Andrew R. McCullough, MD

“In Transit”
Objectives

- Convince you to:
  - Use Scribes
  - Use Shared Medical Appointments
  - Stop using “Incident To”
The Facts of Life as a Physician

- Burnout is more common in physicians than the rest of the US labor force
- Physicians work a median of 10 hours more per week than population controls
- Physicians report significantly more difficulty with work-life balance when compared with population controls (40% vs 23%, respectively)
- Physicians are increasingly burdened with government rules and regulations adding time and resources
- Physicians traditionally document patient encounters
- Physicians frequently only document brief notes on patients at the time of the encounter, leaving the majority of documentation to the end of the day, increasing potential for error in medical records
EHR

• The current state of EHR technology appears to significantly worsen professional satisfaction for many physicians—sometimes in ways that raise concerns about effects on patient care.
• Meaningful-use rules may not provide physicians with sufficient flexibility to match the needs of their patients.
• Physicians are more satisfied when they perceive that they are meeting their patients’ needs by delivering high-quality care—and dissatisfied when they perceive barriers to delivering high-quality care.
• Aside from viewing better patient care as a potential consequence of better physician professional satisfaction, it may be useful to think of physician dissatisfaction, when it is caused by perceived quality problems, as an indicator of potential delivery system dysfunction.
The Pros and Cons of Electronic Health Records

• Physicians approved of EHRs in concept and appreciated having better ability to remotely access patient information and improvements in quality of care.

• Current state of EHR technology significantly worsened professional satisfaction in multiple ways.
  – poor usability
  – time-consuming data entry
  – interference with face-to-face patient care
  – inefficient and less fulfilling work content
  – inability to exchange health information
  – degradation of clinical documentation

AMA Rand report
• What is a scribe?
• Why use a scribe?
• Cost of a scribe?
• ROI for a scribe
  – Patient satisfaction
  – Physician satisfaction
  – RVU’s
What is a Scribe?

• A revolutionary concept in modern medicine.
• There is no clear definition of the scope of practice of scribes.
• Duties vary among clinical sites.
• Nonlicensed health care team members that document patient history and physical examination contemporaneously with the encounter. Theoretically they improve physician productivity and patient care.
• They do not act independently.
• Scribes are frequently college students or recent college graduates planning on a career in the health care field.
• There is no state agency or federal government monitoring or standardizing this industry.
• Scribes are thought to be working in 44 states.
Why use scribe?

• Physician initiated gaze is an important driver of the interactions between patient and physician.
• During the office day, physicians spend
  • 27.0% of their total time on direct clinical face time with
  • 49.2% of their time on EHR and desk work.
• While in the examination room with patients, physicians spent 52.9% of the time on direct clinical face time and 37.0% on EHR and desk work.
• MD’s report 1 to 2 hours of after-hours work each night, devoted mostly to EHR tasks.

Int J Med Inform. 2014 March ; 83(3): 225–234
Use of Scribe in Urology Practice

J Urology Vol. 184, 258-262, July 2010
How does it work

• Scribe opens all the notes for the day
• Scribe enters the room with me
• I introduce the scribe “Mr Smith this is Jane Doe and she is my scribe she will be capturing all the information during this visit so that you and I can talk without a computer between us”
• Scribe captures contemporaneously all conversation
• Scribe is behind the curtain during exam
• Scribe fills in templates as needed
• Scribe does not spend independent time in the exam room
• At end of day I spend 15 minutes reviewing and closing all notes
Cost

- Average Urologist income $350,000
- Average work week 50 hrs (Reimbursed time) $159/hr
- Average work week 10 hrs Non-Reimbursed (Charting, EMR etc) = $132/hr
- If a scribe saves you 5 hrs a week $144/hr
- Scribe 10-12 $ /hr
- How much would you pay to leave the office and not have to worry about charting at home?
- How much is your free time worth?
Priceless!!!
Shared Medical Appointments

- SMAs have been shown to have potential benefits when used in a number of medical specialties:
  - Dermatology
  - Weight loss
  - Urology
    - Stone Clinics
    - Pediatric Urology
    - Sexual Dysfunction
    - Prostate cancer
    - Benign prostatic hyperplasia
    - Incontinence
    - Neurogenic bladder
    - Chronic discomfort syndromes
    - Vasectomy
Advantages

• If run correctly
  – Increased number of patients can be provided timely access to care and information decreasing the wait list to see the patient
  – Provider can address a group of patients as a whole instead of repeating the same information in individual patient visits, increasing overall productivity
  – Convenient for the patient
Disadvantages

• The appointments must be well designed, adequately supported, and properly run.
• A SMA is usually limited to one topic.
• There is potential for privacy concerns
  – Patients should sign a confidentiality waiver and Health Insurance Portability and Accountability Act (HIPAA) disclosure form.
  – There are areas of potential abuse
    • Providers attempting to gain economic advantage by providing suboptimal resources or facilities
    • Attempting to extract more from group visits than is commensurate with good care
    • Forcing patients into the SMA for economic reasons, and not allowing adequate time for individual patient examinations and
How do you bill?

• **DO NOT BILL ON TIME!!**

• CMS appears to have no problems with others observing an interaction or listening to or participating in a shared discussion; however, neither the time component nor the content discussed in the shared visit should be used for billing purposes.

• Billing should be based on the level of complexity with appropriate documentation.
My Experience

- Vasectomy 6-8 pts/hr
- 4:45 All patients are required to arrive and register
- 5:00 MA “Intakes and vitals” all pts in separate exam rooms. All given the vasectomy packet
- 5:15 All patients attend presentation in conference room
- 5:30 All Patients return to the exam rooms
- 5:30-6:00 Answer each patients individual questions/Brief History/Physical Exam 3-5 minutes
- 6:00 -6:15 Close Charts and leave
- Pts to schedule Vasectomy on Vasectomy afternoon 6 Vasectomies a week
Incident to Billing

• **Incident-to billing** (ITB) is a way of **billing** outpatient services *(rendered in a physician's office located in a separate office or in an institution, or in a patient's home)* provided by non-physician provider (NPP).
  – nurse practitioners
  – physician’s assistants
  – licensed clinical social workers
  – certified nurse midwives
  – clinical psychologists
  – clinical nurse specialists

• ITB is a Medicare rule and not necessarily followed by all insurers
Why is this an issue?

• NPP EM code can either be billed on their NPI or MD’s
• Many carriers (Medicare) will reimburse NP/PA EM codes at 85% of MD
• If NPP sees the patient in follow up and the treating MD or his partner are in the office EM code can bill under the MD’s NPI and reimbursement will be 100%
Pitfalls

• Who doesn’t qualify:
  – new patient encounters and
  – established patients who present with new problems.

• If an established patient presents with a new problem during a visit with an NPP, NPP has to bring the physician into the encounter in order to be able to bill for 100 percent of the Medicare allowed charge.

• As you are seeing patients do you really have the time to leave your procedure or patient visit to talk to and examine the NPP patient?
Scenario

- NPP sees the f/u patient who has a new problem (7 minutes)
- NPP then calls for MD to see pt
- NPP will spend time in the hall waiting or room for MD to come (15 minutes)
- The NPP then must explain what is going on with the patient to MD (2 minutes)
- MD needs to interview, examine and formulate plan (7 minutes)
- NPP must document MD interaction after MD leaves (7 minutes)
- To capture a 99213 you and your NPP have spent 45 minutes and disrupted your schedule
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<tr>
<th>Service Code</th>
<th>Average Reimbursement</th>
<th>NPP Reduced Reimbursement</th>
<th>NPP Reduced Rate</th>
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<table>
<thead>
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<th>MD Reimbursement</th>
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<th>3 ½ Patients /hr</th>
<th>3 Patients /hr</th>
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The False Claims Act provides liability for any person who knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval.

The penalties for billing an “incident to” service improperly subject the physician to a minimum penalty of $5,500.00 per claim up to $11,000.00 per claim.

In addition, the penalties can be multiplied by three to equal the total amount owed back to the Medicare program for knowingly billing the Medicare program improperly for “incident to” service.

<table>
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<th>Service Code</th>
<th>Combined MD NPP Reimbursement</th>
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<th>3 ½ Patients/hr</th>
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PAY UP!!!
Life is short

Improve the quality of your life

• Use Scribes
• Use SMAs
• Bag the Incident To