

2015-2016 Quality Improvement Project

PURPOSE: Improve interventional radiology (IR) physician documentation of clinic visits to allow appropriate billing.

SHORT TERM OBJECTIVE: Improve and standardize physician clinic documentation to allow more appropriate billing with a goal of increased clinic revenue. Initial evaluation cycle goal is to increased increased clinic revenue by 10% per patient visit.

LONG TERM OBJECTIVE: Use increased clinic revenue to fund additional clinical staff allowing the physicians to recruit more new patients in clinic thus expanding the number of procedures performed.

CURRENT STATUS: Substantial numbers of hours are spent both in clinic and outside of clinic hours reviewing patient information. These are important services, but lack of standardized documentation, specifically with regard to documenting necessary clinic visit details to allow appropriate billing for prevents appropriate reimbursement for patient services rendered. Currently, physician documentation of IR clinic visits is not standardized and varies highly from provider to provider. Knowledge of the details needed in documentation for appropriate billing needs to be expanded and put into practice.

PLANS

INITIAL ASSESSMENT: Review of IR clinic revenue for the past 6 months will be reviewed and documented, including an assessment of average revenue per clinic visit to account for fluctuations in number of patients seen in clinic.

PROPOSED CHANGES: Documentation for clinic visits with regard to the features necessary for appropriate billing will undergo an increase in standardization from current practice.

1. Billing based on time/care coordination seems more appropriate than features such as review of systems or physical exam given the nature of the diseases for which patients are seen in IR clinic.
2. A currently used template will be modified in Sunrise to include a section at the end of the note for appropriate billing based on time: number of minutes face-to-face with the patient, number of minutes spent on counseling and care coordination, and the some of the details of the counseling/care coordination provided.
3. To force utilization of this system, other templates or shortcuts for IR clinic notes will be removed from Sunrise.

FOLLOW-UP ASSESSMENT: Review of IR clinic revenue for 6 months following the implementation of the proposed interventions. The revenue data will be reviewed and documented, including an assessment of average revenue per clinic visit to account for fluctuations in number of patients seen in clinic. Amount of increased revenue, if any, as a percentage will be documented. Revenue data will be assessed for factors that lead to increased revenue and factors that can be further improved upon.