ams biweekly report
Applied Management Systems
Dedicated to Excellence in Health Care Management • Trusted in Interim Management

JANUARY 08, 2018 VOLUME 34 NUMBER 01

THE CHANGING DEMAND FOR THE ED

Problem Statement-The Opioid Crisis is undeniably front and center as a major health care issue, and well it should be. According to the **Centers for Disease Control and Prevention** (CDC), opioid addiction accounted for over 64,000 deaths in 2016 due to drug overdose, which has nearly doubled in the past decade. Of these overdose deaths, 20,101 were related to prescription pain relievers, and 12,990 overdose deaths were related to heroin. The magnitude of this rampant societal epidemic has received immense amounts of press, has reached each of our hometowns and other prominent cities from Hollywood, CA to Washington, DC. On Thursday, October 26, 2017, President Donald Trump declared the opioid crisis a public health emergency and talked about his late brother, Fred Trump, Jr., who battled alcoholism before passing away nearly 40 years ago. Alcohol alone is linked to 88,000 deaths each year which includes all potential alcohol deaths: liver cirrhosis, poisonings, crimes related to alcohol, and driving while intoxicated. This translates to a significant increase in these cases presenting to our emergency rooms; cases that require more in depth education and training of staff in terms of direct care protocols, security, social work, and comprehensive clinical documentation. Patient placement within our EDs—triaging potential overdoses from potential myocardial infarctions, for example, has continued to be a hospital administrative challenge. Depending on the time of day, day of week, and/or lack of other health care and community resources available, the ED is the home base for this patient population.

AMS Input-Although much work has been done to assure proper ED utilization while meeting EMTALA regulations with respect to treating everyone who presents themselves at the ED (regardless of ability to pay), we are still left with the inability to divert patients to other EDs due to capacity and trying to siphon off volume to clinics or urgent care centers, leaving the main EDs busting at the seams. More and more urgent care centers, including those owned or co-branded by the hospitals, have opened in the last ten years, however, that has only reduced main ED volume by 10% or less according to AMS experience. This was based on reviewing over two dozen Urgent Care Centers and 60 Emergency Departments. The primary study focus has been to offer efficiency and throughput opportunities all while considering the crisis patient population.

Case Study-A recent ED Operational Analysis at **Baystate Medical Center** (Baystate), Springfield, MA, focused on how to properly accomodate ALL 100,000 patients per year arriving to this Level 1 trauma center. Boarder patients—those admitted to the hospital but who remain in the ED due to lack of an inpatient bed—is the number one

issue at Baystate (and at most EDs throughout the country). With data gathered from prior ED engagements, AMS knew that producitivity targets needed to account for the time ED staff care for these admitted patients, and address the patient observer (sitter) hours required for behavioral health, withdrawal, and other similar types of patients who require 1: 1 attention for safety. AMS customized Baystate benchmark targets to address these nuances to ensure staffing was appropriate to meet the immense amount of resources needed to safely care for the patients who presented.

Solutions-Another innovative example is AMS past client **Alliance Hospital (AH)**, Alliance, Ohio. AH opened a dedicated unit inside the hospital on October 30, 2017 called the Alliance Detox and Recovery Unit. Unlike other detox facilities, patients can be admitted directly through the hospital ED offering better care coordination and cost of care. The average length of stay so far has been 5-7 days. *"This is a game changer for us, a disrupter in how care is given to patients requiring treatment of alcoholism, addiction and opioids"* said Stan Jonas, Alliance Hospital President and CEO.

Across the pond, Great Britain's **National Health System** (NHS) single payor system, has started treating alcoholism with mobile recovery units to assist in removing the demand from hospitals and EDs. This idea is surely original, however, the UK calling them "Drunk Tanks" has left a derogatory name for this world-wide problem. During their Festive (holiday) Season, the number of calls for ambulances and visits to the Emergency Room are dominated by alcohol related cases—making up 60% of its patient volume. There are three experimental vans in Britain equipped with eight beds, showers and a number of chairs to pick up and treat those who have alcohol sickness. The mobile alcohol recovery units cost $660,000 each and can treat 11 people at a time. The US needs to be just as innovative if we're to get a handle on this population. There is no question that something needs to be done to support both patient and hospital resources.

INFORMATION ON MASSACHUSETTS PAYMENT INTEGRITY COMPLIANCE REVIEWS

Enclosed is a special insert on conducting payment audits and compliance reviews related to claims submitted in Massachusetts to Beacon. Through the AMS expertise in Health Information Management and Compliance, we have continuously been conducting these compliance audits for more than two decades, in Massachusetts and other states.

AMS SPONSORS ACHE RHODE ISLAND MEETING ON JANUARY 18

The American College of Health Executives - Rhode Island Chapter Annual Meeting is January 18, 2018 from 5:30 PM to 7:30 PM at the New England Institute of Technology, One New England Tech Boulevard, Room S330, East Greenwich, RI 02818. The keynote presenter will be Department of Health Director Nicole Alexander-Scott, MD, MPH. She will present an overview of the Department's vision for the state's healthcare system. For more information contact Jenn Gervais, ACHE, 401-443-2364, jenng@hari.org.

MASSACHUSETTS PAYMENT INTEGRITY COMPLIANCE REVIEWS

CHANGES IN BEHAVIORAL HEALTH PAYMENTS

Payment Denial to providers that they were previously compensated –

AMS is aware of the increasing and more stringent audits by third party payers pertinent to behavioral health and reimbursement (Evaluation/Management Codes).

Beacon Health Options (Beacon) published a bulletin on December 17, 2017 with findings from their 2017 "Payment Integrity Compliance Reviews."

- Results of this review were highly negative to providers and included findings from the simple (failure to use black or blue pen) to more complex (lack of documentation, incomplete documentation, documentation spread over multiple entries).
- Beacon temporarily broadened acceptable documentation standards for authentication and duration of services for Massachusetts providers only. Beacon will accept "progress notes, psychotherapy notes (redacted to meet HIPAA requirements), encounter forms, and billing sheets to authenticate the services and to confirm the duration of services reported on claims submissions services" for services provided through December 31, 2017.

AMS thinks this appears to contradict the Federal Register 2007, 72 CFR 66789, which states there are no coding standards for ED facility codes. The regulation, further, states hospitals "should continue using their own internal guidelines to determine the appropriate reporting of different levels of clinic and emergency department visits until formal guidelines are developed."

This temporary accommodation will end on February 1, 2018 and providers will be expected to meet documentation requirements for authentication and duration of services on the progress notes. Extraneous documentation will not be accepted.

AMS has staff members who are very experienced in coding/documentation audits for all health care entities (i.e. hospitals, medical staff offices, clinics, EDs, ambulatory centers) in all aspects (i.e. facility, staff) of Evaluation/Management coding, documenting and auditing for all services including behavioral health. Our "day to day" experience includes "hands-on" coding, management of coding services, denials coding, pre-denial coding (billing departments), teaching coding/documentation requirements to coding/medical staffs, auditing/coding compliance and creating/implementing documentation tools to ensure proper documentation.

There is much more background and information on this that AMS has to share. Contact our HIMC vice presidents Linda Mancini at lmancini@aboutams.com or Jeanne Beando at jbeando@aboutams.com.

Project Management for Healthcare

Friday, March 16, 2018
8:30 am to 3:00 pm
MHA Conference Center | Burlington, MA

500 District Ave
Burlington, MA 01803-5096

The fundamental purpose of project management is to be one step ahead of potential risk that could show itself during your project planning and execution. The trick is to plan, organize and control as many of the steps as possible to mitigate unnecessary consequences. This seminar is designed to do just that…it will provide you with strategies that you can use right now, wherever you are in your project timeline. Whether it's starting with the project plan or building the right team for the task, key strategies on time management, effective communication, and maintaining motivation will be presented. A "how to" related to workflow diagrams will be a ignificant take-away as it's the ultimate preparation tool to identify where current process breakdowns are occurring and to highlight areas that require more attention before implementation begins. During implementation, knowing pertinent decision making and leadership essentials become indispensable in order to keep the project on track and on time. Finally, knowing how to manage and measure change becomes the proof of the projects success. Key tactics covering these critical topics and more will all be addressed in this one day program.

Program Objectives:

- Adopt key traits of successful project managers
- Formulate an envious project plan
- Create your own process map and understand they're are a key instrument in gap analysis and measuring change.
- Conduct efficient and effective team meetings
- Motivate your staff without using money as an incentive
- Communicate your vision, your plan and your results in the most effective way
- Identify "Portion Control Opportunities" (PCO's) within your project life cycle.
- Learn the most effective way to resolve issues before they turn into conflict
- Make important decisions confidently using three key strategies
- Utilize proactive coping strategies to eliminate stress before it interferes with the project
- Discover both the advantages AND disadvantages of technology as a tool in project management

Faculty:

Shari B. Robbins, V.P., Applied Management Systems, and Lecturer in the Colleges of Bouve Health Sciences and Computer and Information Science at Northeastern University

MHA MASSACHUSETTS Health & Hospital ASSOCIATION

Project Management for Healthcare

FEE

___ $349 MHA Member Rate
___ $499 Non-Member Rate

Friday, March 16, 2018
8:30 AM to 3:00 PM
MHA Conference Center
Burlington, MA

First MI Last

Registrant Name _____
Title _____
Badge Nickname _____ _____
Organization _____
Street Address _____
City/Town _____ State _____ ZIP _____
Phone _____Fax _____
E-mail _____

PAYMENT

___ Check enclosed (Made payable to MHA) ___ Please send invoice

___ I'd like to pay by credit card over the phone (MHA will contact you directly)*

Contact if different from registrant: _____ phone: _____

You can also register directly online with a credit card through our secure website by visiting: www.mhalink.org/education

REGISTER

FAX (781) 262-6136
MAIL MHA Education Department
500 District Ave
Burlington, MA 01803-5096
ONLINE www.mhalink.org/education

CEUs

Four (4) hours of Qualified Education credits will be granted for this program toward advancement or recertification in the American College of Healthcare Executives.

LOCATION

MHA Conference Center
500 District Ave (formerly 5 N.E. Executive Park)
Burlington, MA 01803

CANCELLATION POLICY

Written cancellations received by March 9, 2018 will be charged a $50 administrative fee. If payment has been received, your registration fee will be refunded minus the $50. Cancellations received after March 9, 2018 will still be charged the full registration fee and if payment has been received, no refunds will be given. To avoid this penalty, you may send a substitute to the program.

QUESTIONS?

781.262.6059 or e-mail acataldo@mhalink.org
Online: www.mhalink.org/education

* For security purposes we are now only accepting credit card information over the phone and through our secure website

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