

Reaching Consensus on RHC Quality Measures

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Compliance Team – RHC Virtual Summit
June 21, 2022

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Learning Objectives

- Review the role of Rural Health Clinics (RHCs) in the evolving healthcare marketplace
- Exploring the concept of value
- Review strategies to position RHCs to thrive in value-based payment(VBP) systems
 - Quality and performance reporting
 - Welcome to Medicare and Annual Wellness Visits
 - Care management

Role of RHCs in the Healthcare Marketplace

The Value of Primary Care

- Value for Whom?
 - Patients – lower costs and better outcomes, improvement in mortality
 - Providers – greater efficiencies and higher patient satisfaction
 - Third-party payers – better cost control and reduced risk
 - Suppliers – prices aligned with changes in patient outcomes
 - Society – Reduced healthcare spending and better overall health

Impact of COVID-19 on the Shift to Primary and Value

- Highlighting the use of telehealth in primary care
 - Virtual visits are convenient and efficient
 - Expand access to both basic care and specialized expertise
 - Digital tools and remote patient monitoring engage patients in their own care
- Breaking down barriers between physical and mental health
 - Covid has blurred the lines between physical, mental, and emotional health
 - Requires a whole person approach
 - Encourages team-based care with coordination of care and measurement of outcomes
 - Reduces stigma

Impact of COVID-19 on the Shift to Value-Based Care (cont'd)

- Growing focus on primary prevention
 - Reduced emphasis on sick care
 - Need to look beyond managing chronic conditions and engage in primary prevention via behavior change
 - Make best use of scarce resources by building care teams that make the best use of available skill sets
 - Virtual visits are convenient and efficient to achieve this goal

Essential Elements of Value-Based Care

- Access to care – same day care, availability of follow-up appointments, office hours that are convenient to patients' needs
- Know your patients and data – track attribution
- Build multi-disciplinary teams with alignment of skills sets
- Develop wellness and prevention services
- Implement chronic care tracking and management
- Engage in pre-visit planning
- Review relevant quality measures before seeing patients
- Code correctly to ensure that credit is received for work accomplished

Understanding the Primary Care Environment

The Challenges of Primary Care

- Primary care's role has declined over the past 40 years:
 - Primary care physicians have lower incomes and higher practice overhead than most specialists
 - Much of their work involves preventive care and simple diagnoses that can be handled safely by PAs, NPs, and APNs
 - They are expected to take on care coordination & population health without adequate reimbursement or IT support
- Projections
 - Supply of PCPs will grow more slowly than demand
 - Supply of NPs and PAs will outpace demand
 - Distribution is still a problem in rural areas

Demand for Primary Care Is Rising

- 46% of Americans have one or more chronic conditions
- Sustainability of hospitals and health systems depends on the strength of their primary care systems
- Primary care plays a central role in practice transformation initiatives:
 - CMS's Medicare Shared Savings Programs
 - PCMHs and ACOs
 - Chronic care management and behavioral health integration
- PCPs are called upon to provide services that specialty providers are not providing in rural communities

RHC Quality Measures

RHC Core Quality Measures

- Based on National Quality Forum definitions
- 18–Controlling High Blood Pressure
- 28–Tobacco Use Assessment and Cessation Intervention
- 38–Childhood Immunization Status
- 59–Diabetes: Hemoglobin A1c poor control
- 419–Documentation of current medications, adult/geriatric

RHC Optional Quality Measures

- 24–Body Mass Index – Pediatric
- 36–Asthma – use of appropriate medications
- 41–Influenza Immunization
- 43–Pneumonia vaccines – older adults
- 56–Diabetes: foot exam – adult/geriatric
- 57–Diabetes: Hemoglobin A1c testing
- 61–Diabetes: Blood Pressure Management
- 62–Diabetes: Urine protein screening
- 63– Diabetes: Lipid profile
- 68–Ischemic Vascular Disease, aspirin use, adult/geriatric
- 73–IVD: Blood Pressure Management – adult/geriatric
- 75-IVD: Complete Lipid Profile, LDL-C Control <100 mg/dL
- 421–BMI screening and follow-up – adults

RHC Quality Reporting Initiatives

- Maine Rural Health Research Center Pilot Test of RHC quality measures – identified relevant quality measures for RHCs
- NOSORH/Lilypad partnership on the Practice Operations National Database (POND) program, a web-based data collection, reporting and benchmarking application for rural primary care providers
- Quality Health Improvement (QHi), a web-based quality benchmarking program designed, developed and driven by small rural hospitals and rural health clinics to compare selected quality measures with other similar hospitals and clinics
- Michigan's Rural Health Clinic Quality Network is an initiative started by dedicated RHCs throughout Michigan and the Michigan Center for Rural Health with a goal to measure and improve the quality of care in Michigan RHCs

American Academy of Family Practice Quality Measures

- <https://www.aafp.org/fpm/2017/0500/fpm20170500p25-rt1.pdf>
- Screening, prevention, and medication safety metrics
 - Immunizations, lead screening, weight assessment, depression screening and follow-up, chlamydia screening, adult BMI assessment, medication reconciliation, cervical cancer screening, aspirin use, breast cancer screening, colorectal cancer screening, osteoporosis testing, non-recommended PSA-screening in older men
- Chronic care metrics
 - Cardiovascular, diabetes, respirator, rheumatologic, behavioral health
- Acute care metrics
 - Appropriate treatment of children with URI, appropriate testing of children with pharyngitis, use of imaging studies for back pain, avoidance of antibiotic treatment in adults with acute bronchitis
- Older adult care metrics (65 and older)
 - Falls risk management, urinary incontinence, physical activity, medication review, special needs risk and care plan, functional status assessment, pain screening, advanced care planning

Welcome to Medicare and Annual Wellness Visits

Benefits of Welcome to Medicare/Annual Wellness Visits

- Benefits to RHC
 - Improved patient education
 - More comprehensive care delivered in an efficient timeframe
 - Opportunity to provide advance planning services
 - Establish schedule of preventive services with patients
 - Establishes trust and rapport with patient (quality time)
 - Reimbursable service
- Annual Wellness Visits (AWV) are associated with significantly reduced spending on hospital acute care and outpatient services (American Journal of Managed Care 3/19)
- Patients who received an AWV experienced a 5.7% reduction in adjusted total healthcare costs over the next 11 months

Welcome to Medicare/Initial Preventive Exam (G0402)

- IPPE billed with code G0402
- Paid at RHC all inclusive rate
- The IPPE is the only Medicare Preventive Service eligible for same day billing if another billable visit is provided
- Coinsurance and deductibles waived
- Must be delivered within 12 months of Medicare enrollment

Annual Wellness Visit (AWV)

- AWV billed with code G0438 (first time) or G0439 (subsequent)
- Paid at RHC all inclusive rate
- **NOT** eligible for same day billing
- Coinsurance and deductibles waived
- Billable once per year
- Must be careful that no specific complaints are addressed during the encounter
- Includes history, listing patient's providers, vital signs, reviewing risk factors for depression, identifying cognitive impairment, reviewing functional ability and level of safety, setting up written screening schedule, listing risk factors, and furnishing personalized health services and referrals, as necessary

Other Preventive Services

- Wide range of preventive services are covered
 - Pelvic screening exam (G0101)
 - Prostate cancer screening (G0102)
 - Glaucoma screening (G0117/G011)
 - Screening PAP test (Q0091)
 - Alcohol screening (G0442) and behavioral health counseling (G0443)
 - Screening for depression (G0444)
 - Screening for STDs and high intensity behavioral counseling (G0445)
 - Intensive behavioral therapy for cardiovascular disease (G0446)
 - Intensive behavioral therapy for obesity (G0047)
 - Smoking and tobacco cessation counseling (99406/99407)
- Paid at RHC all inclusive rate, **NOT** eligible for same day billing, coinsurance and deductibles waived

Chronic Care Management

Chronic Care Management

- Care management services in RHCs include:
 - Transitional care management (TCM)
 - Chronic care management (CCM)
 - General behavioral health integration (BHI)
 - Psychiatric Collaborative Care Model (CoCM)
- Coinsurance/deductibles apply to care management services
- Except for TCM, if care management services are billed on the same claim as an RHC visit, both are paid
- Care management services are reported with revenue code 052x.
- The service period for care management services is a calendar month

Requirements for Chronic Care Management

- Services can be furnished by auxiliary personnel under general supervision of the RHC practitioner
 - Direct supervision of auxiliary personnel has been waived for RHCs. RHC practitioner is not required to be in the same building or immediately available.
- Elements within scope of service may be counted toward the required billing time if measured/documented
- An initiating visit with an RHC practitioner is required before CCM services can be furnished within one year of coordinating services (E&M, annual wellness, or initial preventive physical exam visits)
- Patient consent is required before time is counted toward care management services, consent may be verbal but must be document in the patient's record

Documenting Z Codes

Using Z Codes

- A set of ICD-10 codes that track the social determinants of health as they are known to affect health outcomes
- Can be used in any setting, including RHCs and primary care
- It is a tool to track and better care for the needs of your patients
- Developing a screening protocol for SDOHs and ensure that it is entered into your electronic health record
- The 5 most utilized Z codes were:
 - 1) Z59.0 Homelessness
 - 2) Z63.4 Disappearance and death of family member
 - 3) Z60.2 Problems related to living alone
 - 4) Z59.3 Problems related to living in a residential institution
 - 5) Z63.0 Problems in relationship with spouse or partner

Main Categories of Z Codes

Z code	Description
Z55	Problems related to education and literacy
Z56	Problems related to employment and unemployment
Z57	Occupational exposure to risk factors
Z59	Problems related to housing and economic circumstances
Z60	Problems related to social environment
Z62	Problems related to upbringing
Z63	Other problems related to primary support group, including family circumstances
Z64	Problems related to certain psychosocial circumstances
Z65	Problems related to other psychosocial circumstances

Virtual Visits and Telehealth

Evolving Telehealth Regulations

- CMS has provided substantial regulatory relief to allow RHCs (and other providers) to use telehealth during the COVID-19 crisis
- Questions about the extent to which these regulations will remain in place as we emerge from the pandemic
- Recommendations
 - Monitor and adapt to regulatory changes
 - Examine opportunities to incorporate telehealth as we emerge from the pandemic
 - Understand and work on clinical culture to effectively integrate telehealth into your clinic's operations

Medicare Virtual Visit Codes

- Current Medicare telehealth reimbursement policies
 - Services normally conducted in person but furnished via real-time, interactive communication technology
 - Limited to services furnished to beneficiaries treated in certain originating sites located in rural areas
- Key Issues
 - Reflect changes in the management of chronically ill patients
 - Increase access to physicians' services by recognizing a discrete set of services that are defined by and inherently involve the use of communication technology
 - CMS does not consider them to be telehealth services
 - Requires medical necessity and documentation in the record
 - These codes may be used to better serve patients and reduce out of community referrals

Summary of Recent Medicare Telehealth Codes

Code	Service	Originating Site
G2012	Brief Communication Technology-Based Service (Virtual Check-In)	No
G2010	Remote Evaluation of Pre-Recorded Patient Information	No
99451	Telephone, internet, EHR assessment & management by consultative provider, 5+ minutes	No
99452	Telephone, internet, EHR assessment & management by treating/requesting provider, 30 min.	No
99446	Interprofessional Internet Consultation by consultative provider, 5-10 minutes	No
99447	Interprofessional Internet Consultation by consultative provider, 11-20 minutes	No
99448	Interprofessional Internet Consultation by consultative provider, 21-30 minutes	No
99449	Interprofessional Internet Consultation by consultative provider, 31 or more minutes	No
G0513	Prolonged Preventive Services (beyond the typical time of the primary procedure), first 30 min.	Yes
G0514	Prolonged Preventive Services each additional 30 minutes	Yes
	End Stage Renal Disease Assessments for purpose of home dialysis ESRD-related assessments	Yes
	Acute Stroke Telehealth Treatment in any hospital, CAH, mobile stroke units, or other sites	Yes
G0396	Alcohol/substance use intervention 15-30mn (Treatment for O/SUDs)	Yes
G0397	Alcohol/substance use intervention – over 30 minutes (Treatment for O/SUDs)	Yes

Concluding Thoughts

- Value-based payment is the evolving paradigm for the U.S. healthcare system
- Value-based payment models are being used to offset the obvious weaknesses of current fee-for-service payment methodologies
- Ideally, these models will support movement to new population-based payment strategies such as global budgets or capitation
- Adapting to value-based payment for RHCs will involve a change in culture, services, and practice operations as described throughout this presentation
- RHCs can succeed in a value-based world but the work to do so must begin now

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