

## Documentation Myths Debunked: Writing for the 21<sup>st</sup> Century

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## Myths

- I've talked to my referral sources and:
  - It takes forever to teach them the requirements
  - Once they learn it, it changes
- I don't need to change anything until Medicare MAKES ME do it!
- If I make changes to my documentation processes it will totally disrupt my practice



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## Myth: Referral Training for Nothing



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## Relationship Building Not for Nothin'!

- From the Federal Register, Final Rule on Pre-Authorization
  - “One of the goals of [pre-auth] is to ensure that primary care providers and the suppliers collaborate more frequently to order and deliver the most appropriate item for the beneficiary.”



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## Relationship Building Not for Nothin'!

- From the Federal Register, Final Rule on Pre-Authorization
  - “Improper payments made because the doctor did not order the DMEPOS or because the doctor did not evaluate the patient would likely be reduced by the requirement that a supplier submit clinical documentation created by the doctor as part of pre-auth.”



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## Myth: Not until they make me!

- Fraud Prevention System
  - Rules that were nearly to impossible to enforce are now enforceable
    - Predictive Modeling Software
    - Natural Language Processing Software
  - P&O is “On the Radar” like never before



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## Myth: Not until they make me!

- "Obscure", published reports
  - You are expected to stay abreast of new information/recommendations
  - Ignorance is not a defense



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## ARHQ Report

- Draft report October 2017
  - Assess validity of measures used in adults with lower limb amputation,
  - whether patient characteristics can predict relative effectiveness of different LLP components
  - and long-term use of LLP's
    - Not enough research to say what patient characteristics predict benefits from a given component
    - 11-22% of pt.'s abandoned their LLP after 1 yr.
    - 11-37% of pt.'s only use LLP indoors after 1-7 yrs.



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## ARHQ Report

- “Studies should assess validated, patient-centered outcomes related to ambulation, function, QoL, and related outcomes...
- ...this would allow comparability across studies and pooling of study findings...
- ...Non-comparable studies will continue to be more likely to be of little use to prosthetists, treating physicians, patients, policymakers, and other decision-makers and therefore will more likely be ignored”

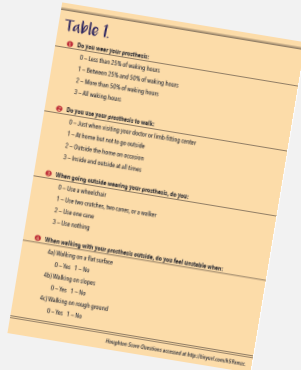


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## ARHQ Report

- 19 measures found applicable to the Medicare population and valid and reliable
  - 2 minute walk test
    - Prediction of walking distance at 3 months post fitting
  - Haughton Score
    - Prediction of community walking after 1 yr.
  - TUG
    - Multiple falls vs. not



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## ARHQ Report

- “The majority of the evidence addresses the questions of which components maximize ambulation and function in the average patient
- As opposed to
- *Which component would best suit the needs of a given individual”*



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## Myth: Practice Disruption

- Implementing change does NOT have to be all or nothing!
  - Take one piece and implement it in one patient population for a specific length of time
  - Track that change, document it in your SOP's
  - Evaluate whether you were successful
    - If yes, implement another
    - If no, document the issues, fix them, try again, document that
  - If CMS comes knocking, this is the sort of info that could really help to show your intent to do it right

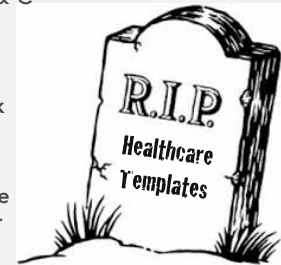


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## Mourning Templates (without ruining your life)

- PIM, Chapter 3, Section 3.3.2.1.1 B & C
  - CMS discourages the use of templates that provide limited options for the collection of information such as by using check boxes and predefined answers
  - Physicians/LCMP's should be aware that templates designed to gather selected information focused primarily for reimbursement purposes are often insufficient to demonstrate that coverage requirements are met



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## Person & Family Engagement

- CMS Person & Family Engagement Strategy, 11/2016
  - "An essential part of developing national healthcare policy, quality measurement, reporting and improvement initiatives and new payment models"

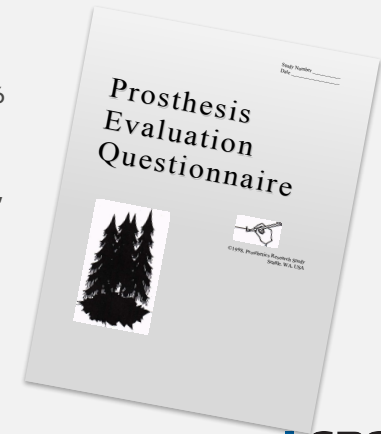


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## Person & Family Engagement

- CMS Person & Family Engagement Strategy, 11/2016
  - CMS will weight "patient experience and patient reported outcomes in value based purchasing programs"



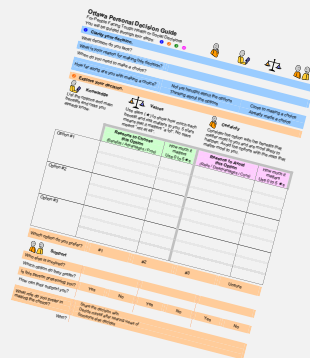
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## Person & Family Engagement

- CMS Person & Family Engagement Strategy, 11/2016
  - “Innovation models aim to promote and incentivize engaging the patient and family”
  - Promotion of “decision support tools...”



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## Mourning Templates (without ruining your doctors life)

- 2-4 Open ended, broad questions
  - PIM Chapter 5
    - What are the therapeutic &/or functional benefits the patient is expected to receive from use of the device?
    - What is the manner in which the device will restore or improve bodily function?
    - How will the device improve overall health & wellbeing?
  - For replacement/repair:
    - What could you do before that you can't now?
    - How is the malfunctioning of the device effecting you?



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## Myths Debunked

- Referral Source Relationship Building
  - Difficult
  - On-Going
  - **NECESSARY & WORTH IT!**
  
- Not until they Make Me!
  - **Not mandates, just pressure**
  - **Transparency & documented change is needed in the new world of billing**
  
- It's too disruptive!
  - **Small changes documented over time and implemented methodically**
  - **It's do-able!**



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## Questions? Comments? Disagree? Let's Talk!

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