Understanding the New Team Based Documentation Rules:

What Impact can it have on your Practice?

0

Building Leaders – Transforming Hospitals – Improving Care

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45 Years of Delivering Results

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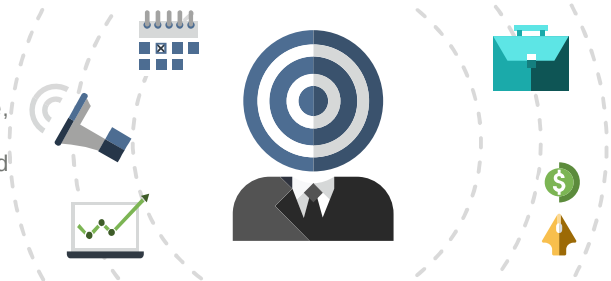
HealthTechS3 is a 45 year old, award-winning healthcare consulting and strategic hospital services firm based in Brentwood, Tennessee with clients across the United States.

We are dedicated to the goal of improving performance, achieving compliance, reducing costs, and ultimately improving patient care. Leveraging consultants with deep healthcare industry experience, **HealthTechS3** provides actionable insights and guidance that supports informed decision making and drives efficiency in operational performance.

Our consultants are former hospital leaders and executives. **HealthTechS3** has the right mix of experienced professionals that service hospital clients across the nation. **HealthTechS3** offers flexible and affordable services, consulting, and technology as we focus on delivering solutions that can be implemented and provide a positive, measurable impact.



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STRATEGY – SOLUTIONS – SUPPORT

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GOVERNANCE & STRATEGY

- Affiliation Consulting
- Executive & Management Leadership Development
- Strategic Planning & Market share Analysis
- Community Health Needs Assessment
- Compliance Consulting Services

FINANCE

- Performance Optimization / Margin Improvement
- Revenue Cycle & Business Office Operations
- Productivity & Staffing Consulting - Optimum Productivity Toolkit

CLINICAL CARE & OPERATIONS

- Continuous Survey Readiness
- Quality Assurance Performance Improvement
- Lean Culture
- Customer Experience
- Clinical Resource Management
- Care Coordination – Primary Care Practice
- Physician Practice & Clinic Assessment
- Long Term Care Consulting
- Swing Bed Consulting
- Perioperative Services Consulting

RECRUITMENT

- Executive Recruitment
- Manager and Clinical Positions
- Physician / Provider Recruitment
- Information Technology Professionals
- Interim Placement

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SECOND QUARTER WEBINARS

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WEBINARS AT A GLANCE

Improve Your Swing Bed Program One Step at A Time – April 5

Understanding The New Team-Based Documentation Rules: What Impact Can It Have On Your Practice? - April 11

Diversity As A Key Component to Executive Recruiting - April 24

Swing Bed Series Part 2 - Implementing Trauma-Informed Care - May 3

The First 90 Days of a Healthcare Executive - June 6

Strategies for Improving the Effectiveness of your Community Health Needs Assessment - June 7

Implementing Care Coordination: Partner to Remove the Barriers - June 13

Impact of Brand & Culture on Executive Recruiting - June 14

Go To
www.HealthTechS3.com
to register

All Webinars are Recorded

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Instructions for Today's Webinar

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- You may type a question in the text box if you have a question during the presentation
- We will try to cover all of your questions – but if we don't get to them during the webinar we will follow-up with you by e-mail
- You may also send questions after the webinar to our team (contact information is included at the end of the presentation)
- The webinar will be recorded and the recording will be available on the HealthTechS3 web site: www.healthtechs3.com

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Faith M Jones, MSN, RN, NEA-BC

Director of Care Coordination and Lean Consulting

Faith Jones began her healthcare career in the US Navy over 30 years ago. She has worked in a variety of roles in clinical practice, education, management, administration, consulting, and healthcare compliance. Her knowledge and experience spans various settings including ambulance, clinics, hospitals, home care, and long term care. In her leadership roles she has been responsible for operational leadership for all clinical functions including multiple nursing specialties, pharmacy, laboratory, imaging, nutrition, therapies, as well as administrative functions related to quality management, case management, medical staff credentialing, staff education, and corporate compliance. She currently implements care coordination programs focusing on the Medicare population and teaches care coordination concepts nationally. She also holds a Green Belt in Healthcare and is a Certified Lean Instructor.

Healthcare Focus | 45 Year Company History | Experienced Consultants | Technology Partnerships

Objectives

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Upon completion of the webinar, the participant will understand:

- The basic concepts of Lean
- The 95 and 97 documentation guidelines related to the elements included in team based care documentation
- The importance of clearly defined roles and expectations that must be included in an education plan for clinical staff in TBCD.

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The Toyota Way

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I. Continuous Improvement

- Form a long term vision and meet challenges with courage and creativity
- Always driving for innovation and evolution
- Go to the source to find the facts to make correct decisions, build consensus and achieve goals

II. Respect for People

- Make every effort to understand each other, take responsibility and do the best to build mutual trust
- Stimulate personal and professional growth, share development opportunities, and maximize individual and team performance

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Lean: Simple Formula

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Liberate the *people who do the work* to use a proven method to look at what they do with "new eyes" to identify elements of the work that permit:

- Errors and delay in care/service
- Waste of resources
- Frustration in the workplace

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Lean: Simple Outcomes

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- Happier workers
- Happier customers
- Increased capacity for work
- Lower operating cost

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Addressing the 4th Aim

10

From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

EXPANDED ROLES

- Expanding the role of nurses and other clinical staff in the practice to work to the highest level of licensure

APPROACHES TO WORKFLOW

- Team based documentation
- Pre-visit planning
- Co-locating for communication

http://www.annfammed.org/content/12/6/573.full.pdf+html

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Science Behind Burnout

11

" Physician burnout is associated with reduced adherence to treatment plans, resulting in negatively affected clinical outcomes"

1

http://www.annfammed.org/content/12/6/573.full.pdf+html

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Identifying Burnout

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HOW DO I KNOW IF I'M BURNED OUT?

- "Burnout has been described as the inverse of wellness. Wellness is the state of good physical, mental, and emotional health, which puts burnout on the other end of that spectrum. Many providers are somewhere in the middle, exhibiting some or all of these signs of burnout:
  - **Emotional Exhaustion**- feeling emotionally depleted and no longer able to give to others emotionally
  - **Depersonalization/Cynicism-** having a distant or uncaring attitude toward patients and work
  - **A Low Sense of Personal Accomplishment-** a tendency to negatively regard yourself and your accomplishments at work."

Take Burnout Quiz

https://www.soulhoneycoaching.com/

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Care Delivery Models

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"…new and evolving care delivery models, which feature an increased role for non-physician practitioners (often as care coordination facilitators or in team-based care) have been shown to improve patient outcomes while reducing costs, both of which are important Department goals as we move further toward quality- and value-based purchasing of health care services in the Medicare program and the health care system as a whole."

Vol. 80 Wednesday, No. 135 July 15, 2015, P 226

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Care Coordination Growth and Development

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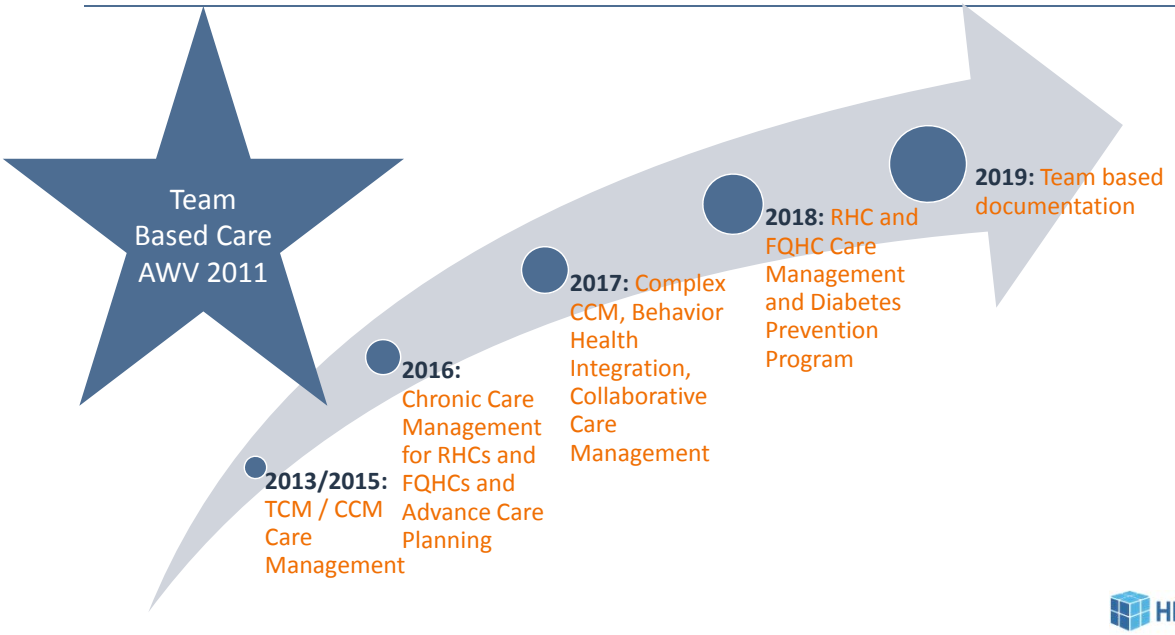

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Team Based Care

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Care Coordination uses a Team Based Care Approach

Shared goals: The team—including the patient and, where appropriate, family members or other support persons—works to establish shared goals that reflect patient and family priorities, and can be clearly articulated, understood, and supported by all team members.
Clear roles: There are clear expectations for each team member's functions, responsibilities, and accountabilities, which optimize the team's efficiency and often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts.
Mutual trust: Team members earn each other's trust, creating strong norms of reciprocity and greater opportunities for shared achievement.
Effective communication: The team prioritizes and continuously refines its communication skills. It has consistent channels for candid and complete communication, which are accessed and used by all team members across all settings.
Measurable processes and outcomes: The team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team's goals. These are used to track and improve performance immediately and over time.

Source: Mitchell et al., 2012

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Team Based Documentation

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"The CY 2019 PFS final rule expanded current policy for office/outpatient E/M visits starting January 1, 2019 to provide that any part of the chief complaint (CC) or history that is recorded in the medical record by ancillary staff or the beneficiary does not need to be re-documented by the billing practitioner" (11/26/2018, FAQ on PFS – CMS).

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Team Based Care Documentation Apples to:

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- Applies to new and established office/outpatient E/M visits and includes:
  - Chief complaint (CC)
  - Any other part of the history
  - History of Present Illness (HPI),
  - Past Family Social History (PFSH),
  - Review of Systems (ROS)

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Documentation Guidelines

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DOCUMENTATION OF HISTORY

- The levels of E/M services are based on four levels of history
  - Problem Focused,
  - Expanded Problem Focused,
  - Detailed, and
  - Comprehensive.
- Each type of history includes some or all of the following elements:
  - Chief complaint (CC)
  - History of Present Illness (HPI),
  - Past Family Social History (PFSH),
  - Review of Systems (ROS)

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Documentation Guidelines

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DOCUMENTATION OF HISTORY

- The extent of the history of present illness, review of systems, and past, family and/or social history that is obtained and documented is dependent upon clinical judgment and the nature of the presenting problem(s).

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Documentation Guidelines

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DOCUMENTATION OF HISTORY

- **The chart below shows the progression of the elements required for each type of history. To qualify for a given type of history all three elements in the table must be met. (A chief complaint is indicated at all levels.)**

History of Present Illness (HPI)	Review of Systems (ROS)	Past, Family, and/or Social History (PFSH)	Type of History	Levels
Brief	N/A	N/A	***Problem Focused***	2
Brief	Problem Pertinent	N/A	***Expanded Problem Focused***	3
Extended	Extended	Pertinent	***Detailed***	4
Extended	Complete	Complete	***Comprehensive***	5

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Chief Complaint (CC)

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- **The CC is a concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for the encounter, usually stated in the patient's own words.**

A chief complaint is indicated at all levels

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Documentation Guidelines

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History of Present Illness (HPI)	Review of Systems (ROS)	Past, Family, and/or Social History (PFSH)	Type of History
Brief	N/A	N/A	***Problem Focused***
Brief	Problem Pertinent	N/A	***Expanded Problem Focused***
Extended	Extended	Pertinent	***Detailed***
Extended	Complete	Complete	***Comprehensive***

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History of Present Illness (HPI)

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The HPI is a chronological description of the development of the patient's present illness from the first sign and/or symptom or from the previous encounter to the present. It includes the following elements:

- **location ,**
- **quality ,**
- **severity,**
- **duration,**
- **timing,**
- **context ,**
- **modifying factors, and**
- **associated signs and symptoms.**

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History of Present Illness (HPI) Brief vs Extended

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***Brief* and *extended* HPIs are distinguished by the amount of detail needed to accurately characterize the clinical problem(s).**

A *brief* HPI consists of one to three elements of the HPI.

An *extended* HPI consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions.

location ,
quality ,
severity,
duration,
timing,
context ,
modifying factors, and
associated signs and symptoms.

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Documentation Guidelines

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History of Present Illness (HPI)	Review of Systems (ROS)	Past, Family, and/or Social History (PFSH)	Type of History
Brief	N/A	N/A	***Problem Focused***
Brief	Problem Pertinent	N/A	***Expanded Problem Focused***
Extended	Extended	Pertinent	***Detailed***
Extended	Complete	Complete	***Comprehensive***

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Review of Systems (ROS)

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A ROS is an inventory of body systems obtained through a series of questions seeking to identify signs and/or symptoms that the patient may be experiencing or has experienced.

For purposes of ROS, the following systems are recognized:

Constitutional Symptoms (eg, fever, weight loss)

Eyes
Ears, Nose, Mouth, and Throat
Cardiovascular
Respiratory
Gastrointestinal
Genitourinary
Musculoskeletal
Integumentary (skin and/or breast)
Neurological
Psychiatric
Endocrine
Hematologic/Lymphatic
Allergic/Immunologic

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Review of Systems (ROS)
Problem Pertinent vs Extended vs Complete

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A *problem pertinent* ROS inquires about the system directly related to the problem(s) identified in the HPI.

- ***The patient's positive responses and pertinent negatives for the system related to the problem should be documented.***

An *extended* ROS inquires about the system directly related to the problem(s) identified in the HPI and a limited number of additional systems.

- ***The patient's positive responses and pertinent negatives for two to nine systems should be documented.***

A *complete* ROS inquires about the system(s) directly related to the problem(s) identified in the HPI, *plus* all additional body systems.

- ***At least ten organ systems must be reviewed. Those systems with positive or pertinent negative responses must be individually documented.***

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Documentation Guidelines

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History of Present Illness (HPI)	Review of Systems (ROS)	Past, Family, and/or Social History (PFSH)	Type of History
Brief	N/A	N/A	***Problem Focused***
Brief	Problem Pertinent	N/A	***Expanded Problem Focused***
Extended	Extended	Pertinent	***Detailed***
Extended	Complete	Complete	***Comprehensive***

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Past, Family, Social History (PFSH)

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The PFSH consists of a review of three areas:

- **past history (the patient's past experiences with illnesses, operations, injuries and treatments);**
- **family history (a review of medical events in the patient's family, including diseases which maybe hereditary or place the patient at risk); and**
- **social history (an age appropriate review of past and current activities).**

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Past, Family, Social History (PFSH) Pertinent vs Complete

30

A *pertinent* PFSH is a review of the history area(s) directly related to the problem(s) identified in the HPI.

- ***At least one specific item from any of the three history areas must be documented for a pertinent PFSH.***

A *complete* PFSH is a review of two or all three of the PFSH history areas, depending on the category of the E/M service. A review of all three history areas is required for services that by their nature include a comprehensive assessment or reassessment of the patient. A review of two of the three history areas is sufficient for other services.

- ***At least one specific item from two of the three history areas must be documented for a complete PFSH for the following categories of E/M services: office or other outpatient services, established patient; emergency department; domiciliary care, established patient; and home care, established patient.***

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Past, Family, Social History (PFSH) Pertinent vs Complete

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Continued:

- ***At least one specific item from each of the three history areas must be documented for a complete PFSH for the following categories of E/M services: office or other outpatient services, new patient; hospital observation services; hospital inpatient services, initial care; consultations; comprehensive nursing facility assessments; domiciliary care, new patient; home care, new patient.***

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Team Based Care Documentation Acknowledged

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- "the billing practitioner can review the information, update or supplement it as necessary, and indicate in the medical record that she or she has done so" (11/26/2018, FAQ on PFS – CMS)
- HOW?? – Not Prescriptive
  - Electronic Sign off
  - Review Note added
  - Build template for group documentation

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Expanded Roles

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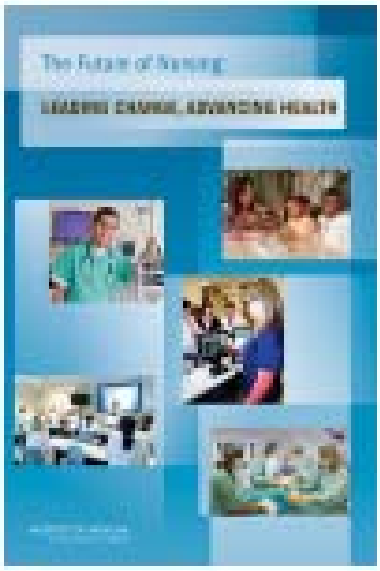

The Future of Nursing:

Leading Change, Advancing Health

Released

October 5, 2010

http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx

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The Future of Nursing:

LEADING CHANGE, ADVANCING HEALTH

KEY MESSAGES

Nurses should practice to the full extent of their education and training

Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression

Nurses should be full partners with physicians and other health professionals in redesigning U.S. health care

Effective workforce planning and policymaking require better data collection and an improved information infrastructure

Power of Observation

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Really understand how work currently happens is essential before trying to fix it!

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Lean: Simple Formula

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Liberate the *people who do the work* !

- Create a team to develop the team based documentation process
- Involve every job that it touches

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PEEK Learning Readiness

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Physical Readiness

Emotional Readiness

Experiential Readiness

Knowledge Readiness

Bastable, S.B. (2003) Nurse as educator: Principles of teaching and learning for nursing practice. P 85.

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Physical Readiness

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- Measures of ability
- Complexity of task
- Environmental effects
- Health status
- Gender

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Emotional Readiness

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- Anxiety Level
- Support system
- Motivation
- Risk-taking behavior
- Frame of mind
- Developmental stage

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Experiential Readiness

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- Level of aspiration
- Past coping mechanisms
- Cultural background
- Locus of control
- Orientation

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Knowledge Readiness

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- Present knowledge base
- Cognitive ability
- Learning disabilities
- Learning styles

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One Step at a Time

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Thank you!

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If you would like more information on team based care or care coordination please feel free to contact me.

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strategy solutions support

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