

# COVID-19 Pandemic Impacts Volume of Evaluation & Management (E&M) Telehealth Visits within Community Oncology Practices

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# Disclosure

The authors have no relevant financial or non-financial interests to disclose

# Background

## Objective

This study aims to analyze the utilization of Evaluation & Management (E&M) telehealth options in community oncology pre and post pandemic.

## Telehealth / Telemedicine :

- The use of electronic information and telecommunications technologies to extend care when a healthcare provider and the patient aren't in the same place at the same time
- Legal definition:
  - The mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and health care provider is at the distant site

# Nationwide representation by iKnowMed EHR

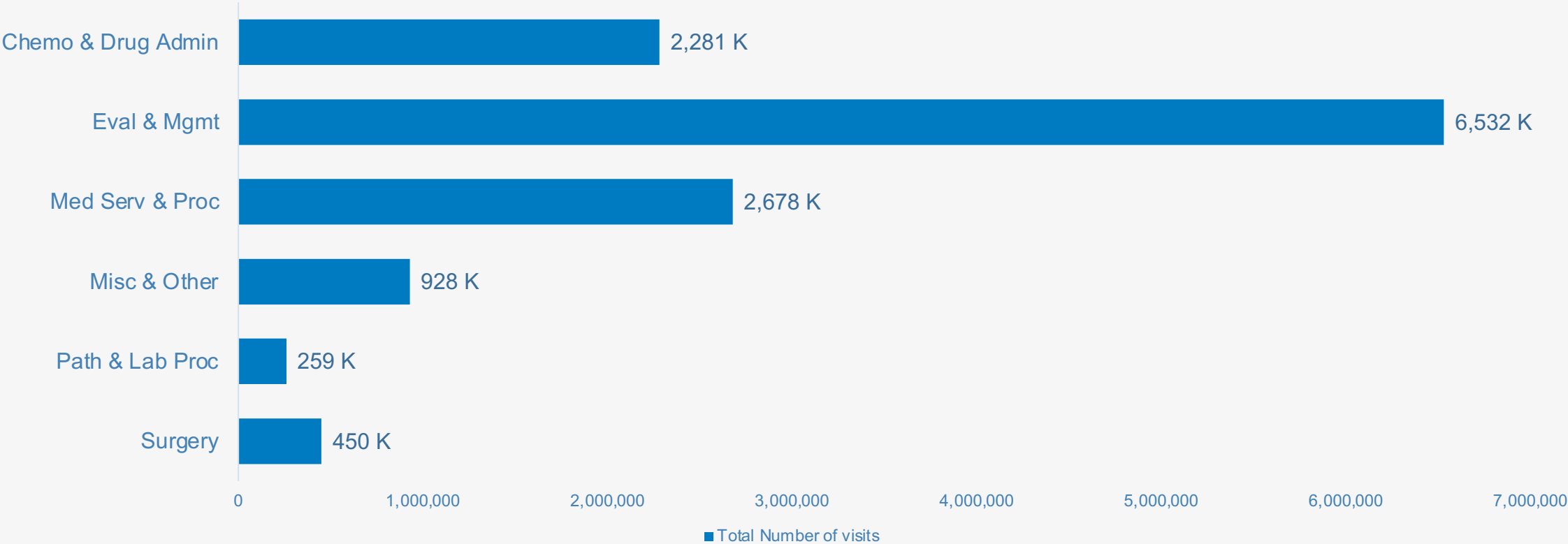
- Specialty EHR is the leader in value-based care (<https://www.ontada.com/>)
- 900 physicians participating in the Center for Medicaid and Medicare Innovation Oncology Care Model (OCM)
- Included more than 1380 physicians nationwide in-network for USON
- Records of 1.2M+ patients treated annually within US-Oncology network
- More than 2M patient records available for research
- This study represented 20 community oncology practices from US Oncology Network

# Methods

- This study include 20 Oncology practices
- Deidentified patient visits data between 1<sup>st</sup> Jan 2018 – 30<sup>th</sup> Sept 2021
- Approximately 8.56 million unique patient visits were recorded during this period
- Visits were classified into following categories following the AAPC hierarchy ([American Association of Professional Coders](#)) for billing codes
  - Evaluation and Management
  - Chemotherapy and drug administration
  - Medical Services and Procedures
  - Pathology and Lab Procedures
  - Surgical visits
  - Other
- Patient visits with modifiers –GT, -95, and –GQ were classified as telehealth
- The telehealth visits before 17<sup>th</sup> Mar 2020 will be used to established baseline trends

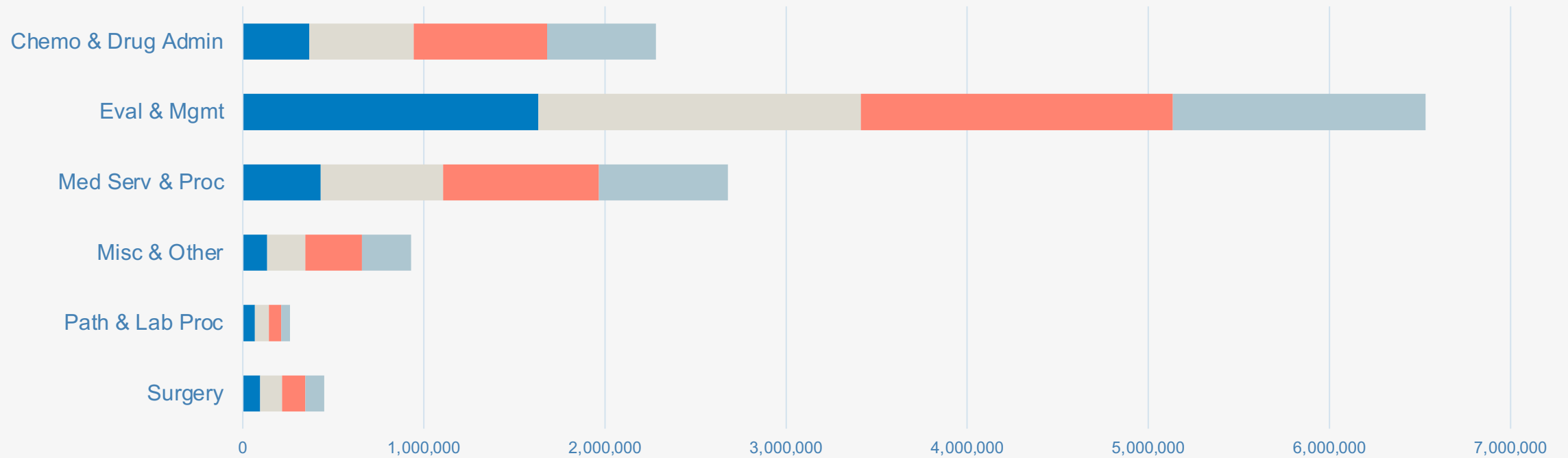
# The majority (75%) of visits were coded for Evaluation and Management

Jan 2018 – Sep 2021



# The proportion of visit type remained stable across years

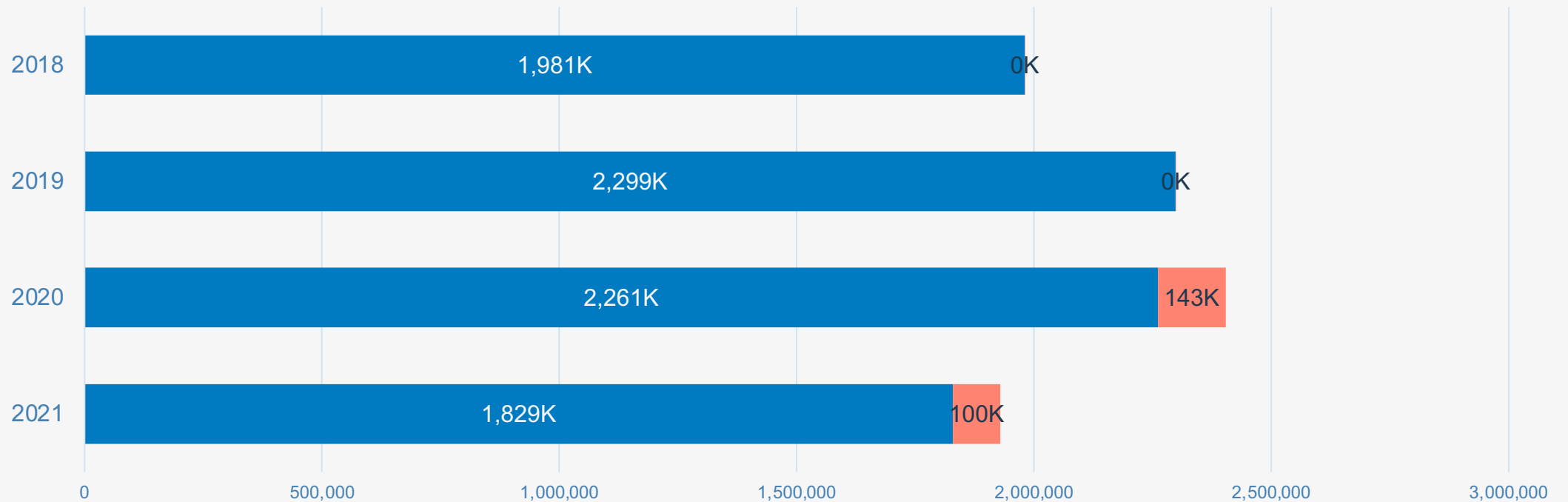
Jan 2018 – Sep 2021



	Surgery	Path & Lab Proc	Misc & Other	Med Serv & Proc	Eval & Mgmt	Chemo & Drug Admin
■ 2018	94,949	66,855	135,327	429,484	1,632,007	368,009
■ 2019	121,647	77,691	210,182	675,880	1,779,341	576,365
■ 2020	129,552	66,605	311,379	861,662	1,724,788	736,945
■ 2021	103,867	48,218	271,254	711,292	1,395,633	599,660

# E&M : Effectively no telehealth services consumption before 17<sup>th</sup> Mar 2020

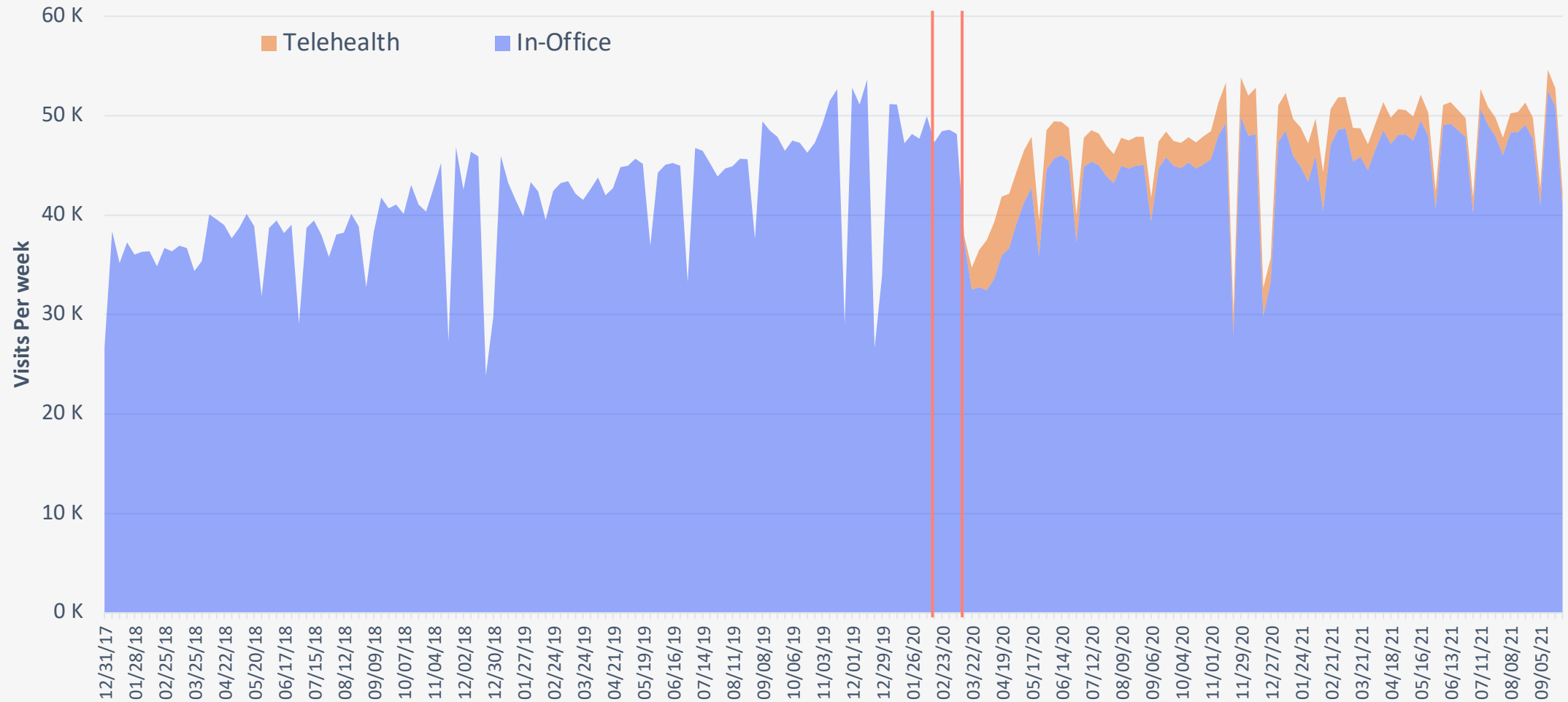
Jan 2018 – Sep 2021



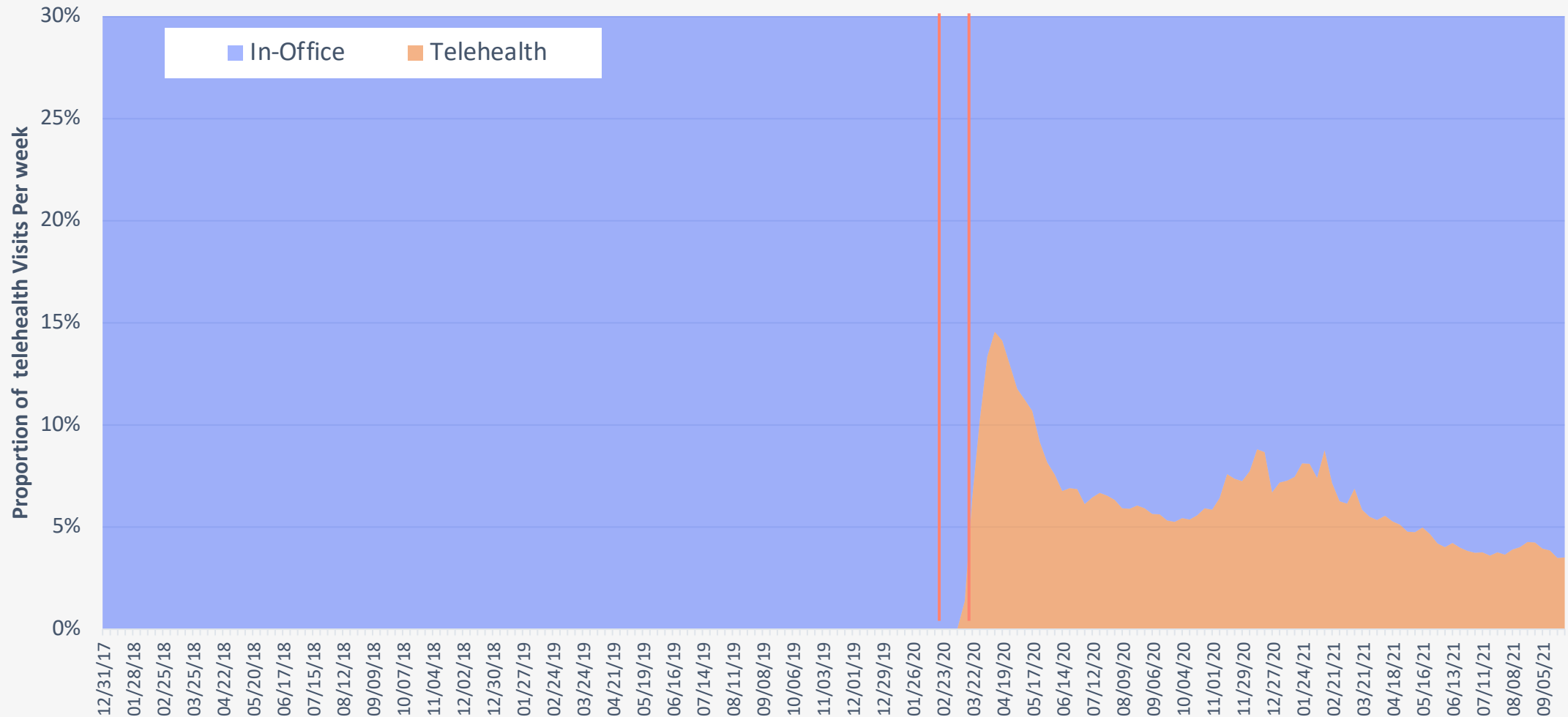
	2021	2020	2019	2018
■ In-Office	1,828,928	2,261,017	2,298,617	1,980,681
■ Telehealth Visit	100,209	142,569	18	4



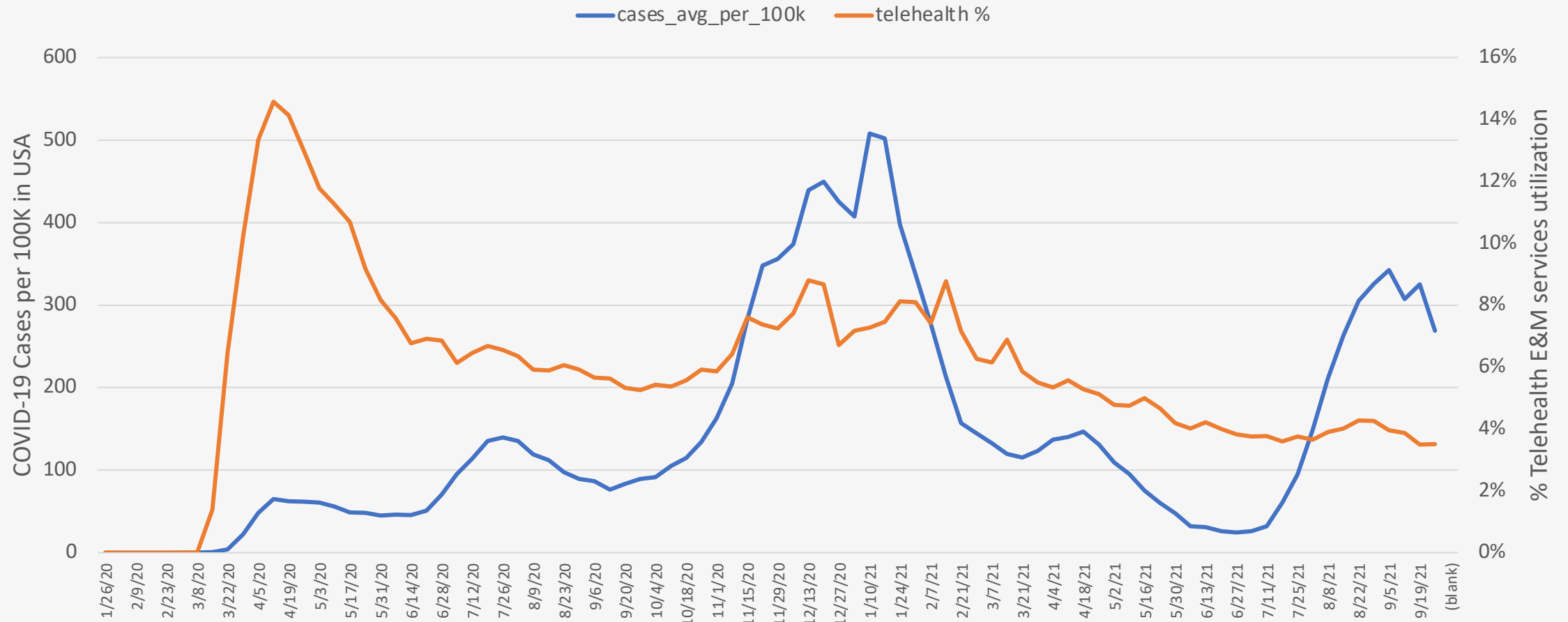
# E&M : Weekly Telehealth services consumption (moving avg 2 weeks)



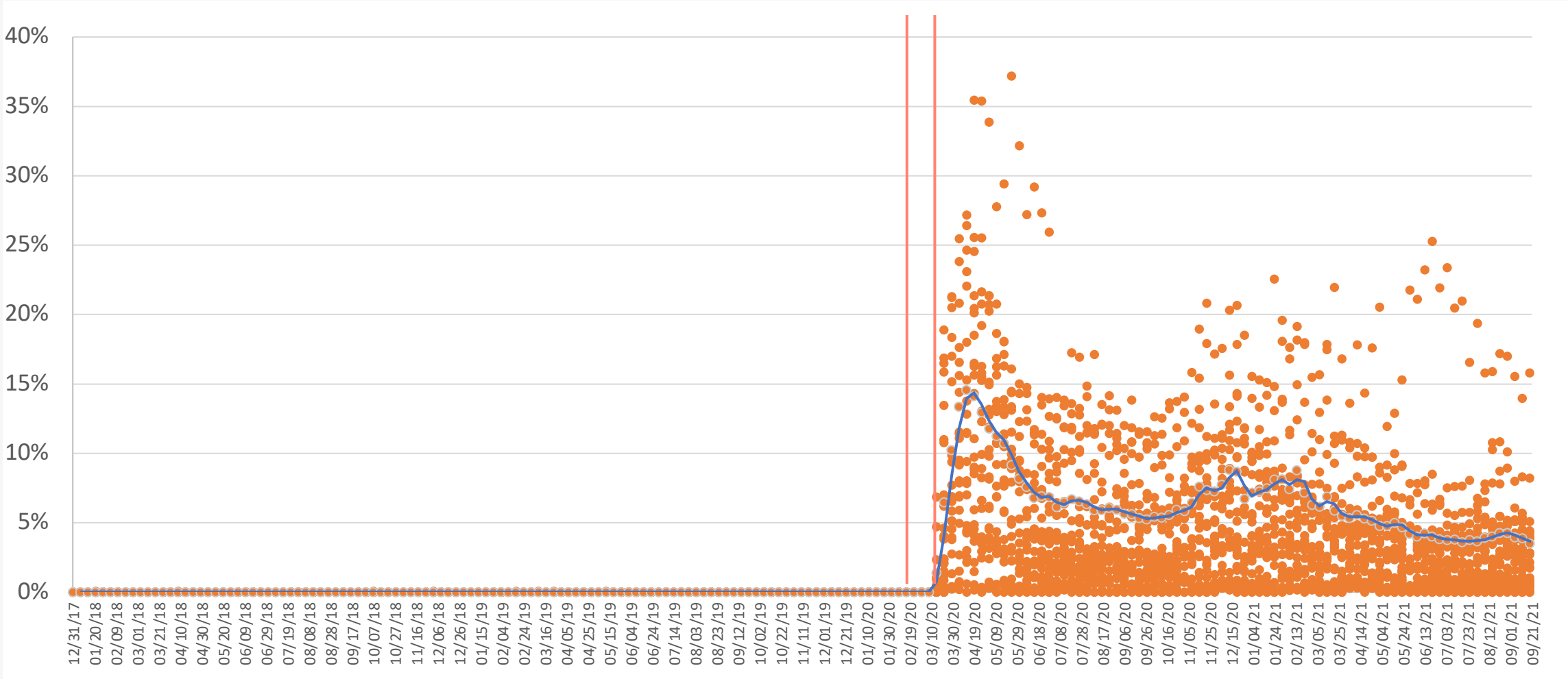
# E&M : Telehealth services consumption (proportion %)



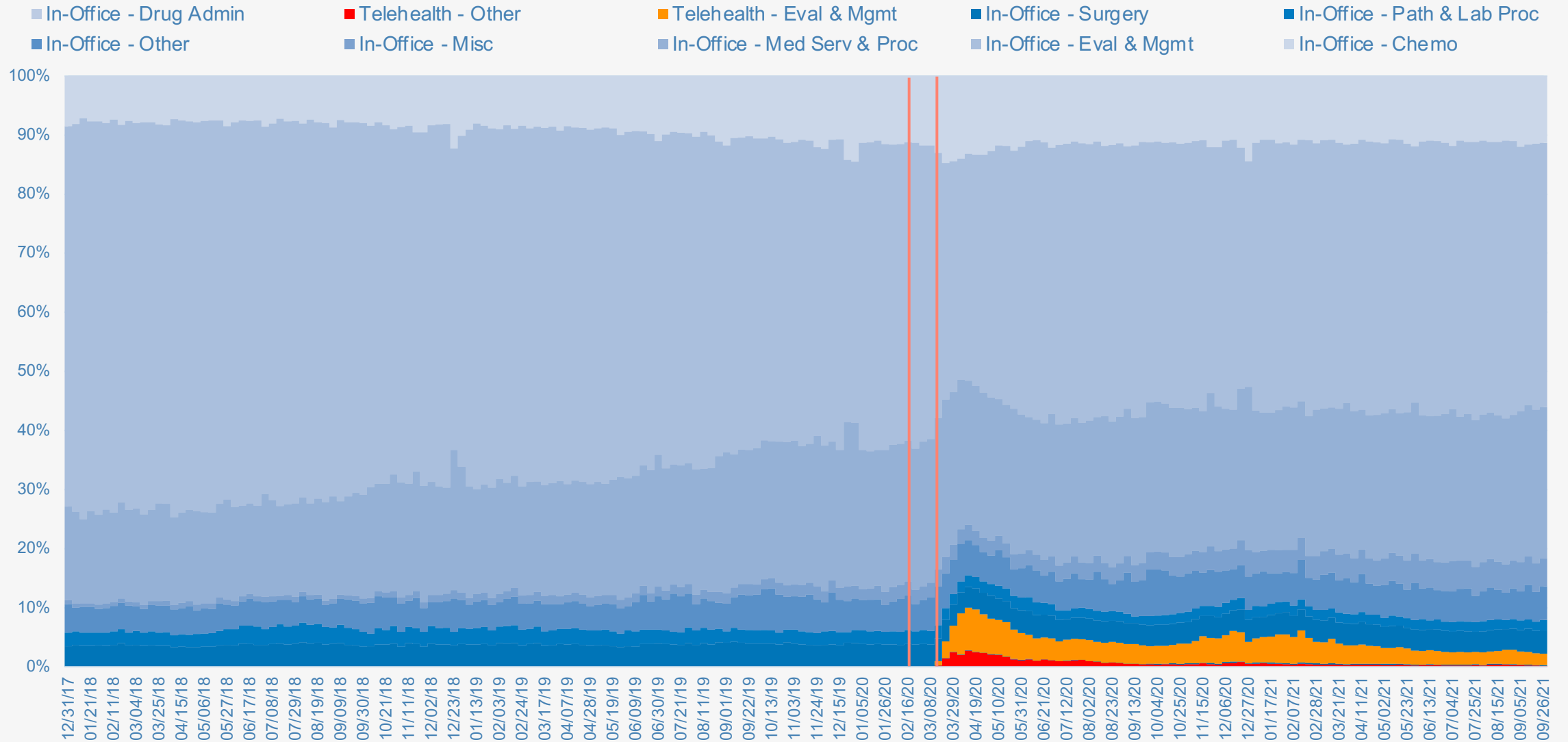
# Correlation between Telehealth utilization and COVID case load



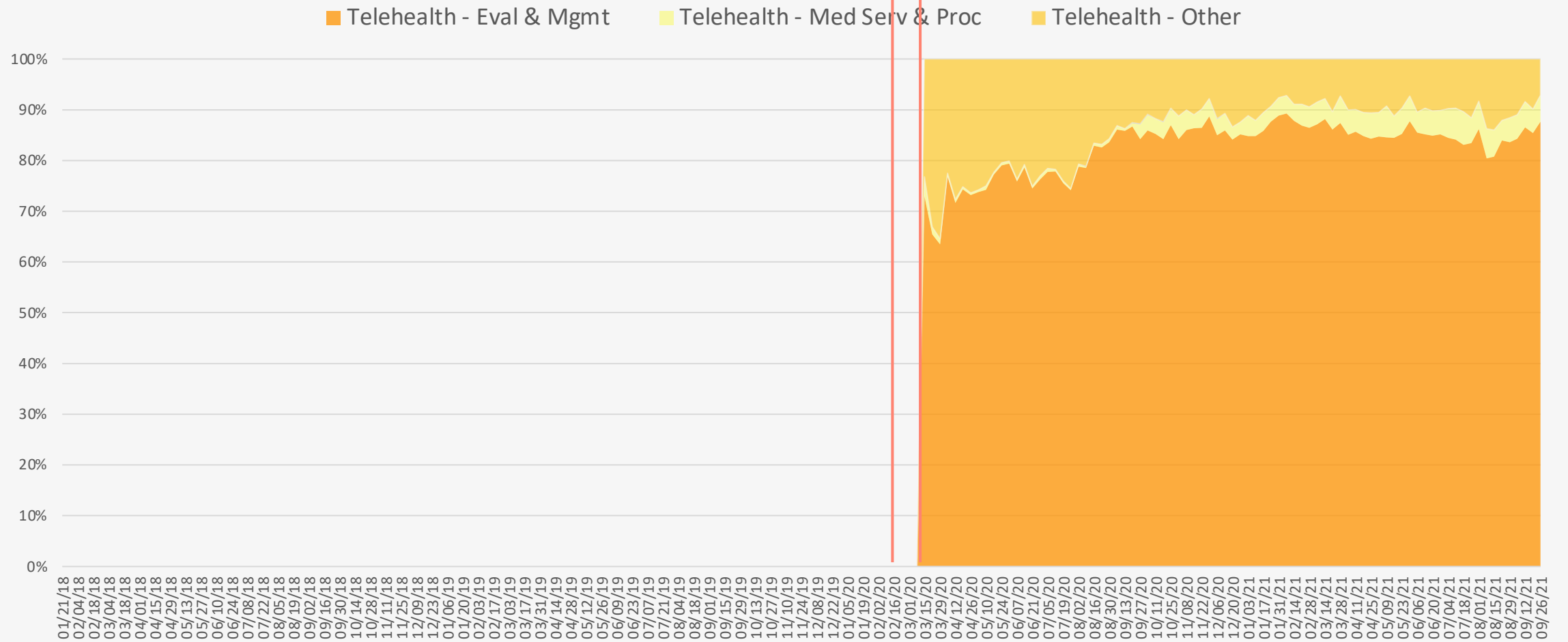
# E&M : Telehealth services consumption (proportion %) by practice



# Visit subtypes : Proportion (%) of the total visits<sub>(weekly)</sub>



# Telehealth subtypes : Proportion (%) of the total telehealth (weekly)



# Findings : Telehealth is here to stay !

- Telehealth services were effectively never used until the pandemic
- Treating telehealth visits as in-office for reimbursements was the immediate cause to begin the usage of Telehealth services
- All practices within US Oncology network adopted telemedicine
- The policy decisions and public sentiment about severity of COVID-19 correlated to the usage of telehealth services
- Proportion of the telehealth visits out of all evaluation and management visits is stabilizing around 3-5%
- Weekly proportions of telehealth visits for different providers varied significantly
- Providers and medical coders needed 6+ months to resolve uncertainty related to changes in billing codes due to the pandemic

# Limitations

- The billing codes used in this study were generated in the Clinical EHR. It is uncertain that the same billing codes were used for filing claims for these patients



## Next steps? A lot of questions ....

- Proportion of the telehealth visits out of all evaluation and management visits is stabilizing around 3-5%
  - How did it affect patient care and outcomes?
  - How did it affect the bottom-line of community oncology providers?
  - Were the trends of observed in the specialty care of community oncology similar to other specialties?
- The policy decisions and people sentiment were correlated to the usage of telehealth services
  - What services suffered the most and how can we minimize impact?
  - Were there any clusters of patient characteristics that were not correlated?
- Weekly proportions of telehealth visits for different providers varied
  - What were the drivers for the variation between practices?
  - Could providers be better prepared for such changes?
- There was a lag of 6+ months in the resolution of coding of various kinds of telehealth billing codes
  - Could policy decisions be developed/communicated better to allow better acclimatization?
  - Can the providers and coders be prepared better for future changes?

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