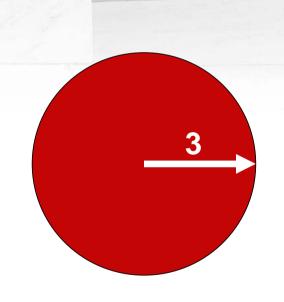




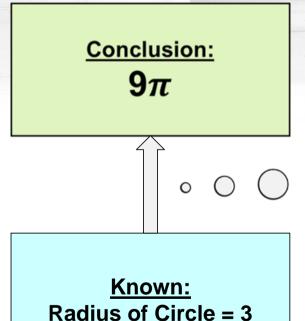
Making Physician Documentation Survive **Audit & Review**



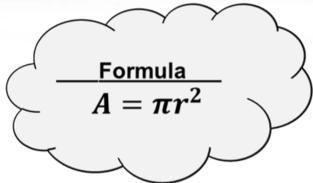
How We Solve Problems...



Find the Area of the Circle.



And you know the formula because you took Geometry.



This is how you get the answer.



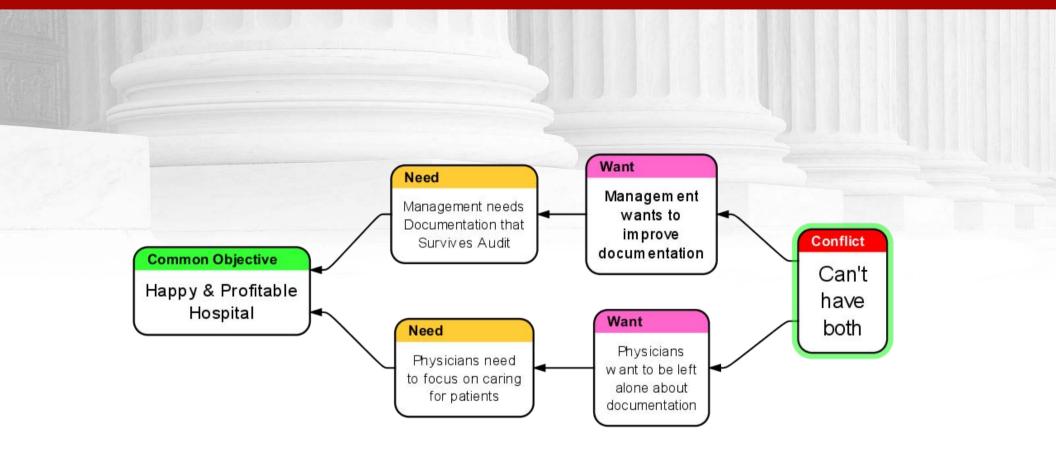
Why do we still get denials?



Two Reasons:

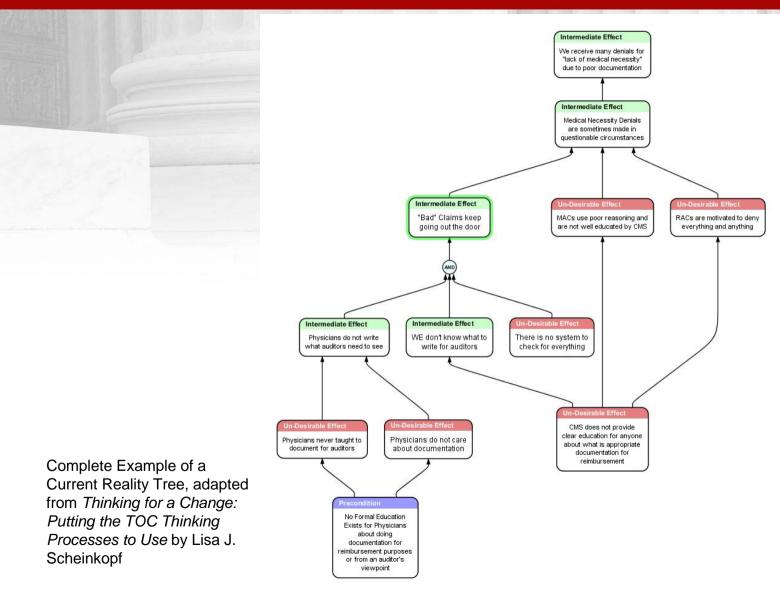
- 1. We've yet to attack or solve the Core Problem
- 2. There is a basic conflict between stakeholders





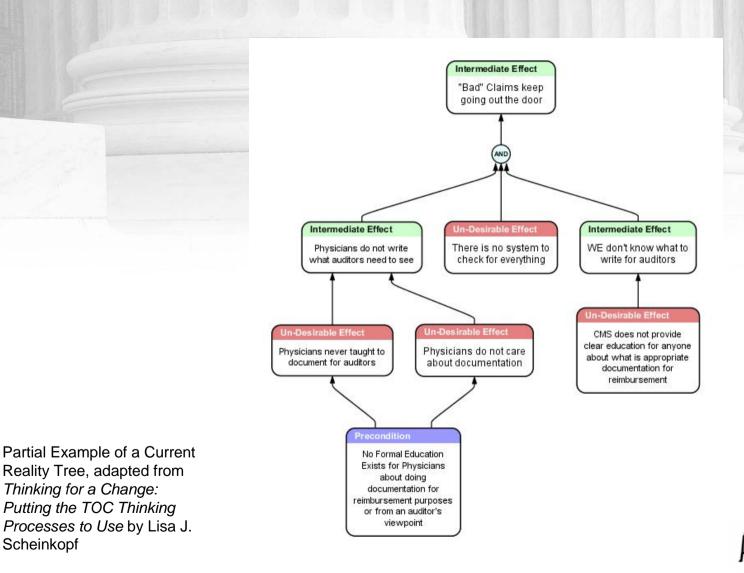
Example of a Conflict Cloud, adapted from *Thinking for a Change: Putting the TOC Thinking Processes to Use* by Lisa J. Scheinkopf



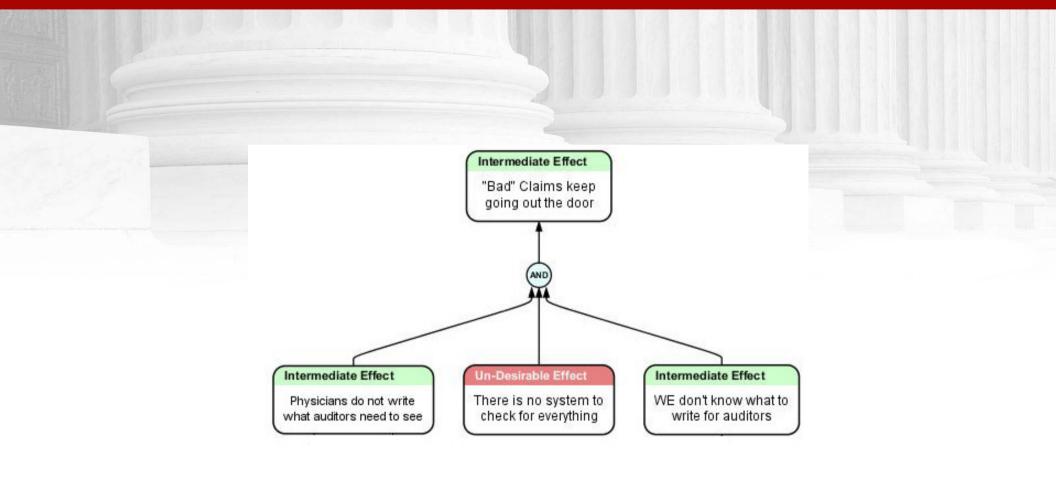


APPEAL ACADEMY 🦇





APPEAL ACADEMY 🧇





So What Is The Core Problem?

- ✓ Auditors/Reviewers are not Physicians, cannot INFER
- ✓ Physicians write for Physicians, expect them to INFER
- ✓ Providers have no way to affect the Auditors
- ✓ We must find a way to change the Documentation

Now we can look for a Direction of a Solution...



What Obstacles Must Be Overcome?

(must list them, to later check for sufficiency of the solution)

- ✓ Denials are inconsistent, seem difficult to predict
- ✓ It's a burden to document even more
- √" I don't need something more to memorize"
- √" I don't know what I don't know'
- ✓ Not motivated to document for audit/review
- ✓" Tell me how you'll measure me, and I'll tell you how I'll perform"



| OBSTACLES | INTERMEDIATE GOALS | ACTIONS |
|--------------|--|---|
| Burden | Easier method, so not a burden. | Have the new system down COLD. |
| What & How? | Simple method that works, is easy to understand, and know WHY it works. | Teach them WHY it works, with examples. |
| Little Time | Training will take perhaps 2 hours total. | Use 15-30 minute weekly training 4 times, for small groups or individuals. |
| Memorization | No memorization needed - and a cheat- sheet exists, pocket size. | System must be simple, easy to remember WHY, and a small laminated card is provided as a help. |
| Motivation | Easy method, expected to allow LESS time spent on physician documentation. | Test in training sessions, show them how easy and fast it is, then measure before, during and after the program begins. Meausrements must include global as well as local optima. |
| Unclear | "Rounding" meeting, on a monthly basis to analyze results & issue course corrections, if needed. | Monthly short meetings to be set, either for small groups or individually, for the purpose of reviewing results and the method if needed, and offering any needed changes, etc. |

Defining a Possible Direction of a Solution

- Identify Obstacles
- Set Intermediate Goals
- Define Actions to reach those
- Check Logic & Sufficiency



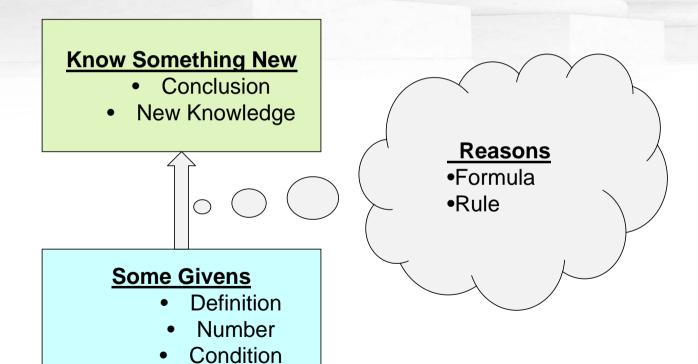
Requirements For A New Method

- ✓ Must provide what auditors are looking for
- ✓ Must work for every DRG
- ✓ Must work for any DRG
- ✓ Must be easily learned & understood
- ✓ Must be adaptable to new regulations
- ✓ Must allow for outside local assistance & advice



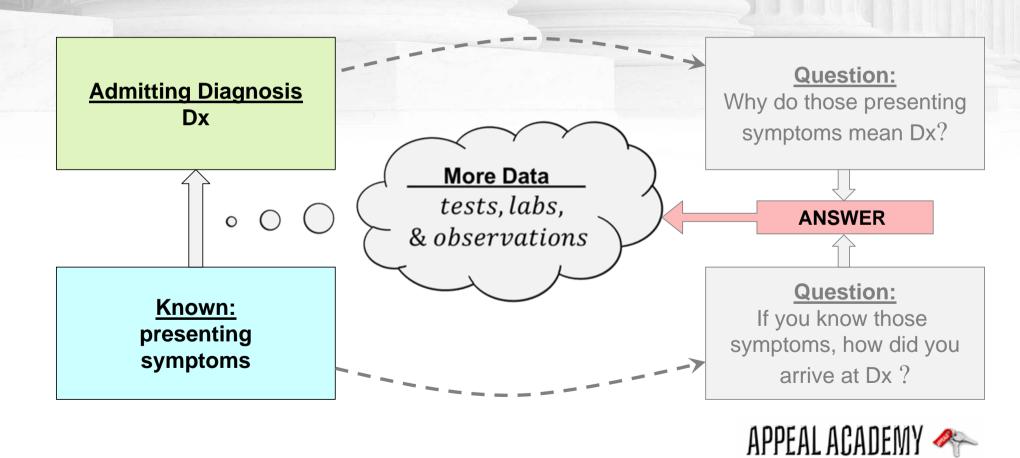
Teaching with A New Method

... Adapted from Theory of Constraints for Education

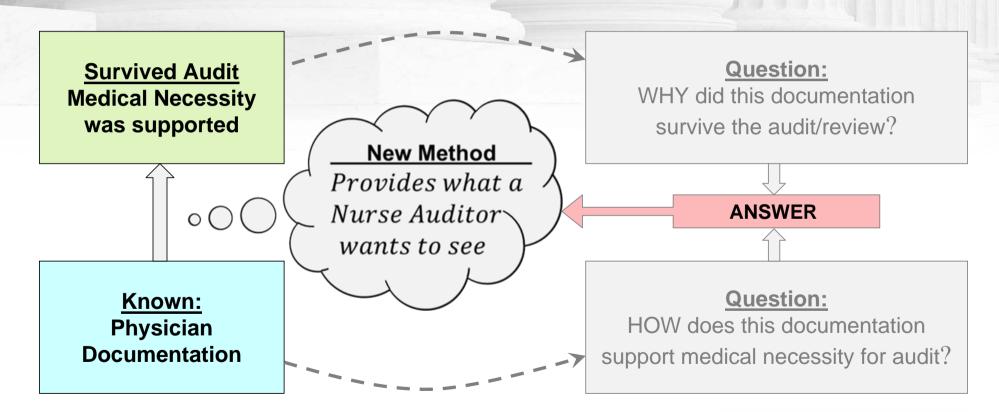




A Clinical Example



A Documentation Example





What Is A Physician's Motivation to Do This?

Why do this at all?

Is it necessary to do this to be a "better doctor"?

Can this somehow be used to <u>incentivize</u> physicians to pay attention to what we are suggesting?



A Glimpse Into A "Future Reality"



... WHAT IF the New Method allowed for LESS TIME spent documenting?



Review What We Covered

- ✓ We identified the problem: Documentation
 - Need to write documentation for auditors
- ✓ We defined the Direction of a Solution
 - Objections must be overcome with our defined actions
- ✓ We defined how to affect the changes
 - New Method must be easy to use & understand
 - New Method can motivate them to change behavior



Now for the Best News...

We know a New Method that fits the bill.

