ADVANCING INTEGRATED HEALTHCARE

Webinar FAQ Sheet

*This document is a follow up to the 4/27/21 webinar "*Advancing Team-Based Telehealth in Rhode Island: Remote Patient Monitoring- options and strategies for RI primary care practices" *hosted by CTC-RI.*

Answers to questions posed by webinar attendees are below. Each presenting team responded with their perspective and the specifics of their platform. Answers are divided into sections by presenter teams.

Contact information for presenters from each organization is included; follow up questions may be sent directly to presenters.

Table of Contents:

1. BCBSRI and AMC Health Responses
2. Providence Community Health Centers and Health Recovery Solutions Responses
3. UnitedHealthcare, Optum, Vivify Responses

BCBSRI Responses (Relating to AMC Health Platform)

Contact:

Reena Jariwala, 401-459-1307 or Reena.Jariwala@BCBSRI.ORG

1. Do you see any benefit [from these platforms] in prevention of chronic disease or just managing disease when it develops? Thinking of increased use in pediatric and young adults.

   Yes, we do see the benefits of this program as it prevents exacerbation episodes and provides timely care.

2. When do you anticipate that pediatric RPM might start to be supported by payers?

   Unsure currently.

3. What is the cost for the platform? (cost to the provider, patient, and total cost of care)

   - For the patients, zero cost. Not even phone charges to landlines or cellular plans.
   - For Fee-for-Service providers, this is fully reimbursable through CPT codes 99453 thru 99458, for both the costs of the technology as well as 20 minutes per month of clinical evaluation time. The latter can even be provided by nurses not in the employ of the billing practice, under the "incident to" provisions.
   - AMC charges an all-in, per-monitored patient-per month (PPPM) fee, that includes all dashboard access and monitoring device rental. There is a separate (optional) PPPM fee if the practice wishes to outsource remote clinical tele-care management to AMC's trained Nurse Call Center.

4. What EHRs can your platform integrate with?

   Epic, Cerner, Allscripts et al

5. What languages are supported?

   All interactive surveys and patient-facing materials are available in English and Spanish, but other languages can be accommodated by request.

6. Can patients who are hard of hearing use the platform? Are there other accessibility features?

   The downloadable mobile app is perfectly suited for those with hearing deficits. All patient pathways and surveys are displayed in English or Spanish and communication with remote care teams can be facilitated through encrypted chat, in concert with encrypted televideo, all directly via the app). All pre-recorded Healthwise video education content is subtitle enabled. All peripheral monitoring devices have windows to display all readings, and all readings are mirrored on the app.

Cont. BCBSRI Responses (Relating to AMC Health Platform)

7. Do the at-home devices require internet access? If not, how is the data collected?

   Not at all. The peripheral monitoring devices transmit to the cloud using either a pre-configured tablet AMC provides or a cellular modem, both with embedded SIMs that automatically transmit to the cloud via the cellular networks on AMC's account. The patient will never see charges on personal phone lines. Only if the patient prefers to use the mobile app on a personal device, after downloading from one of the app stores, would this communication with our services be facilitated through the patient's own cellular line or WiFi, but that would be the patient's choice.

8. How do you coordinate care with PCPs and practice care teams?

   Introductory letters are sent to the practices informing them that their patient is now enrolled, and that the telecare management (TCM) team is there to support the established plan of care, and to expect only triaged, escalatable issues to be forwarded to their offices, as the data warrants. Providers will also receive a clinical summary via e-fax just prior to scheduled office visits. The AMC platform is designed to arm TCM nurses to conduct effective triage of monitored data so that only the most actionable information gets escalated to the provider, as intervention is warranted that cannot be handled by the nurses, such as a change in medical management or evidence that the plan of care is not working. The TCM nurses will also follow-up with the patients after scheduled appointments to reinforce the plan of care - especially if there were any changes made – and answer any questions the patient may have.

9. What is the process for referring a patient to this service?

   AMC receives data from BCBSRI who have history of CHF and COPD. For ad-hoc referrals by practices, completed excel (linked) can be emailed or faxed to our Triage department. Email: Care@bcbsri.org or fax at 401-459-5804

10. Who decides/approves patient participation? PCP or payer?

    Any patient who has BCBSRI Medicare coverage with history of CHF or COPD is eligible for this program

11. How do you support patients, especially patients with lower tech literacy, to use the platform and devices?

    Once the patient receives the devices, AMC will call the patient and assist in setting up the device. Additionally, AMC will pre-Bluetooth pair any assigned devices to the desired hubs prior to distribution, so that they are usable right out of the box.

Cont. BCBSRI Responses (Relating to AMC Health Platform)

12. How does AMC coordinate post-acute care episode with a home health agency, given that some tasks may be redundant?

    If patient has services in home by the home health agency, AMC services will begin after the home health agency has discharged the member.

13. How does the medication adherence work--especially inhalers, as many patients don't take deep breath. Does the unit just count when member pushes button?

    We have integrated the Propeller suite of inhaler monitors into our solution. Patients are provided with small, mushroom-like caps that fit on the end of their MDIs (or Diskus) that report every puff to our servers in real time. In this way, patients and care managers are alerted to over- or under-use of either controller or rescue medications. As to inhaler technique, the televideo option enabled directly via the mobile app provides a way for visually monitoring, and coaching on, proper technique.

Providence Community Health Center and Health Recovery Solutions Responses

Contacts:

Amy Perry (PCHC): aperry@providencechc.org (Purple Responses are per PCHC)

Rich Curry (HRS): rcurry@healthrecoverysolutions.com (Blue Responses are per HRS)

1. Do you see any benefit [from these platforms] in prevention of chronic disease or just managing disease when it develops? Thinking of increased use in pediatric and young adults.

   Home monitoring for blood pressure can rule out White Coat Syndrome for patients with questionable hypertension.

   There is also functionality in the HRS Mobile App to track activity completed per day. The symptom surveys with HRS are customizable and could potentially be used to track behavior that would improve overall health and potentially prevent illness.

1. What is the cost for the platform? (cost to the provider, patient, and total cost of care)

   The cost of the HRS platform is to the provider and there are two pieces to the pricing: (1) the equipment which can be leased or purchased (2) the monthly license fee which includes use of the clinician portal, unlimited clinician use, an unlimited data plan, 24/7 direct patient support through the tablet. The Bluetooth equipment can include BP cuffs, scales, pulse oximeters, glucometers, thermometers, Fitbits, stethoscopes.

2. What EHRs can your platform integrate with?

   Epic, Cerner, Meditech, Netsmart, multiple home health EMRs, and additional EMRs in the integration pipelines.

3. What languages are supported?
   15 languages: English, Spanish, Arabic, Chinese, French, German, Hebrew, Hindi, Italian, Japanese, Korean, Polish, Portuguese, Russian, Vietnamese.

4. Can patients who are hard of hearing use the platform?

   Are there other accessibility features? The tablet does do text to speech, and it uses a 10-inch tablet, and the reading level is at a 4th Grade reading level.

5. Do the at-home devices require internet access?

   No, it comes with a 4G unlimited data plan and can hook up to Wifi also.
   For the complete kit that includes the tablet, there is an unlimited data plan included. If you chose to use the mobile app, patients will need their own data plan or access to the internet.

Cont. Providence Community Health Center and Health Recovery Solutions Responses

6. How do you coordinate care with PCPs and practice care teams?

   There are multiple access levels and unlimited clinicians can access the portal and patient data. Our implementation team and account managers work closely with the care team members to establish the clinical workflow and allow access to those in the PCP office that would require it. This includes access to video conferencing, messaging and all reporting.

   At PCHC, RPM is in the PCHC centralized case management department. The case manager assigned to the patient will screen and triage any concerning alerts from the RPM data. If warranted, the case manager outreaches the provider and/or care team to discuss the needs identified. The case manager may also outreach the specialist to report data, patient symptoms, and coordinate follow-up care.

7. What is the process for referring a patient to this service?

   It can be done with an EMR integration but is always ultimately dependent on the clinical workflow for patient identification.

   At this time, the PCHC pilot is exclusive to patients in the Accountable Entity (a Medicaid ACO). PCHC identifies patients using data analytics to identify patients eligible for the program. Providers are also able to refer if they have a patient that meets the criteria.

8. Who decides/approves patient participation? PCP or payer?

   Either- dependent on workflow. HRS has assisted with patient identification criteria established for 230+ clients and programs.

   At PCHC, patients are selected by the organization through data or PCP referral. Once a patient is identified for the program, the nurse case manager will outreach to the provider to discuss the patient, their appropriateness for the program, and review risk alert ranges for the biometrics.

9. How do you support patients, especially patients with lower tech literacy, to use the platform and devices?

   There is no PIN, sign on, or login required by the patient with our system. The tablet wakes up with all reminders as needed, the tablet speaks to the patient in 15 languages, and the simple interface has been used by 300,000+ patients with an average age of 83 years old.

   PCHCs original plan was to do a home visit for all installations of the equipment. When COVID started, we had to adjust our approach and attempt set-up telephonically. HRS was able to share best practice documents from other organizations who also installed the equipment by phone with patients. This has been a successful approach, out of 20 there were only 2 that required a home visit for set up. Additionally, HRS has a 24/7 technical support line that has been useful to trouble shoot problems with the equipment.

Optum/Vivify Answers (Used in RI with UnitedHealthcare)

Contacts:

Robin Hill (Optum/Vivify): r.hill@vivifyhealth.com

David Lucas (Optum/Vivify): d.lucas@vivifyhealth.com

1. Is this program available in multiple languages?

   Primarily Spanish and English but we have translated to other languages and work with a translation partner if other languages are desired.

2. Is it adaptable for hearing impaired?

   The tablet has a visual interface that patients can use to interact with the program.

3. When will pediatric rpm be supported by payers like UHC?

   We have customers today using our solutions in the pediatric population. Some of the use cases in peds are: Diabetes, Asthma, ED and IP Transition, Bariatric surgery, Ortho concussion, Kidney/Liver transplant, TPN, VAD, NICU-NG/GT, NICU-Pulmonary, Complex Care (bronchopulmonary dysplasia, cerebral palsy, chromosomal anomalies, development delays).

4. Can your platform integrate with EHRs?

   Yes, we have integrated with 3rd party systems via APIs, and or HL7. Examples: UHC/Optum Nerve Center (OCM), Epic, Cerner, Allscripts, McKesson, Homecare Homebase, Athena, etc.

5. Where do providers go to order this kit and does insurance cover this kit?

   To express interest in having your patients enrolled in the UHC remote patient monitoring program, please inquire through your UHC primary contact and they will communicate with Vivify. This program is available to UHC Medicare Advantage members at no additional cost.

6. Is the only option for patients without an internet connection to voice report via phone or do you have the ability to collect locally and then download to a hand-held device digitally?

   For those members who do not have internet connectivity, IVR is an option – by using the member's landline. Another option is for the care team to collect the information telephonically and then enter it into the member's record in the clinical portal.

7. What is the cost to the patient? Provider? Total cost of care?

   This program is available to UHC Medicare Advantage members at no additional cost. Due to needed confidentiality on pricing matters, UHC/Optum is happy to meet individually with interested practices to discuss any remaining financial questions.

8. Do you see any benefit in prevention of chronic disease or just managing disease when it develops?

   Yes, our solutions benefit our customers' ability to manage acute and chronic conditions in both an episodic and longitudinal model of care.

Cont. Optum/Vivify Answers (Presented with UnitedHealthcare)

9. How does AMC keep the primary care physician involved in the program?

   Our customers use our solution to manage Provider's patients and keep them informed as their patients' progress. Vivify has the ability to integrate the patient reported data via APIs, HL7 discrete data interfaces, as well as health summary report sent as a PDF to 3rd party systems.

10. How do you (UHC and BCBS) coordinate care with the PCPs?

    The clinical care managers managing the patients/members have the ability to provide the PCP a health summary report which contains the patient's biometric readings, chart notes and any custom note from the care manager to the PCP. Additionally, care is escalated from the Optum care management team of nurses to the patient's physician as needed as part of pre-defined escalation protocols.

11. Can we get directions on how units work? I have a geriatric panel and they call me not knowing how to use system.

    Patient is provided a managed kit which comes "off the shelf ready to use" with a connected tablet (4G) and the appropriate Bluetooth connected devices specific to that patient's condition (disease) they are managing. The patient simply turns the tablet on and the tablet walks (visually and audibly) through their program. Each time the patients is asked to engage with their program, the tablet informs them visually and audibly as well. Patient simply answers the questions on the screen and uses the connected devices to transmit their biometric values as well as how they are doing/feeling. In addition to capturing patient reported data, the tablet also educates the patient in regards to their condition, medications, diet, activity, psychosocial/SDH elements, etc. The patient can also "request a call" and be connected to their care team via video visits through the embedded video visit technology embedded within the 4G-enabled tablet.

12. How do the medication adherence work especially inhalers, as many don't take deep breath. Does the unit just count when member pushes button?

    Our solution has the ability to ask the patient if they are compliant with their use of their short and long acting respiratory medications. The patient can be educated on the proper use of the inhaler via videos. The care team can visually assess the patient's proper technique for use of inhalers via virtual visits.

13. How do the at-home devices provider data since they don't require wifi?

    Our Home solution comes with a 4G connected tablet and the Bluetooth devices already paired to the tablet thus eliminating any need for the patient to set up their home remote monitoring equipment.

14. Please provide some guidance on Billing for these services.

    Our solution has the ability to capture "minutes" of care towards reimbursement codes such as CCM and RPM. With our solution, a dashboard informs the customers as to when patients have met the requirements per the different reimbursement codes.

15. How do you refer a patient to a biometric screening program?

    We work with our customers to define the best workflow and processes to support the objective and outcomes they are trying to achieve. Our clinical consultants are experts at working with the customer on best practice for the different processes related to remote management of patients in their homes.

16. Are there any outcomes measures? Change in patients' behavior? Less cost?

    Yes, we are happy to share these confidential outcomes upon direct inquiry with any interested organizations.

17. Are you doing CGM in any of the platforms?

    We have accomplished some limited POC integration with Dexcom. Full integration with a CGM device into our platform is on our device roadmap for 2021-2022.