



# A New Era FOR RURAL HOSPITALS & PRACTICE MANAGEMENT

THE STILLWATER MEDICAL CENTER JOURNEY

- \* To introduce a journey from rural hospital to “health system”
- \* To identify opportunities for rural hospitals and physician practices to succeed together in a challenging healthcare climate
- \* To acknowledge “why” traditional hospital revenue cycle operations must consider transition to a physician driven, patient focused culture
- \* To gain an enhanced insight to creating a physician led organization...what works and what doesn't

## \* Session Objectives

# \* Partnering with Physicians

- \* Area physicians began to request employment in 2010
- \* Motives varied
  - \* ACA technology and reporting requirements
  - \* Current large health system affiliation dissatisfaction
  - \* Administrative complexity
  - \* Declining reimbursement
- \* Each physician or group request/encounter was considered on it's own merit for performance potential and best interest for the community
- \* Diversity of services were also considered for Medicare Provider Based Status

# \* Provider Based Clinics... You must be willing to “stay the course”

## \* Currently 5 provider based specialty clinics

- \* Cardiology
- \* Oncology
- \* Orthopedics
- \* Wound Care
- \* General Surgeons

## \* Compliance and CMS attestation with 42 C.F.R. §413.65

## \* 2 critical revenue cycle components

- \* Compliant billing set-up including decisions for “how” you will facilitate commercial insurance. Place of service 22 vs 11
- \* Patient Communication...clinic is now a department of the hospital- CMS communication and estimate requirements must be met
  - \* Also, outpatient tests are processed as outpatient benefits by payers

## \* Lesson’s Learned:

- \* Physician communication and support needed to truly understand operations as a department of the hospital versus an independent clinic

# \* Our Original Physician Practice Model

- \* Practice Management Director - Operations & oversight for staffing, front and back office operations in all clinics
- \* Physician compensation based on RVU performance
- \* Consolidated Business Office for all hospital and clinic billing and customer service functions
- \* Monthly meeting model with physicians to review clinic financial performance
- \* Physicians responsible for own coding - queries from CBO sent to clinic for assistance with resolving CCI and LCD Medical Necessity Errors
- \* Annual outside compliance coding reviews
- \* Hospital policies often used to guide clinic processes

# Is it Coding or is it Charge Capture????

- \* **The perfect storm leads to unsatisfied physicians and coding/billing challenges**
  - \* Pressure added beginning in 2011 for providers to meet “meaningful use” criteria through the Electronic Health Record
    - \* Point & click technology takes time and attention away from patient care
  - \* Centralized Billing functions removed knowledge resources from the clinics
  - \* EHR/Clinic System chosen based upon potential business & reporting capabilities - NOT Physician workflow
  - \* Physicians are relied upon for CPT and ICD Coding
    - \* New physicians say “they don’t teach this in medical school or residency...We need coders”
- \* RVU based compensation changes focus to productivity and CPT code capture and desire for charge reconciliation
- \* Physicians are often distracted from patient care
  - \* fear of “not getting credit for their work” - CPT codes may be missing or not billed correctly - “point & click”<sub>6</sub> leads to lack of trust



# Physician Practice Management...Searching for the Right Model

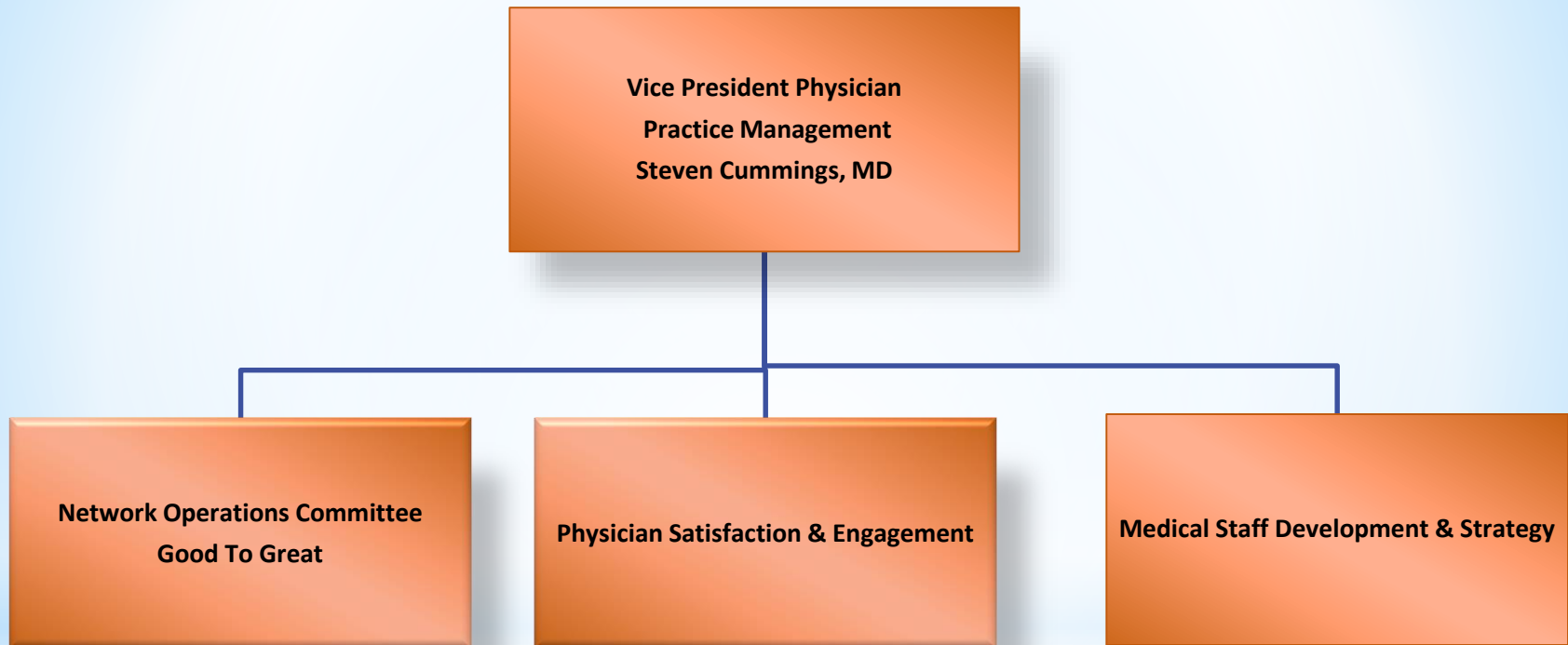
- \* Acquisitions and service line growth require new leadership focus and competence - clinical and non-clinical
  - \* Define clinic manager role
  - \* Establish Practice Management accountability at director and manger level
  - \* Identify support needed in single physician clinics that do not have a manager physically located in the clinic
  - \* Implement a clinic revenue cycle model to educate and monitor front and back office RC operations
  
- \* Our First PPM Leadership Redesign - 2013
  - \* Vice President - Hospital Operations & Physician Practices
    - \* Director Physician Recruitment
    - \* Director PPM Business Operations
    - \* Director PPM Clinical Operations
    - \* Director Revenue cycle

# Opportunity found in CDI Program

- \* Outpatient Clinical Documentation Improvement programs typically prepare hospital and physicians for higher quality documentation to drive ICD-10 coding specificity
- \* CDI specialists become “Coding Analysts”
- \* We transformed Industry standard CDI chart reviews to include CPTs with brief provider guidance for CPT coding opportunity and document tips
- \* Physician Opportunity and “Tip” guide is limited to a single sheet of paper to serve as notes from the individual feedback session
- \* Lessons Learned: *Do not present a coding “report card”*



# Physician Leadership - Taking Our Journey to the Next Level

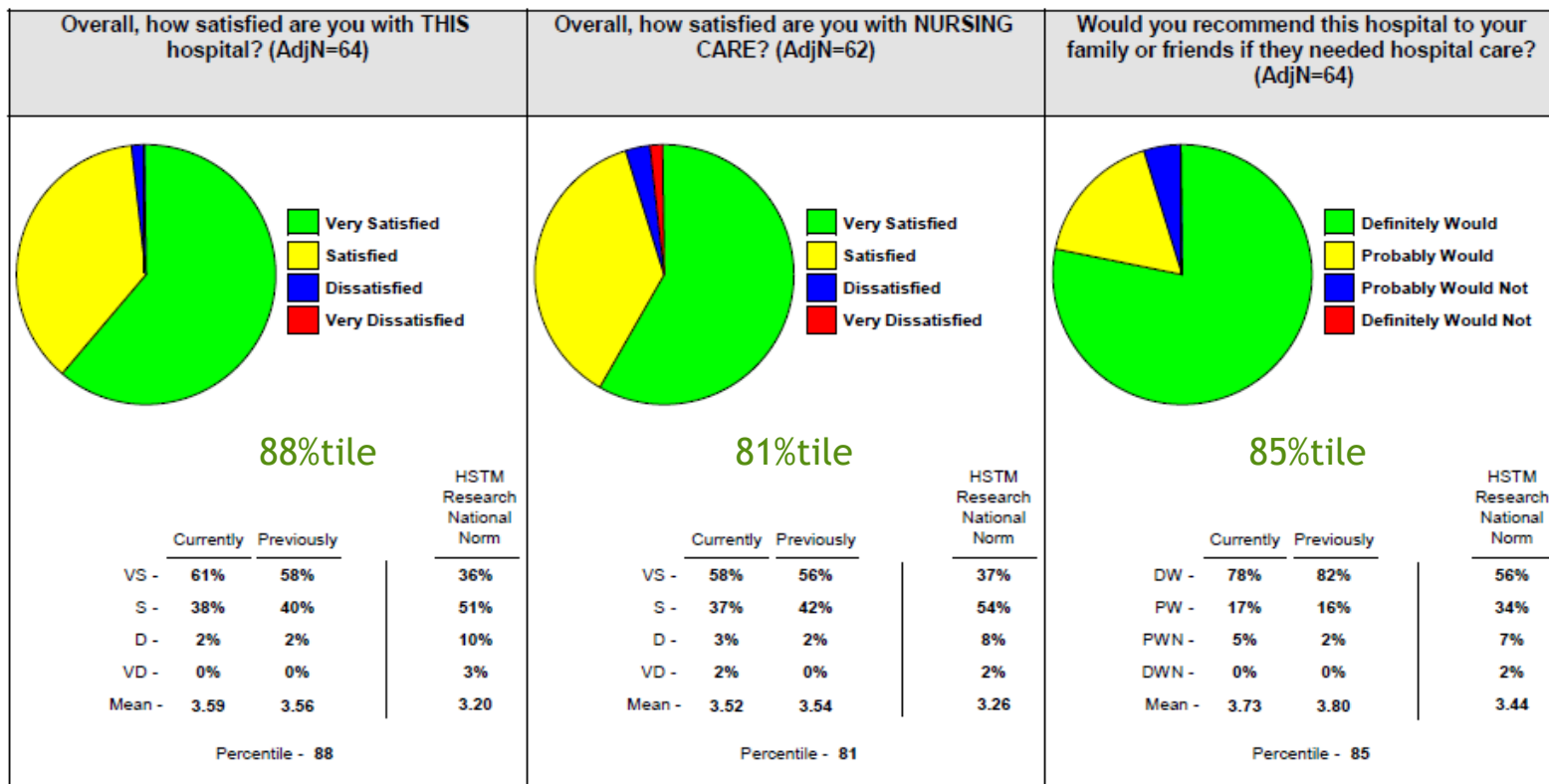


# OVERALL PHYSICIAN SATISFACTION



Stillwater Medical Center Authority

## Overall Indicators



# CG-CAHPS

1<sup>st</sup> Quarter 2018

Patients Rating of the Provider	SMC Top Box	HSTM Top Box	Percentile
<b>OVERALL CLINIC SCORE</b>	<b>88.8%</b>	<b>84.3%</b>	<b>72</b>
Cardiovascular Specialists of Stillwater	100.0 %	84.3%	99
Cimarron Urology	96.7%	84.3%	97
North Central OK Internal Medicine	85.3%	84.3%	53
Ortho OK	89.0%	84.3%	73
Perkins Primary Care	88.4%	84.3%	61
SMC Cardiology Clinic	82.2%	84.3%	34
SMC Clinic of Morrison	100.0%	84.3%	99
SMC Clinic of Pawnee	100.0%	84.3%	99
Stillwater Diabetes and Endocrinology	92.3%	84.3%	88
Stillwater Eye care Center	96.7%	84.3%	97
Stillwater Internal Medicine/Pediatrics	89.7%	84.3%	77
Stillwater Medical Physicians Clinic	90.3%	84.3%	80
Stillwater Otolaryngology	83.3%	84.3%	42
Stillwater Pediatrics	83.8%	84.3%	44
Stillwater Surgical Associates	100%	84.3%	99
Stillwater Urology	98.1%	84.3%	99
Stillwater Women's Clinic	82.5%	84.3%	36
The Cancer Center at SMC	<b>11</b> 94.6%	84.3%	95

# More Opportunities for the Hospital and Physician Partnership

- \* SMC is currently exploring the following transformations to realize improve hospital and clinic operations as well as improved physician satisfaction
  - \* Transition billing resources back into clinic teams to:
    - \* Provide guidance and feedback on CPT and billing rules
    - \* Perform initial charge capture from EHR and resolve “real time” billing edits
    - \* Assist with patient billing questions
    - \* Serve as a conduit for Physicians, CPO and Hospital
- \* Identify enhanced opportunities for “one patient one coder” or single path coding program using hospital coders to improve claims and documentation quality for physician procedures performed in hospitals and surgery center



# New First Impressions for SMC





# Emergency Entrance





# Heart and Vascular Institute



*For Encouragement Anytime:*

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