AMA
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Integrative Care

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Goal of presentation:

Open discussion on integrative health care

Integrative Care

- Integrated service delivery is *the organization and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money.*[1]

Integrative Care

- "A form of practice wherein healthcare professionals from different disciplines and professions make up a team that makes a unified decision about a patient's care…"[2]

Components of Integrative Care

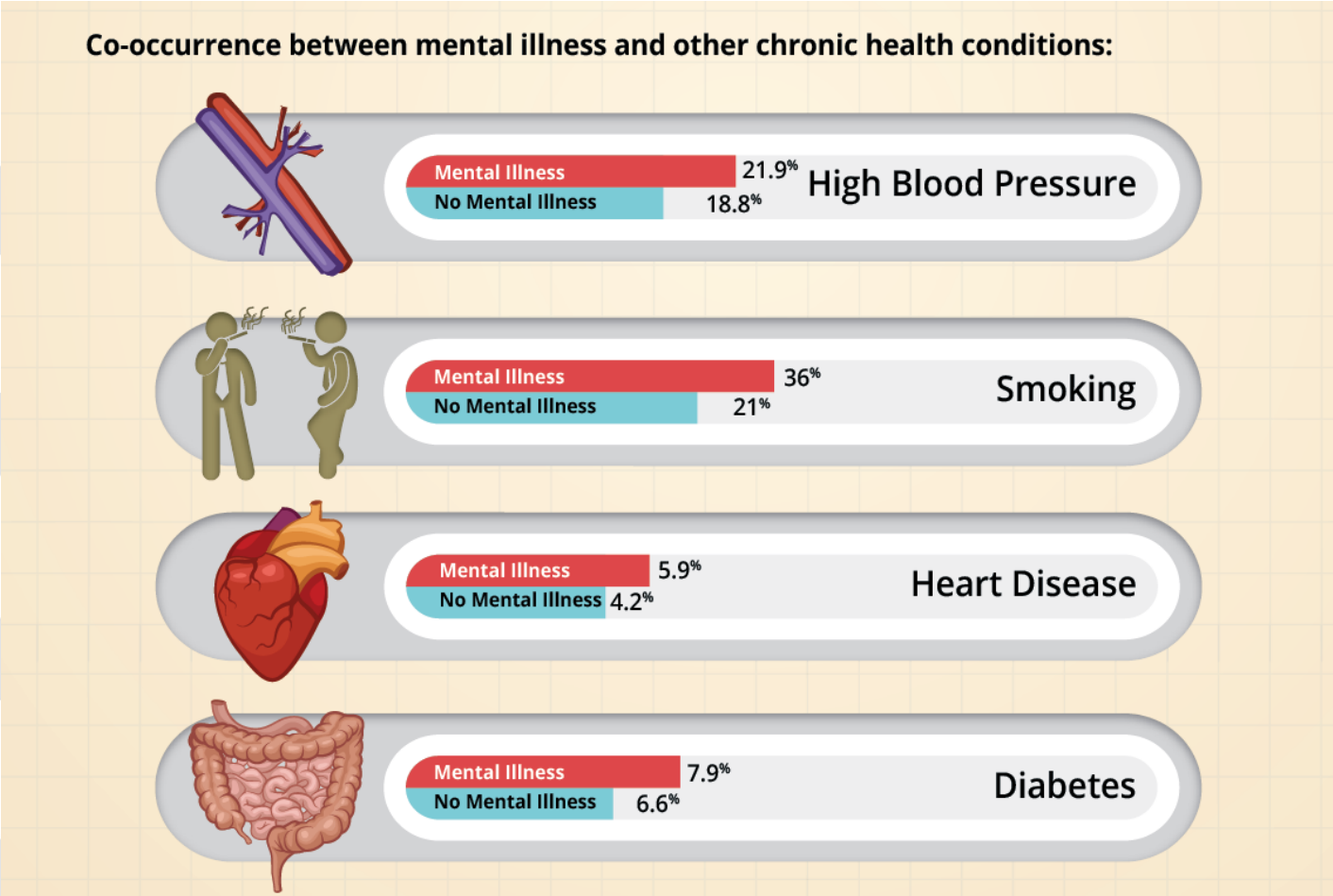
- Comprehensive assessment
- Identification of health care home
- Comprehensive intervention
- Shared record, development and decision making to reduce duplication and enhance effectiveness
- Engagement of consumer in the preceding

Could be geographic or virtual

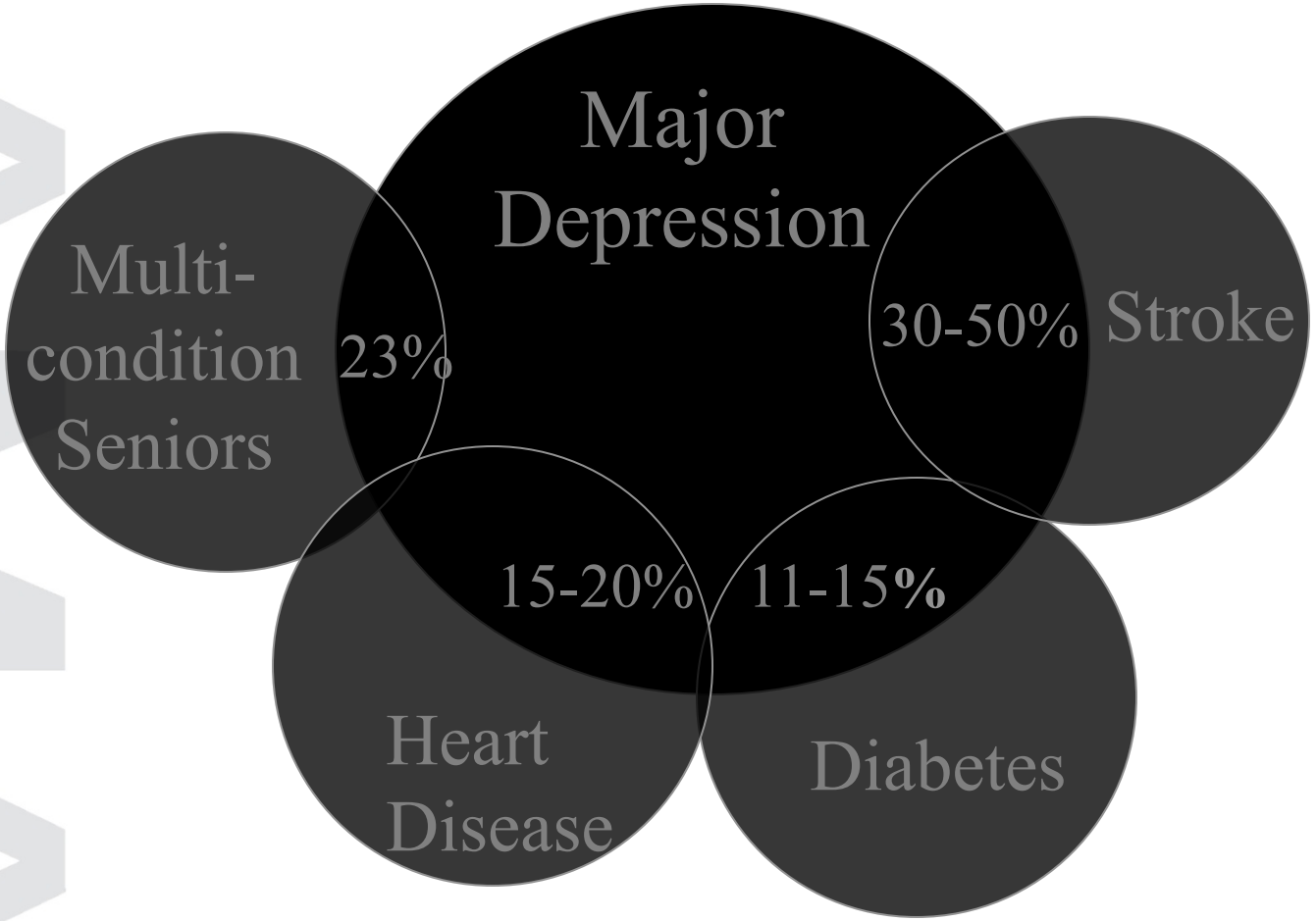
Integrative Care cont'd

- Care for patients with multiple chronic illnesses is expensive (5+% per capita), and coordination of care among health providers can be incomplete and inadequate. [3]
- A possible approach to organizing services for patients with multiple conditions is to identify clusters of coexisting illnesses with compatible management guidelines. [4, 5]

Examples from Mental Health



Common Medical Illnesses and Depression



Evaluation and Management codes

- Example – code 99215
  - **Office or other outpatient visit** for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:
  - **A comprehensive history;**
  - **A comprehensive examination;**
  - **Medical decision making of high complexity.**
  - Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
  - Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

99215 - vignette

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- **Pre-service:** Preparing to see the patient, reviewing records, and communicating with other professionals as appropriate.
- **Intra-service:** A comprehensive history, a comprehensive examination, and medical decision making of high complexity.
- **Post-service:** *All coordination of care, documentation, and telephone calls with the patient, family members, or other health professionals associated with the delivery of care to this patient until the next face-to-face E/M service is provided (excluding care plan oversight of more than 30 minutes per month for home health and hospice patients).*

Counseling and/or coordination of care

- As indicated in all E/M code descriptors, these codes include counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

From RUC database – physician time

Code	99213	99214	99215
Pre	5 min	5 min	5 min
Intra	35 min	35 min	35 min
Post	***15 min***	***15 min***	***15 min***
Total time	55 min	55 min	55 min

Medical Team Conference codes

- Medical Team Conference, Direct (Face-to-Face) Contact with Patient and/or Family

- 99366 **Medical team conference** with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional

Medical Team Conference codes – con't

- Medical Team Conference, Without Direct (Face-to-Face) Contact With Patient and/or Family
- **99367** **Medical team conference** with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician
- **99368** participation by nonphysician qualified health care professional

99366 - vignette

- Typical Patient - A patient with a neurological disorder, weight loss and functional limitations lives at home with a caregiver. The functional limitations include impaired cognition, mobility, communication and dependencies in basic activities of daily living. The condition is such that the problems and functional limitations are likely to be alleviated with appropriate care and therapies. *The optimal care plan needs to be devised in a coordinated manner given the multiple domains requiring attention (biomedical, psychological, social and functional) and multiple healthcare professionals involved in the care of the patient. After undergoing evaluations (each reported separately) by the appropriate disciplines/specialties a team conference is convened*.

99366 - Description of procedure

- **Pre-service:** The non-physician providers gather data and review the patient's chart and other pertinent information to prepare for the team consultation. Documentation and records from the individual provider is also collected and reviewed for the team consultation
- **Intra-service:** The conference is attended by the non-physician and/or physician providers and the patient/patient's family member(s). After discussion, the group devises and approves a plan which includes specified goals, use of medical, nutrition and rehabilitative services and referral to community support services. All participants are engaged in the development, review and formulation of the care plan for the patient. Patient/patient's family member(s) receive educational brochure pertinent to the care plan.
- **Post-service:** *A summary report is written and made available to all participants and patient/patient's caregiver but its generation/compilation are reported separately. Follow-up phone call to the patient/patient's family member(s) to assess understanding and implementation of the patient care plan. This service does include the individual clinician's post conference creation of documentation of his/her participation in the team conference, including documenting contributed information and treatment recommendations, and review of the care plan for the patient.*

From RUC database – physician time

Codes	99366	99367	99368
Pre-service	5 mins	5 mins	5 mins
Intra-service	30 mins	30 mins	30 mins
Post-service	**5 mins**	**5 mins**	**5 mins**
Total time	40 mins	40 mins	40 mins

Barriers to reporting integrative care:

- Codes 99366-99368 are reported
- Time is a barrier for frequent communication between 15-25 minutes where significant time is spent
- Adds up over the day for multiple patients
- Is recognized as quality of care, but 30 minute benchmark was place to describe only the most significant, onerous efforts-that are still rarely if ever reimbursed.

Interprofessional telephone/Internet assessment codes

- **99446** Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
- **99447** 11-20 minutes of medical consultative discussion and review
- **99448** 21-30 minutes of medical consultative discussion and review
- **99449** 31 minutes or more of medical consultative discussion and review

Barriers to reporting integrative care:

- The interprofessional telephone/ Internet consultation codes 99446-99449 can be reported only for the physician efforts in providing the consultation to the second provider.
- No reporting avenue for other QHP's

Issues and concerns:

Are there others who face problems with reporting integrative care?

References

1. World health organization, (http://www.who.int/healthsystems/technical_brief_final.pdf - 66k)

2. National Academies of Practice (ww.napractice.org)

3. Kaiser Family Foundation (kff.org)

4. Bodenheimer T, Berry-Millet R. Care management of patients with complex health care needs: research syntheses report. Princeton, NJ: Robert Wood Johnson Foundation, November 2009.

5. Partnership for Solutions: a project of Johns Hopkins University and The Robert Wood Johnson Foundation, 2001. (http://www.partnershipforsolutions.org/ partnership/ index.html.)