

UAB THE UNIVERSITY OF
ALABAMA AT BIRMINGHAM.

Can You Hear Me Now?

Telehealth in Palliative Care

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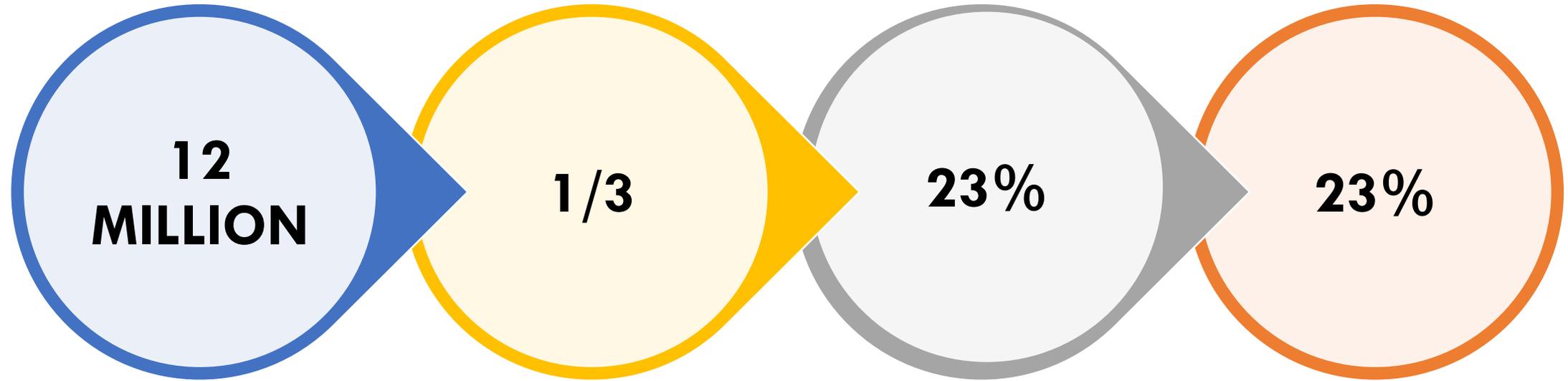
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Disclosures

No financial disclosures or financial conflicts of interest

Objectives

- 1. Discuss the definition and scope of palliative medicine (i.e. What is palliative medicine?)**
- 2. Explain the benefits and challenges with telehealth delivery in a vulnerable serious illness population (i.e. Can it be delivered remotely or virtually?)**
- 3. Explore options to implement simple questions into conversations with patients about end of life decisions (i.e. Can you have a directed conversation about EOL issues via telehealth?)**



- *At present, at least 12 million adults are living with a serious illness, such as cancer, heart disease, kidney disease, or dementia.*

- *More than 1/3 of those who received help from a family caregiver noted strains and burdens on their caregivers, including emotional stress, physical stress, financial issues, and poorer health.*

- *Twenty-three percent of people who have a serious illness reported being unable to pay for necessities like food, heat, or housing.*

- *Twenty-three percent reported receiving conflicting information from different health professionals.*

Palliative Care: The Ultimate “Precision Medicine”

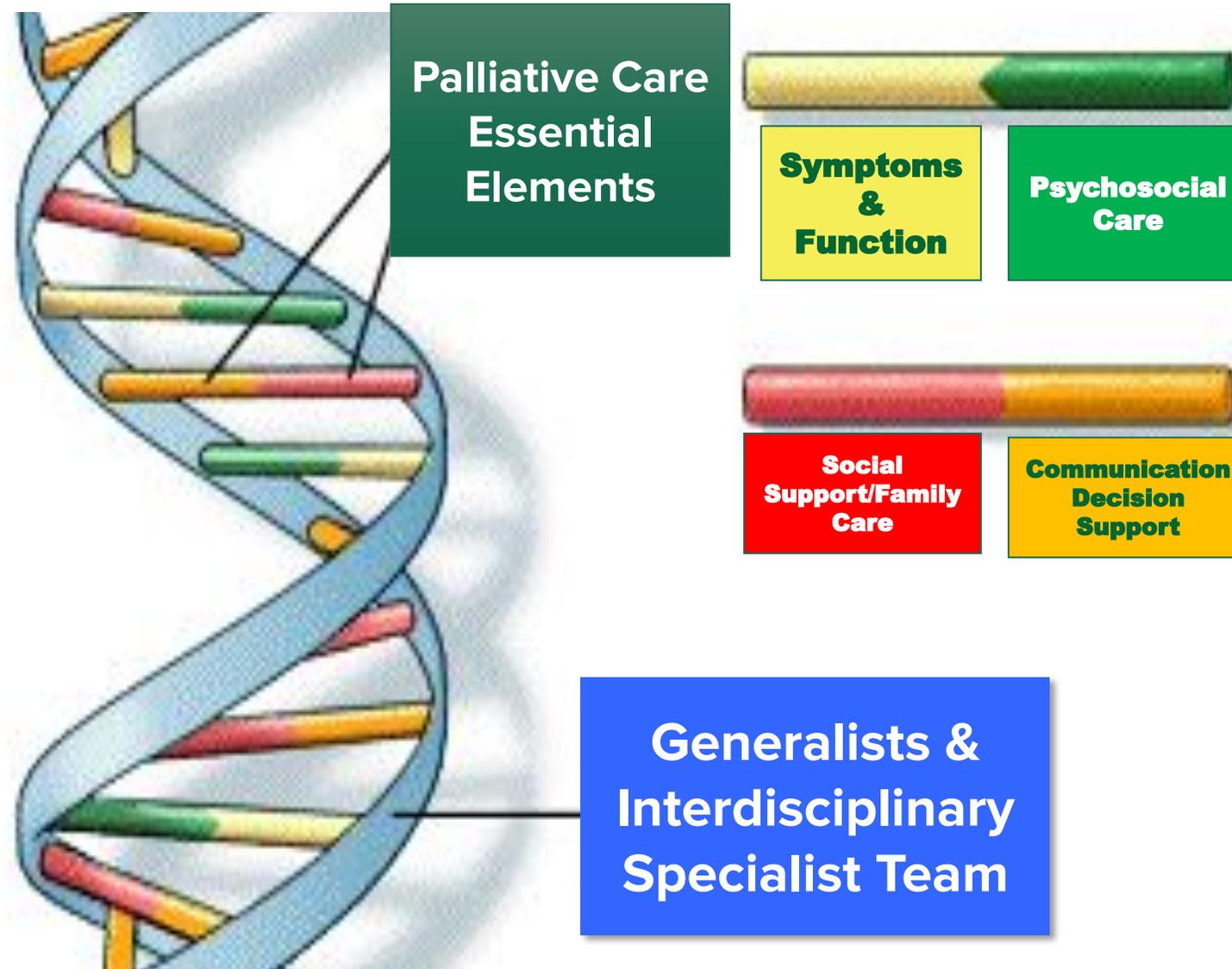
Palliative care-grounded in individual patient & families' values, goals, & preferences=Precision Medicine



- Specialized medical care for people with serious illness.
- Focuses on improving quality of life for patients of **any age or diagnosis and their families.**
- Provides relief of **symptoms, pain and stress** of a serious illness

- Provided by a **team** of doctors, nurses and other specialists
- Work together with patient's other clinicians as **an extra layer of support.**
- **Provided along with curative treatment.**

Palliative Care is Precision Medicine: “DNA”



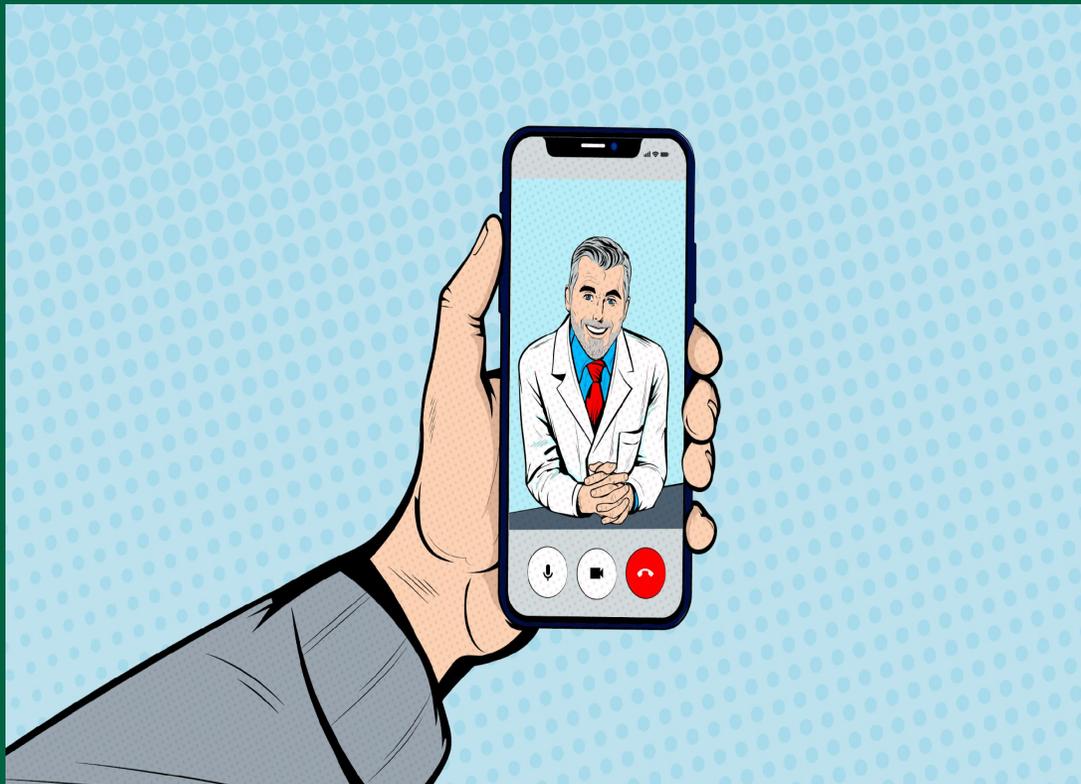
Growing Use of Telehealth



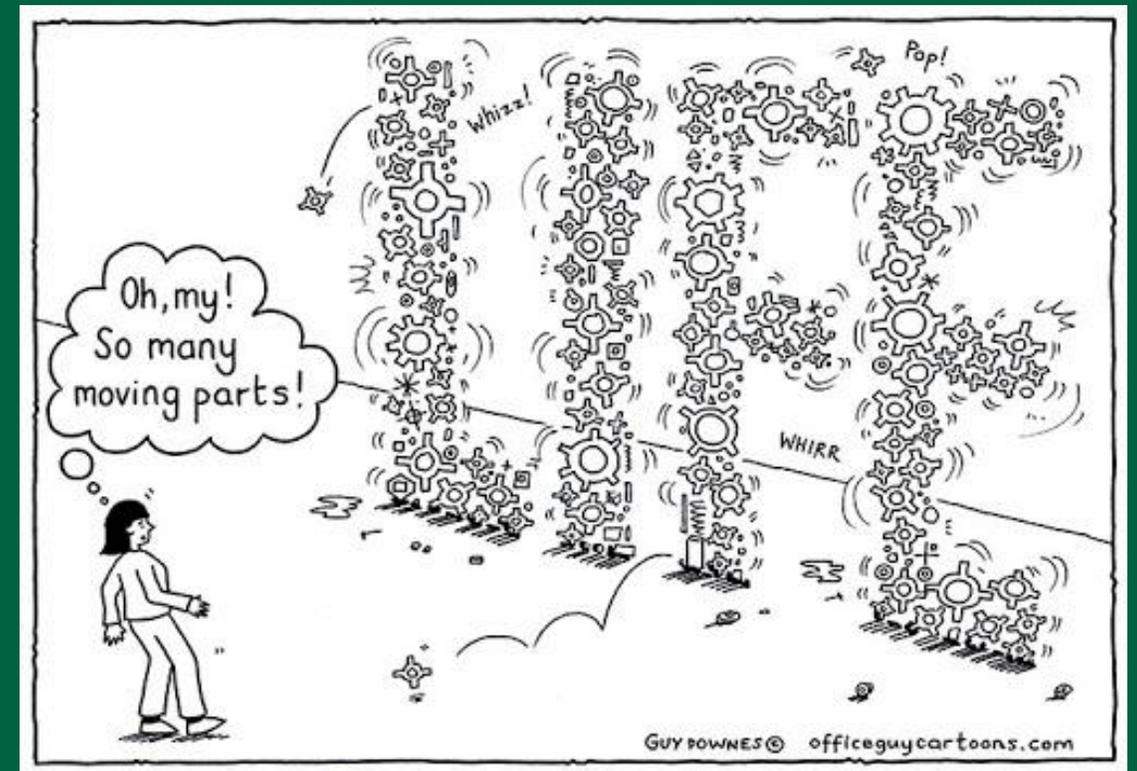
“We now feel it’s cheaper to do surgery via Skype. So, go home and lie down in front of your computer.”

Telehealth is more than just doing your routine office visit by phone... ...it's a program delivered by a team.

What we thought...



Reality...



Realities of Discharging Rural Patients



“This is the discharge nurse; she'll be able to tell you about all the services you aren't able to get when you leave.”

Benefits and Challenges of Telehealth in Serious illness care

Benefits

- Patient access to specialty care
- Decreased patient travel burden
- Ability to experience patients in their own environment
- Decreased “no show” rates in ambulatory setting
- Decreased clinic expense in certain categories

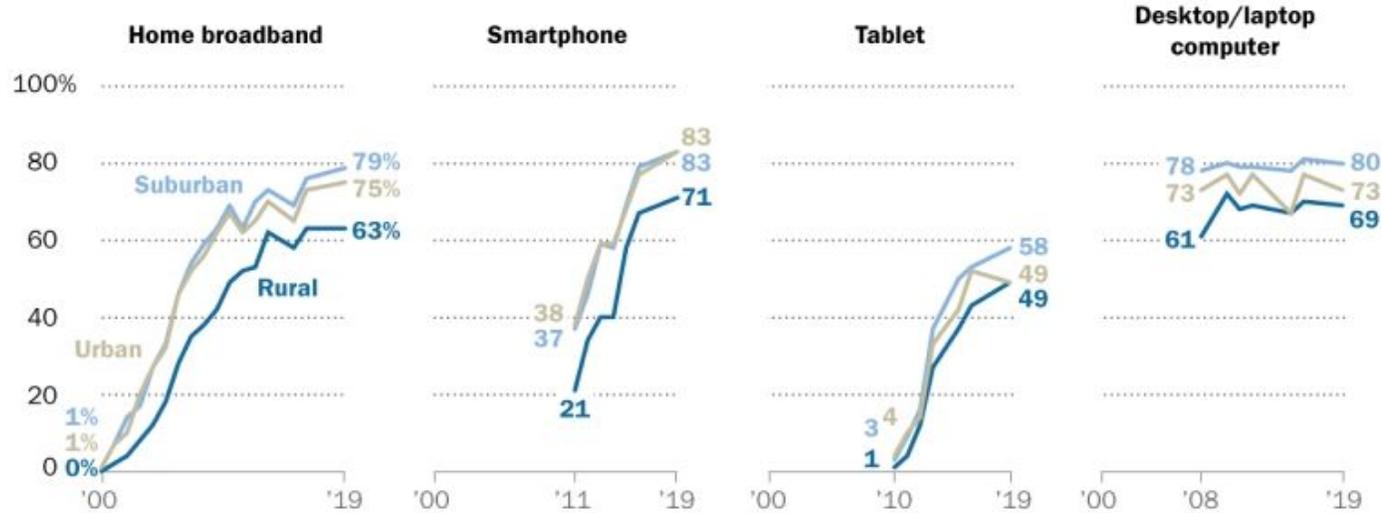
Challenges

- Technology and connectivity
- Patient compliance
- Provider satisfaction
- Cost and Reimbursement
- Lack of solid quality metrics
- Abuse

The Rural & Urban “Digital Divide”

Rural Americans have consistently lower levels of broadband adoption

% of U.S. adults who say they have ...



Note: Respondents who did not give an answer are not shown.

Source: Survey conducted Jan. 8-Feb. 7, 2019. Trend data from other Pew Research Center surveys.

PEW RESEARCH CENTER

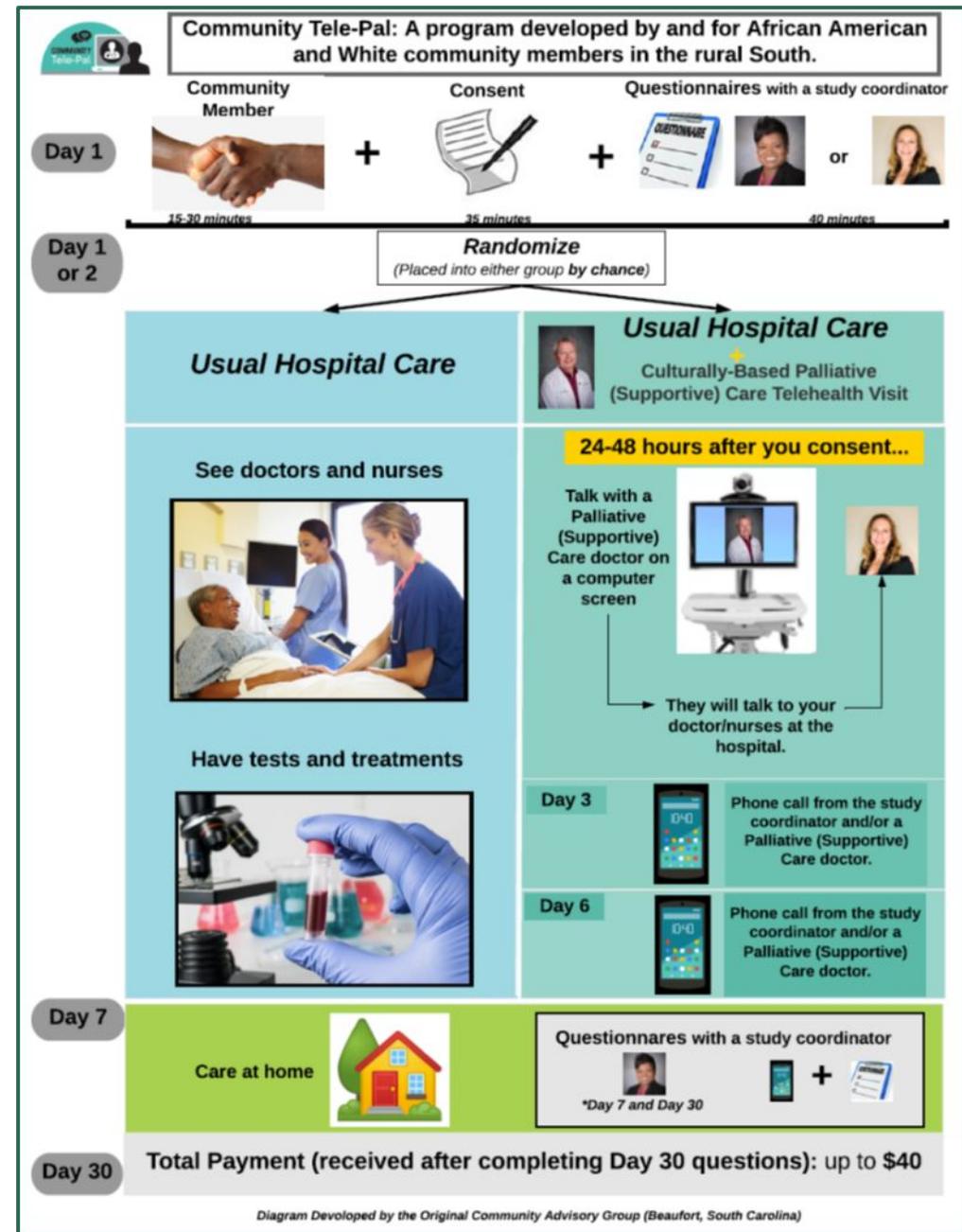
Rural residents have at least 12% lower access to broadband compared with urban.

STUDY PROTOCOL

Open Access

Community Tele-pal: A community-developed, culturally based palliative care tele-consult randomized controlled trial for African American and White Rural southern elders with a life-limiting illness

Kristen Allen Watts¹, Shena Gazaway², Emily Malone¹, Ronit Elk^{1,3}, Rodney Tucker^{1,3}, Susan McCammon^{3,4}, Michele Goldhagen⁵, Jacob Graham⁶, Veronica Tassin⁷, Joshua Hauser⁸, Sidney Rhoades⁹, Marjorie Kagawa-Singer¹⁰, Eric Wallace¹¹, James McElligott¹², Richard Kennedy¹ and Marie Bakitas^{1,3*}



Accessible, Acceptable Tele-Palliative Care Requires Cultural & Community Engagement

- Community Partnerships
 - Academic-Community Practices
 - Pastor advisory groups
 - Community Health Workers
- Bringing Palliative Care to communities
 - Telehealth
 - Video-consultations
 - Home visits
 - Home Monitoring (e.g. Tap Cloud)



House call: Susan McCammon (right), a surgeon and palliative medicine physician at the University of Alabama at Birmingham, regularly visits patients such as Janice Bass, shown with her dog, Abbey, to manage treatment and support advance care planning.

DOI: 10.1377/hlthaff.2019.01470

Bringing Palliative Care To Underserved Rural Communities

With home visits and modern technology, palliative medicine physicians in Alabama are overcoming long-held resistance.

BY CHARLOTTE HUFF

A SERIES ON HEALTH SYSTEM TRANSFORMATION

ting the fabric sales with a friend and then hide the evidence from her husband, stashing the bags in the bushes outside.

Bass, who has advanced rectal cancer, is coping with a painful leg wound that's been slow to heal, making it difficult for her to put much weight on it. Sometimes, she tells McCammon, she's hit by a wave of excruciating pain up that leg. "What do I do? Pray. And I just ride it out." But she's been able to make it down the stairs some in recent days, when her grandchildren visited from New York City.

Finally McCammon, a surgeon and palliative medicine physician, asks Bass if she's taken a look at the advance directives paperwork that she'd been sent. "I got it and I read over it," Bass says. "I was never really able to fill it out."

McCammon typically makes home visits a few times each week to seriously ill patients who are getting palliative care at the University of Alabama at Birmingham (UAB) Health System, one of many ways in which the academic system is striving to break beyond the walls of its downtown Birmingham campus. UAB, which includes the 1,157-bed UAB Hospital, has offered palliative services for two decades, adding an inpatient unit in 2006.¹ But over the course of the last several years, UAB clinicians have ramped up their efforts to educate more residents about its benefits, particularly those who are African American or liv-

Medicare Flexes to Reimburse Telehealth During “Public Health Emergency” (PHE)

CLINICIAN REGS:

- Medicare participating clinicians may provide care (and bill) in states not licensed in
- Broader range of clinicians may provide care via telehealth
- Hospice face-to-face recertifications may be done via telehealth
- Advanced Practice Providers can authorize home health and hospice

Subject to state laws & only during the PHE

Medicare Flexes to Reimburse Telehealth During PHE

- **DOES**

- Reimburse for billing codes on the Telehealth List–

- www.cms.gov/Medicare/Medicare-General

- Information/Telehealth/Telehealth-Codes

- Reimburse for both new and established patients

- **DOES NOT**

- Reimburse for *all* codes

- Waive co-payments (though providers can!)

- Reimburse for clinicians not participating in Medicare

Current infographic from CCHP ¹⁶



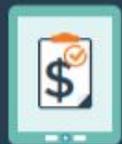
State Telehealth Laws and Reimbursement Policies

AT A GLANCE | Fall 2020

Other Common Telehealth Restrictions



The specialty that telehealth services can be provided for



The types of services or CPT codes that can be reimbursed (inpatient office, consult, etc.)



The types of providers that can be reimbursed (e.g. physician, nurse, etc.)

Telephone/Audio-Only Service Delivery

5 states have added a permanent allowance for some type of telephone/audio-only delivered health care services since the COVID-19 emergency began. The addition of telephone was one of the most common COVID-19 temporary telehealth policy expansions, however not many states have taken the step to make this permanent.

Private Payer Reimbursement

43 States and the District of Columbia have laws that govern private payer reimbursement of telehealth. Some laws require reimbursement be equal to in-person coverage, however most only require parity in covered services, not reimbursement amount. Not all laws mandate reimbursement.



Updated E&M Codes, Adjusting for COVID-19, 340B Provisions Shape 2021 Fee Schedule and Hospital Outpatient Final Rules

December 2, 2020



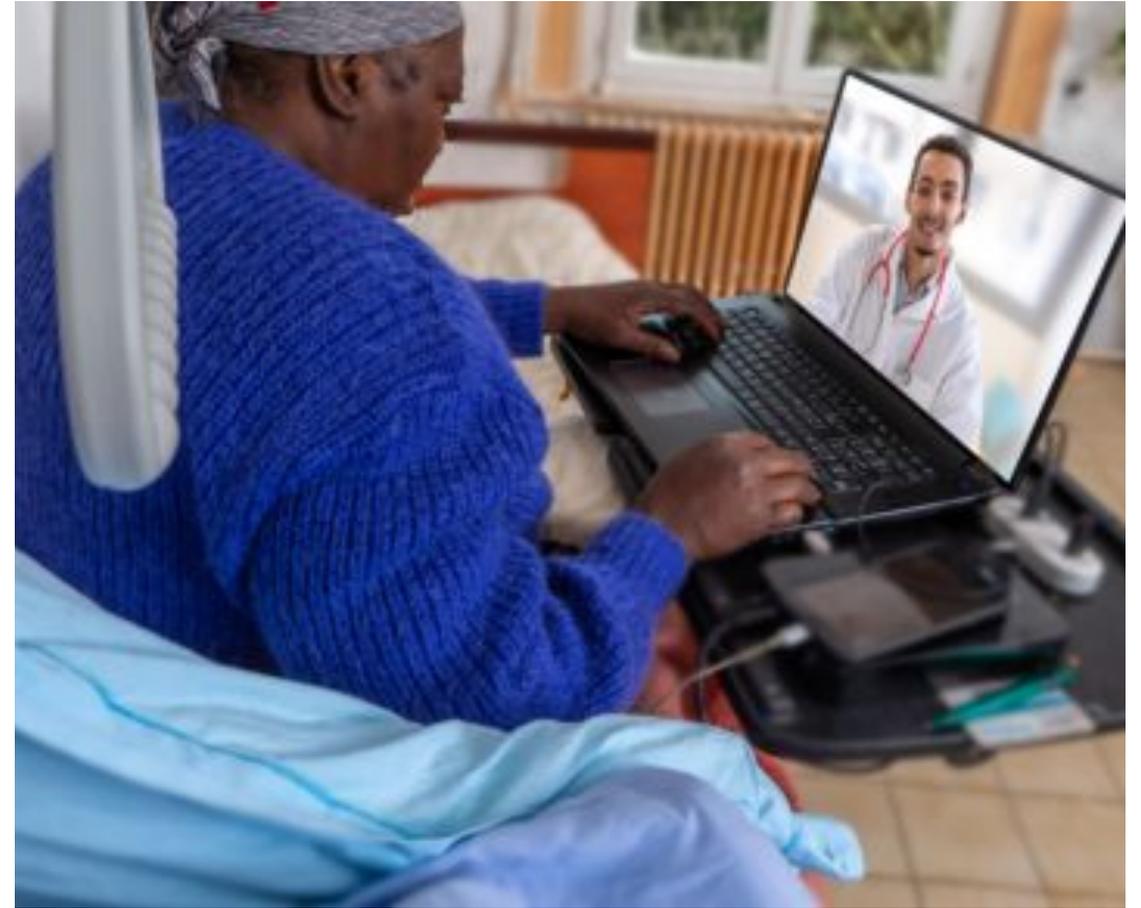
- **permanently adding approximately 10 codes to the Medicare Telehealth list**, including the complex patient add-on code (HCPCS code G2211) and the prolonged services code (HCPCS code G2212).
- CMS established new coding and payment, outside of the PHE, **for an extended audio-only virtual check-in service** (HCPCS code G2252) for 11-20 minutes of medical discussion.
- CMS did not propose or finalize any changes to the **originating site requirement**. When the PHE expires, telehealth services will again only be available to beneficiaries **in rural areas who travel to an originating site** to receive the telehealth service, with some exceptions.

<https://www.asco.org/practice-policy/policy-issues-statements/asco-in-action/updated-em-codes-adjusting-covid-19-340b>

Take Home Messages:

“High-touch” palliative care via telehealth:

- -is feasible, acceptable, and has demonstrated positive outcomes for patients with multiple chronic illnesses and their family.
- -is not ‘one size fits all’-tele-palliative care must be developed with intention to increase access and equity especially in rural, under-resourced populations.
- -is in its infancy and developing reimbursement models and patient/family-centered quality metrics are essential to ensure post-covid sustainability.



Discussions about End of Life-Myths

1. Patients don't want to talk about it
2. Providers feel it takes too long to have conversation
3. All family has to be involved
4. If discussed patient will give up hope
5. Pushing them toward hospice
6. Etc

Simple Three Question “Advanced Care Goals” Conversation

1. What matters most to you right now at this point in your life?
2. What brings you strength when you are stressed or ill?
3. Who speaks medically for you when you are not able?



Closing Lighthearted

- These are two of our pets yes!
- Mojave and Sahara

- Questions? and Once Again
 - Thank you for the opportunity to speak with you today