

Healthcare in the Digital Age



Talking to a doctor through a computer or television screen seemed like an episode of the Jetsons not so long ago, yet the recent COVID-19 pandemic drastically accelerated the digital transformation of healthcare. As healthcare continues to evolve, experts predict a shift from facility-centered mindsets to consumer-centered ones that anticipate and fulfill rapidly changing consumer needs.

According to a study conducted by McKinsey and Company, telehealth grew from 11% in 2019 to 46% in 2020. Since the introduction of the COVID-19 vaccine, telehealth accounts for approximately 17% of all medical visits. In addition, 95% of health centers in the United States offer telehealth options, according to data from the U.S. Centers for Disease Control and Prevention, compared to just 43% in 2019.

“Patients’ inability to see a doctor due to staffing shortages, overcrowded hospitals, and concerns over the Delta (and now Omicron) variant of COVID-19 are continuing to drive increased usage of virtual consultations,” said Jennifer Kent, PhD, Parks Associates’ vice president of research, in a news release after their latest telehealth findings. “In the first half of 2021, slightly fewer households reported they were unable to see their doctor, compared to 2020, but still with over 27 million households unable to see their care provider as desired, that creates a huge gap that telehealth services can fill.”

Telehealth not only filled the void created by the pandemic but also accommodated those who struggled for access to healthcare due to proximity to provider or limited mobility issues. However, convenience and safety have become the dominating factors that will make it a mainstay. In March 2021, Deloitte surveyed over 2,000 U.S. consumers about the top two reasons they preferred virtual medical appointments. The responses included:

- Ease of attending appointments (44%)
- Reduced chances of contracting COVID-19 (43%)
- Ease of scheduling appointments (20%)
- Ability to see a physician more often (11%)
- Ability to share medical data with physician more easily (10%)
- Physician paying more attention than in in-person appointments (10%)
- Ability to conduct online research on what the physician is saying (9%)
- Physician’s ability to share medical data more easily (8%)
- Physician having better qualifications than patient’s in-person physician (5%)

Twenty-eight percent of the participants countered that the lack of face-to-face connection attributed to their dislike of telehealth. The physician’s inability to collect patient’s vital statistics were accounted for by 21% of the respondents while 17% cited connectivity issues as challenges to telehealth.

“Our physicians are very pleased with the success of telemedicine during the COVID crisis,” said Diana Rosso, Practice Administrator/Billing Manager, Cardiology Associates of Ocean County. “Telehealth has been a positive for our practice. It has helped many families who are caregivers who don’t have to take time off from their jobs or live far away knowing their parent(s) can speak to a physician. We will use telehealth when we can.”

While convenience and safety were key to the ascension of telehealth options, diagnostics via video may not be optimal for all areas of medicine as Iris Roseman, Administrator for Bayside Orthopedics, LLC, recounted that telehealth for orthopedics quickly became “a frightening example of gymnastics.”

“Can you get your knee to the camera? Can you bend you shoulder and how far? Would you please show how far you can move your hip without a hula hoop? With such a high senior population in our area, we decided to forego telehealth visits as

Continued on page 2

it was proving to be too dangerous to our clientele. Our patients come to our office and we provide a safe environment, in both COVID sanitization and in alleviating their telehealth acrobatics.”

Another potential pitfall in the rise of telehealth was the concern over privacy and data protection, according to the participants in the Deloitte study. Data breaches and ransomware have long been a threat but with the growth of digital health initiatives, greater attention is needed to ensure the security of patient information.

“Patient information security is key,” said Michelle Huff, an experienced medical office leader and billing specialist with more than three decades of experience in the field. Huff is currently the office manager of a busy private practice operated by Srinivasa Movva, MD, in Atlantic Highlands, NJ. “Our office uses Doxy.me for our telehealth calls, which is a

“We never want to jeopardize the integrity of our patient information security. Telehealth has been an incredible tool to enhance the care of our patients during the pandemic and we expect to have it as part of our toolbox long after the pandemic.”

-Michelle Huff,
Medical Office Leader and Billing Specialist

free service that utilizes state-of-the-art security and encryption protocols and is compliant with HIPAA and HITECH requirements. We’re clients of Cerner for our electronic records adding a significant layer of security into our practice. On top

of that, we stay on top of the latest literature, best practices, and state, local and national guidelines for information security.”

While telehealth may have been a by-product of the pandemic, it is also apparent that it was long overdue. According to a survey conducted by the American Psychiatric Association, 43% of

adults want to continue to use telemedicine after the pandemic resolves and 34% would prefer telehealth to an in-person visit. Physicians and medical offices also benefit from telehealth with overall patient adherence and the opportunity to expand their practice geographically. With a combination of in-person visits and secure networks providing telehealth, patients and medical staff are more connected than ever.

Corporate Corner

RWJBarnabas Health Continues Expansion Efforts

As part of its overall commitment to expand excellent, high-quality care to communities throughout New Jersey through important partnerships, affiliations and acquisitions, RWJBarnabas Health officially welcomed Trinitas Regional Medical Center into the system in January 2022.

Patients of Trinitas Regional Medical Center, an RWJBarnabas Health facility, can expect a number of benefits, including:

- Increased access to a network of health services
- Improved quality and outcomes with RWJBarnabas Health’s quality and performance improvement programs
- Enhanced services, including a specific focus on cardiac care, oncology, emergency services and wound care, as well as behavioral health services and others
- Sharpened focus on community and mission-based programs that help serve local communities, particularly those in need

Trinitas Regional Medical Center and RWJBarnabas Health signed an initial letter of intent in October 2019 with a definitive agreement finalized in November 2020. Under the terms of the agreement, the role of Trinitas as a full service, Catholic provider of acute healthcare services for the eastern Union County community will be enhanced. RWJBH will make significant investments in Trinitas and will expand the network of outpatient services currently provided by Trinitas, resulting in an even higher level of care for the community.

When announcing the finalization of this acquisition, Barry Ostrowsky, President and Chief Executive Officer, RWJBarnabas Health, stated “With the addition of Trinitas Regional Medical Center, our commitment to clinical quality, academic excellence and leading-edge research will be enhanced. Each organization has long histories of delivering healthcare to urban and underserved communities, and together we shall make New Jersey an even better place to live.”

“We are excited to officially be part of RWJBarnabas Health,” said Gary S. Horan, FACHE, President and Chief Executive Officer of Trinitas Regional Medical Center, an RWJBarnabas Health facility. “Our chief goal is to provide excellent care for our community and being the newest member of the RWJBarnabas Health family gives us the resources and opportunities to enhance the already high level of care we provide.”

While RWJBH will become the corporate parent of Trinitas, the group will retain its identity as a Catholic institution and will abide by the Ethical and Religious Directives for Catholic Health Care Services. The Sisters of Charity of Saint Elizabeth will continue to serve as the Catholic sponsor of Trinitas and the Trinitas Board will continue to oversee day-to-day operations of Trinitas.

Corporate Corner

RWJBarnabas Health CEO Barry Ostrowsky to Retire; System Looks to Mark Manigan for Future



Barry Ostrowsky

After leading RWJBarnabas Health for more than 30 years, President and CEO Barry Ostrowsky announced his retirement at the conclusion of the year. The RWJBarnabas Health Board of Trustees, led by Chair Marc Berson, subsequently announced the appointment of Mark Manigan, currently chief strategy and business development officer, as the new president of RWJBarnabas Health, effective immediately. Manigan will report directly to Ostrowsky and will assume the role of president and CEO for the system on January 1, 2023.

“Barry will always be recognized as an inspirational leader. He has been the key driver of many critical advancements for the system including the formation of the RWJBarnabas Health system in 2016, the academic partnership with Rutgers University, and the system’s pivotal mission shift in creating healthier communities, driving health equity and ending racism,” said Berson, in a statement. “We will be forever grateful to Barry for his tremendous service and leadership.”

Ostrowsky guided RWJBarnabas Health through the COVID-19 pandemic and ranks among the most respected health care executives in the state. He joined Saint Barnabas Medical Center in 1991 as executive vice president and general counsel. When Saint Barnabas Health Care System launched in 1996, Ostrowsky assumed the same role. He was named president and chief operating officer of the system in 2010 before earning his current title in 2012. During Ostrowsky’s tenure, Barnabas Health expanded to RWJBarnabas Health, launched an integrated academic health system with Rutgers University and recently announced a partnership with Trinitas (see page 2).

Manigan will serve as president through the end of the year before assuming the CEO title. He joined RWJBarnabas Health in 2019 as executive vice president, business development,

and was later promoted to chief strategy and development officer in 2020. As executive vice president, he led the system’s business development function and was responsible for the evolution of the strategic plan and oversight of RWJBarnabas Health’s Ambulatory Services division. Manigan also served as a key member of the system’s Strategic Council.

“Mark Manigan is a formidable strategist who has driven remarkable growth and expansion for the health system since joining in 2019,” Ostrowsky added in a statement. “In defining those attributes for success needed in our next leader, the board sought an individual with a broad portfolio of experiences, plus a bold vision for the future. I am confident that Mark brings these skills and much more to this position.”

Before joining RWJBarnabas Health, Manigan was a leading healthcare attorney in New Jersey at Brach Eichler, LLC, where he counseled a wide array of healthcare clients including publicly traded companies, health systems, insurance companies, private equity sponsors, ambulatory care facilities and physician groups on complex mergers and acquisitions, consolidation strategies and regulatory matters. Manigan is consistently sought by public and private stakeholders for insight into industry trends and healthcare policy, and served on both Governor Murphy’s and Governor Christie’s healthcare transition teams.

In a statement, Manigan concluded, “I am humbled and honored to have been given the opportunity to lead this incredible health system. I have been proud to work with Barry Ostrowsky, a true luminary in the field, whom I consider a friend and mentor. I am deeply moved by the commitment my 38,000 outstanding colleagues have to our mission and the communities we serve, particularly in response to the challenges presented by the pandemic.”



Mark Manigan

Protecting Patient Information

The Office of the National Coordinator for Health Information Technology (ONC) official website, HealthIT.gov, recommends the following measures and accompanying checklists that medical offices should follow:

1. Establish a Security Culture:

- Education and training must be frequent and ongoing.
- Those who manage and direct the work of others must set a good example.
- Accountability and taking responsibility for information security must be among the organization's core values.

2. Protect Mobile Devices:

- Policies are in place prescribing use of mobile devices.
- All staff agrees to abide by mobile device policy and procedures.
- Mobile devices configured to prevent unauthorized use.
- Protected Health Information (PHI) on mobile devices is encrypted.
- Connections between authorized mobile devices and Electronic Health Records (EHRs) are encrypted.

3. Maintain Good Computer Habits

- Policies are in place prescribing Electronic Health Record (EHR) system maintenance procedures.
- Staff with responsibilities for maintenance understand and agree to system maintenance policies and procedures.
- Computers are free of unnecessary software and data files.
- Remote file sharing and printing (including remote printing) are disabled.
- Vendor remote maintenance connections are documented and fully secured.
- Systems and applications are updated or patched regularly as recommended by the manufacturer.

4. Use a Firewall

- Policies are in place prescribing the use, configuration, and operation of firewalls and firewall logs.
- All computers are protected by a properly configured firewall.
- All staff agrees not to hinder the operation of firewalls.

5. Install and Maintain Anti-Virus Software

- Policies are in place requiring use of anti-virus software.
- All staff members agree not to hinder the operation of anti-virus software.
- All staff knows how to recognize possible symptoms of viruses or malware on their computers.
- All staff knows how to avoid virus/malware infections.
- Anti-virus software is installed and operating effectively on each computer in compliance with manufacturer recommendations.
- Anti-virus software is set up to allow automatic updates from the manufacturer.
- Anti-virus software is fully up-to-date according to manufacturer's standards. Handheld or mobile devices that support anti-virus software have the software installed and operating.

6. Plan for the Unexpected

- Backup and recovery policies are in place.
- All staff understands the recovery plan and its duties during recovery.
- System restore procedures are known to at least one trusted party outside the practice.
- A copy of the recovery plan is safely stored off-site.

- Files identified as critical are documented and listed in the backup configuration.
- Backup schedule is timely and regular.
- Every backup run is tested for its ability to restore the data accurately.
- Backup media are physically secured.
- Backup media stored off-site are encrypted.

7. Control Access to Protected Health Information

- Policies are in place prescribing access controls. For example, when an employee quits, his/her user account is disabled immediately.
- Every user account can be positively tied to a currently authorized individual.
- Users are only authorized to access the information they need to perform their duties.
- All files have been set to restrict access only to authorized individuals.
- All staff agrees to abide by access control policies.
- Computers running healthcare-related systems are not available for other purposes.

8. Use Strong Passwords and Change Them Regularly

- Policies are in place prescribing password practices.
- All staff agrees to abide by password policies.
- Each staff member has a unique username/password.
- Passwords are not revealed to or shared with others nor written down or displayed on screen.
- Passwords are changed routinely and not re-used.
- Any default passwords that come with a product are changed during product installation.
- Any devices or programs that allow optional password protection have password protection turned on and in use.

9. Limit Network Access

- Policies are in place prescribing network configuration and access.
- All staff agrees to abide by network use policy.
- Access to the network is restricted to authorized users and devices.
- Guest devices are prohibited from accessing networks that contain Protected Health Information (PHI).
- Wireless networks use appropriate encryption.
- Computers contain no peer-to-peer applications.
- Public instant messaging services are not used.
- Private instant messaging services, where used, are secured appropriately.

10. Control Physical Access

- Policies are in place prescribing the physical safety and security of devices.
- All staff agrees to abide by physical access policies and procedures.
- All devices containing Protected Health Information (PHI) are inventoried and can be accounted for.
- Computers are protected from environmental hazards.
- Physical access to secure areas is limited to authorized individuals.
- Computers running Electronic Health Record (EHR) systems are shielded from unauthorized viewing.
- Equipment located in high-traffic or less secure areas is physically secured.

Additional security measures for medical offices can be found at: https://www.healthit.gov/sites/default/files/Top_10_Tips_for_Cybersecurity.pdf



Pandemic Has Taken Toll on Mental Health

COVID-19 has certainly taken its toll on the world. In addition to the physical ailments caused by the disease, the mental anguish that has accompanied the pandemic will be felt long after the vaccines help control the spread of the virus. In a recent webinar presentation to more than 85 Office Managers Association members, Dr. Mena Mirhorn, Medical Director of Psychiatry at Clara Maass Medical Center, highlighted that while depression is the leading cause of disability in the world, mental illnesses are highly treatable.

In an alarming statistic from the World Health Organization (WHO), mental illness occurs in one out of every four families in the United States. There are more people diagnosed with a mental illness than with diabetes. According to WHO, as many as 450 million people suffer from a mental or behavioral disorder and nearly one million die by suicide annually.

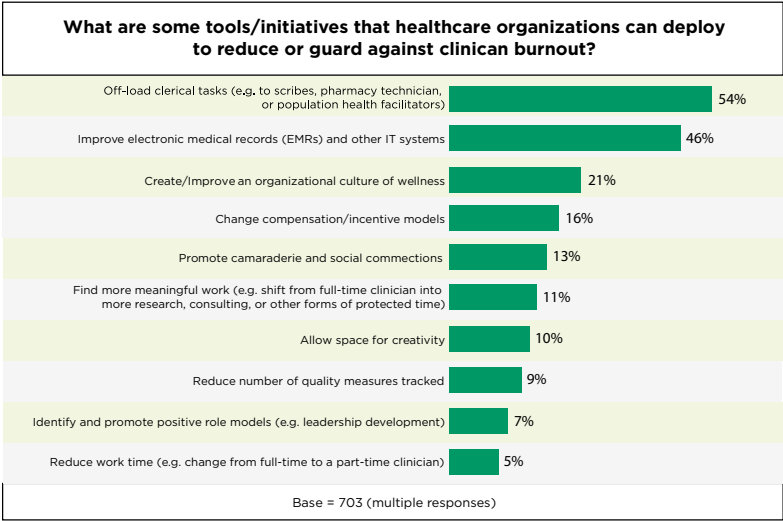
The mental impact of the pandemic, especially on the healthcare community, has manifested itself with physical symptoms (aside from the ones from the actual disease). For many, the stress of caring for others has caused:

- feelings of sadness or emptiness
- trouble with memory or decision-making
- risk of heart attack
- weight fluctuations
- fatigue
- weakened immune system
- insomnia
- preoccupation with death
- feelings of clinginess
- constricted blood vessels
- increased pain sensitivity, and
- lower interest in sex

Sometimes co-workers mask their mental illness in behaviors that lead others to believe they are insubordinate or not team players. Overreacting to situations, rude responses, isolation, lack of motivation or negative attitudes may all be symptoms of mental illness. Dr. Mirhorn suggests the **ALGEE** approach to a Mental Health First Aid kit:

- A**pproach, assess and assist with any crisis
- L**isten non-judgmentally
- G**ive support and information
- E**ncourage appropriate professional help
- E**ncourage other supports

Dr. Mirhorn concluded the webinar with the suggestion that healthcare workers focus on their own health and wellbeing so they are better able to care for others. For those who missed Dr. Mirhorn's presentation, it can be accessed and viewed through the **MEMBER LOG IN** on the OMA website at rwjbh.org/oma.



New England Journal of Medicine

If you, a colleague, or someone you know needs additional resources, RWJBH Behavioral Health Access Center clinicians can provide:

- Referrals
- Rapid assessment and disposition planning
- Crisis intervention
- Hospital diversion services
- Screening for hospitalization

800-300-0628

Ask the Practice Management Expert

"Ask The Experts" is a question-and-answer forum featuring leading practice management experts.



Our Expert

Kathleen Craven

Practice Administrator, Whiting Medical Associates

A 40-year veteran of the medical field, Kathleen Craven began her current role as practice administrator for Whiting Medical Associates, an RWJBarnabas Health Medical Group practice, in 2015. She prides herself in being an advocate for her patients and her fellow co-workers. In her role at the four-physician internal medicine practice, Kathleen is responsible for all of the daily operations including hiring and training of staff, customer service, implementation of policies and procedures, payroll, and overall supply inventory.

Q: Prior to the pandemic, did your office utilize telehealth? Do you offer it now and if so, how much is it used in comparison to in-person visits?

A: Federal and state regulations as well as Medicare and other insurance companies made it difficult for providers to offer telehealth visits. There were also reimbursement issues and HIPAA concerns. Since the pandemic started (and the change in legislation), we increased our telehealth visits to about 90%, utilizing mostly phone visitations (versus video). We had to decrease our in-office traffic due to social distancing requirements, PPE resources, staffing, and just general safety concerns for all. When things began to improve with COVID-19, we resumed office visits; however, with new variants posing additional challenges, we increased telehealth visits again. We triage our appointment calls and determine if face-to-face is appropriate or if a telehealth visit is in order. Safety for the patients, providers, and staff is the key factor in scheduling.

Q: Do you think there is a difference in the service(s) provided in-person vs virtually? What are the primary reasons that your patients opt for telehealth over in-person currently?

A: Our providers prefer in-person visits versus virtual ones. It is hard to evaluate a situation with no direct observation. Patients may not answer questions correctly or accurately in order to assess the problem and properly treat them. Our patients currently opt for telehealth primary for safety and fear of COVID-19. Transportation is a factor as well.

Q: In your experience, what are the advantages and disadvantages of telehealth for patients and/or staff?

A: The primary advantage to telehealth is the convenience for patients not having to leave their environment. There is no need to coordinate transportation needs with family, friends, or outside companies. Co-pays for telehealth visits are waived. Wellness visits, medication reconciliation, and dietary and mental health counseling are all good options for telehealth. The main disadvantage to telehealth for our patients is that some don't have access to smart phones, internet or good data plans. Phone calls can be difficult

when patients have hearing issues, equipment challenges, and connectivity issues resulting in inadvertently getting disconnected. Often, we have to coordinate schedules with family members or neighbors who can assist with the call.

Q: With COVID-19 now becoming more manageable, will you continue offering telehealth appointments?

A: Telehealth is here to stay. It will take a team of people from the federal and state government as well as Medicare and commercial payers to remove the barriers so we can all benefit from this service. The healthcare industry will have to commit to invest time and money for this to work. Improving applications that provide digital health is a must and will play a significant role in the overall success and future of telehealth.

Q: What safety measures have you put in place to ensure patient information safety since utilizing telehealth? Would the additional risk of securing patient information serve as a deterrent to the utilization of telehealth?

A: We take the security of our patient information very seriously. I have full confidence in our organization, RWJBH, and the steps they have taken to provide the security our systems need. In addition, we have partnered with companies who are experts in this field and follow all HIPAA regulations.

Q: Is your office now concerned about the next "big thing" that may disrupt services and if so, how are you planning for the unknown?

A: Service disruptions are a common occurrence, although maybe not to the extent of the recent global pandemic. We work as a team to meet whatever challenges are presented, survive it, learn from it and be better prepared for whatever comes next. The real challenge is to stay focused and not let the stress of the situation consume you. Communications, transparency, and a good attitude are absolutely key so that these challenges don't affect our patients and their families.

2022 CPT Code Set Address Changes Due to COVID-19

The effects of COVID-19 continue to take centerstage as it pertains to the latest Current Procedural Terminology (CPT) updates recently published by the American Medical Association (AMA). The 2022 CPT update addresses the need for streamlined reporting and tracking of COVID-19 vaccinations incorporating a series of 15 vaccine-specific codes. Overall, there were 405 editorial changes to the 2022 CPT Code set including 249 new codes, 93 revised codes, and 63 deleted codes with the most significant changes being to the evaluation and management (E/M), arthrodesis and laminectomies of the spine, cardiac catheterizations for congenital anomalies, lab and pathology, and COVID-19 vaccinations.

During two webinars of over 200 OMA members, Jean Buble, RN, CPC, Senior Vice President of Case Management, HIM and CDI, RWJBarnabas Health, highlighted the changes.










“The effects of the COVID pandemic can certainly be seen in the 2022 CPT changes with the addition of vaccine administration and product codes along with a related new Appendix Q and new laboratory codes related to COVID,” added Buble. “Advancements in the delivery of healthcare are also noted with the addition of new Remote Monitoring codes.”

To help ensure accurate coding and reporting of COVID-19 vaccines and administration services, the AMA offers a vaccine code finder resource to help identify the appropriate

CPT code combination for the type and dose of COVID-19 vaccine provided to each patient. The 2022 CPT code set also includes an appendix for one-stop access to all the codes for COVID-19 vaccine reporting, which Buble recommends checking throughout the year to obtain any updates to the CPT code set.

Another prominent change to the CPT code set resulting from the pandemic was the introduction of specific coding for digital medicine services. Five new codes were added to report therapeutic remote monitoring. As innovative digital medicine services have expanded, a new appendix was added to the 2022 CPT code set that supports increased awareness and understanding of digital medicine services. The CPT Editorial Panel also created new codes for principal care management, which allow physicians and qualified healthcare professionals to report care management services for patients with one complex chronic condition.

CPT Symbol Description

-  New procedure code
-  Code revision resulted in a substantially altered procedure
-  CPT add-on code
-  Exempt from modifier 51, but is not designated as an add-on
-  New or revised text other than the procedure descriptors
-  Resequenced code
-  Vaccine pending FDA approval
-  Telemedicine
-  Duplicate PLA test

For those who were unable to attend the OMA webinar, presentation materials and additional information on the CPT coding programs are available at [rwjbh.org/oma](https://www.rwjbh.org/oma) in Education and Training under the password protect Member Login page.



Meet the Team:

For a complete listing of the Physician Management Team members, visit:
<https://www.rwjbh.org/documents/office-managers/OMA-Best-Practice-Newsletter-Winter-2021.pdf>

Members, let us know what you would like to see in upcoming issues of Best Practice by emailing Alyssa.Ruby-Mako@rwjbh.org.