Creating Efficiencies through EMR Integrations

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Session Agenda

1. Novant Health: Remote Patient Monitoring Program
2. Partnership with HRS: Novant Health's Journey to RPM
3. The Need for EMR Integration
4. ClinicianConnect and Epic: Documentation Workflow
5. Vision of Success

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Novant Health: Remote Patient Monitoring

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About Novant Health

Novant Health is an integrated system of physician practices, hospitals, outpatient centers, and more headquartered in Winston Salem, North Carolina. With over 35,000 team members and physician partners providing care to our patients, we are committed to our mission to improve the health of our communities, one person at a time.

With the goal of meeting our patients where they are, Novant Health created a Digital Health and Engagement department to drive implementation of digital solutions for both our patients and providers. Our Digital Health & Engagement team identified that by implementing a Remote Patient Monitoring program, we could provide care to our patients in their homes and improve patient outcomes.

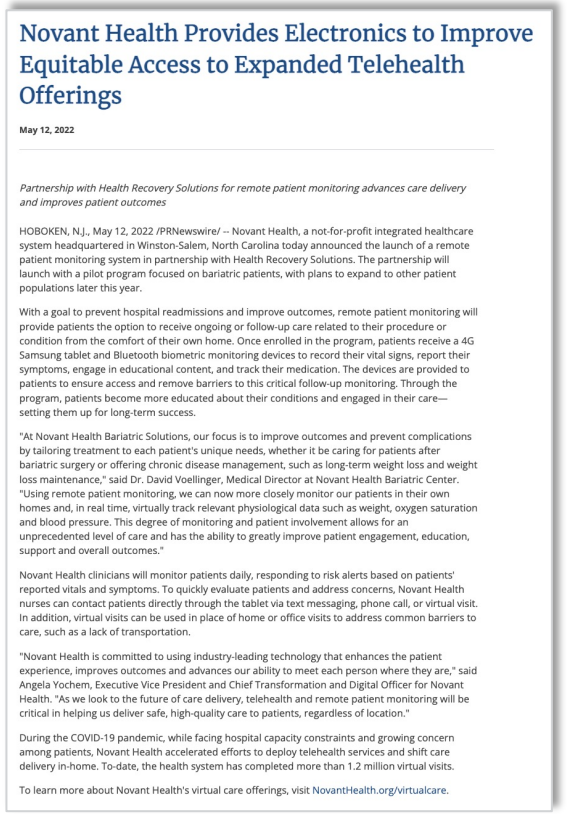
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RPM Program Overview

In 2021, Novant Health developed plans to implement a pilot of the program by partnering with the Novant Health Bariatric Solutions group.

Since the Bariatrics pilot program, we have expanded into multiple service lines such as our Heart & Vascular Institute and Women & Children's Institute.

Novant Health was able to quickly expand by utilizing the Bariatrics pilot implementation plans and adjusting key aspects to fit other use cases.



Novant Health Provides Electronics to Improve Equitable Access to Expanded Telehealth Offerings

May 12, 2022

Partnership with Health Recovery Solutions for remote patient monitoring advances care delivery and improves patient outcomes

HOBOKEN, N.J., May 12, 2022 /PRNewswire/ -- Novant Health, a not-for-profit integrated healthcare system headquartered in Winston-Salem, North Carolina today announced the launch of a remote patient monitoring system in partnership with Health Recovery Solutions. The partnership will launch with a pilot program focused on bariatric patients, with plans to expand to other patient populations later this year.

With a goal to prevent hospital readmissions and improve outcomes, remote patient monitoring will provide patients the option to receive ongoing or follow-up care related to their procedure or condition from the comfort of their own home. Once enrolled in the program, patients receive a 4G Samsung tablet and Bluetooth biometric monitoring devices to record their vital signs, report their symptoms, engage in educational content, and track their medication. The devices are provided to patients to ensure access and remove barriers to this critical follow-up monitoring. Through the program, patients become more educated about their conditions and engaged in their care—setting them up for long-term success.

"At Novant Health Bariatric Solutions, our focus is to improve outcomes and prevent complications by tailoring treatment to each patient's unique needs, whether it be caring for patients after bariatric surgery or offering chronic disease management, such as long-term weight loss and weight loss maintenance," said Dr. David Voellinger, Medical Director at Novant Health Bariatric Center. "Using remote patient monitoring, we can now more closely monitor our patients in their own homes and, in real time, virtually track relevant physiological data such as weight, oxygen saturation and blood pressure. This degree of monitoring and patient involvement allows for an unprecedented level of care and has the ability to greatly improve patient engagement, education, support and overall outcomes."

Novant Health clinicians will monitor patients daily, responding to risk alerts based on patients' reported vitals and symptoms. To quickly evaluate patients and address concerns, Novant Health nurses can contact patients directly through the tablet via text messaging, phone call, or virtual visit. In addition, virtual visits can be used in place of home or office visits to address common barriers to care, such as a lack of transportation.

"Novant Health is committed to using industry-leading technology that enhances the patient experience, improves outcomes and advances our ability to meet each person where they are," said Angela Yochem, Executive Vice President and Chief Transformation and Digital Officer for Novant Health. "As we look to the future of care delivery, telehealth and remote patient monitoring will be critical in helping us deliver safe, high-quality care to patients, regardless of location."

During the COVID-19 pandemic, while facing hospital capacity constraints and growing concern among patients, Novant Health accelerated efforts to deploy telehealth services and shift care delivery in-home. To-date, the health system has completed more than 1.2 million virtual visits.

To learn more about Novant Health's virtual care offerings, visit NovantHealth.org/virtualcare.

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Current RPM Programs at Novant Health

All of the RPM programs at Novant Health have originated from the goal to **increase better outcomes for our patients**. The programs are also intended to assist in **reducing ER visits and hospitalizations** by providing remote care.



Bariatrics

Built around weight management and bariatric surgery to include pre- and post-operative patients.



Heart & Vascular Institute

Provide remote care to the centers' cardiac rehab and heart failure patient populations.



Women & Children's Institute

Improve outcomes among OBGYN patients experiencing hypertension during pregnancy.

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Partnership with HRS: Novant Health's Journey to RPM

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Pathway to Remote Patient Monitoring

Novant Health's Digital Health & Engagement team was motivated to identify a scalable solution that enabled patients to receive care at home.

By communicating with our clinicians and outpatient teams, we identified a strong need to reduce patient's barriers to receiving the care they needed.

Many patients face barriers around seeking care in person:



Transportation needs/lack of access to transportation



Inability to take time of work



Patient preference for virtual care developed during pandemic

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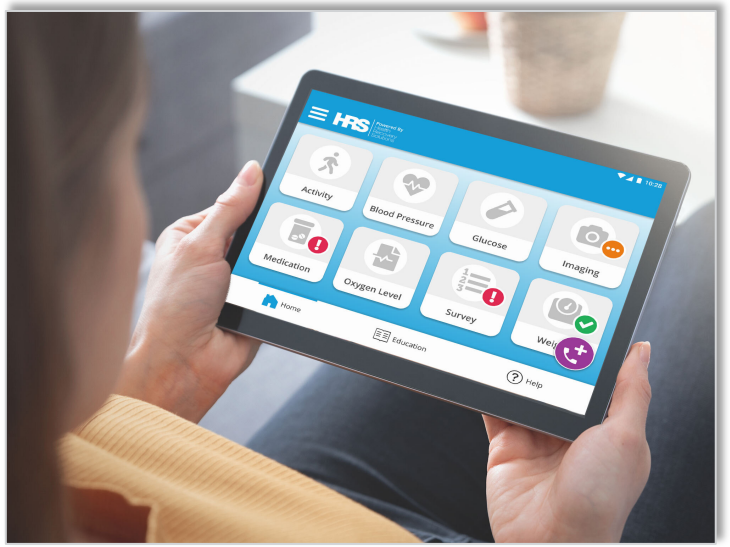
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Partnering with Health Recovery Solutions

Once we had the vision of the program we were going to implement, we identified the need to partner with the appropriate vendor that could help bring the program to life.

Key points that led us to partner with HRS include:

- The benefit of allowing patient's **family caregivers participate in the care journey** after seeing the importance of this during the COVID-19 pandemic
- The functionality of the **educational piece** to provide patients with the tools to learn how to better manage their health
- The ability to have the **HRS system integrate with our Epic EMR** to quickly and efficiently reflect clinical documentation in patient's medical records



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Minimizing the Clinical Workload

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Minimizing the Clinical Workload

A main concern when implementing any new program or process for clinical teams is how it could possibly affect their current workflows.

Our team was aware for the RPM program to succeed we needed to ensure the solution would be minimally disruptive to the clinicians or clinical team members involved.

We wanted to make it easy for the providers to learn the process and adapt to any new workflows.

Ensure Smooth Process for:

- Patient enrollment in RPM
- Process and complexity of patient monitoring
- Clinical documentation

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Reimbursement for RPM Services Provided

We investigated the CPT codes that could be applicable and knew that to bill for any RPM service, it was imperative the **documentation reflected the patient-transmitted vitals, the clinical monitoring notes, and the time spent providing the service**.

RPM/CCM CPT Codes for Medicare Part B	
99453	$19.04
99454	$55.72
99457	$50.18
99458	$40.84
99091	$56.41
99490	$64.02
99439	$48.45
99491	$86.17
99437	$61.25

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Utilizing RPM CPT Codes

During the initial planning for the program structure, we determined which CPT codes we would utilize and **proceeded to build our workflows around the CPT code requirements**.

RPM CPT Codes		
CPT Code	**Description**	**Billable Frequency**
99453	Initial set up and patient education	Once per episode
99454	Supply of devices and collection, transmission, and summary of services	Once per 30 days
99457	First 20 minutes of remote physiologic monitoring by clinical staff/MD/QHCP	Once per calendar month
99458	For an additional 20 minutes of remote physiologic monitoring by clinical staff/MD/QHCP	Multiple per calendar month

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Clinician Perspective

"EMR integration is crucial to an effective RPM program on multiple levels. Patient care is more efficient by allowing RPM data to be viewed within the EMR for seamless record review, documentation, and orders. Communication is more efficient by integrated messaging between provider, RPM staff and practice staff. Patient education is more successful by adding EMR resources to existing RPM education. Lastly, referrals for RPM program becomes routine as the provider simply enters referrals for RPM like any other referral."



Dr. David Voellinger,
Novant Health Bariatric Solutions



Dr. Jaleema Speaks
Novant Health WomanCare Winston-Salem

"Completing an EMR integration allows the clinician's process of enrolling a patient into the program to be completed with ease. Our Remote Patient Monitoring program allows for patients to be engaged with their healthcare outside of the clinic. As a provider, I am pleased to have a reliable tool to enhance patient care that incorporates educational materials and provides patient access to the care team. Having the documentation reflected in the patient's Epic chart provides the clinician ability to make decisions on the patient's care and determine appropriate timeframes for following up in the office. Our patients are recognizing the benefits and reporting satisfaction with the RPM program's ease of use. "

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ClinicianConnect and Epic: Documentation Workflow

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How the Integration Works

1

Enrollment

When the provider identifies a patient to be enrolled in the RPM program, the provider places an Epic order referring the patient to remote patient monitoring.

2

EPIC Integration Initiated

The provider signs the order initiating the connection between Epic and HRS. Our Epic system sends the patient's name, date of birth, and medical record number to the HRS portal creating the patient profile.

3

Patient Monitoring

When the patient begins sending data remotely using the HRS platform, the information is monitored in ClinicianConnect.

All newly transmitted vitals, any clinical note made, and the time spent applicable for this encounter is sent into the patient's Epic chart.

4

Accessible Patient Information

The documentation is then easily accessible to any necessary care team reviewing the patient's medical record without requiring additional log in to the HRS portal.

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Documentation for Billing Purposes

The Epic documentation of the monitoring services provided allows us to **bill for reimbursement** based on the applicable CPT codes.

During the EMR integration, Novant Health developed a billing process that enables appropriate charges to be added automatically based on the documentation of these RPM encounters reflected in Epic.

99453

Charge entered on the first Remote Patient Monitoring Encounter in the patient's Epic chart. Encounter holds documentation related to set up and any initial vitals transmitted.

99454

At 16 days of recorded vital transmissions within the timeframe, this charge populates. The system resets and starts the count over every month. This is repeated monthly.

99457

The build will recognize when the thresholds of 16 days of vitals and at least 20 minutes of time spent are met. The charge is added and held until the end of the month cycle.

99458

For every additional 20-minute increment of time spent documented a 99458 charge is automatically added. These will accumulate until the end of month cycle.

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Time-Based Billing

1. Incorporating the “time spent” values into the documentation transmitted to the patient’s chart allows Novant Health to utilize time-based CPT codes.

2. RPM CPT codes that we submit for reimbursement are generated by adding each applicable time value documented to reflect the monthly accumulation of the time spent.

3. This monthly total is used EPIC to automatically populate the applicable CPT codes and applies the charge. We also built specific rules based on the CPT code requirements.

For example: Epic is able to determine that the patient has at least 16 days out of the 30-day period reflecting vital sign transmissions prior to adding the charges based on the requirement for the RPM CPT codes used. This process is repeated every month until the patient is discharged from RPM.

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Vision of Success

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Successful Patient Journey



Provider Places Order for RPM

A patient is seen by their OB/GYN provider for a prenatal visit regarding gestational hypertension. Provider presents option of enrolling in RPM, patient agrees to participate, and provider places the Epic order.

Patient is Monitored

The patient records her blood pressure and symptoms daily while learning about her diagnosis by reviewing the education materials on her tablet. The patient's condition worsens and the clinical team quickly intervenes. The patient receives appropriate treatment and improves. The patient is appreciative of being in the RPM program.

Eligible for Reimbursement

The patient is enrolled in RPM for 90 days. Based on the time-spent and services provided, the provider bills:
(1) 99453 Initial Set Up and Education
(3) 99454 Device supply (1 per month)
(3) 99457 First 20-min spent (1 for each month)
(6) 99458 Additional 20-min spent (2 for each month)

Patient Completes RPM

The patient has a healthy delivery and continues program until the 6-week postpartum visit with provider. The patient is discharged from program at visit. Both the patient and the provider feel that it was successful.

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Indications of Success

RPM Patients Agree That...

95% "The RPM program makes me feel supported by my healthcare team"

98% "I would recommend the RPM program to a family member or friend"

95% "I am more involved in my care while using the RPM system"

98% "Being in the RPM program helps you feel more comfortable managing your health"

Wins for the Service Lines

4.08% Average Weight Loss for Bariatric RPM Patients Prior to Bariatric Surgery

3.98% Average BMI reduction while enrolled in RPM Prior to Bariatric Surgery

7.8% Reduction of 30-day readmissions for RPM Cardiac Rehab patients as compared to current state readmissions for non-participating patients

95% Available RPM OB/GYN Patient Capacity Reached Within First 3 Months of Program

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Patient Testimonials

“I enjoyed this program because it helped me develop the discipline I needed to stay active. Seeing a record of my daily vitals and trends helped me to notice my progress and motivate me to continue improving. When I started, my shortness of breath kept me from doing many things I wanted to. After finishing the program, I enjoy those activities again.”
-Cardiac Rehab RPM patient

"This program has been so helpful. Now that I better understand how to take care of myself, I'm able to help take care of myself instead of relying on my family to do so.”
-Heart Failure RPM patient

“I am thankful to be in the RPM program because it makes me feel safe. It is comforting to feel like someone is watching out for me and my baby.
-OB/GYN RPM patient

“Please accept my gratitude for all the support provided during the program. RPM made a tremendous difference for me while going through this process”
-Bariatric Surgery RPM patient

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Questions?

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