Telemedicine Services Across the Continuum
Managing patient care in seamlessly in the acute/ambulatory/home settings
CONFLICT of INTEREST

Dr. Arshad Ali and Jim Roxburgh, and Dignity Health have reported no relevant financial interest/relationship with any commercial entities that may have ties to this presentation.
OBJECTIVES

• Provide an overview of the DHTN and services across the Continuum of Care

• Describe the “ingredients” that are required for a successful Telemedicine Program

• Identify the clinical and financial benefits of telemedicine
DESCRIPTION

Dignity Health and Mercy Medical Group, a service of Dignity Health Medical Foundation, are committed to furthering the healing ministry of Jesus and to providing high-quality, affordable health care to the communities we serve.

Dignity Health is strengthened in service by the membership of Catholic hospitals, founded by congregations of religious women, and hospitals that are not Catholic, founded by local communities or dedicated physicians. The same work of healing is central to all we do.
MISSION

Dignity Health and our Sponsoring Congregations are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

• Delivering compassionate, high-quality, affordable health services
• Serving and advocating for our sisters and brothers who are poor and disenfranchised
• Partnering with others in the community to improve the quality of life
VISION

A growing and diversified health care ministry distinguished by excellent quality and committed to expanding access to those in need.
VALUES

Dignity Health is committed to providing high-quality, affordable health care to the communities we serve. Above all else we value:

- **Collaboration** - Working together with people who support common values and vision to achieve shared goals
- **Dignity** - Respecting the inherent value and worth of each person
- **Excellence** - Exceeding expectations through teamwork and innovation
- **Justice** - Advocating for social change and acting in ways that promote respect for all persons and demonstrate compassion for our sisters and brothers who are powerless
- **Stewardship** - Cultivating the resources entrusted to us to promote healing and wholeness
DHTN PROGRAM GOAL

Provide timely access to high quality specialized healthcare services that are not readily available

“LEAD WITH SERVICE… DELIVER ON QUALITY”
GUIDING PRINCIPLES

• All patients deserve high quality and timely care regardless of location
• All patients deserve access to the most proficient and experienced specialty physicians regardless of location
• Reliable and consistent access to experienced and proficient specialty physicians drives quality and outcomes
• Reliable and consistent access to experienced and proficient specialty physicians reduces liability and risk for the physician and hospital
• Our mission: Deliver compassionate, high-quality, affordable healthcare services.
Your Direct Connection to Specialized Care
DHTN  The Facts...

- The Mercy Telehealth Network Founded (2008)
- Recognized as the Dignity Health Telemedicine Network (2014)
- 80 End Points (Robots)
- 52 Specialists
- 11 different services
- 48 Partner Sites
- 17,032 TOTAL consults CY Ending December 2015
DHTN Services

**ACUTE**
- Stroke/Neurology
- Mental Health
- Critical Care
- Nephrology
- Pediatrics
- Newborn Care
- Cardiology
- Infectious Disease

**CLINIC/LTC**
- Geriatrics
- Neurology
- Endocrinology
- Pulmonology
- Thoracic Surgery
- Oncology

**TRANSITIONAL**
- CHF
- COPD
- Diabetes
- Post Surgery
- Wound Care

**HOME**
- CHF
- COPD
- Diabetes
- Post Surgery
- Wound Care
Increasing Acuity Care Continuum

EMS Ground

Acute Care

Broadband Internet

Primary Care

Clinic

Long Term Care

Home

Care Continuum
Images are NOT stored in phone. Kept secure in app

NOTE: Allow access to Pics and Camera when prompted
Call feature – allows you to directly call without having to know their number & your number also remains private.

Uses connection bridge similar to Webex.
When ball is **YELLOW**, user is not logged into OnePass app. Messages will not be sent secure. (**Green** ball is active and ok to send)

Message will be sent as regular text or to users email (depending on their personal settings)
For settings

To edit profile

To assign call numbers

You can close app and still receive messages. Logging out disables app.

NEVER LOG OUT!!!
PARTNER SITE ACTIVATES INTERNAL ALERT

Dignity Health Transfer Center @ 1(888)637-2941

- Neonatologist
- Neurologist
- Intensivist
- Geriatrician
- Psychiatrist
- Pediatrician
- Nephrologist

RAPID RESPONSE & ASSESSMENT

- IMAGES
- DOCUMENTATION
- REPORTING
- QUALITY REVIEW
Implementation Process

- Implementation Kick Off Meeting
- Weekly (30 minute) Implementation Meetings
- Credentialing
- Physician Meetings
- Technical/Technical Go Live
- Policies & Procedures
- In servicing/Education
- Mocks
- Marketing & Promotion
- Clinical Go Live
Your Direct Connection to Specialized Care

TeleICU

“Round & Respond”
ROUNDING
Multi Disciplinary Rounds
3 ICUs
3,383 Consults
4 Minute Response
12 Months
(Ending Dec. 2015)
Results

• 100% compliance with SBT, sedation vacation and VTE prophylaxis

• Reduction of sepsis mortality from 24% to 21.4% (recent 8%) – marked reduction since MMG is involved

• Marked improvement of glycemic control {(% patient days with hyperglycemic event< 70 (3.3 within target range) % patient days with hyperglycemic event>299 (5.3 within target range)}

• Reduction in ICU LOS 3.19 (baseline 3.38)

• Reduction in ventilator days 4.49 (baseline 4.69)
Results

• Recipient of 100 best critical care program, ICU and sepsis in the nation

• 100% compliance with SBT and sedation vacation

• Overall one of the best sepsis mortality 14.1%

• One of the best ICU length of stay in the system 2.96
Results

• 100% compliance with SBT and 97% with sedation vacation (within target)

• 100% VTE prophylaxis

• Over all sepsis mortality lower from baseline (14.8% was 20.2%)

• ICU length of stay reduce 3.20 to 3.05

• Ventilator patient ICU LOS reduce to 5.57 from 5.68 baseline 2.96
TeleICU Case Study (One Year Comparison)

TRANSFERS

2013 Transfers Out *

- Total Transfers 213
  - ED Transfers 142
  - ICU Transfers 28

*Source: AMAP & Teletracker; transitioned from AMAP to Teletracker software

2014 Transfers Out **

- Total Transfers 139
  - ED Transfers 87
  - ICU Transfers 25

**Source: Teletracker
## TeleICU Case Study (One Year Comparison)

<table>
<thead>
<tr>
<th></th>
<th>CY 2013</th>
<th>CY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td># of ICU Beds</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Severe Sepsis &amp; Shock Mortality</td>
<td>45%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Ventilator Day ALOS</td>
<td>2.8</td>
<td>1.4</td>
</tr>
<tr>
<td>ICU Contribution Margin Increase</td>
<td>NA</td>
<td>$868,255</td>
</tr>
<tr>
<td>Decrease Readmission Rate (seen in TeleClinic)</td>
<td>19%</td>
<td>5% (6 mo)</td>
</tr>
</tbody>
</table>
**TeleICU**

**“Round & Respond”**

- In Touch Health
  - *Remote Presence*

- Airstrip
  - *Bedside Monitoring*

- Remote Specialist Service
  - 24/7/365

- **Services available by ALL qualified Specialists**
  - (Pulmonologists, Cardiologists, Neurologists, Surgeons, etc...)

- **• Real Time**
  - Assessment and Communication from any location

- **• Ability to consult with multiple Specialists via Multipresence™**

- **• Labs**
  - **• Meds**
  - **• vital signs**
  - **• EKGs**
  - **• Wave Forms**
  - **• Images**
  - **• Ventilator Settings**
Your Direct Connection to Specialized Care

Telestroke /Neurology
30 Sites
5,987 Consults
2 Minute Response
12 Months
(Ending Dec. 2015)
Stroke Alert

555

Telemedicine stroke treatment:
Door to ED MD RMA <5 minutes
Door to CT <5 minutes
Door to DHTN Activation <5 minutes

To initiate Telemedicine service, call 888.637.2941.
ENDOVASCULAR TREATMENT

**EXTEND IA**

7+ Trials

>1700 Patients

Standard of Care!
INTERVENTIONAL CARE
RAPID TRANSFER PROCESS

GROUND
# Dignity Health Stroke Timeline Report

**Patient Name:**
**MRN:**
**Date of Birth:**
**Hospital:**
**Onset Time:**
**Age:**

## Goal Time:

<table>
<thead>
<tr>
<th>Task</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
</tr>
</thead>
</table>

## Actual Time:

<table>
<thead>
<tr>
<th>Task</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
<th>Time</th>
</tr>
</thead>
</table>

## Difference:

<table>
<thead>
<tr>
<th>Task</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 min</td>
</tr>
<tr>
<td></td>
<td>-6 min</td>
</tr>
<tr>
<td></td>
<td>-10 min</td>
</tr>
<tr>
<td></td>
<td>-6 min</td>
</tr>
<tr>
<td></td>
<td>-18 min</td>
</tr>
<tr>
<td></td>
<td>-26 min</td>
</tr>
<tr>
<td></td>
<td>-46 min</td>
</tr>
<tr>
<td></td>
<td>-25 min</td>
</tr>
</tbody>
</table>

## Comments:
PARTNER SITE
Case Reviews

Dr. Chaudhary,
Telestroke Medical Director

Stroke Timeline
EMS Pre-Hospital

Telestroke Evaluation

Implemented Telestroke Consult in Folsom Fire Ambulance
## Dignity Health Telemedicine Network Telestroke

<table>
<thead>
<tr>
<th>MEASUREMENTS</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dignity Health Telestroke Sites</td>
<td>8</td>
</tr>
<tr>
<td>Non Dignity Health Telestroke Sites</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL Telestroke Sites</td>
<td>11</td>
</tr>
<tr>
<td>TOTAL Volume</td>
<td>1013</td>
</tr>
<tr>
<td>Teleneurologist Response Time (Average)</td>
<td>6 min</td>
</tr>
<tr>
<td>% Door to Needle Time ≤ 60 Min</td>
<td>58%</td>
</tr>
<tr>
<td>% Door to Telestroke Activation ≤ 5 Min</td>
<td>41%</td>
</tr>
<tr>
<td>% Recommended to tPA Given ≤ 10 Min</td>
<td>39%</td>
</tr>
</tbody>
</table>
# Dignity Health Telemedicine Network Telestroke

## MEASUREMENTS

<table>
<thead>
<tr>
<th>MEASUREMENTS</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dignity Health Telestroke Sites</td>
<td>13</td>
</tr>
<tr>
<td>Non Dignity Health Telestroke Sites</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL Telestroke Sites</td>
<td>16</td>
</tr>
<tr>
<td>TOTAL Volume</td>
<td>2201</td>
</tr>
<tr>
<td>Teleneurologist Response Time (Average)</td>
<td>2 min</td>
</tr>
<tr>
<td>% Door to Needle Time &lt; 60 Min</td>
<td>54%</td>
</tr>
<tr>
<td>% Door to Telestroke Activation &lt; 5 Min</td>
<td>37%</td>
</tr>
<tr>
<td>% Recommended to tPA Given &lt; 10 Min</td>
<td>48%</td>
</tr>
<tr>
<td>MEASUREMENTS</td>
<td>2015</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Dignity Health Telestroke Sites</td>
<td>21</td>
</tr>
<tr>
<td>Non Dignity Health Telestroke Sites</td>
<td>7</td>
</tr>
<tr>
<td>TOTAL Telestroke Sites</td>
<td>28</td>
</tr>
<tr>
<td>TOTAL Volume</td>
<td>4,319</td>
</tr>
<tr>
<td>Teleneurologist Response Time</td>
<td>2 min</td>
</tr>
<tr>
<td>% Door to Needle Time ≤ 60 Min</td>
<td>63%</td>
</tr>
<tr>
<td>% Door to Telestroke Activation ≤ 5 Min</td>
<td>46%</td>
</tr>
<tr>
<td>% Recommended to tPA Given ≤ 10 Min</td>
<td>51%</td>
</tr>
</tbody>
</table>
Joint Commission Stroke Certifications

Acute Stroke Ready Hospital (ACRH)

In July 2015, the Joint Commission introduced ASRH certification. Certified centers are able to diagnose, stabilize, treat and transfer most patients with stroke. Typical ASRH-certified hospitals are smaller facilities in small communities or rural settings.

Neurologist: 24/7 in person or telemedicine; 20 minute response time.
Joint Commission Primary Stroke Certification (PSC)

The PSC Certification Program was developed in collaboration with the American Heart Association/American Stroke Association (AHA/ASA). Over 1,000 primary stroke centers have been certified since the program's inception in 2003.

Neurologist: 24/7 in person or telemedicine
Comprehensive Stroke Centers (CSCs) are similar to PSCs, but they also have additional capabilities, such as providing care to patients with large, complex or hemorrhagic strokes; patients who require specialized treatments; or those with multisystem involvement.

<table>
<thead>
<tr>
<th>Joint Commission Stroke Certifications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehensive Stroke Centers (CSC)</strong></td>
</tr>
</tbody>
</table>

* CSCs are similar to PSCs, but they also have additional capabilities, such as providing care to patients with large, complex or hemorrhagic strokes; patients who require specialized treatments; or those with multisystem involvement.*
Time to Intravenous Thrombolytic Therapy – 60 minutes

Percent of acute ischemic stroke patients receiving intravenous tissue plasminogen activator (tPA) therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 60 minutes or less.

**Time Period:** Q1 2015 – Q4 2015; **Site:** Mercy San Juan Medical Center (48715)
26 Sites
6,368 Consults
3 Minute Response
12 Months
(Ending Dec. 2015)
TELEMENTAL HEALTH WORKFLOW

ED BEHAVIORAL HEALTH ADMISSION

ALL BEHAVIORAL HEALTH PATIENTS

Delay...
TELEMENTAL HEALTH ED WORKFLOW, continued…

Door to RMA < 30 minutes

ED Physician Triages Behavioral Health Patient

MILD

MODERATE

SEVERE
ASSESSMENT

Mild Risk
- No danger to self or others
- No acute distress
- No behavioral disturbance

Moderate Risk
- Moderate distress
- Moderate behavioral disturbances, severe distress

Severe Risk
- Probable risk of danger to self or others
  OR
- Definite danger to self or others
PLAN

Mild Risk
- Stabilize/Discharge
- Determine social work need for DC
- Follow-up or no follow-up required
- Medication needs
- Education and/or safety plan

Moderate Risk
- Telepsych consult
- Med management
- Safety needs
- DC plan
- Re-evaluation plan

Severe Risk
- Transfer to inpatient facility
- Address immediate needs
- Safety & Medications
- Consider Telepsych consult
- Admission Packet submitted (5150/labs/insurance verified/Med clearance/Psych Evaluation & notes)
- Q4 hour follow-up with DHTC
<table>
<thead>
<tr>
<th>Door Event</th>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 min</td>
<td></td>
<td>Patient Arrives to the ED</td>
</tr>
<tr>
<td>≤ 15 min</td>
<td></td>
<td>RN Triage/Chief complaint/Initial safety plan/Immediate bedding</td>
</tr>
<tr>
<td>≤ 30 min</td>
<td></td>
<td>ED Physician Completes Order/Mod (SMART) clearance/Telenatal health consult requested/Psychiatric stratification (Mild Green; Moderate Yellow; Severe Red)</td>
</tr>
<tr>
<td>≤ 60 min</td>
<td></td>
<td>RN Completes Initial Assessment/Review demographics/Medication reconciliation/Patient registration</td>
</tr>
<tr>
<td>≤ 90 min</td>
<td></td>
<td>Telepsychiatrist Consult/Recommendations provided to ED physician</td>
</tr>
<tr>
<td>≤ 120 min</td>
<td></td>
<td>RN/LCSW Activate Treatment Plan/Discharge/Transcriber/Observation</td>
</tr>
<tr>
<td>≤ 4 hrs</td>
<td></td>
<td>RN/LCSW Initiates “TEAM” Assessment</td>
</tr>
<tr>
<td>≤ 24 hrs</td>
<td></td>
<td>Follow-up Assessment (if appropriate)</td>
</tr>
</tbody>
</table>

**Goal**

<table>
<thead>
<tr>
<th>Time</th>
<th>Expected Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>0930</td>
<td>Dr. Jones</td>
</tr>
<tr>
<td>1200</td>
<td>Patient Discharged from ED</td>
</tr>
<tr>
<td>1215</td>
<td>Follow-up Assessment (if appropriate)</td>
</tr>
<tr>
<td>1230</td>
<td>Total Length of Stay</td>
</tr>
</tbody>
</table>

**Actual**

<table>
<thead>
<tr>
<th>Time</th>
<th>Actual Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1208</td>
<td>Patient Discharged from ED</td>
</tr>
<tr>
<td>1235</td>
<td>Total Length of Stay</td>
</tr>
<tr>
<td>1255</td>
<td>Follow-up Assessment (if appropriate)</td>
</tr>
<tr>
<td>1325</td>
<td>Total Length of Stay</td>
</tr>
</tbody>
</table>

**Difference**

<table>
<thead>
<tr>
<th>Time</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1208</td>
<td>0930</td>
</tr>
<tr>
<td>1235</td>
<td>1215</td>
</tr>
<tr>
<td>1255</td>
<td>1230</td>
</tr>
<tr>
<td>1325</td>
<td>1300</td>
</tr>
</tbody>
</table>

**Comments**

<table>
<thead>
<tr>
<th>Time</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1208</td>
<td>ED MD busy with Stroke Alert/Stratification: Moderate</td>
</tr>
<tr>
<td>1235</td>
<td>Dr. Katz at Bedside/Call to consult: 25 min</td>
</tr>
<tr>
<td>1255</td>
<td>Pt refused medication/Treatment/TEAM Eval needed</td>
</tr>
<tr>
<td>1325</td>
<td>SW/RN/MD Plan: Follow Med plan, Observe and Re-eval in AM</td>
</tr>
<tr>
<td>1300</td>
<td>Pt Cleared/DC home with Out-Pt Follow up</td>
</tr>
</tbody>
</table>

**Total Length of Stay**

<table>
<thead>
<tr>
<th>Time</th>
<th>Total Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>1200</td>
<td>5/2/16</td>
</tr>
<tr>
<td>1230</td>
<td>5/2/16</td>
</tr>
<tr>
<td>1300</td>
<td>5/2/16</td>
</tr>
<tr>
<td>1330</td>
<td>5/2/16</td>
</tr>
<tr>
<td>1400</td>
<td>5/2/16</td>
</tr>
<tr>
<td>1600</td>
<td>5/2/16</td>
</tr>
<tr>
<td>1200</td>
<td>5/2/16</td>
</tr>
</tbody>
</table>

**Hospital:** Dominican Hospital
<table>
<thead>
<tr>
<th>Telemental Health Scorecard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telemental Health Consult Volume</td>
</tr>
<tr>
<td>Request to consult (target &lt; 60 min)</td>
</tr>
<tr>
<td>Sitter Hours</td>
</tr>
<tr>
<td>Crisis Team Cost</td>
</tr>
<tr>
<td>Patient Disposition</td>
</tr>
<tr>
<td>LOS ($100 savings per hour of bed time saved)</td>
</tr>
</tbody>
</table>
FINANCIAL IMPACT

- Annual ED Visits = 30,000
- Estimated Mental Health Related Visits 3% = 900
  - Approx $2,200
- Annual Cost Mental Health Visit = $1,980,000
- Annual Reimbursement Mental Health Visit = $675,000
  - Approx $750

Total annual loss = $1,305,000
Patient flow through the emergency department
 Requirements
 Standards LD.04.03.11 and PC.01.01.01 are revised standards that address an increased focus on the importance of patient flow in hospitals.

EP 6. This element of performance went into effect January 1, 2014: The hospital measures and sets goals for mitigating and managing the boarding of patients who come through the emergency department.

Note: Boarding is the practice of holding patients in the emergency department or another temporary location after the decision to admit or transfer has been made. The hospital should set its goals with attention to patient acuity and best practice; it is recommended that boarding time frames not exceed 4 hours in the interest of patient safety and quality of care.
TELEMENTAL HEALTH
DISPOSITION OPTIONS

HOME
Opportunity

NAVIGATE TO CLINIC
FQHC opportunity

PSYCHIATRIC FACILITY
Your Direct Connection to Specialized Care

Geriatric House Call
Geriatric House Call Telemedicine
<table>
<thead>
<tr>
<th>Clinical Issue (Scored and sent to Care Management)</th>
<th>Score (5 – 10 call or telehome)</th>
<th>Score (&gt; 10 Tele House Call Visit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Admissions &gt; 3 within 3 months</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>ED Admissions &gt; 3 within 3 months</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td><strong>Comorbidity (2 points for each Comorbidity)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CHF</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>• COPD</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>• Diabetes w/complications</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>• Dementia</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>• Any other progressive disease</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>• Greater than 75 years old</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>• Add Mental Health or Substance Abuse Diagnosis</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>• Pharmacy Utilization &gt; 3 Medication Classes</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>• No visit with PCP within 12 months</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>• No support system – lives alone – caretaker</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>• Ventilator dependent on admission</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>• Surgery from Emergency Department</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL POINTS</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Your Direct Connection to Specialized Care

Clincs
Your Direct Connection to Specialized Care

Remote Patient Monitoring (RPM)
PATIENT SELECTION PROCESS

Not eligible for RPM is any of the answers to the following questions are “No”

- Is the patient/caregiver **willing** to use the RPM Services?
- Is the patient/caregiver **able** to use the RPM Services?

Eligible for RPM

- Two or more related hospital admissions in the prior year
- Two or more Urgent Care/ED visits in the prior year
- 2 or more specialty providers
- 10 clinic visits in the past year
- 5 or more active prescriptions
- Difficulty complying with medications
Recruitment

• Once Patient agrees to participate, a Dignity Health branded telehealth kit is delivered to the home
• Easy set up design for non-technical seniors
  – Tech support is provided if needed
  – In Home set up is provided if needed
Patient engagement...
Simple/Fun...
Intuitive...
Easy to use...
Clinical Escalation...

- Predetermined criteria for escalation
- Predetermined clinical contact, when needed
Teamwork!
Medicare will pay for chronic care management (CCM) services – non-face-to-face services to Medicare beneficiaries who have multiple, significant, chronic conditions (two or more) – effective January 2015.
Chronic Care Management (CCM)

Chronic care management services include regular development and revision of a plan of care, communication with other treating health professionals, and medication management.
Chronic Care Management (CCM)

• For the first quarter the payment rate is $40.39 for CCM that can be billed up to once per month per qualified patient.

• CCM services are to be reported with CPT 99490.
Billing Requirements

• CCM services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:
  • Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient
  • Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensating, or functional decline
Billing Requirements

• Comprehensive care plan established, implemented, revised, or monitored.

• The CCM and non-face-to-face portion of the Transitional Care Management services provided by clinical staff incident to the services of a practitioner may be furnished under the general supervision of a physician or other practitioner.
Billing Requirements

• Use a Certified EHR
• Maintain an electronic care plan
• Ensure beneficiary access to care
• Facilitate transitions of care
• Coordinate Care
Because

EVERY

Patient Matters

JIM ROXBURGH, RN, MPA
Director, Dignity Health Telemedicine Network

Jim.Roxburgh@DignityHealth.org  |  (916) 612-5278 (Mobile)