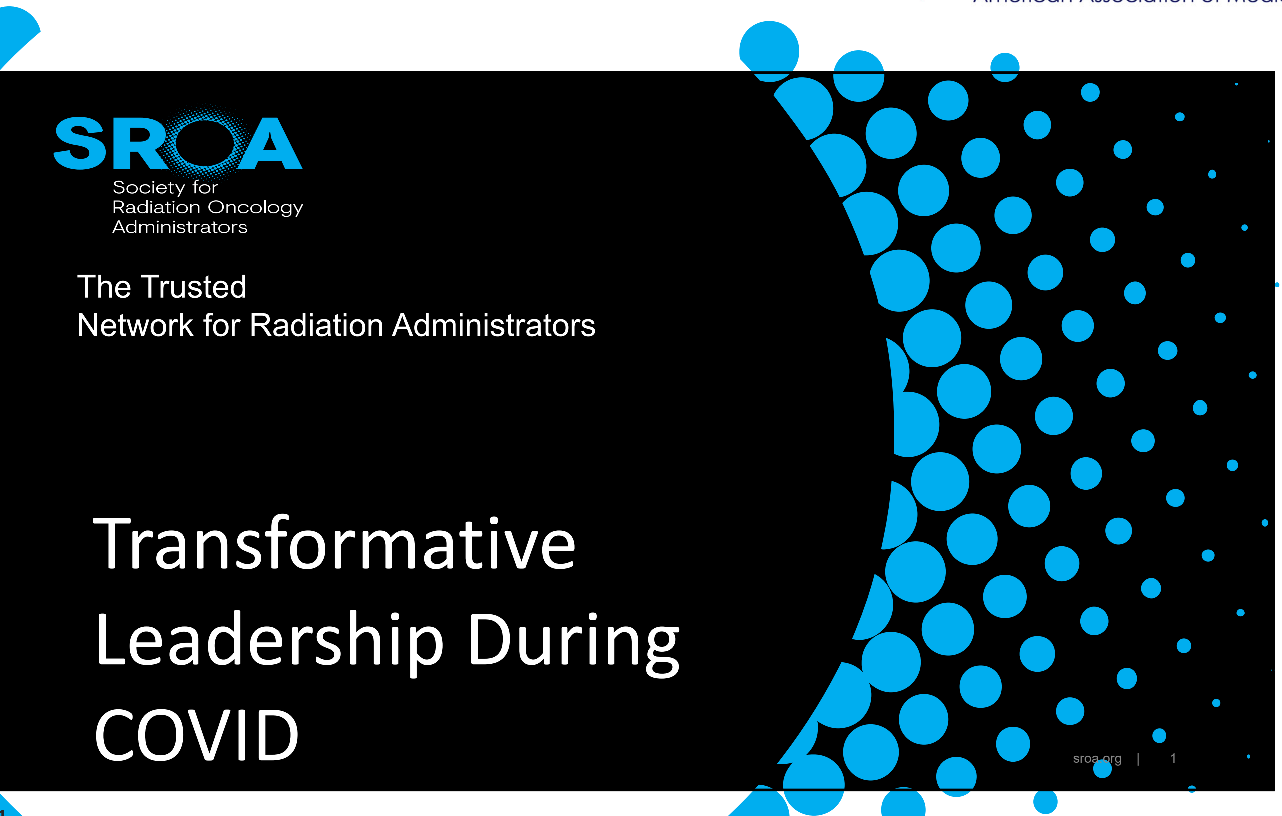

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AGENDA

- Pre/COVID leadership
- Real-time workflow adaptations and Clinic Risk Mitigation Strategies
- Billing/coding guideline changes
- The New Normal
- Summary

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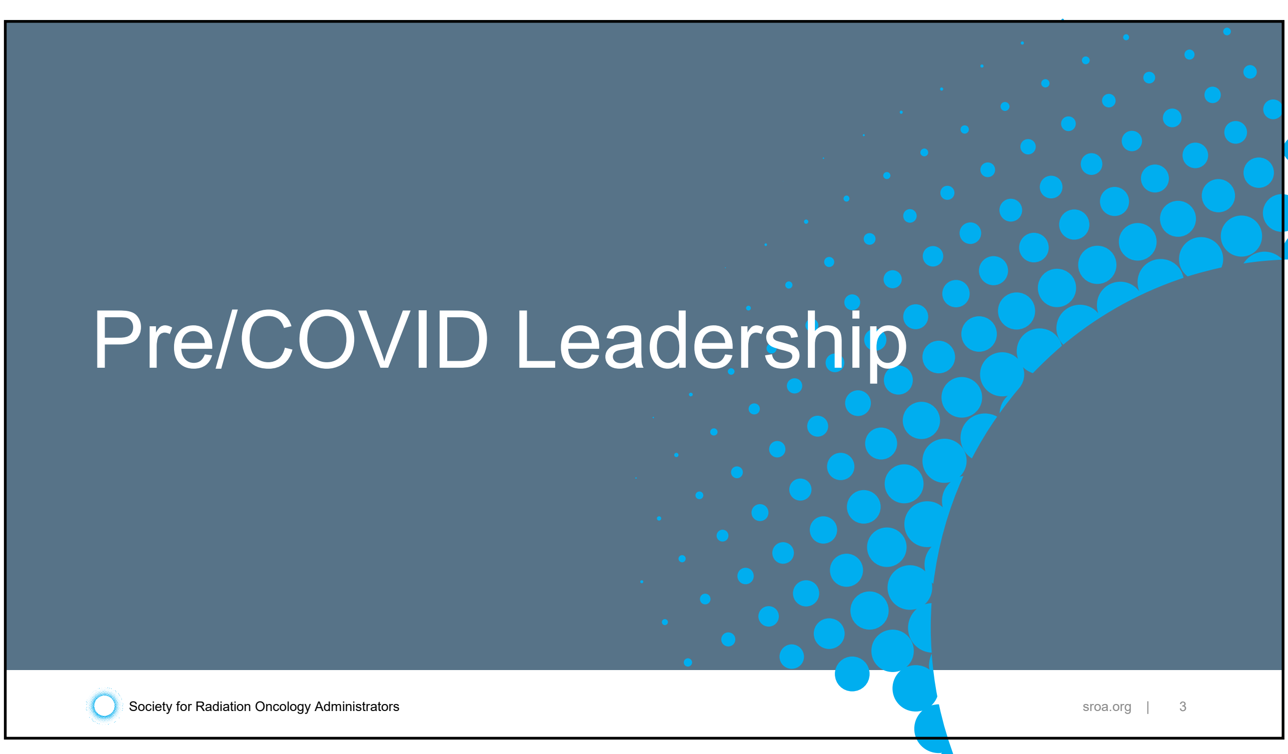

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Pre/COVID Leadership

What is Leadership?

- Leadership is the ability to persuade a group of people to collaborate effectively in the pursuit of a common goal.
- Something the group cannot achieve individually.
- It is psychological.
- A process of influence, not authority or power.

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Pre/COVID Leadership

What did Leadership look like pre-COVID?

- Decision-making without a deadline
- Business as usual
- Time to prepare
- An element of trust

Pre/COVID Leadership

THEN COVID…

- Throughout the COVID-19 pandemic, healthcare organizations have demonstrated remarkable agility, changing business models literally overnight

Pre/COVID Leadership

How did COVID Change Leadership?

- Healthcare leaders face a multifaceted challenge
  - Not only combating the healthcare crisis on the frontlines but also other issues of non-healthcare industries such as safety and economic challenges
- Shift in leaders "taking the lead" to relying on staff to initiate change.

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Pre/COVID Leadership

How did COVID Change Leadership?

- Changing old ways of communicating and making decisions
- Considering ways to reduce employee burnout
- Making leadership a priority
  - Being the example
- Highlighting the need to reinvent health care response
- People remain the most critical element of health care
- Shifting to the team level
  - Goals
  - Team values
  - Strong accountability

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Pre/COVID Leadership

How did COVID Change Leadership?

- Leading through fear
  - Staff, patients and yourself dealing with fear and anxiety
- Per the Harvard Business Review:
  - Acknowledge and accept emotions
  - Control what you can and develop techniques for situations that you can't control
    - Postpone your anxiety/worry
    - Practice- self-care
    - Make connections!

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Pre/COVID Leadership

How did COVID Change Leadership?

- Shifting decisions to the front line and not according to the hierarchical culture and bureaucracy
- Shift from Legacy vs Learning Leaders*
  - Legacy: marked by linear thinking, working within an existing system
  - Learning: constantly seeking to expand, learn and grow from failures and look anywhere and everywhere for good idea.

*Catalyst, NEJM https://catalyst.nejm.org/doi/full/10.1056/cat.20.0225

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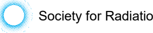
Pre/COVID Leadership

How did COVID Change Leadership?

- What do employees need? Gallup meta-analytics has found four universal needs that followers have of leaders:
  - Compassion
  - Stability
  - Hope
  - Trust

  - Great leadership audit
  - https://www.gallup.com/workplace/297497/covid-employees-need-leaders-right.aspx



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Pre/COVID Leadership

Most important skill?

- Trust
  - Trust in leadership is needed for transformative, collective action in times of uncertainty, such as during a pandemic
  - For leaders to instill trust in their followers, they must take appropriate action via preparation and planning; seeking out information and intelligence; leading adaptation; and ensuring a coordinated response
  - To sustain trust, leadership requires taking ongoing responsibility and accountability, and remaining closely connected to those on whom their decisions impact
  - Developing and maintaining leader trust in circumstances such as a pandemic is a dynamic process, changing over time from pre-existing trust, to trust based on actions, to trust in the strength of the authentic relationship
  - Trust also in yourself to be the leader you are

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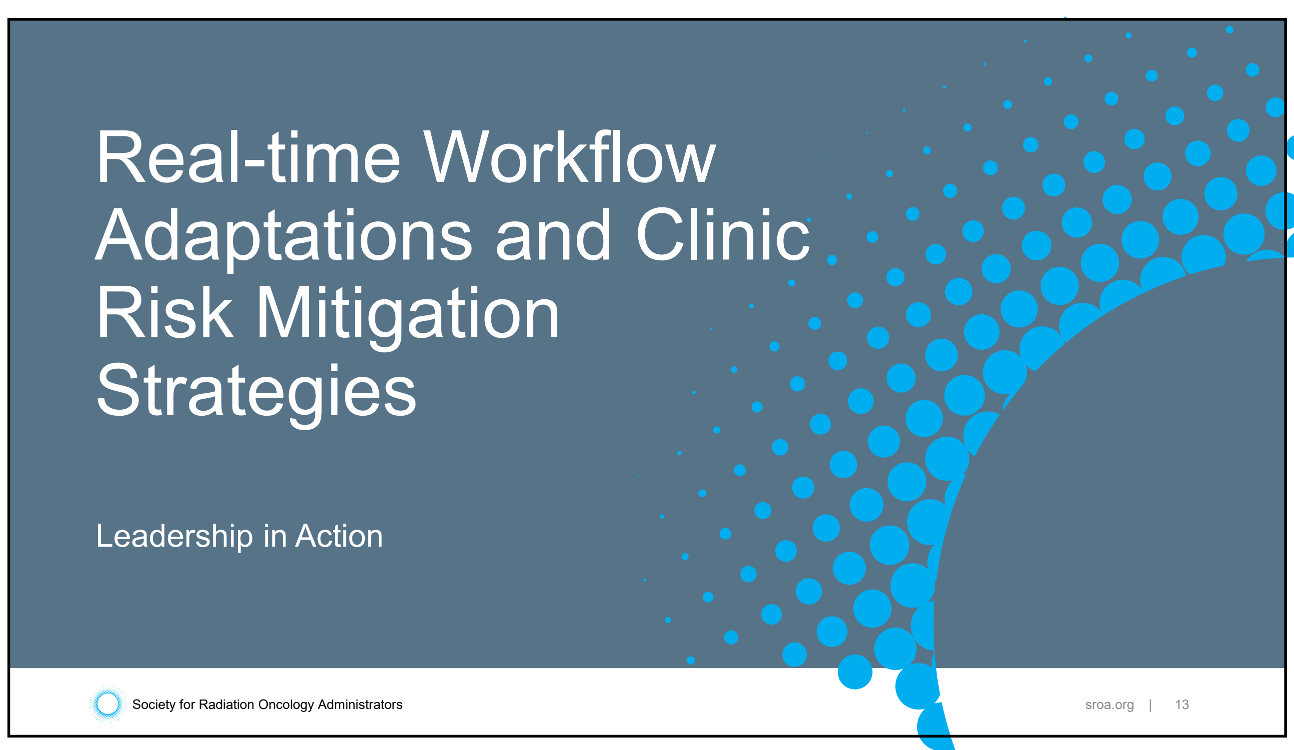

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Real-Time Worfklow Adaptations

- What did we have to do to prepare in healthcare?
  - Maintain safety of patients and staff
    - Including ourselves
  - Maintain access for patients
    - Financial sustainability

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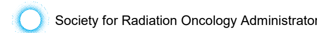
Real-Time Worfklow Adaptations

- Challenges
  - Surging pt volume
  - Real-time redesign of care models for patients
  - Financial loss
    - Cancellation of procedures/office visits
    - Patients delaying treatment



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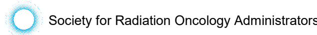
Worfklow Adaptations and Mitigations

- Examples
  - PPE deployment
  - Infection screening (staff and patients)
  - Social distancing
  - Treating a positive patient
  - Support when family members are not present
  - Prioritization of cases
    - Deferring some treatments
  - Management of remote workers
    - Decreased separation between home and work life
  - Staffing issues
  - Accelerated use of Telemedicine



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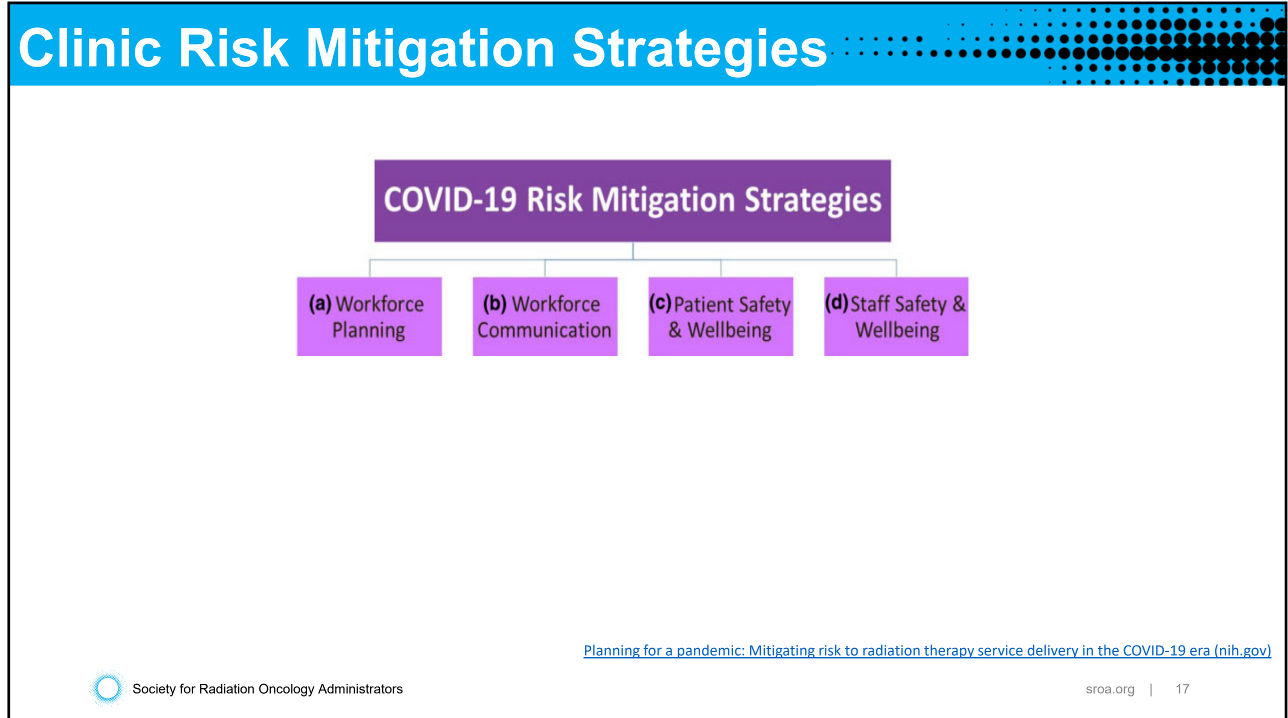

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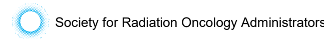
Workforce Planning

- Freezing staff: remove unnecessary staff movement and interaction
- Establishment of patient-facing teams and “at the ready”
- Transition of staff to a working from home model
- Virtual meetings
- Suspension of rotating residents, medical students, etc.
- Quarantining
- COVID positive employees
- Overall fear of coming into work



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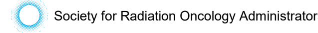
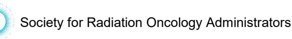
Workforce Planning

- Remote management
  - Allowing staff to work remotely to decrease staff in the department
  - Prioritization
  - Keep them engaged and part of the team
    - Zoom check-ins
  - How to call them back?



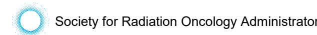
Workforce Communication

- Replace face-to-face with virtual platforms
  - Instant Messaging capabilities/Voalte
  - More real-time communication
- Adherence to privacy guidelines
- Regular staffing briefings
- Huddles and rounding



Patient safety and well-being

- Social distancing and sanitation
    - Keeping patients socially distant in reception areas/waiting rooms
- Silo patient groups where possible
- Communication when changes from normal practice
- Infection Screening
  - Patients:
    - Ever-changing required questions
    - Telephone triage
    - Self-reporting
    - Temperature checks
- Telehealth



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Patient safety and well-being

- Case prioritization/Deferring treatments/clinic visits
  - Limiting clinic census
  - Rescheduling to when?
  - Need to review new starts
  - Rounds including conversations about deferments
  - Additional treatment census due to local radiation oncologists not treating
  - Open and honest communication with patients
    - Fear of cancer vs COVID

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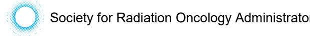
Patient safety and well-being

- Treating a positive patient
  - Notification in EMR
  - Preparation of workflow
    - Simple issue of how to even get a patient into the clinic
    - Room air recycling
    - Communication with housekeeping
    - End of day treatments
    - Keeping staff and other patients safe



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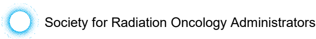
Patient safety and well-being

- Patient Support
  - How to provide the best support for cancer patients when visitors were prohibited
    - Teleconferencing others during visit
    - Constant communication with patient
    - Certain patient populations and visits were exceptions
      - Pediatric
      - Brain
      - Anesthesia
      - New Consult
      - Fini



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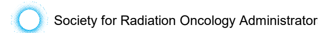
Staff safety and well-being

- High-risk staff to work from home
- PPE made available
  - Ever-changing CDC rules of what is required
- Temperature checks, social distancing
- Staff well-being initiatives
- Encourage leave to be taken
    - Mandatory time off



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Staff safety and well-being

- Infection Screening
  - Staff:
    - Self-reporting
    - Temperature checks
    - Symptoms questions
    - Labor Pool requirements
      - Additional hours needed to staff on already low staffing
    - Limited entrances/exits

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Workflow Adaptations and Risk Mitigation

- While extremely challenging, the pandemic must be met with exceptional teamwork, agility and understanding that belies the way we approach our work and leadership.
- It has necessitated changes that we will continue to reap the benefits of long after COVID.

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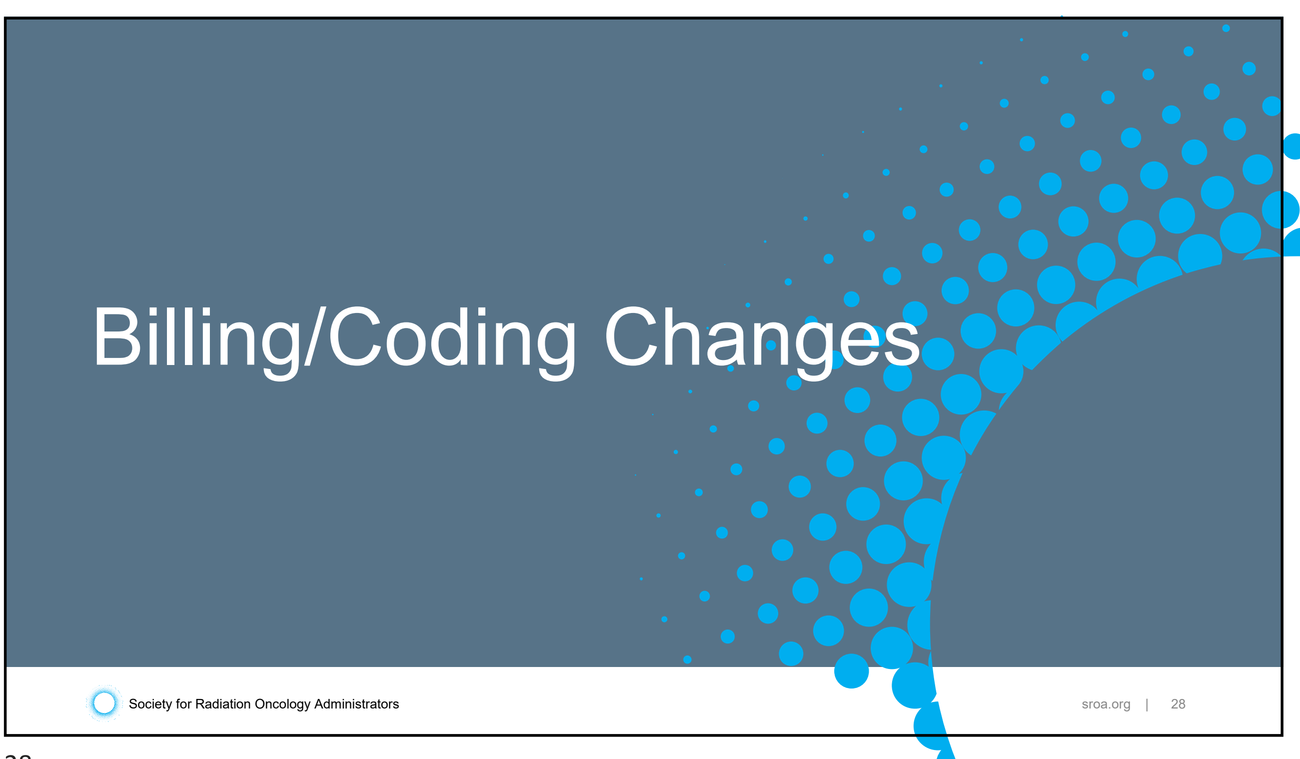

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Billing/Coding Changes

- Allowing nonphysicians like nurses, nurse practitioners to play a bigger role in care
- Telemedicine

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Billing/Coding Changes

- **Medicare Telehealth Visits** for new or established patients require the provider to use an interactive audio and video telecommunications system for real-time interactive communication between the physician and the patient, including the use of telephones that have audio and video capabilities, desktop or mobile computing devices with audio and video capabilities allowing for two-way communication. Health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video or Skype, to provide telehealth.

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Billing/Coding Changes

- **Virtual check-in visits** (CPT codes G2010 and G2012) for new or established patients allow patients to have a brief check-in with their practitioner via a broad range of communication methods, including the telephone (no video requirement), audio/video, text messaging, email or use of a patient portal. These services may only be reported if they do not result in a visit, including a telehealth visit.

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Billing/Coding Changes

- **E-Visits** for new or established patients involve a communication between an established patient and provider through use of an online patient portal. The patient must initiate the initial inquiry through the patient portal. Communications may take place over a 7-day period. There are three time-based E/M codes specific to this service (99421-99423).

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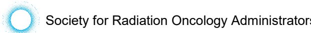
Billing/Coding Changes

- **Radiation Oncology Treatment Management During COVID-19**
- During the COVID-19 PHE, telehealth flexibilities are broadened to include in-person, face-to-face interactions associated with radiation oncology on-treatment visits (OTVs) under CPT Code 77427 – *Radiation Treatment Management, 5 treatments*, recognizing that practices will need flexibility to ensure that both care teams and patients are protected from exposure to the virus. The telehealth OTV requires the provider to use an interactive audio and video telecommunications system for real-time interactive communication between the physician and the patient, including the use of telephones that have audio and video capabilities, desktop or mobile computing devices with audio and video capabilities allowing for two-way communication. Physicians should use the option to utilize virtual two-way communication in the office judiciously and only during this emergency when the radiation oncologist deems that a regular face-to-face interaction would put the patient or physician at risk for COVID-19 infection. CMS will discontinue the application of telehealth for the OTV of 77427 at the end of the PHE.



Billing/Coding Changes

VI. Supervision Policies During COVID-19 Public Health Emergency

- On an interim basis, CMS relaxed certain Medicare supervision policies to support radiation oncologists' ability to continue treating patients during the PHE.
- ASTRO has heard from members with questions regarding the IFR's revised supervision policies and their application to radiation oncology services in hospitals and freestanding centers. This guidance represents ASTRO's interpretation of the IFR and is intended for application only during the COVID-19

Billing/Coding Changes

- **Telephone Evaluation and Management (E/M) Services (99441-99443)**
- Physicians can also use CPT codes 99441-99443 for *Telephone Evaluation and Management Services* for new or established patients during the COVID-19 PHE. On an interim basis, these codes will be reimbursed by CMS for E/M visits provided via audio-only telephone at the same rate as if the services had been provided in person. CMS is crosswalking CPT codes 99212, 99213, and 99214 to CPT codes 99441, 99442, and 99443 respectively. This results in a work RVU of 0.48 for CPT code 99441, 0.97 for CPT code 99442, and 1.50 for CPT code 99443. Payment for these codes is $46, $76, and $110 respectively.
- **99441**- Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion**.**
- **99442** - Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
- **99443** - Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.
- In the 2021 MPFS final rule, CMS recognizes the value of audio-only services given the widespread support for the continuing need for audio-only conversations with patients. To address this need the Agency is establishing HCPCS code G2252 *Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.* G2252 will have a direct crosswalk to CPT code 99442, the value which most accurately reflects the resources associated with a longer service delivered via synchronous communication technology, which can include audio-only communication.

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The New Normal

- The new normal will look nothing like the normal we left behind
- We need to create a better normal

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The Better Normal

- Share experiences and strategies with others
  - Learn from others
  - Mistakes and successes
  - Translate into your workflows
  - Lead by example

COVID-19: How leaders can create a new and better normal | World Economic Forum (weforum.org)

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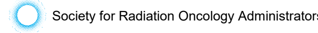
The Better Normal

- Look from the inside out
  - Shift from respond to recover
  - If plans were focused only internally, they may no longer be relevant
  - Seize the opportunity to grow and change



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The Better Normal

- Aim higher
  - COVID required us to put community ahead of self
  - Leaders lead and patients and staff trust them
  - We have overcome obstacles that once were thought to be insurmountable
  - Expect more

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The Better Normal

- Use trust as a catalyst
  - Need to inspire your teams
  - Great leadership requires greater followership
  - Thoughtfully consider how to re-engage
  - "In order to find our way to the new playbook for the mission and people that have been entrusted to us, we will need to act at every moment in ways that build on, and build up, trust."

  – Andy Crouch, social impact investor

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In Summary

- We now have a chance to make things better
  - Trust in yourselves
  - Trust in others
- Key is the ability to energize our teams, working towards a brighter future and embracing trust to get us there.

We really are in this together.

WE ARE IN THIS TOGETHER

Words on Trust

SELF-TRUST IS THE FIRST SECRET OF SUCCESS.

RALPH WALDO EMERSON

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