



– *The Physicians Guide to* –

# CHRONIC CARE MANAGEMENT

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# INTRODUCTION

Healthcare can be complicated and confusing for senior citizens, especially when they are living with chronic conditions and responsible for managing them at home. There is an increasing body of research showing that regular attention, beyond the four walls of a medical office, improves the well-being of patients with chronic conditions. Their health improves with the added benefit that patients spend less time worrying about their health and more time doing things they enjoy.

In the context of chronic conditions, patients usually see their provider once or twice a year for follow up and prescriptions. Chronic Care Management (CCM) as envisioned by Medicare aims to improve upon this practice by interacting with patients on a monthly basis. This more frequent interaction can help drive behavioral and lifestyle changes and preempt costly emergency visits and hospitalizations.

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There have been multiple studies evaluating CCM and the strong trend towards improved outcomes. For example, in a study published by the Journal of Aging Health<sup>(1)</sup>, 1,170 adults with a median age of 65 years found that CCM was effective over a six month timespan. Because of the weight of the cumulative research, national practice guidelines have been created and primary care providers are now being compensated to provide CCM services to their patients via a new CPT code.

Unfortunately, it is one thing to understand the need for care and an entirely different matter to be in a position to provide it. In spite of having a new CPT code available, many patients simply do not receive CCM services due to physician time constraints. Research from Duke University estimated that to deliver CCM consistent with national guidelines would require the physician to triple the amount of time spent caring for each patient.<sup>(2)</sup> Clearly, this is not a viable option.



In this eBook we will break down chronic care management to help you understand the need, the impact it will have on your practice and how you can effectively provide CCM services without significantly increasing your physician costs.

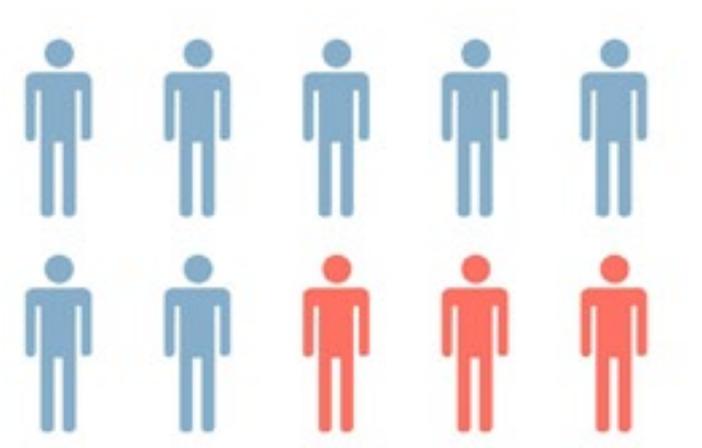
# DETERMINING THE NEED

First, let's take a look at a few general statistics:

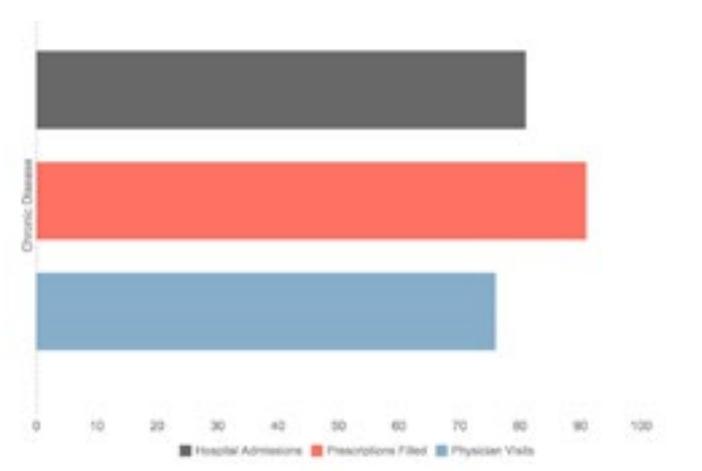
**OVER 133 MILLION AMERICANS** suffer from at least one chronic condition.<sup>(3)</sup>



Chronic diseases are responsible for seven out of every 10 deaths in the U.S., killing more than **1.7 million Americans every year.**<sup>(4)</sup>



Chronic Disease accounts for **81%** of hospital admissions; **91%** of all prescriptions filled; and **76%** of all physician visits.<sup>(5)</sup>



In order for a patient to be considered eligible for chronic care management services they must have at least two chronic conditions that are expected to last at least 12 months or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation or functional decline. Some examples of chronic disease include:

- ✔ Alzheimer's Disease & Dementia
- ✔ Anemia
- ✔ Arthritis (osteo and rheumatoid)
- ✔ Asthma
- ✔ Cancer
- ✔ Chronic Kidney Disease
- ✔ COPD
- ✔ Depression
- ✔ Diabetes
- ✔ Glaucoma
- ✔ Heart Disease
- ✔ Hypertension
- ✔ Hyperlipidemia
- ✔ Hypothyroidism
- ✔ Osteoporosis
- ✔ History of Stroke or TIA

In 2010 the Centers for Disease Control and Prevention (CDC) published a study that included 31 million Medicare beneficiaries and examined 15 chronic conditions.<sup>(6)</sup> The results showed that two thirds of Medicare beneficiaries had 2 or more chronic conditions. These findings established the prevalence of multiple chronic conditions among the Medicare fee-for-service population and have been used to help target management strategies for these patients.

According to the Medical Group Management Association (MGMA), the average primary care physician has approximately 500 eligible Medicare patients. Clearly, there is significant need for this service but because of time constraints and costs, many providers have not begun providing CCM services.

## MEDICARE ACKNOWLEDGES THE NEED

Medicare began reimbursing providers for the CCM services under CPT code 99490 in 2015. Unfortunately, providers were faced with a number of stringent requirements in order to qualify for reimbursement. These include:

- Twenty minutes of interaction per month with the patient
- Use of a certified electronic medical record
- Creating a patient care plan based on multiple assessments and an inventory of resources that are available
- Providing the patient with a copy of the monthly updated care plan and documenting it in the medical record
- Ensuring the care plan is available electronically at all times to anyone within the practice providing the CCM service
- Sharing the care plan electronically outside the practice as appropriate
- Ensuring 24/7 access to care management services
- Ensuring continuity of care with a designated practitioner or member of the care team with whom the patient is able to get successive routine appointments

The list goes on at considerable length to define the managed care you must provide. In fact, the fact sheet offered by Centers for Medicare and Medicaid Services (CMS) fills eleven pages with multiple requirements to bill under CPT code 99490. This can become quite cumbersome to any practice when considering the reimbursement currently averages only \$42.60/patient/month.

## BUILDING YOUR TEAM

If your practice chooses to offer CCM services, it will be an investment. The demands will be significant enough to require additional staffing & with it additional salaries, benefits and increased workload for management. It could also mean additional office space depending on your current facility. It will be important for you to establish a plan of action to genuinely understand how many additional staff members will be required and what the exact cost of adding this service will be.

Make sure you:

- ▶ Start by assessing how many patients in your practice will be eligible to receive CCM services.
- ▶ Identify how many individuals it will take to provide quality CCM services to these patients and what that represents in additional salaries and benefits, added office space, etc.

Stop here and weigh the pros and cons from a financial perspective. Be realistic. Some providers are simply unable to make the initial investment that will pay off over time but even they shouldn't give up yet. Another option is available.

# Outsourcing Chronic Care Management

Many private practices and hospitals who want to offer CCM services but feel overwhelmed by the implementation have opted to outsource their CCM. There are vendors that are beginning to provide this service and understand the new requirements for reimbursement eligibility. In essence, they become an extension of your practice and require zero up-front financial investment from the provider.

In fact, one study that focused on outsourcing chronic care management for diabetes patients found that those who participated in the outsourced care not only rated the experience more positively, but also demonstrated better clinical outcomes than those who received clinic-based care.<sup>(7)</sup>

## What to ask

So how do you go about choosing the right vendor to handle the chronic care management for your practice? Aside from the usual background questions there are important considerations to make. Remember, this is essentially an extension of your practice and it's important that your patients have a positive experience. Additionally, all of the guidelines must be met in order to be reimbursed. Let's take a look at some of the important questions you need answered.

## DO YOU PROVIDE A CERTIFIED EHR?

Not all providers who desire to add CCM services use a Certified EHR. If you do not use an EHR or the one you currently have does not meet the 2011 and 2014 criteria of the EHR Incentive Program, that's okay. As long as the vendor who is providing the CCM services is using a certified EHR then you meet the requirements.

In some cases, the vendor you are considering for outsourcing CCM services may not be using a certified EHR and that's a problem. Make sure you have established that a Certified EHR will be used. If you find yourself in the need to implement a new EHR, here are a few important items you may want to consider:

- How integrated is the CCM ordering process within the provider's workflow?
- What is the cost and could it lead to savings?
- Does it support my medical specialty without requiring me to change my current workflow?
- Is it server-based or cloud-based?
- Is it mobile friendly?
- Is customization included?
- Does the vendor offer training and implementation?
- What type of ongoing support is available?

There are a lot of other considerations to make if you are implementing a new EHR in order to provide CCM services to your patients. A good resource for help during your search is: [The EHR Buyer's Guide](#).

## WHAT TYPE OF REVENUE SHARING IS EXPECTED?

At this point you have already assessed the number of patients in your practice that will benefit from receiving CCM services. Understanding what portion of the charges the vendor will be keeping per patient is important in order to assess whether this is the right option for you. As with any other service, not all vendors charge the same thing. In addition, not all vendors provide the same service. Look for a good blend of quality services and acceptable pricing.

## WHAT IS REQUIRED FROM YOUR STAFF?

Remember all of those guidelines that must be met? How will the vendor save your staff time and make outsourcing a benefit to the practice as a whole? It makes sense that the provider will be responsible for a few things like initiating the care by providing the patient with information about CCM and obtaining their consent for service. But you should ask the vendor if they will be assisting by providing you with:

- ✔ Pamphlets of information to give the patient
- ✔ The consent form that will need to be signed

The provider must also make sure the patient is aware of any co-pay that may be required. Only 1 in 10 beneficiaries rely solely on the Medicare program for health-care coverage. The rest have some form of supplemental coverage to help with medical expenses, so 90% of your patients may not have to pay out of pocket for the service. This can be covered when you are informing the patient of the CCM services available and obtaining their consent.

After the introduction is made and the consent is given, what else will be required of your staff? There's a lot of steps included in the CCM program that still need to be accomplished. Understanding what exact services the vendor will provide can help you decide if they are the right fit for you.

Essentially, you're seeking a compassionate care team to provide a patient-centered solution that combines the best technology with true 24/7 care coordination. Find out what happens after consent is obtained. Will the vendor take over for you & provide services such as:

- ✔ Medication reconciliation
- ✔ Having 1:1 conversations with the patient to address self-management and the patient's adherence to medication
- ✔ Providing effective monthly reviews to update of the Care Plan / Problem List
- ✔ Monitoring of the patient's physical, mental and social condition
- ✔ Obtaining basic vitals such as weight, blood sugar, etc.
- ✔ Ensuring receipt of all recommended preventative services
- ✔ Ensuring all DME equipment is available and being used properly
- ✔ Provide an online care management portal to provide education and address question from the patient, family and/or caregiver
- ✔ Phone and text reminders for visits and therapy
- ✔ Identifying and arranging for community resources as needed

## HOW OFTEN WILL WE COMMUNICATE?

How the vendor will share information is important to the relationship. This holds true for both patient records, billing, and other matters that may come up. Make sure you ask the vendor questions like:

- ❓ How often will I receive Escalation Reports?
- ❓ How often will I receive reimbursement / billing reports?

## HIPPA & ANTI-KICKBACK COMPLIANCE

Everyone knows they need to be HIPAA compliant, but abiding by the anti-kickback statutes is important too. There's not much to add here other than the answer to this should be a resounding YES!

## HOW DO YOU HANDLE CANCELLATIONS?

Like any other healthcare service, it's up to the patient if they want to continue receiving them or not. At some point, some patients may choose to discontinue CCM. If this happens, you can only bill for CCM if the service was already provided during the month the patient withdraws. How will the vendor handle these cancellations?

## HOW OFTEN WILL WE COMMUNICATE?

Once you believe you have found a CCM vendor that can offer what you need, getting started should be the easy part. In fact, the right vendor takes all the work off your shoulders and will still increase your bottom line – potentially by tens of thousands of dollars each year. At the end of the day, the right CCM vendor will enhance your practice, increase practice revenue, and lower healthcare costs for your patients.

## RESEARCH

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