Care Manager Meeting Highlights 4/23/20

Handouts from presentations attached to email and on website (handouts and highlights under Care Manager User Group, handouts also under Care Manager Resources)

This was strictly a virtual meeting due to COVID-19 from 3:00-4:00pm

Rachael Smart- NPO, Summary of changes related to telehealth PDCM, Mental Health Assessment, Chronic Care Management (CCM), Patient Engagement and Q&A

PDCM: Billing and Coding: T= Telephone AV= Audio & Visual

BCBSM/BCN: Place of Service 2	Priority Health: Place of Service 2
• G9001 T or AV • G9002 T or Av • G9007 T or AV • G9008 T or AV • S0527 T or AV **Waiving copays for all telehealth visits through March 16th- June 30th 2020**	• G9001 T or AV • G9002 T or Av • G9007 T or AV • G9008 T or AV • S0527 T or AV **Waiving cost-sharing of COVID diagnoses only through March 26th- June 30th 2020**

Mental Health: Screening for Mental Health and Social Determinants of Health

- **Poll:** Who is screening for Mental Health Issues/Needs
  - Yes, Screening all patients **47%**
  - Yes, Screening often **47%**
  - Yes, Screening occasionally **6%**
  - No, not screening at all **0%**
- **Why should you be screening?** Mental health is a very important health factor during this time of social isolation. When needs are not being met, depression, anxiety, substance use, and or domestic violence may become an issue.
- **Question:** Should we be using PHQ or just asking them?
  - PHQ2 is a great place to start. If the patient is due for a PHQ2 or PHQ9 then do one. Otherwise simply asking and assessing through conversation and motivational interviewing skills is acceptable.
    - Asking every patient is best practice; patients can hide their struggles well. Some patients may have a hard time admitting they are struggling. Screening increases the likelihood that they may open-up.
    - In case a patient does not open-up, it's good to provide them with some resources, such as the numbers below.
- **Resistance from constant screening:** Some patients may ask, "Why are you asking me these questions? You asked last time."
- "Your provider feels it is important for us to screen for mental health and needed resources with each visit/conversation now more than ever; given that social isolation is high and resources can be difficult to access during this pandemic, we would like to be able to address your care over the phone to keep you safe."
- **Resources and Self-Management Skills**
  - **Resources: 24/7 BCBS and MAT:** Provide patients with the numbers below if possible (See the patient engagement section Pre and Post-visit attachments for ideas on supplying the information)
  - **BCBSM Member**: 1-800-762-2382
  - **BCN**: 1-800-482-5982

- **Free crisis hotline for anyone**: 833-848-1764
- **Medication Assisted Treatment** (MAT): NPO has a few providers who provide MAT services. If a patient opens up about any type of overuse disorder, alcohol or opioids and would like help, please contact Rachael Smart rsmart@npoinc.org. If the patient's PCP is not providing MAT services, NPO may be able to find a physician to cover MAT services for the patient.
- **Self-Management Skills:** how to better cope with anxiety caused from COVID and social Isolation
- Care Managers: Normalize the patient's feelings: "Yes, these are things to be concerned about. What you are feeling is ok and normal"
- Step away from social media and the news
- Work to get structure in the day: Create a routine and find positive ways to fill the day

Chronic Care Management (CCM): Multiple (two or more) chronic conditions expected to last at least 12 months or until the death of the patient.

- **Poll:** How many are actively enrolling patients into Chronic Care Management
  - Yes **71%**
  - No **14%**
  - No, I work in pediatrics **14%**
- Dr. Hill from Thirlby provided a webinar in the beginning of April to assist with CCM program during the pandemic: An opportunity in these times is to implement and utilize the Chronic Care Management (CCM) codes for your practice's Medicare population. CCM is Medicare's method to address practice payment for the time spent on patient management and monitoring outside the office visit. Team time, including time by Medical Assistants, Care Managers, and Providers all counts toward the required 20 minutes per month.
- An e-mail was sent to all practice managers except for pediatrics regarding Dr. Hill's presentation. If you did not receive this and would like more information, contact Rachael Smart rsmart@npoinc.org
- **Resources:** Chronic Care Management Script from Dr. Hill. (Script for attaining verbal consent for signing patients up for CCM, attached)
  - ***Your provider*** has asked me to call you to enroll you in our chronic care management program.
  - This program allows us to help manage your chronic conditions over the telephone. Medicare covers all but $8 per month but almost all secondary supplementation insurances cover the remaining $8 so there should be no cost to you or at most, $8 per month.
  - Your provider feels it is important for us to provide you this care, now more than ever, given that it is unsafe for you to go out into the public during this pandemic and we would like to be able to manage your care over the phone to keep you safe and cared for.

Patient Engagement for Telehealth: Engaged patients have the knowledge, skills, ability and willingness to manage their health and care to act on provider recommendations.

- Do you feel you are struggling with patient engagement through Telehealth
  - Yes **19%**
  - No **34%**
  - 50/50 **38%**
- **Feedback from participants:** It is an adjustment and feels different than what we are used to. It can be exhausting; it's difficult to pick up on non-verbal's and sometimes eye contact can be intense. It is good to try and be self-aware while going into the meeting. It's a learning curve for the care managers and the patients. One care manager stated that the more self-care she does for herself prepares her to better care for her patients. Lastly, being creative is important.
- **Engagement tools**
  - **Pre-Visit:**

- Assess IT needs and preferences
    - Try to encourage utilizing Audio Visual vs. just telephone so you can see nonverbals. Challenge yourself and the patient to get more comfortable with the Telehealth format
- Begin setting the agenda (Setting the Agenda Patient Tool- Pre-Visit, Attached)
    - This is a MS Word document so that the Care Manager can make changes to fit their personal and/or practice needs
    - This document could be used as a:
        - Phone guide
        - Or sent directly to the patient in the manner approved by the practice for patient communications
    - Document Includes: IT assessment, BCBS help numbers discussed earlier, agenda setting, and a disclaimer because as we move out of the pandemic- things such as face time may no longer be an acceptable form of Telehealth
- **During Visit:**
    - Listen with empathy
    - Follow agenda if one was set
    - Use your Self-Management Skills
    - As stated earlier, normalize the way the patient is feeling
- **Pro-Visit: (**Setting the Agenda Tool- Post Visit, Attached) can be used the same as the Pre-Visit document above
    - Assess and gain feedback on how the Telehealth visit went. Patients can be hesitant to speak up if issues exist.
        - Kevin DeBruyn gave an example of a time he asked a patient if they wanted to try a different Telehealth platform. The patient agreed stating, "Yeah that would be great because the current is not the best connection." This was after they already had a few meetings.
        - This helps us learn to improve our delivery and efficiency for providing Telehealth and helps ensure the patient has a positive experience
    - Provide some sort of follow up (See setting the Agenda Tool- Post Visit)
    - Assess health confidence and health information understanding (Health Confidence and Health Information Rating Tool, Attached)
        - Both are important through the new Telehealth platform. Telehealth may cause anxiety in some people, especially if they are not efficient with the computer or they can't hear well. These potential issues can affect how a person understands and the information they are receiving.
        - If taking part in an Audio-Visual Telehealth visit, tools such as this attachment can be shown to the patient during the visit, or a picture could be texted to help increase interaction and engagement. This suggestion is not limited to the attachment. You may get creative while still following the practice's policy.

- **<u>Q&A</u>**
- **Poll:** Are you working from home or in the office?
    - Home **29%**
    - Practice Setting **64%**
    - Both **7%**
    - **Feedback from participants:** Working from home can be distracting if you have children who are also home and the pets!
- **Poll:** Are you having huddles or virtual huddles with your team?

- Yes **60%**
- No **40%**

- **Poll:** Has your patient load been affected?
  - Yes, I don't feel like my patient load is large enough **71%**
  - No, It's the same but it is a struggle to get new patients **14%**
  - I am having no issues with my current load or receiving new **7%**
  - Other **7%**
    - **Feedback from participants:** The "other" comment was from a participant who is new to Care Management so they are trying to learn the new Care Manager role and enroll patients through telehealth.
    - Hospital admissions are down so there are not as many TOC calls to be made
  - **Tips to help:**
    - **Standing orders and Registry Reports:** Have STOs in place to contact patients for care management services? For example: A registry report is generated for patients with A1c < 9. There is a STO in place that patients with an A1c > 9 can be provided out-reach for Care Management or Chronic Care Management services.
      - Some patients may not be able to get labs drawn at this time. But from the example above you could give patients a call to see how they are managing their diet etc. during this time.
    - **Connect with the Physician:** What are they seeing and can you follow up with these patients? Anxiety seems to be a common issue. These patients may be good candidates for Care Management services to help guide them to healthy coping mechanisms.

Other Information:

- **AWV:** Many practices are doing AWV through Telehealth and documenting facts such as a weight and BP could not be obtained due to Telehealth visit. It is good revenue for the practice and a way to connect with patients during this time! Some practices are using MAs who are a little more tech savvy to assist patient with setting up Telehealth prior to the visit (not limited to AWV).

- **Telehealth to Stay after Pandemic?** It has been communicated by both the Care Management group and PCMH user group that Telehealth has been very beneficial for both the patient and provider, and it would be wonderful to see this as a covered benefit going beyond the use during pandemic. NPO has been sharing this information with BCBSM, Priority and Michigan State Medical Society (MSMS) who is lobbying the legislature.

Next Meetings: 2020

- June 25th - Lori Boctor from BCBSM guest speaker for PDCM coding and billing (Tentative) **
  - If we can not have a face-to-face meeting by this date, we will move along with the Skills Component Session. **Please let Rachael know if you have any ideas of skills of interest for added education. This can be new skills or review of old: IE Motivational Interviewing**
- August 27th -Skills Component Session (Tentative)
- October 29th - Skills for analyzing and acting on Billing Code Reports (Tentative)
- December 10th