PRACTICE MANAGEMENT FOR STD CLINICAL SERVICES

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WHAT IS PRACTICE MANAGEMENT??

Practice management involves

decisions,

actions,

and resource allocation

to enable the provision of professional services to meet the objectives of the organization.

The management of a medical practice requires understanding of the needs of the health professionals, patients, nonmedical staff and the community. Management processes involve planning, finance, technology application, information and, most importantly, people.

Steer N, National Standing Committee – GP Advocacy and Support. General practice management toolkit. Modules 1 to 11. Melbourne: The Royal Australian College of General Practitioners; 2007.

Practice management incorporates

tools,

strategies,

and procedures

that a health care organization uses to ensure that patients receive adequate care from medical and nonmedical personnel. Practice management also helps a medical organization's leadership meet operating goals.

- U.S. Bureau of Labor Statistics (BLS)

PHYLLIS' DEFINITION OF PM

It is a comprehensive quantifiable process of reviewing all the systems that contribute to the bottom line and quality clinical care.

WHY AM I JUST HEARING ABOUT IT NOW?

1) The Local Health Directors Association asked the office of Public Health Nursing and Professional Development to research and develop a clinical assessment process that could be replicated by local public health staff to assess and monitor the financial health of all clinical services in order to make operational changes that would support quality client care and utilize all resources in the most efficient manner.

2) Dwindling financial resources for local public health

local, state and federal dollars (block grant funds)

WHY?

3) Health departments experiencing a huge decrease in clients in most programs yielding decreased revenue

4) Medicaid Cost Study funding (formula changed leaving many counties with decreased cost settlement amounts)

5) Continued staff and facility costs

PM WORKGROUP OBJECTIVES

1. Improve health outcomes by improving clinic efficiency and cost effective services
2. Develop and test productivity benchmarks & staffing models
   - Provider/RN productivity: average 20/visits/day
   - Consensus staffing model for public health
3. Develop tools and skills training to support
   - Balance-Supply and Demand for services
   - Improve revenue
   - Decrease cost of care

SOME COMPONENTS OF PM ARE NOT NEW

- Clinic flow analysis
- QI(PDSAs,
  Value Stream Mapping, Spaghetti Maps)
- No show rates
- Budgets
  - Revenue vs. expenditure
- Program monitoring
- Appointment systems
- Evidence Based Strategies
- STD Express Clinics
- Satisfaction Surveys

NEW PM TOOLS

- Data dashboards
- Productivity benchmarks
- Public Health Staffing Model
- Staffing calculations: # of staff(FTE), total staff cost, utilization of staff & staff capacity)
- Giving each provider a schedule

Proposed Practice Management Consultation Process

LHD Requests PM assistance

PHNPDU will manage requests for PM Consultation

Agency completes Initial PM Assessment & Readiness Assessment

PM Training will support completion of initial fiscal & productivity assessment

DPH PM Team Reviews Data & Assigns Lead Consultant

Lead consultant assignment will be based on agency readiness/DPH capacity

Define Issues | Develop Plan

Initiate formal agreement & specifics of TA needed Defined timeframe for TA (~ 3months)

PM Team leads Change | TA support

Lead consultant facilitates PM & programmatic TA, identifies other resources (i.e. best practice agencies or training) & documents progress

Agency PM Team: PM monitoring & improvement

Agency provides progress Report based on defined PM measures 3 & 6 months after PM process

Why is Practice Management Important?

Clinical Services

WHY IS PM IMPORTANT

Improved PM skill supports your ability to sustain personal health services to assure access to care

- Loss of Medicaid revenue impacts all programs & services
- WCH services have traditionally helped cover the cost of the mandated core services
- Limited clinical revenue yields reduced funds to cover non-billable other services

PM cost reduction helps sustain needed clinical services & creates opportunities for developing new partnerships and programming aimed at improving health status indicators that are not necessarily linked to provision of clinical care.

PRACTICE MANAGEMENT

Creates the structure, skills and processes to understand your clinical services and take data driven actions to :

- Improve the clinical outcomes & patient experience of care
- Optimize staff resources to highest level of skill & licensure
- Reduce costs through system waste reduction
- Free resources for more needed public health strategies/interventions

CLIENT SCHEDULING AND CLINICAL CARE

- Same day appointments
- Open access appointments
- Annual/Quarterly appointments given 3 mos.-1 yr. in advance
- Integrated clinics
- Blocked Clinics by program
- Nurse only clinics or General clinics
- Immunization Clinics
- STD clinics
- Specialty Clinics

TYPES OF CLINICAL SERVICES PROVIDED

- Family Planning
- Maternal Health
- BCCCP
- Immunizations
- STDs
- Child Health
- Acute Primary Care
- Diabetes Management
- Misc.(Sports Physicals, Kindergarten Physicals, CDL exams & Wellness clinics)

TYPES OF LICENSED PROVIDERS

- Physicians
- Mid-levels
- Enhance Role RNs(ERRNs)
- RNs
- LPNs

TYPES OF VISITS

- New
- Established
- Limited/Focused
- New OB visit
- Return OB visit
- New FP Visit
- Annual FP exam
- Method related/ problem FP visit
- Well Child Exam
- Sick Child Exam
- STD exam
- STD treatment only visit
- Acute Primary Care visit
- Adult Health Exam
- BCCCP / WiseWoman visit
- Immunization visits
- Diabetes Mgmt.

STD CLINICAL ISSUES PM CAN HELP ADDRESS

- **Six out of the top 10 issues observed during the 100 county site visits:**
  - Unavailable services
  - Providers unavailable
  - Unacceptable wait (lead) times
  - Unacceptable waits for appointments
  - Provider/Client communication issues
  - Inaccurate , insufficient, inconsistent medical record documentation

STD CLINICAL ISSUES PM CAN HELP ADDRESS

- Billing and Coding discrepancies
- Double charting
- Identify more opportunities to grow public health in the community

ACUITY OF STD CLIENT VS. SKILL LEVEL OF PROVIDER

1.What types of clients can be easily evaluated and managed by a RN?

- Treatment only visits using standing orders
- Risk reduction counseling

2. What types of clients can be evaluated and managed by a ERRN?

- Treatment only visits using standing orders
- STD exams (must do all components in order to bill Medicaid)
- Return venereal wart treatments
- Pregnant clients seeking STD exams(no speculum exams)

ACUITY OF STD CLIENT VS. SKILL LEVEL OF PROVIDER

3. **What types of clients need to be evaluated and managed by a mid-level provider?**
   - STD exams if no ERRNs
   - Clients determined to have treatment failure
   - Clients requiring alternative treatment outside the s.o. for RNs
   - Clients presenting for the first time for " warts" or undiagnosed lesions of any kind.

4. **What types of clients need to be evaluated and managed by a physician?**
   - Clients requiring evaluation or treatment beyond the approved protocols of the mid-level provider

WHY DOES IT MATTER WHO SEES/EXAMINES THE STD CLIENT

Here is where the process of PM comes into play.

Q: 3/ 4 providers listed in the previous slide could see a client for a STD exam but , what is the most cost efficient means to provide the care to the client and maintain quality service?

A: The STD ERRN

Q: If you do not employ STD ERRNs then which provider would be next in line to provided the most cost efficient care?

A: The mid-level provider.

WHY DOES IT MATTER WHO PROVIDED THE TREATMENT FOR A STD CLIENT

- Q= A client gets tested for an STD last week and the results come back positive this week.
- A= 5/5 provider types could provide the treatment to the client.

- Q=Who is the most cost efficient provider the treat the client?
- A=It depends.. …

HOW LONG SHOULD IT TAKE FOR A STD EXAM?

It depends:

- An STD ERRN providing the complete visit= approx. 45 mins.
- A mid-level provider providing the complete visit inclusive of treatment= approx. 45 mins.
- A mid-level provider providing the complete visit exclusive of treatment= approx. 30 mins.
- A treatment only visit provided by any provider= approx. 15 mins.

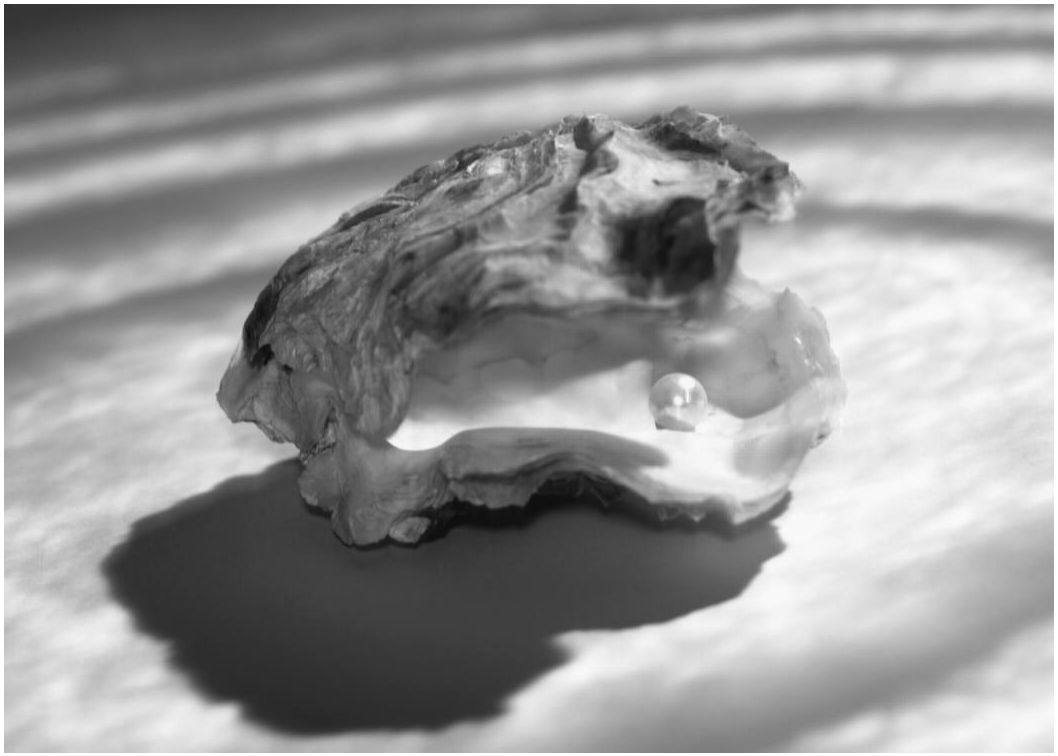
PM ENCOURAGES

- Making a schedule for each provider for every day they work
- Breaking appointment schedule down into 15 min. slots.
- Give everyone an appt. slot; even if you accept walk-ins, put them in a time slot on a provider's schedule

PM ENCOURAGES

- If no same day appointments available refer to triage nurse.
- Empower management staff or triage nurse to make routine scheduling decisions.
- Request clients come in 15 minutes prior to their appointment time to take care of the administrative requirements

PEARLS FOR SUCCESSFUL STD PROGRAMS



INTERVIEWING SKILLS & SEXUAL HEALTH HISTORY

Sites of exposure

Identifying all contacts

BEST PRACTICE STD ASSESSMENT FLOW

Check Medicaid and/or private pay status prior to or at registration. If patient has private insurance, get consent to bill for services.

Prefer provider conduct both the history and exam and use DHHS Form 2808. If provider does not do the history, it MUST be reviewed and initialed by the provider. Interview can be done by a RN or LPN provided a script is provided.

Perform labs as required by programmatic guidelines.

Treatment and counseling provided by either the MD/Mid-level, Enhanced Role RN or Clinic RN.

STD TREATMENT ONLY VISIT FLOW

Check Medicaid and/or private pay status prior to or at registration. If patient has private insurance, get consent to bill for services.

Can be performed by RN, STD ERRN or other clinician

PM – HOW DATA DRIVEN & EVIDENCE BASED DECISION MAKING CAN HELP

- Let the numbers talk
- Take the emotions out of board room discussion
- Gets rid of ‘them’ versus ‘us’ mentality
- Help establish minimal standards within the organization
- Gives everyone a value in the organization and proves it!
- Bottom Line - MONEY

CODING, DOCUMENTING AND BILLING

- Provider of service is responsible for correct coding (billable or non-billable)
- Accurate and defensible documentation (ready for audits or court)
- Bill at highest defensible Preventive or Evaluation and Management (E&M)
- Time=Money

CODING, DOCUMENTING AND BILLING

Correct codes

- ICD-9/10,
- CPT,
- HCPCS,
- E& M,
  - new vs. established, etc.

Public Health is special

- T1002 coding for Medicaid for STD (ERRN) & TB (RN)
- 99211 coding for other third party payers
- Local Use codes to track staff utilization for all functions

CLINICAL SERVICE CODES

- ICD-9/10 = International Classification of Disease "why"
- CPT = Current Procedure Terminology "what"
- Preventive Medicine Codes – (routine physicals, etc.)
- New Patients – 99391 – 99396
- Established Patients – 99381 – 99386

CLINICAL SERVICES CODES

E&M = Evaluation and Management (medically necessary/problem driven)

- New Patients - 99201 – 99205
- Established – 99211 – 99215

Modifiers – EP, FP, 25, 51, 76, 91, 90

- Communicable Disease mostly number '25'
- Two totally different services, same agency, different provider, same day!

PROVIDER CODING

- All providers are responsible for billing their portion of the service
- Mid-levels and Physicians should not rely on others to mark their billing
- Using “cheat sheet” standard routine codes is time saving but DON’T get in a RUT

PROVIDER CODING

- Most medical providers tend to under code visits (but don't over inflate)
- Be accurate to avoid pay back situations
- Document, Document, Document
- Use as specific of a code as possible (Practice for ICD-10)

PUBLIC HEALTH IS SPECIAL

- Special Medicaid Billing
- Only medical agency where ERRNs are allowed to provide and bill for a service by standing orders routinely through Medicaid
- Codes specific to STD and TB (see TB consultant)
    - T1002 – STD ERRN bills in 15 minute units of time
    - 99211- Nurse only visit or minimal visit for mid-level and above.
        - Replaces T1002 when billing private insurance for nurses
- Local Use codes – Tracks unbillable services to show how staff time is utilized

T1002 VS. 99211

SPECIAL PH MEDICAID ONLY

- STD ERRN must do all components of STD service to bill (history, exam, lab collection, treatment and counseling)
- Client permission not required before billing
- 15 minute increments
- Maximum of 4 units daily or be ready to justify in detail
- Non-enhanced RN can not use this code

PRIVATE INSURANCE

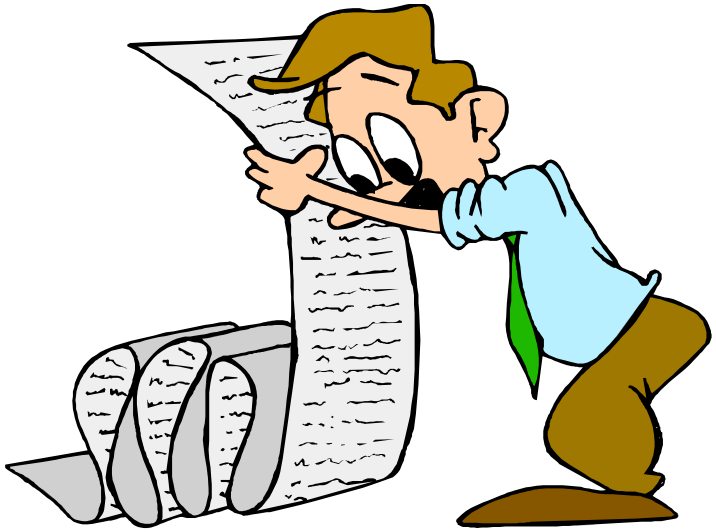
- Only E & M code Registered Nurses are allowed to bill
- Requires client's permission to bill for STD services (EOB - HIPAA)
- Pays the same no matter how much time is needed
- Non-enhanced RN can not use if medical provider involved in visit

LOCAL USE CODES

- LU242 – STD Contact - non-billable service (RN doing hx,tx,or post counseling for Provider or STD ERRN when client requires provider to see client during same clinic visit not consultation only)
- LU018 – Copy of Medical Record
- LU014 – Printing Immunization Record for client (REPORT ONLY –N C Administrative Code prohibits charging client)
- LU232 – Test/Lab Results only visit (REPORT ONLY)
- LU243 – Non-Billable Communicable Disease Contact (REPORT ONLY) i.e. Outbreaks, Control Measures, collecting specimens in the field

AND THE LIST GOES ON!

- Maintained by the Office of Public Health Nursing – Dr. Joy Reed's office.
- https://wss01.dhhs.state.nc.us/sites/dhhs/DPH/HIS%20Library/Training%20%20System%20Manuals/LU%20Codes%20-%2007-17-03.pdf



ACCURATE DOCUMENTATION

- Paper records
- EMR
- Regardless if it's not documented then it wasn't done.
- Why does that matter?
  - Your license requires it!
  - Reimbursement
  - Quality of care
  - Why document a normal or negative finding?
    - If you do not note that an organ or body part is normal or a value is normal when the client comes back the next time, what do you have to compare your current finding too?

ELECTRONIC MEDICAL RECORD DOCUMENTATION OF THE STD EXAM USING CURE MD®

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THANK YOU