

Emerging from a Pandemic: *The Critical Role of Medical Assistants*

Improving the
Patient Experience





Speaker

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- Over 30 years of healthcare industry experience
- Currently serves as a Sr. Health Plan Director at Quest Diagnostics
- As a laboratory scientist, Dana has held leadership roles in the clinical laboratory, including business development, quality assurance, sales, marketing, training, operations, billing, and point-of-care testing
- She resides in Lake Mary, FL and enjoys tap-dancing in her free time

Objectives



As we emerge from a pandemic, discuss the evolution of expectations surrounding the Patient Experience



Discuss the role of Medical Assistants in driving quality and patient satisfaction



Examine current examples of successful collaboration to improve Net Promotor Scores



Explore the role of the lab in supporting an improved Patient Experience

To make a difference
in someone's life you don't
have to be brilliant, rich,
beautiful, or perfect.
You have to care.

- Mandy Hale

March 5, 2020



Quest Diagnostics to Launch Coronavirus Disease 2019 (COVID-19) Test
Aim of new service is to supplement public health response in the United States
March 5, 2020

NBA extends streak of spotless coronavirus testing in Orlando
Aug 5, 2020



LIVE STREAM: White House task force holds briefing as coronavirus cases surge
June 26, 2020

Walmart Now Piloting Drone Delivery of COVID-19 At-Home Self-Collection Kits
Sept. 22, 2020



The City of Orlando Partners with Walmart and Quest Diagnostics to Open COVID-19 Drive-Thru Testing Site

Orlando, FL – May 1, 2020



Building alignment

Historically different perspectives and approaches



Providers

focused on delivering all the care they think their patients need¹

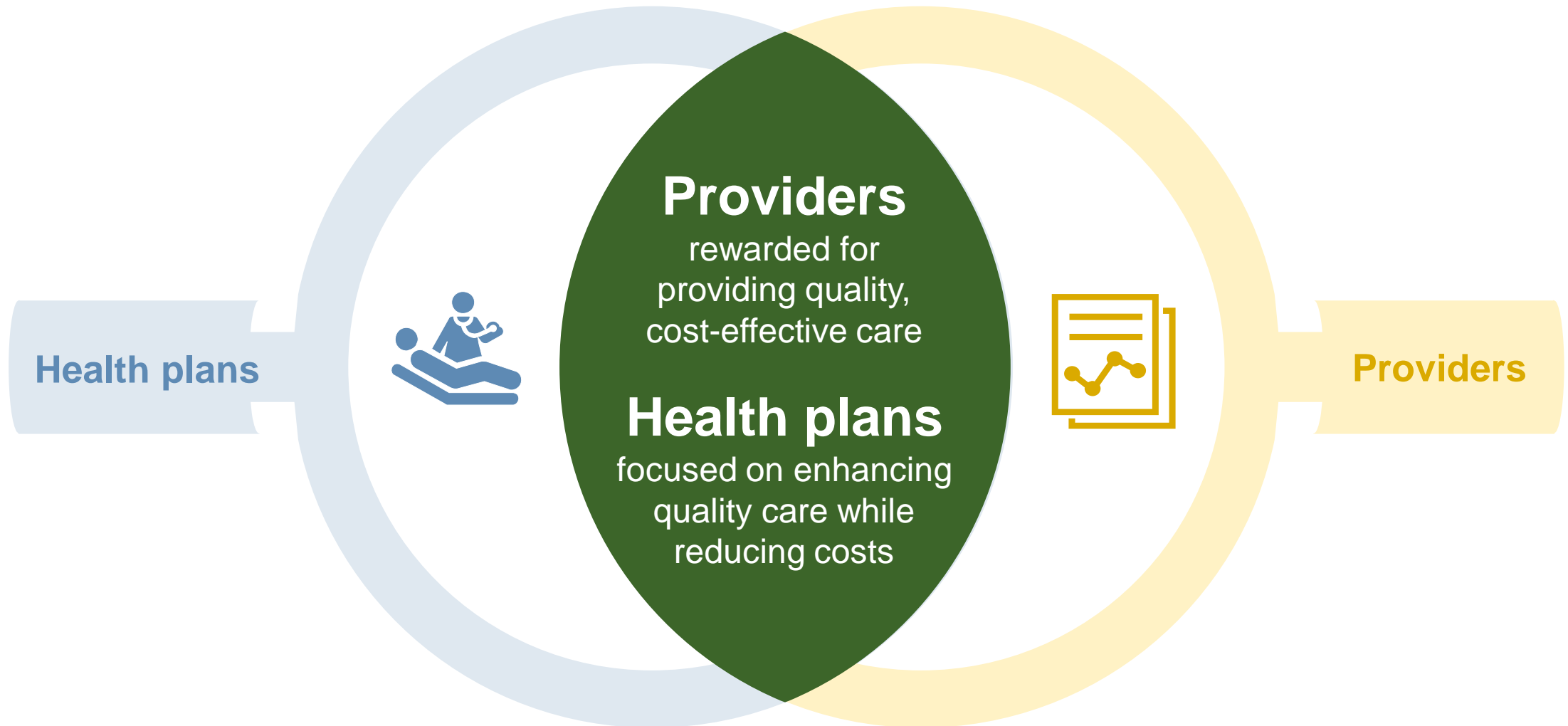


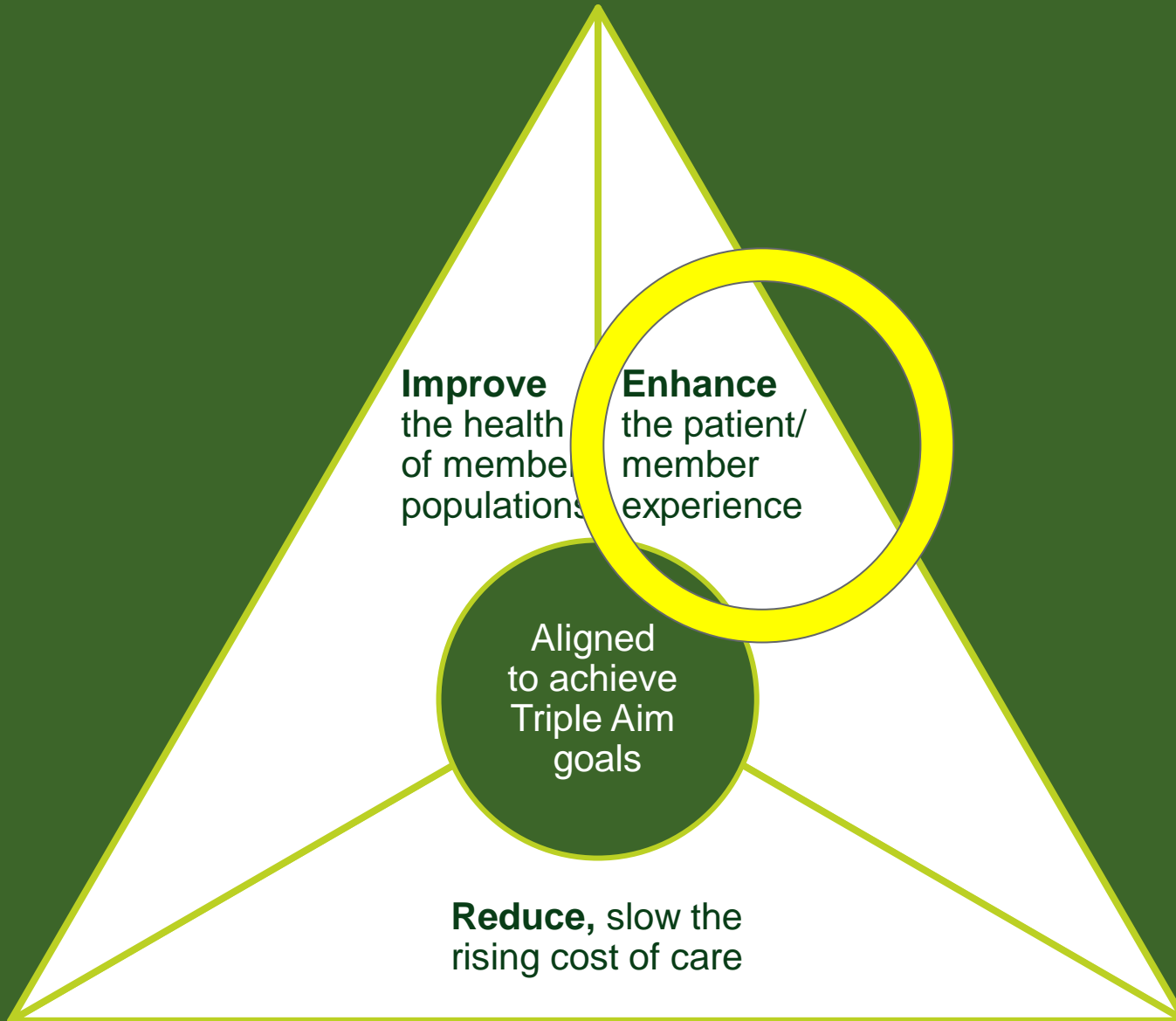
Health plans

focused on providing quality, cost-effective, and *appropriate* care

1. Flannery M. Payers and providers: partnering for better (and less expensive) health care. February 11, 2019. Accessed September 20, 2019. <https://medium.com/@markiflanneryvnsny/payers-and-providers-partnering-for-better-and-less-expensive-health-care-f58948b1613a>.

Working toward improved quality and outcomes





As the healthcare system shifts from fee-for-service to value-based care, enhancing the **Patient Experience** becomes critical

Patient consumerism has also increased the need for collaboration



Patient consumerism and new member demands have prompted health plans to build quality and value-based programs around **member experience, engagement, and satisfaction.**



Deferred Care

KNOWING your patients' needs in a **COVID-19** world

Overcoming deferred care to better understand a patient's health



DEFERRED CARE:

Steve^a

- 49-year-old male who suffers from high blood pressure and diabetes
- Daily smoker
- Has not been physically active during the pandemic
- Family history of heart disease

Steve, like many Americans, cancelled his annual physical due to COVID-19. He is worried about COVID-19 exposure and is hesitant to come into the office. However, he's noticed some concerning symptoms that have been worsening of late:



Gained 15 pounds over the pandemic despite a lack of appetite



Is constantly tired

^a Profiles are fictitious and not based upon a real individual. Quest Diagnostics does not represent or warrant that the facts in this case study constitute medical advice or endorsement of a particular method of treatment.



Steve's preexisting conditions require regular monitoring. Understanding his baseline health is critical, as diabetes can often be self-managed¹—but his symptoms suggest his condition could be worsening.

A secondary COVID-19 healthcare crisis: deferred care

New findings suggest a significant number of patients are putting off the medical care they may need—including preventive and chronic care—due to fear and other barriers. This could have potentially devastating consequences for their health.²



3 in 5

US adults have **avoided or delayed in-person care** during the pandemic²



1 in 3

Americans with a chronic health condition say their **condition has gotten worse** since the pandemic began²



2 in 5

Americans are somewhat/very **concerned they may have an undiagnosed health condition**²

The impacts of COVID 19 on colorectal cancer screening



Assessing Impact

90% ↓
drop in colonoscopies and biopsies by mid-April compared to same period in 2019

18,800
estimated missed or delayed diagnoses of CRC from early March through early June

1.7M
missed colonoscopies

4,500+
excess deaths from CRC over next decade



Identifying Inequities

COVID-19 related pauses in medical care threaten to exacerbate CRC disparities in underserved populations

1,954
temporary health center site closures as of May 8th

1 in every 4
Americans may lack digital literacy skills or access to internet-enabled devices to engage in video visits

Electronic ordering improves tracking and ease of use

Order InSure ONE (TC 11290) in just 2 easy steps:

1

Place the stand-alone order in Quantum Lab Services Manager or your EMR



Test code 11290

should now be used for all InSure ONE orders, Medicare and non-Medicare

2

Print a copy of the requisition and place in the postage-paid reply envelope found inside the kit before the patient leaves the office



- Use Electronic ordering for in-reach screening and outreach (mailing of kits)
 - Patients don't have any forms to fill out, and only have to collect and complete label
 - Make sure EVERY InSure ONE customer is ordering electronically
 - Use lit code MI8615- How to Order InSure ONE testing to in-service HCPs

Over 300K reminders sent to over 150k patients since February



Insure[®] ONE[™] patient reminders in 2 easy steps:

- 1 Submit the order electronically, inputting the patient's contact information and consent as part of the order
- 2 Print the electronic requisition and place in reply envelope before patient leaves the office

Quest Diagnostics now offers a **patient reminder program** to help improve colorectal cancer screening compliance

Available on all electronic orders

Electronic ordering leads to improved screening rates with patient reminders...

FILED electronic orders are required for Patient Reminders

#1

- If an EMR order the patient's email must be provided
- If a Quantum LSM order consent is captured from the patient (screenshots below)

ORDER CART

View/Modify Requested Info - One or more tests in your cart requires additional information.

TESTS

Fecal Glutin By Immunochemistry (InQueW) 11200

DIAGNOSES

Address And Address 612

SPECIMEN COLLECTED EDIT

Collected 12/10/2019 Fasting - Unknown

INSURE ONE REMINDER CONSENT* ADD

ORDER DETAILS SHOW MORE

Unable to retrieve client price for today's services.

Labels to print 1

SAVE AS DRAFT SUBMIT ORDER CANCEL

InSure ONE Reminder Consent*

By selecting below, you are confirming the patient consents to be contacted by or on behalf of Quest Diagnostics at the phone number or email address provided below with a reminder to return their kit.

Contact Preferences

Email Address

Text Mobile Phone

Do Not Remind My Patient

Email Address Confirm Email Address

Edward.Blake@gmail.com Edward.Blake@gmail.com

#2

- SMS or email reminder messages at 1 week and 2 weeks*

Quest reminder to return the test kit provided by your doctor. Questions? s.myquest.com/1cik Ignore if you already returned. Reply STOP to not receive again.

Quest Diagnostics

Hello (First Name),

Your doctor recently provided you with a Quest Diagnostics test kit. This is a reminder to return that kit at your earliest convenience. You can complete your collection in the privacy of your own home and send it back to us in the envelope provided.

If you have any questions about the screening test your doctor requested, please visit our website at QuestReminders.com. If you have already returned your kit, you may ignore this email.

Good health starts with KNOWING

Learn more at QuestReminders.com

*All EMR orders will receive email reminders

Reminders are part of our customer-oriented services – available on all electronic orders at no additional cost to patient or provider



Role of labs

Tools to reduce administrative burdens, improve the member experience, and drive net promoter score improvements



Mission

Simplify lab ordering processes to support the quadruple aim

- Take out waste in the system
- Reduce friction (provider, patient, health plan)
- Explore novel, innovative solutions



Targeted actions

Simplify the lab ordering process through connectivity

- **Drive electronic ordering (providing awareness of individual coverage policies)**
- Foster pricing transparency
- Eliminate downstream “disruption” seeking additional billing information
- Bring awareness of pre-authorization requirements

Wellness Screening: Laboratory Based

Identify overdue screening procedures

- ✓ Annual colorectal cancer screening FIT
- ✓ Comprehensive diabetes care: A1c for known diabetics
- ✓ Cervical cancer screening: PAP smear with reflex to HPV
- ✓ PSA
- ✓ Lead screening in children
- ✓ Breast cancer screening
- ✓ Controlling high blood pressure
- ✓ Annual monitoring for patients on persistent medications



A lab test denial = a misunderstanding between expectations of the ordering provider and the benefit structure of the individual



Targeted actions
Conduct forensics on
key lab denials

- Identify highest impact denied CPT codes
- Strategize reduction opportunities
- Improve connectivity tools/solutions
- Develop education
- Foster pricing transparency

Targeted denial forensics

PSA 84153/G0103

One key example

CPT	84153	G0103
Paid	36,492	25,967
Denied	10,210	2714
Denial %	22%	9%

Z125 Encounter for screening for malignant neoplasm of prostate

CPT 84153 primarily LCD denials (N115)

- Physicians think they are ordering PSA as an annual screen, utilizing a general health screening code (e.g., Z000 not the specific Z125 ICD-10)
- Physicians are ordering PSA as diagnostic with no supportive code



Action plan

- Opportunity for provider education
- Determine if frequency edit for PSA screening is a rolling 12 months or calendar year (January 1-December 31)

The CPT codes provided are based on American Medical Association guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed. Diagnoses must always be documented in the patient's medical record. The ultimate responsibility belongs to the ordering physician to correctly assign the patient's diagnosis based on the patient's history, symptoms and medical condition.

Schedule Laboratory Specimen Collection Appointments for Patients

The power of appointments:
ensure priority care
for your patients



When your patients need lab testing, they deserve priority care in a safe environment at a convenient time. Letting them know that appointments are prioritized over walk-ins can improve your patient's experience because it helps guarantee they will have a faster, safer visit.

What you and your patients need to KNOW: Appointments take priority over walk-ins.



Appointments are strongly encouraged. Walk-ins may face a long waiting period and may be accommodated during the next available appointment opening, but cannot be guaranteed same-day service.



When booking an appointment, patients get helpful appointment reminders and have control to reschedule or cancel at [QuestDiagnostics.com/appointment](https://www.questdiagnostics.com/appointment).

21st Century Cures Act: Patient Access to Results

Federal regulation under Cures Act restricts delays on test results to patients, effective April 5, 2021



Holds on test results released to patients will be removed under Cures Act

The 21st Century Cures Act is wide-ranging legislation enacted in 2016. [Information Blocking \(IB\) Rules](#) were issued under the 21st Century Cures Act in May 2020, with compliance required on April 5, 2021. Information blocking is the practice of interfering with access, exchange or use of electronic health information (EHI).

What is changing?

Due to changes in federal rules under the 21st Century Cures Act, healthcare providers, including laboratories, will no longer be able to intentionally delay the release of test results to patients **as of April 5, 2021** unless a delay is permitted under one of the specific exceptions to the IB rules.

Actions to Improve the Patient Experience



Identify gaps-in-care and help the patient get scheduled for the needed procedures



Follow up on ordered procedures / tests to ensure completion



Electronically order lab tests to enable tracking tools



Scrutinize lab orders for diagnosis codes that warrant coverage, or explain patient responsibility



Assist patients with scheduling appointments and gaining access to health portals such as MyQuest



Summary



Health plans and providers are more aligned than ever before, working together to achieve Triple Aim goals



Medical Assistants play a key role in driving improved quality and patient satisfaction

- Identifying Gaps-in-Care
- Electronic Laboratory Orders
- Proper ICD-10 coding
- Scheduling Patient Laboratory Appointments



Despite successful collaborations and care and disease management initiatives, gaps remain



Industry-leading labs are uniquely positioned to help health plans and providers identify and fill gaps in care



Q & A



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