

Making a Case for RNs and Cycle Time

Faith M Jones, MSN, RN, NEA-BC

Director of Care Coordination and Lean Consulting



Today's Objectives

Upon completion of the seminar the participant will:

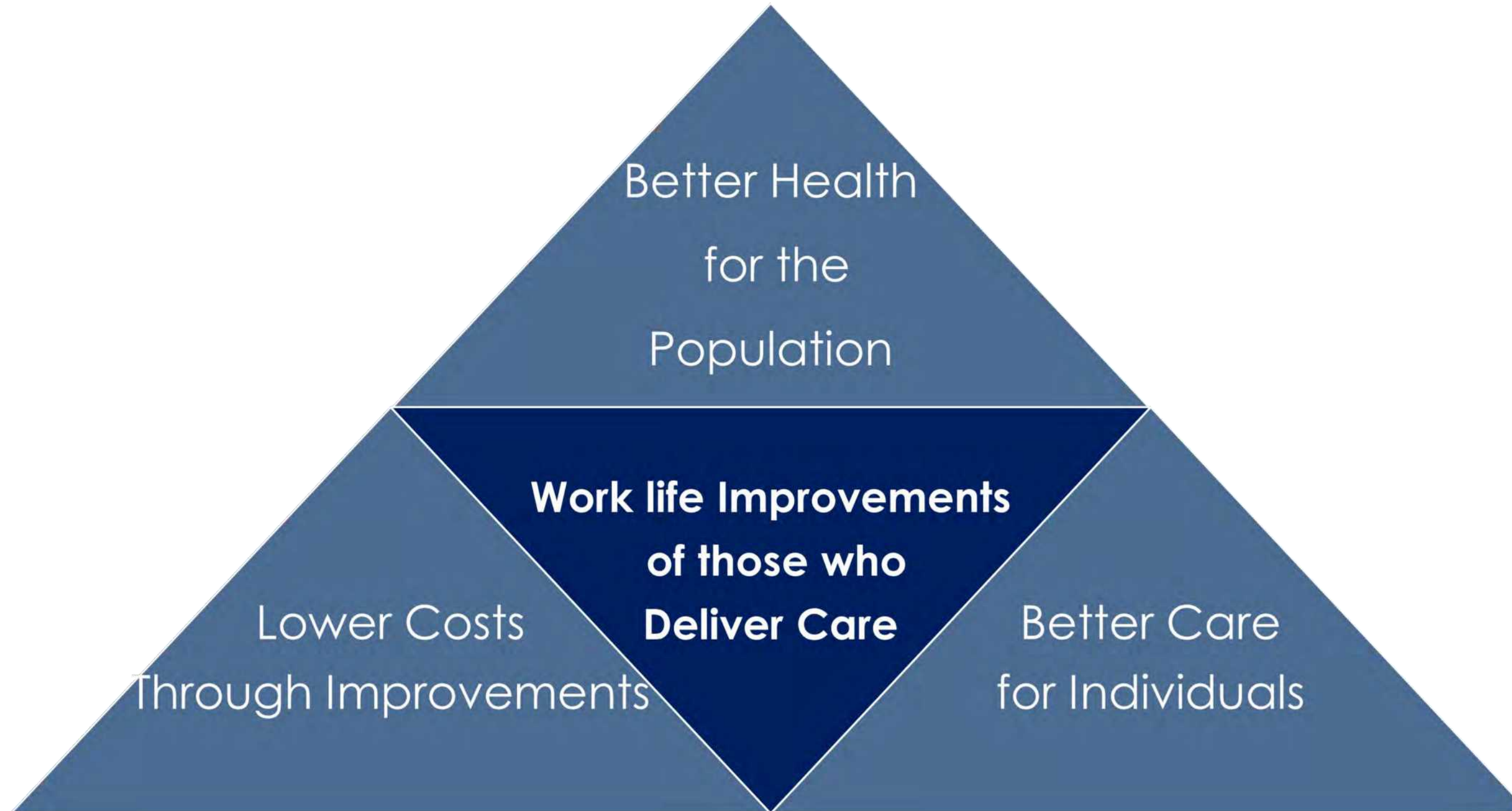
- Understand the elements of team based care
- Explore documentation work flows and handoffs in the office setting
- Discuss the revenue impact on the practice related to fully utilizing the team based approach to care

“...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

Triple im





Science Behind Burnout

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



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

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>

Team Based Care

Shared Goals

Mutual Trust



Clear Roles

Effective
Communication

Measurable
Processes
and Outcomes

Team Based Care Cont'd.

Principles of Team-Based Health Care

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.

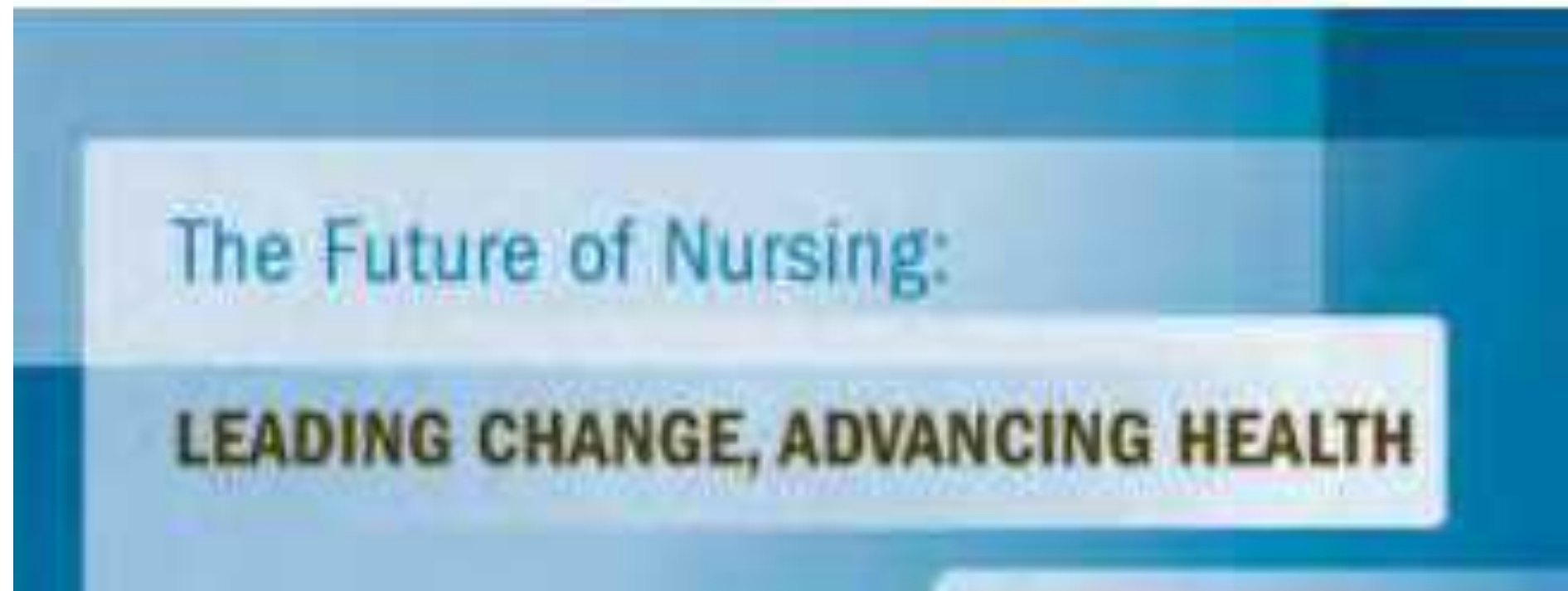
Clear roles: There are clear expectations for each team member's functions, responsibilities, and accountabilities, which optimize the team's efficiency and often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts.

Mutual trust: Team members earn each others' 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.

T e t r e o r s i n e s o r c e

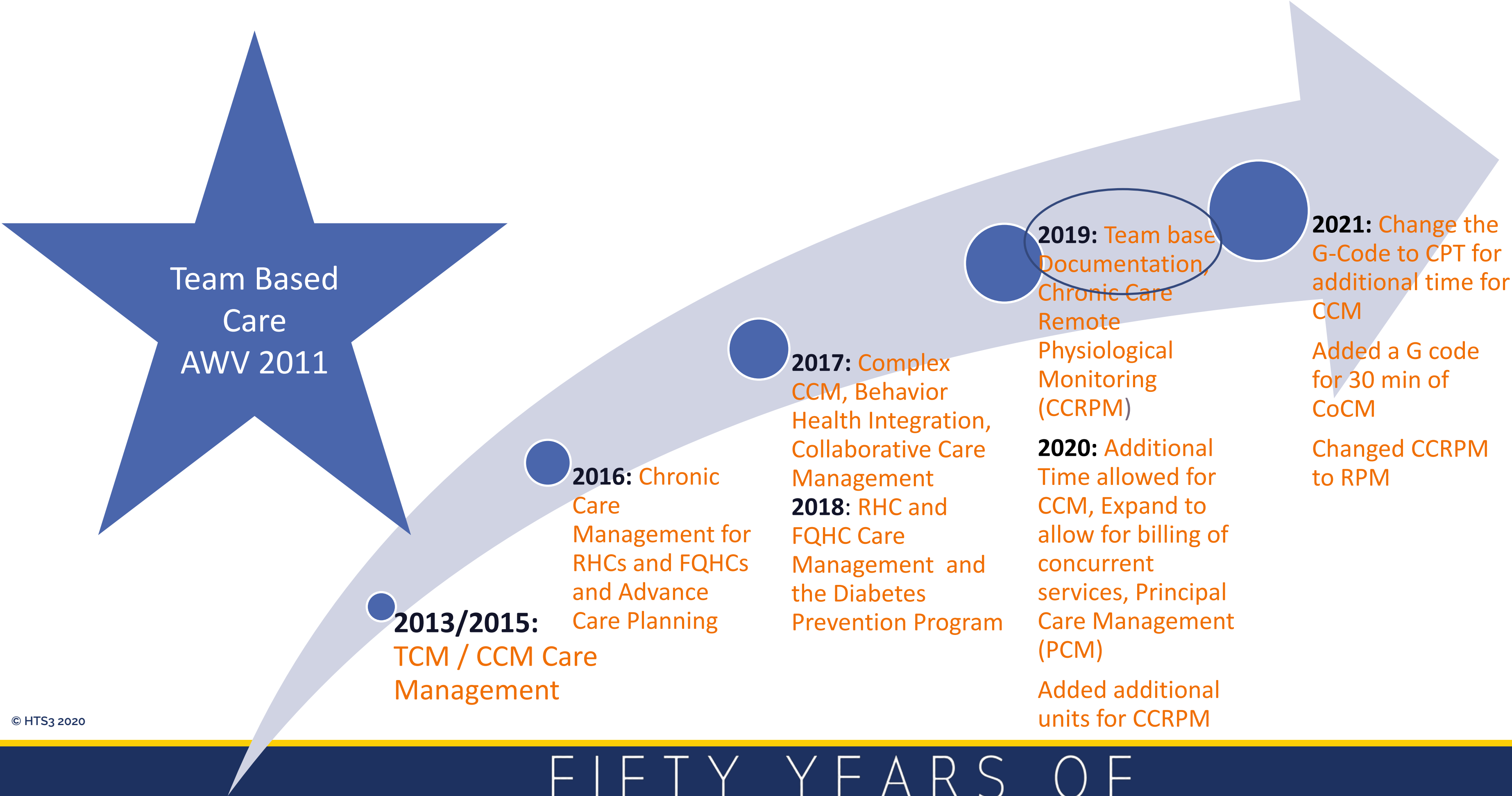


Key Message #1: Nurses should practice to the full extent of their education and training.

Patients, in all settings, deserve care that is centered on their unique needs and not what is most convenient for the health professionals involved in their care. A transformed health care system is required to achieve this goal. Transforming the health care system will in turn require a fundamental rethinking of the roles of many health professionals, including nurses. The Affordable Care Act of 2010 outlines some new health care structures, and with these structures will come new opportunities for new roles. A number of programs and initiatives have already been developed to target necessary improvements in quality, access, and value, and many more are yet to be conceived. Nurses have the opportunity to play a central role in transforming the health care system to create a more accessible, high-quality, and value-driven environment for patients. If the system is to capitalize on this opportunity, however, the constraints of outdated policies, regulations, and cultural barriers, including those related to scope of practice, will have to be lifted, most notably for advanced practice registered nurses.

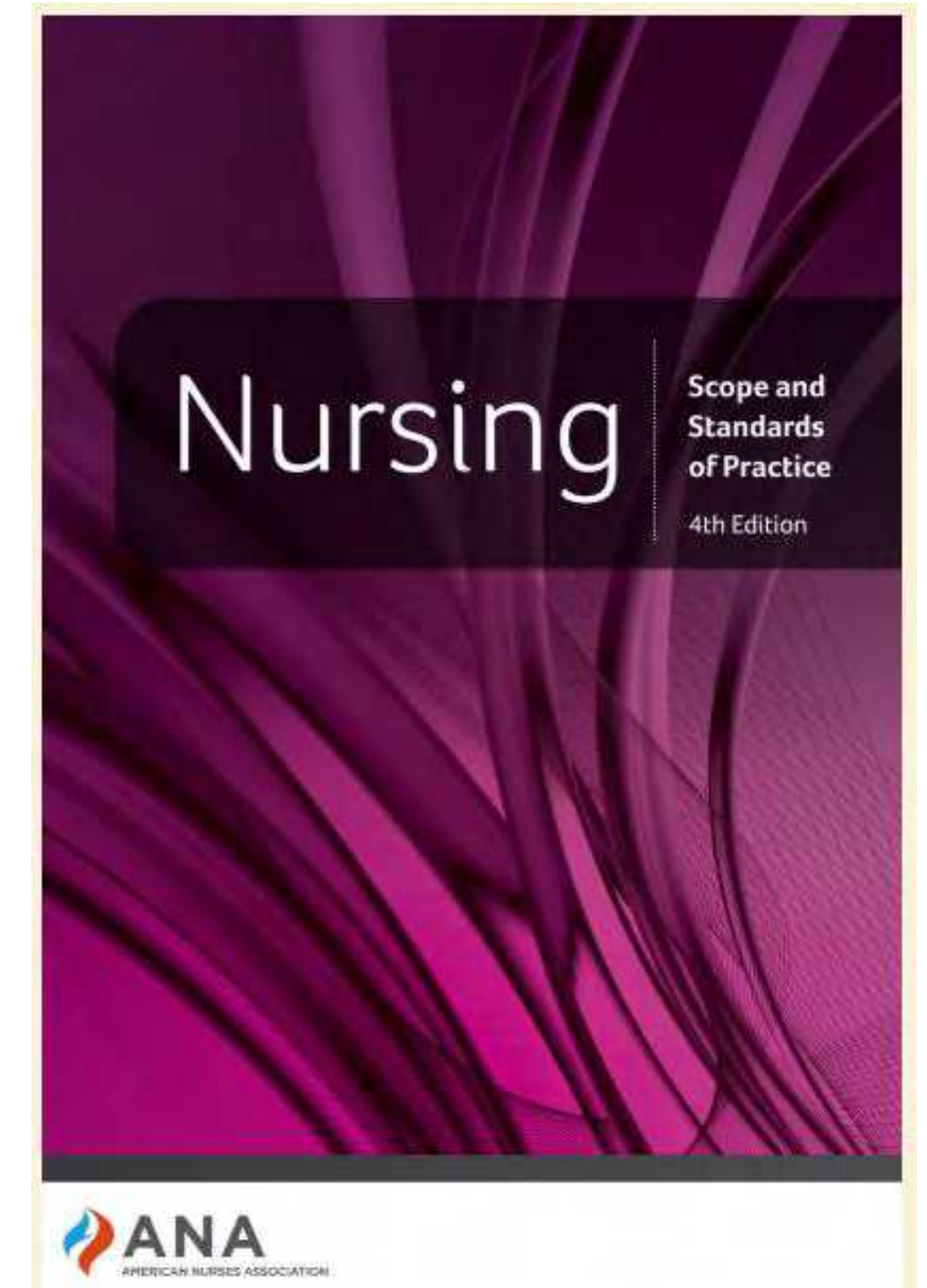
Team Based Care

Care Coordination Growth and Development



The Registered Nurse Coordinates Care Delivery

Standard 1. Coordination of care
competencies are outlined



The Registered Nurse Coordinates Care Delivery

“The registered nurse:

- Collaborates with the healthcare consumer and the interprofessional team to help manage health care based on mutually agreed upon outcomes.
- Organizes the components of the plan with input from the healthcare consumer and other stakeholders.
- Manages the healthcare consumer’s care to reach mutually agreed upon outcomes.
- Engages healthcare consumers in self-care to achieve preferred goals or quality of life.
- Assists the healthcare consumer to identify options for care and navigate the healthcare system and its services.
- Communicates with the healthcare consumer, interprofessional team and community-based resources to effect safe transitions in continuity of care.
- Advocates for the delivery of dignified and person-centered care by the interprofessional team.
- Documents the coordination of care.

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Medical Decision Making for Outpatient E/M Codes (effective January 2021)



E/M code	Time (minutes)	MDM (Two out of three elements)	Number and complexity of problems addressed	Amount and/or complexity of data to review and analyze (Combination of two or combination of three in Category 1)			Risk of complications and/or morbidity or mortality of patient management (diagnostic testing or treatment)
				CATEGORY 1	CATEGORY 2	CATEGORY 3	
Level 1							
99211	0	N/A	N/A	N/A			N/A
Level 2							
			Minimal	Minimal or none			Minimal risk
99202	15-29	Straightforward	• 1 self-limited or minor problem	Minimal or no complexity and/or data reviewed			<ul style="list-style-type: none"> • Rest • Gargles • Bandages • Superficial dressings
99212	10-19						
Level 3							
			Low	Limited (Must meet the requirements of at least 1 of the 2 categories)			Low risk
99203	30-44	Low	<ul style="list-style-type: none"> • 2 or more self-limited or minor problems or • 1 stable chronic illness or • 1 acute, uncomplicated illness or injury 	Category 1: Tests and documents At least 2 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source • Review of the result(s) of each unique test • Ordering of each unique test 	Category 2: Assessment requiring an independent historian(s)	N/A	<ul style="list-style-type: none"> • OTC drugs • Minor surgery without risk factors • PT/OT • IV fluids without additives
99213	20-29						
Level 4							
			Moderate	Moderate (Must meet the requirements of at least 1 out of 3 categories)			Moderate risk
99204	45-59	Moderate	<ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression or side effects of treatment or • 2 or more stable chronic illnesses or • 1 undiagnosed new problem with uncertain prognosis or • 1 acute illness with systemic symptoms or • 1 acute complicated injury 	Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each source • Review of the result(s) of each unique test • Ordering of each unique test • Assessment requiring an independent historian(s) 	Category 2: Independent interpretation of tests <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified healthcare professional 	Category 3: Discussion of management or test interpretation <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified healthcare professional/ appropriate source 	<ul style="list-style-type: none"> • Prescription drug management • Decision regarding minor surgery with identified risk factors • Decision regarding elective major surgery without risk factors • Diagnosis or treatment significantly limited by social determinants of health (SDoH) [e.g., socioeconomic status, geographic location, education, employment, transportation access]
99214	30-39						

Medical Decision Making for Outpatient E/M Codes (effective January 2021)



Level 5		High	Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i>			High risk	
99205	60-74	High	<ul style="list-style-type: none"> • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment or • 1 acute or chronic illness or injury that poses a threat to life or bodily function 	Category 1: Tests, documents, or independent historian(s) <u>At least 3 from the following:</u> <ul style="list-style-type: none"> • Review of prior external note(s) from each source • Review of the result(s) of each test • Ordering of each test • Assessment requiring an independent historian(s) 	Category 2: Independent interpretation of tests <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified healthcare professional 	Category 3: Discussion of management or test interpretation <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified healthcare professional/ appropriate source 	<ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis
99215	40-54						

<https://www.mgma.com/MGMA/media/files/pdf/MGMA-EM-2021-MDM-Tool.pdf?ext=.pdf>

outpatient Nurse Coordinates Care Delivery

Level 4			Moderate	Moderate (Must meet the requirements of at least 1 out of 3 categories)			Moderate risk
99204	45-59	Moderate	<ul style="list-style-type: none"> 1 or more chronic illnesses with exacerbation, progression or side effects of treatment or 2 or more stable chronic illnesses or 1 undiagnosed new problem with uncertain prognosis or 1 acute illness with systemic symptoms or 1 acute complicated injury 	Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <ul style="list-style-type: none"> Review of prior external note(s) from each source Review of the result(s) of each unique test Ordering of each unique test Assessment requiring an independent historian(s) 	Category 2: Independent interpretation of tests <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified healthcare professional 	Category 3: Discussion of management or test interpretation <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified healthcare professional/ appropriate source 	<ul style="list-style-type: none"> Prescription drug management Decision regarding minor surgery with identified risk factors Decision regarding elective major surgery without risk factors Diagnosis or treatment significantly limited by social determinants of health (SDoH) (e.g., socioeconomic status, geographic location, education, employment, transportation access)
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99215	40-54						

Outcome Registered Nurse Coordinates Care Delivery

Category 1: Tests, documents, or independent historian(s)
At least 3 from the following:

- Review of prior external note(s) from each source
- Review of the result(s) of each unique test
- Ordering of each unique test
- Assessment requiring an independent historian(s)

- Consult notes
- Care coordination notes
- Pharmacist notes

- Lab Results
- Imaging reports

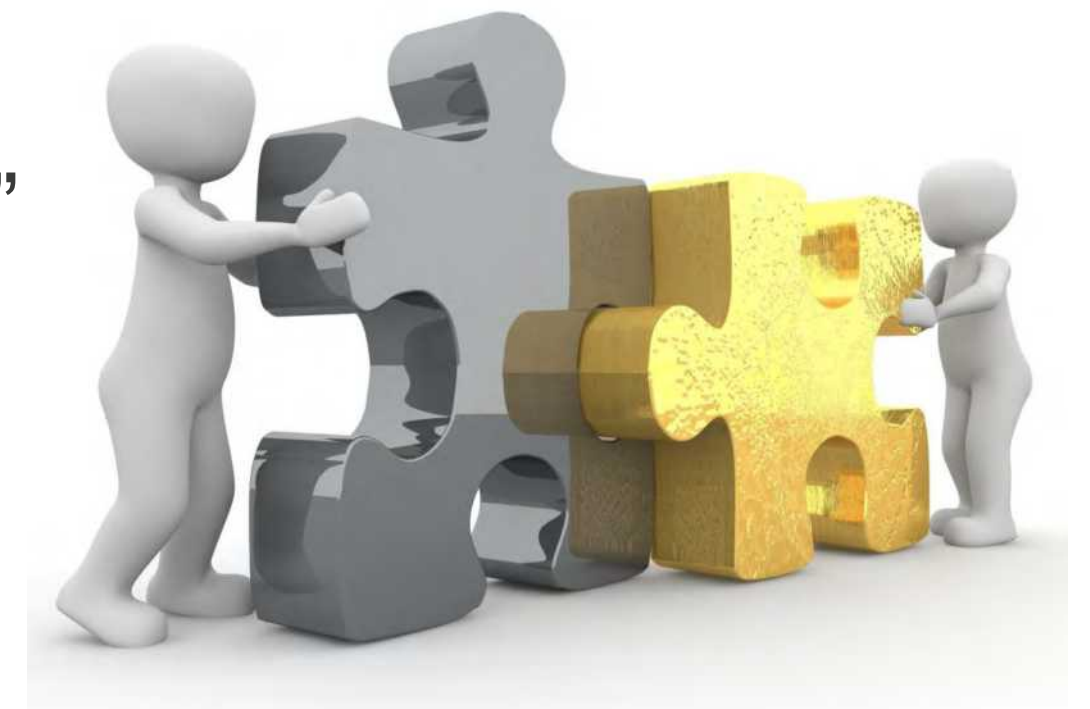
- Communications with:
 - Family members
 - Care givers
 - Agencies

Team-Based Care: Saving Time and Improving Efficiency

Kevin D. Hopkins, MD, and Christine A. Sinsky, MD

“The majority of outpatient office visits can be divided into four distinct stages:

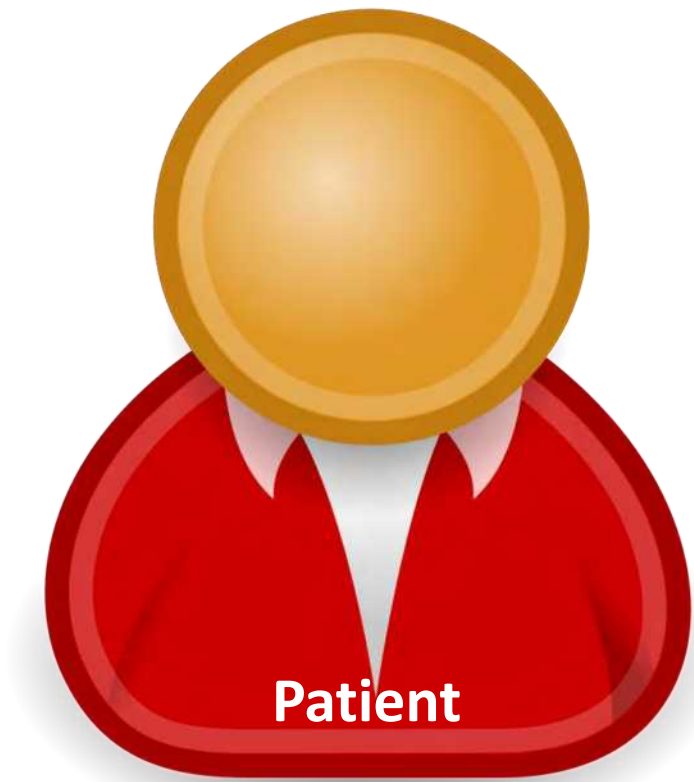
- Stage 1: Gathering data,
- Stage 2: Physical examination and synthesis of data,
- Stage 3: Medical decision-making,
- Stage 4: Patient education and plan-of-care implementation.”



<https://www.aafp.org/fpm/2014/1100/p23.html>

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T e and O



What is SBAR?

Below is a description obtained from the Institute for Healthcare Improvement.

- S = Situation (a concise statement of the problem)
- B = Background (pertinent and brief information related to the situation)
- A = Assessment (analysis and considerations of options—what you found/think)
- R = Recommendation (action requested/recommended—what you want)

https://www.hopkinsmedicine.org/antimicrobial-stewardship/nursing-toolkit/_docs/sbar-communication-tool.pdf

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Pre Visit Plannin

Stage 1: Gathering data

- Begins with a chart review from last visit...
 - Consult reports
 - Lab results
 - Imaging results
 - Medication reconciliation
- When to begin??
 - Day before? Week before?
 - Is there a care coordination program?
 - Time tracking?
- Where to Document
 - Open the visit note?





Faith Jones, MSN, RN, NEA-BC
Director of Care Coordination & Lean Consulting
Faith.Jones@HealthTechS3.com

HealthTechS3
5110 Maryland Way, Suite 200
Brentwood, TN 37027
Phone: 307-272-2207
Website: www.healthtechs3.com