



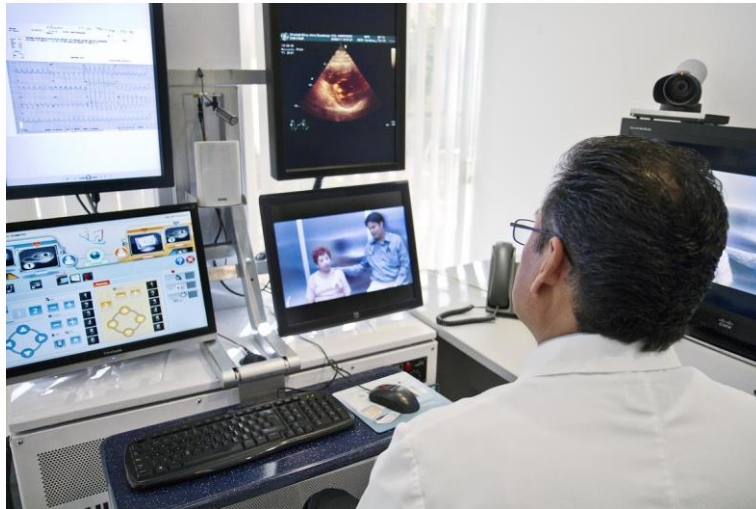
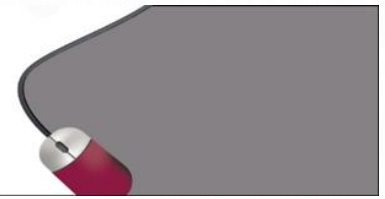
Leveraging Telehealth to Address Social Determinants in the FQHC Environment



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INTEGRATING SOCIAL CARE BACK
INTO HEALTH CARE

LEVERAGING TELEHEALTH TO ADDRESS SOCIAL DETERMINANTS IN THE FQHC ENVIRONMENT

CONTENTS



TELEHEALTH VERSUS
TELEMEDICINE



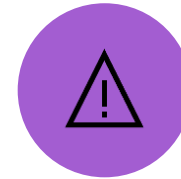
TELEHEALTH TO REDUCE
SOCIAL DETERMINANTS
OF HEALTH



FILLING THE CRITICAL
GAPS



VIRTUAL VISIT
ALGORITHM



NONCLINICAL USES-
INTEGRATING SOCIAL
CARE BACK INTO
HEALTHCARE



BENEFITS

TELEHEALTH TO REDUCE SOCIAL DETERMINANTS OF HEALTH

START HERE

- USE COMMUNITY AND PATIENT NEED SURVEYS TO IDENTIFY PATIENTS WHO WOULD BENEFIT FROM TELEHEALTH SERVICES.
 - PATIENTS WHO IDENTIFY TRANSPORTATION AS A BARRIER TO ACCESSING CARE.
 - OLDER ADULTS WITH LIMITED MOBILITY
 - LACK OF INSURANCE
- IMPROVING ACCESS TO, EFFECTS OF, AND THE VALUE OF HEALTH CARE SERVICES.
- CHRONIC CARE MANAGEMENT AMONG SPECIAL POPULATIONS
- PROVIDE REMOTE ACCESS TO SPECIALISTS IN RURAL HEALTH SETTINGS
- PROVIDE HEALTHY WEIGHT AND PHYSICAL ACTIVITIES COUNSELING
- ELIGIBILITY & ENROLLMENT

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GET PAID HERE

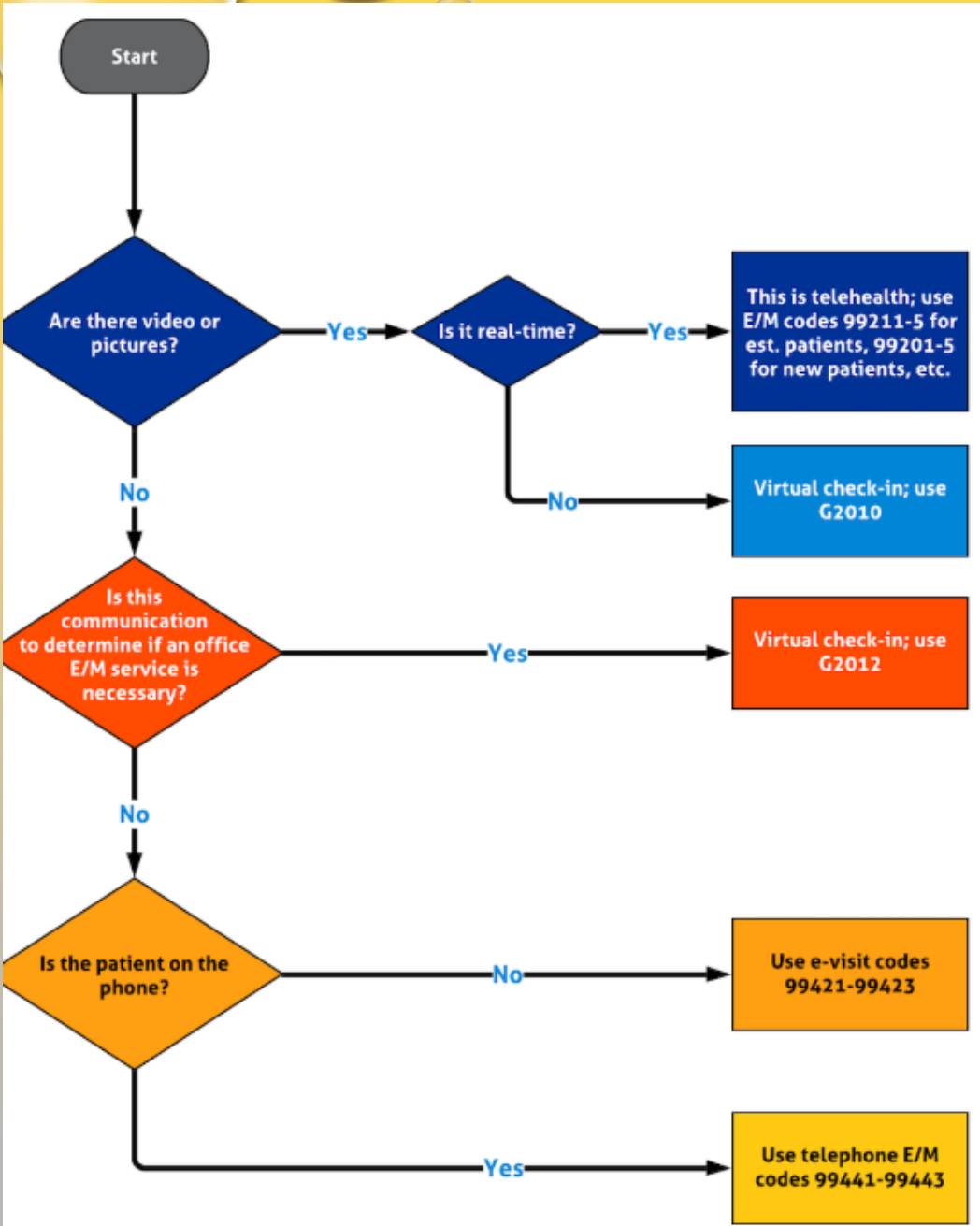
- AS OF DECEMBER 2019, 42 OUT OF 50 STATES AS WELL AS DC MAINTAIN A TELEHEALTH COMMERCIAL PAYER STATUTE
- 29 STATES, INCLUDING DC HAVE PARITY IN PAYMENT
 - TELEHEALTH SERVICES ARE PAID THE SAME REIMBURSEMENT RATE AS IN PERSON VISITS FOR THE SAME SERVICES.
- ALL FEDERALLY QUALIFIED HEALTH CENTERS MAY BILL FOR THE ORIGINATING SITE

TRAIN YOUR TEAM: LCSW'S AND REGISTERED NURSES

- MOST COMMERCIAL PAYERS PAY SEPARATELY FOR THE FOLLOWING SCREENINGS.
 - SBIRT SCREENINGS: 99408-99409: \$29.67, \$57.23 (G0442 & G0443)
 - DAST
 - AUDIT
 - TOBACCO CESSATION
 - DEVELOPMENTAL SCREENINGS: 96110: \$5-\$60 (2 UNITS ALLOWED)
 - INCLUDING MCHAT
 - EMOTIONAL & BEHAVIORAL HEALTH SCREENINGS: 96127
 - PHQ-9-G0444 (PPS RATE)
 - VANDERBUILT
 - GAD
 - BEHAVIOR COUNSELING ON OBESITY: G0447 15 MINUTES

FILLING THE CRITICAL GAPS

- PROVIDE EPISODIC CARE FOR LOW-ACUITY HEALTH CONDITIONS
- MEDICATION ADJUSTMENT THERAPY-SUD SERVICES (PATIENT'S HOME IS CONSIDERED AN ORIGINATING SITE, POST COVID
- FOLLOW-UP TO LABS (POINT OF CARE DECISIONS ARE EASILY MADE WHEN LABS AND VITALS HAVE BEEN COMPLETED) TURN A TELEPHONE CALL INTO A TELEHEALTH VISIT!
- CHRONIC CARE MANAGEMENT (ESPECIALLY WITH RECENT LABS AND VITALS)
- DECREASE NO SHOW RATES!



VIRTUAL VISIT ALGORITHM- KNOWING THE DIFFERENCE

- **THERE ARE FOUR TYPES OF VIRTUAL VISITS**
- TELEHEALTH VISITS (REAL-TIME AUDIO AND VIDEO)- REPLACES IN PERSON VISITS
- E-VISITS (ONLINE E/M VISITS)
- VIRTUAL COMMUNICATION (ASSESSMENTS BY TELEPHONE OR OTHER TELECOMMUNICATION DEVICE TO DETERMINE WHETHER AN IN-OFFICE ENCOUNTER IS NEEDED FOR THE PATIENT'S CONCERN) (G0071 FOR FQHC'S)
- TELEPHONE E/M VISITS

NON-CLINICAL USES-INTEGRATING SOCIAL CARE BACK INTO HEALTHCARE

The Reimbursement may not always be there, but the Value is!

For the first time, linking medical and nonmedical services can help providers meet their bottom line-it's no longer an act of charity.

How? Awareness-Adjustment-Assistance-Alignment & Advocacy

Case Management

- Patients can meet with their WIC counselor to receive WIC services, without the burden of finding transportation
- Parolees can meet with their probation officer
- DHHS-parents can meet with their case worker to increase chances of reunification with their children
- OutReach
 - Housing assistance
 - Eligibility assistance
 - Health Educators

<https://www.nationalacademies.org/our-work/integrating-social-needs-care-into-the-delivery-of-health-care-to-improve-the-nations-health#:~:text=Integrating%20Social%20Care%20into%20the,to%20Improve%20the%20Nation's%20Health&text=This%20recognition%20has%20been%20bolstered,rather%20than%20service%20delivery%20alone.>

BENEFITS

- The current shift to alternate payment models led by CMS, aligns incentives for the provision of social care.
- Reducing social determinants of health
- Increase primary and specialty care, especially in rural settings
- Increase social care activities that address health-related social risk factors and social needs
- Increase continuity of care
- Improve patient engagement
- Collaborative partnerships
- Commitment to health equity

TELEHEALTH OFFERS FLEXIBILITY & AFFORDABILITY

- VALUE-BASED CARE WILL REQUIRE TELEHEALTH
- TELEHEALTH HELPS INCREASE HEALTH CARE VALUE AND AFFORDABILITY
- VIRTUAL CARE TECHNOLOGY SAVES PATIENTS TIME AND MONEY
- TELEHEALTH HEALTH VISITS HAVE A LOWER NO-SHOW RATE
- ABOUT 20% OF AMERICANS LIVE IN RURAL AREAS WITHOUT EASY ACCESS TO SPECIALTY SERVICES
- IMPROVED TEAM-BASED CARE
- REDUCE NO-SHOW RATES
- MAY SOLVE STAFFING SHORTAGES

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Questions?




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SPEAKER



Doris Barta
DIRECTOR, NATIONAL TELEHEALTH TECHNOLOGY ASSESSMENT CENTER (TTAC)
Alaska Native Tribal Health Association (ANTHC)





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COUNSEL
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DESCRIPTION

This session will provide a high-level overview of basic definitions, benefits and evidence base, use cases, applicable technologies and key federal and state policy and reimbursement considerations, including the potential implications of changes that have taken place due to COVID-19.


SESSION FEEDBACK


 Session Feedback






“Let Us Know What You Thought of This Session!”


How would you rate this session overall?



How would you rate the presenter(s)?


How would you rate the relevance of the content to your work?


Please provide any additional thoughts or comments about this session:

Please type your response.





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Thank You!

