

Telehealth Toolkit for a Joint Visit with Pediatric and Adult Health Care Clinicians and Transferring Young Adults

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Disclosures

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Objectives

After this presentation: the audience will be able to discuss:

1. The rationale for developing a joint telehealth visit for your HCT process from pediatric to adult health care
2. A new Got Transition joint telehealth visit tool kit: The role of families, young adults and clinicians
3. Pilot evaluation results of joint telehealth visits from Children's Hospital of Philadelphia and a Medicaid HCT pilot project with Got Transition (GT) for youth with ID/D
4. Lessons learned



Background: Telehealth and Transition

- Since Pandemic in 2020, telehealth:
 - Is part of health care
 - Shown to improve care coordination for youth with medical complexity and result in a decrease of unplanned visits*.
- Feasibility/acceptability study of HCT and Telehealth**
 - **Design and Methods:** Adolescents and young adults (AYAs; 16-20 years) with IBD and their parents completed a 4- to 5-month transition program (1 in-person group session; 4 individual telehealth sessions). Primary outcomes were feasibility (i.e., recruitment, retention, fidelity) and acceptability (i.e., program satisfaction).
 - **Results:** The study exceeded goals for recruitment (target N = 20; actual: 36) and retention (target: 80%; actual: 86.11%).
 - On average, it took participants 20.91 ± 3.15 weeks to complete our 4- to 5-month intervention and no deviations from the study protocol were found.
 - Positive participant ratings for overall program satisfaction, perceived helpfulness, and program length and format
 - Statistically increases in transition readiness, self-management skill acquisition, and disease knowledge,
 - AYA and parent-perceived transfer readiness also improved.



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* McKissick et al Journal of Pediatric Health Care [Volume 31, Issue 4](#), July–August 2017, Pages 452-458

** Gray et al., J Ped Psych, 46(1), 2021, 1-11.

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Background: Joint HCT Telehealth Visit

- Joint HCT telehealth visit offers young adults, pediatric and adult clinicians a time efficient approach to facilitate a “warm handoff” to adult care.
- Joint telehealth visit:
 - Offers shared communication that strengthens continuity of care and engagement.
 - Improves the comfort and confidence the young adult and their parent/caregiver has with their new clinician.
 - Allows the young adult and their parent/caregiver to convey their preferences and ask questions.



Joint HCT Telehealth Toolkit

- The Toolkit includes two tip sheets:
 - One for primary care teams with steps to follow to assist YAs with and their parents and/or support persons to join a Joint Telehealth visit and includes a sample content for Joint Health Care transition telehealth visit
 - One for YAs and their parents and/or support persons with information and questions to consider when they are joining a joint telehealth visit with their pediatric and future adult health care providers
- The toolkit was developed with input from providers at CHOP complex care clinic and reviewed by youth/young adults and parents.



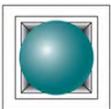
Sample Content for Joint HCT Telehealth Visit

- The telehealth visit could be organized into two segments:
 - Initial segment: Communication between the young adult and pediatric and adult clinicians
 - Second segment: Communication/warm handoff between the pediatric and adult clinicians



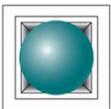
Sample Content for Joint HCT Telehealth Visit

- Before the Joint Visit
 - Welcome Letter (<https://gottransition.org/6ce/?integrating-welcome-orientation>)
 - Medical Summary (<https://gottransition.org/6ce/?leaving-medical-summary-emergency-plan>)
 - Confidentiality issues
- During the Joint Visit (who, goals, timing)
 - Who
 - Young adult
 - Pediatric and adult clinicians (e.g., physician/nurse/social workers/care manager/other key team members as needed)
 - Parent/caregiver may be present, if appropriate, for some or all the visit



During the Visit: Suggested Goals and Timing

- Goals
 - Provide the young adult the opportunity to meet and engage with new adult clinician(s)
 - Decrease anxiety about the transfer to an adult provider
 - Ensure a warm handoff between pediatric and adult clinicians
 - Promote the young adult's involvement in the conversation by providing an opportunity for them to ask questions about the transfer to adult care
 - Clarify next steps for the first adult clinician visit (e.g., appointment time, location)
- Timing
 - The length of the joint telehealth visit should be determined by the complexity of the young adult's medical and psychosocial issues that need to be reviewed.
 - An example of timing of a 30 min joint telehealth visit: the initial segment 10-15 minutes and the second segment 15-20 minutes.



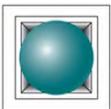
Sample Content for Joint HCT Telehealth Visit

- Suggested agenda for initial segment-led by the pediatric clinician
 - Pediatric clinician introduction
 - Confirm with the adult clinician that they received a copy of the medical summary and any other needed documents
 - Young adult questions/sharing key information (e.g., non-medical information)
 - Assure the young adult that they can and should contact their pediatric clinician for questions (e.g., medication renewals) prior to their first adult visit and clarify when the adult clinician takes over the responsibility of answering those questions/filling prescriptions.
 - Discuss ongoing issues that the adult clinician needs to address in the first visit.



Sample Content for Joint HCT Telehealth Visit

- Suggested agenda for initial segment-led by the adult clinician:
 - Confirm clinical priorities with pediatric clinician and young adult/caregiver and determine what else they want to add.
 - Mention the adult clinician's experience caring for young adults with similar conditions.
 - Provide an overview of the first adult visit, including what to expect and how to prepare (e.g., logistics, what they need to bring to the appointment – see practice example in the tool kit).
 - Ask the young adult what questions they have about the new practice before their first visit.
 - Identify the best way to contact the young adult (e.g., text, call) especially for appointment reminders



Optional Second Segment of the Joint HCT Telehealth Visit

- Communication/warm handoff between the pediatric and adult clinicians. The young adult and clinicians will decide if the young adult wants/should stay on the virtual visit through the second segment.
 - Questions about key aspects of the care of the young adult not conveyed in the medical summary prepared by the pediatric clinician
 - Confirm any key issues that need follow up in the first adult visit
 - Clarifying questions about how the new adult clinician can reach/consult the pediatric clinician, if needed
- Alternative to second segment: Clinicians could use the Joint Interprofessional Consultation at another time without the young adult present.



Information about a Joint Telehealth Visit for Young Adults

- 1 Who will be there?
- 2 What will happen?
- 3 What are some questions to ask about the visit?
- 4 What do you want to tell your new doctor, so they will know you better?
- 5 After the visit
- 6 Helpful resources in the tool kit

GT/Family Voices telehealth video
Got Transition's Resource Infographic
Got Transition's Family Toolkit



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Examples from the Toolkit

3 What are some questions to ask about the visit?

Sample questions to ask your new doctor:

- How do I get to the office? What should I bring? Is the office accessible?
- Do you have an up-to-date medical summary of my health condition?
- How do I schedule a visit?
- Who do I contact if I have an urgent health care need?
- How will you communicate with my other specialty doctor?
- How often do I need to see you? What telehealth platform does your office use?

Sample questions to ask your new doctor if you want your caregiver to join you so they can talk with the doctor about your health:

- Can my caregiver join for some or all of the telehealth visit?
- How will you communicate with my caregiver?
- What paperwork do you need so you can communicate with my caregiver about my health?



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Examples from the Toolkit

4 What do you want to tell your new doctor, so they will know you better?

- Something about your medical history?
- Something you enjoy, like sports or drawing?
- Something you are worried about at the new office, like blood tests?
- Who else would you like to be involved in your health care?

5 After the Visit

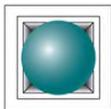
- Work with your pediatric doctor's office or call the adult doctor's office to set up your first visit with your new adult doctor



Family Voices Video: Telehealth and HCT



Watch here: <https://www.youtube.com/watch?v=onYfTnQ86Lo>



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Patient and Physician Feedback from Two Joint Telehealth Experiences

- Children's Hospital of Philadelphia
- Value Based Payment GT Pilot in Washington DC



CHOP Telehealth and Transition Data

- Current telehealth programs:
 - Congenital Heart Disease
 - Transition team
 - Epilepsy team
 - Pulmonary (Tech Dependence Clinic)
- Programs developing telehealth transition infrastructure:
 - Spina Bifida



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CHOP Telehealth and Transition Data

- Pilot (2017-2019), Epilepsy Team: 18 calls
- Post-visit family survey:

	It was helpful to hear the conversation between my pediatric and adult neurology provider. (n=8)	The adult neurology provider has all the important information needed to manage my epilepsy. (n=8)	I feel confident that the adult neurology provider can manage my epilepsy. (n=8)	Compared to how you felt before the conversation, how do you feel now about going to see an adult neurology provider? (n=8)
Strongly Agree	75%	37.5%	25%	Much better: 50%
Agree	12.5%	50%	25%	Better: 50%
Neither Agree nor Disagree	12.5%	0%	50%	Same: 0%
Disagree	0%	12.5%	0%	Worse: 0%
Strongly Disagree	0%	0%	0%	Much Worse: 0%



Feedback on GT Pilot Study with Joint Telehealth Visit

- A pilot study was conducted with a specialty Medicaid managed care organization (HSCSN) in Washington, DC. With local pediatric and adult HCPs, the HCT intervention included:
 - a final pediatric visit
 - medical summary
 - joint HCT visit
 - initial adult visit
- Feasibility was assessed via YA feedback surveys and interviews with participating HCPs
- Feedback on the Joint Telehealth Visit:
 - Youth and Families (6): How helpful was the joint telehealth visit in making you more comfortable for this move to an adult doctor?
 - Results: 5 responded “Very”, 1 responded “Somewhat” and none said “Not at all”
 - Clinician perspective (2 pediatric and 2 adult providers)
 - Results: All HCPs found the joint telehealth visits very helpful and important to continue in future HCT work, especially for more complex patients. Scheduling the visits were a challenge in the pilot.



Payment for Joint Interprofessional Consultations with Young Adults, Pediatric and Adult Clinicians

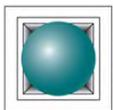
- There is no current payment code specifically for a joint telehealth visit between the young adult, pediatric and adult clinicians. Got Transition and AAP proposed a code this year, but it was not accepted.
- AAP Coding experts have informed us that two clinicians can bill for a telehealth visit at the same time with the young adult using E and M codes with telehealth modifiers.
 - The pediatric clinician would bill for an established patient office visit (via telehealth) and the new adult clinician would as a new patient office visit (via telehealth)
 - Payors may not recognize these two providers billing for the same patient on the same day, so a good next step would be to work with your insurance companies to recognize for E and M telehealth services for two clinicians at the same time or
 - Work with your insurance company to create a specific joint telehealth unique modifier as was done in the Got Transition DC pilot.
- Payment for Creating a medical summary (that is shared before the Joint Telehealth visit)
 - Use prolonged service non-face-to-face codes to pay for time creating a medical summary
- For interprofessional communication for a warm hand off
 - Use Interprofessional Telephone/Internet/Electronic Health Record (EHR) Consultation between the pediatric and adult clinician if the young adult has been recently seen by the adult provider



Prolonged Service

99354	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the usual service; first hour
99355	Each additional 30 minutes
99358	Prolonged E/M services before and/or after direct patient contact (different day from visit); first hour
99359	Each additional 30 minutes

See pages 3 and 15-16 and vignette #8 on page 11 in 2022 Coding and Payment Tip Sheet at www.gottransition.org



Interprofessional Telephone/Internet/ Electronic Health Record (EHR) Consultation

99446	Interprofessional telephone/Internet/EHR assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other QHP; 5-10 minutes of medical consultative discussion and review
99447	11-20 minutes of medical consultative discussion and review
99448	11-20 minutes of medical consultative discussion and review
99449	31 minutes or more of medical consultative discussion and review
99451	Interprofessional telephone/Internet/EHR assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other QHP; 5 minutes or more of medical consultative time
99452	Interprofessional telephone/Internet/EHR referral service(s) provided by a treating/requesting physician or other QHP, 30 minutes



Vignette for Interprofessional Consult

- After a patient's second visit to the adult primary care physician, the adult primary care physician asked the patient's previous pediatric physician for an interprofessional consultation on this 19-year-old with an established diagnosis of ADHD.
- The young adult presents with his mother to the adult physician for review of his pharmacologic management of ADHD. The young adult has signed a HIPAA form to allow his mother to be present during the visit. At the prior visit, the adult physician had prescribed a new medication, Adderall XR, but the young adult's focus had not improved. The mother and patient agree with the adult physician that an interprofessional consultation with the patient's former pediatric physician is warranted to determine subsequent management and planned for the next day.
- The adult physician communicates by telephone with the consulting pediatric physician for this interprofessional consultation. The consulting pediatric physician spends 25 minutes via telephone discussing the patient with the adult physician along with making recommendations on pharmacologic and behavioral management and the importance of adequate sleep. Included in this time, the pediatric physician dictates a consultation report to be sent back to the adult physician and the adult physician contacts the patient with recommendations.
- Total physician time was 50 minutes: 25 minutes face-to-face with patient and 25 minutes for interprofessional consultation.



Coding Vignette for Interprofessional Consult*

For the adult physician (if the interprofessional consultation with the pediatric physician occurred on a different day than the adult physician's face-to-face E/M visit with the young adult):

- Coding: **CPT 99213** for the 25 minutes spent with the patient on the previous day (Office visit, established patient, low level of medical decision making or 20-29 minutes)
- Coding **CPT 99452** (Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.) (Note: The adult physician may report 99452 if spending at least 16 minutes that day preparing for the referral and communicating with the consultant. The CPT halfway point regarding time [according to CPT Professional Edition 2022]: "A unit of time is attained when the mid-point is passed. For example, 60 minutes is attained when 31 minutes have elapsed [more than midway between zero and 60 minutes].")

ICD-10-CM: F90.2 (Attention-deficit hyperactivity disorder, combined type)

For the pediatric physician (regardless of what day the consultation was done):

- Coding: **CPT 99448** (Interprofessional telephone/Internet/electronic health record 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; 21-30 minutes of medical consultative discussion and review)

ICD-10-CM: F90.2 (Attention-deficit hyperactivity disorder, combined type)

See page 12 and 25 in 2022 Coding and Payment Tip sheet at GotTransition.org



Lessons Learned

- The joint visit was welcomed and appreciated by the young adult and family and clinicians
- The joint visit is most effective for more complex young adults and their families. Young adults without SHCN were not as interested.
- Have a standing joint telehealth visit time that can be cancelled if not needed to avoid the difficult scheduling issues between clinicians.
- Consider combining the joint telehealth with an in-person pediatric visit
- Often services that have been hard to coordinate (e.g., behavioral health consults, community resources) can be expedited during the joint telehealth visit
- Second segment of the Joint telehealth visit can meet the need for medical issues sign out/reconciliation of medications for the transferring young adult
- Payment options are available: Coding for joint telehealth visit available but may need payor advocacy, creating medical summary and utilizing interprofessional consultation codes



Thank you! Questions?

Access these tools and additional HCT resources on Got Transition's website at GotTransition.org.

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