Telephone and Internet Care

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Telephone and Internet Care

A VALUE to patients and payers

A LIABILITY to Physicians
Try this…

- Call your lawyer about your property line dispute case to update him on what you learned from the meeting with the survey crew and tell him you would like for him not to charge you since you were just in the office last week discussing the same case.
Call your accountant at 2 am and tell her that ever since your meeting about your 2009 taxes you can’t sleep... but can the charge for this reassuring call be bundled with what I pay every year for my tax preparation?
Now, back to reality...
Case 1

- Mom calls the office to discuss 7 yr old Goopy having a crusty, purulent, red right eye. No fever, no earache, no cough, no pain, no vision. You prescribe medication and tell her to be seen if no better in a day or if new symptoms arise.
- Parent saves an office visit and co-pay
- Payer saves a physician payment
- Physician gets satisfied patient and loses the revenue from an E and M visit
Case 2

- Mom calls after-hours and speaks with the nurse because of Wheezy’s asthma flare. The nurse decides the child should be seen in the ED and pages the doctor on-call. You speak with the mother whom you know, provide home care, intensify the home medications, call in some steroids and tell the mom to call for follow-up in the AM.

- Mom avoids ED visit and co-pay
- Payer avoids paying for ED visit
Physician Gets

- Satisfied patient
- Lost time with family
- To pay for the nurse triage call
- Liability of not sending the child to the ED and prescribing medications
- No compensation
Case 3

- Dad calls to discuss Stinky’s constipation. Two weeks earlier you saw him for abdominal pain and soiling, diagnosed encopresis, discussed the problem, prescribed the clean out and maintenance medications and told him to f/u via phone. You evaluate the child’s progress and adjust the medications, providing reassurance and f/u plans.
Case 3

- Family avoids time off work, co-pay, gas to drive to the office
- Payer avoids physician fee
- Physician gets the satisfaction of knowing that the child is making progress with his ‘messy situation’ and lost E and M revenue.
Telephone Care is NOT monkey Business
Pediatric Telephone Care

- 2,000-3,000 calls/yr/Md
- 10-15 clinical calls/day/Md
- 27% of decisions to see a specialist made over the phone
- Significant chronic care disease management done over the phone
Reasons for Increasing Use of the Telephone

- Ease – everyone is attached to a cell phone
- Convenience – no waiting in the office
- Safe
- Dual-working families
- Doctors pushed to see more patients
But....

WHAT IS THE EVIDENCE BASE?
Telephone Care is Safe

- **Goal of study to assess:**
  1. frequency of death or potential under-referral associated with hospitalization within 24 hours after a call, and
  2. factors associated with potential under-referral.

- **Results:**
  - No deaths occurred within < 1 week after the after-hours calls.
  - Rate of potential under-referral with subsequent hospitalization was 0.2%, or 1 case per 599 triaged calls.

Patients Listen to Telephone Care

Goal of study to assess:
Compliance with telephone triage nurse advice

Results:
- Rates of compliance with both urgent and home care disposition recommendations were 74%,
- Rate of compliance with next day recommendations was 44%

Cost of MD Taking Clinical Calls

**Direct Costs**
- $7,000 per pediatrician/yr
- If other staff takes calls, increased expense

**Opportunity Costs**
- MD takes 3-5 min (avg. 4) to answer each call
- Non-reimbursable time
- MD bills approximately $360/hr (conservative) or $6.00/min
- Opportunity cost of MD doing triage is $240-$360 per day or at least $60,000/yr
AAP Policy Statement

Payment for Telephone Care

AAP supports payment for telephone care services provided by pediatric providers triage and advice, care coordination, patient education, and chronic disease management.

Pediatrics 2006; 118: 1768-1773
AAP Policy Statement

AAP supports the development of a new set of CPT codes with assigned RVU values for non-face-to-face medical services including telephone care as a separate and distinct medical encounter.

Payment for Telephone Care
AAP Policy Statement

Defines telephone care as a separate and distinct encounter as: physician management via telephone about an existing problem for which the patient was NOT seen in a face-to-face encounter in the previous 7 days.
Telephone Services 2008
“New and Improved”

1. Have times in code descriptors allowing correct selection of level

2. Codes have been “valued” by CMS, though not paid by CMS

Reporting rules exclude double payment for telephone care and E/M care
Telephone Services 2008

- **99441** Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; **5-10 minutes** of medical discussion
Telephone Services 2008
The Reporting Rules

- Telephone services are non-face-to-face evaluation and management (E/M) services provided by a **physician to a patient** using the telephone.

- These codes are used to report episodes of care by the physician initiated by an **established patient** or guardian of an established patient.

- If the telephone service ends with a decision to see the patient within 24 hours or next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the preservice work of the subsequent E/M service, procedure, and visit.
Telephone Services 2008
The Reporting Rules

- Likewise if the telephone call refers to an E/M service performed and reported by the physician within the previous 7 days (either physician requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered part of that previous E/M service or procedure.

- Do not report 99441-99443 if reporting 99441-99443 performed in the previous 7 days.
Telephone Services 2008

- 99441  5-10 minutes of medical discussion
  Non-facility RVU:  .25

- 99442  11-20 minutes of medical discussion
  Non-facility RVU:  .50

- 99443  21-30 minutes of medical discussion
  Non-facility RVU:  .75
Online Services-New for 2008-Category I

- 99444 or E-mail Visit
- Online E/M service provided by a physician to an established patient, guardian, or health care provider not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network
Care Plan Oversight - Home Setting

- Care Plan Oversight – patient not under the care of a home health agency, hospice, or nursing facility
- 99339 – Individual physician supervision of a patient in home... (or other location)... requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans...communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s)...involved in the patient’s scare...adjustment of medical therapy, within a calendar month; 15-29 minutes
- 99340 - >30 minutes
Possible Types of Calls

- Office-hours vs. After-hours
- Nurse vs. Doctor (Codes only exist for MD calls)
- Urgent, Emergent vs. Non-Urgent
- During certain “Telephone Care Hours”

Types of Calls

- Services that involve a new treatment (avoid office visit)
- Chronic medication management
- Chronic disease flare management
- Reporting lab results that necessitate a management change or referral
- Extended behavioral counseling
- Follow-up calls to an office visit

Timing of call in relation to office visit

- Does not pertain to an office visit
- Follow-up call in place of an office visit > 7 days
- Prevents an office visit
Telephone Call Documentation

Purpose of Documentation

- Continuity of care
- Demonstrate complexity of call
- Meet requirements of E/M visit

Content of Documentation

- Date and time of call, patient’s name, date of birth, reason for call, relevant history and evaluation, assessment, plan, disposition, total encounter time

Location of Documentation

- Chart and/or Telephone Log – must be retrievable
Charging for Telephone Care in 2008 – new codes

First three month experience from a suburban practice

- 2 offices
- 9 physicians
- 5.5 FTE
- 26,000 visits per year
- MD answer all telephone calls
## 2008 Jan-May

<table>
<thead>
<tr>
<th>Month</th>
<th>Total Calls</th>
<th>Total Charged</th>
<th>% Charged</th>
<th>&lt;5 min</th>
<th>5-10 min</th>
<th>11-20 min</th>
<th>&gt;20 min</th>
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<tbody>
<tr>
<td>Jan</td>
<td>879</td>
<td>33</td>
<td>3.8%</td>
<td>813</td>
<td>61</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Feb</td>
<td>863</td>
<td>61</td>
<td>7.1%</td>
<td>813</td>
<td>54</td>
<td>3</td>
<td>0</td>
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<tr>
<td>March</td>
<td>717</td>
<td>76</td>
<td>10.6%</td>
<td>634</td>
<td>80</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>April</td>
<td>740</td>
<td>90</td>
<td>12.2%</td>
<td>636</td>
<td>96</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>May</td>
<td>713</td>
<td>49</td>
<td>6.9%</td>
<td>651</td>
<td>58</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>3,912</td>
<td>309</td>
<td>7.9%</td>
<td>3,547</td>
<td>349</td>
<td>14</td>
<td>1</td>
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Note - not all calls over 5 minutes were charged a fee.
# Billing Diagnoses

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Count</th>
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<tbody>
<tr>
<td>Conjunctivitis</td>
<td>69</td>
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<tr>
<td>ADD, Behavior, School Prob</td>
<td>27</td>
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<tr>
<td>Allergies</td>
<td>16</td>
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<tr>
<td>Sinusitis</td>
<td>15</td>
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<tr>
<td>Constipation / Encopresis</td>
<td>7</td>
</tr>
<tr>
<td>Injury</td>
<td>7</td>
</tr>
<tr>
<td>Vomiting</td>
<td>7</td>
</tr>
<tr>
<td>Otitis Media</td>
<td>6</td>
</tr>
<tr>
<td>Depression</td>
<td>5</td>
</tr>
<tr>
<td>Rash</td>
<td>5</td>
</tr>
<tr>
<td>Thrush</td>
<td>5</td>
</tr>
<tr>
<td>Travel Medicine</td>
<td>5</td>
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<tr>
<td>Asthma</td>
<td>4</td>
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<tr>
<td>Diaper Rash</td>
<td>4</td>
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<tr>
<td>Dysfunctional Uterine Bleeding</td>
<td>4</td>
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<tr>
<td>Strep Pharyngitis</td>
<td>4</td>
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<tr>
<td>URI/Cough</td>
<td>4</td>
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<tr>
<td>Anxiety</td>
<td>3</td>
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<tr>
<td>Feeding Problems</td>
<td>3</td>
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<tr>
<td>Pinworms</td>
<td>3</td>
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<tr>
<td>Acne</td>
<td>2</td>
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<tr>
<td>Back Pain</td>
<td>2</td>
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<tr>
<td>Birth Control</td>
<td>2</td>
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<tr>
<td>Diabetes Mellitus</td>
<td>2</td>
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<tr>
<td>GERD</td>
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<tr>
<td>Impetigo</td>
<td>2</td>
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<tr>
<td>Injury</td>
<td>2</td>
</tr>
<tr>
<td>Insomnia</td>
<td>2</td>
</tr>
<tr>
<td>Pharyngitis</td>
<td>2</td>
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<tr>
<td>Vaginal Candidiasis</td>
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<tr>
<td>Other</td>
<td>27</td>
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## 2008 1st Quarter Finances

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (USD)</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Total Charged</td>
<td>$1,410.00</td>
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<tr>
<td>Total Adjusted</td>
<td>$444.53</td>
<td>31.5%</td>
</tr>
<tr>
<td>Total Fees Allowed</td>
<td>$965.47</td>
<td>68.5%</td>
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<tr>
<td>Total Paid</td>
<td>$610.54</td>
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<tr>
<td>Insurance</td>
<td>$8.00</td>
<td>1.3%</td>
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<tr>
<td>Guarantor</td>
<td>$602.54</td>
<td>98.7%</td>
</tr>
<tr>
<td>Accounts Receivables</td>
<td>$354.93</td>
<td>25.2%</td>
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</tbody>
</table>

**99441, fee below many co-pay**  141 Calls

63%  37%
Business Case for Telephone Care
The provision of after-hours telephone care results in an average savings for payers of $56 per call.

Pediatrics 2007; 119: e305-e313

The provision of physician telephone care to those patients a nurse refers to an ED (SLT) decreases the number of ED visits by 50% leading to savings for payers.

Reducing After-Hours Referrals by an After-Hours Call Center With Second-Level Physician Triage
Reasons Supporting National Trend for Telephone Care

- Equivalent healthcare outcomes at lower costs
- Affordable to payers and patients
- Widespread adoption of medical home model and reliance upon PCP
- Relieving pressures on overcrowded, understaffed hospital EDs for nonurgent care
- Expanded practice options and paid accessibility for physicians
- Patient-centered care (giving consumers flexibility and options when the choice is safe, reasonable, and appropriate)

Source: A Model for Telephone Medical Consults Guidelines for Decision-Makers, April 2008, Tommy G. Thompson et al
Business Case for Payers

TOP 10 Reasons to Provide Telephone Care

Telephone Care has been proven to

1. Reduce costs for chronic care
2. Reduce referrals to UCC and ED
3. Reduce unnecessary office visits
4. Increase compliance and patient satisfaction
5. Be effective in patient education and training
6. Improve adherence to treatment protocols
7. Be an integral part of case management and the medical home, prevent fragmentation of care
8. Improve accessibility to PCP services
9. Give consumers more options
10. Increase patient satisfaction with PCP, health plans