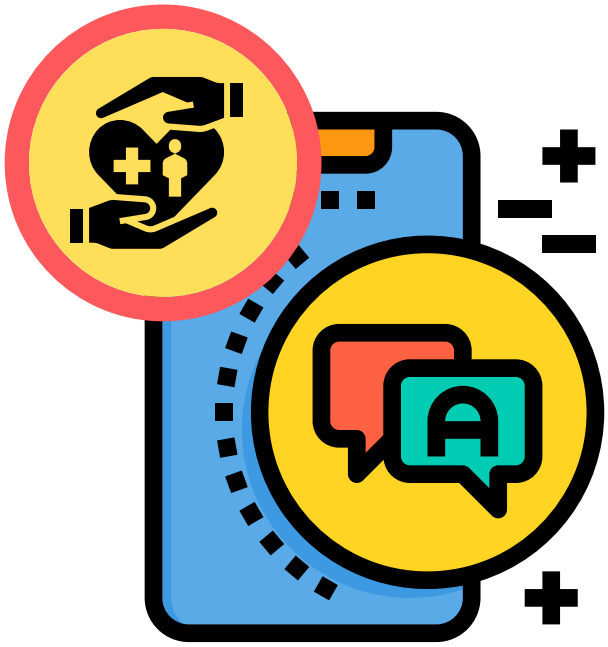
Chronic Care Management Program

**2022 Success Guide**

# How to Deliver Quality Care at Scale



## Without Outsourcing or Increasing Provider Workload

A Step-By-Step Guide for **Healthcare Systems and Medical Groups**

Phamily.com

Updated
Second Edition
MARCH 2022

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# Executive Summary

In December 2021, financial incentives were put in place by the Centers for Medicare & Medicaid Services (CMS) to sharpen the focus on proactive care for patients with chronic conditions.

One focus area, Chronic Care Management (CCM), is particularly promising. By increasing CCM reimbursement 50% in 2022, CMS is driving change across the entire healthcare landscape. With CCM in place, healthcare systems and medical practices, including specialists, can see gains arise in quality, cost, satisfaction of patients and providers, and, of course, financial sustainability.

CCM, done the right way, has been shown to:

- Increase engagements with patients by 10x
- Identify and close 6+ care gaps per patient per year
- Cut emergency visits by 5%
- Drive 95% patient satisfaction
- Deliver $320,000 in reimbursement per 500 patients enrolled

The question is no longer if CCM should happen, but rather how to make it work at scale. This guide provides the answer.

> Learn how to jumpstart your CCM program immediately, with 500-1,000 patients enrolled in 60-days, or risk losing them to your competitors.



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# Healthcare Systems and Medical Practices Need a Win

> Chronic Care Management is an across-the-board victory that is within reach for all healthcare systems and medical practices.

This is so even though healthcare systems and medical practices are facing seemingly **intractable challenges**, among them declining reimbursements and record levels of burnout. New technology promises relief, but choosing the right path is a high-stakes undertaking, with quality of care, patient outcomes, and the fortunes of the practice all on the line. Nonetheless, an unqualified win awaits those who are willing to take a bold next step: **implementing CCM programs at scale, according to best practices, and supported by proven technology.**

This guide explains how healthcare systems and medical practices can build streamlined CCM programs that better support patient care, alleviate provider burnout, and create financial sustainability.

## What is Chronic Care Management?

Chronic Care Management (CCM) is a program from **The Centers for Medicare & Medicaid Services (CMS)** that offers monthly reimbursement to care providers for the support regularly provided to patients between visits.



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**CCM allows billing for previously unreimbursed everyday activities done by clinical staff, such as:**

- Phone calls and patient questions
- Medication refills and adjustments
- Scheduling, referrals, and prior authorizations
- Care planning and care coordination

However, **most organizations lose money on CCM** because they implement a brute-force, labor-intensive approach using EHRs, monthly phone calls, and manual documentation. CCM, however, need not be a revenue loser. When done according to best practices with an effective technology partner, CCM improves quality of care, reduces busywork, and automatically makes staff time billable, and is the **easiest way to grow revenue** without increasing patient volume or performing additional procedures.

> In other words, healthcare systems and medical practices are entering a new era where it is possible to thrive as never before.

## The New Era of CCM

In the new era of CCM, **physicians will have less busy work** and will therefore have more time to focus on providing better care for all their patients.

Likewise, patients will receive **better, proactive care**, even when not seen regularly; reimbursement will be available for ALL work done, not just visits, and clinical staff time can be billed every month, thus creating a new recurring revenue stream.



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CCM, if done right, can enable **one full-time Medical Assistant to generate $26.7k** in net monthly profit while, at the same time, improving the quality of care for as many as 500 patients, according to data from existing CCM program implementations.

Nonetheless, the national median number of CCM patients is currently **44 patients per staff member, with only 3.34 claims submitted per patient per year.** Thus, for many practices, where 40-50% of their patients are CCM-eligible, CCM is not nearly optimized and far from profitable.

## CCM Makes Sense for Everyone

CCM not only makes financial sense for healthcare systems, primary care, and specialty practices, it reduces the burden of in-person visits for clinicians, staff, patients, and their family members.

Moreover, a CCM program can enable a care team to easily manage thousands of CCM patients by replacing long phone calls with AI-powered text follow-ups and by auto-documenting every interaction to ensure patient compliance. Such a program offers an additional **$64-$160+ per patient per month** based on time and complexity. A provider can thereby earn **$320,000+ per year for every 500 CCM patients enrolled** and incentivize a higher standard of care for patients with multiple chronic conditions.

**With CCM, the results are a win in every way.**

According to **McKinsey,** “a strategy focused on chronic disease, could transform a health system’s strategic and operational priorities. Given the value at stake and the strategy’s ability to improve patient care and reduce costs, we believe a significant advantage exists for healthcare systems that take the lead on this redesign of service lines.”



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# Tick Tock: Why CCM, Why Now?

**Health systems and medical groups adopting CCM today have a powerful ally.**

Medicare has doubled down on CCM. CMS has made CCM a **top strategic priority for 2022**, including offering greater incentives to physicians who provide CCM services to patients and **increasing reimbursement by 50% in 2022.** At the same time, reimbursement for office visits went down, making CCM more profitable than office visits. With such incentives in place, the time to secure this win is now.

> Although many healthcare systems and medical practices have begun offering CCM programs, most are doing so at a small, unprofitable scale, using legacy technologies including a pre-existing EHR and telephone calls.

For such practices, scaling CCM programs can seem overwhelming, taxing an already overworked organization for a small percentage of patients. This needn't be the case, much more is possible. For HCPs that **enroll between 40-50%** of Medicare patients (an achievable first-year benchmark), CCM becomes a game-changing core service line like office visits.

This step-by-step guide is written explicitly for **healthcare systems and medical practices, including specialists** looking for a sustainable way to build a healthy and profitable organization. It rests on a foundation of best practices and trusted technology, with CCM at scale as a service line, not a side project.



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The guide explains how healthcare systems and medical practices that follow this path can flourish even in the volatile post-Covid healthcare environment.

Using this guide, you can **determine if CCM will work** for your practice, what you stand to gain from it, and the exact steps to take to get started right away.

## More Patient Visits Is Not The Answer

More work for less pay is **a daily reality** for many health care providers (HCPs).

Every HCP has felt the pressure to see a high volume of patients. Patient visits are reimbursed, so scheduling more visits in already packed days seems to be a logical step to increasing profits. Some physicians see a direct increase in income based on patient volume; those who don't feel the pressure regardless. Tight schedules leave little room for **documentation in EHRs**, often leaving providers with hours of data entry to do at the end of a long work day.

In fact, providers report that this excess of bureaucratic tasks is the top reason why they burn out, according to a 2021 **Medscape survey**. Surveys on burnout show a crisis is at hand, with few tangible solutions to address the problem directly.

## Neither Here Nor There

For healthcare systems and medical practices that persistently avoid CCM or treat it like a side project, there seems to be no relief on the horizon.



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For these practices, providers and clinical support staff will continue to do busywork that could be automated, and Medicare patients with multiple chronic conditions will have their needs met less frequently and in a manner that cannot be reimbursed.

According to a 2021 article in the **New England Journal of Medicine**, discussing the potential of virtual care where clinical staff can support the work of HCPs, "Virtual care may be less productive **if every interaction is still 1:1 with a physician…** We also need to have clear delegation of responsibilities in this model with regard to which tasks are delegated to technology and which are delegated to clinicians so that we are not duplicating efforts or requiring clinicians to click more boxes."

> A CCM program, deployed effectively, offers a framework for such delegation.

## What Is the Price of Inaction?

Driven by scarcity, healthcare systems and medical practices are consolidating at high rates.

At the same time, patients that are claimed by healthcare systems and medical practices for the purposes of Medicare reimbursement cannot then be claimed by another medical practice. The result is something like a land grab to get patients into systems, including CCM programs, before competitors do. With greater incentives for CCM coming, this competition only promises to become more fierce. Therefore, practices that are to thrive in the coming years must have a sense of urgency to get new technologies in place. If not, they are at risk of losing reimbursement to direct and indirect competition.



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For every 500 patients who might otherwise be enrolled in CCM, the price of inaction is **$26,700 in monthly reimbursement**. Now is the time to act on building a better, technologically empowered practice for Medicare patients with multiple chronic conditions.

## Surviving in the Post-Covid Healthcare Landscape

The reality is that, in one way or another, all healthcare systems and medical practices were negatively affected by Covid.

Unfortunately, patients who are eligible for CCM have been the most prone to die from Covid. “Heart disease, diabetes, cancer, chronic obstructive pulmonary disease, chronic kidney disease, and obesity are all conditions that increase the risk for severe illness from COVID-19,” **reports the CDC**. For those with multiple chronic conditions who survived the pandemic, the need for improved quality of care is essential to their very survival.

> Sticking with the status quo rather than adopting more proactive approaches that leverage technology to improve outcomes means endangering these vulnerable populations at a time when they need all the resources they can get.

There are technology solutions that can increase interactions with such a population 10x, from 3x a year to 30, while actually reducing the busywork of those caring for them.



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During the pandemic, nonessential procedures were suspended for extended periods, eliminating reimbursement for many specialty care practices. Meanwhile, many specialists with internal medicine residencies went to the front lines to face the pandemic head-on, adding another source of traumatic stress to the financial burden. Even with federal aid available, healthcare systems and medical practices were dealt a major financial blow by reduced visits. According to the **American Medical Association:**

> "81% of physicians surveyed in July and August of 2020 said revenue was still lower than pre-pandemic. The average drop in revenue was 32%."

## In-Person Patient Visits Are Down

HCPs are in need of relief from a seemingly endless procession of misfortunes due to the pandemic.

**According to the CDC**, "4 in 10 adults surveyed reported delaying or avoiding routine or emergent medical care because of the pandemic." The results of delayed routine care and screening have also been disastrous: "Decreases in screening have resulted in the diagnoses of fewer cancers and precancers, and modeling studies have estimated that delayed screening and treatment for breast and colorectal cancer could result in almost 10,000 preventable deaths in the United States."

Even as visits have rebounded to near pre-pandemic levels, lasting consequences are expected to continue, including an increased emphasis on telemedicine, where **reimbursement is diminished**.



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# There Is Reason to Hope

Recent advancements in technology have paved the way for better and more effective chronic care options.

These technologies, including artificial intelligence (AI), can facilitate better outcomes and higher quality of care for all Medicare patients, especially those with multiple chronic conditions.

As an **October 2021 article in the NEJM stated**:

> "We can design and implement effective chronic-disease systems if we lock on to the North Star goals of patient health, health equity, and justice."

Experienced providers of CCM programs are essential to such an approach.

With a trustworthy partner to implement new best practices and automation at scale, the CCM population can be kept in contact more frequently and more effectively than is possible with legacy processes.

CCM has been shown to:

- Increase engagements with patients by 10x
- Identify and close 6+ care gaps per patient per year
- Cut emergency visits by 5%
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- Deliver $320,000 in reimbursement per 500 patients enrolled


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## Get Paid for All Your HCP Services

Chances are you're already providing care for chronic conditions. You're just not getting paid enough for it.

> Medicare wants to improve the way care for chronic conditions is documented and reimbursed.

Healthcare systems and medical practices are busy places where care coordination and management are happening continuously throughout the workday and beyond.

However, the status quo many organizations face is that only patient visits are billable, even though other activities can have a dramatic impact on patient care.

It is possible to bill for staff time on refills, referrals, lab results, patient questions, and phone calls, but only by implementing CCM.

However, when doing so requires 20-minute phone calls each month to each enrolled patient, requiring three tries on average to connect, administrative time adds up, decreasing time for actual patient care.

**CCM for 1,000 patients can take the work of ten to twenty staff when done in this legacy manner.**



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## How CCM Reimbursement Works

To better compensate healthcare systems and medical practices and better deliver care in a comprehensive manner, Medicare is offering incentives to change this outmoded model.

Reimbursement does not have to be limited to patient visits for those on Medicare. With CCM properly in place, all of the following can be billed for patients with more than one chronic condition on a monthly basis:

## CCM Reimbursable Services

### Admin Activities

- Medication refills
- Prior authorizations
- Chart reviews
- Chart preparation
- Chart updates
- Lab reviews

### Care Coordination

- Referrals
- Home health
- ER follow-up
- Discharge follow-up
- Communication with other providers

### Care Management

- Phone calls
- Text messages
- Voicemails
- Follow-up
- Symptom mgmt.
- Triage and care

All of the above listed billable activities (and more) are already happening at healthcare systems and medical practices.



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# CCM By the Numbers: Before and After

The CCM difference, when using the right technology partner, is that this work is auto-documented for patients who have been enrolled, making it eligible for reimbursement from Medicare.

Once implemented properly, busy work that medical support staff is already doing becomes a new stream of profits automatically. The following revenue projections are based on the latest information available from CMS.

**Traditional Care Model = $276/Yr. Per Patient**


Fig. 1 - Avg. 3 annual visits: Fewer opportunities for care and reimbursement

**CCM-Based Care Model = $1,136/Yr. Per Patient (4.1x)**

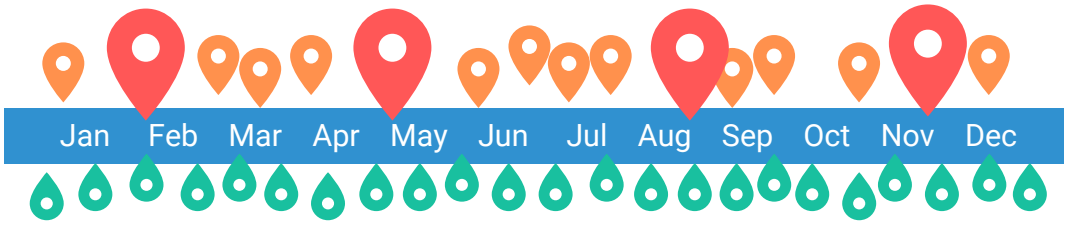
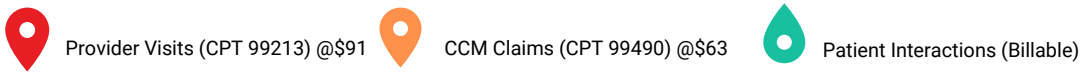



Fig. 2 - Avg. 4 annual visits, 12 CCM claims, 24 patient interactions: More frequent opportunities for care and reimbursement




This proven, trusted automation also dramatically cuts the amount of bureaucratic tasks organization-wide, making life easier for overburdened providers. Done right, CCM enables providers to refocus on their core mission: patient care.



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# The 3 Critical Shifts of CCM

Implementing a CCM program at your health system or medical group will lead to three important shifts that have transformative potential at a time when change needs to happen.

## SHIFT 1: Improve Quality of Care with Truly Preventative Medicine

Without CCM, care for chronic conditions can be sporadic and episodic. Acute problems remain the focus of provider visits, leaving overall wellness and preventative treatment of chronic problems as a lower priority than they should be.

With CCM, problems can be caught earlier and complications prevented because of frequent communication, keeping patients happier and healthier between visits.

> Weekly check-ins make preventative care a reality, not a talking point. Done right, CCM gives patients the best preventative care possible.

Such CCM is a proven approach to improving patient outcomes. Look no further than CCM's impact on patient utilization rates. CCM has been shown to reduce the need for acute care without negatively impacting outpatient office visits and physician interactions. **In a Medicare study**, CCM actually **increased Primary Care visits by 9.5%** while **decreasing Emergency Department visits by -4.2% and overall hospitalizations by -5.6%.**

With CCM, quality of care improves.



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## SHIFT 2: Reduce Burnout, Turnover, and Increase Sustainability

Chronic care management can be a scalable undertaking. CCM means checking in with all your patients on a regular basis. Many health systems and medical groups do this by phone, monthly, using extensive resources and staff in the process. What if you could check in with all CCM patients once a week with a click?

With auto-documenting care management software powered by smart 2-way text message follow-ups, 20-minute phone calls, and tedious documentation can become a thing of the past. Using the right technology, **the work done in a week of calls can be accomplished in a single morning.**

> Once CCM is in place, HCPs can get back to *working at the top of their license* and have increased free time when they can choose not to work at all.

All clinical staff are freed from time-consuming documentation and phone calls and have more time for patient care, making their job more rewarding.

**The entire health system or medical group becomes more sustainable.**



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## SHIFT 3: Increase Per Patient Revenue, Not Workload

Effectively growing a health system or medical group does not mean just seeing more patients. CCM makes it possible to take care of patients 24/7/365 and get paid for all of that care, not just visits, leading to significant growth in profits.

CCM, when implemented with the right technology to augment staff, has been shown to have a significant impact on the bottom line, increasing annual **revenue by $320,000** and **annual net profit $150,000 for every 500 patients enrolled.**

CCM complements standard office visit care while increasing annual per-patient reimbursement by 4.1x for those enrolled.

> A properly implemented CCM program can transform your staff from overhead to profitable revenue generators. Staff time on refills, referrals, lab results, patient questions, and phone calls can all be reimbursed.

Health systems and medical groups can get paid for ALL the work they do for Medicare patients with multiple chronic conditions. With the right technology partner, such a process can be largely automated and headache-free.

**CCM can make health systems and medical groups significantly more profitable while lightening the burden of busy work.**



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# The Five Steps to Implementing a Successful CCM Program

## Step 1: Set Program Goals

**The first step is program planning.**

Working with a trusted technology partner, healthcare systems and medical groups should review and understand the details and requirements of CCM. This includes performing a complete financial analysis to forecast reimbursement, care manager productivity, costs, and profits before starting the program.

> Here, experienced CCM program advisors can help identify billable care opportunities that might be otherwise overlooked.

## Step 2: Design Workflow

The second step is the pre-launch design of CCM workflows.

This is where the experience and templates of a trusted partner become mission-critical. Data can be exported from EHR as a report and filtered to generate lists of eligible patients. This will determine how many care managers (usually MAs or LPNs) you will need based on your approach to CCM, financial forecast, and program goals.

At this point, you can also begin recruiting for the target number of care managers demanded by your program's projected scale. With the right tools, the ratio can be as many as **500 patients for a single care manager.**



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Designing an effective patient enrollment workflow for in-person office visits, as well as one for proactive outreach to patients will go a long way toward ensuring your program's success. Having access to care plan templates will help decide how to engage patients on a consistent, frequent basis. The experience of the team you collaborate with will help align your health system or medical group on precisely what activities can be counted towards CCM.

Billing and revenue cycle teams also must align on the information needed and be set up to schedule and submit claims on a timely basis.

## Step 3: Team Training

The third step involves training you and your team to use new technology resources that can augment your efforts.

> Office staff are set up to succeed with an in-person enrollment workflow, and care managers are trained on outreach using a digital enrollment workflow.

Care managers are further trained on developing patient-centric care plans using best-practice templates and checking in with patients frequently using text messaging.

It is important to provide care managers the content tools needed to easily **personalize their care for each patient**, tools that easy to use, web-based, and, most importantly, built for CCM time tracking and documentation.

**At this time, the workflow for billing and any revenue cycle team for monthly CCM claim submission is finalized.**



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## Step 4: Patient Enrollment

The fourth step is the launch of enrollment and care management.

An outreach enrollment drive is launched to **scale up patient enrollment.** Critical launch efforts should be implemented for in-person enrollment during office visits. Welcome messages are sent to newly enrolled patients.

Care plans are developed and shared as well, all augmented by technology that facilitates all of these efforts.

## Step 5: Program Management

The fifth step is ongoing Program Management after the launch.

Plans for care management are implemented, with **smart check-in messages two times per week,** while tracking other qualifying activities daily. Weekly meetings with the care management team are held, along with monthly meetings that include technology partners supporting the effort.

**Financial and quality of care reporting and analysis is also critical, with regular reports and analysis:**

- **Every month:** # of patients enrolled, # of claims submitted vs. target
- **Every 90 days:** claims collections vs. target
- **Every 180 days:** return on investment (reimbursement, labor costs, software costs, net profit vs. target)



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**Perform Quality of Care reporting and analysis:**

- **Every month:** # of touch points per patient, # of clinical interventions, key patient stories (de-PHIed)
- **Every 90 days:** quality analysis - types and volume of clinical interventions, tracking of care gaps and key vitals
- **Every 180 days:** patient satisfaction survey & analysis of responses  profit vs. target)

## Conclusion

CCM is a necessary evolution for healthcare systems and medical practices, including specialists.

Physicians and other providers are shouldering a **3% decrease** in FFS payments per the final rule of the 2022 Medicare Physician **Fee Schedule**. Coupled with a **50% increase** in reimbursement for CCM, the move compels health systems and medical groups to embrace change in their approach to virtual care - or else.

> With CCM, quality of care improves through frequent patient engagement and proactive care, all while financial incentives drive a transformation healthcare desperately needs.

Health systems and medical groups that act on CCM will see gains in quality and earn more than enough to soften the impact from cuts. The time for making CCM priority number one has come.



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# CCM Jumpstart Program

Phamily has developed a new 60-day CCM Jumpstart Program explicitly designed for quality- and growth-oriented healthcare systems and medical systems, including specialists that are looking to build or expand their CCM program in 2022.

> Learn how you can partner with Phamily to **enroll 500-1,000 CCM Patients in 60-Days** while improving quality of care, provider experience, and profitability without overburdening your team. Guaranteed.

**The 60-Day Jumpstart Program provides end-to-end technology and program support, including:**

- **Painless Implementation**
- **CCM Enrollment Support**
- **Hands-On Training**
- **Recruiting Support - NEW**
- **Full Reporting/Metrics/Analysis**
- **On-Going Customer Success Support**

**Free Ramp-Up:** Enroll in the CCM Jumpstart Program and start a **free 60-Day ramp-up period** on the best possible timeline to achieve your organization's goals.

**Learn more and enroll in the CCM Jumpstart Program today!**



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# About Jaan Health

Jaan Health is a high-growth software company focused on leveraging accessible technology and artificial intelligence (AI) to drive better healthcare outcomes for patients while addressing the increasing cost and profitability challenges facing the healthcare industry.

Phamily, our software-as-a-service (SaaS) platform, provides healthcare systems and physicians with an AI-powered virtual care platform that enables them to efficiently and easily manage the chronic conditions and general healthcare needs of their patients between office visits, while also increasing their own reimbursement and profit margins in the process.

> Phamily helps transform healthcare from reactive, episodic treatment to proactive care management.

Jaan Health believes every patient with a chronic disease deserves proactive attention, follow-up, and support from their care team. However, we also feel that healthcare providers and their staff deserve to be paid for all of the traditionally unpaid time they are spending checking on their patients to keep them healthy.

**Phamily is making both of these wishes into a reality.**

**To learn more or to speak with a CCM Program Advisor, please contact us at sales@jaanhealth.com.**



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