

CHOOSING YOUR VICTIM: HOW TO FOCUS PROVIDER EDUCATION EFFORTS

Donnah Mathews, MD, FACP

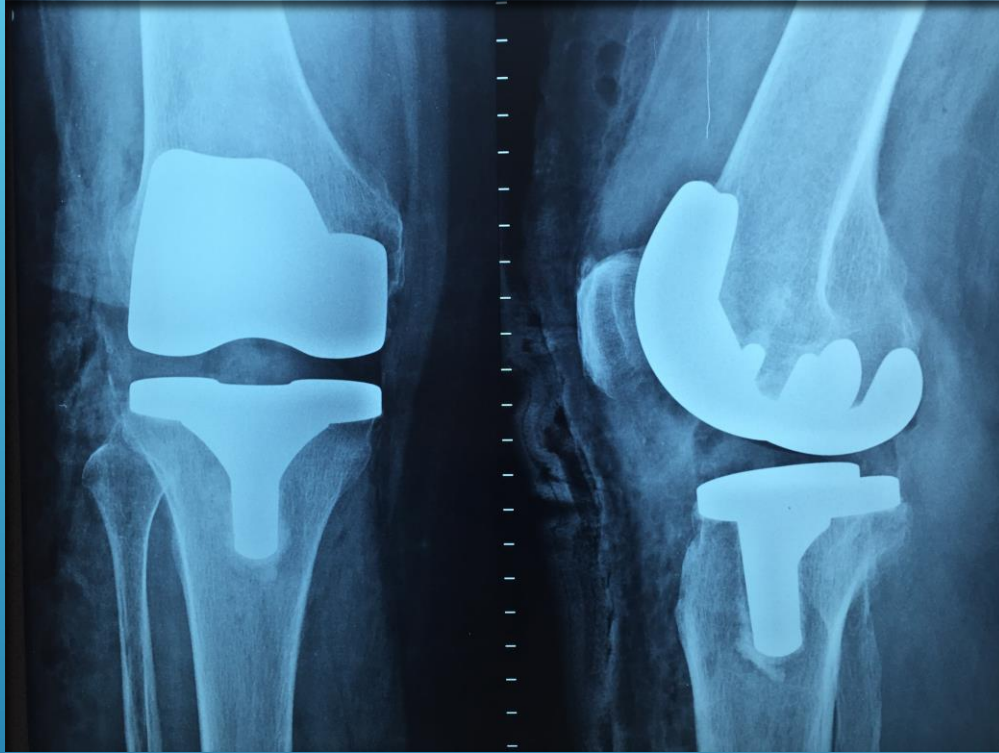
Attending Physician, RI Hospital

Assistant Professor of Medicine, Alpert School of Medicine at Brown University

Medical Director, Clinical Management at RI Hospital

Chief Compliance Officer, Brown Medicine

Associate Medical Director, Hope Hospice of Rhode Island



DISCLOSURES

- ▶ I have no actual or potential conflict of interest in relation to this presentation.
- ▶ Disclosures
 - ▶ Consultant: My husband, Matthew Plante, MD, is an orthopedic surgeon consultant for Mitek, a division of Johnson and Johnson
 - ▶ His involvement with Johnson and Johnson did not influence this presentation



- ▶ To share the framework of the physician advisor program at Rhode Island Hospital (Lifespan)
- ▶ To demonstrate how to choose which groups should receive PA education
- ▶ To help narrow which providers need individual physician education

GOALS



Rhode Island Hospital

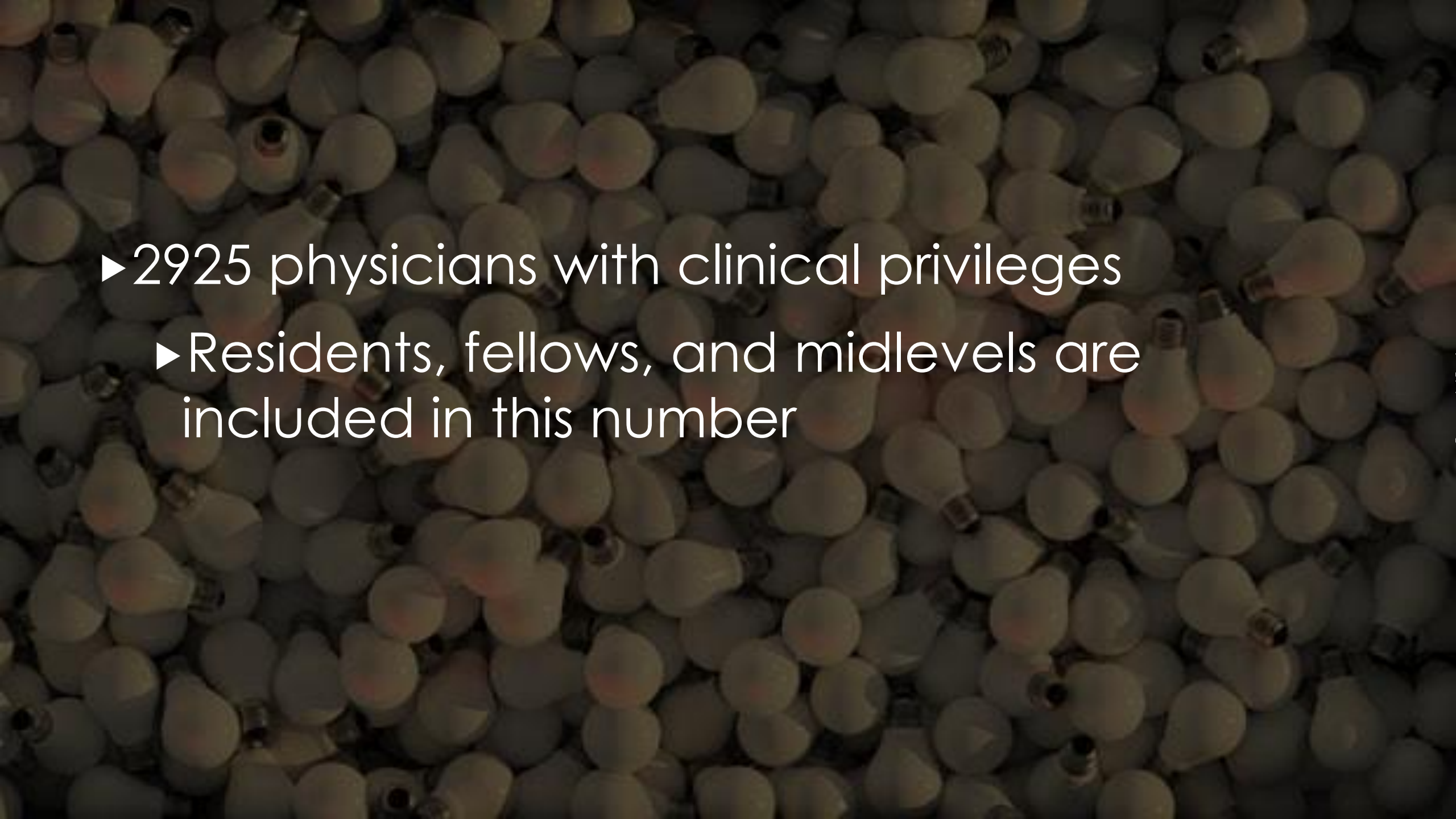
Lifespan. Delivering health with care.®

- ▶ Teaching hospital in Providence, RI
- ▶ 700+ bed hospital
 - ▶ Including pediatrics, OB/Gyn, psychiatry
 - ▶ New rehab unit
 - ▶ Level 1 trauma center
- ▶ Part of the Lifespan system, which has 3 hospitals as well as inpatient pediatric psychiatry
 - ▶ Lifespan is the largest employer of RI

RHODE ISLAND HOSPITAL

Residencies and Fellowships

- ▶ Internal medicine
- ▶ Pediatrics
- ▶ General surgery
 - ▶ Trauma
 - ▶ Burn
 - ▶ Vascular surgery
 - ▶ Cardiovascular surgery
- ▶ Orthopedics
- ▶ Neurosurgery
- ▶ Neurology
- ▶ Heme/onc
- ▶ Dermatology
- ▶ Endocrinology
- ▶ Pulmonology/critical care
- ▶ Nephrology
- ▶ Cardiology
- ▶ GI
- ▶ Urology
- ▶ ENT
- ▶ Psychiatry
- ▶ Neuropsychiatry
- ▶ Emergency Medicine
- ▶ Infectious disease
- ▶ Radiology
- ▶ Addiction Medicine
- ▶ Hospice and Palliative Medicine
- ▶ Ophthalmology
- ▶ Plastics
- ▶ New: Anesthesia

- 
- The background of the slide is a dense field of small, glowing lightbulbs. The bulbs are arranged in a somewhat regular grid but appear slightly out of focus, creating a bokeh effect. The overall color palette is dark, with the lightbulbs providing a warm, yellowish glow.
- ▶ 2925 physicians with clinical privileges
 - ▶ Residents, fellows, and midlevels are included in this number

- ▶ 3 physician advisors at RIH
 - ▶ All 3: Internal medicine, clinician educators at Brown
 - ▶ We love to teach
 - ▶ Donnah is also HPM
 - ▶ We equal 1 FTE
 - ▶ 2/3: trained at Brown and know personally many of the physicians in the hospital
 - ▶ Drew: special interest in IT and does ongoing Epic training
 - ▶ Hussain: head of the inpatient medicine teaching service
 - ▶ Donnah: focus on compliance, regulatory updates
- ▶ 2 physician advisors at TMH and 1 at Newport
- ▶ All physician advisors are practicing physicians, very visible
- ▶ All physician advisors from the 3 sites meet regularly
- ▶ All physician advisors work on appeals together
 - ▶ Probe/educate, RAC/MAC audits, commercial denials
 - ▶ Donnah does ALJ cases or other cases that go to court

HOW DOES LIFESPAN MANAGE THIS VOLUME?



WHO DO WE TARGET FOR EDUCATION?

- ▶ Newbies
 - ▶ Intern/new fellow orientation
 - ▶ New hires for hospitalists (usually in July/August)
 - ▶ New hires for surgeons
 - ▶ Mid-levels
- ▶ Annual meeting with resident groups: ortho, surgery, internal medicine, etc.
- ▶ Annual meeting with attendings in their Departments: give updates, review data, compliment and remind

- ▶ Any large regulatory change triggers mass education
 - ▶ 2 midnight rule: medicine, surgery, everyone
 - ▶ ORTHO
 - ▶ Do not forget to educate the groups that write the orders
 - ▶ Residents, fellows, mid levels
- ▶ PEPPER Report
 - ▶ Any area where we our outliers triggers a self-audit and subsequent physician education to departments

WHO DO WE TARGET FOR EDUCATION?

- ▶ Orthopedics
 - ▶ Total Knee Replacements
- ▶ Needed individual surgeon and Department Chair(s) buy in
- ▶ Run reports
- ▶ Daily review of the elective total knee replacements
 - ▶ Real time
 - ▶ Post discharge review of inpatient TKRs:
 - ▶ ALL 0/1-day stays
 - ▶ Sample of 2-day, 3-day, and 4-day stays
 - ▶ Bring this data back to departments and to the individual physicians



REGULATORY CHANGES REQUIRE
FOLLOW UP EDUCATION

- ▶ Payer updates
 - ▶ Blue Cross
 - ▶ United Health Care
- ▶ Increased denials for medical necessity
 - ▶ Internal Medicine/Hospitalists
 - ▶ Role of peer-to-peer

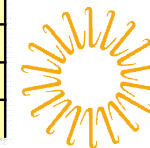


LARGE GROUP EDUCATION

Commercial Medical Necessity Denials Rhode Island Hospital – UnitedHealthcare

	FY15	FY16	FY17
Appealed	312	320	316
Not Appealed	26	74	72
Total Denials	338	394	388
Decisions	312	310	139
To be Appealed or Pending Payer Response	0	10	177
Appealed	312	320	316
Denials Overturned	219	216	90
Denials Upheld	93	94	49
Decisions	312	310	139
Appealed	92%	81%	81%
Not Appealed	8%	19%	19%
% of All Payer Denials	55%	48%	40%
Decisions	100%	97%	44%
To be Appealed or Pending Payer Response	0%	3%	56%
Appealed	100%	100%	100%
Denials Overturned	70%	70%	65%
Denials Upheld	30%	30%	35%
Decisions	100%	97%	44%

Data as of 10-30-2017



Lifespan

Delivering health with care.™

Commercial Medical Necessity Denials Rhode Island Hospital – Blue Cross

	FY15	FY16	FY17
Appealed	118	226	405
Not Appealed	8	38	53
Total Denials	126	264	458
Decisions	118	217	149
To be Appealed or Pending Payer Response	0	9	256
Appealed	118	226	405
Denials Overturned	80	111	72
Denials Upheld	38	106	77
Decisions	118	217	149
Appealed	94%	86%	88%
Not Appealed	6%	14%	12%
% of All Payer Denials	21%	32%	47%
Decisions	100%	96%	37%
To be Appealed or Pending Payer Response	0%	4%	63%
Appealed	100%	100%	100%
Denials Overturned	68%	51%	48%
Denials Upheld	32%	49%	52%
Decisions	100%	96%	37%

Data as of 10-30-2017



Lifespan

Delivering health with care.™

- ▶ Some individuals will miss the large group education
- ▶ Group education is less personalized than individual
 - ▶ Be very cautious not to be accusatory/put the docs on the defensive
- ▶ Cannot schedule individual education with every attending in the hospital system
 - ▶ Would take 2,925 hours
 - ▶ 365.6 days if educated 8 hours/day
- ▶ Cannot use case manager anecdotes alone



WHICH INDIVIDUALS DO WE
TARGET FOR EDUCATION?

- ▶ Appeals department nurses and physician advisors review all zero or one-day inpatients with federal payor insurance (Medicare, Medicaid, Tricare, etc.)
 - ▶ Write off to Part B if they were not “appropriate” for inpatient level of care
 - ▶ Record and follow trends



ZERO OR ONE-DAY STAY REVIEWS

<2 Midnight Certification FY17 All Affiliates

	Total Reviewed		
	RIH	TMH	NPH
Medicare	1,449	1,160	205
Federal Payers	324	77	41
	1,773	1,237	246
Medicare Claims by Status			
Pending UR MD Review	3	1	1
Part B	220	158	32
Approved Inpatient	1,226	1,001	172
Total Medicare	1,449	1,160	205
Percent that Met Requirement	85%	86%	84%
Incorrect Procedural Admission Order			
	51	14	3
Missed Code 44	26	8	3
No LOC	0	0	0

-3256 charts reviewed
-About 15% self-denied (part B billing only)

-Largest category of self-denials was procedures: Status T/Status C confusion

-"Missed code 44" category

-Other: lack of a documented medical plan for a 2 midnight stay plan states "admit for observation," attending note and resident note are in conflict about level of care, etc.

Data as of 10-27-2017



Lifespan

Delivering health with care.™

<2 Midnight Certification Rhode Island Hospital FY15 – FY17

	RIH Total Reviewed		
	FY15	FY16	FY17
Medicare	1,274	1,577	1,449
Federal Payers		260	324
		1,837	1,773
Medicare Claims by Status			
Pending UR MD Review		0	3
Part B	133	147	220
Approved Inpatient	1,141	1,430	1,226
Total Medicare	1,274	1,577	1,449
Percent that Met Requirement	90%	91%	85%
Incorrect Procedural Admission Order		37	51
Missed Code 44		30	26
No LOC		0	0

Some FY15 data not available



Lifespan

Delivering health with care.™

- ▶ Now looking at only RIH
- ▶ Comparison of data over time
- ▶ Pretty consistent
- ▶ Largest increase in “error” was in procedures
- ▶ Some variation in reviews—maybe we got more strict about documentation requirements?
 - ▶ Led to self-audits of auditors

<2 Midnight Certification Rhode Island Hospital FY17 Top 10 Services (Medicare accounts)

Service	Medicare Total	Pending UR MD Review	Part B	Approved Inpatient	Exempt	Percent Met Requirement
Medicine (All)	626	0	84	542	97	87%
Neurology	137	0	22	115	17	84%
Cardiology / Cardiology Critical Care	117	0	6	111	45	95%
Neurosurgery	80	1	22	57	34	72%
Pulmonary / Pulmonary – Critical Care / RICU Hospitalists	64	0	1	63	43	98%
Surgery - Vascular	54	2	15	37	30	71%
Vascular Neurology	53	0	3	50	9	94%
Surgery	52	0	15	37	13	71%
Orthopedics / Spine	47	0	12	35	18	74%
Nephrology / Transplant	42	0	10	32	4	76%

Data as of 10-27-2017



Lifespan

Delivering health with care.™

- ▶ Medicine, neurology, cardiology, critical care were doing ok
 - ▶ We reported that back to the large groups and Division Directors (and they loved hearing this)
- ▶ Neurosurgery
 - ▶ Biggest issues
 - ▶ laminectomies/elective spine cases
 - ▶ Nonoperative head injuries (subdural hematomas)
 - ▶ Reported to the larger group but then went to individual providers to show them their individual data
- ▶ Ortho spine
 - ▶ Very specific to 2-3 providers
 - ▶ Elective spine cases
 - ▶ Admissions for nonoperative back pain

RI HOSPITAL OUTLIERS

▶ Transplant

- ▶ Mostly cases where the patient was admitted in anticipation of a transplant and the case was cancelled
 - ▶ Kidney did not match
 - ▶ Patient too sick for surgery

▶ Vascular

- ▶ Confusion between Medicare status C and private insurers (Blue Cross, United) coverage
- ▶ Specific to 2 surgeons
 - ▶ More specific to the vascular Physician Assistants who write the orders

▶ Surgery

- ▶ Mostly trauma cases
- ▶ Some straight-forward cases (appendectomies, hernias)
 - ▶ Specific to a small group of residents

<2 Midnight Certification Newport Hospital FY17 All Services

Service	Medicare Total #	Pending UR MD Review	Part B	Approved Inpatient	Exempt	Percent That Met Requirement
Cardiology	1	0	0	1	1	100%
Medicine	6	0	0	6	2	100%
Medicine - Critical Care	2	0	0	2	1	100%
Medicine – Hospitalist	165	1	29	135	40	82%
Neurosurgery	5	0	0	5	5	100%
OB/GYN	1	0	0	1	0	100%
Orthopedics	5	0	1	4	2	80%
Surgery	10	0	1	9	3	90%
Urology	10	0	1	9	0	90%

Data as of 10-27-2017



Lifespan

Delivering health with care.™

<2 Midnight Certification The Miriam Hospital FY17 Top 10 Services (Medicare accounts)

Service	Medicare Total #	Pending UR MD Review	Part B	Approved Inpatient	Exempt	Percent That Met Requirement
Medicine – Hospitalist	653	1	86	566	48	87%
Cardiology /Cardiology Critical Care	197	0	28	169	38	86%
Orthopedics / Orthopedic Surgery	90	0	11	79	75	88%
Pulmonary / Critical Care Medicine	55	0	1	54	16	98%
Urology	48	0	3	45	15	94%
Surgery	39	0	15	24	4	62%
Hematology-Oncology	29	0	6	23	3	79%
Family Medicine	11	0	0	11	4	100%
Medicine	11	0	1	10	1	91%
Surgery - Vascular	9	0	4	5	5	56%

Data as of 10-27-2017



Lifespan

Delivering health with care.™



- ▶ We are not the enemy
 - ▶ We are the documentation experts
 - ▶ Most physicians have not been trained to interpret regulations
 - ▶ Acknowledge that that is normal
 - ▶ They are busy taking care of patients
 - ▶ We are interpreters
 - ▶ Help physicians get the right language into documentation
 - ▶ Help physicians understand why this is important to the hospital system and to them as individuals
 - ▶ Know your audience
 - ▶ Be organized, be prepared, and give data if you have it
- ▶ Detach from the outcome

TIPS FROM THE TRENCHES



- ▶ To share the Lifespan physician advisor framework
- ▶ To demonstrate how to choose which large groups should receive PA education
- ▶ To help narrow which providers should receive individual physician education

SUMMARY