Transformers: The Changing Face of Health Care Delivery

Steve Lokensgard
Derek Kang
HCCA Compliance Institute
April 21, 2015

Agenda

People
- Physician Assistants
- Nurse Practitioners
- Pharmacists
- Radiology Assistants
- Community Paramedics

Locations

Modes of Delivery
- Telehealth
- Online (e-visits)
Demand for access will only increase

Aging population will need care

- Rise in Chronic Conditions
  - 44% of Americans have at least one chronic condition
  - By 2023, a 50% increase in diabetes

- Affordable Care Act
  - 8 million enrolled in health care exchanges
  - Represents 28% of potential enrollees (28 million)
People: Current State

- Anticipated Physician Shortage
  - By 2020, there will be 91,000 fewer doctors in the United States than needed to meet demand
  - Demand for access to primary care will only grow.

Population to Providers

- Minnesota: 5.457M people
- Primary Care Physicians: 7,000 (1/780)
  - Certified Nurse Practitioners: 3,804 (1/1434)
  - Physician Assistants: 2,116 (1/2578)
  - Pharmacists: 7,820 (1/697)
Transformers: changing providers

- Physician Assistants
- Nurse Practitioners
- Pharmacists
- Community Medical Technicians
- Radiology Assistants

Non-Physician Practitioners: Education

<table>
<thead>
<tr>
<th>Physician Assistants</th>
<th>Nurse Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Undergraduate degree</td>
<td>• Undergraduate degree in nursing</td>
</tr>
<tr>
<td>• 26 months of post-graduate education</td>
<td>• Masters or Doctoral degree, between 3-5 years</td>
</tr>
<tr>
<td>• Heavy emphasis on clinical experience</td>
<td>• Classroom training similar to a physician’s</td>
</tr>
<tr>
<td></td>
<td>• Includes about 900 hours of clinical experience</td>
</tr>
</tbody>
</table>
### NPP Scope of Practice

**Physician Assistants**
- Physical examinations
- Interpret and evaluate patient data
- Perform emergency care
- Order tests
- Prescribe drugs
- Assist in surgery

**Nurse Practitioners**
- Health assessments and screening
- Diagnose and treat patients
- Order tests
- Interpret tests, excluding CT, MRI, PET, nuclear, and mammography
- Prescribe drugs

### Non-Physician Practitioners: Supervision

**Physician Assistants**
- Physician Assistant Delegation Agreement.
- Written document, reviewed annually.
- Identifies tasks delegated to PA by a physician.
- Physical presence of the physician not required.
- Physician can supervise up to 5 PAs.

**Nurse Practitioners**
- Collaborative Practice Agreement with physician.
- Written if it includes ability to prescribe drugs.
- Identifies areas of practice.
- Effective January 1, 2015: Collaborative Practice Agreement only required until nurse practitioner has practiced for 2080 hours
- Practice within Population Focus unless grandfathered in.
## Non-Physician Practitioners: Billing

<table>
<thead>
<tr>
<th>Incident To</th>
<th>Direct Billing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 100% of physician fee schedule.</td>
<td>• 85% of physician fee schedule.</td>
</tr>
<tr>
<td>• Physician is physically present in the office during the visit.</td>
<td>• Does not require physician supervision.</td>
</tr>
<tr>
<td>• Initial visit of patient performed by and new problems evaluated by physician.</td>
<td>• Most payors recognize and credential NPPs.</td>
</tr>
</tbody>
</table>

## Billing for Non-Physician Practitioners

- Incident to?
- Direct billing?
Radiology Assistants

Training and Education
- Bachelors degree.
- Radiologist directed preceptorship.
- Previous certification as a radiographer.
- Certification exam.

Scope of Practice
- No accepted scope of practice nationally
- Physician supervision required for diagnostic imaging exams and other tests.
- The Medicare Access to Radiology Care Act (MARCA)

Pharmacists

Training: Pre-2001
- Undergraduate Degree
- State Licensure

Training: Post 2001
- Undergraduate degree
- Two years of post-graduate work, including structured clinical experience
- Focus on pharmacology and pharmacotherapy
- State Licensure
# Pharmacists

<table>
<thead>
<tr>
<th>Scope of Practice-MD supervision</th>
<th>Reimbursement</th>
</tr>
</thead>
</table>
| • Without a Collaborative Practice Agreement  
  • Dispense and counsel patients on drugs  
  • Medication therapy management  
  • Health assessments  
  • Immunizations  
| • With a Collaborative Practice Agreement  
  • Initiate or modify drug therapy  
  • Order and interpret lab tests | • Medication Therapy Management (Part D)  
• Immunizations  
• H.R. 4190 – introduced to the U.S. House  
  • Would allow pharmacists to bill Medicare for health assessments and other services within their state scope of practice at 85% of the Physician Fee Schedule if performed in a Medically Underserved Community |

# Billing for Pharmacists

- Happening in your state?
- Create challenges for your program?
## Community Paramedics

**Training and Education**
- Certification as an EMT-P
- Generally requires an Associate’s Degree
- Two years of experience as an EMT-P
- Graduate from an accredited CP course
- Generally 300 hours of didactic and clinical training including primary care and behavioral health

**Scope of Practice**
- No accepted scope of practice nationally – defined by State law
- Generally allows paramedics to provide non-emergency, primary care services under the supervision of the ambulance medical director
- As of 2014, allowed in North Carolina, Colorado, Minnesota, Maine, and Texas
- Pilot program in California

## People – Community Paramedics

- Reimbursement (Minnesota Medicaid)
  - Health assessments
  - Immunizations and vaccinations
  - Chronic disease monitoring and education
  - Collection of lab specimens
  - Medication compliance checks
  - Minor medical procedures
- Services must be ordered by patient’s primary care provider
Billing for Community Paramedics

- Happening in your community?
- Challenges for your program?

People – Summary

- Access to Care
- Quality
- Cost
• FTC: Examining Health Care Competition
  • March 20-21, 2014
Locations

- Retail Clinics
  - Conveniently located
  - Operated by nurse practitioners
  - Narrow scope of services
  - Low cost

- On-site Health Centers
  - Conveniently located
  - At an employee’s workplace or school
  - Tailored for self-insured population
  - Typically does not bill for services

Locations

<table>
<thead>
<tr>
<th>Strategic/Operational Issues</th>
<th>Legal/Regulatory Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Continuity of Care</td>
<td>• Corporate Practice of Medicine</td>
</tr>
<tr>
<td>• Quality of Care</td>
<td>• Scope of Practice/Physician Supervision</td>
</tr>
<tr>
<td>• Access to Care</td>
<td>• Kickback Issues</td>
</tr>
<tr>
<td>• Cost</td>
<td>• COBRA Issues</td>
</tr>
<tr>
<td>• Privacy</td>
<td>• Privacy</td>
</tr>
</tbody>
</table>
Other Modes of Delivery

• Telehealth
• Online (e-visits)

Modes of Delivery – Telehealth

• Types of Telehealth
  • Real Time Video Consultation
  • Store and Forward
  • Remote Monitoring
## Telehealth

<table>
<thead>
<tr>
<th>Reimbursement</th>
<th>Legal/Regulatory Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medicare</td>
<td>• Kickback</td>
</tr>
<tr>
<td>• Geographic limitation: originating site in a health professional shortage area</td>
<td>• Credentialing/Licensure</td>
</tr>
<tr>
<td>• No connection to identified shortage of specialists</td>
<td>• Quality</td>
</tr>
<tr>
<td>• Medicaid</td>
<td></td>
</tr>
<tr>
<td>• Broader coverage in some states</td>
<td></td>
</tr>
</tbody>
</table>

## e-Visits

<table>
<thead>
<tr>
<th>Types of e-Visits</th>
<th>Legal/Regulatory Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Online (Virtuwell)</td>
<td>• HIPAA Security</td>
</tr>
<tr>
<td>• Patient Portal</td>
<td>• Licensing</td>
</tr>
<tr>
<td></td>
<td>• Confidentiality of patient communications</td>
</tr>
<tr>
<td></td>
<td>• Scope of Services</td>
</tr>
<tr>
<td></td>
<td>• Quality</td>
</tr>
<tr>
<td></td>
<td>• Cost/reimbursement</td>
</tr>
</tbody>
</table>
Questions and General Discussion

Steve Lokensgard
steve.lokensgard@FaegreBD.com
612.766.8863

Derek Kang
d_h_kang@hotmail.com