Executive Decisions in DERMATOLOGY

ADAM

Are you registered for the ADAM Annual Meeting?

March/April 2014

Is Your Practice Cloning Its Electronic Health Records Documentation?

By Angela Short, MHA, CPCO, CPC-D

Medical documentation has come a long way over the last thirty years. We have gone from very basic information on a 3x5 index card to handwritten notes (that often were illegible) to today where most healthcare providers are making the leap to electronic health records (EHR). The transition to EHR was greatly expanded with the bonus payments to healthcare providers for demonstrating "meaningful use" of the system. Though the documentation format and amount of documentation has changed significantly over the last thirty years, is the data being produced through sophisticated EHR more meaningful that other forms of documentation?

An overwhelming number of physicians experienced with EHR support it as a better way to document the patient's encounter primarily because the record is now legible; staff no longer need to track down a paper chart, thus making information immediately available. In addition, the EHR helps to obtain a complete note with a limited number of keystrokes. While physicians find benefit in the ease of documentation, a study conducted by the Health and Human Services Office of Inspector General (OIG) found that this ease of documentation through the copy and paste function may result in inflated cost to the Medicare and Medicaid programs. The OIG identifies this practice as "cloning" documentation.

The word cloning (clone) is derived from Ancient Greek referring to the process where a new plant can be created by a twig. From a medical documentation context, the word means taking documentation generated from prior visits and copy/paste it into a current note. In an article published January 8, 2014 in The New York Times, an

Article Continues on the Page 5

April Webinar: Successfully Navigating PQRS

Join Scott Weinberg, Specialist of Quality at the American Academy of Dermatology, on April 9 at 3:00 PM EDT for Successfully Navigating PQRS Webinar.

Improve your understanding of 2014 Physician Quality Reporting System (PQRS), which can be convoluted and confusing. You will better understand your reporting options, how to follow patients correctly, and how to report your data efficiently and accurately, is integral to ensuring successful participation in PQRS.

Click here to register today!

In this issue:

President's Corner

A series about the state of the Association and what's new with ADAM. Do you have a question for Jayne? Email us at ADAMinfo@shcare.net

This is a very special edition of Executive Decisions in Dermatology, with the Annual Meeting a few weeks away, we want both members and non-members to have access to the resources and insights that ADAM provides. This edition will highlight the Annual Meeting, member only benefits and great resources to help you in your practice.

We have amazing sessions organized for the ADAM 22nd Annual Meeting and we hope to see you there!

Sincerely,

Jayne M Kresinske

Member Spotlight

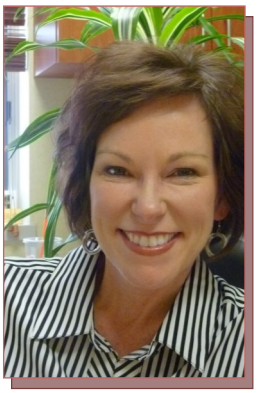
Would you like to nominate someone for the Member Spotlight? Email us at ADAMinfo@shcare.net

ADAM: *What is your name and where do you work?*
Shannon: Shannon Page and I work at the New England Dermatology & Laser Center.

ADAM: *When did you join ADAM?*
Shannon: I joined ADAM in 2008. I had previous management experience but zero derm experience. I was told that this group might be helpful and it certainly has!

ADAM: *How long have you been a practice manager?*
Shannon: I have been a Practice Manager/Administrator for more than 18 years. I have worked in dermatology as the Practice Manager/Administrator for the last 8 years.

ADAM: *As a practice manager, what do you find to be the most challenging part of your job?*
Shannon: There are many challenges to the type of job we hold. We have to be "on our game" at all times. To answer, "What is the most challenging part of your job", causes me to take pause as this is a very difficult question. Many of our duties, in our positions, are challenging but also rewarding. If I had to choose just one aspect of my job that is challenging, I think I would say to maintain balance. When I started with New England Dermatology & Laser Center, we had 6 MD's and I was the 56th employee. We had 3 satellites. We now have more than 120 employees, 18 practitioners, 5 satellites, 3 esthetic suites, a Mohs suite & dermpath lab. We have more than doubled what we started. Growth is fantastic! However, I must maintain balance. Balance to tend to the TLC needs of the staff (happy staff = happy office), balance to offer guidance and always keep the open door policy going, balance to keep a watchful eye on the operational needs of the office, balance to stay abreast of the ever changing rules/ guidelines that we face (HIPAA, OSHA, Meaningful Use, etc), balance to "play" maintenance, janitor, IT assistant, counselor & mentor, balance to always lead by example, keep a smile on my face and come to work upbeat and pleasant, balance to maintain our business for today and strategic plan for tomorrow, balance to do the best job I can with all my ever growing (love each and every one of them) duties!



ADAM: *What has been your best experience being an ADAM member?*
Shannon: There are many organizations that one can join. However, none quite like that of ADAM. I joined ADAM because I needed guidance in the field of derm. I stayed with ADAM and have since joined many of the committees within ADAM because of the teamwork, support & wonderful network of experience. Everyone shares (whether it be advise, forms, protocols or ideas). Why recreate the wheel when you can call upon others who have "been there and done that". The networking is priceless!

ADAM: *What would you recommend to a member who is looking to be more involved?*
Shannon: Join the committees (or a committee) to start. My first year at ADAM consisted of me occasionally reading the newsletter or reaching out if/when I had a question. I realized shortly thereafter that I was not utilizing the benefits of my membership. I jumped in with two feet. I have since become a new member mentor as well as joined a few of the committees. This has solidified my feeling of "belonging " to the group and has also created some very special friendships along the way.

HOT TOPICS ON LinkedIn

EMRs - Questions and User Group Meetings Requests

Requests for Handouts/Forms (To share with ADAM members email adaminfo@shcare.net)

SGR - Stay Up to Date

If you are not a member of the ADAM LinkedIn Group become one today and join the discussion.

LinkedIn as a Resource

By Janice Smith

Ever wish you could get some feedback on how other practices are handling a particular issue your practice is facing? Have a billing question, but not sure where to find the answer? Help and feedback are only a few clicks away using ADAM's LinkedIn group. This member's only group is my "go to" resource every week, and is so easy to use. I have found many new ideas for my practice and learned from other administrators and managers simply by reading their responses to questions posted to the group. And because it's private, I know I can ask questions freely. Everyone gives helpful, non-judgmental feedback. Whether you're new to dermatology or have been in dermatology for many years, it's a great way to get the advice you need without feeling like you're asking a question you should already know the answer to. It's also one of the easiest ways to network with other ADAM members and stay in touch with people you meet at the Annual Meeting. This is a great benefit of ADAM membership. Not on LinkedIn yet? Do it today! Feel free to contact Laura Yarborough, Association Manager, at laura.Yarborough@shcare.net for assistance in signing up.

Member/Non-Member Benefit

Networking opportunities at the Annual Meeting include receptions, Networking Dinners and roundtables**.** The Annual Meeting gives attendees multiple opportunities to network with their peers, a great value to your practice.

To Survive New Competition, First You Must Find Yourself

By Elisha Andrews

It was inevitable; sooner or later competition would come. I knew, my Physician owner knew. We had discussed the possibility multiple times. So when we heard rumblings throughout our small rural area that a new dermatologist was coming, we were in a way expecting it. It didn't blind side us, but we needed a plan. Having been in a dermatology practice for almost 30 years our Physician owner had a well established reputation. It was now my job to quantify and verbalize it to protect our patient base. With a limited advertising budget, and a broad demographic base, I had some challenges ahead.

Define it: Who are you really?

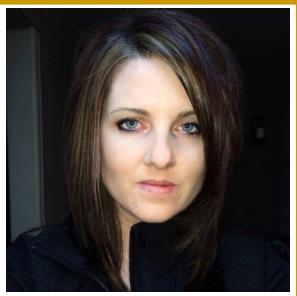
I needed to better define and explore our strengths. I knew that we were great; I just needed to write down the reasons why so that I could visualize it. This process didn't take me very long. I immediately identified 12 of our strong points; they were things like quality, experienced providers, community involvement and compassion. During this time I also wrote down some things that I knew that we needed to improve.

Teamwork: Make sure you are all speaking the same language.

A consistent patient experience is very important and often, administrators lose track of what a visit to their office feels like from the patients' perspective. A few things that I worked on included taking the opportunity to read through common forms to make sure that there weren't any redundant questions. I worked diligently on phone scripts with the front office staff. We remodeled a portion of our front office. The nursing supervisor met with the nurses to make sure they were all entering information into the EHR in the same order. We then watched the Healthcare Literacy training video from the AMA that is available on YouTube to help us better communicate with our patients. These steps can feel tiresome, but they are vital. We needed to make sure that our 'house' was in order to provide the best experience to our patients.

Advertise: Don't give an impression of something that you are not.

To me, this is the number one rule in advertising. If you over promise then you are setting yourself up to have a disappointed patient, with expectations that you cannot fulfil. By defining our strengths I know how to focus our advertising. For example, using the strength 'experienced providers', I was able to create one of the most successful advertising campaigns to date. It was very simple, a current headshot of our owning Physician with a list of his credentials and accomplishments. The concept is one of many that were presented at a marketing seminar that I attended in Chicago. It was held by Dr. Steven Dayan and his IF Marketing staff. Credentialing a provider helps instill confidence to a patient that is difficult to convey in traditional advertising.



Deliver: Continue to do great, at the things that you are great at.

I will admit that I frequently look through that list of strengths to make sure that we are still hitting the mark. However, by setting our own high standards I don't need to spend time worrying about what the competition is doing. We are being true to ourselves, our values and our mission to provide high quality care to our rural patient base. We do occasionally lose patients to the 'new guy', but we have gained some as well. It is a balance that we have come accept in our growing community.

For the record, I am pleased to say that it has been over a year, and my Physician has extended a hand of friendship to the new dermatologist. He is a nice gentleman, and we will gladly share this rural patient base with him. It is evident that my Physician has his own unique set of strengths, and I will continue to do my job and deliver the message about us, and how we set our selves apart. Come to find out, competition is healthy. It forced me to take a good look at who we are as a team. The end result, we are stronger and better suited for the challenges that lie ahead in the uncertain field of medicine. Oh, and as for the list of things that we needed to improve upon, they are next.

Article Continued from Cover

analysis found that Medicare spending has increased in hospitals that receive compensation for using EHR. While hospitals identify that this increase in reimbursement is the result of more appropriate documentation and improved coding, the study conducted by the OIG finds that EHR cloning may be used to indicate a more extensive service than actually performed. The practice of EHR documentation cloning is on the government's radar and healthcare providers should expect audits to increase as the use of EHRs increase in the industry.

In dermatology, the copy and paste functionality is most often utilized in the history section of the note. While it is not uncommon for healthcare providers to obtain a brief history at each encounter, specifically asking the patient for updates on current medications, it is very uncommon for a complete history to be needed on each visit. As a dermatology administrator, evaluating your practice's use of the copy/paste function within your EHR should be high on your radar for 2014. Suggestions for addressing this in your practice:

- Request a physician-approved cloning policy that outlines the appropriate use of the copy/paste functionality within your EHR. The administrator may suggest a policy but without physician buy-in, this will be difficult to require compliance.
- Communicate the EHR documentation cloning policy to your staff. Review this policy with your medical providers and your medical assistants, the latter of whom often capture the various history components of the note. Require policy sign off to raise policy awareness.
- Conduct random chart audits. Start off simple with ten patients per provider and evaluate multiple dates of service for each of these patients. Look for common trends in the documentation such as the patient's personal, family or social history (PFSH). Again, it is very common to document allergies and current medications at each visit but a complete medical history or a complete family history is very unlikely. Also, look for trends in common terminology in the history of present illness (HPI). If you consistently find the work asymptomatic on a patient with an active problem, then this should be a red flag that the physician may be completing HPI elements for improved reimbursement.
- Evaluate how the EHR recommends/selects the evaluation and management service, often referred to as an E/M checker. Most systems look for a specific number of elements in the HPI, a review of systems count, and PFSH count to determine the level of history and/or service. If your system has a similar process, ensure that your documentation policy includes a notice to the physicians that they are responsible for accurate coding and that their E/M code selector within their EHR may result in a higher code than what a health plan would consider medically necessary for the service rendered. Almost every system on the market allows you to turn off the E/M checker. You may find that this is the best solution for your practice.
- Look for inconsistent information such as the HPI not telling the same story as the chief complaint or assessment and plan. This method could be a real red flag to an auditor and should be evaluated in your practice. This review takes a trained eye, so you may find it beneficial to call an expert to look at a small sample of records.

With the increased utilization of EHR, the risk of an audit increases as well. Although many EHR vendors emphasize the ease of documentation through simplistic templates and the copy/paste functionality, these bells and whistles of the system may ultimately increase physician liability. In terms of risk, practice administrators should exercise at least the same level of diligence as they currently exercise for modifier 25.

For additional information on this topic, please see the following resources:

Abelson, Reed and Creswell, Julie, Report Finds More Flaws in Digitizing Patient Files, The New York Times, January 8, 2014. Available at: http://www.nytimes.com/2014/01/08/business/report-finds-more-flaws-in-digitizing-patient-files.html?_r=0

Levinson, Daniel R., CMS and Its Contractors Have Adopted Few Program Integrity Practices to Address Vulnerabilities in EHRs, Health and Human Services Office of Inspectors General, January 2014. Available at: http://oig.hhs.gov/oei/reports/oei-01-11-00571.pdf

The Physicians Practice is a publication available online or via print, that offers free/inexpensive articles. This is also a great resource for medical practice management, *here are a few examples*:

1. **Five Ways Healthcare Reform Could Increase Your Malpractice Risks By Aubrey Westgate**

As healthcare reform initiatives pick up in 2014, the risk of a malpractice lawsuit may increase for many physicians. Here's why:

- More patients. As more patients gain insurance and patient demand increases, your practice may become busier. "In some regards it's going to be better but currently with the volume of patients that we anticipate will hit primary-care physician practices they don't have the time or staff to manage the volume of patients that are coming their way," Laura Martinez, vice president of risk management at medical malpractice insurer MagMutual recently told Physicians Practice. "My concern is that it's going to create some potential crises for them." For the remaining ways that healthcare reform could increase malpractice ricks, click here.

2. **Physicians: Don't Let Inadequate Informed Consent Raise Legal Problems By Ericka L. Adler**

A physician client recently became the subject of an investigation by a state department of professional license enforcement when a patient suffered a side effect from a cosmetic injection.

Although the side effect is rare and unlikely to even have resulted from the injection, the licensing agency chose to fully investigate.

This got me thinking about the issue of informed consent for treatment. Physicians often use informed consent forms they receive from colleagues or directly from a manufacturer or a drug company providing the item or product that is the subject of such consent. Click here to read more.

3. **Making Changes at Your Medical Practice, Overcoming Resistance By Judy Capko**

In the coming year, physicians and managers can anticipate even tighter reigns on future reimbursement, and may realize they will be expected to accomplish more with fewer resources. One of the things they can do is streamline their operational processes — however, that means change, which is not always welcomed.

There are many people who don't like dealing with change. It encroaches on the way they do things and brings uncertainty — not knowing if the outcome will really make things better for them. The truth is, without everyone's cooperation in your practice, change results can be compromised. Click here for the remainder of the article.

It's Not Too Late to Register!

HOW TO REGISTER

1. Click here to register online!
2. Click here to download a pdf of the registration form!

ANNUAL MEETING BROUCHURE

Click here to view the brochure online or click here to download it as a pdf.

CONTINUING EDUCATION UNITS

AAPC has awarded ADAM with 45 CEUs, including 17 CPCD and 9 CPMA. If you would like to receive CEU credits, please be sure to select the $25 Continuing Education option on the registration form. To see a full breakdown of credits, click here to review the CEU Matrix.

Modifier 25 Survey Results

As most of our members recognize, the use of Modifier 25 is under the microscope of most health plans. In this survey, ADAM has attempted to identify the "norm" among dermatology practices as to the average percent of E/M services billed with modifier 25. It is important for dermatology practices to evaluate physicians' coding trends to identify if an individual provider or the entire group may be at risk associated with billing an evaluation and management service and a procedure during the same encounter. Audit trends clearly demonstrate that having a high percentage of claims billed with modifier 25-will likely result in an audit. Though it is common in dermatology for patients to come to the office with multiple procedures, the encounter clearly supports the E/M service and the procedure. This survey is one tool for administrators to use to determine if their practice is at a greater risk for an audit by evaluating physicians' coding patterns to the averages reported in the survey. The purpose of this survey is to determine what E/M code with modifier 25 ADAM members are using. The survey had 40 responses and the findings are noted on the next couple of pages:

Question 1

Practice Locations

Mid-Atlantic: Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia & West Virginia

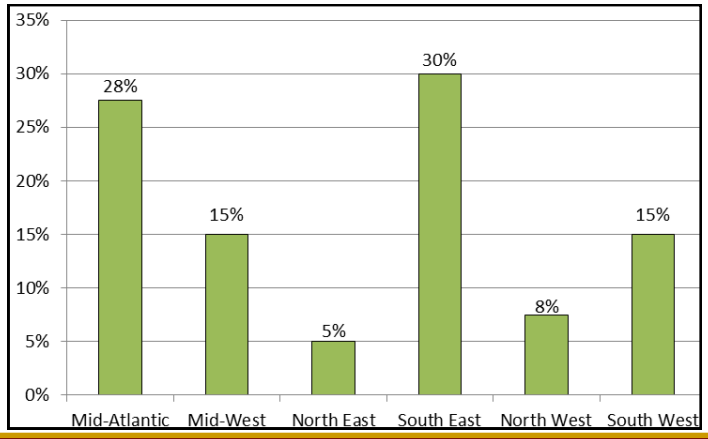
Mid-West: Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, N. Dakota, Ohio, S. Dakota & Wisconsin

North East: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island & Vermont

South East: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, N. Carolina, S. Carolina & Tennessee

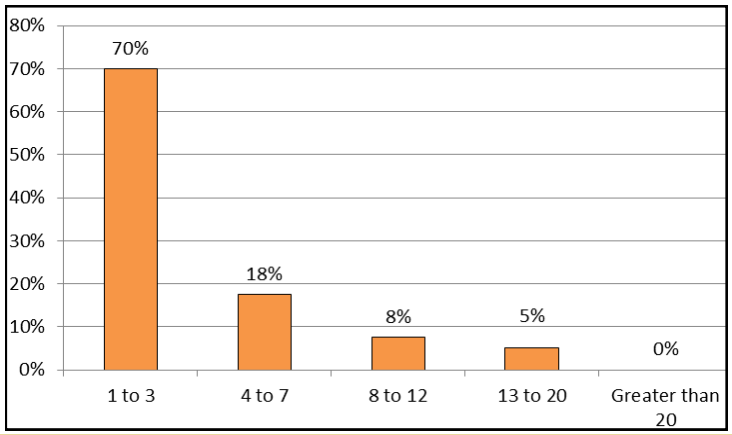
North West: Idaho, Montana, Oregon, Washington & Wyoming

South West: Arizona, Colorado, Nevada, New Mexico, Oklahoma, Texas, Utah, California & Nevada



Question 2

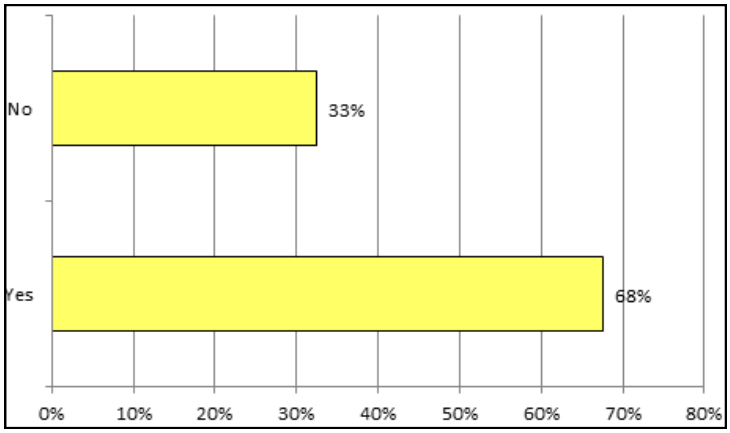
How many dermatologists are in your practice?



A special thank you to Angela Short for assisting in the development and results analysis of this survey.

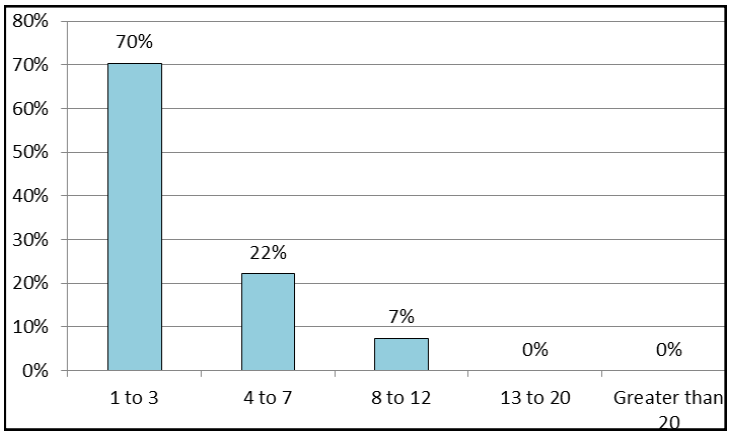
Question 3

Does your practice employ physician extenders such as PA's or NP's?



Question 4

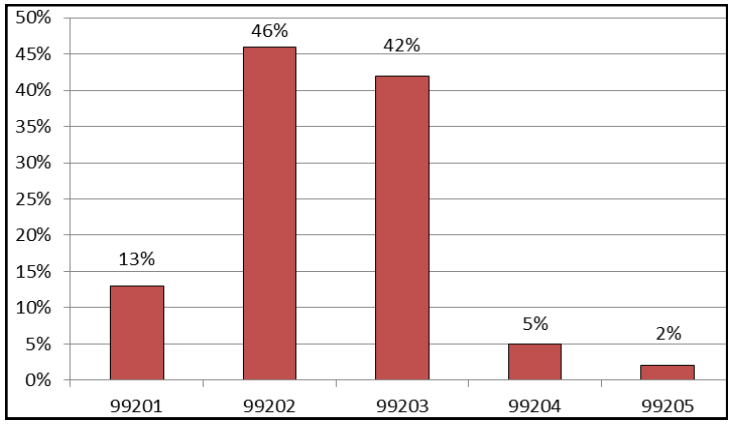
If the answer to question 3 is yes, how many physician extenders does your practice employ?



PLEASE NOTE THAT ALL GRAPHS BELOW REPRESENT THE AVERAGE RESPONSES PER CODE.

Question 5

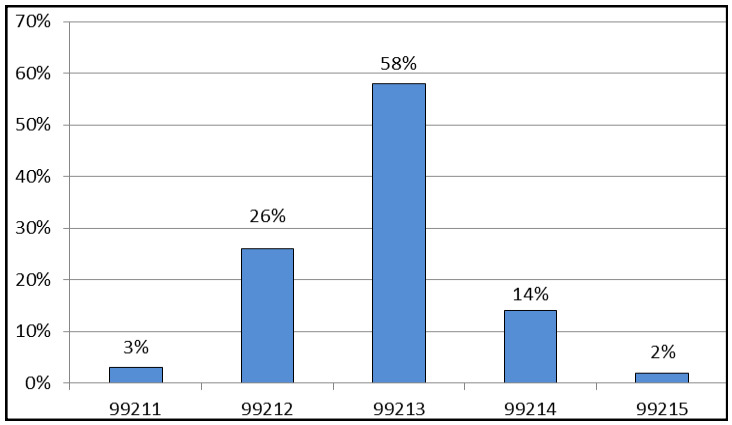
Please state as a percentage, the volume of claims billed for each of the following New Patient E/M codes (The individual responses equaled 100%)



Code	Description
99201	Office E/M New Patient Level 1
99202	Office E/M New Patient Level 2
99203	Office E/M New Patient level 3
99204	Office E/M New Patient Level 4
99205	Office E/M New Patient Level 5

Question 6

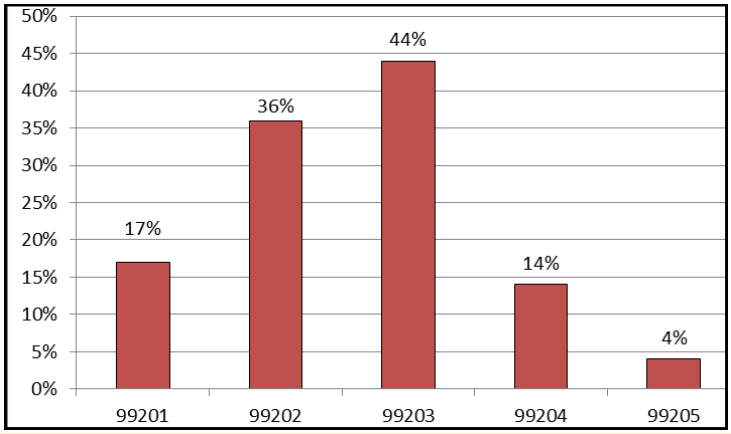
Please state as a percentage, the volume of claims billed for each of the following Established Patient E/M codes The individual responses equaled 100%)



Code	Description
99211	Office E/M Established Patient Level 1
99212	Office E/M Established Patient Level 2
99213	Office E/M Established Patient Level 3
99214	Office E/M established patient Level 4
99215	Office E/M established patient Level 5

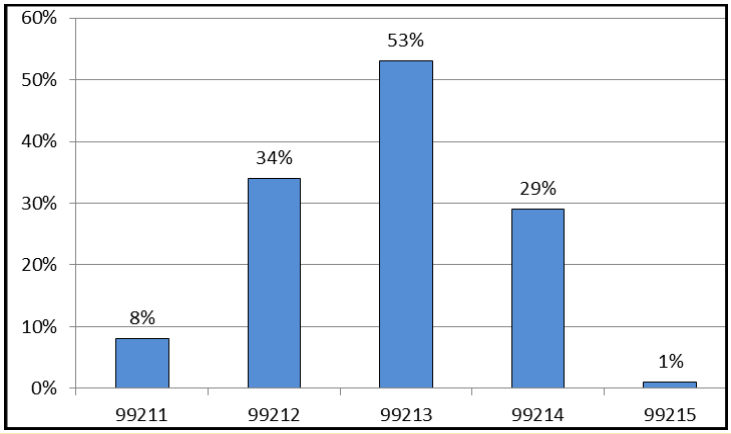
Question 7

Please state as a percentage, the volume of new patient E/M codes billed with modifier 25:



Question 8

Please state as a percentage, the volume of established patient E/M codes billed with modifier 25:



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