■ Satisfied ■ Not Satisfied

N=1191 patient responses

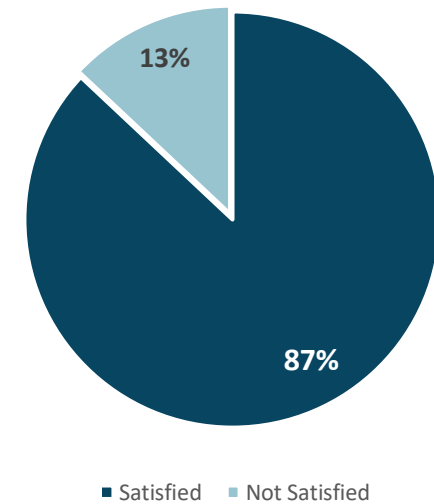


# Results: Patients needing medication help

Patients Needing Medication Help

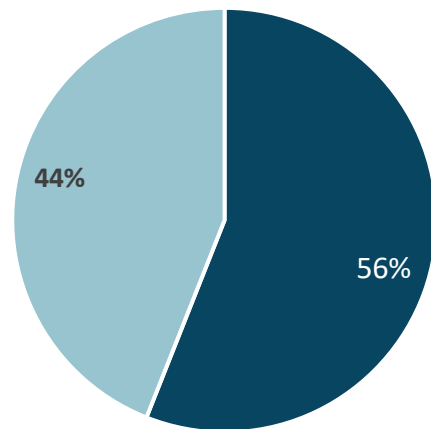


Satisfaction Among Patients Needing Medication Help



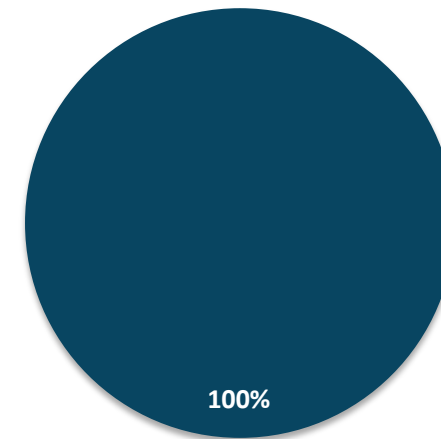
# Results: Patients needing help from care team

Total Callback Requests



■ Yes ■ No

Satisfaction of Patients Requesting Callback



Total 803 responded to callback requests





---

# Learnings from the COVID-19 Telehealth Program

---





# Key Learnings

---

- **Strengthened patient-provider relationships**
  - Reached entire patient panel
  - *Enough engagement to bring patients back into the practice*
- **Identification and care of at-risk patients**
- **Strong levels of patient satisfaction with the program**
- **Additional billable telehealth encounters generated**
- **Expedited patient information needs**
- **Supported safety for patients and care team**
  - Patients were relieved not to have to come to the office
  - Clinical teams could conduct patient care while self-isolating or at home



# Key Learnings (continued)

---

- **Ease of use for clinical teams improved productivity**
  - 32% increase in billable telehealth encounters
  - 17% increase in unique patients with a telehealth encounter
- **Patient notification of the COVID-19 notification will increase adherence**
  - Some were unsure if it was real or not, hung up
- **Have a defined workflow that incorporates all telehealth functions and responsibilities**
  - Use appropriate tools to optimize care management
- **Make sure team members have understand the tasks to be completed on each telehealth encounter**
  - Not just a “phone call”
  - Maximizes clinical documentation
  - Achieved billing requirements





Telehealth  
Migration Paths for  
Providers...  
COVID-19 and  
Beyond

---



# Migration Forward with Telehealth

---

## Using telehealth to support COVID-19 patient care through the PHE

- Programs for in-home screening watching for symptoms. If symptoms present, provide COVID-19 testing
- Programs for COVID-19 Management via remote patient monitoring
- Telehealth encounters to in addition to in-office or “curb-side” visits
- 135 Medicare Telehealth Services that are designated *Temporary Addition for the PHE for the COVID-19 Pandemic*
  - Medicare PFS Telehealth Services for PHE for the COVID-19 pandemic



# Migration Forward with Telehealth

---

## 2020 Programs with Billing Codes

- **Remote Physiologic Monitoring (RPM)**
  - Codes: 99453, 99454, 99457, 99458
  - Covers set-up of devices and patient education on using equipment, the devices used for monitoring, and both standard and extended time for actual remote patient monitoring and treatment management services. Chronic and acute conditions. Physician/Qualified Health Professional (QHP)
- **Self-Monitored Blood-Pressure (SMBP)**
  - Codes: 99473, 99474
  - Covers the calibration of a BP device and patient education on how to measure blood pressure at home and time spent on reviewing results and treatment management services.
- **Virtual Check-ins**
  - Code: G2012 (QHP) 99896, 98967, 98968 (Non QHP)
  - Enables provider offices to bill for time-based technology-enabled remote visit between physician or QHP with patients





# Migration Forward with Telehealth

---

## 2020 Programs with Billing Codes

- **E/M Telehealth Visits**
  - Codes: 99441, 99442, 99443 (Phys/QHP)
  - Covers telehealth visits for new or established patients for patients that are evaluated for an E/M Telehealth, Telephone visit
- **Chronic Care Management (CCM)**
  - Codes: 99490, 99478, 99489, GCCC1, G2580
  - For non face-to-face time working with patients in managing their care and treatment services. CCM 2+ chronic conditions



# Telehealth Pathway Example

Assumptions: New patient, low level of Chronic Care Management, Non-Facility based

Program	Code	Rate/Month	100 patients/year
Initiation	G0438 - Initial visit to be initiated into the program (1X)	\$164	\$16,400
Chronic Care Management (CCM)	99490 - 20 mins/month of general supervision of non-face to face care	\$42	\$50,400
	G2058 - 20 additional minutes per month of general supervision		
Remote Patient Monitoring (RPM)	99453 - RPM set up and patient education (1X)	\$19	\$1,900
	99454 - Device supply and daily recording per month (min 2 days needed during PHE)	\$64	\$76,800
	99457 - 20 min/month of general supervision of RPM services requiring interactive communication	\$52	\$62,400
	99458 - Additional 20 min/month of RPM services.	\$42	\$50,400

\$258,300



# In Summary...

---

- The use of telehealth to support care during the PHE improved productivity and supported revenue generation
- Its use can help strengthen the provider-patient relationship
- Patients are highly satisfied and engaged using telehealth
- Numerous telehealth programs from which to choose
- Choose the appropriate telehealth technology to support needs




# Questions and Answers...

---

- We are happy to respond to your questions





# Tips on generating revenue and improving care using telehealth for COVID-19

Presented by:

Dr. Yeeny Gonzalez CEO  
PCP1st  
ygonzalez@pcp1st.com  
561-372-1643

Bill Bassett, President  
Wanda Health  
bill@wandahealth.com  
206-472-5584