



Trinity Health

**Population Health & Alternative  
Payment Models:  
Lessons Learned from the Pandemic**

Emily Brower  
September 2021



## Our Mission

We, Trinity Health, serve together in the spirit of the Gospel as a **compassionate and transforming healing presence** within our communities.

## Our Vision

As a mission-driven innovative health organization, we will become **the national leader in improving the health of our communities and each person we serve**. We will be the **most trusted health partner for life**.

## Our Core Values

Reverence

Justice

Commitment to Those  
Who are Poor

Stewardship

Safety

Integrity

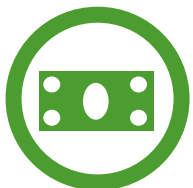
# Care delivered through Alternative Payment Models is critical to our Mission, Vision and Values



Increasing healthcare premiums are crowding out other services in our communities.



Our patients & families are absorbing proportionately more of those higher costs.



Payers and purchasers demand value – and we strive to operate at Medicare payment rates.

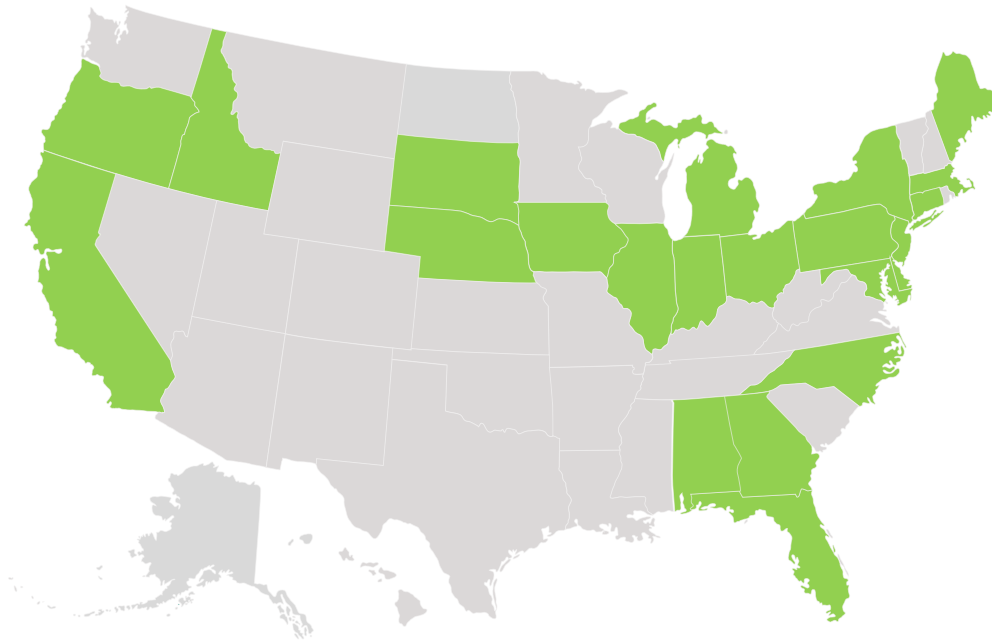


Alternative Payment Models (APMs) gives us a return not only when we drive down medical claims expense, but when we increase quality and deliver a Member Health experience that attracts more patients, employers, providers and payers.



Care within our networks is evidence we are delivering a differentiated experience for patients – and is our virtuous cycle.

# Trinity Health's Broad APM Participation



- ✓ 16 Networks in 22 States
- ✓ 3,473 Medical Practices
- ✓ 35.3K Employed & Affiliate Providers
- ✓ 6 MSSP and Next Generation ACOs with 237K Attributed Lives
- ✓ BPCIA in 28 Trinity Health Hospitals with \$352M Accountability
- ✓ 1.4M People Attributed to LAN Category 3 & 4 APMs
- ✓ \$11B in Cost of Care Accountability Across LAN Category 3 & 4 APMs
- ✓ Maryland All-Payer Global Budget \$599M Cost Accountability
- ✓ 165 Other Value Based Arrangements (MA, Commercial, Medicaid)

## We have built capabilities that are creating success



### Capabilities:

- 16 Clinically Integrated Networks, hundreds of ambulatory sites, building best practices across Trinity Health markets.
- Integrated Care Coordination across 92 inpatient facilities and dozens of post-acute and congregate care settings.
- Ambulatory Quality Program that supports quality performance and reporting, with continuous year over year improvements in outcomes.
- Data Infrastructure including payer claims from 63 different payers for hundreds of products providing economies of scale for payer and population health analytics.
- Well-positioned to succeed under full-risk advanced alternative payment models.

## We have built capabilities that are creating success



### CY2020 Results:

- All Trinity Health MSSP ACOs together earned \$46M of \$68M saved for Medicare.
- Trinity Health Integrated Care (THIC), our national MSSP Enhanced ACO earned \$21M, its fourth year of earned shared savings, bringing our total to \$66M.
- We expect Trinity Health ACO (THACO), our national Next Generation ACO, will show similarly strong results. In the 2019 publicly available results, THACO received over \$24M of earned shared savings.
- Our ACOs produce year over year improvements in quality and clinical outcomes for over 230,000 Medicare beneficiaries, many of whom are clinically and socially vulnerable.
- Our broad participation in Bundled Payments for Care Improvement aligns our work across the continuum and earns net shared savings of \$14M annually.

## CMS insights from COVID data release (paraphrased\*)

- Fee-for-service system is insufficient for the vulnerable Americans - **the transition to value-based system has never been so urgent.**
- Value-based care encourages clinicians to **care for the whole person** and address the social risk factors.
- A value-based system rewards providers for **keeping patients healthy** and allows consumers to help make **choices on the basis of quality.**
- Until we move to a system that incentivizes value over volume and starts **paying doctors for better health outcomes**, we'll never be able to adequately address the social determinants of health.
- A value-based system allows **information about outcomes to be transparent.**

\*[www.cms.gov/blog/medicare-covid-19-data-release-blog](http://www.cms.gov/blog/medicare-covid-19-data-release-blog)

## Our own insights also call us to accelerate our strategy

- We built population health capabilities that enabled us to respond clinically to support *all* patients at risk from the impacts from COVID
  - COVID-vulnerable patient identification and outreach to create comprehensive, patient-centered care plans
  - Transitional support for persons under investigation and patients with COVID
  - Social care hubs to connect patients with home services and address isolation
  - Experience with COVID waivers that informs needed waivers within APMs
- Providers in our Clinically Integrated Networks were more resilient
  - Revenue stream not dependent on Fee for Service
  - Frequent updates on changing CDC guidance from a trusted source
  - Virtual visit platform
  - Access to discounts for PPE
  - **Vaccination!**

## We embraced the Health Care Payment Learning & Action Network (LAN) call to action

“Our organization is committed to a healthcare system that is responsive and resilient to events such as the unprecedented COVID-19 public health emergency. We commit to achieving better patient experience, access, health outcomes, equity, quality, appropriateness, and affordability in the recovery from the crisis – not just a return to previous models of care and payment. In collaboration with other payers, providers, employers, and patient/consumer groups, we will lead the way through actions that help sustain and accelerate our transition to effective APMs, including those that incorporate population-based payments with prospective cash flows.”


**The LAN Healthcare Resiliency Collaborative**

The HCP-LAN launched the Healthcare Resiliency Collaborative to articulate and commit to the most important short and long term actions that can be taken to achieve resiliency in the healthcare system.

-  Resiliency Framework [VIEW](#)
-  Shared Commitment
-  Individual Commitments [VIEW](#)
-  Vignettes [VIEW](#)

# Trinity Health's (re) Commitment to Value - Oct 2020

- Equitable, affordable, accessible care that serves the common good
- Clinical integration across the continuum including virtual and home-based care
- Fight against racism in health care delivery
- Address social needs, improve living conditions such as housing and food access
- Advance care and payment transformation, contracting directly with the purchasers of care
- **Move 50% of Medicare payments into two-sided risk models by 2025**
  - **Within that, nearly double the percent of payments in LAN Category 4 models, to 15%**
- Increase Alternative Payment Models with state Medicaid and commercial health plans ready and willing to enter into sustainable agreements



**Lead the Way**  
Alternative Payment Models  
Driving Health System Transformation

Trinity Health is one of the largest multi-institutional Catholic health integrated care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. We are building a health system that puts the people we serve at the center of every behavior, action and decision. This brings to life our commitment to be a compassionate, transforming and healing presence in our communities. We advocate for public policies that support better health, better care and lower costs to ensure affordable, high quality, people-centered care for all.

**National Leadership for Health System Transformation**  
Trinity Health is the leading health system dedicated to transforming care through alternative payment models (APMs), bringing to life a commitment to be a compassionate, transforming and healing presence in our communities. Trinity Health advocates for policies that support better health, better care and lower costs to ensure affordable, high quality, people-centered care for all. Trinity Health signs on to the Health Care Payment Learning & Action Network (HCP-LAN) Shared Commitment Statement.

Value-based care and APMs engage providers to consider the whole person—including clinical needs, patient experience and social influencers of health—by linking payment to the quality and outcomes of services delivered. In addition, value-based care reduces administrative waste by building in incentives to reduce costs for both providers and payers. It is the most effective way to bend the cost-curve and improve outcomes.

Our provider-led networks of more than 15,000 physicians and advanced practice professionals are accountable for improving quality, outcomes and population health—while lowering costs—for more than 1.6 million people and more than \$10 billion in cost of care accountability through HCP-LAN category 3 & 4 models today.

**Trinity Health's Commitment to Value-Based Care**


- As is core to our mission, advance equitable care that serves the common good through clinical integration across the continuum and through diverse access points including virtual and home-based care.
- Fight against racism in the health care delivery system and improve the health of individuals and communities experiencing the effects of racism, promoting access to affordable health coverage and care.
- Address social needs, screening all patients for food and housing insecurity and working with a community of care to close social care gaps.
- Improve living conditions such as affordable housing and access to food and health care by investing in communities in partnership with community residents, local government and non-profit organizations.
- Advance care and payment transformation, evolving along the LAN framework, accelerating progress by contracting directly with the purchasers of care.
- Move 50 percent of Medicare payments (including traditional Medicare and Medicare Advantage) into two-sided risk models (LAN Category 3B or 4) by 2025.
- Within the Medicare payment goal, nearly double the percent of payments in LAN Category 4 models, from about 8 percent today to 15 percent in prospective, population-based advanced alternative payment models.
- Increase LAN Category 3+ APMs with state Medicaid and commercial health plans ready and willing to enter into sustainable payment transformation agreements.

The nation is at a critical point. The COVID-19 pandemic has put a spotlight on the instability of a health care delivery system that does not equitably meet the needs of all. To truly make health care more resilient, all providers and payers must advance more quickly to value-based care through effective alternative payment models.

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Reverence • Commitment to Those Who Are Poor • Safety • Justice • Stewardship • Integrity

advocacy.trinity-health.org | advocacy@Trinity-Health.org | October 2020



# Yes, the “only certainty is uncertainty” ....

## Certain

- **Premium-based APMs**
- **Prepayment of gainshare**
- **Telemedicine, including for Care Management**
- **Social Care Hubs**
- **Community Health Worker role**
- **Speed of response**

## Uncertain

- **Benchmark accuracy**
  - Incorporating COVID
  - Replacing HCC risk adjustment
  - New services, new drugs
- **ACO accountability with new models**
- **Shift in place of service**
- **Workforce...and access**

**Listen - Partner - Make it Easy**



# COVID-19 Lessons Learned and Value Based Care Opportunities

Arshad Rahim, MD, MBA, FACP

Vice President, Clinical Integration, Network  
Development & Population Health

September 29, 2021



**Mount  
Sinai**

# Relevant Disclosures

None



# Agenda

- ▶ Community Building within Provider Network
- ▶ Use of Telehealth
- ▶ Proactive outreach and condition management- meet the patients wherever they are
  - Proactive Care Management outreach using risk stratification
  - Remote Patient Monitoring

# Community Building within Provider Network

# Clinically Integrated Network Impact

## ▣ COVID-19 Challenge

- Complete practice closings early in pandemic and staff furloughs
- Care avoidance or postponement from patients and families
- Significant decreases in patient volume and resulting revenue
- PPE shortages
- Cash reserves depletion
- Need to adopt new operations and technology including telemedicine
- Sudden knowledge deficit, lack of treatments that may be Rx

## ▣ Summary of Approach

- Engage in a high (virtual) touch approach from Relationship Managers/Medical Directors
- Synthesize and communicate key information (lots of confusing and misleading information)
- Facilitate connections
- Ease administrative burden

# From March 2020 through June 2021, MSHP Held 16 Live Videoconference COVID-19-Focused Town Hall Events



Clinical updates on testing, treatment, and vaccines, including Q&A with health system guest speakers and researchers



Telemedicine information focused on “how to”, coding for appropriate reimbursement, payer policy updates



Financial resources for practices including how to apply for available loans and grants such as the Paycheck Protection Program (PPP), CARES Act funds, and Medicare advance payment



Promote shared learning amongst the network.

- 7 practice spotlights on *Practicing During COVID-19* from primary care and specialists
- Focus on COVID-19 testing and keeping safe during pandemic



PPE best practices and resources for ordering PPE

## Town Hall Guest Experts: Showcase our Expertise

- ▶ **Florian Krammer, PhD**, Mount Sinai Vaccinology Professor and Head of Mount Sinai's Kramer Laboratory
- ▶ **Sean Liu, MD, PhD**, Mount Sinai Infectious Disease Professor and COVID Trial Medical Director
- ▶ **Zijian Chen, MD**, Medical Director for Mount Sinai Health System's Center for Post-COVID Care



Florian Krammer, PhD



Sean Liu, MD, PhD



Zijian Chen, MD

### Also, Guidance from our Community Experts:

- Office Management
- Telehealth Best Practices and Billing
- Office Operations during COVID
- Staff Management During COVID
- Leveraging Available Funding

# Town Hall Survey Results

Here's what providers shared ...



***“Best ever!”***

***“True top of the field COVID scientists and professionals are the highlight of any Sinai educational activity.”***

***“The meeting was excellent and it was very informative. I can't wait till the next one!”***

***“Nice to have various speakers.”***

## 9 Town Halls

MSHP hosted 9 general Town Halls in 2020

## 100+ Attendees

Each meeting had an attendance of 100+ providers

## 97% Ranked Meeting Excellent/Good

On average, 97% of survey respondents ranked the Town Hall content as excellent or good


## 78% Will Attend Again

78% of survey respondents selected a 9 or 10 on the likelihood of attending a future Town Hall

# COVID-19 Email Communications

- ▶ MSHP went into “turbo” mode to create and distribute COVID-19 information via email, often within 48 hours of governmental changes going into effect.

## Where to order PPE



June 2, 2020

Dear Mount Sinai Health Partners Provider:

We want to clarify the email we sent on May 14th regarding assistance identifying sources to purchase personal protective equipment for you and your staff. We have identified iRemedy to support your needs. Any questions about the products being offered should be directed to iRemedy, as Mount Sinai is not the seller or owner of the products that iRemedy is offering.

The following items are available at this time for purchase online through iRemedy. To place an order, visit <https://iremedy.com/medical/html/ppe.html>.


**Items available**

Product	Description	Product Pricing
N95	Sanqi	\$2.91
Gowns	Level 1 apron	\$2.76
Masks	3 ply	\$0.49
Face shield	Disposable	\$2.65

Shipping and handling charges apply and are not included in the product pricing.

If you have any questions on the products or placing an order, please contact Marcus Allen, Sales and Service Manager, iRemedy by email [Marcus@iRemedy.com](mailto:Marcus@iRemedy.com) or his direct phone number at 772-333-8694.

## Provider Relief Fund



**CARES Provider Relief Fund Update: New Funding Available Act Early! Apply for Phase 3 Relief Fund Payment by November 6**

October 5, 2020

Dear MSHP Member,

The U.S. Department of Health & Human Services (HHS) has [announced](#) the following:

- \$20 billion in immediate Phase 3 Provider Relief Funding
- A 90-day extension of the Public Health Emergency through January 21, 2021

**Apply for funds**


Providers are invited to apply for additional funds due to financial losses and changes in operating expenses caused by the coronavirus. Previously ineligible providers, such as those who began practicing in 2020 will also be invited to apply, and an expanded group of behavioral health providers will also be eligible for relief payments.

Eligible providers can apply for funds and attest to relief fund payments starting today, Monday, October 5, 2020, through November 6, 2020 on the [Provider Relief Fund Application and Attestation Portal](#).

**Phase 3 Funding Relief Eligibility Requirements**

- Providers who previously received, rejected or accepted a General Distribution Provider Relief Fund payment. Providers that have already received payments of approximately 2% of annual revenue from patient care may submit more information to become eligible for an additional payment

## CMS Telemedicine Rates



May 4, 2020

Dear MSHP Member,

The Centers for Medicare & Medicaid Services (CMS) recently [announced](#) additional changes to Medicare telehealth policy, including waiving the video requirement for certain telehealth services and increasing the payment rates for previously authorized telephone visit codes.

On April 30, 2020, CMS authorized substantial [increases to Medicare rates for telephone visit codes](#); making payment comparable to in-person E&M visits. Manhattan Medicare FFS rates are as follows and will vary slightly for other locations:

- 99441: \$53.81
- 99442: \$87.76
- 99443: \$126.67

In addition, CMS is waiving [video requirements](#) to allow for Medicare reimbursement for certain telehealth services to be delivered using only audio. The services that can now be delivered without video, include but are not limited to:

- Psychotherapy (90832-90834, 90836-90840)
- Annual Wellness Visits (G0438 and G0439)

For a full list of telehealth codes and if the service can be provided by audio-only communication, please visit [CMS.gov](#).

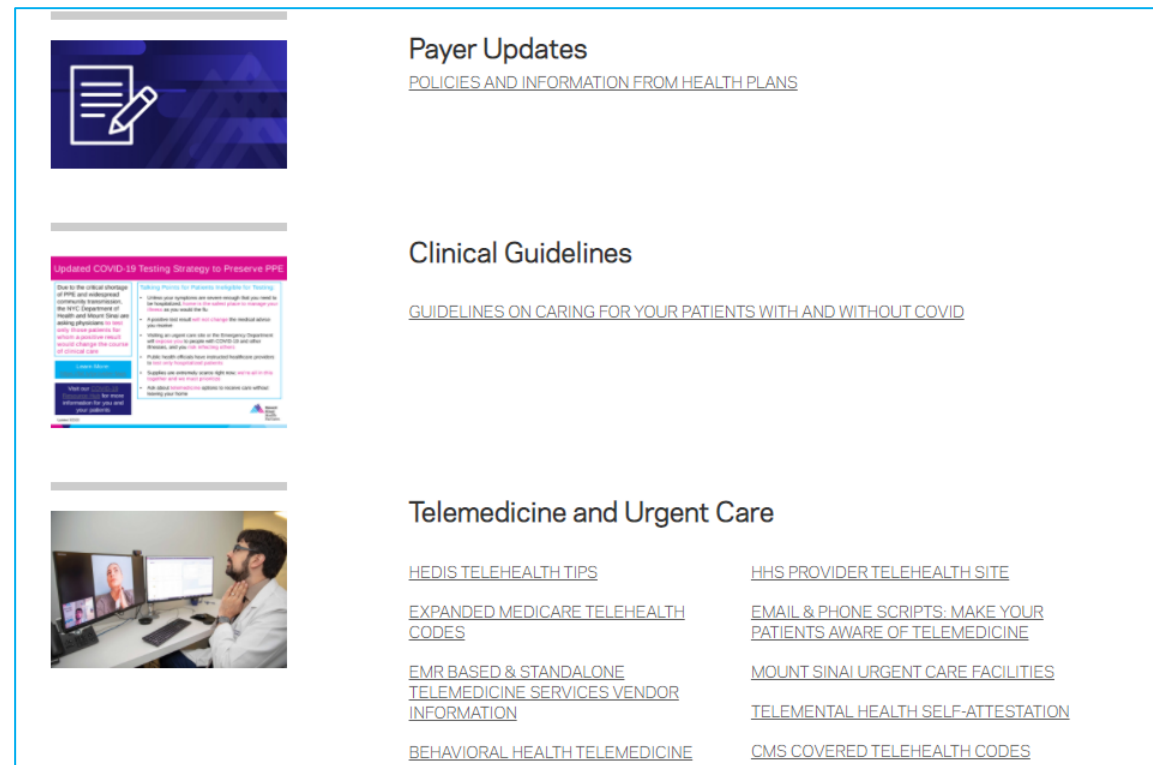
The changes are [retroactive to March 1, 2020](#). Please keep in mind the following:

# Increased Focus on Patient Care During COVID-19

- ▶ Helped practices identify vulnerable patients with chronic conditions that may need outreach to ensure they were getting needed care
  - Provided a way to increase practice volume
  - Connected practices with MSHP's care management resources to assist patients in need
  
- ▶ Educated practices on patient email marketing strategies to increase patient volume with focus on practice's safety protocols during COVID-19
  
- ▶ Implemented clinical notification subscription project so that PCPs can receive real-time email/text/EMR direct messages when their patients visit the ED or are admitted/discharged from the hospital

# MSHP Website Resource: COVID-19 Hub

- ▶ In March, 2020, MSHP launched a COVID-19 Resource Hub on its website to share resources with providers in a variety of domains including clinical guidelines, financial support, payer policies and more with links to relevant health system content



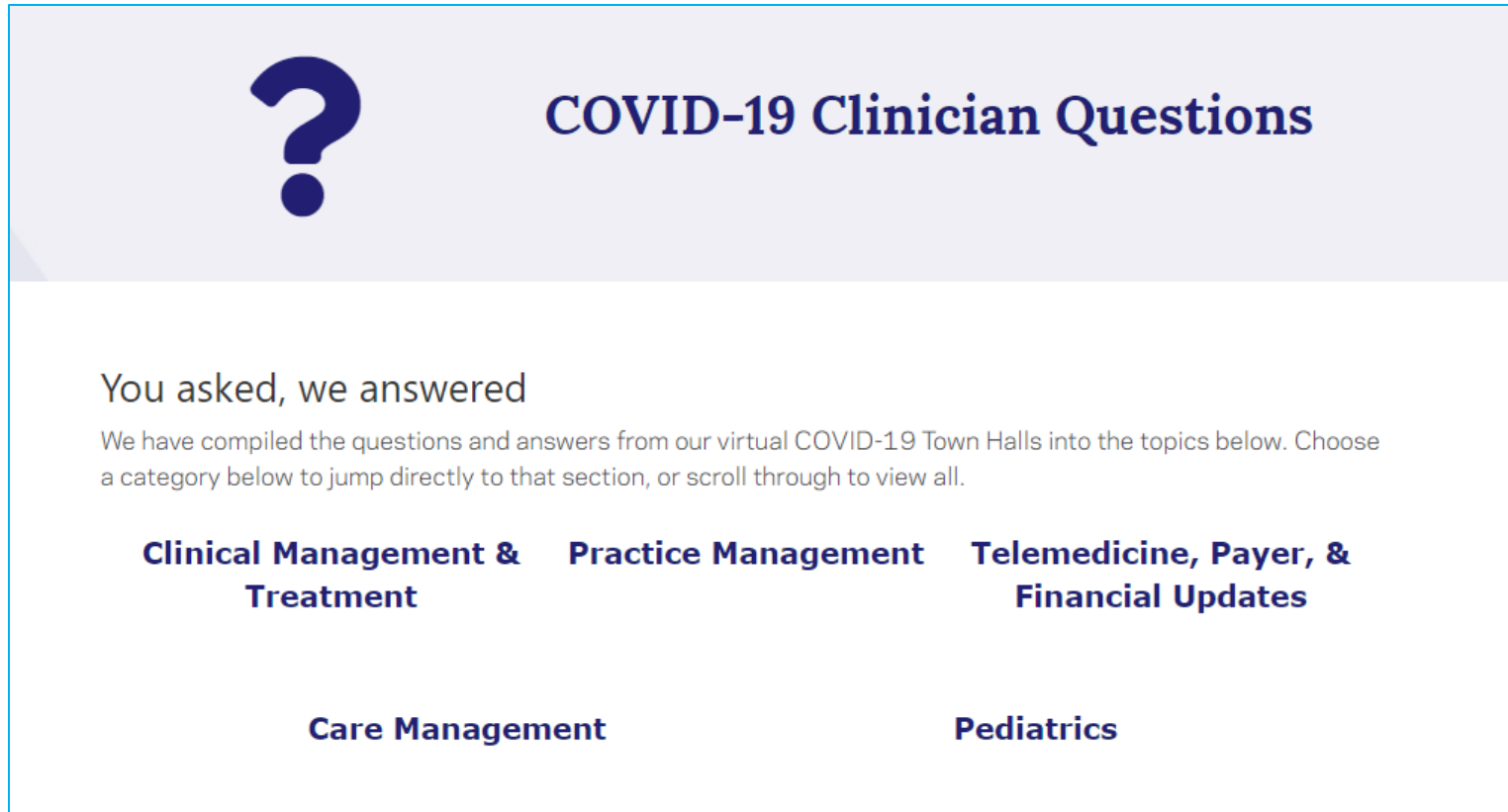
The screenshot displays the MSHP COVID-19 Resource Hub website. It features three main sections:

- Payer Updates**: Includes a link for [POLICIES AND INFORMATION FROM HEALTH PLANS](#).
- Clinical Guidelines**: Includes a link for [GUIDELINES ON CARING FOR YOUR PATIENTS WITH AND WITHOUT COVID](#).
- Telemedicine and Urgent Care**: Includes several links: [HEDIS TELEHEALTH TIPS](#), [HHS PROVIDER TELEHEALTH SITE](#), [EXPANDED MEDICARE TELEHEALTH CODES](#), [EMAIL & PHONE SCRIPTS: MAKE YOUR PATIENTS AWARE OF TELEMEDICINE](#), [EMR BASED & STANDALONE TELEMEDICINE SERVICES VENDOR INFORMATION](#), [MOUNT SINAI URGENT CARE FACILITIES](#), [BEHAVIORAL HEALTH TELEMEDICINE](#), [TELEMENTAL HEALTH SELF-ATTESTATION](#), and [CMS COVERED TELEHEALTH CODES](#).

<https://mshp.mountsinai.org/web/mshp/coronavirus>

# COVID-19 Hub: Includes Library of Clinician Q&A

Dedicated area of COVID-19 hub for responses to clinician questions



The screenshot shows a web page titled "COVID-19 Clinician Questions". At the top left is a large blue question mark icon. Below the title, the text reads "You asked, we answered" followed by a paragraph: "We have compiled the questions and answers from our virtual COVID-19 Town Halls into the topics below. Choose a category below to jump directly to that section, or scroll through to view all." Below this text are five category buttons: "Clinical Management & Treatment", "Practice Management", "Telemedicine, Payer, & Financial Updates", "Care Management", and "Pediatrics".

## COVID-19 Clinician Questions

You asked, we answered


We have compiled the questions and answers from our virtual COVID-19 Town Halls into the topics below. Choose a category below to jump directly to that section, or scroll through to view all.

**Clinical Management & Treatment**    **Practice Management**    **Telemedicine, Payer, & Financial Updates**

**Care Management**    **Pediatrics**

<https://mshp.mountsinai.org/web/mshp/coronavirus>

# COVID-19 Hub: Behavioral Health Resources for Both Providers and Patients



**Tips for Disaster Responders:**  
PREVENTING AND MANAGING STRESS

**Introduction**  
Stress prevention and management begin long before you are called upon to respond to an emergency or disaster. This is about creating a culture of disaster stress prevention and management skills that you can use and take to other situations in your life. It is about being prepared for disaster. You can also develop skills that will help you manage stress during your deployment. You can also develop skills that will help you manage stress after you return home. This document provides information about the various resources available to you and your organization to help you manage stress during and after a disaster.

**Stress Prevention and Management**  
PREVENTING YOUR DISASTER STRESS  
The best way to manage stress is to prevent it. This means being prepared for disaster. This includes having a disaster plan, knowing your disaster response role, and having the resources you need to respond to a disaster. This document provides information about the various resources available to you and your organization to help you manage stress during and after a disaster.

**Resources for the Disaster Role**  
Know Your Job  
You should know your job well. You will be called upon to respond to a disaster and you will need to know what you are doing. This document provides information about the various resources available to you and your organization to help you manage stress during and after a disaster.

## Mental Health & Wellness

This is a stressful time for all of us. As a provider, it is natural to want to focus primarily on caring for patients. However, please remember to take care of yourself as well. Below are some resources that may be helpful to you in your own self-care. Some resources may also be useful to share with patients who report emotional distress in these difficult times.

### Need someone to talk to? Support is only a phone call away.

MSHP offers providers in our network confidential support and connection to mental health services. To speak to a mental health liaison, please call:

**Anitha Iyer, PhD**

646-284-1588

**David Brody, MD**

212-245-1331

[VIRTUAL SUPPORT GROUPS FOR MOUNT SINAI PROVIDERS](#)

[NEW YORK STATE OFFICE OF MENTAL HEALTH](#)

[COVID COACH](#)

[NYC WELL 24/7 FREE TEXT/CALL/CHAT](#)  
[FIRST RESPONDERS AND DISASTER RESPONDERS RESOURCE PORTAL \(SAMHSA\)](#)

[DIAGNOSING AND MANAGING THE MENTAL HEALTH NEEDS OF ADULTS EXPOSED TO DISASTER](#)

[OMH GUIDANCE FOR MANAGING STRESS AND ANXIETY DURING THE COVID-19 OUTBREAK](#)

[TIPS FOR SOCIAL DISTANCING, QUARANTINE, AND ISOLATION DURING AN INFECTIOUS DISEASE OUTBREAK](#)

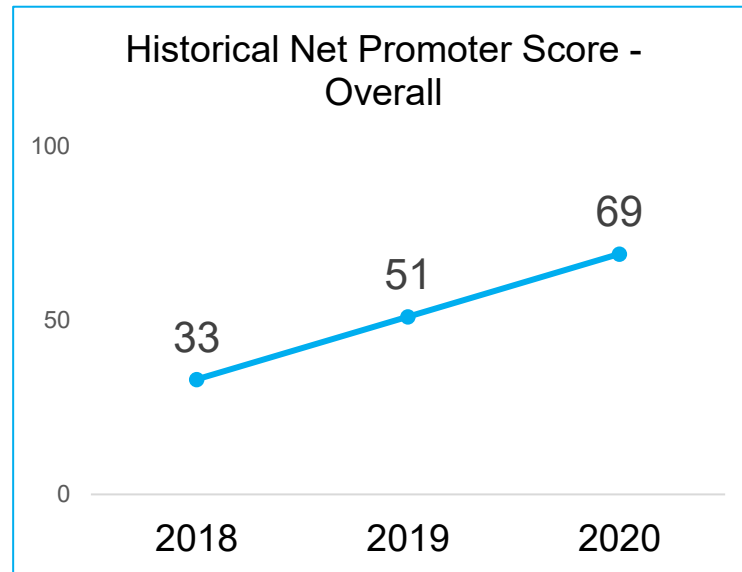
[MOUNT SINAI BEHAVIORAL HEALTH](#)

[MOUNT SINAI CALM: VIRTUAL YOGA CLASSES, MUSIC FOR RELAXATION, & MORE](#)

# High-Touch (Virtual) Approach

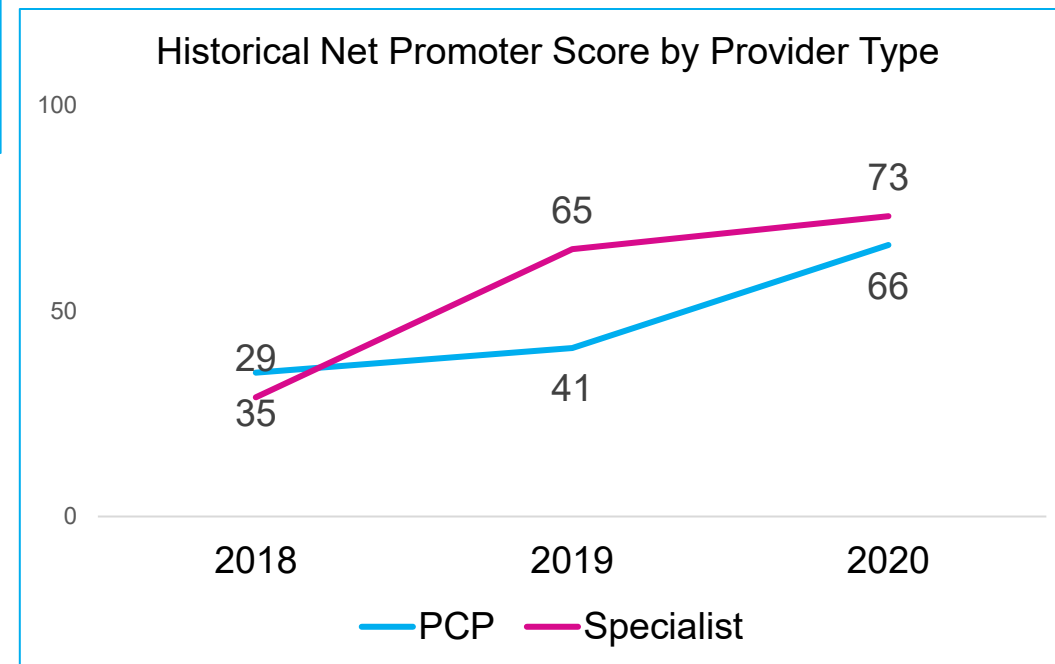
- ▶ Our provider engagement and provider support services teams increased frequency of interactions
- ▶ All PCP practices and 1/2 of specialist practices that initially closed were able to re-open within 30 days
- ▶ Almost all private practices “weathered the storm” and are still open

# Net Promoter Score (NPS) Grows Year over Year



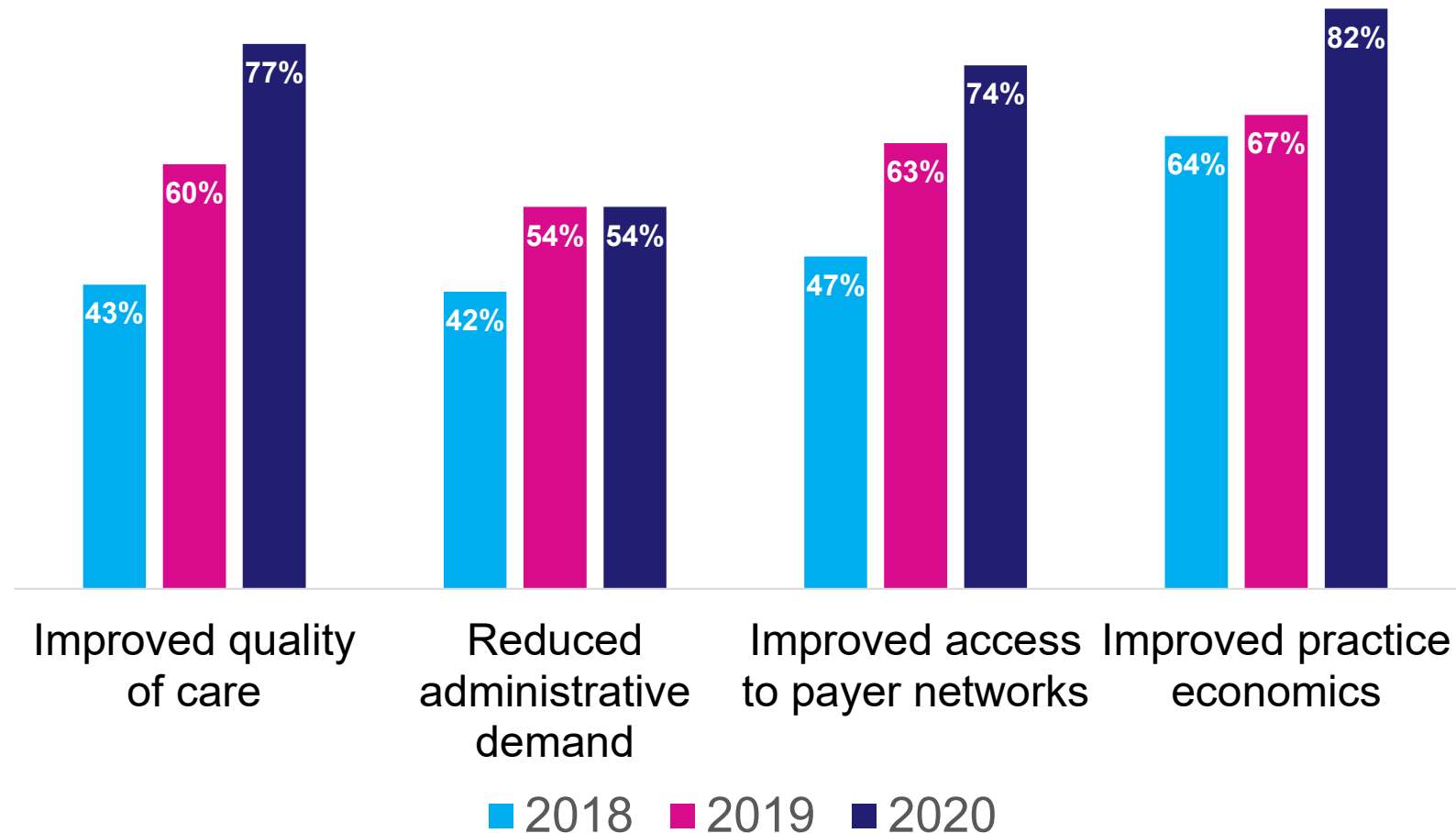
MSHP's provider net promoter score has increased each year for both PCPs and specialists

► NPS is a measurement tool used to measure a customer's likeliness to recommend a company's services to others



# The perceived value of MSHP has increased every year on most measures, but the growth from 2019 to 2020 was especially impressive

## Agree or Strongly Agree That Being in MSHP has...



# Example email from The Bodhi Medical Team and Apple Pediatrics



Dear Patients, Parents, Legal Guardians & Health Professionals

## **COVID-19 SUPPORT CENTER**

We wish to let you know that we are here for you if you need us.  
We offer services to our clients who are in NYC and to established clients sheltered in neighboring states.

**At our Medical Offices and via Telemedicine we provide daily:**

**Psychological support** to children, adults and families  
**Assessment of anxiety** related to your current situation  
**Assessment of infections at home** and help with complex situations

We aim to do it in the safest way for you as well as for our healthcare staff. Our providers will first assess each patient with a telemedicine visit and, based on the severity of symptoms and social situation, determine if, best monitoring options or when, and how testing should be done. To initiate an evaluation please schedule a telemedicine visit using

[Click Here to Make a Telemedicine Appointment for an adult](#)

## Telemedicine appointment in 3 easy steps:

1. **Schedule** an appointment ( telemedicine type / location/ 15 minutes)
2. Receive an email and **complete pre-registration**
3. Receive a video link and **be ready 1-5 minutes** prior to your appointment time

**Cost of Covid test should be fully covered by your insurance as well.**

**For uninsured: Telemedicine visit \$50**

**Covid -19 test through Quest Diagnostics- approx cost \$53**

**Approximate turn around time for Covid-19 results is at present 4-7 days.**

**Subject to change.**

Sincerely,

The Bodhi Medical Team and Apple Pediatrics.

Drs. Rebecca Farber, Carol Senkler, Amish Nishawala, Victoria Pertubal, Julia Katsuura, Suparna Patcha, Danijela Zotovic and Martin Malachovsky

# Greater Use of Telehealth

# Greater Use of Telehealth

- ▶ In 2018, only 18% of doctors practiced medicine with some component of telehealth, compared with nearly 50% by mid 2020.<sup>1</sup>
- ▶ Mount Sinai Faculty Practice more telehealth visits occurred per average day in April 2020 during the height of COVID-19 than in all of 2019.

Landi H. Half of physicians now using telehealth as COVID-19 changes practice operations. Fierce Healthcare. April 23, 2020. Accessed August 11, 2020.  
<https://www.fiercehealthcare.com/practices/half-physicians-now-using-telehealth-as-covid-changes-practice-operations>

# Mount Sinai's Clinically Integrated Network: Telehealth Lessons Learned

## ▣ Operations

- Coding requirements were important to disseminate early to providers, both for the correct code and documentation requirements.
- If possible, informing the patient to sign on to the technology at least 15 minutes ahead of the visit ensured a successful encounter
- Patient throughput proved challenging: Less patients seen per day
  - Rooming tasks, vitals, testing
- Physicians and other healthcare providers needed to test audio and video technology to ensure a smooth encounter.

## ▣ Billing

- Early claim submissions needed be reviewed carefully for denials, accurate reimbursement and required reprocessing by the payor or corrected claim submission by the billing office.
- Changes by CMS and managed care payors were frequent regarding what codes to use, place of service to indicate and modifiers to attach.
- Proactive to prevent patient cost sharing pre-visit and post claim adjudication to ensure compliance with state mandates and Federal stimulus payment requirements patient balance billing for COVID related services and testing.
  - Minimized calls to customer services for incorrect billing.

# Greater Outreach and Proactive Condition Management

# RPM | Remote Patient Monitoring (RPM)

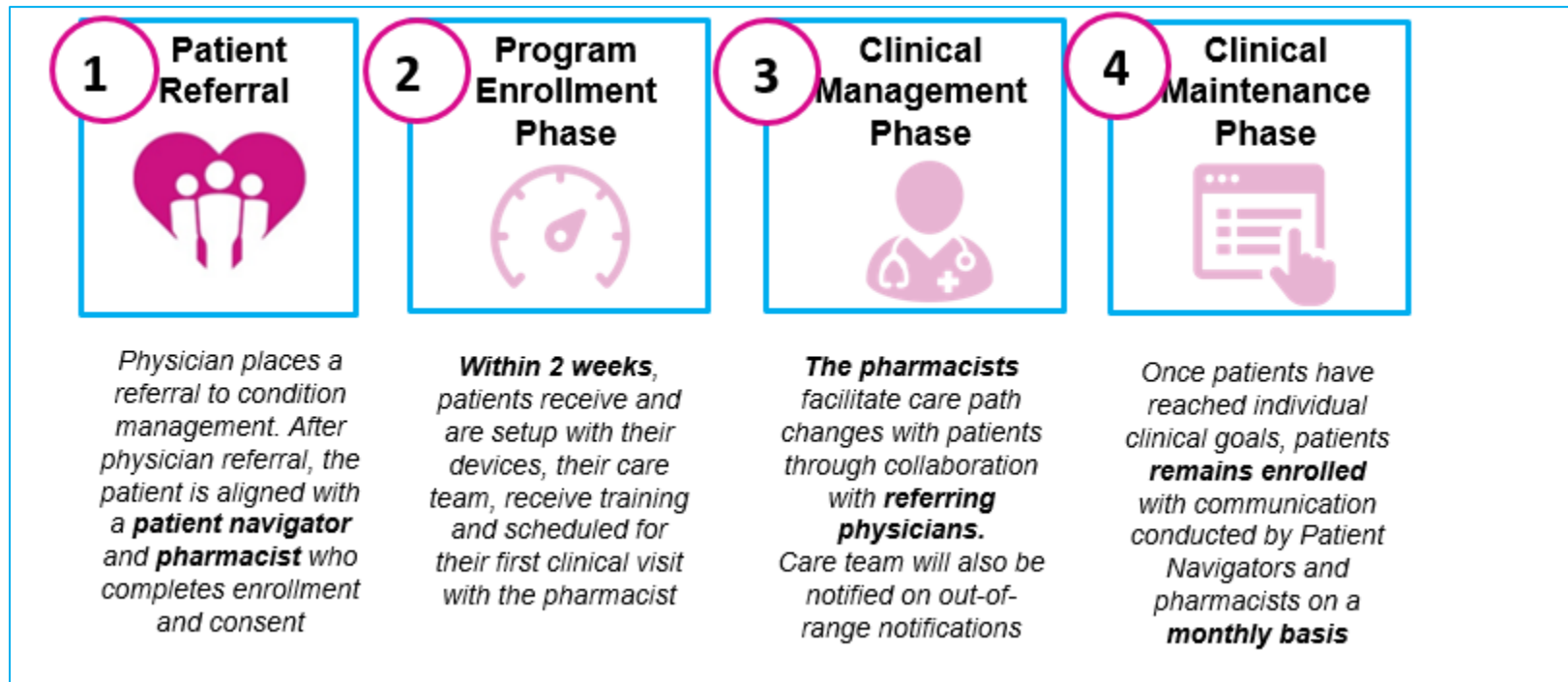
- ▶ The Condition Management Program provides pharmacy co-management services across the health system through a virtual department. A core component of the program is **remote patient monitoring**. Clinical pharmacists **enroll, monitor and manage patients** with their collaborating providers. The hypertension and heart failure program is live through a collaboration with a vendor.



- ▶ Bluetooth-enabled devices and cellular data hub
- ▶ How it works:
  - Patient plugs in the data hub, keeps the devices within 20 feet
  - Readings transferred from the device to the hub, analyzed in vendor's cloud, and uploaded to EPIC
  - Notifications generated for out-of-range values based on pre-determined thresholds,
    - Which can be adjusted at any time by the referring provider

# RPM | Remote Patient Monitoring (RPM)

- ▶ **Activities:** Pharmacist completes a comprehensive assessment to design **patient-specific clinical plan**. The primary management goals are **therapeutic optimization AND clinical coaching**. Visits are conducted remotely through video or telephone via the Condition Management department.
- ▶ **Revenue:** 99453, 99454, 99457, 99458 (reimbursed by Medicare FFS, MA, and some commercial plans)



# MSHP Care Management Response Strategy: Revised Priorities During COVID

## Event-based: Hospital Discharges

- COVID-19+
- PUI (Patient Under Investigation)
- Standard Chronic Disease Priorities (CHF, COPD, Diabetes, Asthma)

## Data/ Predictive Analytics: High Risk Crisis Management

- Disease States: COPD, CHF, Pulmonary Fibrosis, Immunosuppressed
- Age/Frailty: 65+ with complex chronic conditions and documented functional risk factors

## Provider Referral: Addressing Urgent Needs

- COVID-19+ or PUI
- Non-COVID-19+ or PUI and in distress (urgent needs)

# Mount Sinai Health Partners COVID-19 Response: Proactive Outreach to High Risk Patients

- ▶ **One source for patient lists**
  - High Risk Dashboard for all outreach list generation
  
- ▶ **Use patient cohorts for patient assignment**
  - Match skill set of available staff with probable patient need
  - Care Management, Practice-based staff (clinical/non-clinical), Community Based Partners
  
- ▶ **Leverage standardized screener tool adapted from CM Brief Assessment**
  - Tool questions have been adapted to align with CM outreach focus on crisis contingency planning, ensuring patient needs are being met, ensuring patient has clarity on how and when to reach out to provider/practice/medical support services
  
- ▶ **Encourage the use of newly created Epic Smartphrase**
  - Ensures standard documentation
  - Supports easy data pull

# High Risk Patient Cohorts & Available Staff

**Goal: Match skill set to probable patient need**

	Relatively Healthy	Simple Chronic Illness	Minor Complex Chronic Illness	Major Complex Chronic Illness	Frail Elderly	Disabled < 65
MSHP Care Management					X	X
Non-Clinical Practice Staff		X				
Clinical Practice Staff				X		
CBO Community Health Workers			X			
Texting Outreach Campaign			X			

**6 - Disabled, <65:** Consists of age <65 and qualifying for Medicare based on the presence of end-stage renal disease (ESRD) or disability as determined by the Social Security Administration; **5 - Frail Elderly:** Consists of age ≥65 and the presence of at least two conditions on a modified list of twelve specific claims-based diagnoses potentially indicative of frailty as proposed by Kim and Schneeweiss (gait abnormality, malnutrition, failure to thrive, cachexia, debility, difficulty walking, history of fall, muscle wasting, muscle weakness, decubitus ulcer, senility, or durable medical equipment use. *Starting with the list of key chronic disease groups outlined by CMS in their measure for unplanned admissions for patients with multiple chronic conditions, defined 9 conditions as “complex conditions:” Acute Myocardial Infarction / Ischemic Heart Disease, Chronic Kidney Disease, Congestive Heart Failure, Dementia, Chronic Lung Disease, Psychiatric Disease, Specified Heart Arrhythmias, Stroke, & Diabetes and the remaining 20 conditions as “other non-complex conditions.”* **4 - Major complex chronic illness:** Consist of patients with two or more complex conditions or at least 6 non-complex conditions; **3 - Minor complex chronic illness:** Consists of patients with 1 complex condition and less than 6 non-complex conditions; **2 - Simple chronic illness:** Consist of patients with 1–5 non-complex chronic conditions; **1 - Relatively Healthy:** Consists of all others.

Joynt, Karen E., et al. "Segmenting high-cost Medicare patients into potentially actionable cohorts." *Healthcare*. Vol. 5. No. 1-2. Elsevier, 2017.

# MSHP Care Management Mid-COVID Response Strategy: Revised Priorities

**Our deliverable:** Reduce avoidable IP and ED utilization by ensuring access to needed information and resources

Screening and support around:

- Chronic disease management
- Complex medical and psychosocial needs



Screening for and addressing:

- Mental Health Needs
- Bereavement
- Financial Stress/Needs
- Social Needs
- Essential Supply Needs
- Contingency Planning

Education and support:

- “Don’t put health on hold”
- New ways to access care
- Safety measures in place to protect patients
- Appointment coordination and scheduling
- Facilitating telehealth use/connection

# Key Takeaways

- ▶ Opportunity to build community amongst all CIN physicians- Employed and Voluntary
  - Creates competitive advantage and stickiness compared with other CIN options in market
  - Learn from each other
  - Showcase value of anchor Academic Medical Center
  
- ▶ Promotion of proactive outreach and chronic disease management- meet the patients wherever they are
  - Proactive Care Management outreach using risk stratification
  - Promotion of Telemedicine
  - Remote Patient Monitoring
  
- ▶ Crisis presents opportunity
  - Providing COVID-19 related services, especially in practice testing drove haves and have nots in terms of financial success through COVID-19 era

Questions?

# APPENDIX

# Example email from The Bodhi Medical Team and Apple Pediatrics



Dear Patients, Parents, Legal Guardians & Health Professionals

## COVID-19 SUPPORT CENTER

We wish to let you know that we are here for you if you need us.  
We offer services to our clients who are in NYC and to established clients sheltered in neighboring states.

**At our Medical Offices and via Telemedicine we provide daily:**

**Psychological support** to children, adults and families

**Assessment of anxiety** related to your current situation

**Assessment of infections at home** and help with complex situations

We aim to do it in the safest way for you as well as for our healthcare staff. **Our providers will first assess each patient with a telemedicine visit** and, based on the severity of symptoms and social situation, determine if, best monitoring options or when, and how testing should be done. To initiate an evaluation please schedule a telemedicine visit using

**[Click Here to Make a Telemedicine Appointment for an adult](#)**

## Telemedicine appointment in 3 easy steps:

1. **Schedule** an appointment ( telemedicine type / location/ 15 minutes)
2. Receive an email and **complete pre-registration**
3. Receive a video link and **be ready 1-5 minutes** prior to your appointment time

**Cost of Covid test should be fully covered by your insurance as well.**

**For uninsured: Telemedicine visit \$50**

**Covid -19 test through Quest Diagnostics- approx cost \$53**

**Approximate turn around time for Covid-19 results is at present 4-7 days.**

**Subject to change.**

Sincerely,

The Bodhi Medical Team and Apple Pediatrics.

Drs. Rebecca Farber, Carol Senkler, Amish Nishawala, Victoria Pertubal, Julia Katsuura,  
Suparna Patcha, Danijela Zotovic and Martin Malachovsky