CIRCLE HOME
TELEHEALTH SERVICES
MANAGING COMPLEX PATIENTS AT HOME

Providing a Quality, Caring **Extension of Your Practice**

About Circle Home Telehealth Services (CHTS)

Circle Home Telehealth Services, PC is a specialized telehealth physician practice that enables small primary care practices to offer remote care coordination services for their patients living at home who have multiple chronic conditions and who have a relatively high risk of breakdown in their health status. Specifically, CHTS is an extension of the reach of the primary physician or nurse practitioner:

- To let you know how each of your enrolled patients is doing between office visits while at home;
- To help your patients understand and better self-manage the treatments you have prescribed; and
- To let you know, in a timely way, when concerns about a patient's progress develop.

Highlights of the Circle Home Program (CHP)

Care Coordination Plan

Following an initial telehealth visit with a CHTS NP, an individualized care coordination plan is set up by an RN Coordinator (RN) to support and carry out the elements of the treatment plan you have prescribed for your patient. This is documented in a longitudinal electronic medical record in the CHTS EMR.

High Touch Interaction with Patients at Home

Continuous telehealth contact with each patient (voice and video) is maintained during each month by the RN to enable a constantly updated understanding of patient need and health status. All relevant nursing notes and biometric readings stored in the patient's medical record are shared with you electronically via a concise patient report sent directly to your EMR or by secure email.

The RN assigned to each patient stays with them over time – the key to forming a bond of trust and to better understanding and seeing the changes in the patient's health status and circumstances. Social work support is included in each care plan as needed to address social or behavioral issues that are obstacles to patient progress. A CHTS physician is available to the CHTS NPs and RNs to consult on the patient, and if needed, to discuss any concerns directly with you.

Enhanced Awareness of Changes in Health Status

Should a patient's health status change adversely or in a manner requiring your review, CHTS will promptly inform you. CHTS never unilaterally changes a diagnosis or treatment (including Rx) without your approval; we will contact you and direct the patient back to you for office visits, treatments, and prescriptions.

Five Easy Steps to Enabling CHP Services

1. Learn CHP patient eligibility criteria – simple, applicable, common sense and conforming to CMS requirements.
2. Suggest CHP to patients you think will benefit and makes a referral to CHTS with patient consent (during a direct discussion with the patient, typically at an appointment).
3. CHTS contacts the patient, gains formal consent, verifies coverage, receives data from your EMR.
4. CHTS sets up care plan, stays in constant touch with the patient and sends back electronic reports to your EMR.
5. CHTS promptly contacts you if any concerns become apparent.

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Expectations of the Primary Physician or Nurse Practitioner

Other than encouraging a patient to consider the CHP and making a referral to CHTS (just as with any other referral), the main expectation is that you are be available for consult when an event or change in a patient's condition needs to be addressed.

Key data in the patient's medical record derived from your EMR is sent to CHTS as is typical in referrals to specialists. Import of data back from CHTS to the practice EMR is electronic and automatic and on a schedule of your choosing, but no less frequently than monthly.

To carry out the CHP, no administrative tasks are required of the practice - no extra demands on practice staff, nor recording of time spent on coordination for billing purposes, no checking of patient health coverage, nor generation of claims or management of payments from payers – all of these are handled by CHTS.

There is no cost to your practice in making a referral. To the contrary, there is a monthly PPPM fee paid to you by CHTS for every patient in an active care coordination plan.

Patient Eligibility Criteria

The CHP is designed specifically for those complex patients you worry about the most, which include:

- Those who are most likely to destabilize if they are not closely followed
- Those who need extra support in carrying out their prescribed treatment plan
- Those with or without family or caregivers that need assistance in understanding and coordinating their care

To be eligible for the CHP, the patient must have:

- Multiple (two or more) chronic conditions that are expected to last at least 12 months or until death, and place them at significant risk for acute exacerbation, decompensation, functional decline, or death
- Traditional Medicare or Medicare Advantage coverage

Additional Information About CHTS

For more information about Circle Home Telehealth Services or the Circle Home Program, call 844-245-7232 or visit our website at www.circlehome.us.

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