

Managing Telehealth Performance

Why Manage Telehealth Performance?
How to Measure Telehealth Performance?
How to Manage Telehealth Performance?



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Wed, March 30, 2022 ♦ 12 PM – 1 PM EST
Register Here: tiny.cc/gha-ing-webinar-03-22

Participant Poll

1. What type of organization do you represent?
2. How are you currently measuring telehealth performance? (select all that apply)
3. Do you plan to continue with telehealth after the PHE



About Christian



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Managing Telehealth Performance

WHY manage Telehealth Performance?

How to MEASURE Telehealth Performance?

Audits & Revenue Cycle Integrity

How to MANAGE Telehealth Performance?



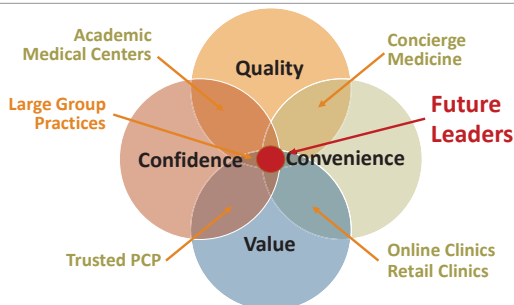
WHY Manage Telehealth Performance?



If you don't know where you are going, you might end up somewhere else.
– Yogi Berra



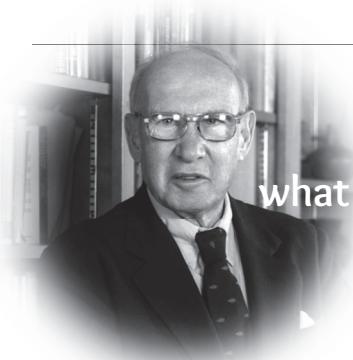
Modern Healthcare Consumer



Non-traditional competition



How to MEASURE Telehealth Performance

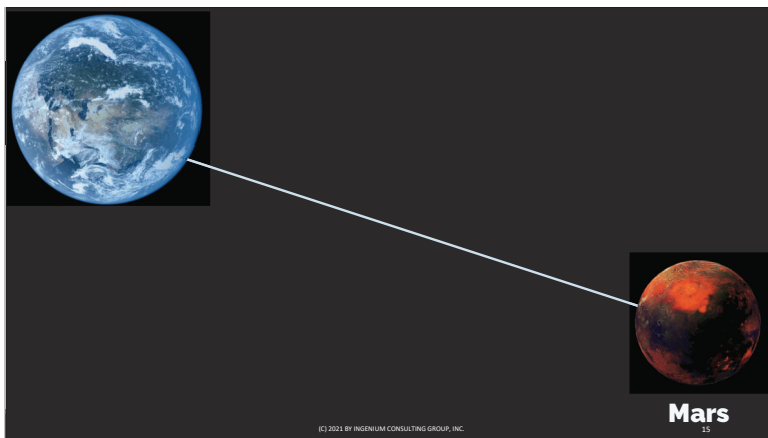
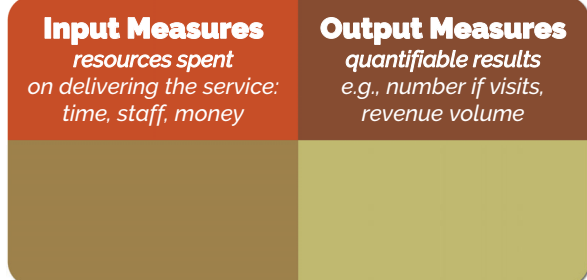
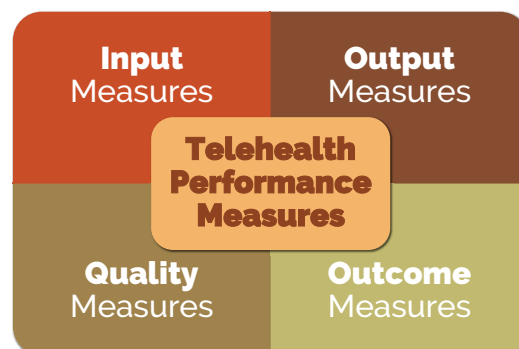


You can't manage
what you don't measure
— Peter Drucker

Counting what Counts

“Not everything that can be counted, counts.
Not everything that counts, can be counted.”

— William Bruce Cameron (Sociologist)
(not Albert Einstein)



Imagine...

Soccer without Goals

Golf without Holes

Football without Endzone

The Olympics without Medals



Goals / Targets



Purpose of Metrics

Trigger Action!



Measuring Performance

Definition

How to collect the metric?
How to analyze the metric?
How often? How to report?

Ownership

Executive Owner
Operational Owner
"Data Steward"

Expectations

What are the goals/targets?
...for acceptable performance?
...for success?

Actions

pre-defined actions to take
if goals not reached?
if goals exceed? if met?

Measuring Telehealth Performance



STRATEGIC RELEVANCE

FINANCIAL SUSTAINABILITY

CLINICAL EFFICACY

Counting What Counts

Telehealth Success Metrics

<ul style="list-style-type: none"> # of clinicians trained # of patients tech-checked # of equipment deployed # of workflows defined etc. 	<ul style="list-style-type: none"> # of video visits # of telephonic visits # of billable visits saved miles driven etc.
INPUT	OUTPUT
QUALITY	OUTCOME
<ul style="list-style-type: none"> physician satisfaction staff satisfaction patient NPS technical performance etc. 	<ul style="list-style-type: none"> no-show rate ER utilization practice loyalty care plan engagement etc.

Sample Set
of Telehealth
Success Metrics

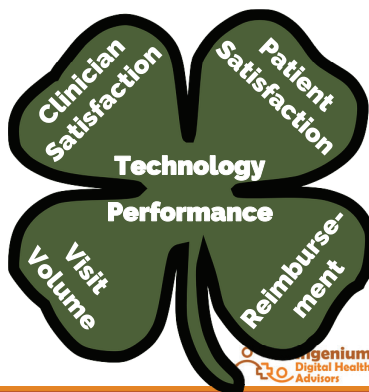
Critical Telehealth Success Metrics

The Pulse:

Satisfaction, Satisfaction,
Satisfaction.

Performance of Technology
Volume & Modalities
Reimbursement/Compliance

Miles? 😊



Satisfaction

Patient Satisfaction

- immediate survey link (ideally in telehealth solution)
- call patients within 4 hours, 24 hours

Physician Satisfaction

- after each encounter for the first few days (online)
- periodically thereafter

Staff Satisfaction

- initially after each encounter/day
- on exception basis thereafter

QUALITY

- physician satisfaction
- staff satisfaction
- patient NPS
- technical performance
- etc.

Technology Performance

Unprecedented challenges with the “DTC BYOD” telehealth of Covid-19

Could they **connect**?

Could they clearly **hear**?

Could they clearly **see**?

Did it feel **private/secure**?

Was a pre-visit **TechCheck** performed?

QUALITY
<ul style="list-style-type: none"> • physician satisfaction • staff satisfaction • patient NPS • technical performance • etc.



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Input Measures

Resources Spent

- FTEs/person hours, \$\$

Rollout / Process Measures

- training (w/ satisfaction)
- Telehealth TechChecks (w/ success rates)
- clinicians’ “virtual visit rates”

INPUT
<ul style="list-style-type: none"> • # of clinicians trained • # of patients tech-checked • # of equipment deployed • # of workflows defined • etc.

INPUT



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Output Measures

Everything that can be counted ;-)

- # of visits, video visits, telephonic visits
- billable visits (E&M vs. check-in)
- geographic reach (before, after)
- miles saved; hours saved (pts. & providers)
- revenue
- etc.

OUTPUT
<ul style="list-style-type: none"> • # of video visits • # of telephonic visits • # of billable visits • saved miles driven • etc.



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Outcome Measures

Operational Outcome Measures

- no-show rates (feasible: single digits!)
- loyalty (e.g., Press Ganey)

Broader, longer term, pop health measures

- health maintenance (BP, A1C)
- Potentially Avoidable Utilization (unplanned admissions, ER use, UC use)
- engagement (e.g., refills filled)

OUTCOME
<ul style="list-style-type: none"> • no-show rate • ER utilization • practice loyalty • care plan engagement • etc.



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Critical Telehealth Success Metrics

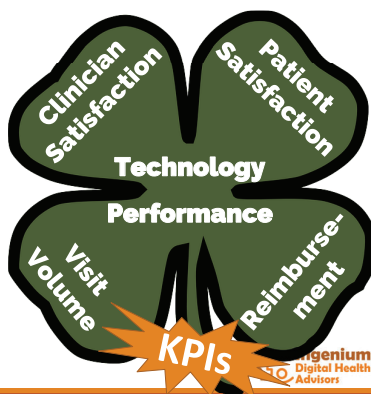
The Pulse:

Satisfaction, Satisfaction, Satisfaction.

Performance of Technology

Volume & Modalities

Reimbursement/Compliance



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Audits & Revenue Cycle Integrity

ALICIA SHICKLE
PRESIDENT, GARFUNKEL HEALTH ADVISORS

6	-	124,500
3	+	125,000
=		154,000
		95,054
		97,511
		99,011
		99,216
		154,200
		110,000
		125,058
		154,568
		56,845
		110,000

ABOUT ALICIA



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BE PREPARED FOR AUDITS

The PHE triggered rapid growth in telemedicine, remote patient monitoring, and other virtual care services for many healthcare organizations.

- Organizations were at different levels of preparedness
- Bad Actors
- What happened along the way?
- Where are you now?
- What does a successful telemedicine model look like after the PHE ends?

OIG & OTHER HEALTH PLAN AUDITS

- 2021 DOJ annual update - nearly **\$1.1 billion in fraud** committed using telemedicine
- In March 2021, the Office of Inspector General (OIG) at the Department of Health & Human Services (HHS) conducted **at least seven different national audits**, evaluations, and inspections of telemedicine services under the Medicare and Medicaid programs including: Remote patient monitoring/ Virtual check-ins / E-visits
- Previous audits from 2018 found a **31% error rate of claims** that **did not** meet the Medicare requirements for payment for telehealth services.
- OIG published a statement on telehealth and fraud concerns, explaining "OIG is conducting **significant oversight work assessing telehealth services** during the public health emergency." The goal of these reviews is to ensure "telehealth delivers quality, convenient care for patients and is not compromised by fraud."

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OIG AUDITS

One of the first audits the OIG completed focused on payments made by South Carolina for telemedicine services.

- ▶ Only 3% of the sampled telemedicine payments met federal and state requirements.
- ▶ In 95% of the cases reviewed, providers failed to **document the start and stop times** and the consulting site location of the medical service.

Root cause: this noncompliance occurred due to **lack of formal training** on telemedicine documentation requirements **or adequate compliance monitoring**.

Result: South Carolina had to **refund** the federal government, provide **formal training** on telemedicine documentation requirements, and **enhance the monitoring** of provider **compliance**.

Lesson Learned: Organizations providing telemedicine services should consider implementing audits focused on: (a) Patient **consent to telehealth services**; (b) Patient consent to electronic communications (e.g., email); (c) Documentation and claim information related to duration of service; and (d) Documentation related to coding.

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PAYMENT INTEGRITY ROADMAP

The revenue cycle is the artery of every practice

- Necessary to have processes in place to ensure payment integrity
- Revenue cycle (starts from the time the patient makes an appointment – until the claim is zeroed out)
- The data can tell you a lot- but it must be reliable
- Coding is just 1 component – reimbursement rules add a significant layer of complexity
- Understand your state requirements
- Know your payor mix (federal , state, commercial) requirements
- Map out the services you provide (telehealth approved)
- Provider Type (supervision)
- Documentation requirements

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COMPLIANCE SUPPORT TIPS

If you are not already doing so, now is a wise time to consider an internal operational self assessment / review, particularly in light of the OIG's robust audits. Ask yourself...

- Do we have a compliance program?
- Has it been updated to reflect offering telemedicine?
- Do we have the proper HIPAA policies?
- Does the organization understand and comply with Medicare / payor billing rules?
 - ▶ Are you sure?
 - ▶ How do you know?
- Did the organization expand into new geographic areas?
 - ▶ Are we in compliance with enrollment and interjurisdictional claim submission, state clinician licensing and exceptions, and Drug Enforcement Administration (DEA) registration requirements?
- Is someone staying up to date with the industry changes and OIG work plans?
- What does our **risk assessment** look like?

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COMPLIANCE SUPPORT TIPS

Checks and balances for compliant documentation and coding are a key factor to achieving payment integrity.

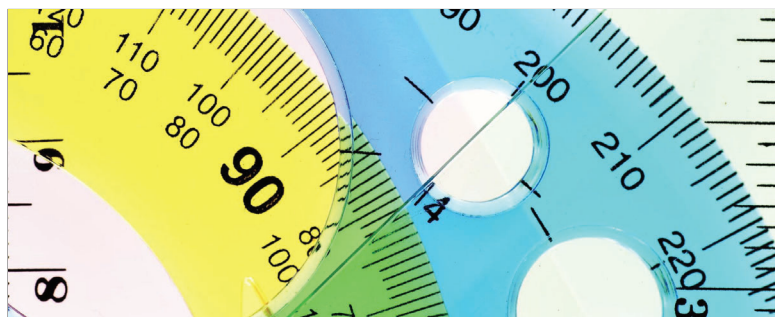
Strong internal process are critical to the success of any organization. There is an **expectation** of compliance. When submitting claims for payment, providers have an obligation to comply with the requirements, and will be held accountable if and when payment integrity becomes an issue.

Update your compliance plan and **implement** :

- ▶ Policies & procedures
- ▶ Training for (everyone)
- ▶ Routine monitoring
- ▶ Internal / external Audits

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How to MANAGE Telehealth Performance

Performance Management



Identify KPIs



Establish Dashboards



Set Targets



Predefine Actions

LEADING Performance Management

Set Targets

for each KPI; clear data definition;

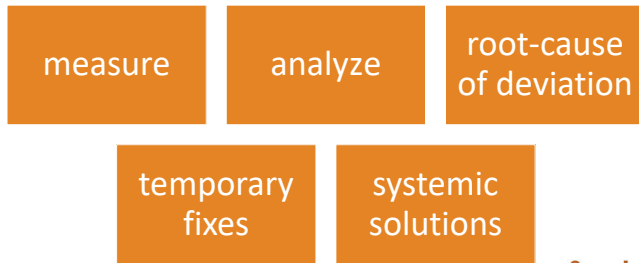
Supply Resources

time; people; process; training; expertise; tools

Provide Accountability

actuals vs. goals; root-cause analysis

Performance Measurement



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After the Q&A:

Telehealth Creates Strategic Success

Compliance Support Tips

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Telehealth Creates Strategic Success



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Sound Strategy

“A sound strategy starts with having the right goal.”

— Michael Porter



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Typical Strategy

HEALTHCARE STRATEGY FRAMEWORK

Service	Quality
People	Finance
Growth	Community



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Telehealth Supports Healthcare's Strategic Objectives

Service	Quality	People
Improved Convenience "One-stop shopping" Additional Service Lines	Timelier Access Improved Care Transitions Improved Continuity of Care	Attract & Retain Talent Practice on Top of License Work Schedule Flexibility
Finance	Growth	Community
Increased Revenue Reduced Cost (e.g., ReAdx) Reduced Penalties	Expanded Geographic Reach Competitive Advantage Increased Pt. Retention	Reduced Travel Chronic Dx Management Health Education



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GHA - CONCLUSION

Alicia's famous quotes apply here.....

"It is not about getting paid, it is about staying paid, and..

"Just because you got paid, does not mean you should have"

My new favorite..

"Just because your friends are doing it, doesn't mean it is right (or a good idea)"



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Thank you!



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