TELEMEDICINE:

KEY STRATEGY TO CONFRONTING CHALLENGES OF PAMA (PROTECTING ACCESS TO MEDICARE ACT)

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ABOUT THE PRESENTER

- Graduated from Cabarrus Family Medicine Residency
- Worked as a Hospitalist in a private group
- Co-Founded a private hospitalist group that provided short and long term physician coverage
- Co-Founded TeleHealth Solution, a private TeleMedicine company providing TeleHospitalist coverage in SNFs, AL, IL, LTACHs and CAHs

MAIN OBJECTIVES

1. Understand Telemedicine and its uses
2. Define and understand the Protecting Access to Medicare Act (PAMA)
3. Evaluate how PAMA affects your Skilled Nursing Facility based on how facilities are measured and scored
4. Consider telemedicine as a way to avoid penalties related to Skilled Nursing Facility 30– Day Potentially Preventable Readmission Measure (SNFPPR).

WHAT IS TELEMEDICINE?

Telemedicine, also known as Telehealth, is exchanging medical information from one site to another via electronic communications to improve, maintain, or assist with patients' health.

Not limited to just clinical services, Telemedicine encompasses a broad array of remote health care that includes:

- videoconferencing
- transmission of still images
- e-health, including patient portals
- remote monitoring of vital signs
- continuing medical education
- nursing call centers

TYPES OF TELEMEDICINE

- **Live Video-Conferencing**
  - Real-time, two-way interaction between a person and a healthcare provider using audiovisual telecommunications technology.
  - This kind of telehealth is often used to
    - *treat common illnesses*
    - *determine if a patient should proceed to an emergency room*
    - *provide psychotherapy sessions*

- **Remote Patient Monitoring (RPM)**
  - Collection of personal health and medical data from a patient in one location that is transferred electronically to a nurse, caregiver, or physician in a different location of monitoring
  - Used frequently in post-acute care facilities to monitor the vital health statistics of residents

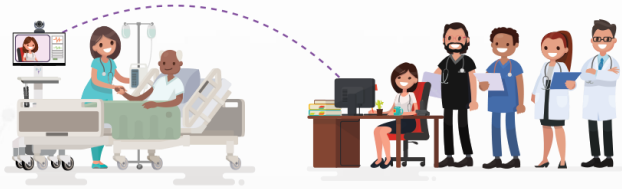
HOSPITAL READMISSIONS OR RETURN TO ACUTE (RTA)

- A 30-day Readmission or Return to Acute (RTA) is a patient admission to a hospital within 30 days of discharge from a previous hospital stay.

- The federal government estimates the cost of readmissions at $26 billion annually, with avoidable readmissions accounting for $17 billion.

AVOIDABLE HOSPITILAZATIONS:
SKILLED NURSING FACILITIES

- SNF residents are frequently subject to avoidable inpatient hospitalizations.
- Expensive for the patient and the facility and disorienting for patients and families.
- Due to patient population characteristics, SNF residents are vulnerable to the increased risks accompanying hospital stays and transitions between care settings, such as delirium, poor nutrition, infection, and additional medical complications.
- Facilities lose revenue for every day a patient is returned to acute care (Approximately $400/day), and face reimbursement penalties on top of lost revenue.



AVOIDABLE HOSPITILAZATIONS:
WHAT CONTRIBUTES?

- Rates are highest for Medicare-Medicaid enrollees in the SNF setting and lowest for those discharged home.

Five conditions are responsible for over 80% of RTAs:

- CHF
- COPD/Asthma
- Dehydration
- Pneumonia
- Urinary tract infection

Hospitalizations That Could Be Avoided With TeleMedicine Care

Based On The Fifteen Most Frequent CCS Categories

☑	13.4%	Septicemia
☑	7.0%	Pneumonia
☑	5.8%	Congestive heart failure, nonhypertensive
☑	5.3%	Urinary tract infections
☑	4.0%	Aspiration pneumonitis, food/vomitus
☑	3.9%	Acute renal failure
☐	3.3%	Complication of device, implant, or graft
☑	2.7%	Respiratory failure, insufficiency, or arrest
☐	2.4%	Gastrointestinal hemorrhage
☐	2.4%	Complications of surgeries or medical care
☑	2.4%	COPD and bronchiectasis
☑	2.2%	Delirium, dementia, amnestic (cognitive disorders)
☐	2.1%	Acute cerebrovascular disease
☑	2.0%	Fluid and electrolyte disorders
☐	2.0%	Fracture of neck of femur (hip)

Remaining 221 CCS Categories on Nursing Home Claims Account for the 39.1% of remaining Readmissions

Source: OIG analysis of data on FY 2011 hospitalizations of nursing home residents.
*CASPER did not contain bed count information for one home.

FACTORS ASSOCIATED WITH RTA

- Lack of advance-care planning or out-dated plans
- Delayed physician notification
- Exams over the phone are not thorough enough to evaluate and treat a change in medical condition in place
- Onsite staff with lack of confidence to ”treat in place”

WHY IS RTA A BIG DEAL?

- Attempts to incentivize providers across the care spectrum for quality improvement
- Government is now collecting data and basing reimbursement penalties and bonuses partly on readmission rates.
- This began with provisions implemented in Hospitals with the Affordable Care act (ACA), and is the basis of the Protecting Access To Medicare Act (PAMA) SNF Value Based Purchasing (VBP) Program
- The re-hospitalization provision holds both hospitals and SNFs responsible for any patient who returns to the hospital within 30 days of discharge.

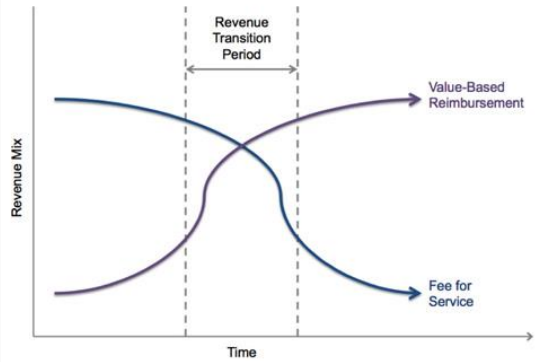
PAMA SNF VBP PROGRAM

- To fund the payment pool, CMS is withholding 2% of SNF Medicare payments. Then CMS will redistribute 50-70% of the amount withheld back into SNFs via incentive payments.
- CMS will keep the remaining 30-50% as savings to Medicare.
- Based on the SNF readmission measure, the HHS has established a performance standard for SNFs, along with levels of achievement and improvement and scoring methodology.

SNF VBP PROGRAM

- SNFs with the highest rankings receive the highest incentive payments and SNFs with low rankings will receive the lowest incentive payments.
- As a result, the lowest 40 percent of SNFs will be reimbursed less than pre-PAMA.

Figure 1:



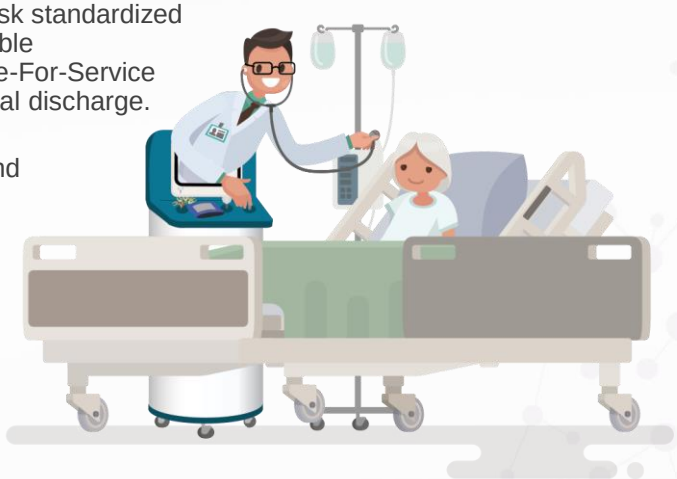
https://www.healthcatalyst.com/hospital-transitioning-fee-for-service-value-based-reimbursements

SNFRM: WHAT YOU SHOULD KNOW

- The Skilled Nursing Facility 30- Day All Cause Readmission Measure (SNFRM) is the measure used to evaluate SNFs in the SNF VBP Program.
- The program ties portions of SNFs payments to their performance on this measure, which is calculated by assessing the risk-standardized rate of all-cause, unplanned hospital readmissions for Medicare fee-for-service SNF patients within 30 days of discharge from a prior hospitalization.
- SNFRM is adjusted to account for patient differences, such as comorbidities, when comparing facility readmission rates.
- The SNFRM will form the basis for the SNF Performance Score of the SNF VBP Program. Facilities' scores under the program will be based on performance, and value-based incentive payments will be determined by comparing all SNFs' performance scores.

SKILLED NURSING FACILITY 30-DAY POTENTIALLY PREVENTABLE READMISSION MEASURE (SNFPPR)

- The SNFPPR measure assesses the risk standardized rate of unplanned, Potentially Preventable Readmissions (PPRs) for Medicare Fee-For-Service SNF patients within 30 days of a hospital discharge.
- The key difference between SNFRM and SNFPPR measures is that SNFPPR focuses on potentially preventable readmissions rather than all-cause readmissions.



PERFORMANCE SCORING

CMS has adopted these scoring methodologies to measure SNF performance that includes levels of achievement and improvement:

- Achievement scoring compares a SNF's performance rate in a performance period against all SNFs' performance during the baseline period
- Improvement scoring compares a SNFs performance during each period against its own prior performance during the baseline period

HOW MUCH OF THIS IS AVOIDABLE?

Table 1: Primary Diagnoses on Claims of All Hospitalized Medicare Nursing Home Residents in FY 2011

CCS Primary Diagnosis Category	Percentage of Hospitalizations
Fifteen Most Frequent CCS Categories	**60.9%**
Septicemia	13.4%
Pneumonia	7.0%
Congestive heart failure, nonhypertensive	5.8%
Urinary tract infections	5.3%
Aspiration pneumonitis, food/vomitus	4.0%
Acute renal failure	3.9%
Complication of device, implant, or graft	3.3%
Respiratory failure, insufficiency, or arrest	2.7%
Gastrointestinal hemorrhage	2.4%
Complications of surgical procedures or medical care	2.4%
Chronic obstructive pulmonary disease (COPD) and bronchiectasis	2.4%
Delirium, dementia, and amnestic and other cognitive disorders	2.2%
Acute cerebrovascular disease	2.1%

HOW TELEMEDICINE PREVENTS READMISSIONS

- With Telemedicine, SNFs can have easy accessibility to physicians on demand
- Telemedicine allows patients to receive thorough exams when a change in medical status occurs, allowing for early detection and management
- Technology includes high definition cameras, digital stethoscope, 12-Lead EKG, thermometer and more
- Telemedicine physicians can provide a diagnosis and treatment plan in real time and order additional labs and tests based on the capabilities of each facility.

HOW TELEMEDICINE PREVENTS READMISSIONS

- Early intervention by a telehospitalist will prevent conditions from worsening
- Treating in place, avoiding a RTA improves outcomes and quality measures and decreases risk to patients.
- Avoiding preventable readmissions avoids penalties and maximizes incentive payments
- Telehospitalists are the best physicians to treat in place, as they are acute care experts

CLINICAL VIGNETTE

- Ms. Smith is noted to have poor PO intake, end stage dementia and in the memory unit
- Pulled routine labs, Na of 152, Glucose of 580, Cr of 4.2 with baseline of 1.0

CLINICAL VIGNETTE

Telemedicine Intervention:

- TeleHospitalist reviews patient's notes and labs remotely via SNF HER
- Nurse prepares telemedicine cart in the patient's room
- Midline placed
- 1/2 Normal Saline with the free water deficit calculation at 150cc/hr
- BMP q 8hrs

OUTCOME= Within 24 hrs the patient's Cr improved to 2.7 and trending in the proper direction, sodium is now 145 and glucose 243. All while the resident never left her room.

CLINICAL VIGNETTE

- Mr. Jones is a 78 year old man, on PEG tube feeds.
- Nursing reports patient is coughing, sputum production and low grade temperature. He cannot give a proper history due to his previous stroke.
- Previously, this man would go to the ER

CLINICAL VIGNETTE

Telemedicine Intervention:

- TeleHospitalist reviews patient's notes and labs remotely via SNF HER
- Nurse prepares telemedicine cart in the patient's room
- Patient examined via telemedicine and diagnosed: Aspiration Pneumonia
- **Orders:** CBC, BMP in AM along with Sputum Culture, Supplemental oxygen and nebulizing therapy as needed. Hold the tube feeds. Augmentin 875mg po BID.

OUTCOME= Patient treated in place, seen by nutrition therapy and back to baseline.

QUESTIONS?

RESOURCES

- https://www.ahcancal.org/research_data/trends_statistics/Pages/Fast-Facts.aspx
- https://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2017-11-16-SNF-VBP-Presentation.pdf
- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/SNF-VBP.html