Pediatric Surgery Practice Management

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Disclosure Information

None (sadly)

Objectives

• Attendees will be able to discuss scheduling/template decisions that impact their practice.
• Attendees will be able to discuss the different methods of billing.
• Attendees will be able to describe patient experience as a metric.
Clinic Management

- Realistic scheduling is key for patient flow
  - Need to recognize need for documentation time and patient education
  - How many patients each day is appropriate? How many visits each year are the expectation?
  - How much time do you need for documentation?
  - EMR optimization can reduce time spent away from patient care
  - Scheduling as independent provider versus with your surgeon colleague

Patient Flow

- For efficiency, need to be able to move patients quickly through clinic rooms
  - Request appropriate number of rooms so there is not a great deal of downtime between appointments
  - Work with your staff to room patients quickly
  - If you’re rooming your own patients, ask for staff!
  - Running late is a big dis-satisfier for patients and families

Productivity

- Can be hard to measure in pediatric surgery, when a lot of visits are post-ops or are included in the global period
  - wRVU productivity can be very low as a result
  - Some groups measure completed clinic visits, or number of notes to determine productivity measures
  - No-show rates can impact these measures
  - Others, with more independent practices, are evaluated on charges and collections as well as completed visits
How to handle no-shows?

- Pediatric practices are plagued by patients who schedule appointments and do not call or come to the appointment.
- Some groups charge a fee if a patient does not come and does not cancel the appointment.
- Others will only allow two no-shows before not allowing other appointments to be scheduled.
- Technological solutions seem to offer the best outcomes.

Billing-- CMS guidelines

- First, please check your state and institution’s guidelines (since sometimes they differ).
- Also, ask the local expert- your billing and coding team.
- Per CMS, APPs can bill independently or via “incident to”.
- Incident to billing has strict rules:
  - Must be an established plan of care.
  - Physician must be in the same office space.
  - No new problems are established.

Coding is always based on documentation
- If it isn’t in the chart, it didn’t happen!!
- There are two currently utilized documentation guidelines from CMS: 1995 and 1997
  - (find out which one your institution supports!)
- Level of service or evaluation and management code is based on number of systems reviewed, family history, social history, physical exam and complexity of medical decision making.
Billing Continued

- Billing level depends on several criteria: History, exam and medical decision making
- The APP must hit the appropriate number of medically necessary, appropriately documented items in order to code at a certain level
- Can also bill by time if majority of encounter is spent in counseling or education

Patient Experience

- Surveys are sent to families after their encounters to measure how they felt about their interactions
- Usually include questions about likelihood to recommend, physician/nursing time spent, and how well we listen
  - They also ask about care coordination and team communication
- Sometimes asks about pain management and check in/ out experience
- Ratings are benchmarked against other institutions
Strategies for Improvement

- Pay attention to your physical space!
- Sit down and listen to the family’s concerns
- Make eye contact
- Communicate well with your team
- Pay attention to pain and make sure family’s understand your plan for management
- Give developmentally appropriate information to kids
- Incorporate this data into quality, safety working groups

References


