Shared Medical Appointments Part 1: Value & Return on Investment

February 2017

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Welcome

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Learning Objectives:

1. Physicians will see the value of investing in shared medical appointments (SMA) for themselves and their patients.

2. Physicians will gain an overview of the practitioner components of an SMA and how those components could be billed.

Slides and a recording of Parts 1 and 2 can be found at: www.qioprogram.org/healthcare-providers.

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Today's Topic: Value & Return on Investment of Shared Medical Appointments (SMAs)

- Benefits to the patient
- Benefits to the provider
- Higher quality and lower cost
- Types of diseases/conditions for SMAs, components
- Return on investment
  - Financial return of an engaged patient
  - Reimbursement
  - Set-up costs
  - Quality incentive payments
  - Billing guidance

Your Speakers

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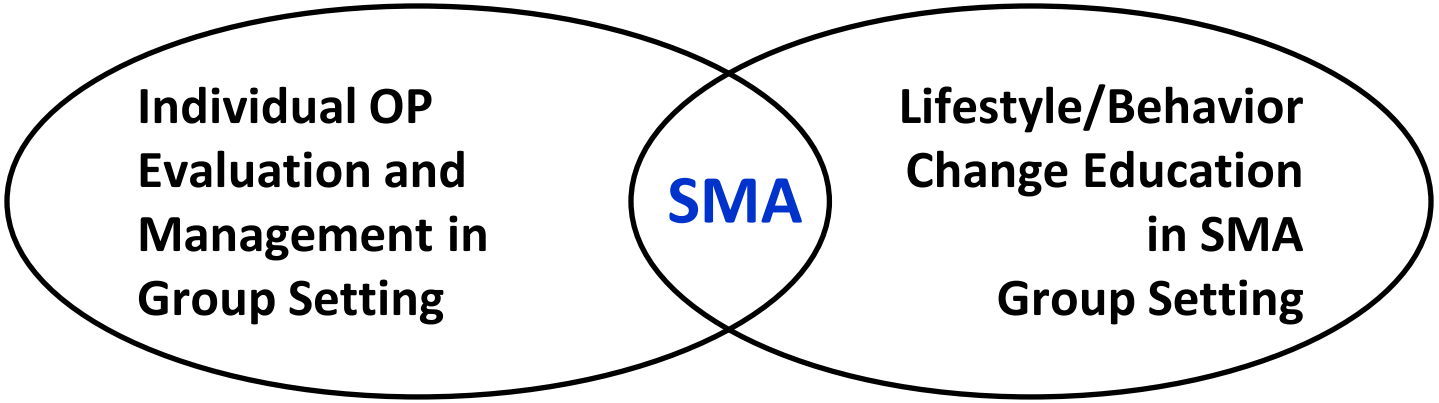
What is a Shared Medical Appointment?

Used for the care & ongoing F/U of a chronic or behavioral condition.



Eisenstat, S., Lipps Siegal, A., Carlson, K., Ulman, K. (2012). Putting Group Visits into Practice, Massachusetts General Hospital accessed 1-25-17 @ http://www.massgeneral.org/stoecklecenter/assets/pdf/group_visit_guide.pdf

Benefits to Patient, 1 of 4

Types of Groups			
Main Focus of the Group	**ACCESS** To improve access to medical care and address direct medical needs	**EDUCATION** To provide health education and teaching skills for self management	**BEHAVIORAL CHANGE** To promote and enhance strategies for lifestyle and behavioral change
Examples of Groups by Focus	• Shared medical appointments • Group medical clinics, veterans administration hospital	• Diabetes self-management education groups by CDE diabetes nurse educators • Health coaching	• Medical group visits • Patient peer-to-peer support groups

Eisenstat, et al, 2012.

Benefits to Patient, 2 of 4

Sadur et al. (1999) – Kaiser Permanente

- 1.3% vs 0.2% decrease in A1C
- Lower hospitalization rate
- Higher self-efficacy related to diabetes care
  - Diet vs glucose level
  - Treatment of hypoglycemia
  - Blood glucose during illness
- Nurse educator, nutritionist, therapist, pharmacist

Benefits to Patient, 3 of 4

Trento et al. (2004) – 5-year RCT

- Knowledge increase vs control (1-on-1) decrease
- Problem-solving ability increase vs control decrease
- A1C maintained vs increase in control
- Quality of life increase vs control decrease

Clancy et al. (2007)

- Higher “trust in physician”
- More successful in meeting ADA measures

Benefits to Patient, 4 of 4

Overall findings:

- Decreased ED utilization
- Decreased OP utilization
- Improved quality of life
- Improved self-efficacy
- Increased adherence
- Increased knowledge

Bendix, J., and Brower, A. 2011.
Clancy D.E., Brown S.B., Magruder K.M., & Huang P. 2003.
Sadur, et al, 1999.
Eisenstat, et al, 2014.

Benefits to Provider

Practice Transformation

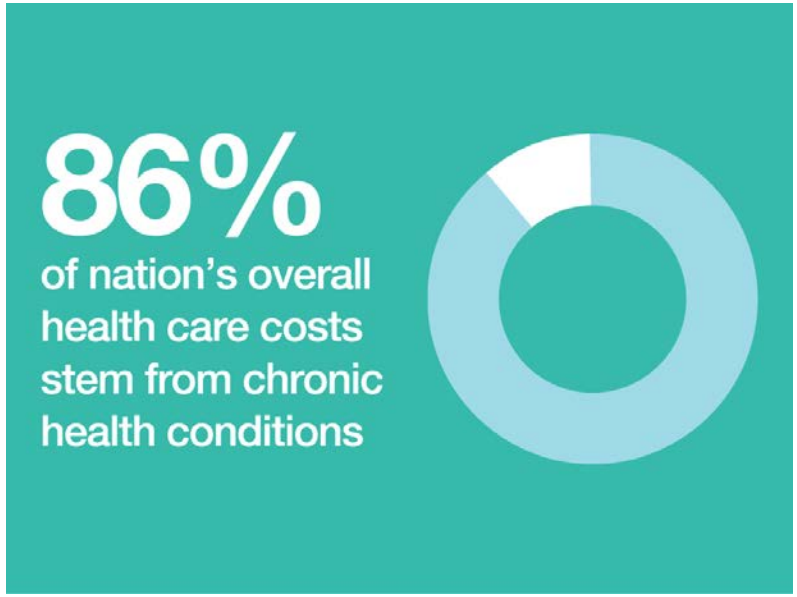
- Repetitive education/information reduced
- Provider scheduling flexibility
- Increased time with patients without increased overall time in practice
- No additional expertise needed
- Reduced overhead
- Decreased patient wait time
- 86% overall satisfaction

Value Proposition of SMA to Providers

- Patient activation
- Improved quality measures tied to incentive payments
- Decreased re-admissions
- Population health status improvement

Benefits to the Practice

- Team-based approach (vs singular approach)
  - Allied Health Professionals
- Chronic health conditions
  - Diabetes
  - HIV
  - COPD
  - CHF
  - Asthma
  - Cancer
  - MS
  - Ulcerative Colitis



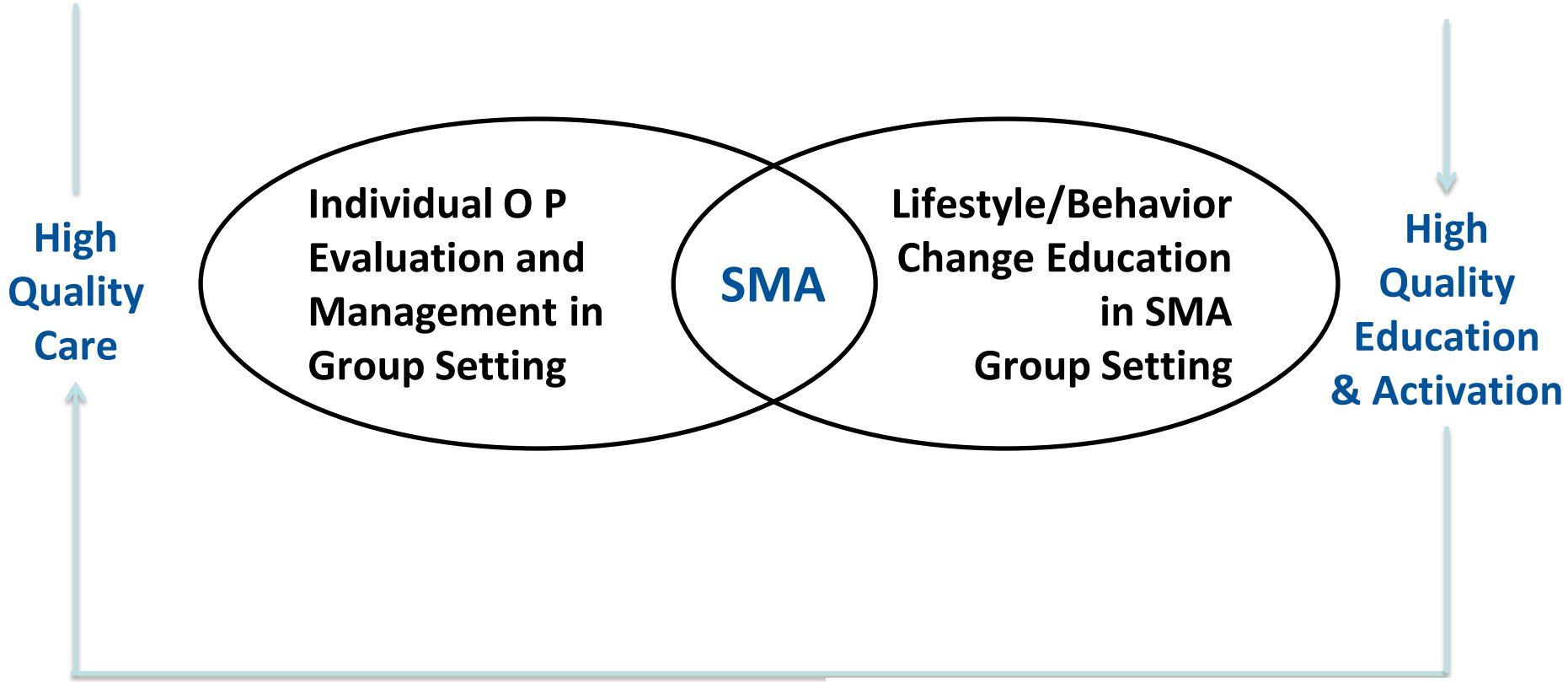
Other Potential Conditions for SMAs

- Diabetes
- Hypertension
- Cardiac disease
- Obesity
- Smoking cessation counseling
- Chronic pain
- Arthritis
- Insomnia
- Depression
- Anxiety
- Cognitive impairment
- Well-child visits
- Prenatal care
- Any common or costly chronic condition

Examples: SMA for Patients Living with DM

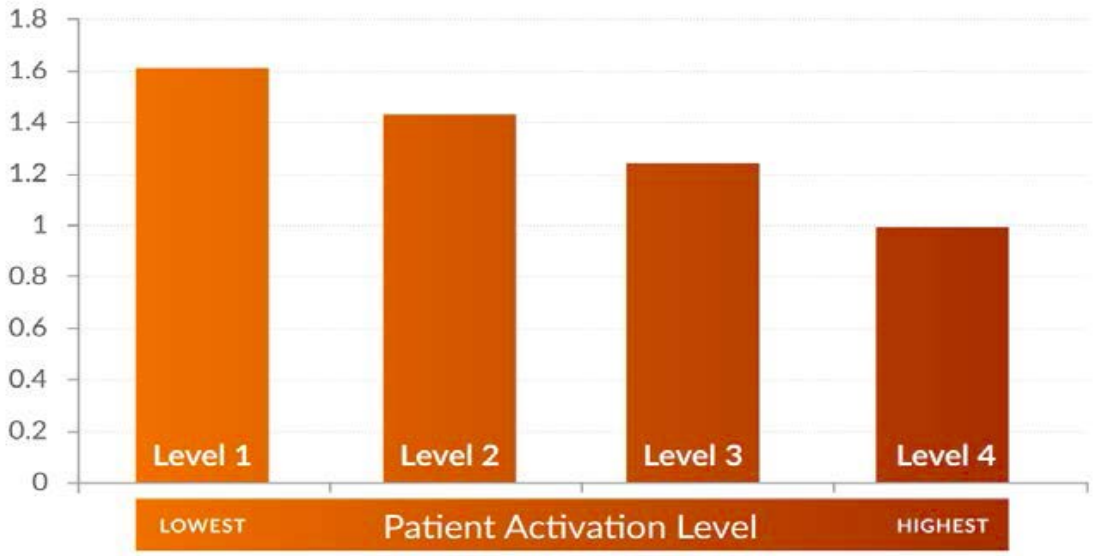
- 35 Patients Identified
- 20-25 patients arrive
- Individual visits with nurse, MA, BH screening, provider as-needed
- Group visit
  - Nutritionist
  - Medical provider
  - Behavioral health provider
  - Dental provider
  - Group discussion

Components & Their Value



Return on Investment of an Engaged Patient: Avoidable Hospitalizations

Odds of Hospital Use for Ambulatory Care-Sensitive Conditions After One Year, by Patient Activation Level



SOURCE Adapted from J. H. Hibbard, J. Greene, R. Sacks et al., "Improving Population Health Management Strategies: Identifying Patients Who Are More Likely To Be Users of Avoidable Costly Care and Those More Likely to Develop a New Chronic Disease," *Health Services Research*, published online Aug. 23, 2016.

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Return on Investment of an Engaged Patient: Developing New Chronic Disease

- Patients at the lowest activation level 25% more likely to develop a new chronic disease in the next calendar year compared to patients at the highest activation level
- Two years after baseline, 31% difference between lowest and highest activation groups
- Three years after baseline, difference was 21%
- Controlled for baseline chronic conditions and demographics

Return on Investment - E/M and Diabetes Self-Management Training in Group (Ntl Payment Amts, 2017*)

	2 Hour SMA: 1:1 E/M Visits and DSME in Group	Traditional 1:1 E/M Visits
Average number of patients	10	10
Total time spent	2 hrs; *but 1 hr for provider*	3.3 hrs (~ 20 min/pt)
Lifestyle/behavior education code billed	1 x 10 pts @ ~ $16 per pt ~$30/hr (CPT G0109)	None
# individual E/M visits billed by physician/NPP	10 x CPT 99214 @ ~ $100 per pt	10 x CPT 99214 @ ~ $100 per pt
Average insurance reimbursement	**DSMT: $300 per 1 hr E/M: $1,000 per 1 hr	E/M: $1,000 per 3.3 hrs
Total insurance reimbursement revenue	Lifestyle + E/M: $1300/2 hr E/M only: $1000/1 hr	E/M only: $300 per 1 hr

*Payment amounts rounded for this example
**DSMT = Diabetes Self-Management Training

Return on Investment

- SMA has charge of $1,300/hour vs $300/hour.
- Even if the educator part not billed, E/M charge $1,000/hr vs $300/hr for individual.
- MD only spends 1 hour of visits in SMA vs 3 or more hours in typical session seeing 10 patients.
- Improved quality incentive payments.
- Patient satisfaction scores increase.
- Patient activation increases improves utilization, compliance.

Return on Investment – E/M Visit and Behavioral Health (BH) Visit (Ntl Payment Amts, 2017*)

	2 Hour SMA: 1:1 E/M Visits, DSME in Group, CPT - Group	Traditional 1:1 E/M Visits, CPT Codes
Average number of patients	10	10
Total time spent	2 hrs; *but 1 hr for provider*	3.3 hrs (~ 20 min/pt)
# individual CPT codes billed by behavioral health (BH) provider	10 x CPT 96153 @ $4.67/pt/15min ~$20/hr/pt = $200	1 x 96152 @ $20.10 (separate provider, 60 minutes individual)
# individual E/M visits billed by physician/NPP	(99213=73.93, 99214=108.74) 10 x code 99214 @ ~ $100/pt	10 x code 99214 @ ~ $100/pt
Rough values based on National Payment Amount, 2017, CMS Physician Fee Schedule	E/M: $1,000/1 hr BH CPT: $200/1 hr	E/M: $1,000/ 3.3 hrs BH CPT: $20/1 hr
Total insurance reimbursement revenue	E/M + BH = $1,200 (2 hr visit) E/M only: $1,000 per 1 hr	E/M + BH: $120 per 1 hr E/M only: $100 per 1 hr

*Payment amounts rounded for this example

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Set Up Costs

	Prep Tasks	Estimate Your Labor and Supplies Cost of Each
Project Manager (Physician, allied health, or admin staff)	Identify patient population. Coordinate team planning	
Physician	Lead team planning	
RN, RD, LCSW	Prepare education topics, tools, documentation plan	
Support Staff	Schedule ofc and patients, pt letters, reminder calls	
Room for 10-12 patients	Reserve room, cost?	
Supplies, Forms	agenda, consents, education	

Time Frame of SMA is Typically 2 Hours

Includes 5 basic parts and 1 optional part:

1. Private triage in separate exam room (either before SMA starts or during SMA) by RN
2. Moderator (ex. RN) part: introduction, housekeeping, review group norms (confidentiality, completion of forms, etc.)
3. Provider part
4. Educator part
5. Moderator (RN) part: wrap-up; next SMA date

Optional: Private 1:1 time with provider

Billing

- No additional CMS code exists to denote medical visit done in group format.
- Performing these services in group does not affect coding, billing, or reimbursement per patient. Any applicable E/M code may be used.
- Medicare has disseminated general policy statements in support of reimbursement of group medical visits, but there is regional variation.
- Some insurers have policies for reimbursement of group visits.

Eisenstat, 2014.

Common Billing Practice

- Document clearly. (Eisenstat, et al, 2014)
- Emphasize the medical management component.
- Use medical E/M code 99212-99215.
- If more than one clinician billing (i.e, a physician and psychologist) differentiate services provided to avoid duplicate billing.
- Though education clinically important, patient education not directly reimbursed by Medicare, except in specific cases such as Diabetes Self-Management Training (DSMT) or Medical Nutrition Therapy (MNT) by an RD, or Intensive Behavioral Therapy for Cardiovascular Disease.

IBT for CVD @ https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7636.pdf

Medical and Behavioral Codes

- E/M Level 3 or 4 chosen based on complexity.
  - CPT codes 99212-99215

- If psychologist, psychiatrist, social worker or psychiatric nurse present, may use CPT code 96153.

Lifestyle/Education Group Billing

Procedure code billed by:

- Educator, or
- Facility in which SMA furnished, such as provider's practice, hospital, clinic.

NPI # of educator or NPI # of lifestyle/behavior change program must be different than NPI # of provider on claim.

Note: In FQHCs and RHCs, group MNT and DSMT are NOT separately billable for additional payment on Medicare claims. This is why physician billing the E&Ms for each patient but seeing them in a group makes even the FQHC & RHC more efficient and viable, even if the education portion cannot be billed.

2017 Lifestyle/Education Codes & Rates

Rates shown are an average and vary slightly due to Metropolitan Statistical Area variation. Individual rates higher, but total reimbursement higher for group format if you have enough patients in a group.

HCPCS Code	Unit Billed	Service	2017 Ntl Pymt Amt, per Patient
G0108	30 min	DSMT individual	$54.19
G0109	30 min	DSMT Group	$14.71
97802	15 min	MNT Individual	$35.17
97803	15 min	MNT individual, subsequent	$30.51
97804	15 min	MNT Group	$16.15
G0446	15 min	IBT for CVD (Check w/ your regional MAC if group allowed.)	$26.20

CMS Physician Fee Schedule Search accessed 1-20-17 @ https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx

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Have further questions?

- See references (next slide).
- Watch Part 2: Operationalizing
- Ask the experts!
  - Dr. Dave Guggenheim DGuggenheim@Callen-Lorde.org
  - Dr. Robert Schreiber rschreiber@hsl.harvard.edu

Please take the survey for SMAs Part 1 - https://www.surveymonkey.com/r/ZDJJ7RD

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Thank you for participating!

- Let us know what you'd like to learn more about
- If you have not yet done so, please click here to evaluate SMAs Part 1 - https://www.surveymonkey.com/r/ZDJJ7RD
- QIN NCC email - QINNCC@area-d.hcqis.org

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