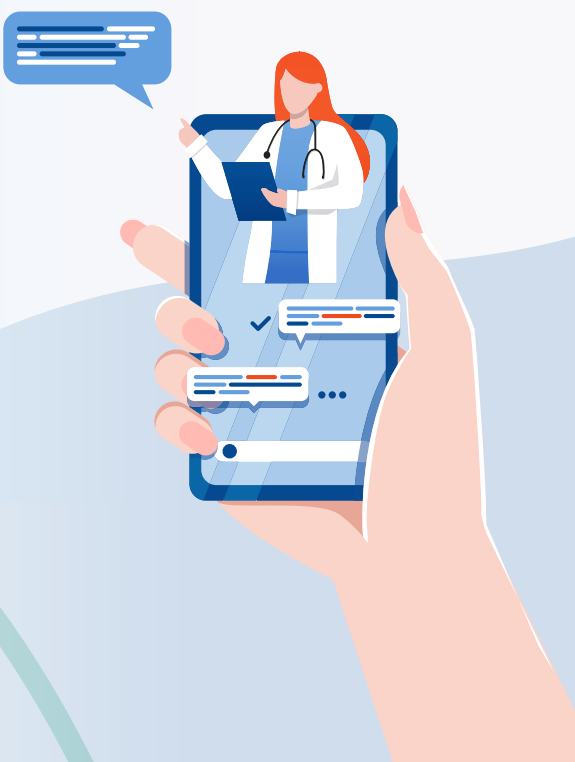
Medical Economics®

Virtual Care 2.0: Building a post-COVID-19 program to benefit patients and practices

Executive summary:

- The COVID-19 pandemic has led to a surge in virtual care, including virtual visits and remote patient monitoring. But many physicians are still operating their virtual care programs on an ad hoc basis.
- Creating a sustainable virtual care program that will generate efficient work flows and improve patient outcomes requires an in-depth plan that tackles staff training, patient communication, third-party vendor selection and more.



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Congratulations, physicians. You've just completed a crash course in virtual care.

Although virtual care — which includes video visits, remote patient monitoring (RPM) and other forms of not-in-person health care — has been on a slow march to mainstream for decades, it wasn't until the beginning of the COVID-19 pandemic that virtual care became widely adopted and a necessity for physicians and their practices to serve patients during lockdown and survive financially.

Before the pandemic, innovative clinicians had tried to reach patients via text-based chat systems, question-and-answer programs and even modern video conferencing tools, but only a limited number of tech-savvy patients were engaged in the modern systems. For many physicians and patients, health care remained defined as sitting across from each other in an exam room. Then, suddenly, physicians and patients who were hesitant or unable to try virtual care were compelled to embrace it to keep their practices solvent and help their patients stay healthy. Almost overnight, federal and state governments loosened telehealth reimbursement regulations, and doctors again found themselves sitting across from their patients — only this time via a computer or smart phone.

The results were staggering. More than 93% of physicians said they used virtual care strategies, including virtual visits and RPM, during the COVID-19 pandemic to keep their practice afloat, and an eye-opening 77% said they were using telehealth for the first time, according to a November 2020 Medical Economics® survey. [1]

So what will the hundreds of thousands of physicians who have mastered telehealth 101 do now? It may be tempting for many of them to return to business as usual, to put telehealth and RPM on the back burner and go back to in-person care.

But that would be a mistake, according to Jon Regis, MD, president and CEO of Reliance Medical Group in Northfield, New Jersey, whose practice went all-in on virtual care during the pandemic and has no plans of retreating.

"The pandemic forced us into uncharted territory," Regis says. "The remote monitoring and telemedicine grew out of the fact that patients were uncomfortable coming into the office.

For us, the concept of being able to monitor our patients from their home is just going to grow, especially for those with multiple comorbidities. I think the whole concept of the medical office is going to change."

Benefits of virtual care

In July 2021, telemedicine visits accounted for 21% of physician encounters, according to electronics health records company Epic, consistent with most of 2021. [2]

Of course, this is down considerably from the 69% recorded at its peak in April 2020.[3] And although the use of telehealth may not be as prevalent as it was during those first few months of the pandemic, the numbers still show that it's 38 times greater than it was pre-COVID-19.

RPM is also on the rise. In 2020, more than 23 million patients used some sort of remote device to monitor their health, a rise from just 7 millionin 2016, according to a study by market research firm MSI International. [4]

Furthermore, the MSI study and other research found that patients felt RPM services enhanced their satisfaction and the feeling they are in control of their health outcomes and decisions. A study conducted by the University of Pittsburgh Medical Center in Pennsylvania found their patient satisfaction scores surged past 90% after patients were equipped with RPM devices to monitor various data such as blood sugar and heart rate.[5]

There's no going back. Patients of all ages in all parts of the United States have acknowledged the value of having options on how and where they receive care. An August 2021 survey by the Bipartisan Policy Center in Washington, D.C., found that nine out of 10 patients were satisfied with the quality of their telehealth visits and were planning to use virtual care options again. [6]

Since patients want virtual care, savvy practices understand there are both care outcome and business revenue reasons to not only continue virtual care but to create a true, next generation program that will carry a practice into a successful future.

That's what Regis has done. In addition to his traditional practice, Regis has created a virtual office with administrative staff and providers who handle remote monitoring, virtual visits and more.

"The staff (working virtually) has grown to the (point) that (they are not just doing) only remote monitoring and annual wellness visits," Regis says. "They're looking at our

agency scoring and patient charts. They're doing quality analysis to help us close gaps. We're doing behavioral health assessments, even over the phone before the patient comes in. I think it will generate as much revenue as the traditional office, eventually."

Timothy E. Irvine, MD, a family practice physician in Spring, Texas, notes that expanded internet speeds he believes the industry will continue to see telehealth and remote patient monitoring as new parts of traditional business operations.

However, telehealth and remote patient monitoring will not totally replace in-office visits. Although the stereotype is that senior patients don't want telehealth or virtual care, that is largely not true. The Bipartisan Policy Center's survey found that 95% of Medicare recipients are satisfied with the virtual care they have received during the pandemic. [7]

But still, some patients don't want virtual care, so physicians must design a practice that can handle both in-person and virtual care seamlessly for different patient needs, Irvine says, or even different needs for the same patient, depending on the health issue.

"There are some patients (who) just want to meet with their doctor and be in the room with their physician to speak normally about their concerns," he says. "Then, you talk to patients more comfortable doing virtual visits through telehealth. So it's not a clean slate across the board — you're going to see telehealth adoption in varying stages based on a variety of factors."

Paul Miranda, MD, a family physician in Fort Oglethorpe, Georgia, uses virtual care to transform medical care for seniors, reviving the old concept of "house calls" for a virtual age. It helps keep patients out of the hospital, improves quality of care and reduces admissions.

Similar to Regis, Miranda is using RPM to help consistently track patients' vital signs at home, then he and the care team are be alerted to changes in patients' blood pressure or oxygen or temperature before there is a problem. Since the rollout of his RPM system, Miranda says his patients' hospitalization rates have been cut in half.

"I think you're going to see this more often, especially as our population ages," he says. "And certainly, dare I say, after the pandemic, you're going to see widespread changes in systems, and I think this is going to be one of them. When you sit on a patients' couch for 30, 45 minutes and you talk to them and live with them for 45 minutes, as a provider, you certainly understand a lot more about that patient and how that patient lives than the 15-minute visit in the sterile office environment."

Virtual care generally provides efficient, economical and accessible medical care to patients who have access to the tools necessary to receive it. It also allows patients who may not otherwise be seen in a short time to meet the care they need reasonably quickly. It empowers patients to be seen by multiple providers or for multiple conditions on a more condensed timetable.

Virtual care also offers a pathway to eliminate some of the middlemen from the traditional medical model, where patients are sometimes passed through systems of supports and formalities that can take time and cost resources.

A virtual care practice lets a medical practice see a greater number of patients within a more condensed timetable. In some instances, multiple people with the same medical concern can find an answer together, improving cost and time efficiency for everyone.

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Purvi Parikh, MD, an immunologist and member of Physicians for Patient Protection, notes there are myriad benefits to the virtual care practice, including revenue potential for practices and better continuity of care as the patient is more likely to adhere to follow-ups.

"Practices are now compensated fairly for performing remote work, and so they can potentially acquire patients they wouldn't normally be able to see due to access issues, helping a greater number of people," she says. "When dealing with social determinants of health, telehealth can help level the playing field."

Regis says practice owners must acknowledge that health care is a business, albeit a special business with special considerations.

"I'm trying to use the tools that are there to make sure I can pay my staff and providers commensurate with what they're doing. I'm saying, 'Look, we've got to revolutionize this thing' and the pandemic is going to hasten this and help all of us look at other ways that we can engage our patients, generate additional revenue and reduce costs to the whole system," he says.

Building the program: from emergency to sustainability

What can physicians do to take their virtual care programs to the next level, building something sustainable and profitable beyond the COVID-19 pandemic?

Creating a next-generation virtual care program involves four main areas.

- Prepare staff and communicate with patients.
- Find the right vendor partner.
- Determine return on investment (ROI).
- Understand the coding/documentation requirements for virtual care.

1. Prepare staff and communicate with patients.

As a result of the pandemic, both practice staff and patients have become more familiar with virtual care.

Running a hybrid office requires new ways of scheduling. Practice work flow and scheduling systems should clearly denote which visits are in person and which are virtual.

But first, it must be determined which patient issues are best for virtual care and which require in-person care.

Here are some questions staff should be prepared to answer before determining the appropriateness of a virtual visit:

- Is the patient a good candidate for RPM service due to a chronic condition such as diabetes, cardiometabolic disorder or respiratory ailment?
- Does the patient understand how to access care virtually?
- How will it be determined if a virtual visit is by telephone or video, and who will communicate that to the patient?
- Are extended family members allowed to attend virtual visits?
- Is it possible for a family member to join from a different remote location?
- If a patient can be seen virtually, would it provide an added benefit for an adult to attend the visit?
- What privacy or safety concerns come into play?
- Will a medical translator be available to join a telephone or video visit if needed?

Here are other questions practices should be able to answer before integrating RPM:

- What devices are the best fit for patients when it comes to ease of use and integration with the practice's EHR?
- Who on staff can be designated as an "RPM lead" to handle the workload?
- What vendors are the best fit to assist with RPM services, including administrative help, device support and patient communication technology such as secure texting and messaging?
- Is staff trained to handle the coding and documentation of RPM services to ensure revenue opportunities are fully realized?

2. Find the right vendor partner.

Running a virtual care program may seem as though it would add to a practice's administrative burdens — already the top challenge most practices are facing, according to a Medical Economics® physician survey.

Much of the work can be offloaded to a third party vendor. But there are good vendor relationships and bad ones. Finding the right partner is one of the most critical tasks.

"Vendor selection will determine how happy you are with your program and how happy your patients are with your communication using this technology," says Neil Baum, MD, a professor at Tulane University Medical School in New Orleans, Louisiana, and author of "The Complete Business Guide to a Successful Medical Practice."

Here are questions Baum says to ask when choosing a vendor:

- **Company history:** What's the company's organizational overview? How long have they been around? What's their funding source(s)? Are they financially stable? Who are they affiliated with? Do they have any notable customers?
- **Costs:** How will working with this company affect return on investment? How much does the product cost? What's their business model? What are details on reimbursement rates and risk sharing? What are the costs, process

and timeline associated with integration and any product updates?

- **Rules and regulations:** Is the company versed in the latest federal rules and regulations? Do they understand the regulations in the practice's state?
- **Technology fit:** Does their technology match the practice's needs? Do they work with similar practices? Can they integrate with the practice's information technology landscape, particularly the EHR? Can their system capture data important to both the care team and the patient? What are their customization capabilities? Can patients access their data?

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- **Privacy and security:** Do they comply with Health Insurance Portability and Accountability Act rules? Will they sign a business associate agreement with the practice? What is their liability structure for managing security breaches?
- **System usability:** How well does their system work, both for the practice and the patients? Will they allow staff to try out their products? Does the system provide engagement metrics? How well do thedashboard and work flow systems work? How easy is the billing system?
- **RPM services:** For RPM vendors, will the practice be required to purchase devices up front or will device costs be rolledinto a monthly fee?
- Customer service: How much initial training do they provide? How much patient education and outreach do they provide? What is their technical support process like? Do customers have access to existing templates and procedure examples?

3. Create a solid business plan.

Once the vendors have been selected, the next step is to understand the financial implications and when the practice will see returns on the investment.

Determining ROI is a key step, Baum says. Essentially, ROI is calculated by determining the costs of the partnership, both fixed and variable, and how much revenue will be generated per unit — in this case, reimbursement amounts for various virtual services, including virtual visits, remote patient monitoring and more. That will lead finding the break-even point, which is how many patients must be enlisted in various virtual services to make it worthwhile financially, Baum says.

"This determines (whether) you have indeed given some thought to the economics involved with your new service," Baum says.

4. Understand coding/ documentation requirements.

Using a third-party vendor will make the coding and documentation aspects of running a virtual care program more streamlined, but it's important that physicians and staff understand the relevant codes and requirements, according to Bill Dacey, president and CEO of The Dacey Group, a billing revenue, coding and complianceservices firm in Palm Harbor, Florida.

There are numerous options when it comes to reporting visits that are not the traditional face-to-face office visit. This varies somewhat by payer, Dacey says.

For Medicare there are numerous options.

Virtual check-ins (G2012)

A brief (5-10 minutes) check-in via telephone or other telecommunications device lets a practitioner decide whether an office visit or other service is needed. This is provided to an established patient, and it cannot originate from a related evaluation and management (E/M) service provided within the previous 7 days nor lead to an E/M service or procedure within the next 24 hours or soonest available appointment

E-visits (G2061-G2063)[8]

This is an online digital E/M service for an established patient, for up to seven days, cumulative time during the seven days. For Medicare these are:

- G2061: for up to seven days, cumulative time during the seven days: five to 10 minutes.
- G2062: for up to seven days, cumulative time during the seven days:11 to 20 minutes.
- G2063: for up to seven days, cumulative time during the seven days: 21 or more minutes.

Private payers[9]

For private payers and some Medicare Replacement plans:

- 99421: five to 10 minutes
- 99422: 11 to 20 minutes
- 99423: 21 or more minutes

Reimbursement varies, with the office visit codes typically paying the most. Visit the payer's websites for specific policy changes, Dacey says.

To document a virtual visit properly, note in the EHR the date, time and duration of the encounter, Dacey says. Also be sure to record the relevant history, exam, decision-making and other management elements as with any other visit.

When it comes to RPM, reimbursement rates are determined by the type of service provided and the time. Consider the following RPM codes:

CPT code[10]	Description	2021 national average Medicare payment
99453	Initial device setup and patient education for RPM that includes at least 16 days' worth of data (billable only once per episode of care)	$19.19
99454	Reimbursement fee for devices that supply daily recordings or programmed alert transmissions for at least 16 days' worth of data (billable once every 30 days)	$63.16
99457	RPM patient management service by clinical staff, physicians, or other qualified health care professionals requiring 20 minutes of live, interactive communication with the patient or caregiver during a 30-day period	$50.94
99458	(Each additional 20 minutes)	$41.17
99091	Collection and interpretation of physiologic data digitally stored and transferred, requiring a minimum of 30 minutes of analysis by a physician or other qualified health care professional during a 30-day period**	$56.88
99473	Self-measured blood pressure using a device validated for clinical accuracy (including patient education/training and device calibration)	$11.19
99474	Collect and review separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings) and communicate a treatment plan as well as average systolic and diastolic pressures to the patient	$15.16
95250	Continuous glucose monitoring requiring a minimum of 72 hours, billable once every 30 days	$152.66

Looking ahead

There's no going back to what patient care was like before the pandemic. Now that patients understand the benefits of virtual care, they will demand it. And if a practice doesn't provide those services, they will find one that does. Patients want virtual care, and smart and enterprising practices understand there are both health outcome and business reasons to not only continue virtual care, but to create a true, next generation program that can carry a practice into a successful future.

Regis says the key for physicians dipping their toes into the next evolution of virtual care is to begin with modest goals.

"Start small and don't get discouraged," he says.

"If you start out with 100 patients and become very familiar with what remote monitoring and other avenues of revenue are out there besides that patient visit in your office, you'll end up very pleasantly surprised." ■

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