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Optimizing Patient Care in the New Normal: Strategies for Success in a Hybrid Care Model

The COVID-19 pandemic sparked a surge in telehealth, and along with it, an increasingly complex care landscape that threatened to put patient experience and value-based care at risk. As we move toward a more blended, hybrid approach, providers and payers need new solutions to bridge the gap between in-person and online care to deliver a more cohesive, integrated patient experience while meeting regulatory requirements and alleviating clinical, administrative, and financial burden.

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The Fast-Track to Telehealth

While telehealth has been around for roughly 60 years, it had seen relatively low levels of adoption prior to the pandemic, despite its convenience and ability to fill the gaps in access to care, particularly in rural areas and locations where specialty care was hard to find. But with the impetus never fully there for wide scale rollout and adoption, it failed to gain mainstream adoption.
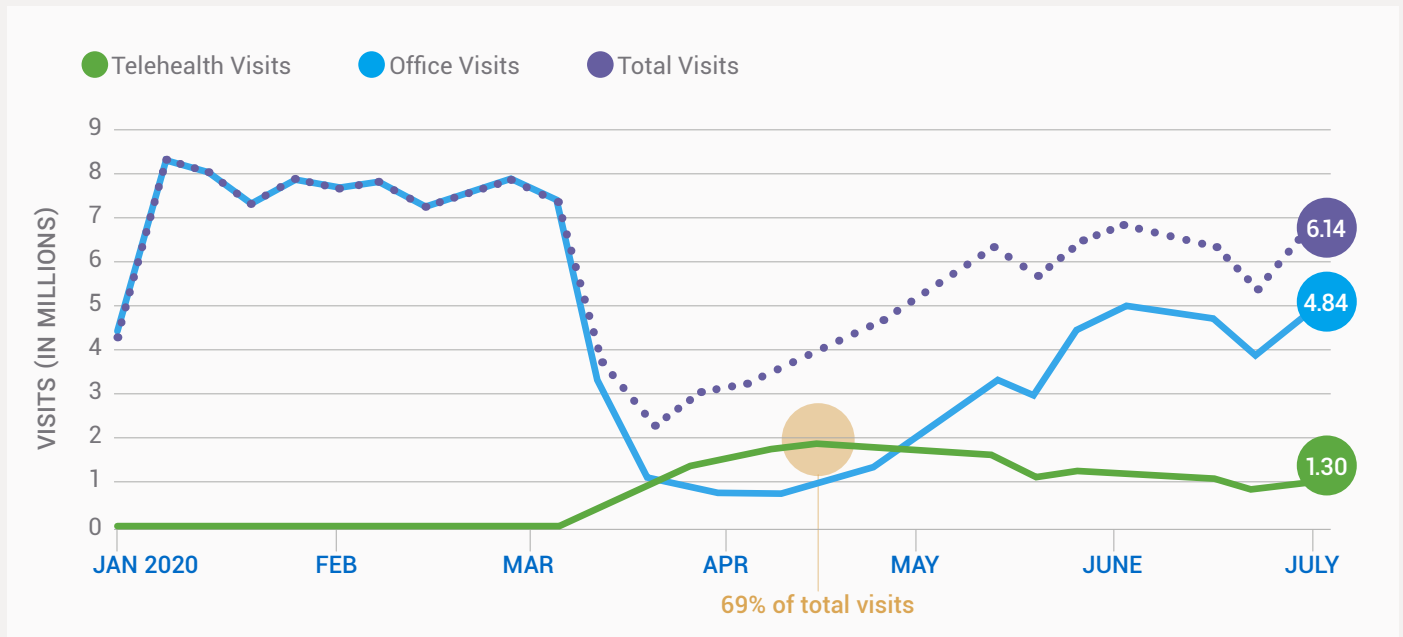
COVID-19 changed all that, accelerating the move to telehealth at an unprecedented pace. Out of sheer necessity, providers, patients and payers gravitated toward this care option in massive numbers.

By April 2020—just weeks into the pandemic—nearly half of Medicare primary care visits were being provided via telehealth, compared with just 0.1% in February 2020. More than 1 in 4 Medicare beneficiaries had a telehealth visit between the summer and fall of 2020.

The spike has since leveled out as patients seek to return to in-person visits with physicians, which presents a new challenge for providers: how to manage the new hybrid model that blends in-person and telehealth based on patients' unique preferences, needs and situations.

2020 U.S. AMBULATORY VISITS BY TYPE
Telehealth visits comprised 69% of total visits in mid-April[1]

Chart legend: Telehealth Visits, Office Visits, Total Visits

Y-axis: VISITS (IN MILLIONS), scale 0 to 9
X-axis: JAN 2020, FEB, MAR, APR, MAY, JUNE, JULY

Data callouts: 6.14 (Total Visits), 4.84 (Office Visits), 1.30 (Telehealth Visits)

69% of total visits

1 Link

The Telehealth Dilemma

During the peak of the pandemic, telehealth provided a lifeline to both patients and providers, and most expect that utilization will continue at well-above pre-COVID rates. But while telehealth has been essential for patients and providers, filling the gaps in care and business, respectively, has not been without serious challenges for providers and payers.

While telehealth has extended a lifeline to patients and providers during arguably the most difficult health care crisis of a generation, these outstanding issues make it difficult for providers to deliver the quality and value of care that patients deserve, and payers expect.

THE MOST NOTABLE ISSUES TO EMERGE ARE:

Lack of Historical Patient Data

Clinicians often don't have access to the patient's historical record or most recent status on key vitals or health history at their fingertips.

While they may be able to gather this information from patient charts, it requires them to operate two devices or consult paper charts during the visit, which can be difficult and distracting. This limits the longitudinal view of the patient's health and makes it difficult for providers to treat them appropriately without the full understanding of their medical history.

Lack of Standardized Qualification for Risk Adjustment

Despite both Medicare Advantage and ACA programs expanding coverage of telehealth for risk adjustment in response to the public health emergency, the guidelines for allowable encounters are not the same. ACA and Medicare plans both allow for audio-only visits (phone calls) with no video required, but CMS Medicare Advantage plans require both audio and visual—a real-time video-audio encounter. CPT codes must use a modifier to indicate whether the encounter was audio only or audio/visual, and without consistent proper coding by the provider, these encounters can't be submitted or may be denied by the payer.

PROVIDER & PAYER CHALLENGES

Risk of Fraud

From the very beginning, the federal government has raised concerns about the risk of billing fraud enabled by a massive surge in telehealth visits, and CMS and the Department of Justice (DOJ) have begun investigating—and prosecuting—fraud cases. In one case, the DOJ has charged nearly 350 providers with committing some $4.5 billion in telehealth fraud at substance abuse treatment facilities alone. With the stakes so high for providers and payers, this means validating visits and proper coding are essential for avoiding intrusive and time-consuming audits.

Lack of Access

Because of the MA audio-video requirement, this creates a barrier to care for those without video capabilities or high-quality internet bandwidth sufficient to accommodate a video call. This not only keeps patients from accessing care via telehealth but also prevents providers from capturing revenue from it.

Providers & Payers Must Adapt to a Hybrid Approach

As patients desire to resume face-to-face interactions with their trusted providers, the industry must adopt strategies and tools that allow for telehealth and in-person visits to co-exist, to integrate data between the two and to provide a seamless experience for patients. Conventional technologies aren't conducive to providing that experience.

1   **Telehealth platforms don't provide any way for providers to access** a patient's longitudinal health record. They're limited to data stored within their connected EHR, assuming that integration is in place. That means a telehealth provider may not be able to access notes from other providers and their patient record or vice versa, which limits the provider's ability to treat.

2   **Telehealth solutions are walled gardens**, and while they may integrate with EHR platforms, they're not connected from one provider to another. That means if a patient is referred to a specialist from their PCP, the data within the patient's telehealth record cannot be easily shared with the specialist. And because some telehealth technology providers claim to "own the data" (even though it really belongs to the patient), many are reluctant to share it, even when it might benefit patient care.

3   **Since allowable telehealth diagnoses and treatment codes differ** from those for face-to-face visits, some may be missed. For example, in a telehealth encounter, a provider can only code for the primary reason for the visit, not for any additional or chronic issues.

As an industry, we must be able to adapt our approach to care to accommodate this hybrid approach.

Delivering a Quality Hybrid Approach Requires AI-Assistance

In order for a hybrid model to be sustainable and scalable, providers and payers need AI-powered solutions that can support clinicians at the point of care to ensure complete and accurate diagnosis and documentation.

As risk adjustment teams face greater pressure to improve their prospective programs, they need to leverage technology to enhance their business logic and streamline their current processes to increase provider adoption. Apixio now offers two solutions to address virtual as well as in-person visits.

Apicare Insights

Our Apicare solution delivers accurate insights about existing and suspected member conditions using proprietary artificial intelligence (AI) algorithms from structured and unstructured data. These insights can power prospective risk adjustment and population health initiatives to promote successful risk capture in existing workflows. By surfacing accurate, AI-powered condition suspects, Apicare Insights delivers high confidence member conditions that providers can trust.

How? Apixio's Apicare Insights solution uses high-precision AI algorithms to generate a list of existing and suspected patient conditions that haven't been captured on claims, powering your prospective program with reliable intelligence using existing workflows. The Apicare Insights Dashboard tracks and monitors risk adjustment program performance in an easy-to-use dashboard for real-time insights that are easy to understand.

Both Apicare Pre-Visit and Apicare Insights leverage an aggregated longitudinal record of the patient's health, chronic conditions and past diagnoses.

Apicare Pre-Visit

For either in-person or virtual visits, Apixio's Apicare Pre-Visit solution enables a faster and more comprehensive way for providers to easily review the patient's longitudinal medical record before the encounter and identify care gaps for clinicians with an AI-assisted workflow. This pre-visit planning workflow supports clinicians by increasing visit efficiency and reducing the administrative burden by spotlighting care gaps to be addressed during the visit to improve diagnosis capture and revenue integrity.

With the increasing demand for telehealth and value-based care arrangements, scaling the pre-visit workflow is a challenge because it's typically laborious and time-consuming for medical staff to aggregate and analyze large amounts of disparate unstructured and structured clinical and administrative data in a timely manner.

By leveraging Apixio's data analytics technology, medical staff can maximize their throughput for both in-person and telehealth with an AI-assisted workflow that enables complete and accurate chart reviews and provides trusted care insights to clinicians so they can address conditions proactively.

Apixio: Enabling the Future of Effective, Scalable Hybrid Care

Telehealth will continue to be in high demand as patients recognize the convenience, as well as the access it affords to providers where in-person visits may be challenging, especially in rural areas and for patients with limited mobility, for example. But, it's no long-term substitute for the quality of a face-to-face interaction.

As providers look to deliver on patient experience expectations no matter what the format for the visit, they'll also need to meet regulatory requirements. Apixio provides state-of-the-art solutions that enable effective and efficient hybrid care delivery at scale.

**To learn more about how Apixio can help,
visit us at www.apixio.com**

AI-Powered Solutions for Forward-Thinking VBC Programs

Apixio's Best in KLAS risk adjustment and quality solutions are built on patented AI technology that extracts targeted informations from patient charts, claims, labs, EMRs, and more.

APIXIO | HCC Identifier

Our market-leading risk adjustment coding & QA solution that serves up targeted HCC coding opportunities for reviewers and provides powerful project management tools for coding managers.

APIXIO | HCC Auditor

Our proven RA auditing and compliance solution that scans claims and patient charts for unsupported HCC codes.

APIXIO | Quality Identifier

Our artificial intelligence (AI) solution that helps streamline the abstraction process and improve quality measurement accuracy.

APIXIO | Apicare Insights

Our AI-powered prospective solution that delivers existing and suspected conditions to providers to proactively address care and documentation gaps.

APIXIO | Apicare Pre-Visit

Our AI-assisted pre-visit workflow solution that enables accurate and efficient care gap review to be pushed to providers at the point-of-care.

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Visit our website to learn how Apixio can help you get the most out of your prospective program efforts.

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