

The Future of Digital Health for ACOs



Telehealth – Timeline of Events



- **FEB. 2018** – Congress passes the Bipartisan Budget Act of 2018
 - Removes originating site and geographic restrictions for two-sided risk MSSP ACOs using prospective assignment
- **MARCH 2020** – Congress gave CMS broad authority to waive federal law around telehealth during PHEs
 - CMS released [guidance](#) and interim final rules released on [March 30](#) and [April 30](#)
- **DEC. 2020** – Congress permanently removes originating site and geographic restrictions for tele-mental health visits
 - CMS would implement through 2022 Medicare Physician Fee Schedule
- **ONGOING** – Work to permanently remove geographic restrictions and expand originating sites

Telehealth – What's Next?



What happens after COVID-19 ends?

- Most of what CMS is allowing with telehealth goes away when the public health emergency as declared by the HHS secretary ends
 - Can't pay for audio-only services
 - Limitations on where the patient is located and whether they're an established patient or not
- Federal law narrowly defines telehealth as a live video interaction, mostly limited to rural areas
- Two-sided risk ACOs who use prospective assignment do retain flexibilities around telehealth regarding where the patient is located
 - This is less than 20% of all MSSP ACOs

Policy Principles for Telehealth



- NAACOS supports broader telehealth coverage and wants to see many of the freedoms granted during the pandemic made permanent
- However, we have concerns about potential adverse effects on spending and ACO attribution
- Evidence to date on how well telehealth lower's spending has been mixed, and we do not have a great sense for what changes will occur in attribution if current telehealth waivers are made permanent
- **Since ACOs take accountability for patients and are increasingly at financial risk for their spending and quality, ACOs should be granted more freedoms to use telehealth than providers not operating in these models**

Telehealth – What's Next?



- **DATA ON EVIDENCE AND OUTCOMES ARE NEEDED!**
 - A lack of demonstrated savings has limited Congress and CMS expanding telehealth to more providers
- Data we could use:
 - Overall numbers demonstrating uptake, outcomes, etc.
 - The extent to which telehealth services replaced existing in-person services vs. were new or additional services
 - Health outcomes of beneficiaries using telehealth vs. those who did not
 - The types of telehealth services most commonly used
 - The rural vs. non-rural breakdown of beneficiaries using telehealth
- Anecdotes help too
 - Individual stories of people who received telehealth during COVID and benefitted from it
- ***We want to successfully advocate for the expansion of telehealth post-COVID but in a way that doesn't disadvantage ACOs***

NAACOS Advocacy



- NAACOS submits a Statement for the Record on a House Ways and Means Committee hearing on the future of telehealth
- NAACOS endorses the Protecting Access to Post-COVID-19 Telehealth Act of 2020 (H.R. 7663)
- NAACOS supported the CONNECT for Health Act of 2019
- NAACOS was supportive of wider use of remote patient monitoring in the 2019 Medicare Physician Fee Schedule
 - Have supported numerous regulatory updates by CMS
- NAACOS asked the FCC to expand eligibility of the COVID-19 Telehealth Program

NAACOS Resources



- A number of COVID-related resources are available on the [NAACOS website](#)
 - Developed a [telehealth resource](#) to assist ACOs using telehealth services during the COVID-19 crisis
 - CMS publishes [telehealth factsheet](#)
 - [Telehealth.HHS.gov](#) is a great catch-all place for updates!
 - The Institute for Accountable Care publishes [white paper](#) on ACOs' Use of Telehealth During the COVID-19 Pandemic
 - Hosted a [March 26th webinar](#) on implementing telehealth

Please email advocacy@naacos.com with questions or feedback

The Future of Digital Health for ACOs

Adam B. Brown

IT Director

Mount Sinai Health System



**Mount
Sinai**

Mount Sinai Health System Overview



The Mount Sinai Health System combines the Icahn School of Medicine Sinai and eight hospital campuses to provide the highest quality health care throughout the New York metropolitan area.

Internationally acclaimed for its excellence in research, patient care, and education across a range of specialties.

- More than 7,200 physicians, including general practitioners and specialists, with an additional 1,000 in the Clinically Integrated Network
- 410+ ambulatory practice locations
- More than 2,000 residents and clinical fellows
- 42,000+ employees
- 39 multidisciplinary research, educational, and clinical institutes
- More than 500,000 attributed lives in the CIN, with more than 47,000 in the ACO.
- 152,520 inpatient admissions
- More than 3,499,000 outpatient visits to offices and clinics (non-Emergency Department)
- 536,443 Emergency Department visits
- 3,815 beds & 147 operating rooms

© SAN for Ennead Architects and Perlin's Eastman

Ambulatory Scheduled Telehealth Overview

Telehealth/video visits are **scheduled** outpatient encounters between a remote patient and a provider using a **live** audio and video platform



Patient Convenience:

- Access to key specialists
- Reduced/ no travel time
- Convenient timing
- Comfortable/familiar setting
- COVID Safety



Enhanced Clinical Care:

- Pre/post-operative care
- Chronic care management
- Medication management
- Post-acute care; answer questions, review results, and treatment plan
- Pre appointment screening



Operational Efficiencies:

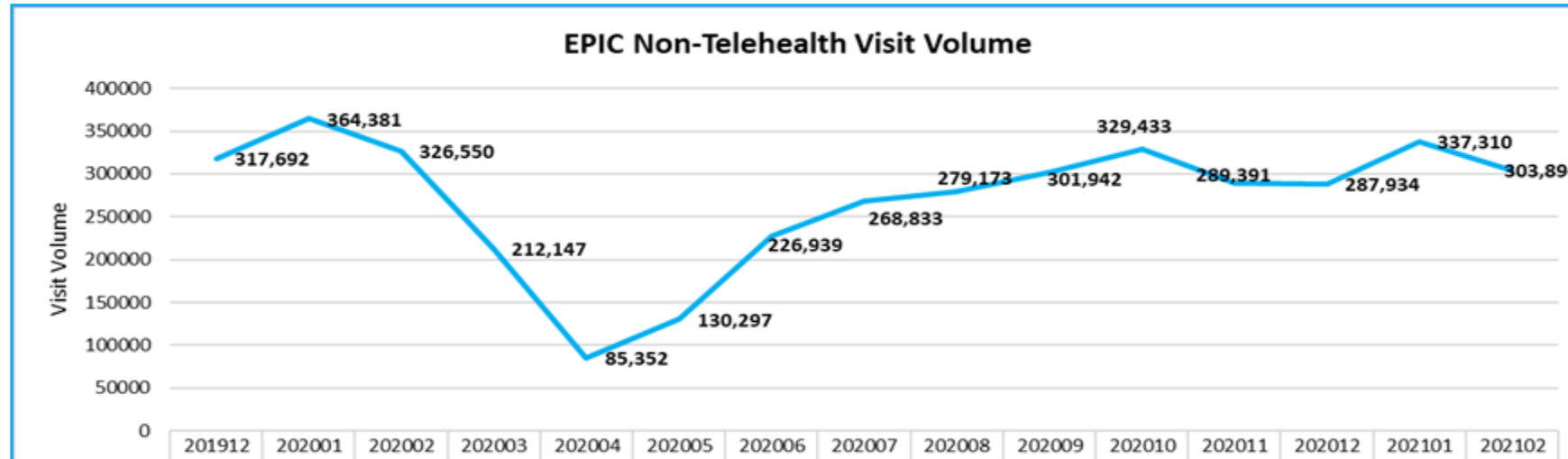
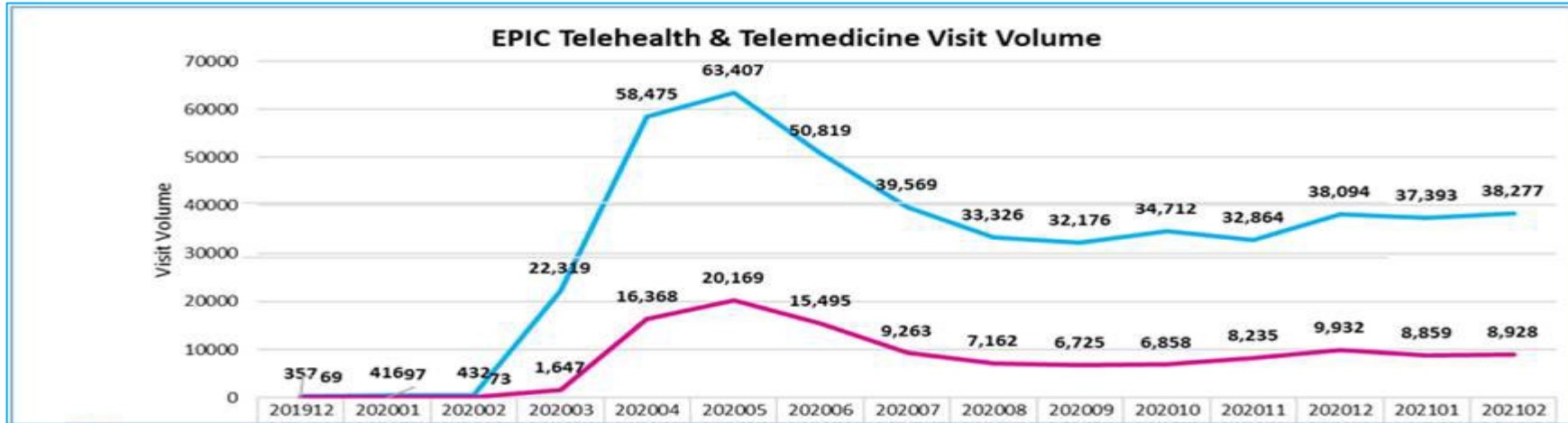
- Reduce cancellations
- Bundled services
- Enhanced patient engagement with digital tools



Emergency Response:

- Reduce risk and exposure
- Continuity in care
- Resource allocation

In-person visits v. Telehealth Visits Dec 2019 – Feb 2021



Factors That Contributed to Rapid Expansion



Regulatory Changes

- Relaxation of medical licensure requirements
- Department of HHS implemented telehealth platform “enforcement discretion”
- Expansion of provider and patient site location requirements
- NYS has temporarily waived cost-sharing as of 03/16/2020
- Coverage expansion; CMS
- Audio-only telehealth



Internal Optimization

- Built upon existing infrastructure from 2019/2020
- Increased training for staff and providers
- Optimized scheduling templates
- Purchased new hardware
- Implemented new telehealth platform with enhanced functionality
- Optimized Revenue Cycle/IT configurations and workflows.



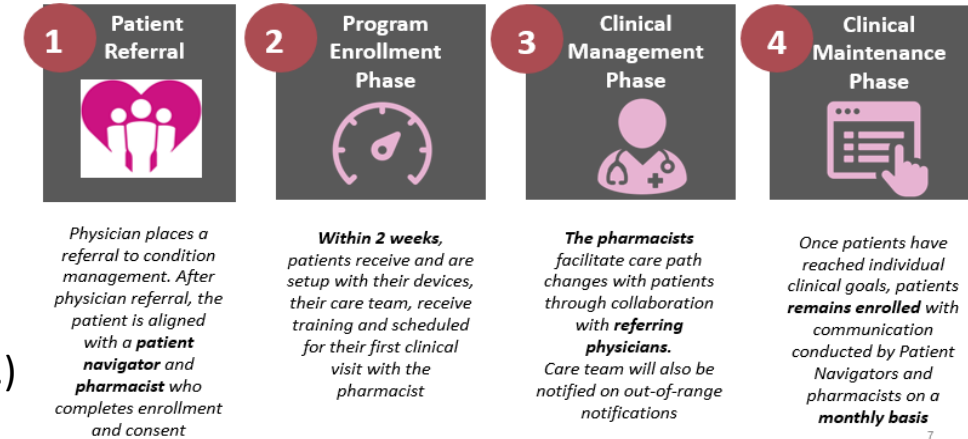
Access Expansion

- Expanded Call Center scheduling capabilities
- MyChart Bedside in use across all hospitals, driving more usage of the portal.
- Overall MyChart activation rate increased from 32% to 68%
- Streamlined access to Find-a-Doc and MyMountSinai scheduling
- Text to chat scheduling

The Condition Management Program (RPM)

- **Patient Enrollments**

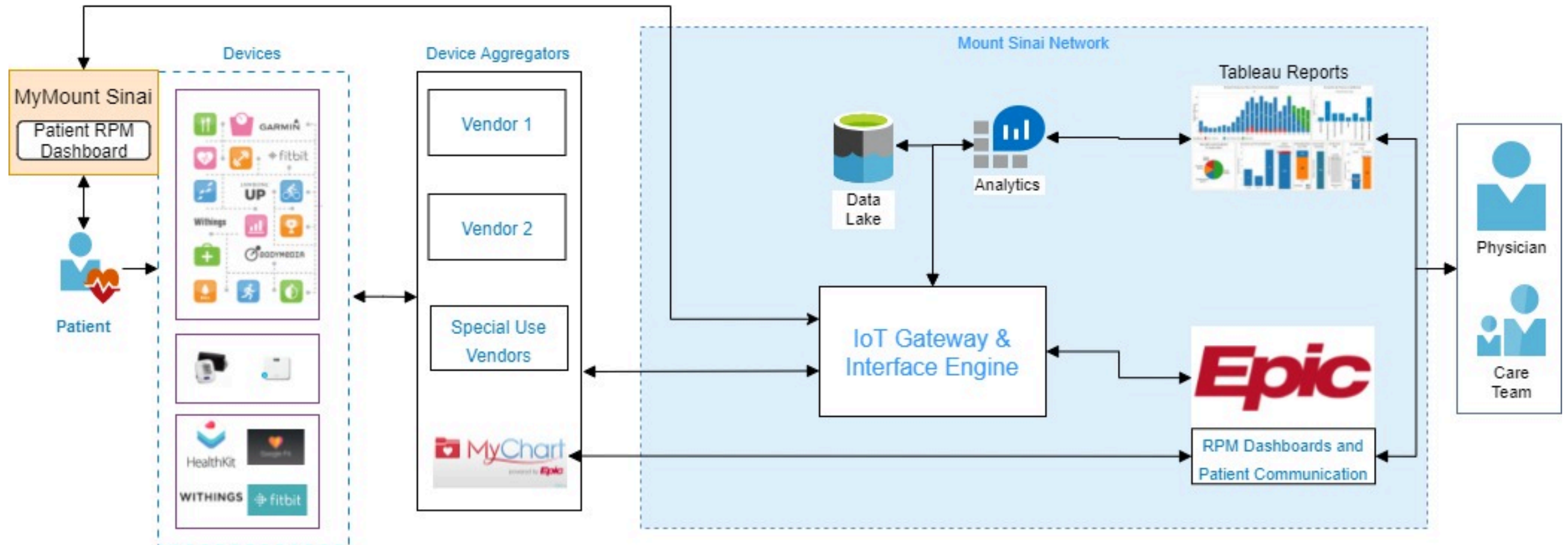
- 540 patients enrolled (HTN, CHF, Acute Covid)
- 900 enrollments expected by end of 2021
- 1,000 additional enrollments expected in 2022
 - 500 Vendor 1 (HTN / CHF), 500 Vendor 2 (Diabetes, Pulmonology, etc.)



- **Operations Team Structure**

- Staffing model changed from a clinic-based PharmD model to a centralized team of dieticians, led by pharmacists
- Lower cost resources ensures steady growth while optimizing pharmacist time to focus on higher-risk patients
- The number of Patients enrolled is limited by the max panel size a Provider can support

RPM: Technology and Infrastructure



Digital Engagement for ACO (Clinical Notifications)

- **Clinical Event Notifications**

- Subscribe to attributed patients for Interventions and Transitions-of-Care
- Reused internal infrastructure and integrations
- Fully self-service portal

- **Alerts are based on data availability**

- Delivery Formats Supported
 - Direct Messages
 - Encrypted Email
 - Text Messaging Notification + HIPAA portal

- **Component of COVID readiness**

The screenshot shows the 'Notification Preferences' page for a provider. At the top, there is a navigation bar with the Mount Sinai Health Partners logo, links for 'PROVIDER PORTAL', 'NEWS & MEDIA', 'ABOUT', 'CONTACT', and 'CAREERS', a search icon, and a 'SIGN OUT' button. The main heading is 'Notification Preferences' with an envelope icon. Below this, a section titled 'Clinical Event Notifications' allows the user to receive notifications for all patients in their provider panel. The user is identified as 'PCP: Rob Fields, MD, MHA'. The notification preferences are set to 'Notify me right away', 'Send daily summary', and 'Do not send me anything'. The notification methods are 'Email (Encrypted)', 'Push Notification', and 'Direct Message'. A table shows the notification preferences for various clinical events:

	Email (Encrypted)	Push Notification	Direct Message
Inpatient Admissions	✓ <input type="checkbox"/> <input checked="" type="checkbox"/>	✓ <input type="checkbox"/> <input checked="" type="checkbox"/>	✓ <input type="checkbox"/> <input checked="" type="checkbox"/>
Inpatient Discharges	✓ <input type="checkbox"/> <input checked="" type="checkbox"/>	✓ <input type="checkbox"/> <input checked="" type="checkbox"/>	✓ <input type="checkbox"/> <input checked="" type="checkbox"/>
ED Registrations	✓ <input type="checkbox"/> <input checked="" type="checkbox"/>	✓ <input type="checkbox"/> <input checked="" type="checkbox"/>	✓ <input type="checkbox"/> <input checked="" type="checkbox"/>
ED Discharges	✓ <input type="checkbox"/> <input checked="" type="checkbox"/>	✓ <input type="checkbox"/> <input checked="" type="checkbox"/>	✓ <input type="checkbox"/> <input checked="" type="checkbox"/>

At the bottom, there is a 'Back to Portal Homepage' link and a footer with contact information for Mount Sinai Health Partners, including the address (150 East 42nd Street, 5th Floor, New York, NY 10017), phone numbers (P: 877-234-6667, F: 212-623-5775), and email (mhq@mountsinai.org). The footer also includes links for 'Privacy Policy' and 'Terms of Use', and a copyright notice for 2019.

Digital Engagement Enablement for ACO (eConsults)



Specialties Currently Available		In Development	
<ul style="list-style-type: none"> • Behavioral Health • Cardiology • Endocrinology • Geriatrics • GI 	<ul style="list-style-type: none"> • Nephrology • PharmD • Podiatry • Pulmonology • Rheumatology 	<ul style="list-style-type: none"> • Liver Disease • Palliative Care • Hematology • ID 	<ul style="list-style-type: none"> • Neurology • Allergy / Immunology • Dermatology

Summary

- **Telehealth**

- Strategic investments with select partners
- Focus on infrastructure scalability
- Training and Support Materials are key for adoption

- **Remote Patient Monitoring (RPM)**

- Operational/Clinical staffing model is the most important aspect.
- Resource shift ensures steady growth while optimizing pharmacist time to focus on higher-risk patients
- The number of Patients enrolled is limited by the max panel size a Provider can support

- **Telehealth Enablement for ACO**

- Voluntaries are also in need of resources and support
- Focus on expanding already deployed technology
- Early identification of requirements is essential



Digital Health: To the Future and Beyond

Anna Taylor, Director of Operations
Bradd Busick, Chief Information Officer

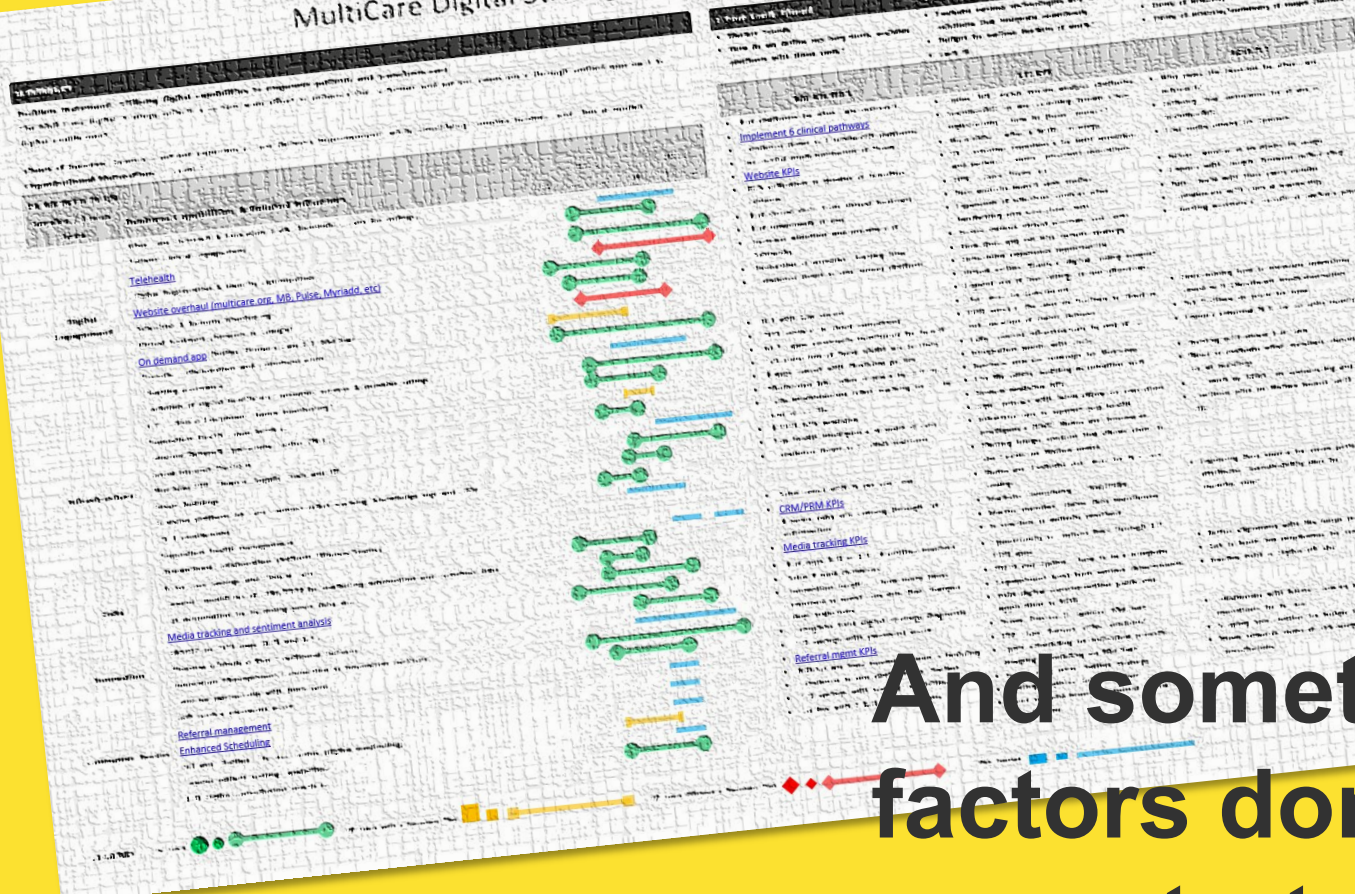
“Never let a good crisis go to waste.”

~ *Winston Churchill*

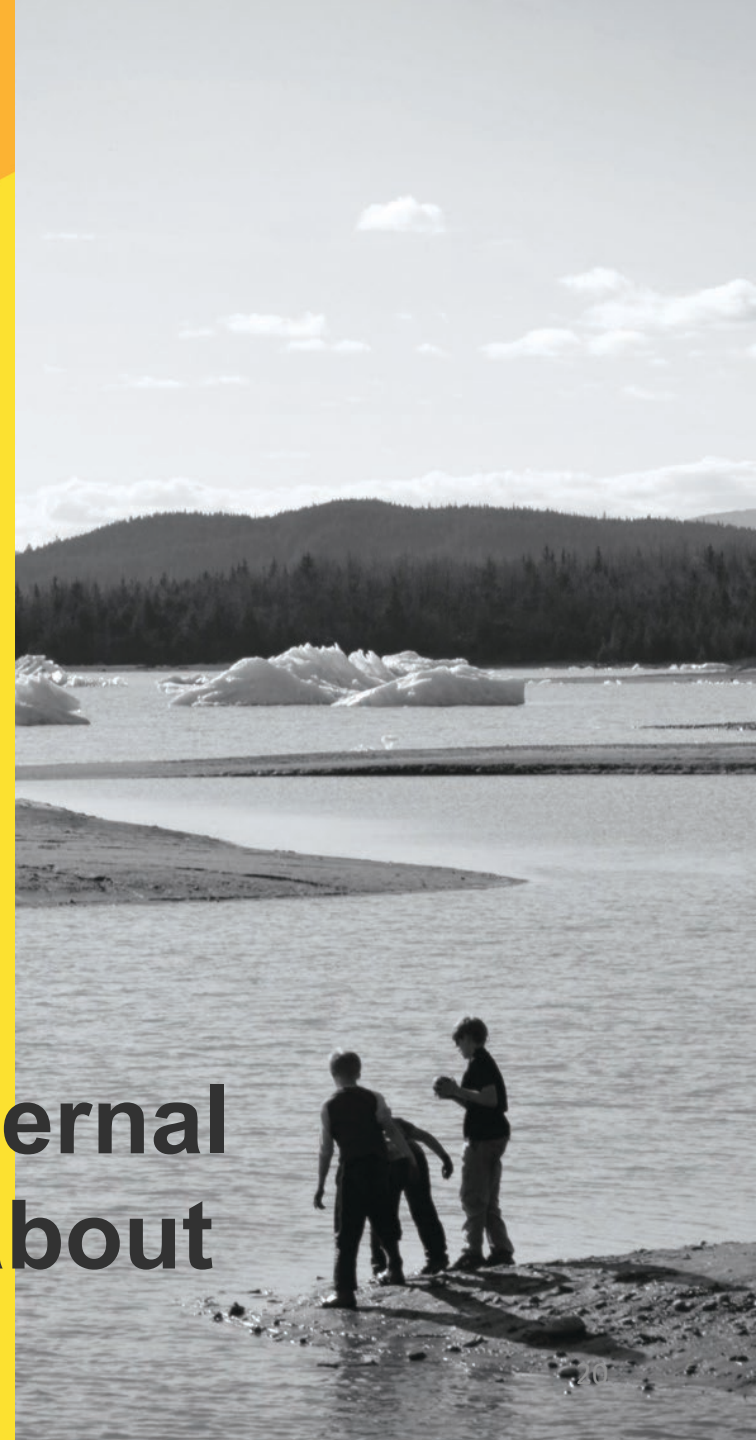


Strategies are important

MultiCare Digital Strategy – 2021 Strategy Review



And sometimes external factors don't care about your strategy.



Population Health on Overdrive

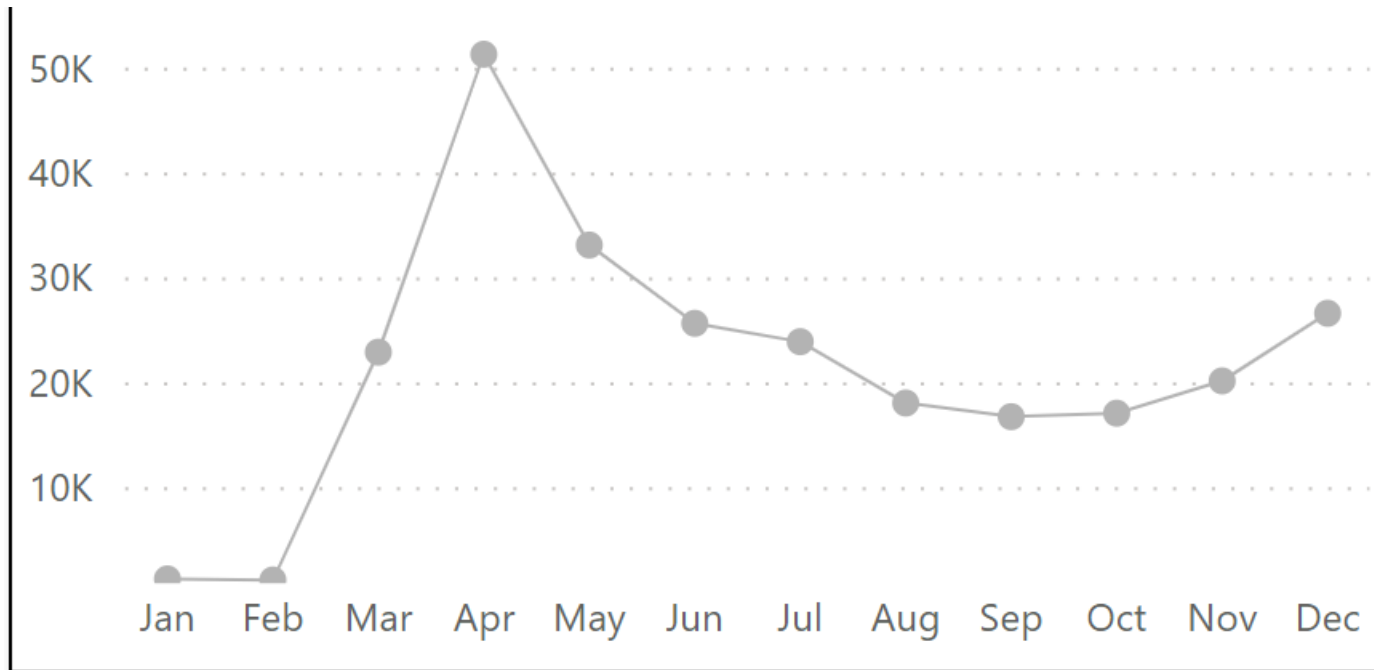
- » The pandemic is population health on overdrive
- » How do we deliver care to our communities at the right place, right time, right modality?
- » We had to rethink the digital strategy around delivering of care



MCC

Virtual Visit Spike!

» 2020 Virtual Visits: 257,617



5,000%
Increase
From 2019



MCC

When “Strategy” meets “Reality”

**We are experiencing
high call volume.**

Please be patient
and call back later.

Thank you.



30K
Calls

PNW Citizens | Network Agnostic | COVID-Centric

MCC

Our Response: Cloud based IVR



10 Days | Marketing Blitz | Multiple Languages

MCC

IVR Results at a glance

180K
SELF SERVICE
CALLS

85K
SMS SIGN
UPS

91
FTE'S
AVOIDED

\$4M+
COST
AVOIDANCE

In 10 days, we deployed:

- Cloud Based IVR
- Multiple Languages
- Chatbot

Proactive investment in communication infrastructure enabled immediate productivity

Looking Ahead

- » Omni-channel engagement allow for continuity of care
- » They allow to meet patients where they are at (mobile deployment of our services when necessary)

MCC

To the Future



Key Strategies for the Future

- » Enhancing technical infrastructure
- » Meeting the patient and clinician where they are
- » Establishing Highly Reliable Data Governance & Data Supply Chain
 - Utilizing industry standards for interoperability to reduce burden and enhance the human experience.



Enhancing Digital Literacy and Access

- ✓ 24/7 Consumer call center w/ multiple languages
- ✓ Lower bandwidth digital solutions
- ✓ Interactive workflows for connection issues
- ✓ Blurring 'traditional' lines in the market



Putting standards into place

Quality Data Exchange (DEQM):

Medication Reconciliation Post-Discharge (MRP)

» In production since Dec, 2019

» Results:

- Compared to our previous report where MRP performance was reported at 24% compliance, it is now **62-66%**
- Allowed us to close in on 48 gaps, which uncovered a poor pattern of data entry. Now allowing us to run an internal campaign to change data entry behavior

» Next steps are taking this to scale

Recipe for Success

- » Agile infrastructure with an interoperability
 - Using Industry Standards - FHIR
- » Celebrate wins & failures
- » Stay focused on the why: societal health
- » Shifting the mindset...and getting to the Yes!





“

The greatest danger in times of turbulence is not the turbulence – it is to act with yesterday’s logic.

- Peter Drucker