

Practice Management

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PCOM

Outline

- The Man
- The Measures
- The Money
- The Madness



Occupational Safety & Health Administration (OSHA)

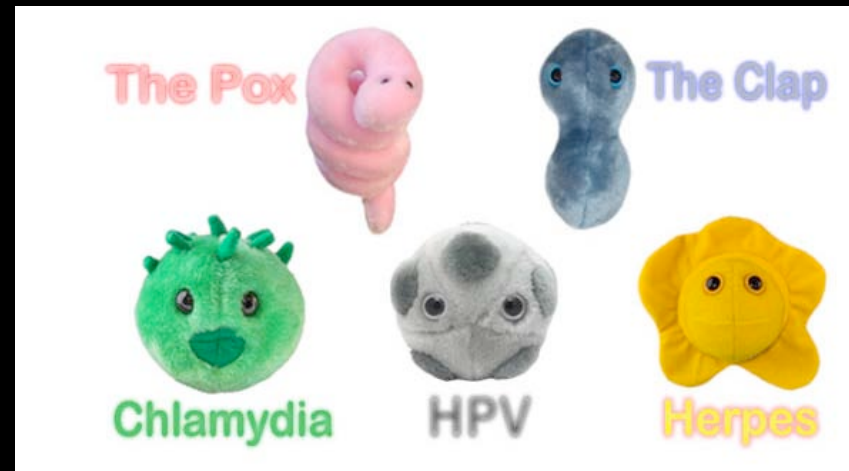
- Blood borne pathogens
 - Everyone must comply
 - Must use “Safer Devices”
 - Must have training and documentation
 - Aware of proper disinfectants
 - HIV and HBV specific

Occupational Safety & Health Administration (OSHA)

- Airborne hazards
 - Employer's role
 - Employee's role
 - Mask myths
 - Masks and respirators provide the same protection
 - They can be reused
 - You can write on your respirator
 - Everyone can wear a respirator
 - You can't have facial hair and wear a respirator

Laboratory Reporting

- Know your state
 - <http://www.portal.state.pa.us/portal/server.pt?open=514&objID=557245&mode=2>
- CDC reportable diseases
 - <http://wwwn.cdc.gov/nndss/conditions/notifiable/2015/infectious-diseases/>



Human Resources

- Hiring
 - Things you can ask:
 - Ask open-ended and scenario driven questions
 - General knowledge, conflict management, motivation, work ethic, problem solving strategies, response to office politics, gossip, & computer confidence
 - Things you can't ask:
 - Age, religion, national origin, marital status, children, and medical issues.
 - Ask if you can contact previous employers

Human Resources

- Firing
 - Communicate Expectations
 - Written, orientated, and regularly checked
 - Termination
 - Who?
 - Where?
 - When?
 - How?
 - Address the Details
 - Pitfalls



Family Medical Leave Act (FMLA)

- Who is covered?
 - Works for a covered employer
 - Has worked for the employer for at least 12 months
 - At least 1,250 hours of service for the employer during a 12 months period preceding leave
 - Works at a location where the employer has at least 50 employees within 75 miles

Family Medical Leave Act (FMLA)

- What it allows?
 - Eligible employees may take up to 12 work weeks of leave in a 12-month period for:
 - Birth, or placement for adoption, or foster care
 - Care for spouse, son, daughter, or parent who is seriously ill
 - If the employee has a health condition that makes the employee unable to perform essential functions
 - For any qualifying exigency arising out of the fact that a spouse, son, daughter, or parent is a military member on covered active duty or call to covered active duty status
 - 26 work weeks of leave for care of a covered service member with a serious injury or illness when the employee is the spouse, son, daughter, parent, or next of kin of the service member
 - Intermittent leave allowed
- This is unpaid, job-protected leave for specified family and medical reasons

Quality Improvement

- Basics
 - Establish a culture of quality in your practice
 - Determine and prioritize potential areas of improvement
 - Collect and analyze data
 - Communicate your results
 - Commit to ongoing evaluation

QI Lingo/Patient Safety

- Adverse Event- results in unintended harm to the patient by an act of commission, or omission rather than by the underlying disease or condition of the patient.
- Composite Measure- a combination of two or more individual measures in a single measure that results in a single score
- Incident- A patient safety event that reached the patient, whether or not the patient was harmed

QI Lingo/Patient Safety

- Mandatory Reporting- legal requirement for physicians and other professional providing health services to report suspected incidents or abuse or neglect
- Near miss- an event or a situation that did not produce patient harm, but only because intervening factors, such as patient health or timely intervention
- Preventable (event)- Described an event that could have been anticipated and prepared for, but that occurs because of an error or other system failure
- Sentinel event- an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof

QI Math

- Specificity-SpIN
 - *Specificity = true negatives / (true negative + false positives)*
- Sensitivity-SnOUT
 - *Sensitivity = true positives / (true positive + false negative)*
- Positive Predictive Value
 - *PV+ = true positive / (true positive + false positive)*
- Negative Predictive Value
 - *PV- = true negatives / (true negatives + false negatives)*

Billing and Coding

- CPT Codes
 - 99201-99205 for NEW patients
 - 99211-99215 for established patients
 - 99381 -99387 for NEW preventive patients visit
 - 99391-99397 for established preventive patient visit
 - G0438 - Medicare Annual Wellness Initial
 - G0439 – Medicare Annual Wellness Subsequent



Billing and Coding Basics

- History
- Physical

TYPE OF HISTORY	CHIEF COMPLAINT	HISTORY OF PRESENT ILLNESS	REVIEW OF SYSTEMS	PAST, FAMILY, AND/OR SOCIAL HISTORY
Problem Focused	Required	Brief	N/A	N/A
Expanded Problem Focused	Required	Brief	Problem Pertinent	N/A
Detailed	Required	Extended	Extended	Pertinent
Comprehensive	Required	Extended	Complete	Complete

RULE OF SIXES FOR GENERAL MULTISYSTEM PHYSICAL EXAM DOCUMENTATION

Problem-focused visit	Less than 6 bullets in 1+ systems
Expanded problem-focused visit	6+ bullets in 1+ systems
Detailed visit	12+ bullets in 2+ systems
Comprehensive visit	18+ bullets; 2 in each of 9+ systems

Billing and Coding Basics

- Medical Decision Making

THE ELEMENTS OF MEDICAL DECISION-MAKING

Type of decision-making	Problem(s)	Data	Risk
Straightforward	Minimal	Minimal or none	Minimal
Low complexity	Limited	Limited	Low
Moderate complexity	Multiple	Moderate	Moderate
High complexity	Extensive	Extensive	High

At least two of the three criteria – problem(s), data, risk – must be met or exceeded.

Billing and Coding

- MC Chronic Care Management (CCM) - 99490
 - Requires an agreement
 - There is a co-pay
 - Requires 2 or more chronic conditions expected to last 12 months and place patient at significant risk of functional decline
 - Require at least 20 minutes of clinical staff time directed by physician or qualified health care professional per month
 - Comprehensive care plan established, implemented, revised, or monitored

Billing and Coding

- Transitional Care Management (TCM) – 99495
 - Communication with patient or caretaker within 2 business days from discharge
 - Medical decision making of at least moderate complexity during the service period
 - Face-to-face encounter within 14 calendar days of discharge

Billing and Coding

- OMT
 1. Bill regular office visit with -25 modifier
 2. Place allopathic diagnosis
 3. Place osteopathic-somatic dysfunction diagnosis
 4. Level of OMT performed
 - 98925 – 1-2 body regions
 - 98926 – 3-4 body regions
 - 98927 – 5-6 body regions
 - 98928 – 7-8 body regions
 - 98929 – 9-10 body regions

Billing

ICD-9

- **739.0 Head region**
- **739.1 Cervical region**
- **739.2 Thoracic region**
- **739.3 Lumbar region**
- **739.4 Sacral region**
- **739.5 Pelvic region**
- **739.6 Lower extremities**
- **739.7 Upper extremities**
- **739.8 Rib cage**
- **739.9 Abdomen and other**

ICD-10

- **M99.00** Segmental and somatic dysfunction of head region
- **M99.01** Segmental and somatic dysfunction of cervical region
- **M99.02** Segmental and somatic dysfunction of thoracic region
- **M99.03** Segmental and somatic dysfunction of lumbar region
- **M99.04** Segmental and somatic dysfunction of sacral region
- **M99.05** Segmental and somatic dysfunction of pelvic region
- **M99.06** Segmental and somatic dysfunction of lower extremity
- **M99.07** Segmental and somatic dysfunction of upper extremity
- **M99.08** Segmental and somatic dysfunction of rib cage
- **M99.09** Segmental and somatic dysfunction of abdomen and other regions

Documentation/EHR

- You should do it.
- You should do it well.
- It will protect you.

HIPPA

A Health Care Provider	A Health Plan	A Health Care Clearinghouse
<p>This includes providers such as:</p> <ul style="list-style-type: none">• Doctors• Clinics• Psychologists• Dentists• Chiropractors• Nursing Homes• Pharmacies <p>...but only if they transmit any information in an electronic form in connection with a transaction for which HHS has adopted a standard.</p>	<p>This includes:</p> <ul style="list-style-type: none">• Health insurance companies• HMOs• Company health plans• Government programs that pay for health care, such as Medicare, Medicaid, and the military and veterans health care programs	<p>This includes entities that process nonstandard health information they receive from another entity into a standard (i.e., standard electronic format or data content), or vice versa.</p>

HIPPA

- Business Associates (BA)
 - Who is a BA....more complex then you think
 - Entities that access, use, or disclose patient Personal Health Information (PHI) on your behalf
 - Anyone you have direct control over is not a BA, but rather considered “workforce”
 - Examples: electronic prescribing gateways, health informatin organizations, document storage agencies, EHR vendors (if they provide personal health records to patients on your behalf), attorneys, call services
 - If they are BAs you need an agreement

HIPPA

- HIPPA Office Compliance-Checklist
 - Have your Notice of Privacy Practices posted in a visible location. Make sure new patients sign that they've received it
 - Inventory all mobile devices and make sure they are both password protected, secure, and encrypted for texts and emails
 - Use a virtual private network (VPN) to access our HER remotely
 - Make sure you fax cover sheet has a HIPAA disclaimer and never fax without a cover page
 - Ensure that passwords are changed at least every 6 months

Questions?

