

# Scope, Value, Interaction: Wearing Many Hats



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# The Many Hats Menu



- **Appeal & Avoid Denials**
- **Secondary Reviews**
- **Utilization: LOS & COST**
- **Quality Improvement**
- **Documentation**
- **Teach the C-suite & Doctors**
- **Reduce Readmissions**
- **Palliative Care**
- **Collect & Share Data**

# Many Hats = Opportunities



- **Define your job**
- **Break new ground**
- **Assist colleagues**
- **Improve patient care**
- **Make a difference**
- **Improve finances**
- **Improve yourself**

# Hat Racks



- **rac-relief listserv**
- **ronaldhirsch.com**
- **AccretivePAS<sup>®</sup> Newsletter**
- **RACmonitor<sup>®</sup>**
- **AppealMasters<sup>®</sup>**
- **ACPA<sup>®</sup>**
- **Meetings:**
  - **8<sup>th</sup> RAC (MAC) Summit 11/14-15/14, DC**
  - **4<sup>th</sup> SEPAS 1/21-23/15, Greenville, SC**

# Appeal & Avoid Denials



- **Critically analyze denials**
- **Critically analyze chart**
- **Supporting policies**
- **Supporting evidence**
- **Appeals RAC MAC, QIC & ALJ**
- **P2P during Determination**
- **MA, Medicaid, Private Pay**

# Use Peer Pressure



Use 'peer-to-peer'\* for RAC discussions

\*doctor-to-doctor

# How Peer-to-Peer Works



**1 phrase in RAC SOW**

**RAC policies vary**

**Scheduled by email**

**Conference call**

**1-2 minute presentation**

**1-2 minute quarrel**

# Peer-to-Peer at Beebe



**Pre-P2P RAC overturns = 12%**

**Post-P2p RAC overturns = 49%**



# Secondary Reviews, Etc.



- **Status determination**
- **CODE 44**
- **Progression from OBS**
- **HINN letters**
- **1 MN INPT audits**

# LOS/COSTS



- Doorkeeper: UR in ER
- Supervise OBS (Unit)
- TAT: Stress & ECHO
- Telemetry addiction
- OP workups as OP
- *'Le Miserables'* Syndrome

# Quality Improvement



- **Antibiotic stewardship**
- **Track CT/MRI usage**
- **Avoid 'Hospital Disease'**
- **Transfusion reports**
- **Documentation is quality**

# Documentation



- **Undocumented = fantasy**
- **H&P/PN: Why/Because**
- **Admitting to INPT**
- **Advancing to INPT**
- **1 INPT MN audits**
- **Authentication**

# Teach: C- Suite



- **Bridge: Admin-Doc Chasm**
- **C-suite & Doctor obligations**
- **Utilization needs: UR in ER**
- **\$ Impact of doctor behavior**
- **“Dollarify”: \$357,000**
- **Give them the Red Pill**

# Teach: Doctors



- **Documentation is care**
- **Don't volunteer to be dumb**
- **Don't clone the record**
- **It's content, not volume**
- **Why INPT services & time**
- **Hospitalist retreats**
- **CMS will kill you last**

# Reduce Readmissions



- **Small denominators !#&!**
- **Identify in ER**
- **Role of community docs**
- **“Hospital Dependent”**
- **Role of Palliative Care**
- **In house Hospice unit**

# Palliative Care Team



- Ethical imperative
- Futile care is harm
- Unnecessary costs
- Unnecessary suffering
- Stop *“Pampering disease”*
- Improved satisfaction
- Do it/advocate it



# Collect & Share Data



- **What was/is LOS**
- **What was/is COSTS**
- **Problems: DRG/Doc**
- **Self-audits: Part B losses**
- **Your Docs vs. A cohort**
- **Denied dollars per Doc**
- **Show them reality**

# Data



Tab	Measure	1/1/2012-12/31/2012	1/1/2013-12/31/2013	Cohort -Top Decile
Summary	Total Cases	2538	3016	N/A
Overview	Patient Age	<b>70</b>	<b>69</b>	59
	Average Severity Level	<b>2.55</b>	<b>2.53</b>	2.32
	Average Risk of Mortality Level	<b>2.34</b>	<b>2.31</b>	1.96
	% Surgical DRGs	5.48	5.92	5.56

# Data



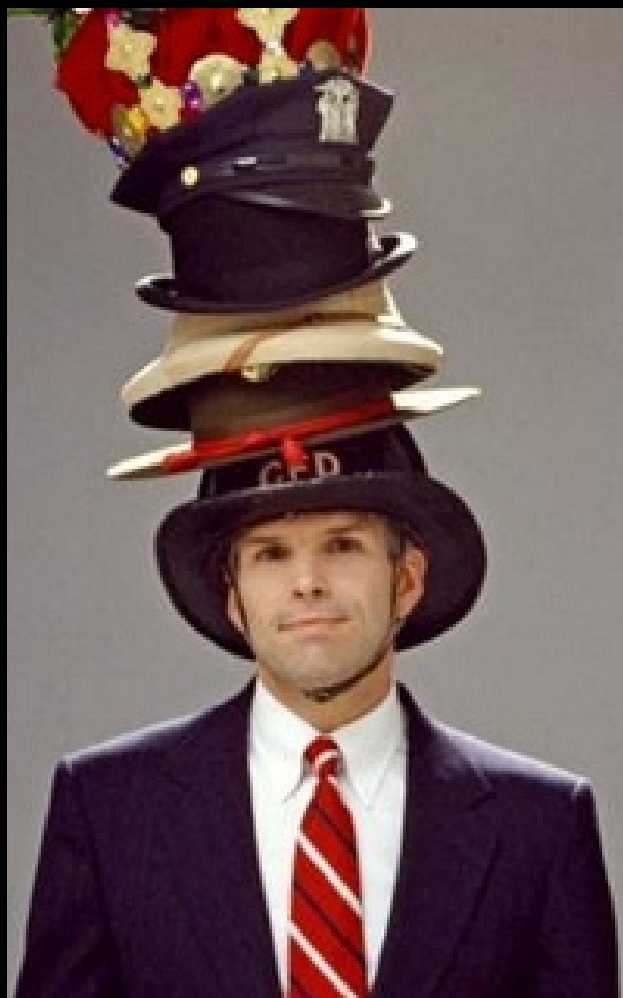
Tab	Measure	1/1/2012-12/31/2012	1/1/2013-12/31/2013	Cohort -Top Decile
Quality	% 30 Day Readmissions(Any APR-DRG)	13.55	13	11.26
	% 30 Day Readmissions (Same MS-DRG)	1.38	1.47	1.72
	% 3 Day Readmissions(Any APR-DRG)	2.17	2.34	2.72
	Mortality Rate	1.78	1.73	3.16
	% Complications of Care	0.87	0.7	1

# Data



Tab	Measure	1/1/2012- 12/31/2012	1/1/2013- 12/31/2013	Cohort -Top Decile
Utilization	Length of Stay	4.7	4.33	4.06
	Average Consulting Physicians Used	0.93	1.05	0.97
	Average Charges	\$33208	\$31010	N/A

# Many Hats Summary



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FINISHED!

