Eliminating Barriers to Effective Internal/External Benchmarking

Jennifer Brown, RN, Endoscopy Nurse Manager
Gastroenterology Associates of Central Virginia

Tim Meakem, M.D., Medical Director
ProVation Medical

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Benchmarking in the ASC Environment

A growing number of ASCs are implementing internal benchmarking programs

- Identifies internal clinical and administrative processes in need of refinement
- Establishes where an ASC stands in comparison to local, national peers
- Tracks progress of quality improvement efforts
- Strengthens negotiating position with payers
- Reveals areas of weakness impacting revenue

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Benchmarking in the ASC Environment

Every aspect of an ASC's operations can be benchmarked

- Clinical
  - OR utilization
  - IV starts
  - Infection rates
  - Post-operative complications
  - Hospitalization rates
  - Medication utilization
  - Hand-washing
  - Time-outs

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Benchmarking in the ASC Environment

Every aspect of an ASC's operations can be benchmarked

- Administrative
  - Staff turnover
  - Staff education
  - Claims denials
  - Time-to-bill
  - Days in A/R
  - Scheduling
  - Registration times
  - Patient education and comprehension

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Benchmarking in the ASC Environment

Pressure mounts for external benchmarking

- Effective internal benchmarking positions an ASC to respond to growing pressure to begin monitoring and reporting quality and performance
  - CMS' ASC Quality Reporting Program requires reporting on five measures
    - Falls
    - Burns
    - Hospital transfers
    - Wrong-site surgeries
    - Improperly timed antibiotic administrations
  - Performance will affect payment determinations beginning with CY2014
  - Information will be made public, which could impact patient perceptions

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Benchmarking in the ASC Environment

Pressure mounts for external benchmarking

- Private reporting initiatives are also coming online
  - National GI Endoscopy Quality Indicator Benchmarking project and the GI QI Pilot Program
  - ASCA's Outcomes Monitoring Project
  - ACC's Appropriate Use Criteria
  - CathPCI Registry

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Benchmarking Challenges

Inability to efficiently and accurately capture structured, compliant data

- Despite the benefits of benchmarking, many ASCs must overcome several key obstacles before establishing effective programs
  - Continued reliance on dictation and transcription to generate physician procedure notes
  - Manual collection processes are resource-intensive and error-prone
  - Inability to query discrete data elements within the reporting system
  - Inconsistent and incomplete data that make it difficult to perform effective benchmarking and meaningful comparisons

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Solutions to Benchmarking Challenges

Intuitive procedure documentation software

- Allows many of the required data points to be collected directly from procedure notes
- Lessens the need for manual intervention
- Eliminates duplicate data entry
- When interfaced with other systems, more data points are collected without any additional resources
- Ensures standardization
- Specific data points can be flagged to eliminate reporting gaps

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Benchmarking in Action

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About Us

- Based in Lynchburg, Va.
- Physician-owned since October 2009
- Seven physicians and five nurse practitioners
- Provides comprehensive gastroenterology care, including endoscopy
- AAAHC Accredited
- ASGE Endoscopy Unit Recognition Award recipient
- 100% paperless
- Averages 32 patients per day

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Why We Benchmark Internally

- Originated with the Medical Director and QI Physician
- Maintain integrity in delivery of care
- Maintain safety and efficiency
- Reveal opportunities for improvement
- Refine the overall process in advance of participation in external quality reporting initiatives

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Leveraging Intuitive Procedure Documentation Software

- ProVation MD for GI creates a solid foundation for our benchmarking program by ensuring accurate and complete data capture and streamlining the audit and reporting process
  - Quick comparisons to identify outliers that may require addressing
  - More comprehensive data capture through point-of-care and bedside documentation and via interfaces with other systems
  - Data is standardized for easier, faster queries
  - Data collection and interpretation is consistent
  - The audit process can be managed by a single individual, eliminating discrepancies in interpretation and reducing error rates

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What We Benchmark & Why

- Automating data capture and reporting enables monitoring of a significant number of key metrics that drive quality, productivity and financial performance
  - Cecal intubation rates
  - Adenoma rates
  - Medication utilization by clinician
  - Case numbers per physician
  - Time management

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What We Benchmark & Why

- Key metrics monitored (cont.)
  - Room turnover
  - Chart auditing
  - Follow up calls
  - Nursing at bedside
  - Time to bill

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How the Information is Used

- QI reporting for accreditation
- Clinician credentialing
- Payer negotiations
- Peer review
- Bi-annual performance evaluations
- Target required education, in particular medication administration
- Track medication side effects
- Track post-procedure infections and other complications

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The ROI of Benchmarking

- 99.8% patient satisfaction rate
- Highest rate of room turnover since opening
- Zero falls in the past two years, due to increasing the time nurses can spend at the bedside
- Improved post-procedure complication tracking for Meaningful Use compliance
- Interfaces with hospital systems eliminate the need to rely on physicians to alert us when a patient was seen at the local hospital
- Medical records department can enter post-procedure complication reports directly into the patient's record

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The ROI of Benchmarking (cont.)

- Infection control log allows for easy tracking
- Billing is 85% faster than with paper billing
- Faster, more accurate auditing
- Utilization tracking streamlines purchasing and inventory
- Rapid response to audit requests for credentialing

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Setting the stage for external benchmarking

- Though not subject the ASC Quality Reporting Program, we are focused on perfecting our internal benchmarking processes in preparation for external reporting
  - Pay-for-Performance
  - GIQuIC
- The combination of internal and external benchmarking is vital to our ability to continue delivering quality care, high patient satisfaction and solid financial performance

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Initiative-Specific Reporting Tools

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Reporting Tools

Special reporting tools enhance external benchmarking programs

- ProVation is one of a handful of vendors that have worked with external quality reporting initiatives to develop special tools to streamline ACS participation
  - GIQuIC
  - NCDR CathPCI Registry

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Reporting Tools

These tools integrate with procedure documentation and coding software to further enhance data integrity and streamline reporting

- Guide physicians through the process of capturing all required data elements
- Organize that data into a specific format that can be transmitted directly to various registries
- Increases the efficiency with which reporting is accomplished
- Improve data quality and accuracy by eliminating redundant data entry
- Enable easy review, augmentation and modification of collected information

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Reporting Tools

Replacing manual processes with built-in decision support tools ensures accurate, complete data collection

- Allows physicians to leverage the latest in evidence-based medicine techniques
- Moves national quality initiatives forward, raising the bar on patient care and outcomes
- Drives ongoing improvements in patient care across specialties data collected specifically advances quality by documenting and benchmarking performance

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Questions?

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