

UC DAVIS HEALTH **VEITH SYMPOSIUM**
Connecting The Vascular Community

The Value of Telehealth in Vascular Surgery: Reimbursement Issues and When is it Misleading?

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Disclosures

- Consultant for Shockwave Medical, Gore, and Convatec
- Medical Advisory Board: Boston Scientific
- Research is supported by NHLBI, Medtronic, Johnson and Johnson.

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HOW TELEMEDICINE CAN IMPROVE CARE

INCREASE ACCESS TO SPECIALISTS PATIENT - SPECIALIST LIVE VIDEO Live, two-way video between patient with remote PCP and tele-specialist		IMPROVE PATIENT-CENTERED CARE PATIENT - PCP DIRECT TO CONSUMER Live, two-way video between patient and generalist or PCP	REDUCE SPECIALTY REFERRALS PCP - SPECIALIST DISTANCE LEARNING Videoconferenced-enabled training of PCPs by specialists
ASYNCHRONOUS STORE AND FORWARD Transmission of history and images to specialist for diagnosis and treatment	REMOTE PATIENT MONITORING Remote monitoring of patient with video and peripheral devices	E-CONSULT Electronic message exchange, including digital question and related patient information	

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BARRIERS TO TELEMEDICINE

- Reimbursement
- Lack of Infrastructure
- Lack of Personalization for Patients
- Referral patterns
- Provider resistance

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Barriers and Facilitators to Clinical Practice Development in Men and Women Surgeons

Mireille A Moïse, Marc E Mitche, Caitlin B. Finn, MD, MSHPI^{1,2,3}, Solomiya Syyuk, BA², Emma Bakillah, MD^{2,3,4}, et al

a qualitative

Career barriers for women in surgery

Dimitrios Schizas⁵, Michail Pappaganou⁶, Eleni Routsis⁶, Aikaterini Mastoraki⁶, Irene Lidariki⁶, Nikolaos Zavras⁶, Dimitrios V. Avgerinos⁵, Andreas M. Lazaris⁶, Alexandra Tsaroucha⁶

Justine Broecker MD⁸, Ben Caesar MD⁹, Ryan Chin MD⁸, Courtney Meyer MD¹⁰, Anastasios Mitsakos MD¹¹, Allan E. Stolorski MD¹², Lauren Theiss MD¹³, Brigitte K Smith MD, MHP, FACS, FSVS⁵, Srinivas J Ivatury MD, MHA, FACS, FASCRC¹⁴

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Management of CLTI: Centers of Excellence

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    graph TD
        A[Clinical suspicion of CLTI  
Rest pain, Tissue loss] --> B[Complete physical exam suggestive of PAD]
        B -- No --> C[Search for alternative diagnosis]
        B -- Yes --> D[Measure ankle pressure, ABI, and Doppler waveforms]
        D -- ABI > 0.90 --> E[Search for alternative cause of rest pain]
        D -- Abnormal ABI < 0.90 --> F[Measure toe pressure, TBI, and Doppler waveforms]
        F --> G[Stage limb severity (WIfI)]
        G --> H[Obtain vascular imaging of extent to a level suitable for revascularization]
        E --> I[Search for alternative cause of rest pain]
        I --> J[Search for alternative cause of rest pain]
    
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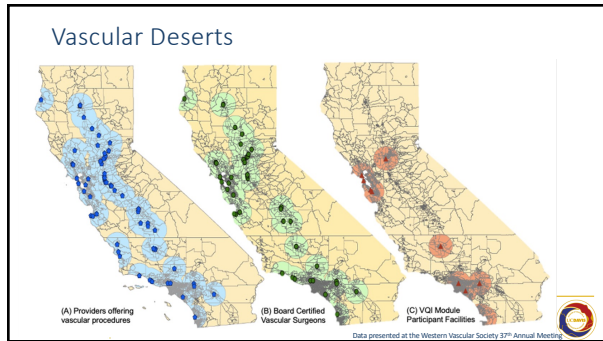
THE HARD WAY: START → GOAL (wavy line with many corrections)

THE EASY WAY: START → GOAL (straight line)

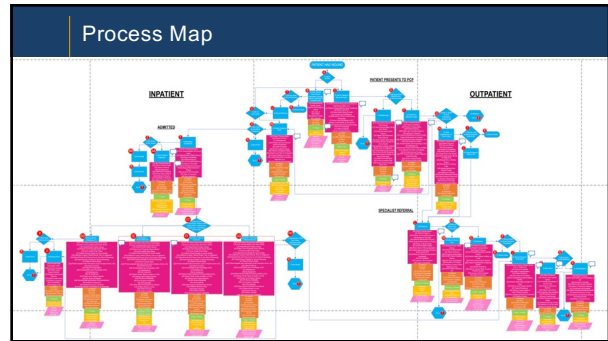
... UNTIL YOU GET YOU THERE

Coron, Mardani, et al. "Global Research Guidelines for the Management of Chronic Limb-Threatening Ischemia." J Vasc Med Biol. 2019;31(4):202-216.

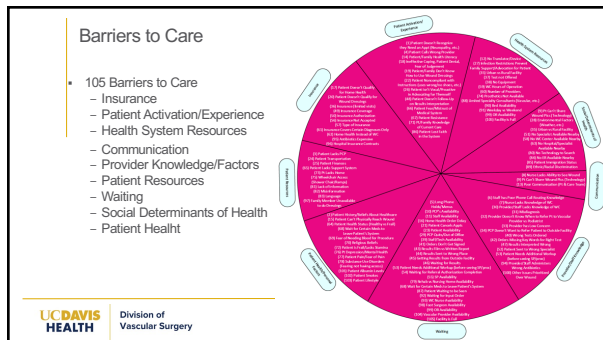
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Global vascular guidelines on the management of chronic limb-threatening ischemia

Michael S. Conte, MD (Co-Editor); Andrew W. Bradbury, MD (Co-Editor); Philippe Kolh, MD (Co-Editor); John V. White, MD (Steering Committee); Florian Dick, MD (Steering Committee); Robert Fridje, MBBS (Steering Committee); Joseph L. Mills, MD (Steering Committee); Jean-Baptiste Ricco, MD (Steering Committee); Kalkunte R. Suresh, MD (Steering Committee); M. Hassan Murad, MD, MPH; and the CVD Writing Group: San Francisco, Calif; Birmingham, United Kingdom; Helsinki, Belgium; Nice, St. Gallen, Switzerland; Adelaide, South Australia; Houston, Tex; Probert, France; Bangalore, India; and Rochester, Minn.

Joint guidelines of the Society for Vascular Surgery, European Society for Vascular Surgery, and World Federation of Vascular Societies

- Patient Risk
- Limb Severity: WIFI
- ANatomic Complexity of disease; GLASS

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The State of Telehealth Before and After the COVID-19 Pandemic

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Medicare Originating Site Requirements

- Physician and practitioner offices
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics (RHC)
- Federally Qualified Health Centers (FQHC)
- Hospital-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities
- Community Mental Health Centers (CMHCs)
- Renal Dialysis Facilities
- Patient Homes w/ End-Stage Renal Disease (ESRD) getting home dialysis
- Mobile Stroke Units

Rural Health Professional Shortage Areas (HPSAs) located in a rural census tract;
-OR-
Counties located outside Metropolitan Statistical Areas (MSA),

<https://data.hrsa.gov/tools/medicare/telehealth>

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Medicare Distant Site Requirements

- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Nurse-midwives
- Clinical nurse specialists (CNSs)
- Certified registered nurse anesthetists
- Clinical psychologists (CPs) and clinical social workers (CSWs)*
- Registered dietitians or nutritional professionals

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Medicare Exceptions

- Home Based Dialysis
- Telestroke (January 2019)
- Opioid Addiction Treatment
- Virtual Check Ins
- E-Consults
- Remote Evaluation of Patients Photos or Video

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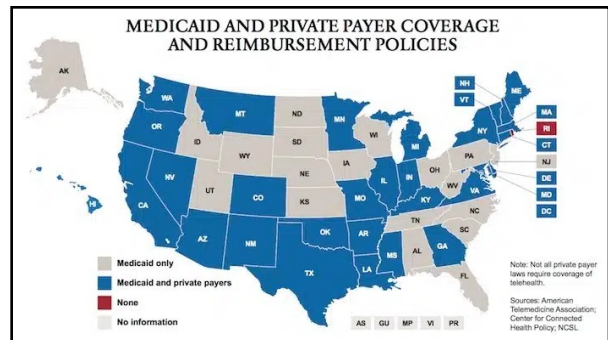
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Post Pandemic

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCP/PCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial triage) • G0428-G0429 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNF) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Benefits/telehealth/telehealthcode	For new or established patients. *In the event the 1135 waiver requirement, established relationship, and will not conduct audio or video that was a pre relationship related to a service, submitted during this public health emergency.
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your provider over telephone or other telecommunication device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCP/PCS code G2012 • HCP/PCS code G2019	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99421 • 99422 • 99423 • G2061 • G2062 • G2091	For established patients.

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When it's not done well, and not planned well

- HIPAA compliant network
- Good Video Connection
- Use of surrogate physical exam
 - Nurses/techs
 - Imaging
- Able to build trust through virtual connection
- Coordinated Care at Centers of Excellence with Adequate Resources

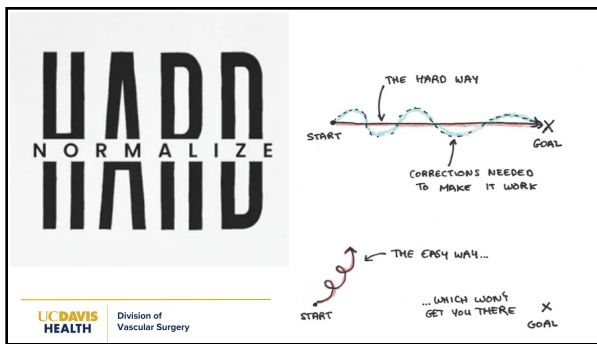
Mark J. et al. Digital Health 2023 Feb 14:9

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