Aging in Place: It’s All About Context

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CASE STUDY

- 76 y/o Male
- COPD (+ home O₂)
- CHF
- HTN
- DM II
- High Cholesterol
- Recent Fall (balance)
- Lives alone (adult children nearby)

- BPH (enlarged prostate = urinary urgency)
- 8+ medications
- GERD
- Mild neuropathy
- Corrective lenses
- Hearing Aids
- Arthritis
- Gout
Augment Care with Technologies

• Telehealth
  • Chronic Care Management (2+ chronic dx)
  • Examples: HTN, DM, Arthritis, HF/CHF, COPD, Asthma, AI (Lupus, Chron’s, MS), neuro, endocrine, Alz, Afib, Depression …
  • Billable encounter varies: 20 min/ppt/mo – 90 min/ppt/mo
  • Includes development of care plan, review of plan, clinical time, engagement
  • Eligible provider types (for billing)
    • Physician; Clinical Psychologist; Physician Assistant (PA)
    • Certified Nurse Midwife (CNM); Clinical Nurse Specialist (CNS); Advance Practice Nurse (APRN); Nurse Practitioner (NP); Certified Nurse Anesthetist (CRNA)

• Telemedicine
  • Camera capability (wide and narrow lens)
  • Wearable technologies (blue tooth/WiFi enabled)
  • Visual + audio + physiologic data = billable time
Billable encounters

CPT Codes (2017):

- Chronic Care Management: 99487, 99489, 99490
- Transitional Care: 99495
- Home Health/ Hospice: G0181
- End-Stage Renal Disease (ESDR): 90951, 90970
- Psychiatric: 90792, 90833, 90836, 90838
- CMS Remote location code: 02
Endless Possibilities...

- Home safety
- Medication management/reconciliation
- Educational needs
- Wound care/dressing changes
- Mobility
- Symptom management
- Nutrition (diet, meal preparation, cut, chew...)
- Depression (e.g., schedule encounter @ mealtime...)
- Inclusion of family, caregiver, other...
Thank You!

Questions?

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