

# Impact of E/ M Guidelines on Billing & Notes

*evidence from national data*



NATIONAL ACADEMY OF MEDICINE

Clinician Wellbeing Convening on Reducing Documentation Burden

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# Acknowledgements

## Collaborators

Dori Cross, PhD (University of Minnesota)

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# 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

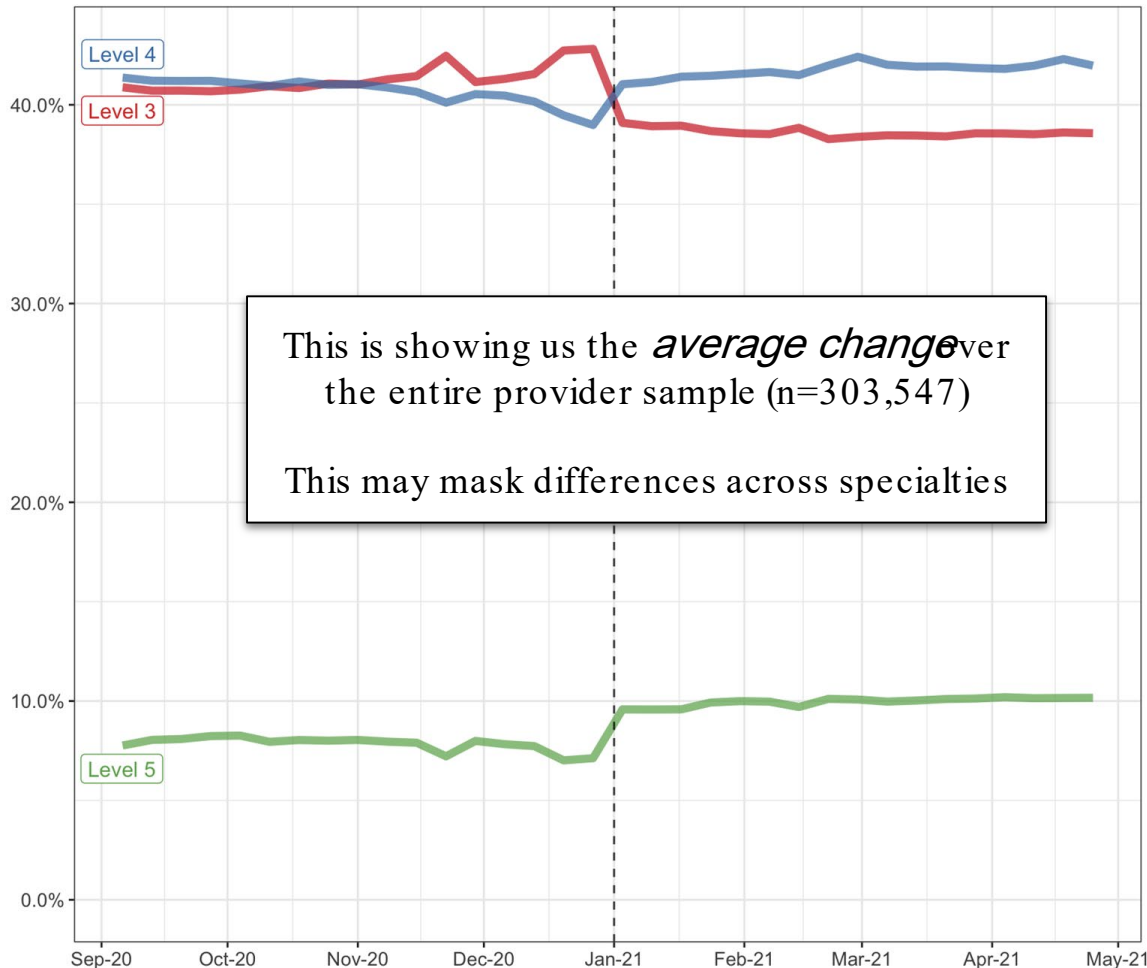


Exhibit 1. Evaluation & management visit distribution before and after guideline change

**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



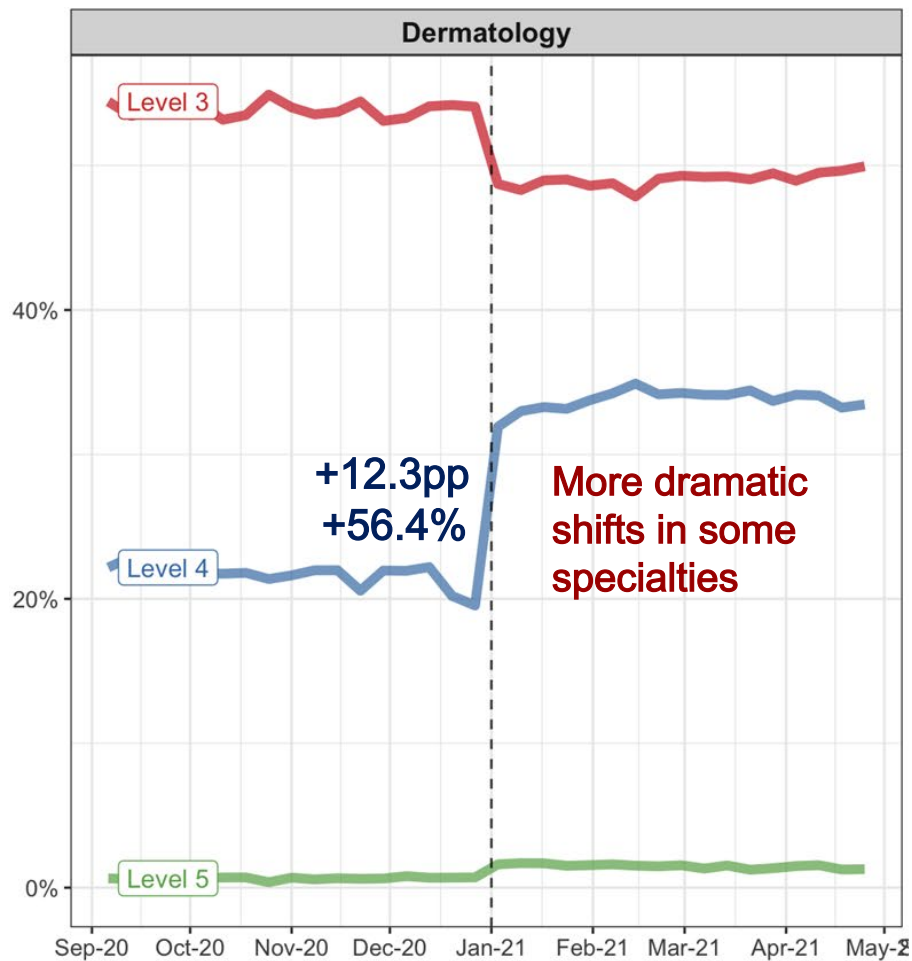
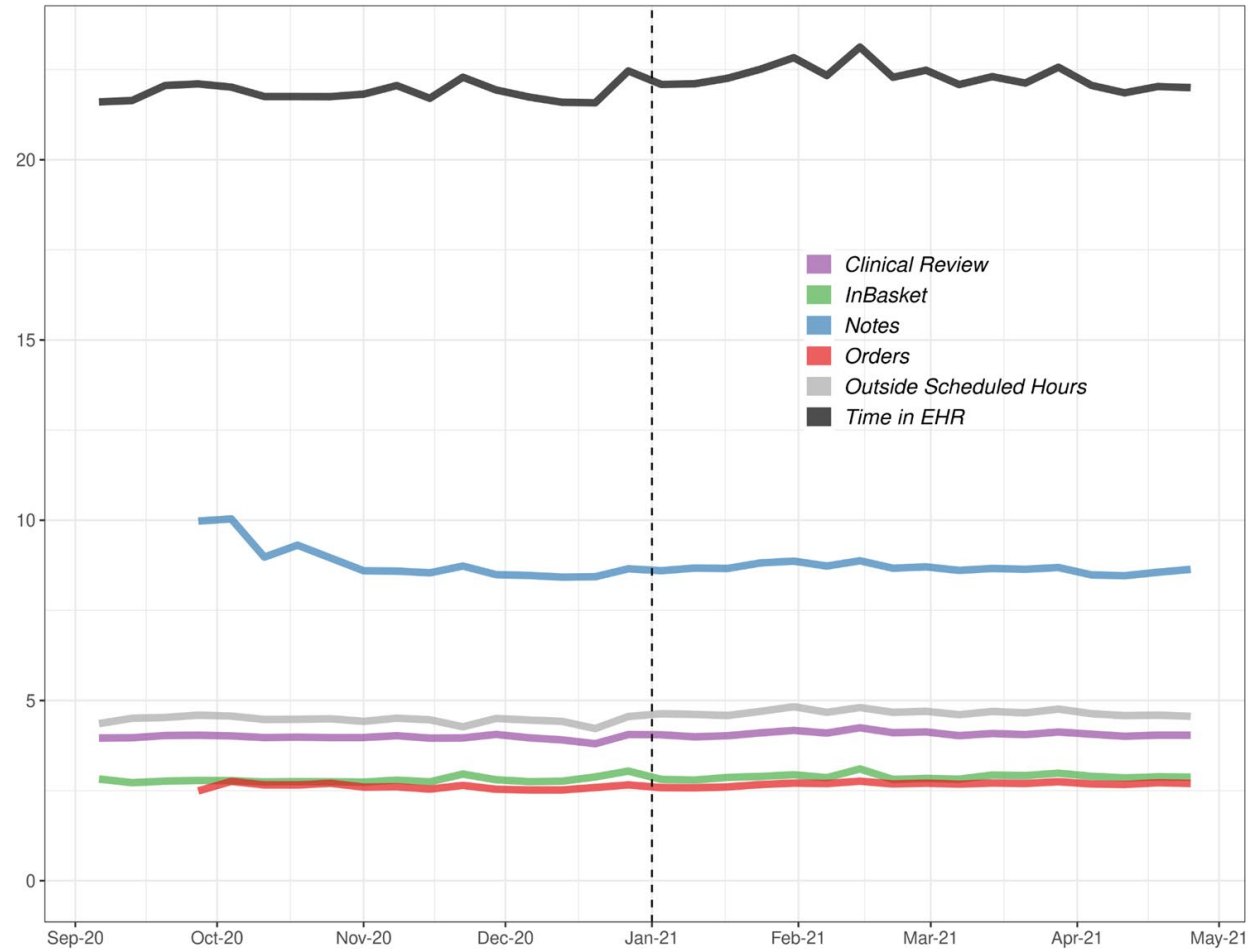


Exhibit 4. EHR usage measures (minutes per appointment) before and after CMS guideline change



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?

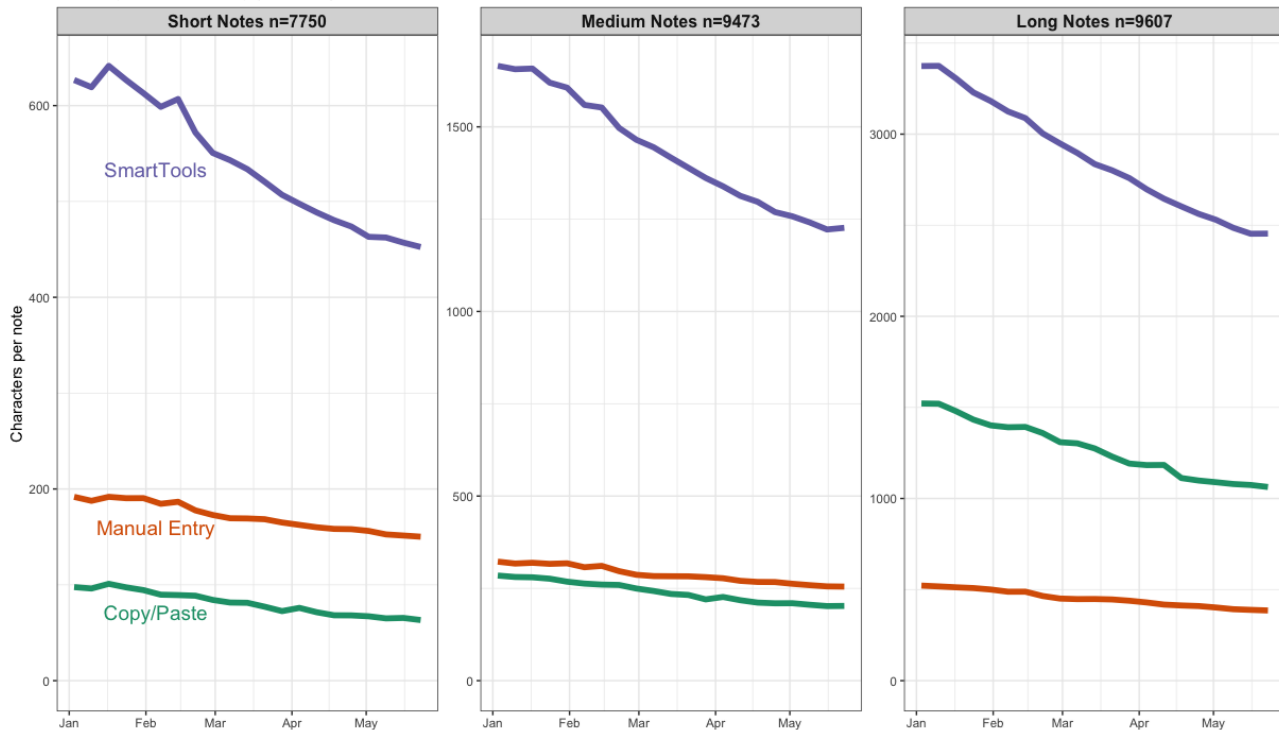
In this large of a sample, aren't there *some* physicians who changed their notes? **Yes! How did they do it?**

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

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

Note characters per documentation source over time across note length strata

Note length decrease only (n= 26,830)



# 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



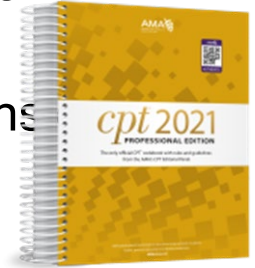
# Drivers of Burnout

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

J Intern Med. 2018 Jun;283(6):516-529. doi: 10.1111/joim.12752. Epub 2018 Mar 24.

# Primary objectives of the CPT Editorial Panel revisions

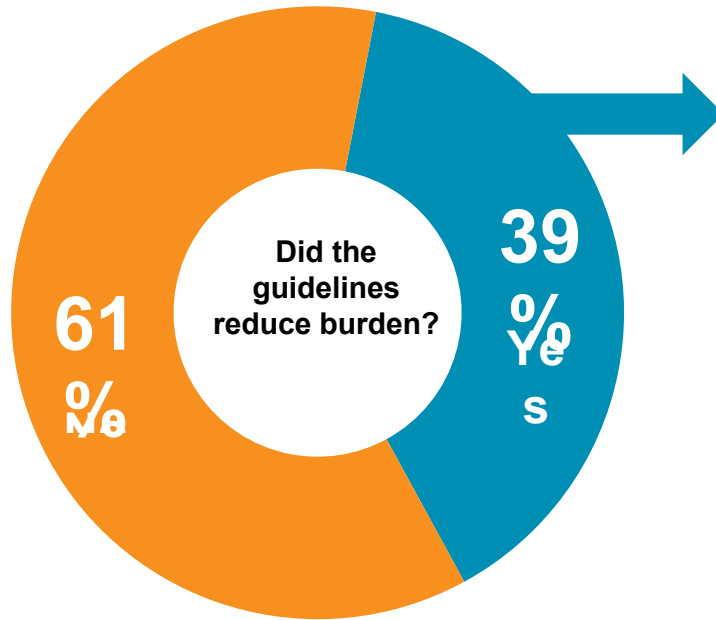
1. To decrease administrative burden of documentation and coding
2. To decrease the need for audits, through the addition and expansion of key definitions and guidelines
3. To decrease unnecessary documentation in the medical record that is not needed for patient care
4. To ensure that payment for E/M is resource-based and that there is no direct goal for payment redistribution between specialties



[CPT® Evaluation and Management | American Medical Association \(ama-assn.org\)](https://www.ama-assn.org)

## 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 who said yes, three-fourths (75%) said it was easier to a select code and more than two-thirds (68%) said it reduced documentation time.



### How did the guidelines reduce burden?

Easier to select code

75%

Reduced documentation time

68%

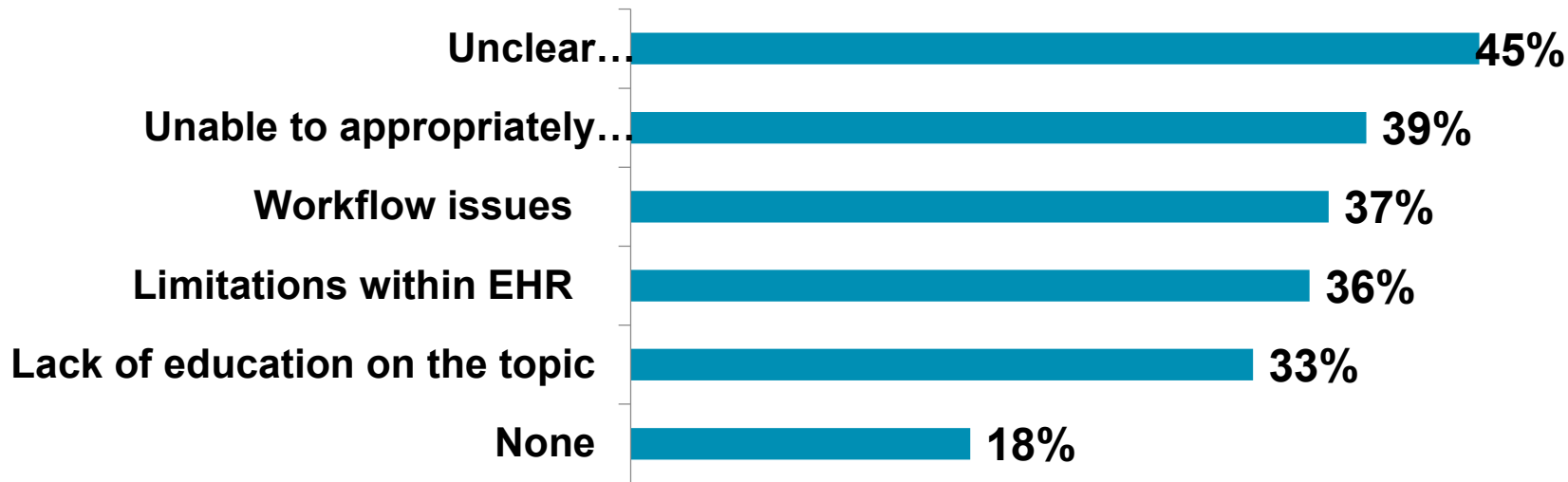
Q. Have the 2021 office visit/outpatient evaluation and management documentation guidelines reduced burden? n=407

Q. If yes: How have the 2021 office visit/outpatient evaluation and management documentation guidelines reduced burden?

AAFP Practice Profile Survey 2021

### Barriers Using 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%).



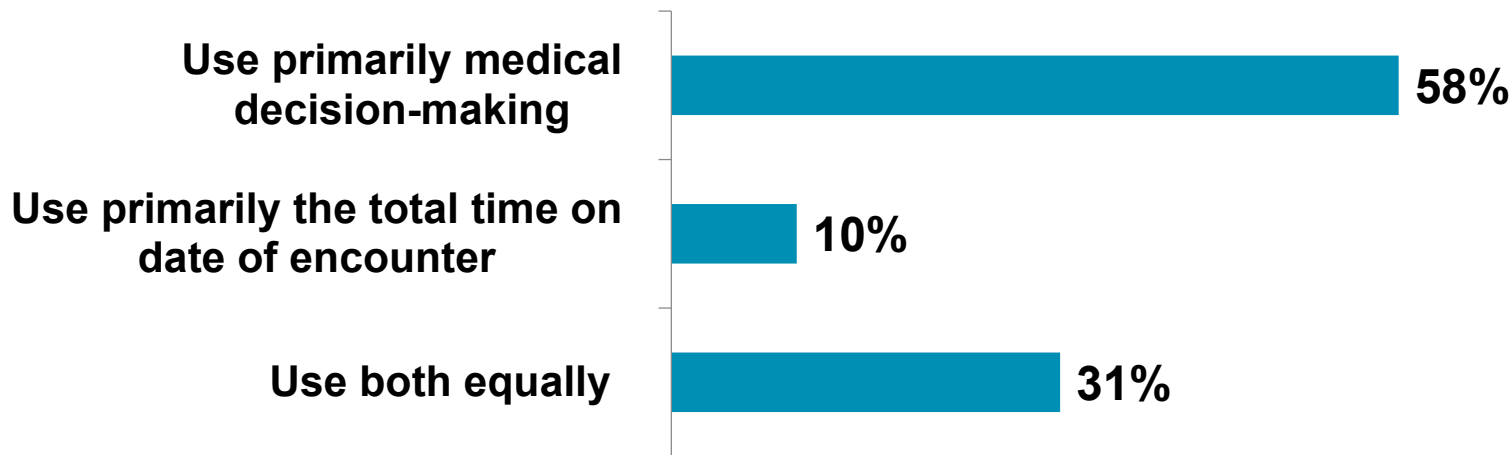
*Q. Which of the following barriers, if any, have you experienced using the 2021 office visit/outpatient E/M documentation guidelines?*

AAFP Practice Profile Survey 2021



### Method Used Most Often to Select the Level of Services for the Majority of Office Visit/Outpatient E/M Encounters

- 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?*

AAFP Practice Profile Survey 2021

# **What?**

Medically Relevant Information

Medical Decision Making

Total Time

# *Why?*

# *How?*

# **Who?**

Team Documentation

# *When?*

# Why?

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

## Opportunities

- Culture (re)shift in documentation expectations

### What are some common claim errors?



The signature of the certifying physician was not included



Documentation does not meet medical necessity



Encounter notes did not support all elements of eligibility



Missing or incomplete initial certifications or recertification

Source: [Targeted Probe and Educate | CMS](#)

- 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

# How?

## AAFP Innovation Lab Pilot Studies: Digital Assistant Use

[digitalassistant-innovationlab--phase-1-whitepaper.pdf \(aafp.org\)](https://www.aafp.org/digitalassistant-innovationlab--phase-1-whitepaper.pdf)

[Using an AI Assistant to Reduce Documentation Burden \(aafp.org\)](https://www.aafp.org/Using-an-AI-Assistant-to-Reduce-Documentation-Burden)

### Phase 1

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

### Phase 2

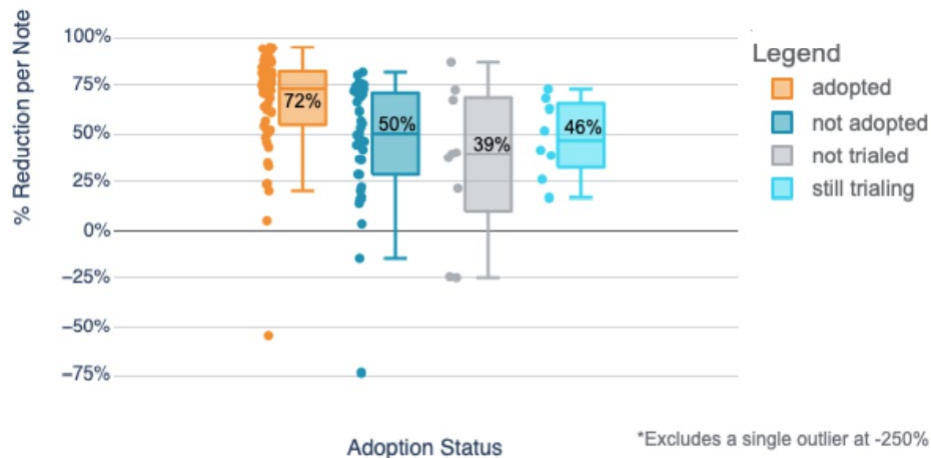
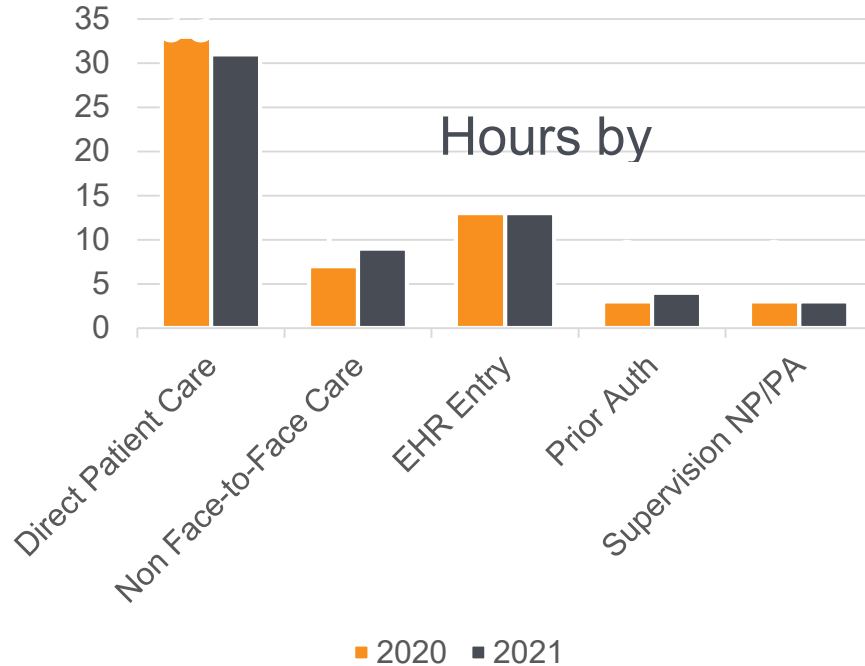


Figure 1 - Reduction in Note Time with AI Assistant

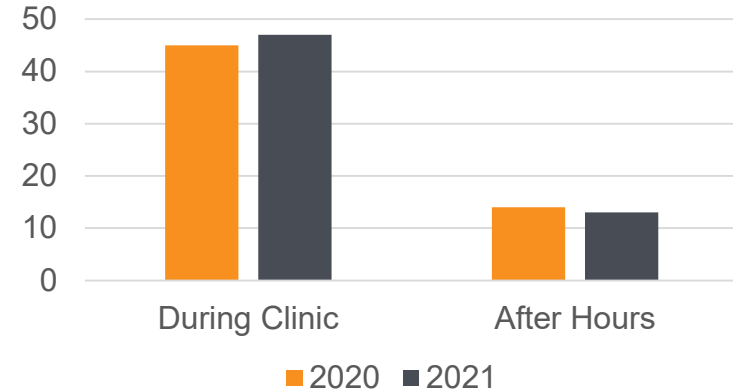
# When?



## Opportunities

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

### Hours Worked Per Week



# 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

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