

The content of this Telehealth presentation, in its enduring state, will expire on 10/16/2016 from this date on CNE's can no longer be awarded.

Measures have been taken, by the Utah Department of Health, Bureau of Health Promotions, to ensure no conflict of interest in this activity.



Transitional Care Management of Patients with Diabetes

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Presenting with the 5 I's

Interactive

Informal

Imperfect

Iterative

Informative



Learning Objectives

- Define why care transitions are important, especially to patients with diabetes
- Describe the current/future state of hospital readmissions
- Understand the use of Transitional Care Management Codes (TCM) and how to use them effectively with your patients with diabetes



Transitions of Care



The Facts

- 1 in 5 Medicare beneficiaries will experience hospital readmission within 30 days of discharge.
- Estimates that up to 76% of these are due to problems with the transition of care.
 - Medicare patients report greater dissatisfaction related to discharge than to any other aspect of care.
 - Avoidable hospital readmissions place a physical and emotional burden on patients.



The Facts

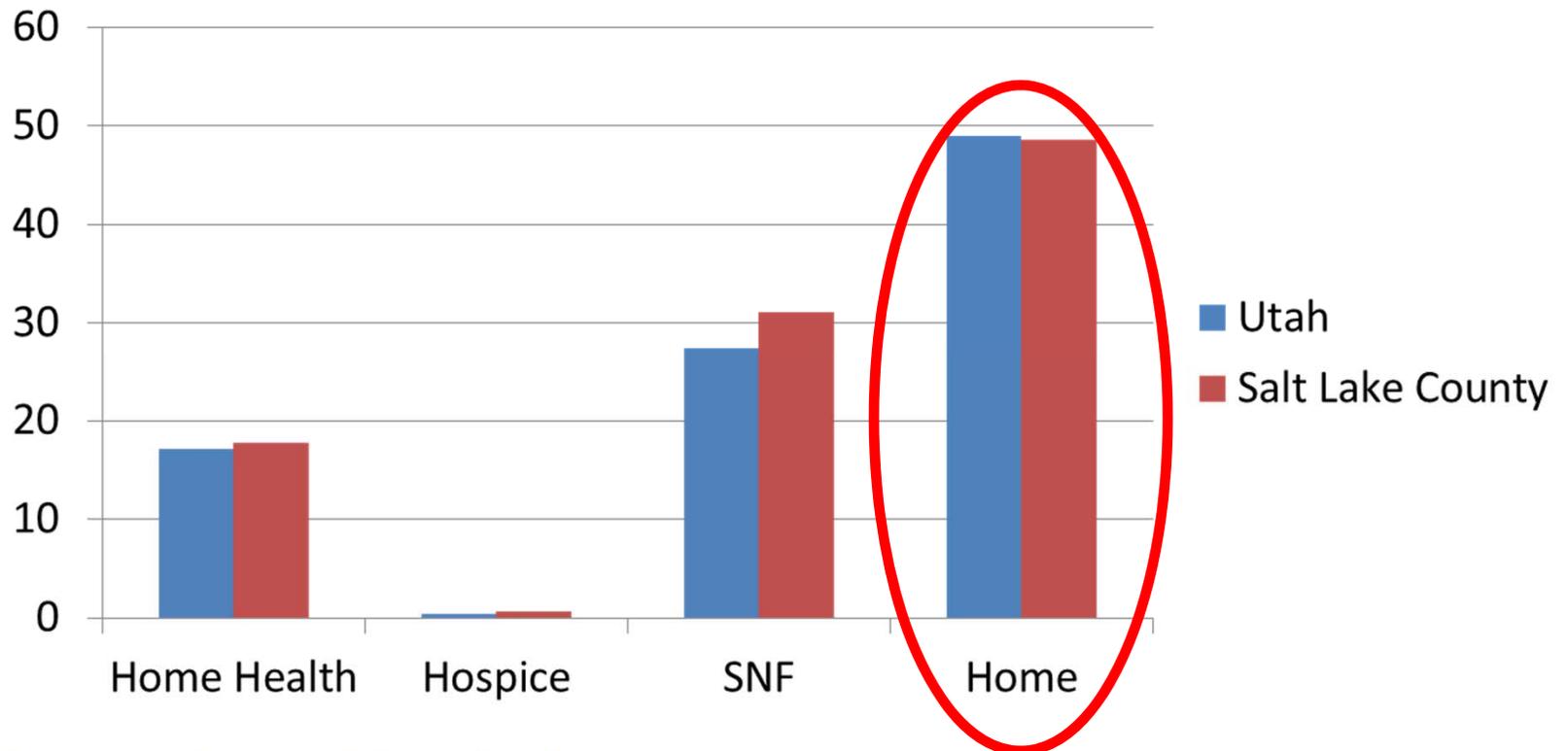
Unnecessary readmissions cost Medicare an estimated \$12 billion annually.

- Hospitals with high readmission rates are at risk for a financial penalty.
- Penalties are capped at 1% of Medicare payments in 2013 and the cap rises to 3% by 2015.
- 2,222 hospitals penalized; est. recoup \$280 M



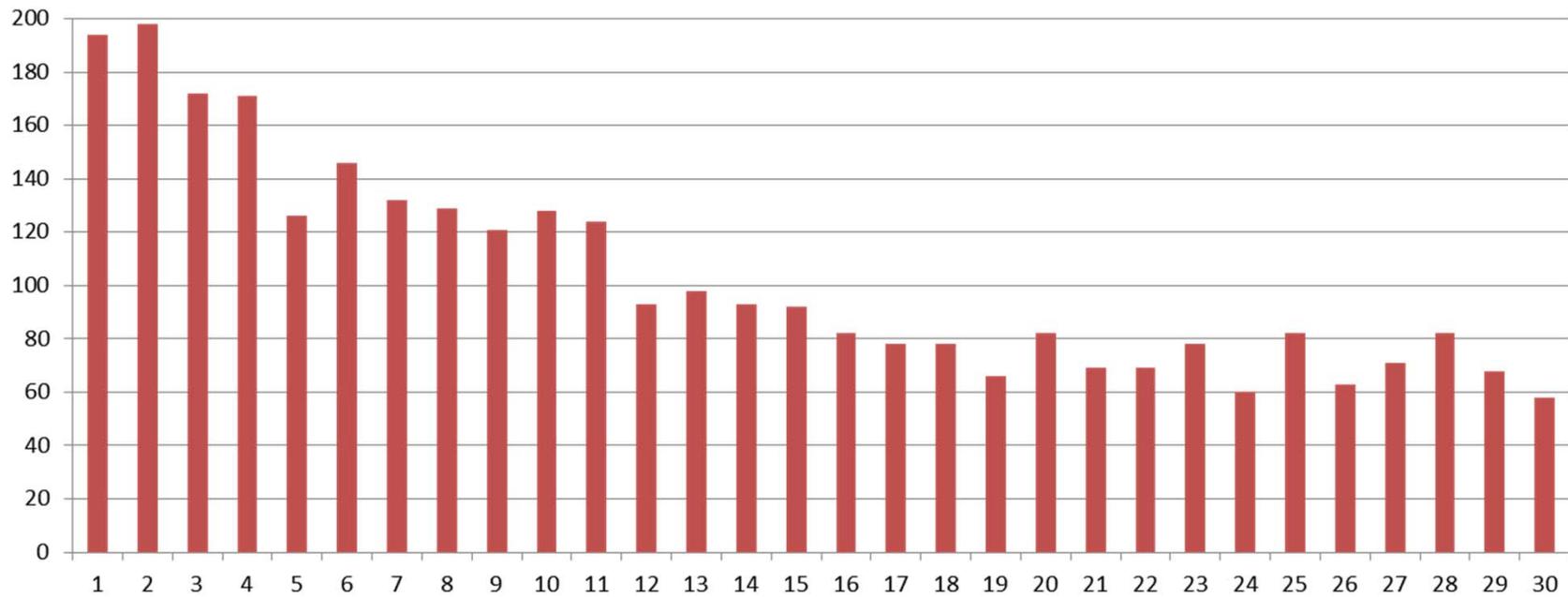
Where did they go when they left the hospital?

Percentage of 30-day readmissions by status at index admission discharge



30 Day Readmission Pattern

COUNT_of_days



Patient Characteristics of a Patient Readmitted to a Hospital within 30 Days of Discharge

Gender: Male

Age: 70.6 years

Dual Eligible: Yes

Index Admission LOS:
4.7 days

Most common D/C
Status: Home

Avg. Claim: \$33,818

DRGs: Septicemia,
Sepsis, Joint
Replacement

Common Diagnosis:
ESRD, Acute Kidney
Failure

Readmission:
Metabolic Disorder,
Dehydration



TCM: Reimbursement

- Reimbursement Schedule:
 - 99214 - General Office Visit
Office: \$ 84.00
 - 99495 - Transitional Care, Moderate
Office: \$156.00
 - 99496 - Transitional Care, Complex
Office: \$ 230.00
- TCM is billable once per 30-day period



Transitional Care Management (TCM): 99495

- 99495
 - Communications with patient/family/caregiver within 2 business days post-discharge (Telephone, Direct, Electronic)
 - Medication reconciliation and management prior to date of medical encounter
 - Medical encounter (face-to-face) within 14 days post-discharge
 - Medical Decision Making: Moderate



Transitional Care Management (TCM): 99496

- 99496
 - Communications with patient/family/caregiver within 2 business days post-discharge (Telephone, Direct, Electronic)
 - Medication reconciliation and management prior to date of medical encounter
 - Medical encounter (face-to-face) within 7 days post-discharge
 - Medical Decision Making: Complex



Transitions of Care

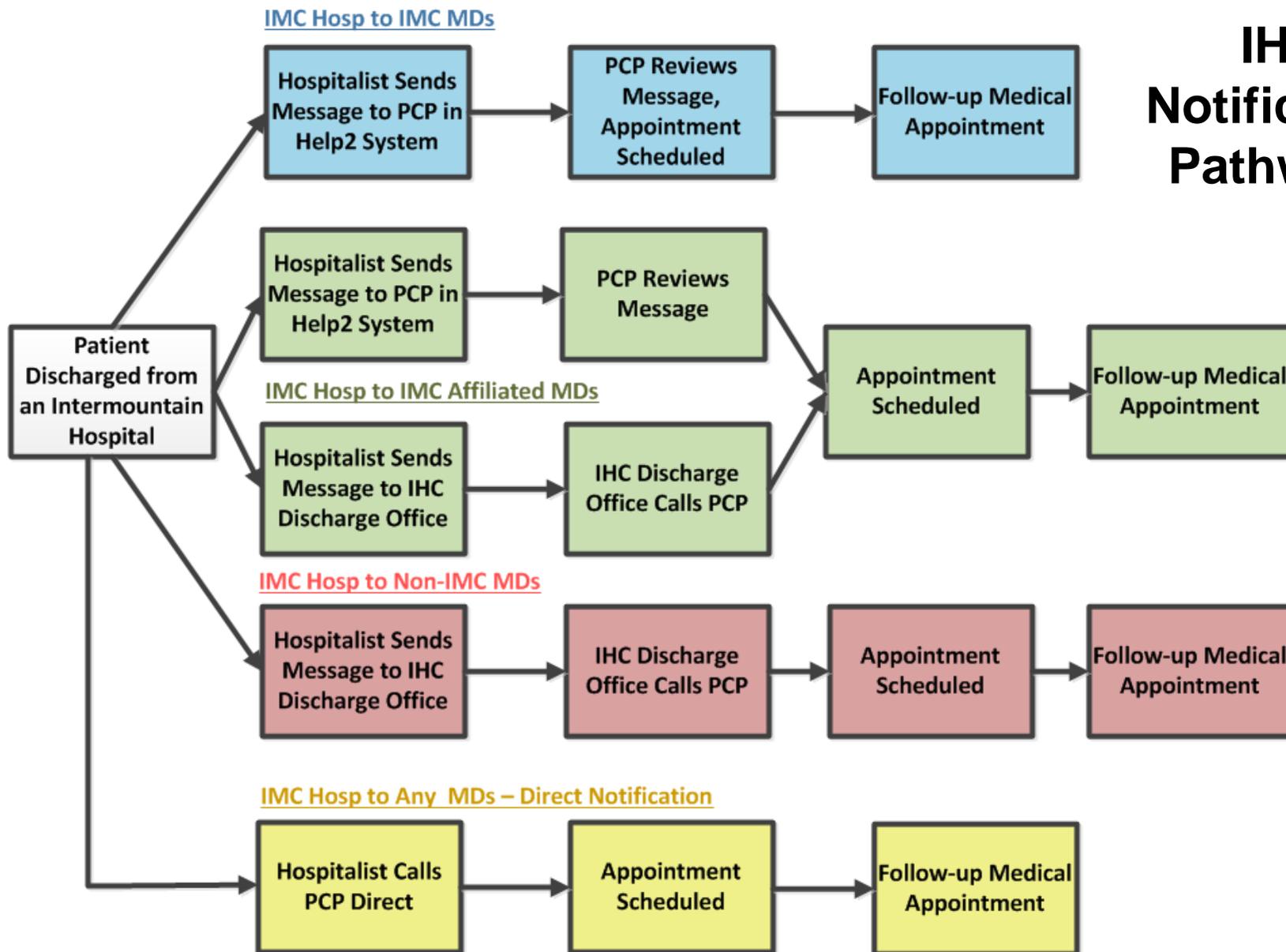


Intermountain Healthcare: Transitions Notifications Processes

Adam Kraft, MD
Intermountain
Healthcare



IHC Notification Pathways



St Marks Family Medical Clinic: Transitions Processes

Kelly Dowland, MA
St Marks Family Medical

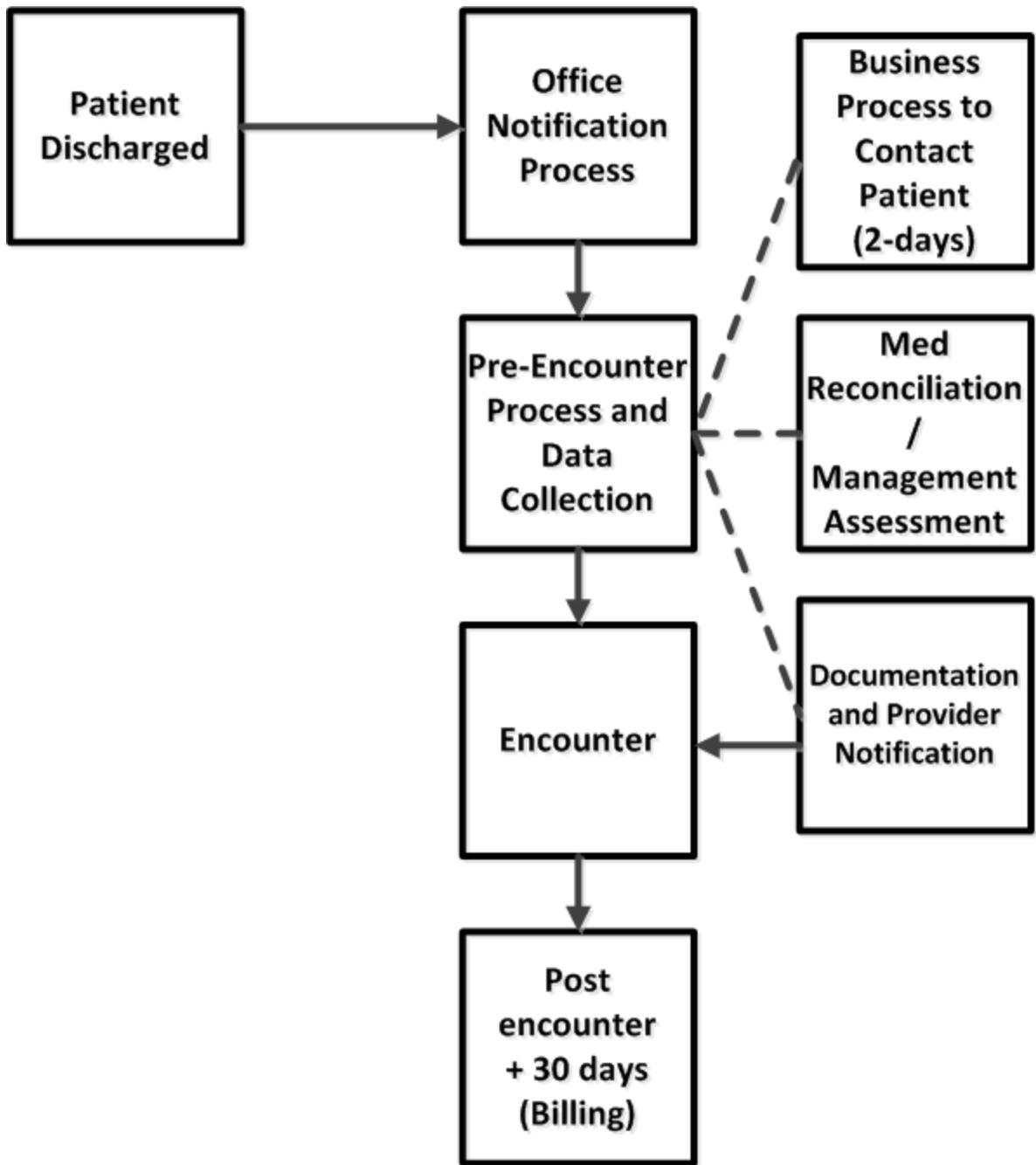
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Workflow Considerations

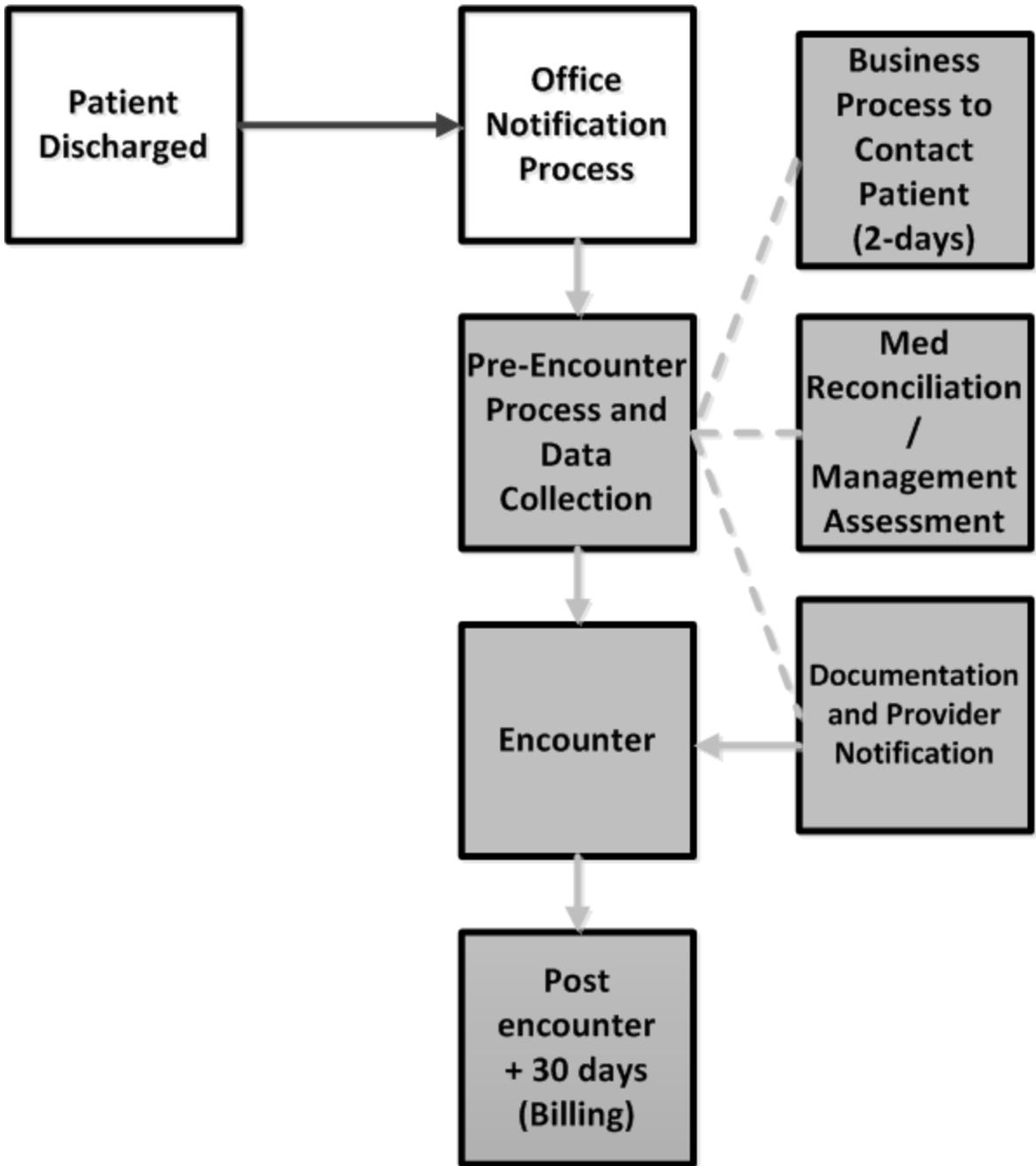
- Patient identification
- Data Collection
- Patient Contact
 - Initial communication with patient occurs within 2 business days
 - Medication reconciliation/management and assessment
 - Appointment, documentation, notification
- Medical encounter
- Tracking and billing for 30 days





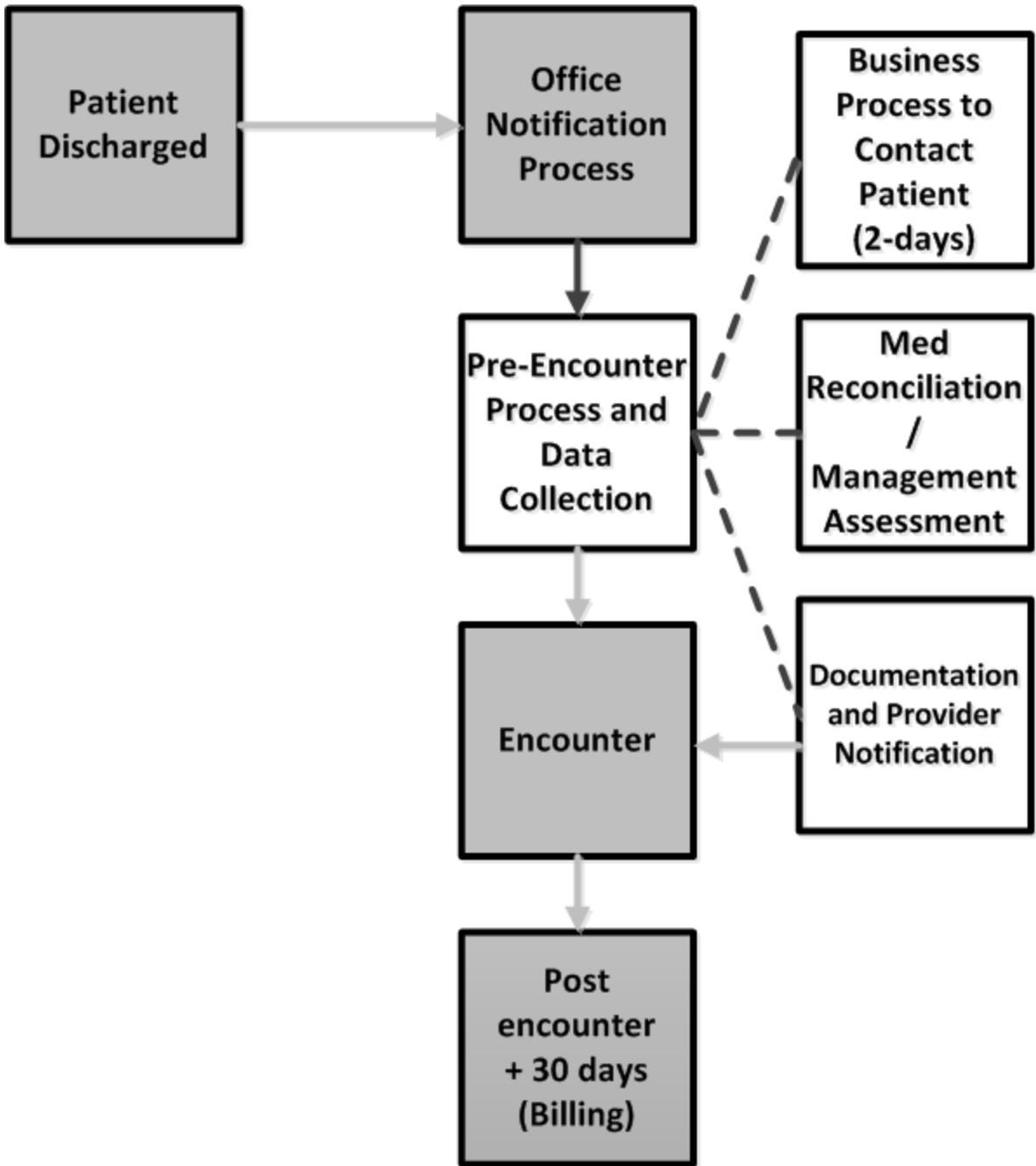
TCM Workflow Example





TCM Notification Process





TCM Pre-Encounter Process



Documentation Template Examples

Initial Contact Documentation Template

Date Discharged:

Discharged From:

Discharged Diagnosis:

Medication Changes/Med list updated:

Problems List and Labs Updated:

Discussion with provider:

Source of Information:

Patient, family member, or Caregiver

Hospital Discharge Summary:

Other:

Pt. Educated/Teach Back:

Appt Scheduled:

Diabetic Documentation Template

Time of day testing BS and frequency:

What have your blood sugars been?

Insulin/Oral Meds:

Date and Value of:

A1C:

LDL:

MAC:

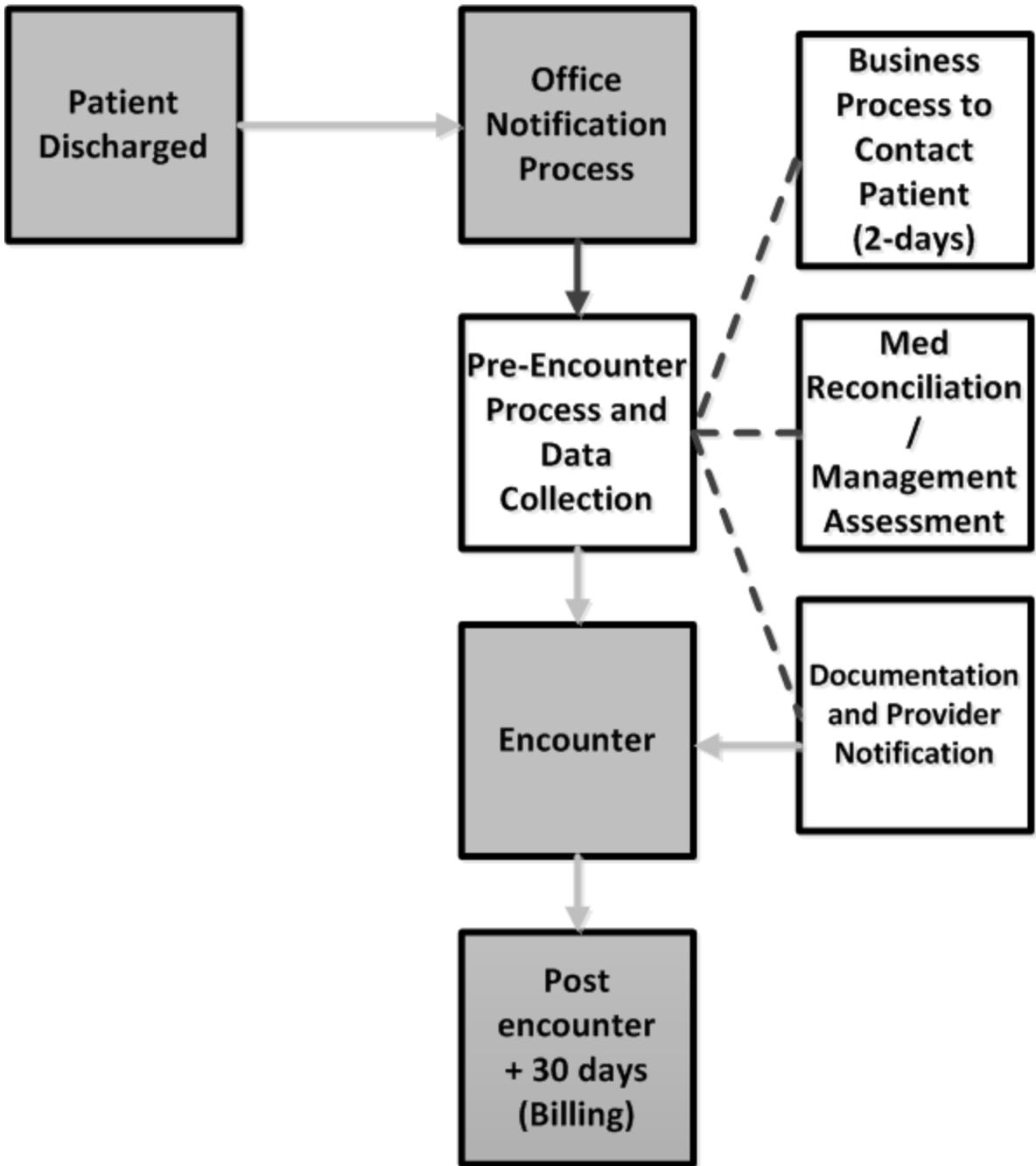
Flu shot:

Pneumovax:

Eye exam:

Foot exam:





TCM Pre-Encounter Process



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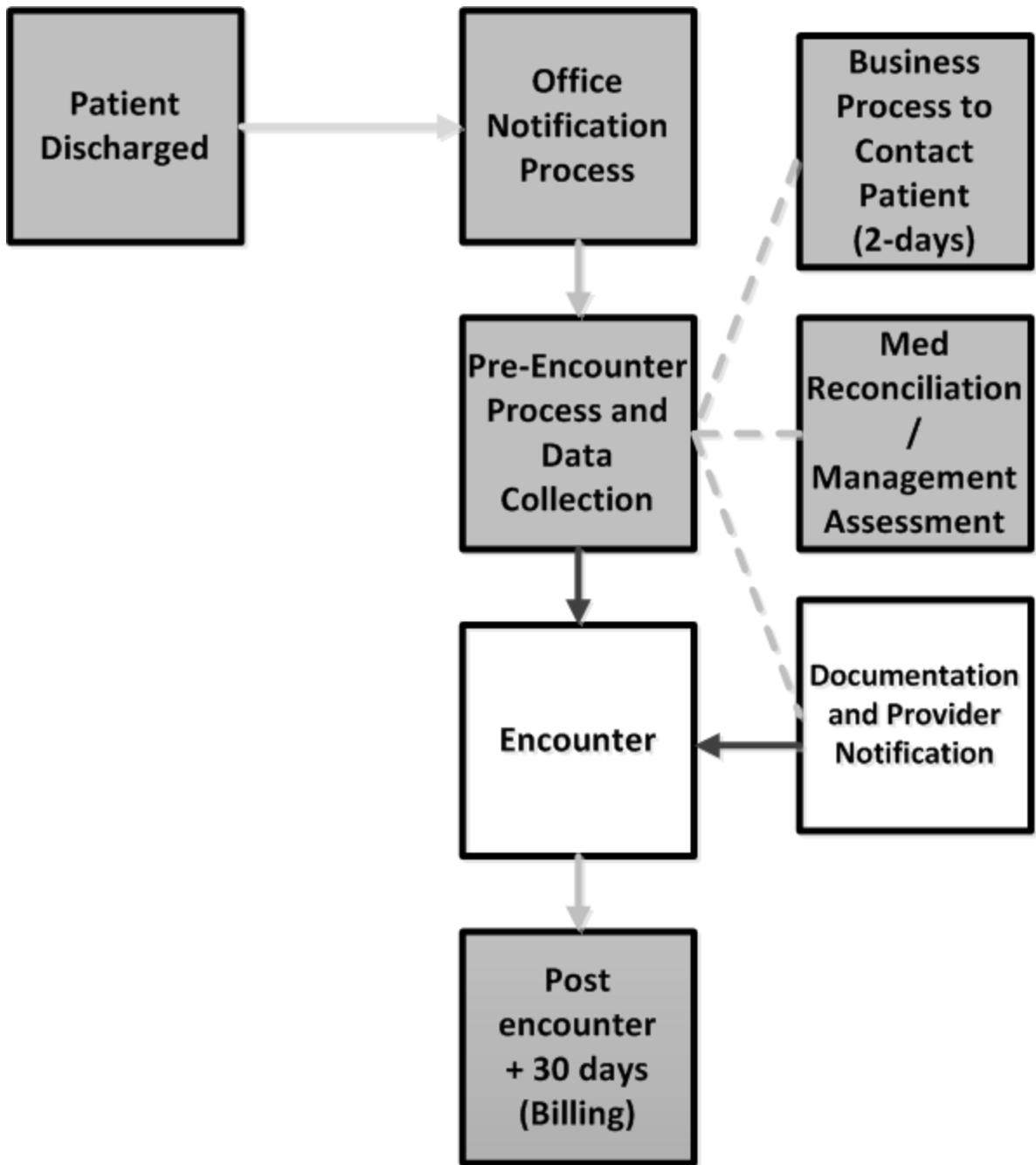
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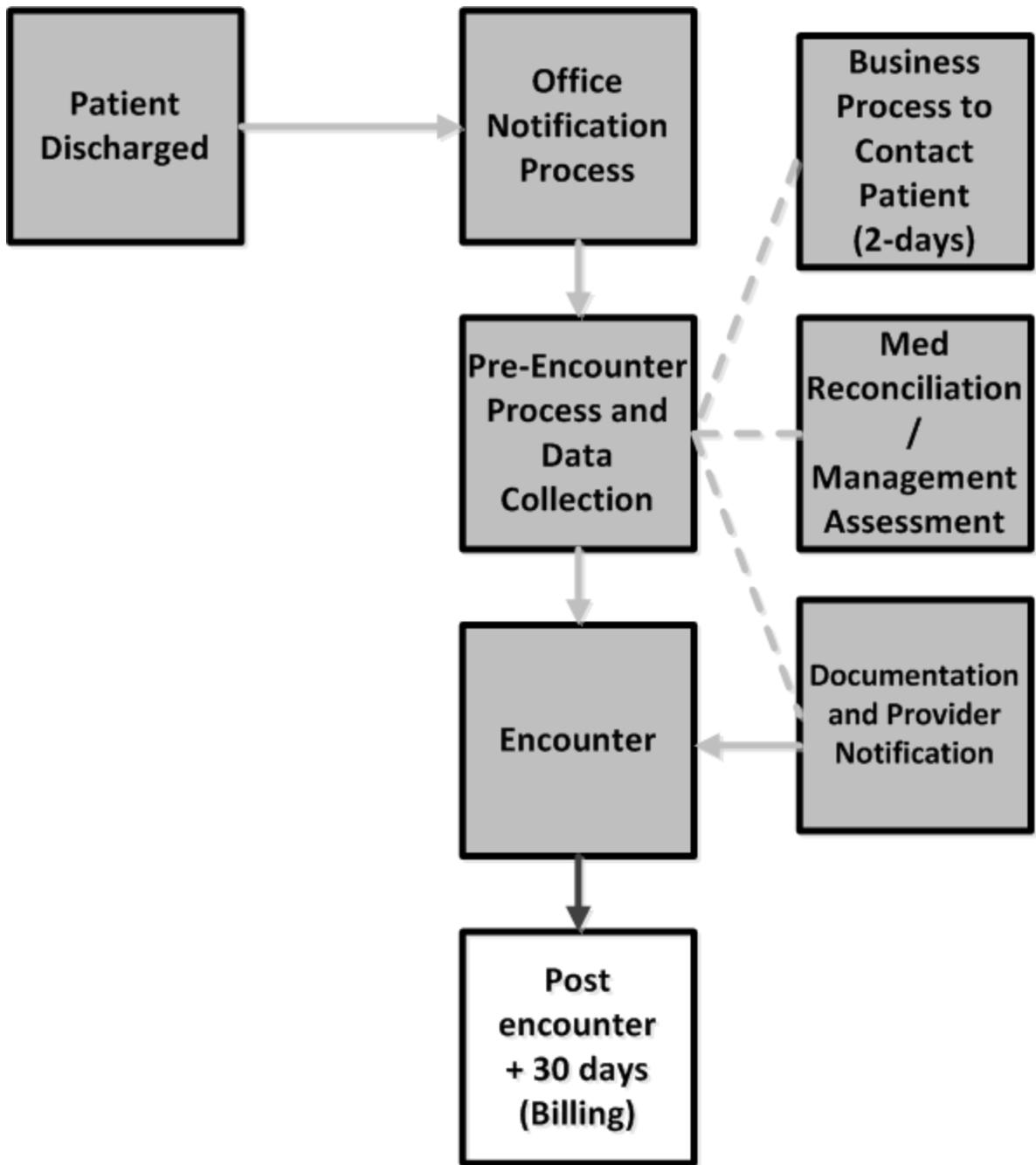
Foot exam:





TCM Encounter Process





TCM Post-Encounter (Billing) Process



TCM: Operational Rules

- Communication with the patient/family/caregiver may be completed by clinical staff under “provider direction” (e.g. RN, LPN, MA, other)
- Medical encounter must be face-to-face
- Medical encounter may NOT occur on the same day as discharge
- Documentation guidelines may not apply (e.g., pre-encounter communication)
- Not billable for 30-days





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