PARTNERING WITH PHYSICIANS

The New Model
Strategies to win business and improve care coordination
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Founder of Suture Health, Inc.

Too often agency-physician relations deteriorate into burdensome exchanges that must be endured, rather than fruitful alliances to provide optimal patient care.

• Why?
• What can be done?
• How do new care delivery models affect this?

OBJECTIVES

• Understand why physician-homecare relations deteriorate.

• Learn what can be done to combat this deterioration.

• Understand the physician psyche and how to become a “hero”.

• Learn innovative ways to win physicians’ business.

• Learn how to properly communicate your value and sell your services.

• Learn how new care delivery models (i.e. ACO) affect homecare relationships.
INTRODUCTION & QUALIFICATIONS

- I am a physician
- Medical School: LSU in New Orleans, LA
- Residency: Internal Medicine & Pediatrics at University of Alabama at Birmingham (UAB)
- Founded Suture Health, Inc., provider of SutureSign
- Work with lots of homecare agencies and physicians, often as a "match-maker"

PUTTING HOMECARE IN PERSPECTIVE

Perception vs Reality

- Perception IS Reality
  - Most physicians perceive that the homecare industry does not care about their workflow
- Dichotomous customer challenge
  - Patients
  - Physicians
UNDERSTANDING THE PHYSICIAN PSYCHE

• Declining Reimbursement
• Higher Productivity Requirements
• Less Autonomy
• Policy Pressures
• Technology Pressures
• Provide Excellent Patient Care

HOW OFTEN DO PHYSICIANS THINK OF HOMECARE?

• Ideally often
• Reality, very little
  • Patients out of site, out of mind
  • Unfamiliar care delivery model
  • Seen as “burdensome”
### WHAT DO PHYSICIANS THINK OF HOMECARE?

#### PAPERWORK

- #1 barrier to physician referrals
  - Leads to physician burnout
  - Perceived as an “agency problem” (an unfortunate perspective)
- Most physicians feel that agencies don’t care about their workflow, leaving them not to care about signing orders.
  - Duplicates
  - Inappropriate paperwork
  - “Tag your it”

#### Lack of Reimbursement

- #2 barrier to physician referrals
- Too hard to track
- Physician ignorance

**Physicians leave $175 M on table annually**
WHAT DO PHYSICIANS THINK OF HOMECARE?

Contributors to rising costs?

- 2550 physicians surveyed
- Who has the most responsibility for high healthcare costs?
  - Trial lawyers (60%)
  - Insurance (59%)
  - Pharma / Device (56%)
  - Hospitals/ Health Systems (56%)
  - Patients (56%)
  - Government (44%)
  - Doctors (36%)


WHAT DO PHYSICIANS THINK OF HOMECARE?

Contributors to rising costs?

- What is most likely to reduce healthcare costs?
  - Continuity of Care (98%)
  - Rooting out Fraud / Abuse (90%)
  - Limiting corporate influence (56%)

RISE TO THE CHALLENGE

Homecare's Challenge

- Transform perception of being a burden to one of being a partner
- Define the role of Homecare:
  - Outsourced nursing care?
  - Partners in outcome management?
  - Facilitators of cost reduction and care coordination?
- New care delivery models, re-hospitalization penalties, and quality analyses are driving the need to take better care of patients in the home.

WHAT IS THE ROLE OF HOMECARE?

- Extension of medical practice
- Figure out the methodology to:
  - Improve outcomes
  - Integrate in practice workflow
  - Work more collaboratively
- **DEFINE IT, DON'T LET THEM DEFINE YOU**
ACHIEVING HERO STATUS

Be an extension of the practice

- Litmus test for decision-making
  - Are physicians a means to get referrals and make money, or partners in patient management?
- Quality patient care that is repeatable
  - Provide a consistently superb product
- Physician collaboration that is integrated
  - Provide a consistently superb service

ACHIEVING HERO STATUS

Order Management

Physician preferences can be a struggle, but doesn’t have to be if you...

- Allow them to manage on own time
- Send appropriate orders
- Submit timely
- Eliminate duplicates
- Provide mechanism for easy tracking
- Provide mechanism for easy revenue-capture
- Make signing more efficient
ACHIEVING HERO STATUS

Physician Communication: Talk the Talk
- Clinical communication is critical
- Train your staff & practice
- Succinct and CLINICALLY relevant
  - Not verbose however passionate
  - Marketers need to learn clinical language
- Physicians expect you to tell them:
  - What is going on
  - What you need from them
- Be able to communicate:
  - Patient progression (clearly delineated & prioritized problem list),
  - An assessment, and
  - A recommended plan
- Builds trust, communicates expertise

NEW OPPORTUNITIES IN TRANSITIONAL CARE

NEW Transitional Care Management CPT Codes (effective 1/2013)
- **99495**
  - **Communication**: with patient and/or caregiver within 2 days of discharge
  - **Medical decision making**: moderate complexity
  - **Face-to-face visit**: within 14 calendar days of discharge
  - **Revenue**: $164
- **99496**
  - **Communication**: with patient and/or caregiver within 2 days of discharge
  - **Medical decision making**: high complexity
  - **Face-to-face visit**: within 7 calendar days of discharge
  - **Revenue**: $231
NEW OPPORTUNITIES IN TRANSITIONAL CARE

Eligible non-face-to-face services provided by clinical staff and/or physician

<table>
<thead>
<tr>
<th>Clinical Staff or other qualified professional</th>
<th>Physician or other qualified provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Communication (direct contact, telephone, electronic)</td>
<td>• Obtaining and reviewing the discharge information</td>
</tr>
<tr>
<td>• Communication with home health agencies and other community services</td>
<td>• Reviewing need for, or follow-up on, pending diagnostic tests and treatments</td>
</tr>
<tr>
<td>• Patient and/or family/caretaker education</td>
<td>• Interaction with other qualified health care professionals who will assume or reassume care of the patient</td>
</tr>
<tr>
<td>• Assessment and support for treatment regimen adherence and medication management</td>
<td>• Establishment or reestablishment of referrals and arrangement of needed community resources</td>
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<tr>
<td>• Identification of available community and health resources</td>
<td></td>
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<tr>
<td>• Facilitating access to care and services needed by patient and/or family</td>
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NEW OPPORTUNITIES IN TRANSITIONAL CARE

Noteworthy Points

• TCM pays more than an one in-office visit!

• Face-to-Face can be done anywhere, including at home

• Billing can be submitted after 30 days post-discharge, provided no rehospitalization

• Exclusions - Physician cannot bill for TCM codes when:
  • Also billing Care Plan Oversight (Certification and Recertification billing seem to be fine)
  • Services are covered under Global Surgical period

TCM is a good framework to build partnerships with your physicians!
WHY CAN YOU DO IT BETTER?

- **Emergence of primary care-based home delivery models**
  - Competition or partnership opportunity?
- **Agency advantages** (compared to average physician office) ...
  - Cost structure better suited for homecare
  - Consistent homecare volume
  - Wider breadth of services

WHAT ARE YOU SELLING?

- Don’t sell the service, sell the value of the service
  
  **Listing services won’t cut it**
  - Assist individuals of all ages who need help to stay at home
  - Help seniors maintain an active lifestyle
  - Provide assistance and peace of mind for caregivers who can’t be there all the time
  - Provide follow-up care for a person coming home from the hospital
  - Monitor vital signs and other health information daily with a telemonitoring system exclusive to XYZ home health.
  - Provide medical alert services which are monitored locally
  - Provide Hospice care for patients and families facing a terminal illness
  - Provide one-on-one care in a hospital or nursing home
WHAT ARE YOU SELLING?

• Data is KING

Privacy & Comfort
Most patients prefer the privacy and comfort of their own home for their recovery. In-home health care gives patients a healing comfort and security that only the familiar sights and sounds of home can provide.

Shorter Recovery Time
Studies show that many patients who are allowed to recover at home have better outcomes than those who recover in a hospital.

Lower Cost
Home health care costs less than hospital care and is covered 100% by Medicare, when requirements are met, and is also covered by Medicaid and commercial insurance. XYZ Home Health bills direct for home health services, saving valuable time in paperwork.

Decreased Rehospitalizations
Recovery at home can decrease rehospitalizations and trips to the emergency room.

Plan of Care
Our clinical team works within the physician's desired protocol, following up with frequent reports on the patient's treatment and recovery status.

WHAT ARE YOU SELLING?

“Studies show that many patients who are allowed to recover at home have better outcomes than those who recover in a hospital…” is closer, but misses the mark.

• Data and Value need to be specific
• Make it personal, create your identity

“95% of patients we serve achieve prior level of functioning as the common endpoint, beating the average…”

• Translate into value, especially $$$

“Our team has reduced the 30-day CHF rehospitalization rate from 30% to 5% in 6 months generating $850,000 in savings for our partners.”
ACOS & BUNDLED PAYMENTS

• Makes the healthcare “community” accountable for the care
• If the “community” can demonstrate lower cost than CMS benchmarks, the ACO will receive additional money as shared savings
• Must serve at least 5000 patients
• Bundled payments
• Transitions, not discharges
• Choose multiple home health providers

SUMMARY

• Care integration promises more success with partnership than competition for tightening health care dollars
• Working collaboratively, potentially with competitors, is only mechanism to overcome negative perceptions
• Partner in outcomes management
• Become an extension of the practice
• Integrate with their workflow
• Become the “Hero”
• When ethical, facilitate physicians’ efforts to augment their revenue
• Clearly define the value you provide
SUMMARY

If successful, you will see:

- Mutual respect never before experienced
- Increase in referrals
- Better patient care
- Increase in revenue

Why?

- Not because you cater to the physicians whim
- Because you demonstrate your understanding and commitment to become their partner