CareClix

EXCECUTIVE WHITE PAPER

# Advancing Chronic Care Management with Telemedicine

A five-step implementation strategy for building an effective and lasting CCM program.

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# Introduction

Despite telemedicine's rapid expansion within the healthcare industry, many health systems do not know where and how to begin. In November 2016, CareClix published *7 Ways to Start Your Telemedicine Program*, to describe how a health system could implement a successful and well-utilized platform. As this series continues, we will explore each of those seven ways in greater detail. We start with Chronic Care Management (CCM) – a formalized care delivery program with clearly defined reimbursement rules on how to transform and improve care delivery for people with chronic conditions.

## What Is Chronic Care Management and How Will It Impact Your Health System?

The Centers for Medicare & Medicaid Services (CMS) developed the Chronic Care Management program to reimburse health systems and providers for managing the care and improving the outcomes of Medicare patients with multiple chronic conditions.

The reimbursement rates changed at the start of 2017. Previously, CCM was reimbursed with CPT code 99490, at an average rate of $42 per member per month. Starting January 1, 2017, providers can now bill for two new codes for Complex Chronic Care Management (CPT code 99487 and 99489), which average $94 for the first hour and $47 for each half hour thereafter, and which can be billed more frequently.

Considering an estimated 35 million or close to 80 percent of Medicare beneficiaries are eligible for Chronic Care Management and that Medicare patients utilize a high proportion of an average health system's care delivery – taking advantage of the CCM reimbursement provides your health system an opportunity to add a new revenue stream on top of your existing patient base.[1]


Percent of Medicare beneficiaries eligible for CCM.

## What Are the CMS Guidelines for CCM Reimbursement?

CMS outlined core service elements and the required steps for a health system and its providers to obtain reimbursement for managing patients with chronic conditions.[2] Although the steps are the same for each code, the complexity of care planning and care delivery and the time spent differ. The descriptions and steps are summarized below.

Figure 1: Key Service Elements

**A Certified EHR** - An EHR Verified to 2011 or 2014 standards is required for key information such as patient demographics, medications, and allergies.

**Access to Care** - 24/7 Access to care management services is required through non-face-to-face mechanisms such as telephone, secure messaging, and video.

**A Comprehensive Care Plan** – A patient-centered care plan is required, including proposed approaches for symptom management, treatment goals, and expected outcomes.

**Managed Care** – Systematic assessments of patient needs, including medication reconciliation and medication review, as well as discharge planning post-hospitalization/ER.

Figure 2: Summary of Chronic Care Management Codes

| | 99490 | 99487 | 99489 |
|---|---|---|---|
| Description | • 20 Minutes of Clinical Time per Month | • High Complexity<br>• 60 Minutes of Clinical Time per Month | • High Complexity<br>• Each Additional 30 Minutes of Clinical Time per Month |
| Average Reimbursement | $42 | $94 | $47 |
| Eligible Practitioner Types | Physicians, Certified Nurse Midwives, Clinical Nurse Specialists, Nurse Practitioners, and Physician Assistants are eligible for all Chronic Care Management Codes | | |

## How Can Telemedicine Support CCM Programs?

CMS guidelines define CCM as care delivery through non-face-to-face visits, therefore making the usage of telemedicine solutions instrumental in the implementation and management of CCM programs. Telemedicine offers three key benefits:

Automated Time Tracking: Telemedicine-enabled solutions will automatically track time spent with a patient and will provide an interface to check and analyze the patient's care plan against treatment options. CareClix includes a real-time documentation tool for members of the care team.

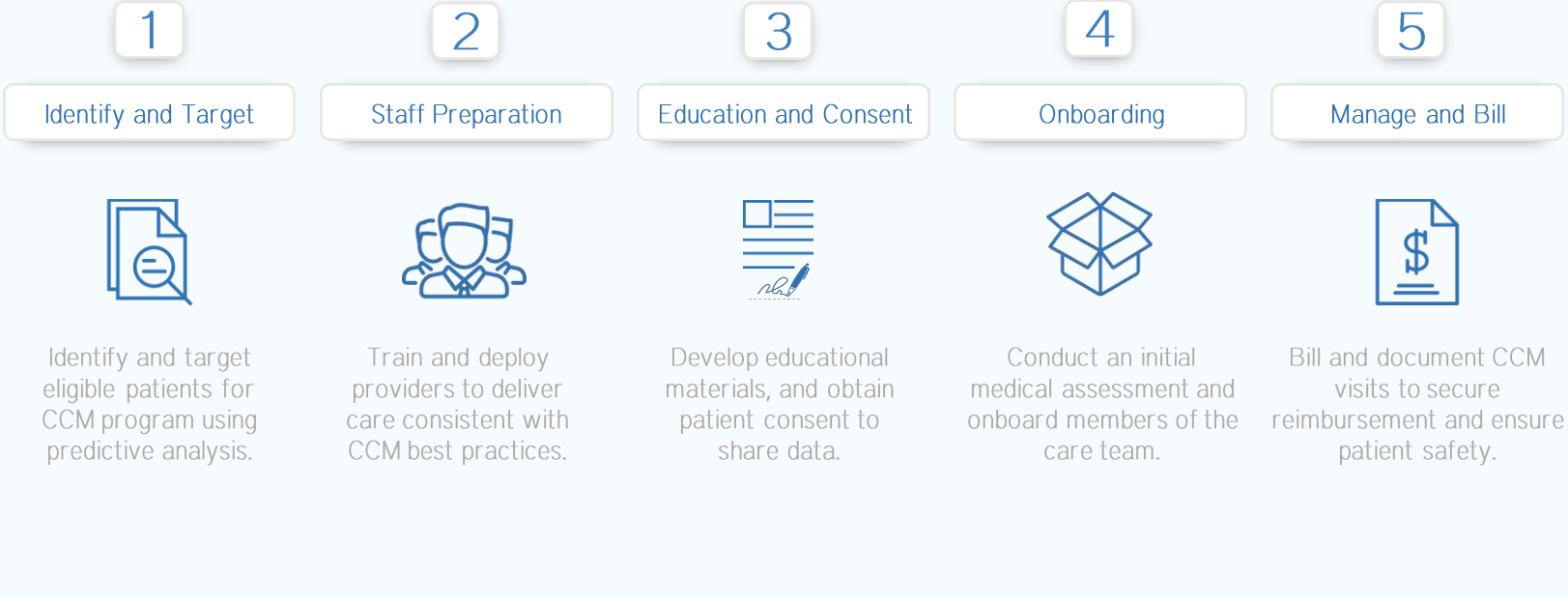
Automated Alerts and Monitoring: Telemedicine solutions with support for commonly used remote monitoring devices enable automated alerts and reporting triggering actions such as text alerts and phone calls to patients and their caregivers.

Staff Optimization: Telemedicine strengthens your ability to manage large patient panels without the need for new labor costs. Whereas one provider may see two or three patients with chronic conditions an hour, a team of practitioners can speak virtually with many patients each hour to monitor their chronic conditions. With the same labor, your medical team's staffing ratio improves – through better managed care and engaged patients. CareClix saves practices and health systems additional time by helping coordinate care, from e-prescribing to visit documentation.

## CCM Implementation

Based on our experiences implementing CCM programs, CareClix recommends the five-step implementation process outlined below.

Figure 3: CCM Implementation Process




The following sections elaborate on key action items and considerations needed to successfully develop your program.

## 1 – Identify and Target

The first step of this first phase is to gather and review all your medical record data to identify patients eligible for CCM. Eligible patients must be over the age of 65 and have two or more chronic conditions that are expected to last at least 12 months. While the initial population you identify in your analysis will be significant, we recommend starting small and selecting a subset of conditions and patients that you feel comfortable treating with your current staff.


Percent of Medicare Seniors with 2+ Chronic Conditions

### Identifying Conditions to Treat

When selecting conditions - we've seen most organizations begin their CCM program by focusing on four common conditions that are more easily managed via telemedicine:

Figure 4: Overview of Condition Prevalence and Monitoring Devices

| Condition | Prevalence in Adults 65+ | Monitoring Device Utilized | Key Vitals to Monitor |
|---|---|---|---|
| Hypertension | Female: 59.9%<br>Male: 56% | Blood Pressure Monitor | Elevation or Decrease in Blood Pressure |
| Diabetes | Female: 25.4%<br>Male: 28.7% | Glucometer | Rise or Drop in Blood Glucose Levels |
| Cognitive Heart Failure | Female: 14%<br>Male: 14.7% | Weight Scale | Change in Weight Attributed to Fluid Retention |
| COPD | Female: 11%<br>Male: 11.4% | Pulse Oximeter | Drop in Oxygen Levels in Blood |

These four common and costly conditions are the leading causes for avoidable hospitalizations and readmissions. In addition to adding recurring CCM revenue streams from your patient base, focusing on these conditions immediately helps your health system reduce readmissions and unlock savings on potential penalties.

The CareClix CCM platform comes included with pre-built care plans, operating procedures, and support for over 200+ medical devices to help manage and monitor chronic conditions.

### Target Patients Most Likely to Enroll

It is important to target persons in your group of eligible patients with a high probability of enrolling. Some factors that increase the likelihood of participation are:

1. Distance from a care setting
2. Patient mobility
3. Technical savviness

CareClix Tip: As CCM involves telemedicine and remote monitoring technology – we recommend starting with patients who are more technically savvy. Two ways to identify them are:

1. A list of patients who have booked an appointment through your health system's website or mobile application.
2. Patients who have signed up and use an online portal to manage their care.

When implementing CCM programs for our customers, or rolling their patients onto our white-labeled CCM program, we use a predictive analytics platform and tailored surveys to target patients. Along with the previously mentioned factors, we rank patients by risk:

- High-risk patients with need of monitoring and treatment
- Patients representing the biggest opportunity for cost savings without sacrificing the quality of care delivered

## 2 – Staff Preparation

Identifying and targeting patients and conditions represent only one part of your initial CCM program development. Before you can conduct outreach and patient education, health systems must also identify, train and deploy providers who will utilize care protocols consistent with CCM best practices.

At this point, you should be more familiar with the types of patients you will target for your CCM program. The personnel you chose to staff your initial CCM pilot program should be experts in treating the chronic conditions like CHF and COPD that you have selected earlier in this process.

Care teams might be new to many providers, who are used to operating independently, therefore your training program must demonstrate the importance of coordinating care and taking advantage of a care team to improve productivity without adding extra burden.

CareClix Tip: Start your search by looking at participants in past pilots. Providers are not always the most adaptable to workflow adjustments, but pilot participants may be more willing to experiment with new care delivery methods.

You will need to demonstrate to providers that the investment they make in learning new care protocols will produce healthier patients and lessen workflow stress. Care protocols principally refer to diagnosing and treating patients via live video with additional support from integrated medical devices. For CCM patients, it also means knowing when and how to escalate a patient based on vitals uploaded in real-time to the care team.

### CareClix offers a pre-built CCM program configurable to your system, and includes:

- **Care Protocols:** Used for diagnostics and treatment by provider type
- **Training Platform:** Covers technical features and virtual patient visits
- **CareClix Provider Network:** Augments or initially staffs your pilot program

## 3 – Education and Consent

The next step focuses on building awareness and consent through a strategic educational program to encourage enrollment. This education plan must account for the creation and dissemination of materials and must determine a method to receive patient consent in order to share their medical information.

Changing the perspective of mostly older patients will require creativity to ease fears about working virtually with a care team. These patients are accustomed to receiving healthcare in-person, so using technology to primarily manage their chronic conditions will require behavioral adjustments.

Unlike working with a younger population, your health system will need to focus on a traditional educational approach. The provider team must be prepared to speak with targeted patients during in-person visits. Educational materials should be provided in the form of physical handouts with visual aides to help them gain comfort with the idea of a care team and consenting to CCM. Your providers should be prepared to demonstrate program features to patients using videos and pamphlets tailored to the patient's conditions.

### CareClix will help your health system develop:

**Branded Materials:** Designed for handouts, infographics, and presentations

**Content & Designs:** Geared to older patients to facilitate education

**Consent Forms:** Pre-written and editable consent forms to further accelerate implementation

Patients who are educated on the merits of CCM are more likely to agree to participate. You will need to receive patient consent prior to enrolling them in a CCM program. Creating the proper consent documentation beforehand will facilitate the process. This includes all relevant program information, from outlining how providers share patients' medical records to providing instructions on how to access CCM services.

With both patients and providers now more familiar with CCM, the next phase comprises patient enrollment and provider sign-up. We describe an onboarding strategy that complies with CMS regulations, ensures patient safety, and guarantees a knowledgeable and available care team.

## 4 – Onboarding

In the final phase prior to the program starting, you must develop a strategy for onboarding patients and providers consistent with CMS requirements. Patients must receive an initial medical assessment to review their health status, discuss treatment options, and create personal health goals.

In the CareClix CCM protocols, we gather a patient's medical records to find current diagnoses and treatments. We also conduct a medication reconciliation to ensure an up-to-date medication list upon enrollment.

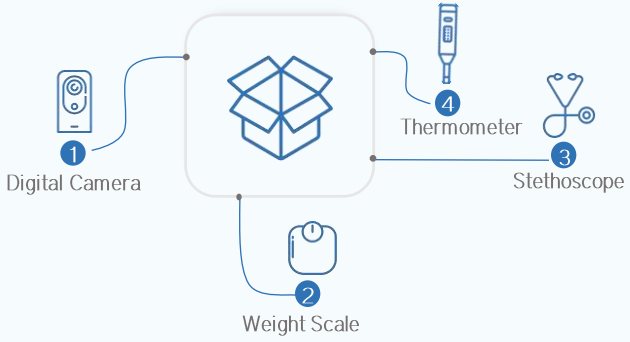
Consolidating educational materials and ordering at-home medical devices are essential elements to onboarding. A patient unboxes a delivery of all essential equipment, with simple instructions on how to start. A seamless patient-onboarding process will better guarantee that they engage with the CCM services that will improve their health. Onboarding also applies to providers. They need to understand the roles of each member within the care team and how to effectively communicate within the group. Only one provider is billable per patient, and your health system needs to have a system in place to designates that person.

Unlike regular staffing, CCM requires that an eligible care team member be available 24/7. You must therefore plan for around-the-clock staffing and have contingency plans in place to guarantee service access.

A virtual nationwide provider network, like what CareClix uses, does not rely on in-person staffing, therefore allowing care management services at all hours. If your organization uses CareClix to augment your CCM care teams, we help ensure that patient information is securely stored and transferred.

Figure 5: CareClix Remote Monitoring Kits

CareClix can help you create & ship white labeled care packages tailored to your patient's conditions.



## 5 – Manage and Bill

After onboarding patients and providers, your health system must account for all reimbursable opportunities to protect against program losses, and coordinate care to ensure patient safety.

Managing a CCM program entails collecting reimbursement for every enrolled patient, and requires precise documentation and accurate coding. Each minute spent with a patient must be accounted for, as any time spent with a care team member will count towards the required monthly minimum of 20 minutes for patients with chronic conditions and 60+ minutes for more complex patients.

Integrating technology, including documenting visits within electronic medical records, is a key component of improving the outcomes of patients enrolled in a CCM program.

CMS requires the use of EMR technology to support documentation, yet EMR systems are notorious for not integrating with other systems. You will need to ensure that your CCM platform allows for different providers and groups to share patient information and visit documentation to secure reimbursement and protect patients.

CareClix Workflow Management: Our platform facilitates the management and billing of CCM - reducing any additional burden placed on providers and administrators. We do this through:

Documentation: Our CCM platform allows providers to document and code visits and integrates with any EMR.

Equipment: Data from over 200 devices automatically syncs with our platform.

Quality: A high-quality image and steady video stream helps providers more easily diagnose and treat patients.

Managing all five phases requires a deep knowledge of the CMS requirements and experience providing patients with 24/7 access to care. We have seen many health systems struggle to build a user base within their organizations. In the next section, we outline an approach that better guarantees utilization, is less time intensive for a health system, and allows you to accelerate your CCM implementation.

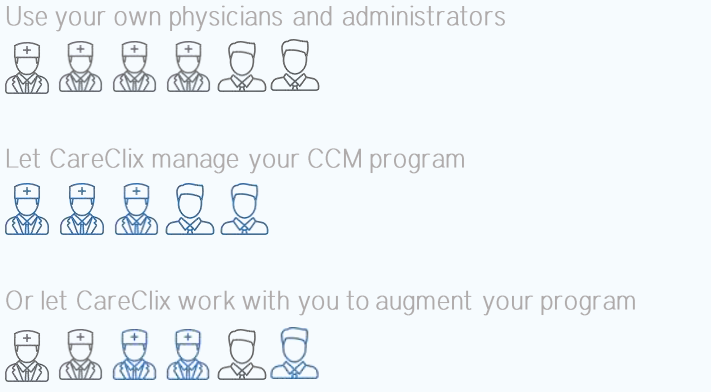
## Accelerating Your CCM Implementation

The five phases outlined for a health system to build their own CCM program are not only challenging but time-consuming. Timing is essential – other health systems competing for your patients and value-based payment systems are pressuring your bottom line. You can accelerate a CCM implementation by working with a strategic telemedicine partner.

The right partner will be a vendor who can facilitate the planning and execution of your CCM program by incorporating their experience and already-built platforms. A few created CMS-compliant CCM platforms to secure reimbursement. A vendor's provider network, if available, would grant a health system the flexibility to use external providers as cover to their own physicians and practitioners to assure 24/7 patient access to CCM services. The CareClix provider network covers all primary and specialty care, and our platform integrates with all major health information technology (HIT) systems.

When working with CareClix, our experts will help you build, integrate, and scale your program. Depending on your program's objectives and resource availability, we can use your own administrators and providers from the very beginning. We can further use our staff to help you get started before transferring our knowledge, products, and systems to your organization. Through training and advisory services, we will support you with workflow management, provider and patient onboarding, and reimbursement strategies.

Figure 6: CCM Management Options with CareClix




CareClix understands that many health systems will want to bring CCM in-house. We are the only telemedicine vendor that supports our partners as they transition from the CareClix national provider network to their own internal network of providers and administrators. At any point in the transition, you can use our provider network to expand your reach or extend your hours of operation.

## Conclusions and Next Steps

CareClix has the capabilities to accelerate your program – including predictive analytics for patient targeting, educational materials geared to patients and providers, and integrated products and services to onboard patients and manage your CCM program. Our experienced staff and care team will provide excellent care and customer service to your health system. Finally, we can brand the CCM solution as your own – enabling a cohesive marketing message.

After reading this guide, please feel free to contact us anytime if you would like to learn more about any of the concepts featured in this whitepaper or if you'd like to learn more about how CareClix can help your organization. We can be reached by phone anytime at 1(855) CARECLX or by email at info@careclix.com

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## About CareClix

CareClix provides comprehensive, integrated telehealth applications, technology, and services that health systems can self-brand. As the only open telemedicine platform, CareClix provides out-of-the-box support for the most popular telemedicine carts, EHRs, and over 200+ medical devices. Healthline ranks CareClix as the #1 telemedicine company because we offer a seamless solution with advanced technical features and a dedicated team who helps tailor solutions to each of our clients. We've used this platform to help our customers implement telemedicine programs impacting over 4 million patients a year.

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## Sources

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