

# FHCA 2019 Annual Conference & Trade Show

## CE Session #40 – Clinical Applications and Reimbursement in Post-Acute Care Setting

Wednesday, August 7 – 10:30 to 11:30 a.m.

Celebration 7-8 – Operations/Quality Improvement

### Upon completion of this presentation, the learner will be able to:

- Understand the 2019 Tele-Health Update: technology and reimbursement
- Review the 2019 Clinical Applications and Reimbursement at Post-Acute Care Setting
- Discuss skilled nursing center experience of Integrated Tele-Health (Tele-Medicine and Tele-Pharmacy)

### Seminar Description:

The new BPCI-Advanced program from October 1, 2018, extended readmission from 30-day to 90-day with 20% financial risks to assigned hospitals. As the weakest step, post-acute care naturally becomes the center of focus for improvement to meet the escalated challenge. Building an integrated Tele-Health with Tele-Medicine and Tele-Pharmacy provides a great solution with on-time monitoring and intervention for the prolonged 90-day care. This session provides an overview on current clinical applications, integrations and reimbursement with our experience.

### Presenter Bio(s):

**Lynn D'Avico** has been a Consultant Pharmacist for 18 years and is an Assistant Professor at Nova Southern University (NSU) where she currently teaches Geriatric Pharmacy. Lynn lectures for the Florida Consultant Pharmacist Geriatric Initiation Course for NSU and has served as an expert witness for cases.

**Elizabeth Page** has been a Registered Nurse for more than 25 years, Pharmacy Liaison for over 10 years and worked with a software company for seven years. Today, Elizabeth oversees nursing and customer care for four pharmacies in three states of about 15,000 people and skilled nursing residents with Polaris Pharmacy Services.

**Michael Shen** is the Medical Director for Duxlink Health and accomplished cardiologist with multiple patents for Tele-medicine.



**Integrated Tele-Health:  
Tele-Medicine and Tele-Pharmacy  
to Improve Hospital Readmissions**

Michael Shen, MD, FACC  
Elizabeth Page RN, BSN  
Lynn Davico PharmD, CPh  
FHCA 8/2019

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A Florida based multi-specialty group, a Telemedicine practice led Technology company since 2014.

**The Mission:**  
"Bringing Hospital Level of Care to Patients Anytime and Anywhere™"

Developing Next Generation of Tele-Medicine and High-Risk Care  
Tele-Hospital Eco System / Multiple Platforms

- Duxlink Tele-Hospital™ & Interreality Care™: Reality Care *On-Site* & Virtual Care *On-Line*
- A Post-Acute Care Continuum

**Hospital –**  
**Office – Rehab/SNF – ALF – HH – Selfcare@Home**



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**Polaris Pharmacy Services**

- Our mission is to provide you with exceptional service at an excellent value. We are headquartered in Fort Lauderdale, and have fully functional pharmacy's in multiple states.

Fort Lauderdale Florida  
Tampa Florida  
Plymouth Michigan  
Minnesota



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**CMS VALUE-BASED INCENTIVE/PENALTY SYSTEMS**

| Regulations   | PAMA  | HHPS                   | MIPS               |
|---------------|---|------------------------|--------------------|
| Time/Entities | SNFs  | Homecare               | MD/DO/PANP/CNS/CRN |
| 2017          | Public Reporting  | VBP Pilot FL           | Measurements       |
| 2018          | Withhold 2% of Medicare payments and then redistribute 50-70% of the withhold back into to SNF's by way of incentive payments | +3 -10%<br>or - 3 -10% | +3% or -3%         |
| 2019          |   |                        | +4% or -4%         |
| 2020          |   |                        | +5% or -5%         |
| 2021          |   |                        | +7% or -7%         |
| 2022          |   |                        | +9% or -9%         |

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**Tele-Pharmacy**

- A tele-pharmacy can operate like a traditional pharmacy except the pharmacist reviews prescriptions from a remote location. Technology makes this possible.
- Tele-pharmacy can also take permitted components ( state specific) of drug and consultative services associated with pharmacy services and utilize technology to help drive efficiency and deliver additional value added care

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**Tele-pharmacy in Florida**

**Senator Denise Grimsley -introduced the bill**

**Senator Doug Broxson-co-introduced**

- Telepharmacy proposal for Florida:  
Providing permit requirements for remote dispensing site pharmacies: requiring the prescription department manager or other pharmacist employed by the supervising pharmacy to visit the remote dispensing site pharmacy; authorizing a Florida licensed pharmacist to serve as the prescription drug manager at more than one remote dispensing site pharmacy under certain conditions, etc.
- Started 7/1/2018
- Died in the house 3/10/2018 (Indefinitely postponed and withdrawn from consideration)

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## HRSA: TELE-HEALTH HEALTH RESOURCES SERVICES ADMINISTRATION

- "The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration."
- Telehealth is different from telemedicine because it refers to a broader scope of remote healthcare services than telemedicine. While telemedicine refers specifically to remote clinical services, telehealth can refer to remote non-clinical services, such as provider training, administrative meetings, and continuing medical education.
- ATA: While the term telehealth is sometimes used to refer to a broader definition of remote healthcare that does not always involve clinical services, ATA uses the terms in the same way one would refer to medicine or health in the common vernacular.

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## How Pharmacy can play a role in Florida

- HIPAA compliant communication that allows pictures, prescriptions and communication to take place that include prescribers, nursing and pharmacy/pharmacists.
- Encrypted visual calling that allows assessment, product support and pharmacy level consultation.
- Wound Visualization for best product and amount Santyl
- Nurse hanging TPN and unsure of set up
- IV Pump support- nurse programming pump with multi functionality
- Competencies- Nurse observed removing PICC line or accessing CVA
- Direct Supervision

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## Potential Applications

- Can have nurses observed on screen mixing TPN or setting up Spectrum Pump for first time
- PICC line removal or insertion of a line/ competency
- Recommended apps: LTC SOM Regs, Medscape, Zoom for medical visual conferencing.
- Video conferencing using zoom ask the pharmacist if a rash could be caused by the meds- have the doctor order with the nurse bedside.

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**BPCI-Advanced**

- Started 10/1/2018
- 1,500 Hospital/Clinical signed
- 90-day readmission penalties/incentives

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**Medicare Advantage**

- Seeing patients at home
- Telemedicine waivers, directed by HMO and MSO

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## Reimbursement: CCM & RPM

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## Florida legislation update

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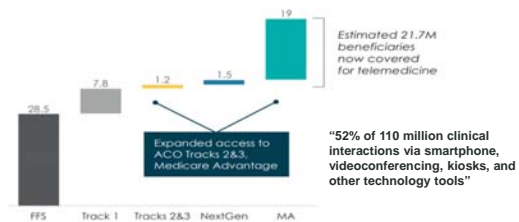
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## Chronic Care Act

**CHRONIC Care Act Expands Telemedicine Access**  
*Coverage Extended Beyond Next-Gen ACO Patients*

Number of Medicare Beneficiaries  
Millions



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## Duxlink Tele-Hospital™ & Interreality Care™




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## Duxlink - Memorial Interreality Care (n=112)

|   | Memorial Only     | Memorial & Duxlink                       |
|---|-------------------|--|
| Services                                    | Hospital & Clinic | Hospital & Clinic<br>On-Site and On-Line |
| Average Per Patient Admission / Readmission | 2.4/1.3 (Max 16)  | 0.14/0.2                                 |
| Total Admissions:                           | 270               | 37 (86%↓)                                |
| Total Readmissions:                         | 151               | 38 (75%↓)                                |
| Days of Admissions: Hospital/ICU            | 2,283/149         | 401(82%↓)/54 (63%↓)                      |
| 30-Day Healthcare Readmissions              | \$ 4,363,482      | \$ 727,672 (83%↓)                        |

Dumitru I, Shen M, Perryman R, et al: ESC 2018

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## THE PRESENT REIMBURSEMENT

- **Tele-Medicine:**
- **SNF & ALF (specific setup required)**
  - Physician virtual visits: 1/1/2015 the same \$ as physical office visits
- **Remote Tele-Monitoring:**
  - 1/1/2018 PMPM
- **Tele-Care on Risk-Sharing Models**
  - HMO
  - MSO
  - ACO




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## Preliminary Duxlink – FMC Post Acute Care Network N = 170 Patients with Cardiovascular and Pulmonary Diseases

|  | Tradition<br>Intermittent Care | InterReality<br>Consistent Care |
|--|--------------------------------|---------------------------------|
| <b>Patient #</b>                         | 93                             | 77                              |
| <b>All Readmission Rate</b>              | 22 (23.6%)                     | 4 (5.2%, 78%↓)                  |
| <b>Preventable CV-P Readmissions</b>     | 18                             | 0                               |
| <b>UnPreventable CV-P Readmissions</b>   | 3                              | 2                               |
| <b>Preventable Non-CV-P Readmissions</b> | 1                              | 2                               |

The chi-square statistic is 11.08  $p < 0.001$




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## SUMMARY

- Telemedicine is here today!
  - Technologies, Services, Reimbursements
- Telemedicine is expanding in a rapid pace to redefine the availability, quality and cost of healthcare
- Post Acute Care are facing significant challenges on readmissions that Telemedicine has been proven with significant impact!

Contact: [MShen@DuxlinkHealth.com](mailto:MShen@DuxlinkHealth.com) / Tele: 954-838-1066




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