Practice Management

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PCOM
Outline

• The Man
• The Measures
• The Money
• The Madness

http://mattdantodd.com/2013/01/18/introverts-extroverts-and-being-fake-online/
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

https://seriouslyyouboughtthat.wordpress.com/2011/04/01/stuffed-stds-alimentary/
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, martial 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

http://thezom.com/tag/donald-trump/
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 lease 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**
  - $Specificity = \frac{true \text{ negatives}}{true \text{ negative} + false \text{ positives}}$

• **Sensitivity-SnOUT**
  - $Sensitivity = \frac{true \text{ positives}}{true \text{ positive} + false \text{ negative}}$

• **Positive Predictive Value**
  - $PV+ = \frac{true \text{ positive}}{true \text{ positive} + false \text{ positive}}$

• **Negative Predictive Value**
  - $PV- = \frac{true \text{ negatives}}{true \text{ negatives} + false \text{ negatives}}$
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

http://memegenerator.net/instance/64443226
Billing and Coding Basics

- History
- Physical

<table>
<thead>
<tr>
<th>TYPE OF HISTORY</th>
<th>CHIEF COMPLAINT</th>
<th>HISTORY OF PRESENT ILLNESS</th>
<th>REVIEW OF SYSTEMS</th>
<th>PAST, FAMILY, AND/OR SOCIAL HISTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Focused</td>
<td>Required</td>
<td>Brief</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Expanded Problem Focused</td>
<td>Required</td>
<td>Brief</td>
<td>Problem Pertinent</td>
<td>N/A</td>
</tr>
<tr>
<td>Detailed</td>
<td>Required</td>
<td>Extended</td>
<td>Extended</td>
<td>Pertinent</td>
</tr>
<tr>
<td>Comprehensive</td>
<td>Required</td>
<td>Extended</td>
<td>Complete</td>
<td>Complete</td>
</tr>
</tbody>
</table>

**RULE OF SIXES FOR GENERAL MULTISYSTEM PHYSICAL EXAM DOCUMENTATION**

<table>
<thead>
<tr>
<th>Type of Visit</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem-focused visit</td>
<td>Less than 6 bullets in 1+ systems</td>
</tr>
<tr>
<td>Expanded problem-focused visit</td>
<td>6+ bullets in 1+ systems</td>
</tr>
<tr>
<td>Detailed visit</td>
<td>12+ bullets in 2+ systems</td>
</tr>
<tr>
<td>Comprehensive visit</td>
<td>18+ bullets; 2 in each of 9+ systems</td>
</tr>
</tbody>
</table>

http://www.aafp.org/fpm/2014/1100/p12.html#
Billing and Coding Basics

• Medical Decision Making

<table>
<thead>
<tr>
<th>Type of decision-making</th>
<th>Problem(s)</th>
<th>Data</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Straightforward</td>
<td>Minimal</td>
<td>Minimal or none</td>
<td>Minimal</td>
</tr>
<tr>
<td>Low complexity</td>
<td>Limited</td>
<td>Limited</td>
<td>Low</td>
</tr>
<tr>
<td>Moderate complexity</td>
<td>Multiple</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>High complexity</td>
<td>Extensive</td>
<td>Extensive</td>
<td>High</td>
</tr>
</tbody>
</table>

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

http://www.aafp.org/fpm/2014/1100/p12.html#
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

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>739.0 Head region</td>
<td><strong>M99.00</strong> Segmental and somatic dysfunction of head region</td>
</tr>
<tr>
<td>739.1 Cervical region</td>
<td><strong>M99.01</strong> Segmental and somatic dysfunction of cervical region</td>
</tr>
<tr>
<td>739.2 Thoracic region</td>
<td><strong>M99.02</strong> Segmental and somatic dysfunction of thoracic region</td>
</tr>
<tr>
<td>739.3 Lumbar region</td>
<td><strong>M99.03</strong> Segmental and somatic dysfunction of lumbar region</td>
</tr>
<tr>
<td>739.4 Sacral region</td>
<td><strong>M99.04</strong> Segmental and somatic dysfunction of sacral region</td>
</tr>
<tr>
<td>739.5 Pelvic region</td>
<td><strong>M99.05</strong> Segmental and somatic dysfunction of pelvic region</td>
</tr>
<tr>
<td>739.6 Lower extremities</td>
<td><strong>M99.06</strong> Segmental and somatic dysfunction of lower extremity</td>
</tr>
<tr>
<td>739.7 Upper extremities</td>
<td><strong>M99.07</strong> Segmental and somatic dysfunction of upper extremity</td>
</tr>
<tr>
<td>739.8 Rib cage</td>
<td><strong>M99.08</strong> Segmental and somatic dysfunction of rib cage</td>
</tr>
<tr>
<td>739.9 Abdomen and other</td>
<td><strong>M99.09</strong> Segmental and somatic dysfunction of abdomen and other regions</td>
</tr>
</tbody>
</table>
Documentation/EHR

• You should do it.
• You should do it well.
• It will protect you.
## HIPAA

<table>
<thead>
<tr>
<th>A Health Care Provider</th>
<th>A Health Plan</th>
<th>A Health Care Clearinghouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>This includes providers such as:</td>
<td>This includes:</td>
<td>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.</td>
</tr>
<tr>
<td>- Doctors</td>
<td>- Health insurance companies</td>
<td></td>
</tr>
<tr>
<td>- Clinics</td>
<td>- HMOs</td>
<td></td>
</tr>
<tr>
<td>- Psychologists</td>
<td>- Company health plans</td>
<td></td>
</tr>
<tr>
<td>- Dentists</td>
<td>- Government programs that pay for health care, such as Medicare, Medicaid, and the military and veterans health care programs</td>
<td></td>
</tr>
<tr>
<td>- Chiropractors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Nursing Homes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pharmacies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...but only if they transmit any information in an electronic form in connection with a transaction for which HHS has adopted a standard.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 information organizations, document storage agencies, EHR vendors (if they provide personal health records to patients on your behalf), attoneys, 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?

http://newsroom.carleton.ca/2014/02/14/got-questions-need-answering/