

Shared Medical Appointments

An Interdisciplinary Pathway to Reimbursement for NMDOH Services

Alexandra Jones Adesina, MD, MPH, MAT, Rae Lucas, MS, ASCM-EP, Michelle Fairley, MSW

Learning Objectives



Implementation & Integration



Enhance Interdisciplinary Collaboration

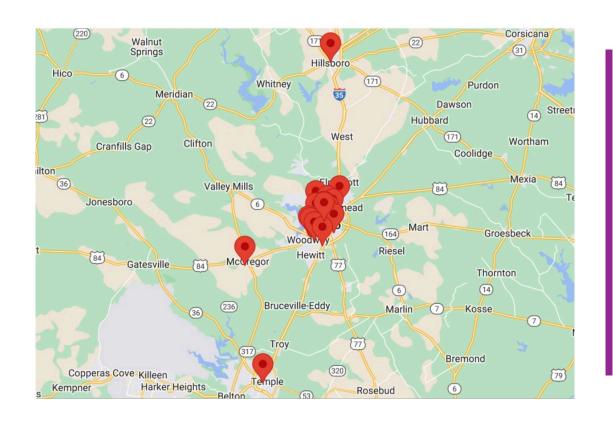


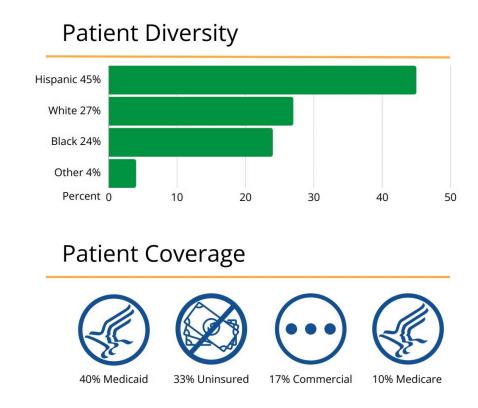
Reimbursement Opportunities



Waco Family Medicine

THE CARE CONTEXT



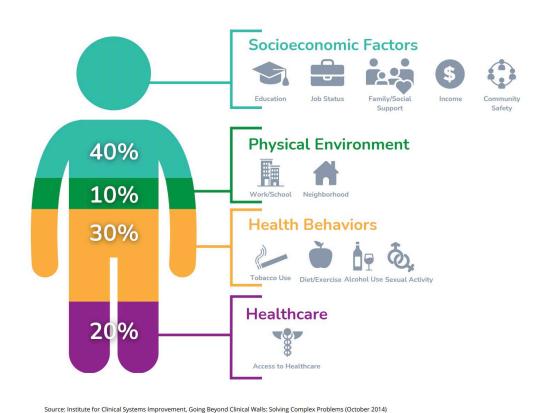


Waco Family Medicine

We exist "to improve the health and wellness of the underserved residents of the Heart of Texas."

NMDOH Programs

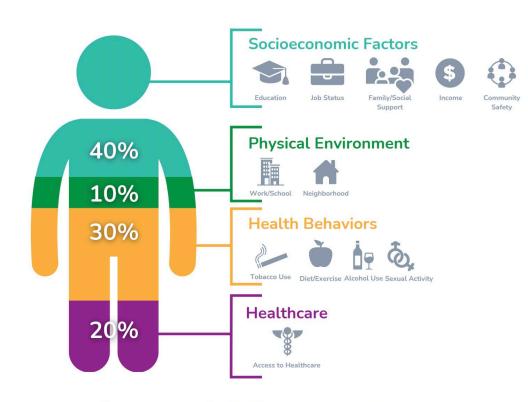
Our NMDOH Programs address health behavior self-efficacy and socioeconomic factors



- Food Rx
- Community Resource Marketplace
- Medical Legal Partnership
- Wellness Center
- Culinary Education
- Programs for Women and Children
 - Centering Pregnancy
 - Lactation Consultation
 - Perinatal Case Management and Education
 - Perinatal Integrated Behavioral Health
 - Doula Expansion Program

NMDOH Programs

The PROBLEM: NMDOH programs are not independently reimbursable by payers



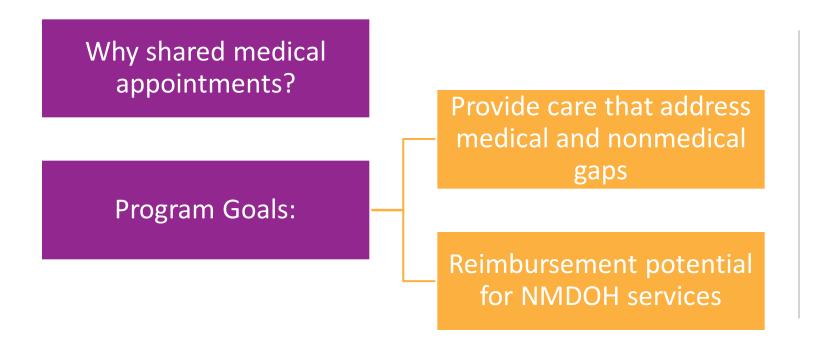
Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

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Shared Medical Appointments

ADDRESSING MEDICAL AND NONMEDICAL GAPS



Shared Medical Appointments

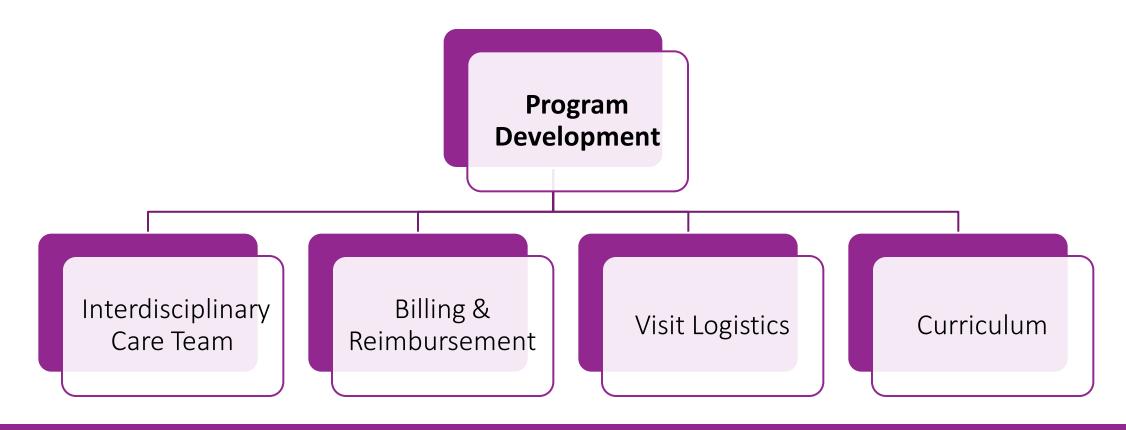
Appointments with a physician AND a chef educator or fitness advisor to make services financially sustainable



Shared Medical Appointments

Phase 1: Program Development

Work groups were developed to achieve all necessary tasks, including reimbursement





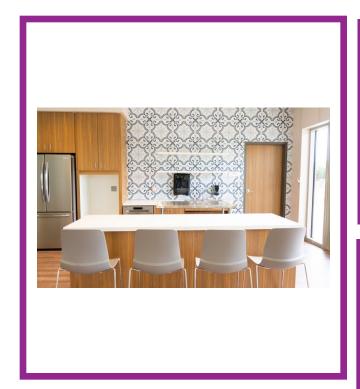
Interdisciplinary Collaboration

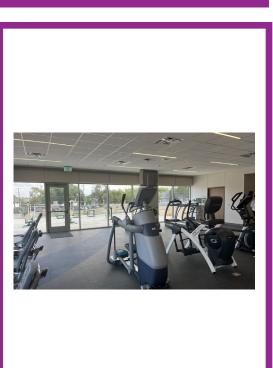
A large team was necessary to develop SMAs effectively

Maximizing Care and Outcomes

Care Team Members:

- Chef Educator
- Fitness Advisor
- Care Manager/ Population Health
- Nursing
- Clinician (doctor)
- Billing Specialist
- Patient Service Representative
- NMDOH Program Manager
- Grants Manager

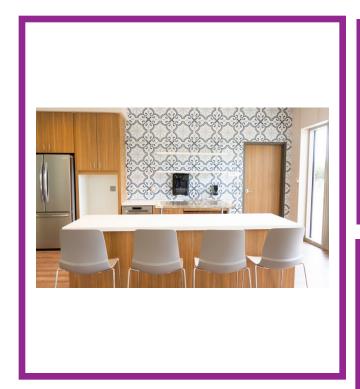


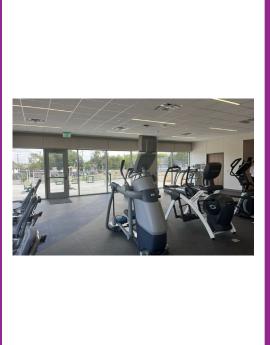


Phase 1: Program Development & Billing

Billing specialist and clinician develop a reimbursement plan

- Provider Type
 - Clinician (MD, DO, PA, NP)
 - Nutritionist (MNT or NMNT)
 - Care Manager
 - Enabling Provider (fitness advisor)





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Phase 1: Program Development & Billing

Billing specialist and clinician leverage medical decision making to achieve reimbursement



Time

99213 - 15min

99214 - 25 min

99215 – 40 min



Medical Decision Making

99213 – sick visit

99214 – two or more chronic dx

99215 – critical illness

Billing for Medical Decision Making

Billing for MDM requires several key components in the visit notes

Key Billing components:

- Physical Exam (vitals are NOT required)
- Assessment and plan of the visit, including counseling
- Use the at least three of the diagnoses that are positively impacted
- Any labs or orders

Other potential billing codes:

• Counseling 99401, 99402

FQHCs do have separate billing rules when billing for Medicare and Medicaid; private plans are the same everywhere

Billing for Care Management

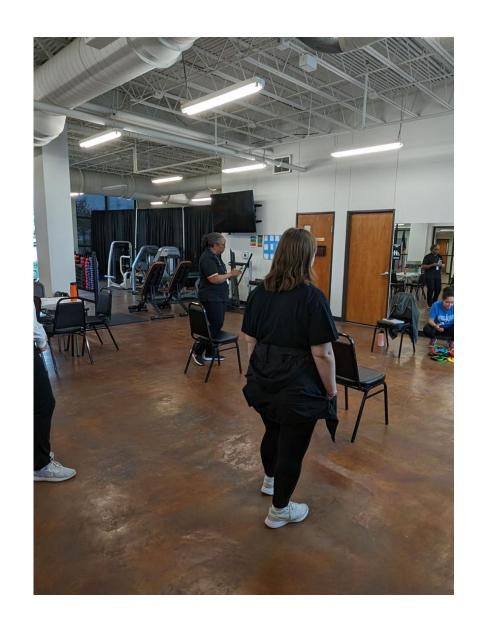
Care management services were also billed

Increased billable time for SMAs

Engaged more patients because of SMAs

Leveraged electronic health record integration

Value-based care contracts were also used to determine revenue potential



Phase 2: SMA Sessions

Five group visits with nutrition and cooking education and fitness advising for patients with diabetes

- Patient Recruitment
- Care Manager Coordination

Phase 2: Delivering SMA Sessions

Five SMA sessions created a cohort for diet and exercise counseling for patients with diabetes

- Completed Five Sessions:
 - o Intro Session & DASH Diet Cooking Demonstration
 - Strength Training for Diabetes Management
 - o Reducing Salt, Sugar, Fat Cooking Demonstration
 - o Intro to Cardiovascular Exercise
 - Nutritional Review and Reading Food Labels and Wrap Up





Phase 3: Program Evaluation

SMAs were a successful way to improve health and financially sustain NMODH programs

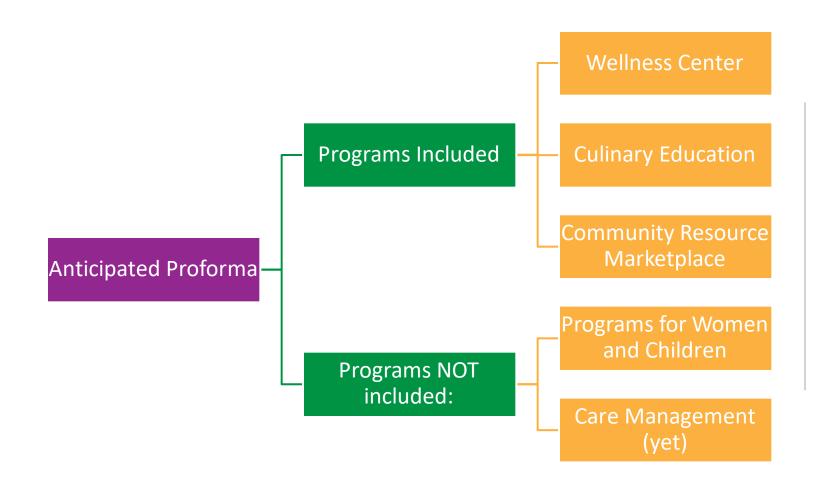
- Patient experiences
- Staff experiences
- Health Outcomes
- Unexpected Findings and Outcomes
- Billing Outcomes



Implementation: Phase 4

Growth and maturation of SMA programs to achieve program goals

- Additional sessions, including prenatal group
- Additional payers
- Electronic Health Record Integration
- Development of an NMDOH Department at WFM



Phase 4: Department Proforma

Questions?







Thank you!