Impact of E/M Guidelines on Billing & Notes

Evidence from national data

National Academy of Medicine

Clinician Wellbeing Convening on Reducing Documentation Burden

January 31, 2022

Nate C. Apathy, PhD
nate.apathy@pennmedicine.upenn.edu | @NateApathy
Postdoctoral Fellow
Perelman School of Medicine, University of Pennsylvania
Leonard Davis Institute of Health Economics, University of Pennsylvania
Affiliated Scientist, Regenstrief Institute
Acknowledgements

Collaborators

Dori Cross, PhD (University of Minnesota)
Allison Hare (University of Pennsylvania)
Sarah Fendrich (University of Pennsylvania)

Funding

My postdoc is supported by a training grant from the Agency for Healthcare Research and Quality (T32-HS026116-04)
Research Questions

Has the E/M guideline change shifted the **mix of E/M codes** physicians use?

Has the E/M guideline change reduced physician **documentation burden**?

Has the E/M guideline change reduced EHR **burden in other domains**?

*We use national, longitudinal, provider-level EHR metadata to answer these questions*
EHR Use Metadata & Sample

Study Period: Sept 2020 through April 2021

Measures of EHR use derived from system logs

Aggregated to provider-week measures (e.g. total visits per week, average time in notes per visit)

- 303,547 physicians and APPs (universe of US Epic ambulatory EHR users)
- Across 389 organizations and 22 specialties
- 7.5m provider-week observations
Level 3 visits decreased by 2.6pp -6.2% relative to baseline

Level 4 visits increased by 1.1pp +2.7% relative increase

Level 5 visits increased by 1.9pp +23.8% relative increase

This is showing us the average change over the entire provider sample (n=303,547)

This may mask differences across specialties
More dramatic shifts in some specialties

+12.3pp
+56.4%

Dermatology
No change in average time in EHR across domains

No change in overall note length or content from any note source
Takeaways

Large, immediate shift in E/M mix illustrates organizational awareness of the policy

No change in documentation burden (1 of 2 policy aims)

Centralized vs. diffuse changes require different approaches
  - &/or note length may not be the right measure of EHR burden

Role for payers, EHR vendors, and professional societies
  - Note is a legal document
  - Templates for guideline-concordant clinical notes
  - Clear specialty-specific guidance
Takeaways

Large, immediate shift in E/M mix illustrates organizational awareness of the policy

No change in documentation burden – policy has thus far achieved only 1 of 2 aims

Are there some physicians who did shorten notes that are lost in the averages?
In this large of a sample, aren’t there *some* physicians who changed their notes? Yes! How did they do it?

55%-64% of net decrease attributable to SmartTools (shorter templates)

Additional 27% of decrease attributable to less copy/paste for long note writers
Takeaways

Most decreases happen via modifications to templates & reductions in copy/paste

But time savings comes from reducing manual text

Templated text: problem and solution?

- Changes to documentation that can be achieved primarily via modifying templates are unlikely to save time, an important element of burden
- Data collection and templates that substitute for manual text may save time
  - e.g. SDOH data
Linking Policy Change Related to E/M Codes to Engagement and Well-being

Megan Adamson, MD, MHS, FAAFP

January 31, 2022
Drivers of Burnout

- Excessive workloads
- Inefficient work processes
- Clerical burdens
- Work-home conflicts
- Lack of input or control over work lives
- Organizational support structures
- Leadership culture

Primary objectives of the CPT Editorial Panel revisions

1. To decrease administrative burden of documentation and coding

2. To decrease the need for audits, through the addition and expansion of key definitions and guidelines

3. To decrease unnecessary documentation in the medical record that is not needed for patient care

4. To ensure that payment for E/M is resource-based and that there is no direct goal for payment redistribution between specialties
2021 Office Visit/Outpatient Evaluation and Management Documentation Guidelines

- Four in 10 (39%) cited the 2021 office visit/patient evaluation and management document guidelines reduced burden.
- When asked how did the guidelines reduce burden among those that said yes, three-fourths (75%) said it was easier to select a code and more than two-thirds (68%) said it reduced documentation time.

Q. Have the 2021 office visit/outpatient evaluation and management documentation guidelines reduced burden? n=407
Q. If yes: How have the 2021 office visit/outpatient evaluation and management documentation guidelines reduced burden?
Q. Which of the following barriers, if any, have you experienced using the 2021 office visit/outpatient E/M documentation guidelines?

- The primary barrier of using the guidelines cited the most was unclear interpretation/guidance (45%).
- This was followed by unable to appropriately capture total time (39%), workflow issues (37%), limitations with EHR (37%), and lack of education on the topic (33%).

![Bar chart showing barriers to using 2021 office visit/outpatient E/M documentation guidelines]

AAFP Practice Profile Survey 2021
When asked which method used most often to select the level of service for the majority of office visit/outpatient E/M encounters, six in 10 (58%) cited they use primarily medical decision-making. Only 10% said they use primarily the total time on date of encounter. Three in 10 (31%) said they use both equally.

Q. Which method do you use most often to select the level of service for the majority of your office visit evaluation and management (E/M) encounters?
What?
- Medically Relevant Information
- Medical Decision Making
- Total Time

Who?
- Team Documentation

Why?

How?

When?
Why?

- Billing
- Communication
  - Colleagues/other clinicians
  - The patient
  - Insurers (prior authorization)
- Medico-Legal
- Quality Reporting

Opportunities

- Culture (re)shift in documentation expectations
- Streamline performance measures
How?

EHR

- Poor usability
- Time-consuming data entry
- Interference with face-to-face patient care
- Degradation of clinical documentation
- Frustrations with receiving template-generated notes

Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy (nih.gov)

Opportunities

- EHR vendors focus on:
  - User-friendly interfaces
  - Automation of data collection

- Organizational support:
  - Alternate options & tech solutions for documentation & data collection
  - Scribe, Dictation, Digital Assistants, AI solutions
AAFP Innovation Lab Pilot Studies: Digital Assistant Use

digitalassistant-innovationlab--phase-1-whitepaper.pdf (aafp.org)

Using an AI Assistant to Reduce Documentation Burden (aafp.org)

Phase 1

<table>
<thead>
<tr>
<th>Documentation Burden</th>
<th>% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time and Motion</td>
<td></td>
</tr>
<tr>
<td>Decrease in time per patient</td>
<td>62%</td>
</tr>
<tr>
<td>Decrease in time during clinic day</td>
<td>51%</td>
</tr>
<tr>
<td>Decrease in afterhours</td>
<td>70%</td>
</tr>
<tr>
<td>Provider Survey</td>
<td></td>
</tr>
<tr>
<td>Satisfaction with note completion</td>
<td>48%</td>
</tr>
<tr>
<td>Satisfaction with documentation time savings</td>
<td>108%</td>
</tr>
<tr>
<td>Satisfaction with EHR for other administrative tasks</td>
<td>84%</td>
</tr>
<tr>
<td>Satisfaction with quality of notes</td>
<td>35%</td>
</tr>
<tr>
<td>Finish notes on the same day</td>
<td>19%</td>
</tr>
<tr>
<td>Satisfaction with patient interactions</td>
<td>28%</td>
</tr>
</tbody>
</table>

Phase 2

Figure 1 - Reduction in Note Time with AI Assistant

Legend
- adopted
- not adopted
- not trialed
- still trialing

*Excludes a single outlier at -250%
When?

Opportunities

- Track documentation time outside assigned work hours
- Prioritize time for cognitive restoration

AAFP Practice Profile Survey 2020 & 2021
Other Opportunities

- Recognition

- Ensure that updated RVU valuation is reflected in physician compensation

The 2021 Medicare physician fee schedule made increases to the relative values of certain office and outpatient E/M services to ensure that payment for E/M is resource-based.