CATALYST COVID-19 STRATEGY

This is an evolving health alert and protocols will be continually updated

Updated: 04/21/2020

SPECIAL EDITION: TELEHEALTH

Table of Contents

SPECIAL EDITION: TELEHEALTH

Care Alert 22 is a ***Special Edition***, dedicated to **all things related to Telehealth**. We've compiled resources released over the past month, so you have **ONE place** for the information you've asked for and need!

There is little question the telehealth horse has left the gate. The **race to create our healthcare delivery future** is upon us. We heard during today's Webinar that practices are **imagining clinic's** without waiting rooms. Practices across the network report they are going to their patients in the **parking lot** to perform for **flu and strep tests**. We have embraced **patient reported home blood pressure readings** and **longitudinal symptom tracking** with **virtual touchpoints**. **Medications are being delivered free** to patient homes the same day they virtually see their provider. While all this pandemic-driven **change is born of necessity**, the result is a more **convenient, consumerist approach to care delivery**.

This is the kind of **consumerism** our **patients have been asking** for and **employers are beginning to expect.** The silver lining in the COVID-19 madness is all the healthcare stakeholders are being squeezed into alignment. We, as a strong voice in healthcare, have an opportunity to create our own future in a way we haven't had in decades. Telehealth will be a part of that future. Our hope is this Special Edition Care Alert will continue to provide you with resources that you will need in our **new normal**.

COVID-19 RESOURCES

As COVID-19 continues to evolve, so will the cadence of our resources. Here is what we have planned for the rest of this week:

- **Thursday, April 23**
  - Webinar (12PM): Self Care During COVID-19 *With Dr. Wayne Jonas*
  - *Find details in our Zoom Corner below*
- **Friday, April 24**
  - Care Alert #23: Imagining A New Future

IMPLEMENTING TELEHEALTH

For an in-depth guide on all things Telehealth, **download our updated Telehealth Toolkit HERE.** You'll find detailed information on the following:

Telehealth in Primary Care's Future

Getting Started with Telehealth

Billing & Reimbursement with Telehealth

Telehealth Optimization

GENERATING PRACTICE VOLUME

Decreased visit volume continues to be a major pain point for many of you. There are several operational strategies to consider when looking for ways to drive patients back to **YOU**.

TARGETED PATIENT OUTREACH STRATEGIES

Below are a few reports that can be run in many EHR systems to help identify patients who could benefit from a visit with their PCP. Consider outreach strategies that are specific to certain variables such as diagnosis or age.

Follow Up	
Follow Up Appointment	All patients that had a "Return to Clinic" date but did not satisfy with an appointment
Medication Management	All patients that need medications renewed that haven't been seen in X days (90-120 days)
Medication Renewal Lab Follow Up	All patients that need to have labs done for medication management
Weight Management	All patients with BMI > 30; last appointment > 365 days

Diagnosis Based	
Anxiety	All patients with a diagnosis of Anxiety that hasn't been seen in X days (90-120)
Diabetes	All patients with a diagnosis of diabetes; Last A1C > 7; last appointment > X (90) days
Depression	All patients with a diagnosis of Depression; last appointment > X (90) days
High Blood Pressure	All patients with a diagnosis of Hypertension; taking a blood pressure medicine; last appointment > X (6 months)
Diabetic Foot Exam	All patients with a diagnosis of Diabetes without a documented Diabetic Foot Exam
Procedure Reports	
Pellets	All patients; procedure = Testosterone pellets; date of last pellet appointment > 3 mos
Vaccines	
Pneumococcal Vaccine	All patients > 65 yrs that haven't had a pneumococcal vaccine
HPV Vaccine	All patients age > 11 yrs < 26 yrs without documentation of the HPV vaccine
Wellness/Preventive	
Breast Cancer Screen > 50	All female patients aged 50-54 without a documented mammogram > 1 yr
Breast Cancer Screen >55	All female patients aged 55 > without a documented mammogram > 2 yrs
Colon Cancer Screen	All patients > 50 yrs and < 75 yrs without a documented colon cancer screening > 1 yr
Medicare Annual Visit	All patients > 65 yrs that have not been in for their Annual Medicare Wellness Visit
Pap Smear over 30	All female patients > 30 yrs < 65 yrs; last pap > 5 years or haven't had HPV
Pap Smear under 30	All female patients > 21 yrs < 29 yrs; last pap > 3 years
Physical Exam	All patients where last physical > 365 days
Welcome to Medicare Visit	All patients aging into Medicare (65 yrs) that will need a Welcome to Medicare Visit
"Personal Touch"	
Birthday	All patients with upcoming birthdays or special milestone birthdays
COVID-19 Education	Run a COVID-19 Education campaign/group
Lives Alone	All patients that have been documented to Live Alone

Physical Activity in Older Adults	All patients > 65 yrs
Spring Allergies	Send a campaign out to All patients to come in for Spring Allergies
Tobacco Cessation	All patients counseled to quit smoking
Unsatisfied Orders	Using current EMR technology, report on any outstanding orders > 30 days

Our Applications team is ready to support your reporting needs! Contact info@catalysthealthnetwork.com today if you need guidance on how to run reports that can help with targeted patient outreach strategies to support visit volume.

BUILDING OUTREACH MESSAGING

We continue to offer **patient SMS campaigns** for practices needing support with letting your patients know you are still open!

Additionally, your **appointment reminder software**, EMR's **practice management software** or **reputation management software** may have **text campaign capabilities**. **Consider building custom messaging** to orient your patients to understand what you CAN offer them during the COVID-19 Pandemic.

Even without text campaign capabilities, you can reach a lot of patients and drive visit volume by **manually texting** your patients. Consider **repurposing staff** to tackle this project.

BROAD AUDIENCE OUTREACH

- **COVID-19 related campaigns** to reduce anxieties and uncertainties surrounding exposure to the virus...
  - "Concerned about COVID-19? We can help..."
- **Stress Management Campaigns**...
  - "Increased stress due to home isolation? We can help..."
- **Advanced Care Planning** Campaigns (see the Advanced Care Planning Webinar)

TARGETED AUDIENCE OUTREACH

- **ADHD patients** who may need extra touches and medication adjustments during at home learning... "Home-schooling a child with ADHD? Time for a tune-up..."

- **Depression patients** who may **need extra support** during the stay-at-home order... "
- Current **Smoker** status... "It doesn't take a pandemic to stop smoking. We can help..."
- Patients with **2+ Chronic Conditions**.... "Diabetes doesn't stop for a pandemic..."
- Enroll patients in **Chronic Care Management** programs (e.g. CPT 99490, 99492). These time-based codes **do not require in-person** encounters.

INITIATING PATIENT OUTREACH

There is no one-size fits all approach to getting patients in the (virtual) door. Consider **exploring new "marketing" strategies** to initiate patient outreach. Under non-pandemic circumstances, **many established clinics do not rely on marketing** and can remain operational by simply relying on patients to contact the office to schedule appointments. These, however, are not normal times. **Marketing efforts should be ramped up** wherever possible.

Consider some of the following patient outreach methods that are being utilized by clinics across the network:

Email Communicate with patients via email or implement email campaigns	**Text Messaging** (automated campaigns)	**Phone Calls** (automated or not)
Social Media - Post regular updates - Consider paid advertising - Share education material	**Mail Letters/Flyers** to your patients	**Patient Portal** messaging
Update clinic website - Consider adding key words and search tags (virtual visits) - Add verbiage about telehealth visit capabilities - Include service offerings	**Update Location Apps/Websites regularly** - Google Maps - Yelp - Google Profile (add virtual visits)	Contact **local community groups** to let them know you are accepting new patients
Contact your specialists and let them know you are still accepting new patients	**Update doctor profiles** on provider search engines.	Consider using **GoogleAds** to reach new patients. Read more here

SCHEDULING AN APPOINTMENT

SCHEDULING STRATEGIES

Implementing **scheduling strategies for telehealth appointments is** just as **important** as for in-office appointments. Strategically approaching scheduling can **improve overall practice efficiencies** and drastically impact the flow of patients throughout the clinic—virtual or not.
Examples of Scheduling Strategies being utilized across the network:

- **Decrease length** of telehealth visits. They typically don't take as long as an in-person visit
- **Utilize a virtual MA to check in** virtual visits and work out tech issues prior to provider engagement
- **Schedule "smart" recall campaigns** that drive a single patient type. For example, recall all your diabetics and then develop a **'well-oiled machine'** approach to check-in, appointment data collection and treatment plan creation.
- **Utilize combo visits** where the virtual visit is used for all things that do not require in-person interactions, then utilize drive-up services for required testing, immunizations, etc.
- Designate **specific time blocks** on your schedule to offer **telehealth** visits
- If offering **group visits**, consider a set, scheduled time block for group visits also
- Administer **vaccines in-office on a designated day** of the week or only during certain times, e.g. mornings from 8-11am
- **Wellness exams** performed in-office on designated days or shifts
- Limit scheduling in-office visits with telehealth visits back to back (in-office, telehealth, in-office). This **increases the likelihood of workflow inefficiencies.**

MAKING THE MOST OF A TELEHEALTH VISIT

- Telehealth visits can be just as effective as an in-office visit.
- **Schedule a follow-up appointment** prior to the end of the patient visit and/or during your virtual 'check out' to encourage patient compliance
- Set a **"return to office" reminder** in your EMR (if capable)
- Look for opportunities to **support patients** with their chronic condition
  - **Refer patients** with chronic conditions to the Catalyst Care Team for **Comprehensive Care Support services** *(Find details below in our section "Virtual Care Support" or from your Catalyst Performance Advocate)*
- Remember **depression or other mental health screening**. A rise in mental illness is expected.
- **Close outstanding quality gaps**

PRE-VISIT PRACTICE OPERATIONS

TYPES OF VISITS TO CONSIDER WITH TELEHEALTH

Below is just a sampling of the types of Illnesses/Conditions that can be treated using Telehealth:

- **Chronic Conditions (stable)** requiring long-term managements (arthritis, allergies, diabetes, etc.)
- Post-surgery or Major health event **follow-ups or check-ins**
- **Transitional Care Management**
- Previously diagnoses **mental health issues** that may require maintenance like depression or anxiety
- Common **acute health issues** or illnesses that can be diagnoses symptoms like eye infections, rash, URI, etc.
- **New patients**, high percentages of patients who do not have established relationships with symptoms
- **Worried Well**

TELEHEALTH VISIT WORKFLOW CONSIDERATIONS

Ensuring Visit Success (Pre-Visit Follow-Up)

In order to ensure the visit goes smoothly it is recommended to complete some items prior to the visit. The goal is to maximize patient experience while maintaining efficiency for the healthcare provider completing the visit.

- **Contact the patient a few business days (or at least 15-30 min) prior** to the visit to setup/test for required telehealth visit technology. Be prepared to troubleshoot technical difficulties with the patient and educate them on the process
- **Describe the flow of the telehealth visit** and help to level-set expectations of the visit with the patient. By ensuring that they understand the flow of the visit, it will make things more seamless easier for all parties.
- If the patient has caregivers whom assist them with in-office visits, it will be beneficial to **have the caregivers available for the telehealth visit**, as well as the Pre-Visit Follow-Up.

Getting ready for the visit

Just like an in-office appointment, there will be steps to take prior to the Telehealth visits to ensure the patient is ready to see the provider. **10-15 minutes prior to the Telehealth appointment**, the Medical Assistant/Nurse can contact the patient and begin prepping the patient to be seen by the provider. During this time, the MA/nurse can:

- **Review** medical history, current prescriptions, and prepares the chart for the provider
- Review any necessary items patient may need during visit (flashlight, scale, blood pressure monitor, or fitness tracker)
- **Assist the patient with logging into to Telehealth** visit and explain how the visit will work
- Reviews how to complete the **Telehealth consent** form (if sent electronically)
- Obtain **self-reported vitals** from patient
- Once provider logs-in to telehealth visit they will obtain consent from patient

TELEHEALTH CONSENT FORM

Documenting that the patient gave consent for a Telehealth visit is a requirement for reimbursement. You **CAN** get verbal consent, just remember to document that consent was received! For an example of a Telehealth consent form, follow this link.

YOUR VIRTUAL VISIT

WORKFLOWS DURING VISIT

Before the visit begins, be sure to **obtain consent** for Telehealth visit.

The progress note is documented the same as in person visit (items in bold are key elements often omitted and should be included in your notes) AHIMA guidelines:

- Providers must **document** all encounters/ services **within the medical record**
- **Document that the visit occurred via telemedicine and communication method utilized**
- **The physical location of the patient**
- **The physical location of the provider**
- The names of all persons participating in the telemedicine service and their role in the encounter.
- **In the virtual environment, Level 3 and 4 reimbursements must be based on time rather than physical examinations**
- **Providers should document the length of time of the consultation visit and should note that more than 50 percent of the encounter was spent counseling/coordinating care**
- Differential diagnosis, active diagnosis, prognosis, risks, benefits of treatment, instruction, compliance, risk reduction, and coordination of care with other providers.
  If COVID Related Visit:
  - **Z03.818-concern of possible exposure**
  - **Z20.828-confirmed contact exposure**
  - Signs and symptoms for patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, **assign the appropriate code(s) for each of the presenting signs and symptoms** such as:
    - R05 Cough
    - R06.02 Shortness of breath
    - R50.9 Fever, unspecified

NOTE: Diagnosis code B34.2, Coronavirus infection, unspecified, would not be appropriate for COVID-19, because the cases have universally been respiratory in nature, so the site would not be "unspecified." If the provider documents "suspected", "possible" or "probable" COVID-19, do not assign code B97.29. Assign a

code(s) explaining the reason for encounter (such as fever, or Z20.828). ICD-10-CM Interim Coding Guidance for COVID-19 (February 20, 2020).

- Include 4+ history of present illnesses (HPI)
- Include 10+ complete review of systems (ROS)
- Include all 3 past, family, and social history (PFSH)
- Review/Order of tests
- **Statement of risk (most patients will meet a "moderate risk")**

VIRTUAL CARE SUPPORT

Catalyst Health Network practice members are perfectly positioned to deliver care and support patients under a virtual model:

- Nearly 100% of the network providers have the technology needed for a virtual visit.
- The network has a **communication infrastructure** in place to **connect patients** to specialist, pharmacists, care coordinators, social workers and care managers (via the Care Integration Platform)
- Our **Care Team services** have always been **virtually delivered**
- In a virtual world, patients are expected to engage in a higher degree of self-care; the **primary focus of the Care Team** interaction is to **drive self-care**

Here is a snapshot of your existing, basic Care Team services:

Practice adoption of virtual visits has driven the need for **expanded Care Team support.** Expanded **features include**:

Referral Team

- **Scheduling appointments** for COVID-19 testing for PCP referrals
- **Sending emails with testing appointment information** to patients
- **Emailing** the **COVID-19 related educational handouts** to tested patients

Care Coordinator

- Supporting **24/7 COVID-19 hotline** patient calls
- Providing patients with **information and resources** from the Catalyst Website

Care Managers

- Supporting **24/7 COVID-19 hotline** patient calls
- **Triaging patients** for symptoms and exposure to COVID-19
- **Directing patients** to PCPs for telehealth visits and referrals to COVID testing sites
- **Following up** with patients who tested positive for COVID-19 and **enrolling high-risk patients** in CDS

Social Workers

- Providing **behavioral health support** and **social services** when needed

TELEPHONE VISITS: QUICK TIPS TO MAXIMIZE IMPACT

- **Start by acknowledging the current COVID-19 pandemic situation.** Patients can be experiencing a great deal of uncertainty. Simple guidance and reassurance can go a long way. It is also important to understand the impact the pandemic is having on their mental health. The following strategies can help:
  - ***Ask****: "I know this is a stressful time for many. How are you doing?"*
  - ***Offer****: Education and guidance on topics. Feel free to share the Catalyst Patient Resources with anyone.*
  - ***Elicit****: COVID-19 related questions*
  - ***Reassure****: Remind patients you are only a phone call or virtual visit away.*
- **Prepare patient's for visit duration.** Set expectations. Share with the patient the amount of time available, e.g. 15 min, and remind them when you have a few min left.
- **Set an agenda.** Prioritize visit items at the beginning, then manage the agenda.
- **Ask for verbal feedback to treatment recommendations:** Because you lose the sensor of body language, you will need to rely more heavily on verbal feedback. Check in regularly with, **"**What do you think about that?"
- **Shorten any monologues**. Again, because you won't know when you've lost your audience, break up your talking into shorter than normal chunks. Ask for feedback to make sure your message is getting across.
- **Visit summaries are vital.** Audio-only visits pose a greater challenge when it comes to perceiving a shared understanding of plan. To offset, assure patients receive a post-visit care plan summary (many EMRs have this capability).

BILLING & REIMBURSEMENT

Many of our Billing & Reimbursement resources in this section were covered in **today's Webinar, Telehealth: Billing & Coding Strategies**. If you missed it, don't worry! You can listen to the recorded Webinar on the **Catalyst Health Network Resources Page.**

CODING QUICK REFERENCE GUIDES

REMINDER: If you have questions about **billing for telehealth visits**, visit the Catalyst Health Network Resources Page to view the following resources:

- Telehealth Coding Quick Reference Guide
- Medicare Coding Opportunity quick reference guide
- E/M Coding Elements reference guide

TELEHEALTH PAYER GRIDS

We are communicating with the payers daily to get the most up-to-date information surrounding Telehealth and COVID-19-related impacts.

For a one-page, **SIMPLIFIED Payer Grid**, click HERE.

For a **DETAILED Payer Grid**, click HERE.

EARLY ADOPTION OF 2021 CMS GUIDELINES

CMS has allowed for **early adoption** of new time and medical decision-making (MDM) guidelines. You have the ability to utilize the existing coding guidelines or to utilize the new 2021 coding guidelines. Learn more from the AMA HERE.

- Reporting of telehealth E/M office or other outpatient visits based on time or MDM
- Telehealth visits to be selected and documented based on total time on date of visit using "CMS total time" (not CPT time)

New Patient		
	CPT Typical Time	CMS Typical Time
99201	10 min	17 min
99202	20 min	22 min
99203	30 min	29 min
99204	45 min	45 min
99205	60 min	67 min

Established Patient		
	CPT Typical Time	CMS Typical Time
99212	10 min	16 min
99213	15 min	23 min
99214	25 min	40 min
99215	40 min	55 min

Time Elements

Time may be used when counseling and/or coordination of care is the main component of the visit. This can include face-to-face and non-face-to-face time including:

- Preparation to see patient (reviewing tests)
- Obtaining/reviewing history
- Performing exam/eval
- Counseling patient/family
- Ordering tests
- Referring and communicating with other providers
- Documentation in record
- Interpretation of results

Medical Decision Making

Level of Medical Decision Making includes establishing diagnosis, status of condition, and selection of management options. It includes these three elements:

- Number and complexity of problems addressed during encounter
- Amount and/or complexity of data to be reviewed
- Medical records, tests (including results to be ordered) and communication of test with external physician or qualified professional.

The AMA guidelines for MDM can be found here.

INCIDENT-TO BILLING

There have been minimal changes surrounding the need for supervision in the case of incident-to billing for telehealth. The main difference during the COVID-19 crisis is the way that supervision is conducted between physician and non-physician practitioners, which can now be done virtually using real-time audio and video technology. Refer to CMS' Physician and Practitioners document for more information.

ENCOUNTER TEMPLATE FOR DOCUMENTING TELEHEALTH VISITS

Use this template as a guide for the documentation requirements of Telehealth visits.

For Telehealth visits, document:

- Consent to perform a Telehealth visit
- The method of Telehealth visit (Audio or audio/visual, synchronous)
- Amount of time spent with patient
- Standard documentation as required for in-office visits

Consider using templates to capture all documentation. Contact info@catalysthealthnetwork.com for support using templates in your EMR.

TELEHEALTH CMS CPT CODES

Not all CPT codes are reimbursed with Telehealth. For a list of common CPT codes used in primary care that are reimbursed with Telehealth, follow this link.

Outside of E/M codes, Medicare covers a variety of CPT codes for telemedicine. To view our **Medicare Coding Opportunity** guide, click HERE. This resource can be used to easily navigate what services can be performed for Medicare patients using telemedicine.

TELEHEALTH DENIAL MANAGEMENT

Denied telehealth claims are just as much of a reality as in-office claims. Denial management strategies can help the risk of delayed denied claims. Implementing strategies such as these can help make sure you're getting the most out of your telehealth visits. While appeals can oftentimes be successful, filing a claim correctly the first time can save additional labor on the back end.

Tips for Managing and Preventing Denials

- **Track claims**. Use this Telehealth claim tracker HERE to track your telehealth claims. By tracking your telehealth claims, you can stay organized and better see what claims are being paid appropriately and which claims need a closer look due to underpayment or denial.

- **Identify Trends.** What trends are you seeing when tracking your claims? Are there certain insurance plans that are requiring something differently when coding a telehealth visit? Use the tracker to identify trends in your telehealth claims that can help you to avoid future denials or errors in reimbursement.
    - ***Example:*** *Medicare does not waive cost sharing unless modifier CS is utilized.*
    - ***Lesson learned:*** *Add modifier CS to COVID-19 related telehealth claims for Medicare patients.*
    - ***Example:*** *POS 02 being used for telehealth claims and the reimbursement is lower than the expected rate.*
    - ***Lesson learned:*** *Use POS 11 for telehealth claims. Per CMS guidelines, providers are to use POS 11 for telehealth claims to get reimbursed the same amount as in-office visits*
- **Verify Insurance Eligibility**. If you are not already doing so, **verify patient insurance eligibility prior to the telehealth appointment**.

NOTE: *With a growing number of unemployed individuals, verifying insurance benefits is as important as ever*.

- If your EHR is not capable of auto-verification, consider using systems such as Availity, NaviNet (only until end of April), UHC Link, Change Healthcare and CignaforHCP to verify insurance eligibility. This can catch terminated insurance policies on the front end to avoid denied claims after services have already been rendered. Although you will not be able to select "telehealth services" (in most instances you will be billing E&M services), **monitor your denials for employer group denials.**
    - *This is a great place to repurpose staff! Verifying insurance is easy to learn and can add a lot of value to the clinic by preventing denied claims and catching errors before they happen.*
- **Collect every insurance card picture, every time.** Collecting an image of the patient's insurance card can be a safeguard in case a denial occurs. Some telehealth applications will allow the patient to send a picture of the card. Consider utilizing the portal within your EMR.
- **Develop a billing process and stick to it.** By developing a billing process and committing to deadlines, claims can be filed more efficiently and likely with less errors.
    - *Example: All charges for the day should be entered by the end of day. All outstanding claims should be followed up on after 7 days. Payers are improving their timeliness of claims processing. Develop lag time reports and identify follow up guidelines by payer.*

- **Review denials often.** Denials can often stack up and get deprioritized.
- **Consider repurposing staff** to focus on the denial management process so denied claims to not just get swept under the rug. Consider reviewing denied claims every 2 weeks. Identify trends by denial code (eligibility, medical necessity, non-covered, authorization, benefit max, and
- **Review for Underpayments.** Ensure your E&M allowable fee schedules are loaded to your EMR/PM system identify correct payments. If your EMR has an underpayment work queue, consider re-repurposing staff to appeal underpayments as these are easily identified within your E&M levels.
- **Document appropriately.** Documenting the necessary components of a telehealth visit is crucial when fighting denials. See the Telehealth Toolkit HERE for additional information on documenting telehealth visits.

ADDITIONAL TELEHEALTH RESOURCES

COMMUNITY RESOURCES

For many patients, **accessing telehealth** may be **particularly challenging** or untenable if there is limited access to WiFi. Our **Community Resources** include **low cost WiFi** options amongst many other areas of need. We have patient handouts unique to **Central Texas**, **East Texas**, and **North Texas**.

FINDINGS FROM THE FIELD

Implementing Virtual Visits

Dr. Gothard shared **eCW telehealth workflow tips** that VHP and his team has found beneficial. These workflows focus on scheduling appropriate patients **NOW** as well as **MONTHS FROM NOW** when their clinic re-opens. Other Catalyst providers, even those not on eCW, may see increased volume and revenue based on these workflows, linked HERE.

Implementing Group Visits

Dr. Scott Conard of GOH Medical has shared his tips on **Group Virtual Visits.** GOH Medical has been utilizing Group Visits **to provide preventive and educational information around COVID-19.** For guidance on Group Visit billing, view our simplified Payer Grid HERE, our detailed Payer Grid HERE and Telehealth Coding Quick Reference Guide HERE.

Watch the webinar HERE to learn more. ***Many thanks to Dr. Conard for sharing his knowledge and experience!***

WAYS TO REPURPOSE STAFF

Clinics across the network are **struggling** with **business viability** and huge **shifts in where and how we care for our patients**. This has led to subsequent **shifts in staffing needs**, **roles** and **responsibilities**. The table below provides suggestions for a number of ways to **repurpose staff** based on typical skillsets associated with traditional staff roles.

Current Reality	Repurposing Staff Solutions	Positive Outcomes
Decreased call volume?	**Front Desk Staff**: Consider having the front desk contact patients with outstanding balances. Taking time to set up payment plans for outstanding patient balances can be an extra step to show your patients that you care! **MA/Nursing Staff:** Consider having the back-office outreach to patients who are due to return to the clinic. This could involve designating an MA to assist with a "patient recall" strategy to target certain patient populations who are due for follow up appointments	Increase cashflow, patient outreach, increase visits volume
Technical difficulty with virtual visits?	**Scheduling Staff:** Consider developing a step-by-step "How-to guide for accessing your Virtual Appointment" and have the scheduling staff make available to patients prior to their appointment. **MA/Nursing Staff:** Consider developing a pre-visit check list to ensure the patient is able to connect and is ready to see the provider once the visits starts	Increase user experience, increase efficiencies
No in-office patients?	**MA/Nursing Staff:** Consider developing a "virtual" rooming process. By mirroring your current process for in-office appointments, virtual visits will run far more efficient *Also consider having clinical staff assist with reviewing clinical supplies that are typically ordered. What cost savings can be uncovered?* **Phlebotomist:** Consider drive-up lab collection similar to the CHN COVID-19 testing sites.	Increase efficiencies, appropriate documentation
Not as many referrals?	**Referral staff:** Consider tasking referral staff with leading a quality outreach programs. This could involve contacting patients who are due for a colonoscopy or mammogram and then initiating a referral, sending Cologuard, scheduling lab draws. This same person could assist with sending Catalyst Care Team referrals-- "take inventory" of your patients and identify who could benefit from the support services offered by your Catalyst Care team. **Document Management staff:** Decreased referrals or delayed treatment by specialists will lead to decreased incoming specialist reports/documents- consider having staff who would typically assist with document	Increase patient engagement, Proactively close quality gaps, drive volume, decrease overhead

Current Reality	Repurposing Staff Solutions	Positive Outcomes
	management assist with reviewing Office Supplies ordering habits, looking for cost savings opportunities, managing recall campaigns, etc.	
Not as many claims to process?	**Billing staff:** This is a crucial role. Consider having billing staff deep dive into outstanding balances and unsolved claim issues. Tighten insurance verification process to prevent claim issues on the back end. Create a process to monitor and manage billing issues for virtual visits. **Front desk staff:** Consider training front desk staff to assist with billing processes such as • Patient outreach to collect outstanding balances • Contact patients who have had a denied claim due filing to the incorrect insurance • Collecting at the time of service • Set up payment plans • Correcting invalid addresses	Decrease outstanding A/R, Enhance billing processes for long term success
Seeing less patients?	**MA/Nursing Staff:** Consider having clinical staff assist with patient outreach. Invite patients in who are due for follow-up appointments. Consider building outreach campaigns for long term success. **Front Desk Staff**: The front desk is usually generally the first impression a patient has of a clinic, consider repurposing this staff to focus on marketing efforts such as social media posts, website updates, google map updates, etc. **Advanced Practitioners:** Consider building long overdue EMR templates. Documentation templates can allow for more opportunity for higher level coding of visits **Any Staff**: Let your specialists know you are open and are still seeing patients	Increase visit volume, improve efficiencies
Less visit types/service offerings?	**All clinical staff:** Consider adopting new visit types and rethinking the "traditional appointment". What ways can you increase your service offering to patients?	Increase visit volume, increase clinical

Current Reality	Repurposing Staff Solutions	Positive Outcomes
	• COVID-19 Preparedness visit • Advanced Care Planning visit • Group COVID-19 Visit • Smoking Cessation Visits	outcomes increase patient engagement
General decrease workload	What back burner projects can be worked on? Now is the best time take evaluate clinic inefficacies and improve upon them. • Patient rooms need re-organizing? • What features are not being utilized in your EMR? • What is being done on paper that could electronic? • How is your phone system? Could there be updates made to improve patient experience? • Evaluate pain points and solve for them • Are you using GroupSource through Catalyst?	Create current and future operational efficiencies

NEED TO KNOW

CATALYST HEALTH NETWORK IN THE NEWS

NEW! Catalyst was recently featured in ***The Dallas Morning News*** alongside **Northeast Internal Medicine Associates (NETIMA),** calling for prospective payments to continue beyond COVID-19. Read more in the article HERE.

The hard work and dedication of Catalyst Health Network is not going unnoticed! Read about all the ways **Catalyst PCPs are showing up to help our communities thrive** in the Catalyst Health Network News Room.

CATALYST WELLNESS SERIES

NEW WORKOUT VIDEO! Tune in to the health and wellness series led by Sean Terwilliger by following Catalyst Health & Wellness Videos. These videos can be shared with your staff or patients. Please share other ideas about ways we can help our communities thrive during the COVID-19 Pandemic.

ZOOM CORNER

Webinar Recap

In today's webinar, **Telehealth: Billing & Collections Strategies,** we took a deep dive with our team of experts. Topics covered included long term telehealth platform considerations, claim denial management, E&M coding opportunities, and newly approved CMS guidelines around time and medical decision making.

We were also joined by special guest **Jeff Anderson of Harrod Healthcare Real Estate**, who shared **key real estate considerations** you should be making during COVID-19. To view these considerations, and learn how you could feel some financial relief, click HERE.

For follow up questions or real estate support, contact:
Jeff Anderson
Office 972-808-7285
Mobile 817-946-9937
janderson@harrodhealthcare.com

Today's recorded Webinar and others can be be found on the Catalyst Health Network Resource Website.

Join Us Live

We can't wait to hear from **Dr. Wayne Jonas**, author of *How Healing Works*, on this Thursday's Webinar as he covers many important aspects of **self-care during COVID-19**.

Thursday, April 23rd, from 12pm – 1pm CST:

- Self-Care During COVID-19 *with Dr. Wayne Jonas*

Click the link below to join the webinar ONLINE:
https://stratifi.zoom.us/j/96202149692

Password: 1w?3S^S6

To join by PHONE only:
Or iPhone one-tap dial:

US: +13462487799,,96202149692#,,#,834232# or +16699006833,,96202149692#,,#,834232#

Or Telephone:
Dial(for higher quality, dial a number based on your current location):
US: +1 346 248 7799 or +1 669 900 6833 or +1 253 215 8782 or +1 301 715 8592 or +1 312 626 6799 or +1 646 876 9923

Webinar ID: 962 0214 9692

Webinar ID: 962 0214 9692
Password: 834232