

Audience Participation **REQUIRED!**

Who Are You!

Regions

- East Coast
- Midwest
- West Coast

Professions

- Providers (Dr's, NP's, Pharmacists)
- Managers/Directors
- Nurses (RN, LVN, MA's)
- Sponsors or Employees
- Free-loaders

Who am I?

Education: Baylor University

BA: Biology

Minor: Business Administration

Hometown: Wichita, KS

Home of:

- The Shockers
- The First Pizza Hut
- Most major aircraft manufacturers
- Many bad jokes about a small dog named Toto

Titles:

- Practice Manager
- Director of Clinical Research
- Small Business Owner



Disclaimer

WARNING – You are about to hear potentially useful information, thus I have to tell you that the following slides and presentations are for informational purposes only. I am not an expert and make no claims of knowing everything about what I am about to talk about. On the contrary, I fully expect helpful feedback from the audience at the end. I am here on my own behalf and do not represent any company or organization. If you choose to utilize any of the information presented today, you're on your own!

My Office

Physicians

- 4 Interventional Cardiologists
- Each has 5 – ½ day clinics per week in 2 full-time offices
- Cover 5 hospitals/facilities, perform procedures at 3

Staff

- Each office fully staffed with a nurse, 3-5 medical assistants, nuclear tech and echo tech

EMR and Practice Mgmt System implemented in May 2008

Referring Providers

- We maintain excellent communication with a networking group between office managers

Anti-Coagulated Patients – Approximately 250

Our Experience

Background of Anticoagulated Patients

- For years all patients were sent to central labs to monitor PT/INR
 - Management of this was very difficult for staff because results came to the office via fax at random and charts had to be pulled constantly
 - Backlogs were common
 - Documentation of levels and their adjustment was poor
- Decision was made to start Coumadin clinic in office in early 2000
 - Improved turnaround time on level adjustment
 - Improved documentation of results
 - New problems surfaced over time
- EMR implemented in May 2008

Our Experience

In-Office Coumadin Clinic Problems

- Patient non-compliance with testing and no fool-proof way of preventing it until the patient runs out of coumadin
 - Creates significant safety risk for patient
 - Elevated liability for our office
 - Same problem arises with central lab testing
- Significant amount of staff time spent with each patient at every visit unnecessarily (unavoidable in most circumstances)
- Many patients use the opportunity to ask for free samples of their other meds b/c they forget to get refills
- Many patients do not show up for their regular office visits because everything is taken care of in their minds at their Coumadin clinic visits
- Break-even on revenue b/c we can't bill 99211 unless the level is adjusted and the patient meets medical necessity for a nurse visit

Our Experience

Medicare Approves Patient Self-Testing in 2008

Our Experience

Implementing Patient Self-Testing

- R&D and feasibility studies completed Dec 2008
- Began patient notification and training January 2009
- Patients instructed to attend training session in our office for PST or visit the lab bi-weekly
- Cancelled Coumadin Clinic effective March 1st 2009
- One nurse in each office made responsible for all results – all faxes sent to her in EMR after MA has electronically filed it
- Over 115 patients currently trained/enrolled, still training at regular intervals

Our Experience

Clinical Overview

- Patient uses provided materials to obtain their own INR level at home at prescribed intervals (for us every 2 weeks once optimal level obtained)
- Patients instructed of their “normal value” during training
 - If results are normal, they don’t hear from us
 - If results are abnormal, patient instructed to **call us**, our nurse adjusts the level accordingly – nurse calls patient if necessary when result arrives
- Office Visits required every 4 months for compliance verification
- Coumadin refills given for max of 4 months
- Results and device will be “cross-checked” annually with our in-office machine

Our Experience

Billing Overview

- Bill G0248 for training session
 - Trained multiple patients simultaneously, every 2 weeks until everyone was trained
 - Monthly training for new patients and “converts”
- Bill G0250 every 4th test
 - One biller responsible for this
 - Create spreadsheet or run report of all patients trained with G0248
 - Every 2 months look into charts and bill when 4 tests completed (takes approx 2 hours to go through everyone and bill accordingly)
- Copays/Patient Responsibility
 - Patient pays copay if necessary for training while in office
 - Roche notifies patient how much their out-of-pocket expense will be for at-home portion of PST prior to shipping device to our office

Our Experience

IDTF Responsibilities

- Train our staff to train the patients (will train your patients if necessary for you)
- Provide educational materials and curriculum for adequate patient training and documentation of training
- Verify patient benefits/eligibility for PST, contact and notify patient of their out-of-pocket expense for at-home PST
- Contact non-compliant patients to obtain results
- Provide machine, strips, and all supplies necessary for PST
- Fax results to our office with cumulative report

Our Experience

Results

- Nursing staff in both offices are “shocked” at how much extra time this has created for them
- Prevented me from hiring new staff to accommodate more work as office gets busier
- Most patients are very happy that they don’t have to drive in so often just to have their finger pricked
- Those uncomfortable with PST or who didn’t want to pay for it go to the lab
- The only patients who were very unhappy with this change were those who were abusing the system
- Overall revenue increased because
 - Need 1 less staff member overall without Coumadin clinic
 - Don’t have to buy expensive strips
 - Bill for all patients for training and interpretations
- Guaranteed follow-up with physician, less liability monitoring long-term Coumadin patients, better compliance with INR testing

PST Overview

for Cardiology Practice

Pros

- Patients and their families can stay home
- Increased compliance with INR testing
- Increased office visits (every 4 months)
- Increased frequency of testing with very little added work
- Decreased need for office staff
- Short-term increase in revenue for training
- Drastic reduction in “free healthcare” while patients are in the office
- Patient contact only necessary with abnormal results
- Roche contacts patient if non-compliant
- Reduced liability monitoring patients

Cons

- EMR is very helpful/necessary to avoid hours spent chart pulling and filing results
- Loss of revenue from Coumadin clinic (if billing 99211)
- Some patients will refuse and will have to go to a central lab
- Less face-to-face interaction with patients

To Bill or Not to Bill

That is the Question

Treat Medicare like you treat the IRS

- You can claim *ANYTHING* on your taxes and you *MAY* get away with it for a very long time – similar situation with billing Medicare. Just because they pay you doesn't mean they won't take it back
- Recovery Audit Contractors (RAC) are coming if you don't already know about them - \$980M recovered in CA, FL, NY alone – they get paid on commission so they are not your friend

To Bill or Not to Bill

That is the Question

99211

CAN YOU BILL IT OR NOT?!

- That depends on who controls your Medicare dollar
- **Trailblazer** says NO unless you adjust the level of Coumadin at the visit (which meets criteria for E&M Management and thus meets medical necessity) – many offices still bill 99211 at every visit
- **Noridian** supposedly says YES
 - » *remember that disclaimer!*

To Bill or Not to Bill

That is the Question

Friendly advice I give every physician who asks

- Don't listen to sales reps alone – research on your own
 - if you get audited you are responsible
- Don't search out new devices/equipment that pay well.
- Search out new devices/equipment that improve your patient's lives, then make your staff figure out how to get you paid as much as possible for it
- Don't let your business manager take over or influence your practice of medicine – keep it separate

Summary of PST

- Initially implemented to improve work flow and improve patient care (compliance)
- Seamlessly integrated into every day practice
- Well accepted by majority of patients and all staff
- Trained our own patients on site
- Cancelled Coumadin clinic
- Standardized Coumadin monitoring for all patients
- Overall best financial decision for this patient population