# Evaluation and Management: Quality and Efficiency – the Value Combination in Psychiatric Practice


**Co-Presenters**

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# Evaluation and Management: Quality and Efficiency – the Value Combination in Psychiatric Practice

## Objectives

- Participants will be able to describe the key quality components of the Evaluation and Management office-based services for “New” and “Established” patient care.
- Participants will understand the similarities among the Evaluation and Management services compared to other medical specialists.
- Participants will learn about the successes of a children’s behavioral health organization change management process improving compliance, quality and finding efficiencies in providing Evaluation and Management services

# Have Clinicians Transitioned to E&M Services?

**Change January 1, 2013 – Major Changes are Beneficial for Psychiatry**

- E&M services offer higher quality and better efficiency than the former services.
- An E&M service is different from the “former” codes and services we used to provide- work involves three key components of History, Psychiatric Examination and Medical Decision Making.
- All OP Psychiatric services are Evaluation and Management – language such as med. Management, and psychiatric evaluation are all E&M services.
- E&M has a structure that all practitioners use to perform and document. E.g. a Family Practice MD and Cardiologist perform the same service as a Psychiatrist for structure, and the difference is in the content of the examination.
- Evaluation and Management Services are generally not timed-based but procedures instead when using the three key components.

# Evaluation and Management: More Than a Coding Change

## A Practice Change To Be Like All Medical Providers For Outpatient/Office-Based Services

- Simpler Structure
- Documentation follows the three key components like other Medical and Specialist services
- 1997 Evaluation and Management Documentation Guidelines accepted by most, if not all, payers and national uniformity.
- Same structure by all physicians allows for better collaborative care with similar note structure
- Payer rates are valued for all E&M services using standards
- E&M services can be performed more efficiently than the former medical services provided by Psychiatrists

# Three (3) Components Used to Define the Levels of E&M Services

**1997 E&M Guidelines Issued by CMS**

- History
- Examination
- Medical Decision Making

There are five (5) levels of OP E&M services

There are two (2) groups – “New” and “Established”

# Recent Audit Findings of Evaluation and Management Services

## Relevant Results from Audits Nationally

- Range of 12% compliant to 80% compliant with the Evaluation and Management Guidelines and miscoding – consider the risk
- Average of 56% non-compliant/miscoded (both overcoding and undercoding)
- Inadequate History of Present Illness to support specialty service
- Inadequate Psychiatric Evaluation to support specialty service
- Assembly of Evaluation and Management Results Challenge

# Poll Question

## Compliance

What is your confidence that the E&M services provided within your organization are compliant with the standards and have a reduced audit risk?

a) 100 percent confident

b) 75 – 99 percent confident

c) 50 – 74 percent confident

d) Less than 50 percent confident

# E/M Level Selection Components and Sub-Components

| | |
|---|---|
| History | Chief Complaint |
| | History of Present Illness (HPI) |
| | Past, Family and/or Social History (PFSH) |
| | Review of Systems (ROS) |
| Exam | Number of system/body areas examined |
| | “Bullets” or elements completed within specific systems |
| Medical Decision Making | Number of Diagnoses or Management Options |
| | Amount and/or Complexity of Data to be Reviewed |
| | Risk of Significant Complications, Morbidity, and/or Mortality |

* Each component impacts level of History, Exam, and MDM

# Quality Indicators

## Adherence To The Three Key Components

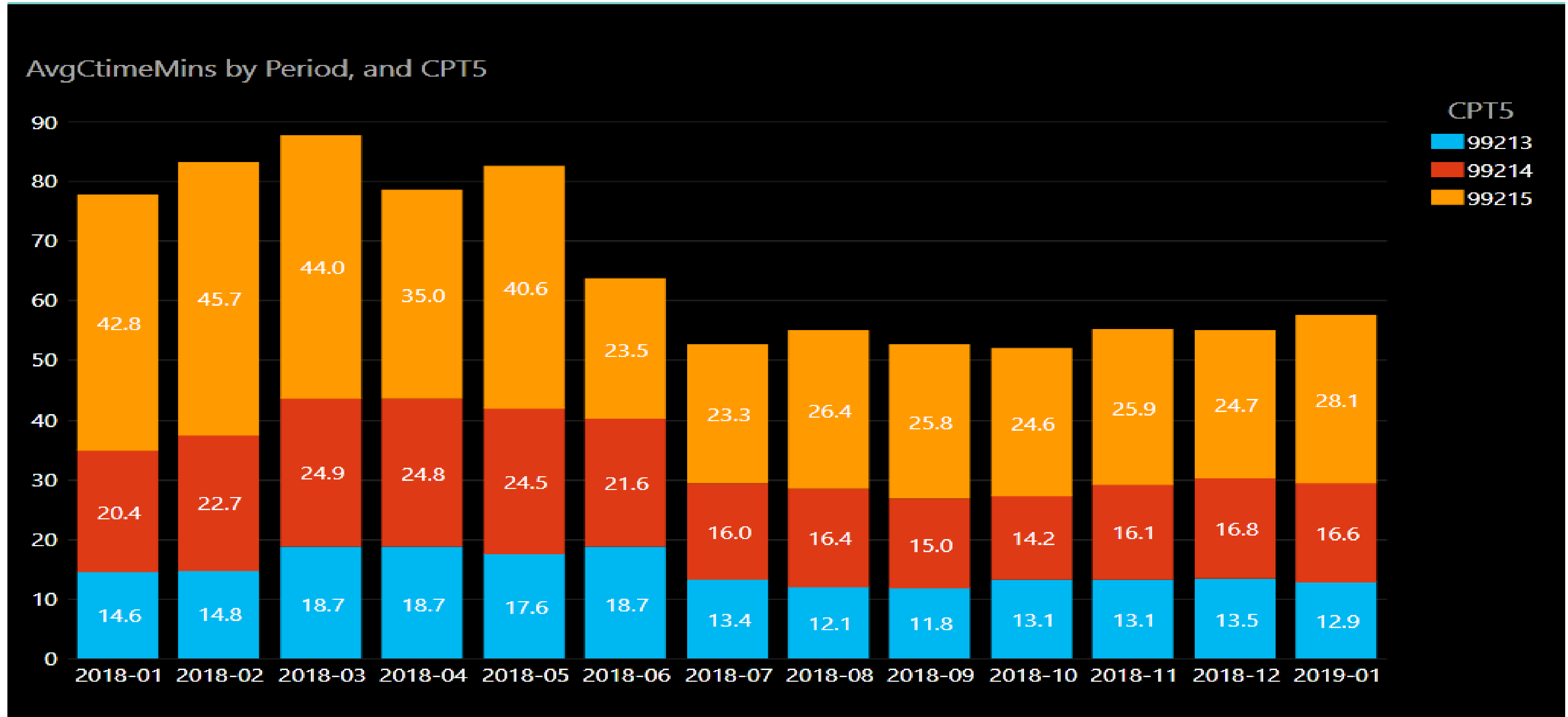
- Formatted templates can be beneficial by prompting for the elements and sub-elements.
- Need to have space for relevant clinical information
- Organized according to the Evaluation and Management Guidelines
- Provide assistance with assembling the work and clinical assessment and information.
- Assessment and response to treatment should be connected to the overall treatment goals and objectives – enables measured improvement and internal team collaboration

# Compliance, Effectiveness and Quality Questions for Executive and Clinical Leadership

## Key Organizational and Practice Questions

- E&M services utilize a standard flow of components and are frequently audited by payers and the OIG for compliance. How confident are you that the E&M services meet the standards set forth in the 1997 CMS guidelines?
- Does your organization have minimal policies and procedures directing staff on the delivery of E&M services to increase compliance?
- All E&M services performed by a Psychiatrist/Psychiatric Mid-Level contain a Psychiatric Evaluation. Are there distinctions between services that indicate Psychiatric Evals are not performed?
- Can E&M services be provided in an average of 20 minutes each allowing the clinician to performed 18 E&M encounters per day?
- Does your organization's E&M formatted template prompt for the essential elements contained in the E&M encounter?
- Do the E&M notes contain "cloned" documentation making the service appear to be more complex than it is?

# Example of Successful Evaluation and Management Conversion-Psychiatric Practice Improvements 2018-CMHC



# Psychiatric Practice Improvement Results

## Data from 2018 January – June 2018 and July 2018-January 2019

**Before Change Process**

- 99213 Avg minutes 17.18 Min
- 99214 Avg minutes 23.15 Min
- 99215 Avg minutes 38.5 Min

**After Change Process**

| | | |
|---|---|---|
| 99213 Avg Min | 12.84 Min | (4.34) |
| 99214 Avg Min | 15.87 Min | (7.28) |
| 99215 Avg Min | 25.54 Min | (12.96) |

- Assuming average savings of 8 minutes for an expected 18 E&M encounters per day-144 min saved per day (per prescriber) or 2.4 hours of time saved for extra capacity for collaborative care, extended care, consultations and urgent psychiatric care on same day.

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# Our Services

**Outpatient Services**
Diagnostic Assessment
Medication Management
Child & Family Therapy
Case Management
Intensive Home Based Therapy
Substance Use Services
School Based Mental Health Treatment

**Residential Treatment Services**
Crisis Stabilization Unit
Emergency Placement Program

**Specialized Education Services**
K-12 Specialized Education
PK-12 Day Treatment Program

**Foster Care & Adoption Services**
Foster Parent Training & Licensing
Foster-to-Adopt Licensing
Foster Child Placement

**Transitional Youth Services**
Bridges Program
Independent Living Services
Transition to Independence Program

# Why was a successful transition to E/M codes important to us?

- Increase Capacity
- Improve Quality
- Improve Efficiency
- Remain Financially Sustainable
- Achieve Consistency in Documentation

# How did we do it?

- New Templates for EHR
  - Includes all 3 major components as well as a coding calculator at the end of each note
- Shortened Appointments (20/40)
- Team trainings, individual trainings, supervision, monthly chart reviews
- Changed structure
  - Split roles to improve focus on details
    - Chief Medical Officer – Clinical duties and supervision
    - Medical Manager – Operations, daily flow, scheduling

# Audience Participation – Poll Question

- Which of the following represents the most challenging barrier for your agency in the transition to E/M coding?
  - Difficulty with seeing 3 patients an hour
  - Prescriber push back
  - EHR/Billing System difficulties
  - Other

# Challenges

- “This is how we’ve always done it”
- Everyone likes to get better, no one likes to change
- Prescriber push back
  - “You are sacrificing quality for quantity”
  - “You want me to do more work for the same pay?”
  - “I could go somewhere else and not have to do this”
- Building or finding the right templates

# Overcoming the Challenges

- Focused on the value of the change
  - Not changing for the sake of changing
  - Not changing for $
  - How does it benefit the clients and community we serve?
- Practice coding – Homework
- Not everyone came along for the journey……

# Staff Input

- “Number one thing for me is having a really good staff and great team that works together. I feel that is the main reason why things get done in a timely matter and goes smoothly and what makes us succeed. Having a group of people with the same vision and the same goal in mind is the core of success, in my opinion.”
- “I strongly feel that if you take care of your people, and respect them then they will do anything it takes to work hard and be great, not only for themselves but for the team as well.  That is something that I feel like medical is really good at. We all work really hard, each have our strong abilities, respect & support each other, and most importantly have fun!”
- “It's important to remember that it is okay to ask for help, and to have good communication.”

# Staff Input

- “Practice coding prior to the switch”
- “Written handouts detailing the specifics to reference”
  - We have laminated E/M guidelines in every office
- “Delegate as much as possible e.g., school forms, hunting down labs and records”
- “Balance caseload complexity”
  - Caseload management
- “Allowance for extended appointments with certain patients”

# Culture

Culture is not an initiative.
Culture is the enabler
of all initiatives.

-Larry Senn

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# Supervision/Chart reviews

- Monthly Supervision
  - 1 hour per prescriber with me
  - 30 minutes with Medical Manager
- Chart Reviews
  - 10 charts per provider per month for 1st year
  - 5 charts per provider per month after first year
- Can't be afraid of constructive criticism

# Medical Walk-Ins/ Schedule Flexibility

- The daily schedule is a template, it is never set in stone.
- We are always working toward getting patients the care they need, when they need it.
- “Let’s make it work”.

# Who is OUR ideal provider?

- Ability to see all ages
- Willingness to see all ages
- Willingness to travel
- Ability to see 16+ per day
- Satisfactory documentation

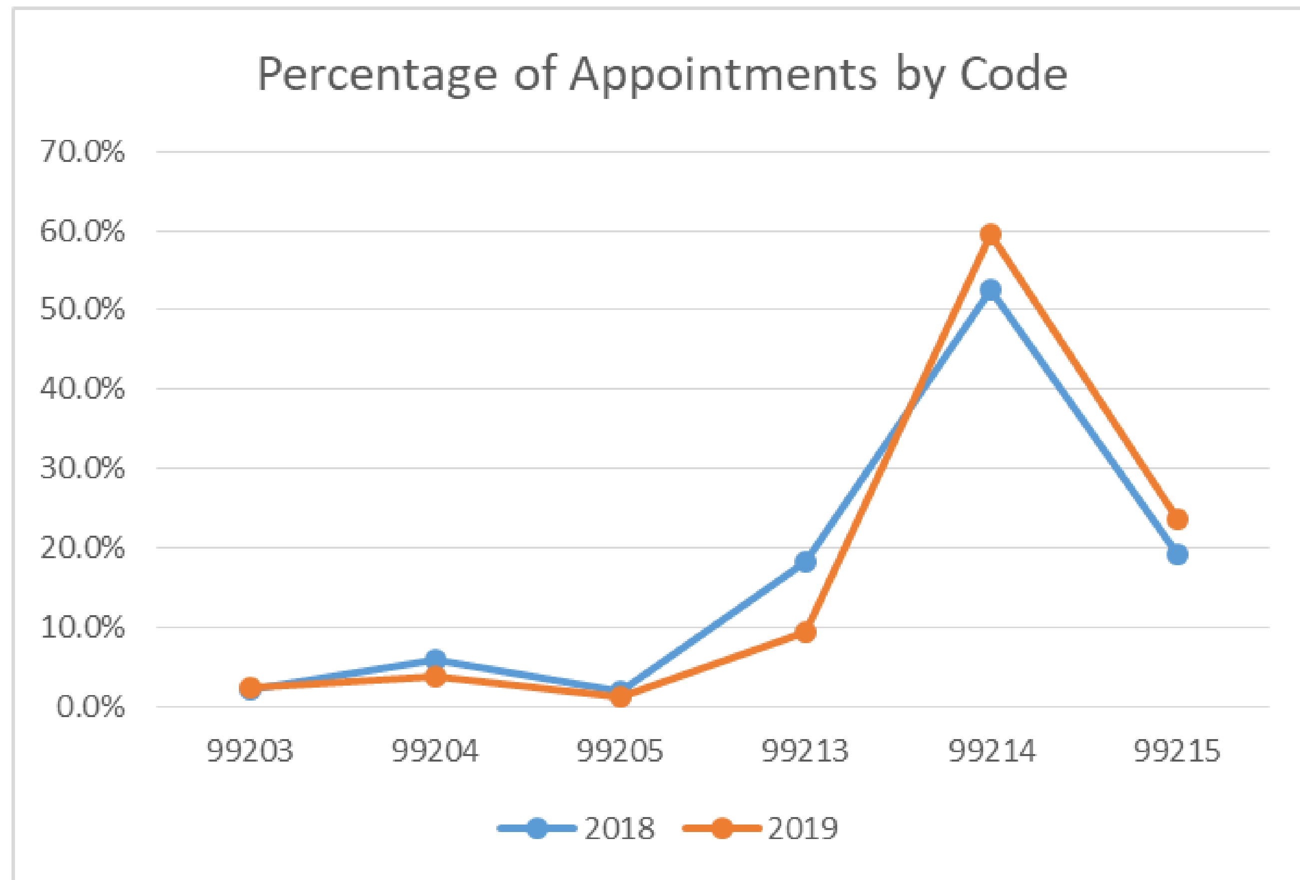
# Who is OUR ideal provider?

- Timeliness of documentation
- Positive interactive with colleagues
- Self-starter/independent worker/low maintenance
- Clinical expertise
- Ability to work full time

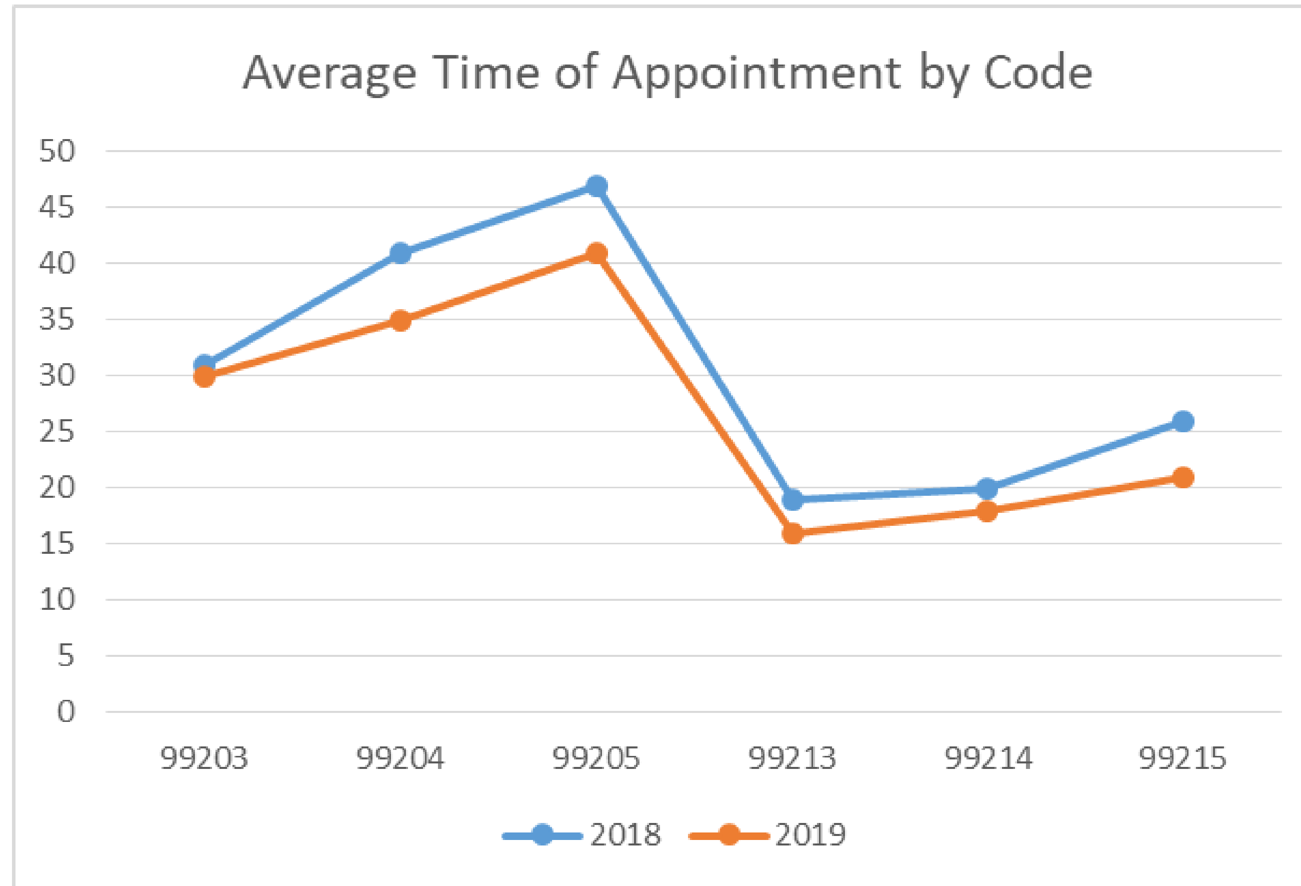
# Who is OUR ideal provider?

- Understanding of appropriate boundaries
- Adherence to policies and processes
- Willingness to complete additional tasks
- Willingness to collaborate with teams
- Willingness to do on call work

# Results



# Results



# Results

- # of Unique Patients Seen in 2016 - 1450
- # of Unique Patients Seen in 2018 – 2608
- An increase of 80% from 2016 to 2018

# Questions