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Comprehensive Chronic Care Management

Home Health Care News

Enhanced Care During COVID-19

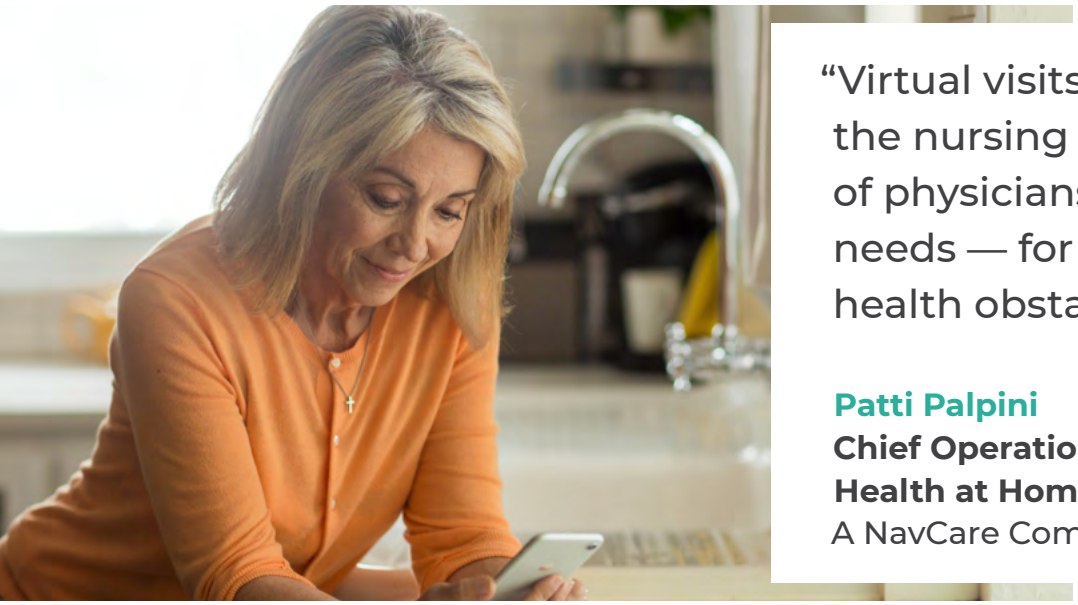
New Uses For Home Health Virtual Visits

Virtual visit technology is on the rise in home health care, and it's not just a nice-to-have.

Virtual visits allow a patient to see and converse with his or her clinician on a secured smartphone, tablet or computer, all from the comfort of home. With the launch of the Patient-Driven Groupings Model (PDGM) combined with the devastating impact of the COVID-19 pandemic, this technology is helping home health agencies improve patient care, protect clinicians and deliver more efficient and cost-effective services.

Now, new federal regulations around telehealth in home health care combined with increased consumer demand has created opportunities for home health providers to employ virtual visits and virtual visit technology for a range of benefits for patients, families and clinicians, as an adjunct to telehealth for vital sign transmission.

This white paper explores why this is happening, and how agencies are strategically pairing live and virtual care during these uncertain times.



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Patti Palpini
Chief Operations Officer
Health at Home
A NavCare Company

How COVID-19 is creating new value for virtual visits

COVID-19 is rewriting the rules for virtual visits, and virtual visit technology.

Virtual visits in home health care include any virtual communication between a patient and a health care provider. Home health agencies can benefit from this technology in several ways, including three new ones tied to COVID-19:

Improved compliance around the initial home health face-to-face encounter

Medicare's relaxed "homebound" requirement, needed to bill for home health services

Reduced cost of personal protective equipment (PPE) when virtual visits replace in-person ones

VIRTUAL VISIT FUNCTION

Improved compliance for face-to-face encounter

In order for a home health agency to bill Medicare for its services, a physician must identify and document the reasons that a patient is homebound and in need of home health services. This is the face-to-face encounter, and it must occur 90 days before or within 30 days following the start-of-care visit date.

This previously put agencies in a potentially precarious position, since these encounters often took place in the physician's office, which can be tricky for some patients who require home health services, whether due to illness or injury.

"If we do not get documentation of that face-to-face encounter within 30 days of our start of care, then we cannot bill," says Patti Palpini, chief operations officer of Health at Home, a NavCare company specializing in chronic care management.

COVID-19 changed all of that. In March of 2020, the Centers For Medicare and Medicaid Services (CMS) eased home health telehealth rules, allowing physicians to use virtual visit technology for the initial face-to-face encounter.

"Virtual visits help us by making sure that face-to-face encounters occur," Palpini says. "I can have a clinician go out to the patient's home and say, 'I called your physician, you've got a visit today with your doctor at 2 o'clock. I'll be there at 1:30. I'll get you set up so that you can have that virtual face-to-face encounter with your physician in your home.'"

Having these face-to-face encounters virtually offers another benefit to physicians and home health agencies: a view of the patient's home environment, giving further insight into the patient's condition and surroundings.

VIRTUAL VISIT FUNCTION

Medicare's relaxed "homebound" requirement

CMS's retooling of telehealth in home health care includes another key adjustment that works to the advantage of home health agencies. As noted, in the face-to-face encounter, a physician must identify why a patient is homebound. Due to the pandemic, "homebound" can now include a patient feeling at risk of contracting the virus that causes COVID-19.

This essentially opens the door for any patient to be considered among those who must be "homebound," and hence who can qualify for home health services. Not surprisingly, telehealth services rose dramatically during the first two months of the revised CMS order.

According to a July 2020 article in Health Affairs by CMS administrator Seema Verna, about 13,000 fee-for-service Medicare beneficiaries were receiving telemedicine on a weekly basis prior to the pandemic, a figure that ballooned to 1.7 million in March and April.

1.7 million

From March to April of 2020, 1.7 million fee-for-service Medicare beneficiaries received telemedicine on a weekly basis, compared to just 13,000 prior to the pandemic.

Source: Health Affairs, July 2020

VIRTUAL VISIT FUNCTION

Spend less on PPE

The last major, new COVID-related opportunity that home health agencies have around virtual visit technology relates to PPE. While virtual visits cannot replace the required in-person home health engagements for purposes of Medicare, virtual visits can be used to augment the in-person care. Historically, agencies have had less need for PPE — including masks, goggles, face shields or gowns — which carries a significant cost.

Today, agencies need those items, and they are paying anywhere from four times to 12 times market rate for it. Virtual visits reduce that cost. Each of these benefits and more are driving CMS to consider leaving its revised telehealth policies in place after the pandemic.

"During these unprecedented times, telemedicine has proven to be a lifeline for health care providers and patients," Verma wrote in her July Health Affairs article. "The rapid adoption of telemedicine among providers and patients has shown that telehealth is here to stay."

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Virtual visit benefits to margins and star ratings under PDGM

Even without the pandemic, PDGM was bound to increase the industry's focus on telehealth, which has natural advantages within a value-based system. But like everything else, COVID-19 has altered the position that telehealth and virtual visits hold in the industry, even greater than PDGM, giving home health operators a new tool for managing gross margin and improving star ratings.

This happens in three ways.

1 **More efficient encounters.**

While a virtual visit cannot replace the Medicare-required in-person visits that home health agencies need in order to bill, they can be used to augment that care, which saves agencies the clinician's travel time and cost. Virtual visits also eliminate much of the chit-chat that happens in the home between the patient and the clinicians or therapists. Everyone is re-focused around the tasks at hand.

Virtual visit technology also makes in-person visits more efficient. A clinician no longer has to spend the approximately 15 minutes or so required for gathering a patient's vitals in person, something they can do through portals such as NavCare Connect, meaning the patient's vital signs are obtained and documented before the visit begins.

"We're often able to cut our visit time by, I would say, twenty to thirty percent," Palpini says. "That's money to the bottom line that providers didn't have before."

2 Track patient progress without travel.

A virtual visit does not replace an in-person visit, but it does more easily connect home health providers with patients, creating more frequent contact for tracking progress. A therapist in the home might teach a patient certain exercises, but checking in on that patient's ability to properly perform those exercises is difficult if the therapist has to return to the patient's home to verify. That's not the case with virtual visits, and therapists can use that technology to quickly assess a patient's progress and help that patient reach her therapy goals, which boosts star ratings.

3 Control cost through decreased in-person meetings.

Again, even though agencies cannot bill for virtual visits, they can use these visits to augment patient care, once they have met their specific threshold to avoid a Low Utilization Payment Adjustment, or LUPA.

Once the LUPA threshold is reached, and the patient continues to need home health services to ensure the best possible patient outcomes, virtual visits are suitable to continue to assess and educate the patient. If an episode has a LUPA threshold of five visits, but the patient needs more than five visits, delivering those as in-home visits can be expensive, Palpini says.

"But if I do five in-home visits and four virtual visits, and achieve the same star rating outcome, I've improved my gross margins because my costs are lower," she says.

Patient satisfaction is improved too, in part because patients might not want home health professionals in their homes as frequently as is required. "It's often too much for them," Palpini says. Virtual visits change that equation.

Using virtual visits to manage outlier payments

Managing gross margin under PDGM means managing outlier payments. These are episodes of care in which the physician has prescribed home health services for which the cost exceeds the revenue for the care provided. Medicare shares the cost of the visit, yet home health agencies still lose money.

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A patient being discharged from the hospital after a stroke, for instance, might have a doctor who orders physical therapy and occupational therapy every day for two weeks. The nurse has to be there for intensive teaching on the patient's ability to function — i.e. learning how to walk again. A speech therapist might be in play too.

"That [stroke] diagnosis is going to drive the number of visits based on the assessment," Palpini says.

Another, more timely example: a patient recovering from COVID-19, who was on a ventilator in the hospital. This home health episode might require physical, occupational and speech therapy, along with nurses who will assess a patient's home, diet, medications and breathing ability. They might need a social worker, and home health aides as well.

"A home health agency knows in that scenario that they are going to lose money on that episode, but they need to make sure the patient gets what they need," Palpini says.

Virtual visits combined with other home health services can help manage costs during those episodes. Clinicians can use virtual visits to make sure that patients are correctly implementing the lessons from the therapists, which reduces in-home visits .

"It's a read-between-the-lines situation," she says. "Our NavCare Connect telehealth product gives the nurse and the physician a good indication of the patient's health at any time."

With COVID-19 still brutalizing the U.S., future pandemics a realistic possibility and PDGM in place, virtual care visits will remain a key piece of home health's future.

"Virtual visits are a solution for the nursing shortage, for lack of physicians, for rural care needs — for many home health obstacles," Palpini says. "Virtual visits are a solution, and NavCare has that solution."

To learn more about how NavCare Connect can help you navigate the temporary measures to expand telehealth during the COVID-19 national emergency and beyond, **visit NavCare.com**