

The logo features three overlapping rectangular boxes. The leftmost box is dark blue with a white letter 'C'. The middle box is light grey with a dark blue letter 'C'. The rightmost box is dark blue with a light grey letter 'I'. The background consists of abstract blue and purple wavy lines and geometric patterns.

C

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CODING & COMPLIANCE INITIATIVES, INC.

The Team Approach to Value-based Reimbursement

(913) 768-1212 | www.ccipro.net

Objectives

- Classify current job duties for both fee-for-service and value-based care delivery models
- Analyze current fee-for-service processes for modifications that enhance value-based concepts
- Distinguish TEAM strategies for successful processes for delivery of care

Why Do We Need to Change?



That train has left the station.....

The Triple Aim

QUALITY



Patient Experience



COST



Strategic Incompetence

- This is a story about 4 people named Everybody, Somebody, Anybody and Nobody.
- There was an important job to be done and Everybody was sure Somebody would do it. Anybody could have done it, but Nobody did it. Somebody got angry about that because it was Everybody's job. Everybody thought Anybody could do it, but Nobody realized that Everybody wouldn't do it. It ended up that Everybody blamed Somebody when Nobody did what Anybody could have done.

Quality and Cost

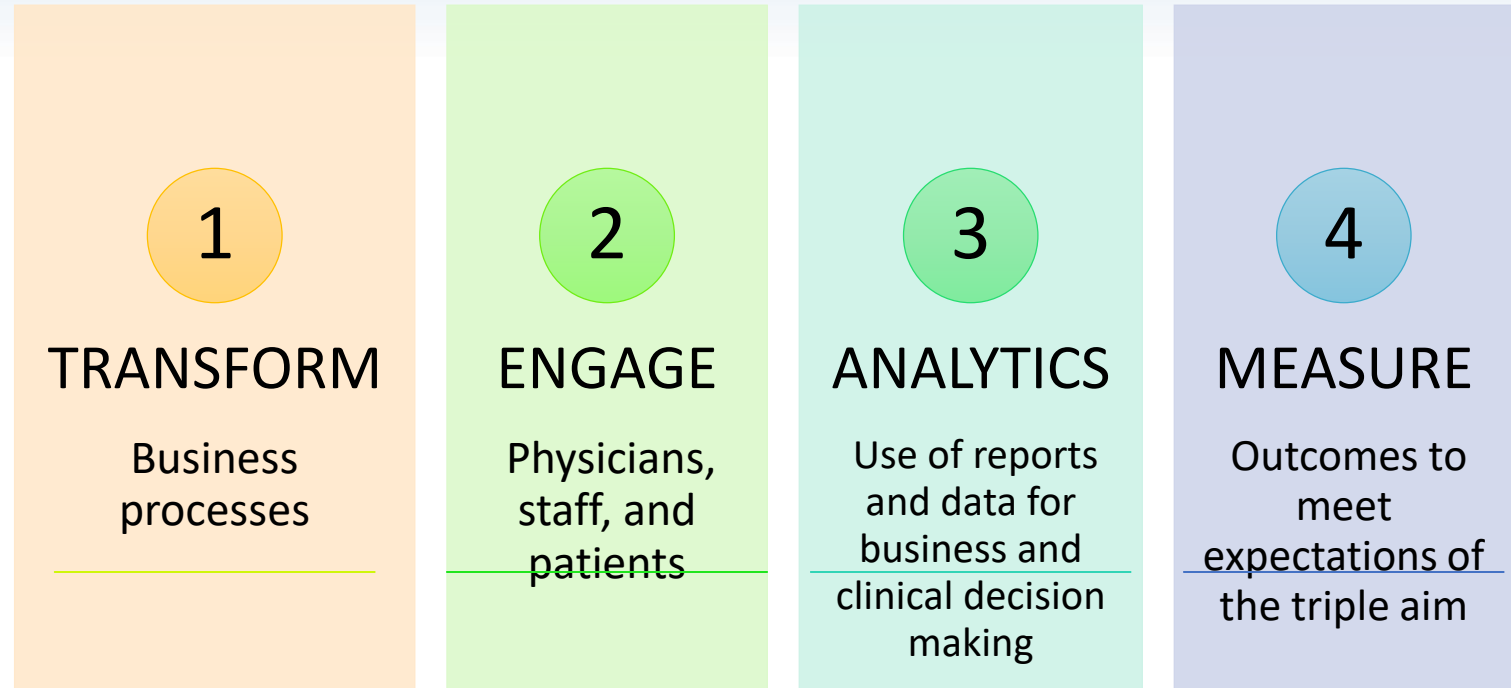
- Clinical outcomes
- Patient experience
- Patient reported outcomes
- Quality of care measures
- Adherence to protocols / standards of care

Quality Related

- Cost of providing care
- Resource utilization

Cost Related

The TEAM Defined



Transitioning from FFS to VBR

• Fee For Service

- Efficiency
- Productivity
- Staffing
- Overhead
- Reactive work flows

• Value Based Care

- Preventive care
- Care gaps
- Self-management support
- Health coaching
- Motivational interviewing
- Bi-directional care planning
- Patient and family engagement
- Managing transitions across care settings
- Defining clinical protocols

Fundamental Change for Success

Culture

- Culture is the way you do business
- Underlying rules and beliefs
- It is how everyone in the organization interacts with one another and patients.



Fundamental Change for Success

Communication

- Intentional two-way communication is a must
- Patient Engagement is the goal
- Clear communication is central to coordination of care
- Incorporate technology for improved communication



Fundamental Change for Success

Lean Process Evaluation

- Empower those doing the job to refine the processes to include the organized team
- Remove waste
- Ensure staff are working to the top of their abilities and licensure
- Create an integrated team moving away from work silos
- Continual process improvement
- Put patient centered care at the center of process improvement

Fundamental Change for Success

Technology

- Evaluate all aspects of your technology:
 - Analytics tools
 - Risk stratification into low, medium and high risk
 - Health information exchange
 - Care management decision support
 - Treatment protocols
 - Tools for patient engagement
 - Practice Management capabilities



Lets Take a Deeper Dive by Area



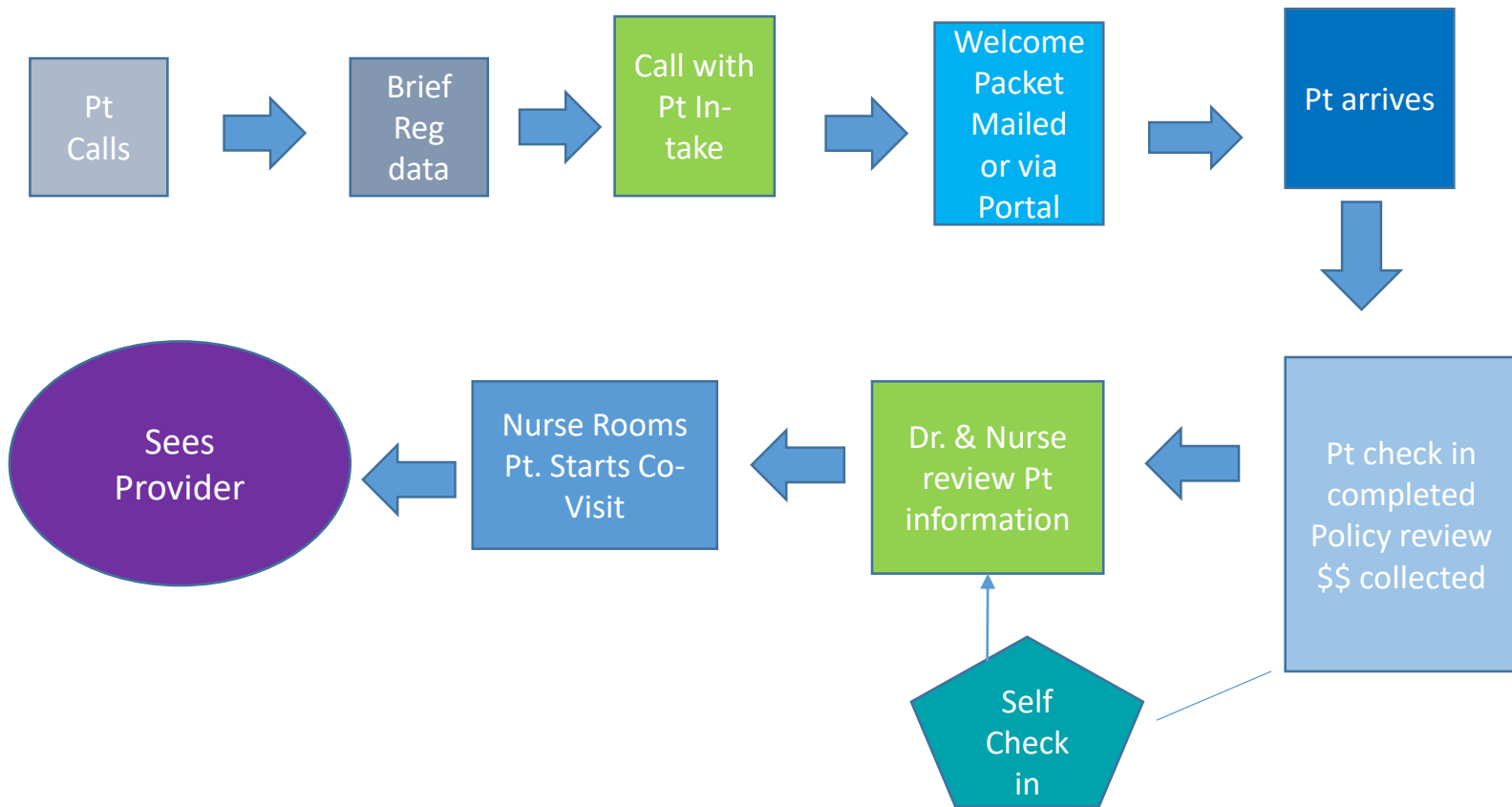
Front Office/Admin - Fee For Service World

- Patient calls for appointment - gives name and type of insurance (new patient)
- Patient calls for appointment – gives name (established patient)
- Patient arrives for appointment. Demographics are reviewed. If updates are necessary, will have patient write them down for billing to enter later
- Copies insurance card – for billing to enter later
- May or may not ask for money – if so, typically it is co-pay only. If patient states they don't have it; no co-pay is collected
- Nursing is notified that patient has arrived

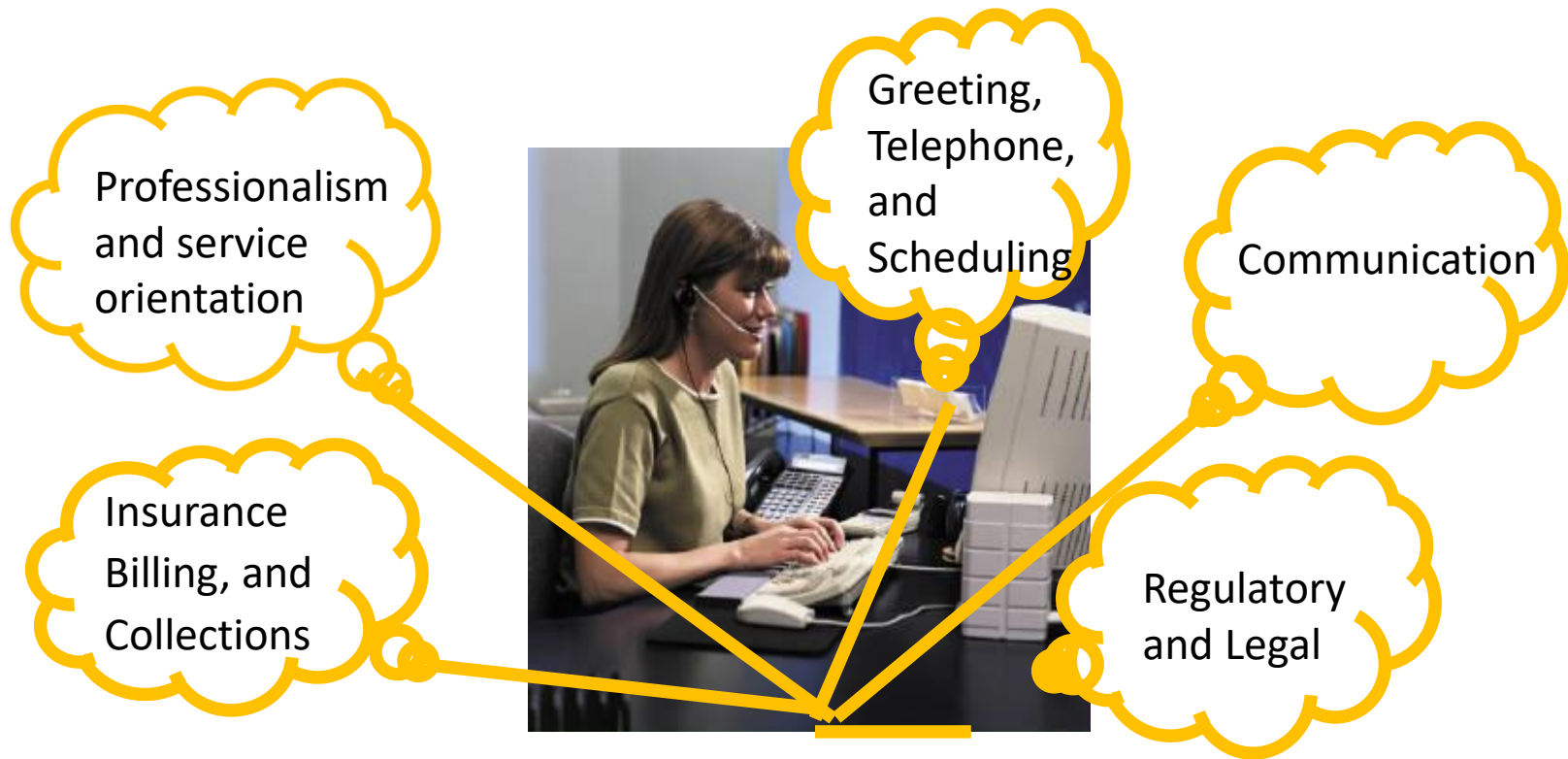
Patient Experience Specialist – Value Based World

- Patient calls for appointment
 - Intake done – Financial expectations discussed – Eligibility & Verification of benefits done real time. New or established patient
- Appointment types standardized making scheduling efficient
- Patient arrives
 - Real time eligibility occurs automatically when patient is marked as arrived. Build rules by insurance type to alert clinical staff what may be needed for this patient.
- Financial discussion and point of service collections occur
- Forms needing updates and signatures are captured electronically
- Consider adding pre-registration for established patients on-line

Process Mapping



Role of Patient Experience Specialist



Build Relationships with Patients

Coding/Billing Department Fee For Service World

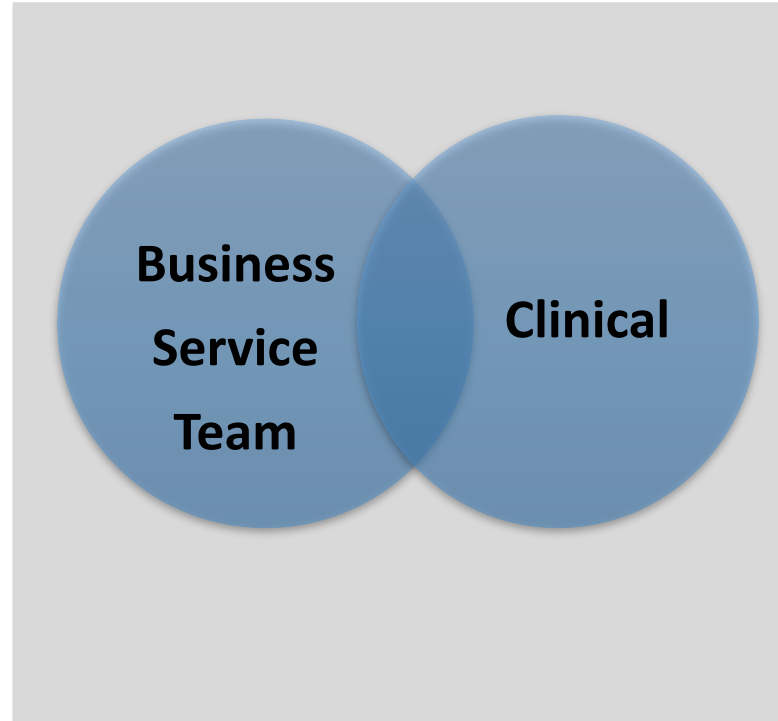
- Coding
- Charge entry from a charge ticket
- Claim submission
- Posting payments
- Working denials
- Worked unpaid claim report
- Patient statements
- Patient collections

Fee for Service vs. Value Based World

Front office, Billing office, Clinical



Business Service Team, and Clinical Team



Business Service Team - Value Based World

- Relies on front end activities to ensure clean claims
- Electronic claim scrubbers
 - Rules engines to replace manual processes
- Monitors lag time of charge entry
 - Accountability
- Claim submission edits – 277 report review
- Electronic remittance posting
- Pay close attention to adjustments – coded correctly
- Denial management
 - Develop experts with tiered levels of sophistication
 - Measure denial percentages
- Aged trial balance
- Patient statements
 - Reduced or replaced by credit card on file
- Patient collections
- KPI's and benchmarking



Business Service Team - Value Based World

- Additional considerations for Revenue Cycle
 - Use technology to boost staff productivity
 - Manage the A/R using lean principles. Eliminate non-value added work
 - Constantly audit the work of the technology
 - Evaluate how to capture non-billable cost associated with value based care
 - Know your cost to provide services
 - How will bonus money be applied to the universe of claims for a period the bonus covers?

Business Service Team - Value Based World

Key Performance Indicators to Consider under VBR

- Cost of care - including fixed and variable costs
- Quality – what you are tracking and what payers are tracking?
- Patient access – patient leakage
- Operational effectiveness – EMR clicks, portal usage
- Patient satisfaction – reputational issues
- Care gaps – measure care coordination among your patient population

KPIs: "If you measure the wrong thing you do the wrong thing"



Medical Assistants/Clinic Staff – Fee for Service World

- Call patient from waiting room
- Possibly ask why they are being seen
- Take vital signs
- PFSH
- Possibly take the ROS
- Assist the provider during the exam, when appropriate
- Ancillary and diagnostic services (i.e. draw lab, immunizations, injections, etc.)

Medical Assistants/Clinic Staff – Value Based World

- Scrub charts 2-3 days in advance
- Active participant or run the team huddle
- Call patient from waiting room, introduce with a smile
- Take vitals and other pertinent information
- Prepare patient and room for the exam
- Inform the patient the provider will be in shortly
- Assist the provider during the exam, when appropriate
- Ancillary and diagnostic services (i.e. draw lab, immunizations, injections, etc.)
- Explain and summarize the visit and verify the patient understands
- Patient liaison
- Perform a patient satisfaction survey before discharging patient from the room
- Warm handoff to check-out

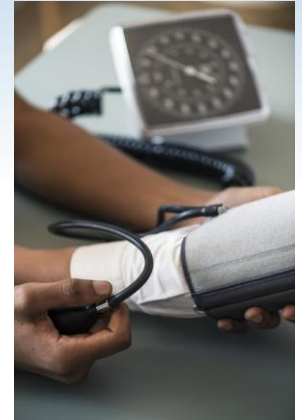


Nursing Staff – Fee for Service World

- Triage (in person or via phone)
- Review pharmacy refill calls
- Possibly help Medical Assistants when behind
- Ancillary and diagnostic services (i.e. draw lab, immunizations, injections, etc.)
- Possibly prior authorizations (especially if specialty group)

Nursing Staff – Value Based World

- Scrub charts 2-3 days in advance
- Active participant or running the team huddle
- Triage (in person or via phone)
- Review pharmacy refill calls
- Help Medical Assistants when behind
- Conduct group classes for better patient outcomes
- Maintain patient care flow throughout the office
- Assist with well child visits
- Ancillary and diagnostic services (i.e. draw lab, immunizations, injections, etc.)
- Prior authorizations (especially if specialty group) – important to work with coding and billing



Care Manager/Nursing – Value Based World

- Longitudinal care management
 - Chronic illnesses, behavioral diagnosis – an “endpoint” is not clear
- Episodic care management
 - Being seen for a particular “episode” of care that has a foreseeable end point

Care Manager/Nursing – Value Based World

- Longitudinal Care Management – telephone and in-person clinic visits to provide:
 - Risk screening and assessment
 - Individualized care plan
 - Identification of barriers and other resources
 - Care coordination
 - Health education/coaching
 - Community resources
 - Working with school counselors and teachers
 - Communication in between visits

Care Manager/Nursing – Value Based World

- Episodic Care Management – telephone and in-person clinic visits to provide:
 - Discharge follow-up – review of next steps, medication reconciliation, etc.
 - Provide community resources
 - Health education and coaching
 - Assisting with follow-up appointments

Nursing Staff – Value Based World

- Think about having 1 or 2 nursing staff housed with the call center
 - Take calls if the patient is needing to speak with the physician, clinical questions, etc. and not calling for an appointment
 - Reduces back and forth calls
 - Decrease message load for the MA's/Clinical staff

Providers – Fee for Service World

- Starting a little late
- The room is not prepped/stocked
- The patient is not ready for the visit
- Providers leaving the patient room and then going back in the room
- Looking for a nurse/MA to assist
- Thinking about the next patient and how far behind they are
- Some are typing in lieu of looking at the patient



Providers – Value Based World

- Active participant in the TEAM huddle
- Be in the first room BEFORE the patient
- Explain to the patient/parent you will be typing some of their story during the visit
 - So, you said your headache started last week and has been throbbing off and on since that time
- Set the expectations for the patient/parent and make sure they are on board
 - I recommend you start exercising at least 2 times a week and watching your diet – lots of fruits and vegetable and less sugary foods – is this something you can commit to? I think you will find you can improve your back and knee pain if we can get you exercising and eating better.
- Inform the patient/parent the medical assistant will be in to go over the summary of the visit and assist with check-out and next appointment (warm handoff)
- Think about which patients can be given 6 month or yearly prescriptions to leave openings for new patients

Providers Coding & Documentation - Value Based World

- Issues that impact the quality data being reported
 - Incomplete, ambiguous and/or clinically incongruent documentation
 - Incorrect or incomplete coding
 - Sequencing of codes
 - Documentation of patient complexity, severity of illness
 - Highest level of specificity
 - All co-morbid conditions MEAT
 - Missed opportunities (obesity vs morbid obesity)

Things to think about - Value Based World

- What services is the provider doing that can be done by someone else?
- Evaluating work flows, protocols (i.e. refills), etc.
- What services should be done by the RN, LPN, Case Manager, MA, etc.

Coding Staff – Fee for Service World

- Role of Coder
 - Data entry
 - Reviewing every note
 - Emailing providers to append notes
 - Staying at their desk

Coding Staff - Value Based World

- Role of Coder
 - Educator
 - Reviewer
 - Investigator
 - Observer
 - Team player



Things to Think about in the Value Based World

- Rules engine set-up to assist with huddle and other items
- Determine duties and delegate
 - What can the MA's and or nursing staff do? Nutrition education, depression screening, risk assessments, etc.

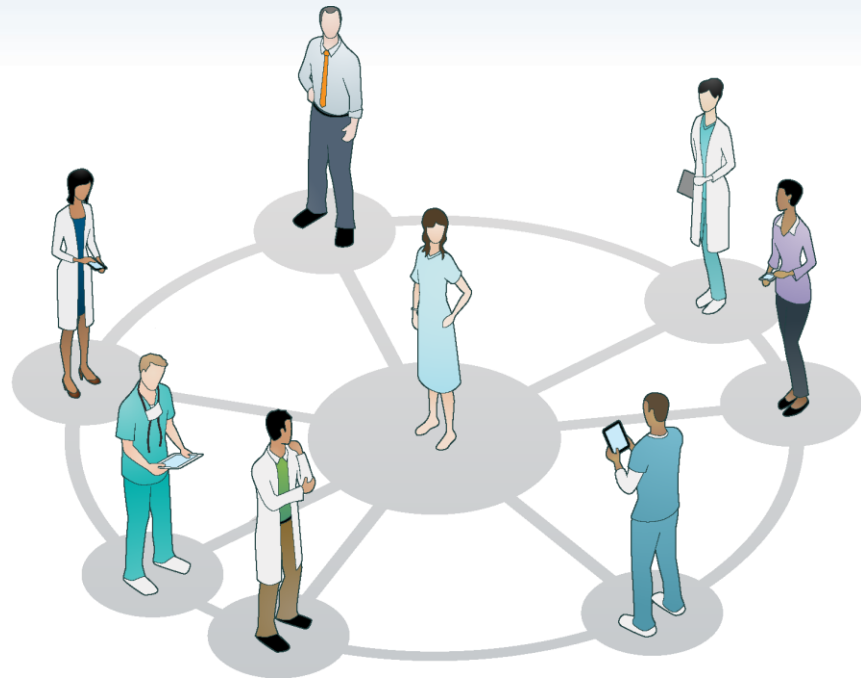


Team-Based Care

- More effective and efficient delivery of additional services
 - patient education,
 - behavioral health,
 - self-management support,
 - care coordination
- Increased employee and patient satisfaction
- Creates an environment in which all medical and nonmedical professionals are encouraged to perform work that is matched to their abilities.
- Intra-team communication

Patient Centered

- Patients/Parents feel
 - cared about
 - involved
 - respected
 - perception changes



How do you get there?

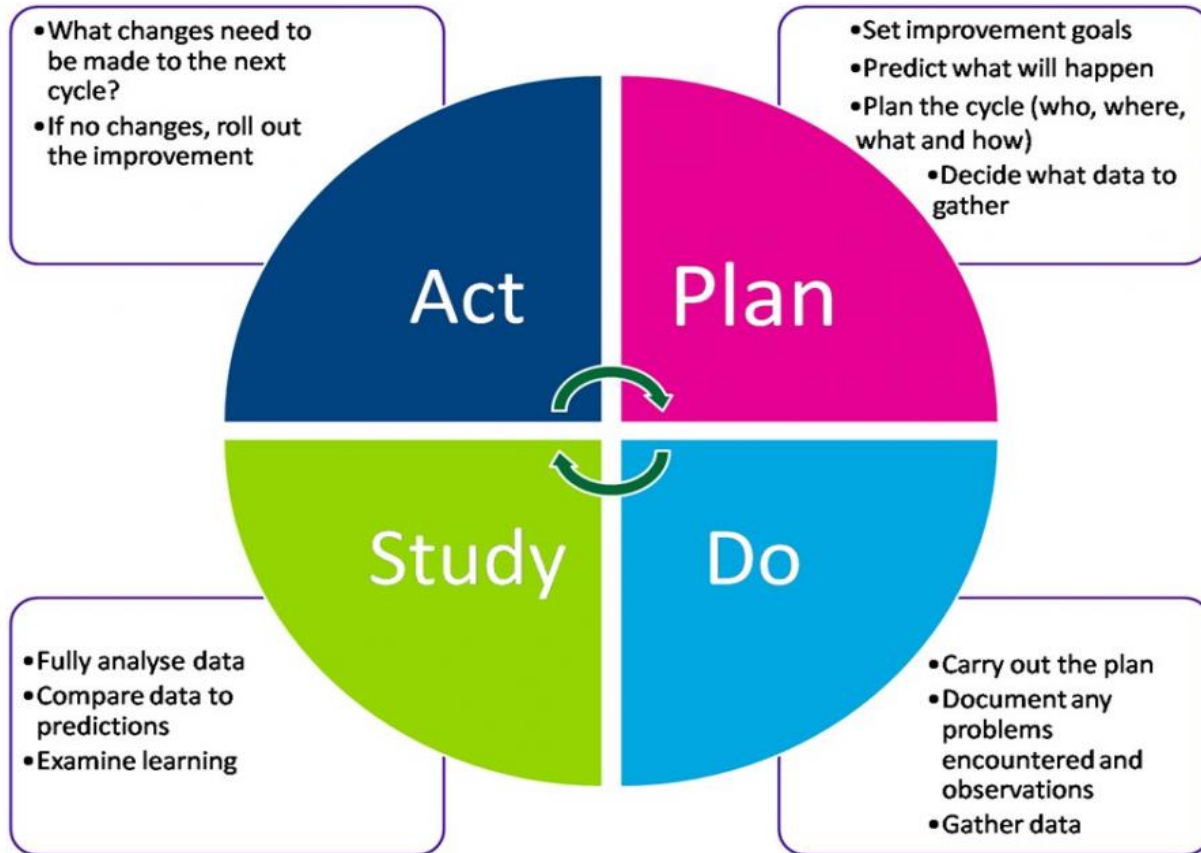
- Create a practice wide commitment
- All team members must view patients equal and knowledgeable in their care – Patient Engagement
- Have an advisory board committed to value based care and patient centered care
- Place a comment box to get feed back from patients/parents and staff
- Select patients/parents to interview each day about their experience
- Communicate the goals and objectives of the team-based care that is patient centered
- Hire team members who align with the goals and objectives of the practice
- Include patient centered commitment in the job descriptions

How to Create a Value Based Delivery Model

- Identify patients with chronic conditions
 - Who frequent the emergency department
 - Who has uncontrolled chronic conditions
 - Who has higher incidence of no-shows
 - Who is non-compliant with their medications
 - Who is calling in requesting refills without a visit

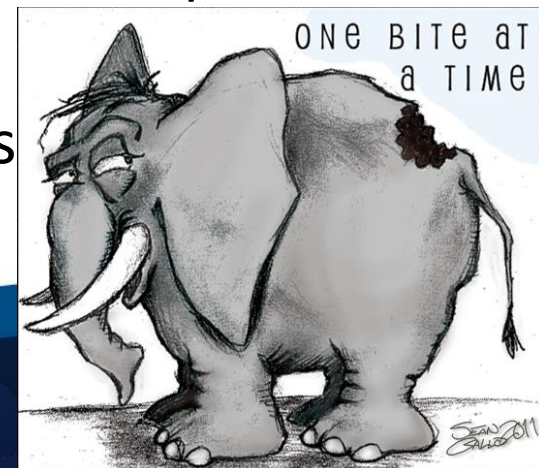
How to Create a Value Based Delivery Model

- Build care models around evidence based medicine
- The models should be easy to follow
- What measurable metrics will you capture for the population you target?
- Consider how to re-design workflow to deliver that care model
- What staff are needed for the new model?
- Define the roles and responsibilities for each team member



Final Thoughts

- Don't eat an elephant
- Create a program looking strategically at a VB program
- Align measures you choose across board programs
- Plan - What will you analyze to identify your target?
- Evaluate high leverage opportunities
- Evaluate how much time and effort you should spend for the outcome
- What barriers exist in achieving your goals
- Evaluate the practice culture as a whole



Thank You

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