Health Care Visions News
From The Cardiovascular Specialists

4TH QUARTER 2006

Health Care Visions, Ltd. Celebrates Ten Years in Business

Thank you all for being friends and clients.
We look forward to serving our hospital clients for many more years.

Whose Cath Lab is it Anyway?

Marsha Knapik

Once invasive cardiology took off in the 1960's and 1970's, invasive/interventional procedures began to become commonplace. The cardiac catheterization laboratory was considered the sole domain of the invasive cardiologist and all work, equipment, staffing and scheduling revolved around his or her needs. Not so today! Some may say, "whose cath lab is it anyway?" as multiple physician specialties now occupy this imaging suite.

The situation today in the cardiac catheterization laboratory is much, much different. The range, scope and complexity of the procedures performed as well as the physician disciplines involved have changed dramatically. Many institutions no longer refer to the cardiac catheterization laboratory as the "cath lab" but rather the Cardiovascular Imaging Suite. More and more, hospitals are expanding the use of the procedure room to include not only coronary angiography and coronary interventions, but electrophysiology diagnostics and interventions, pacing and ICD implantations, peripheral and carotid angiography and interventions as well. This, for a lower volume center, increases the use of the room to assist with covering the cost for the room and personnel and also allows for an expanded scope of service to the patients.

When a procedure room becomes this diverse there are several issues to address in providing safe, efficient and cost effective care. They include, but are not limited to:

- Multiple physician disciplines using shared space
- Efficient staffing and the appropriate staffing mix for the different complexities of each case type
- Use of physician extenders/ physician personal staff in the procedure area
- Inventory management for such diversity
- Provision of staff education and maintenance of ongoing staff competencies
- Maintaining a scheduling pattern to accommodate multiple disciplines and case types
- Operational management and outcomes oversight

This column will explore these areas in an ongoing series in the Health Care Visions, Ltd. Newsletter. In this issue the multiple physician discipline topic will be reviewed.

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Message From The President

Barb Sallo

I never thought the day would come when Esquire magazine would become my latest medical journal of choice…… but there is a good article in the October 2006 issue by Mehmet C. Oz, MD on mitral valve surgery.

I frequently read research in the traditional journals and appreciate their informative nature—this article is medically informative, presented in a "reader friendly" script and made me laugh.

On the serious side of things, Dr. Oz, the well known cardiac surgeon, who recently became one of Oprah's friends, tells a compelling story about his impressions of performing mitral valve surgery "in the old days". He suggests that we think of the mitral valve as a pair of sails… "and what we were doing with the old surgery was tightening up the sails, literally removing material to 'take up the slack' and force the sails to snap together during contraction".

Dr. Oz goes on to tell us how he has progressed with innovative techniques and about his involvement with the second trial of the MirtaClip. This device "clips" the valve to make a small closure of the "sails". It is deployed with a catheter inserted in the groin. About 100 patients have received the clip and are doing well.

Dr. Oz ends his article with an inspirational dialogue on "How does medicine evolve?" He uses this example of the overarching change in the way we're practicing medicine and improve the quality of life of our patients.

(Disclaimer: My husband who has put up with this cardiovascular consultant for over the ten years HCV has been in business, cut this article out for me—he is my best "clipper")

Interesting Items

In January 2006, the Center for Disease Control and Prevention created a ***Division for Heart Disease and*** Stroke ***Preventions.*** This is a good web site to explore. An excerpt on Deaths, Disability, and Costs Heart Disease…..

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The Agency for Health care Research and Quality sends out a newsletter that is informative and often has items related to cardiovascular disease. To subscribe:

1. Send an E-mail message to: listserv@list.ahrq.gov.
2. In the subject line type: Subscribe.
3. In the body of the message type: sub public_list-L and your full name.
4. You will receive an E-mail confirmation.

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On the list.ahrq.gov web site, you can access the H-CUP link. This is a healthcare cost and utilization project. A couple of the Statistical Briefs were interesting:

Reasons for Being Admitted to the Hospital through the Emergency Department, 2003—Does it surprise you that circulatory disorders were the most frequent reason for admissions, accounting for 26.3 percent. Pneumonia was first with CHF second, Chest Pain third, Coronary Atherosclerosis fourth and AMI rounding out the top five.

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The National Hospital Bill: The Most Expensive Conditions, By Payer, 2004—Sixty percent of the national bill for hospital care was billed to two government payers. Medicare incurred approximately $363 billion in total charges, representing 46 percent of the total. Hospital stays billed to Medicaid totaled $112 billion, or 14.1 percent of the national bill. Again, the circulatory disorders took top billing with three of the top five spots.

Whose Cath Lab is it Anyway?

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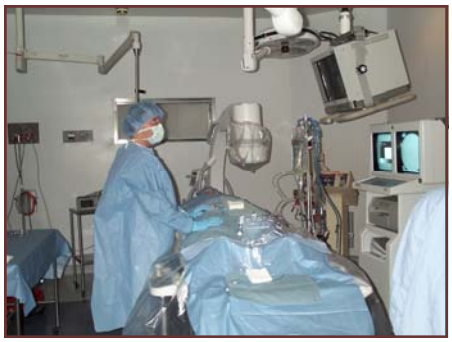
When multiple specialty physicians must function in a shared workspace there are bound to be issues and concerns. Each physician group has a vested interest in gaining access to the procedure room with a scheduling system that accommodates their other obligations (office hours, rounds, other procedural time such as in the OR) and yet allows them an opportunity to add cases as needed (to prevent delay of care) and also to be able to accommodate emergencies. It is not an easy task to develop a scheduling system that is agreeable to multiple groups and specialties, especially if limited to a single procedure room. Physician concerns also center on the quality and mix of support staff available to assist on procedures (RN, RCIS, CVT) and the availability of the appropriate equipment and supplies to perform their procedures. A manager, director or administrator faces a unique challenge to try and accomplish this. Likewise the diversity of the physician disciplines and their other obligations add to the complexity. Physician disciplines often seen in the imaging suite include the invasive/interventional cardiologist, the electrophysiologist, invasive radiologist, vascular surgeon and in some instances the neurosurgeon.

The manager of the imaging suite must, on an ongoing basis, work closely with all the physicians to develop a program that meets their needs and allow



opportunities to rework processes. A physician committee with representation from each group or specialty should be developed to allow for the exploration and discussion of issues (scheduling, staffing mix, use of physician extenders, equipment/supply selection, etc.). The imaging suite medical director should chair this committee and be closely involved in this process as well. It is also imperative to have developed consistent credentialing/privileging criteria across the disciplines appropriate for the procedure types being performed. That is, for example, the same credentialing criteria for those disciplines performing peripheral vascular procedures (which may include the interventional cardiologist, interventional radiologist and the vascular surgeon) and the same credentialing criteria for those disciplines performing carotid stenting (which may include the interventional cardiologist, interventional radiologist, vascular surgeon and the neurosurgeon). This assures a set of qualifications for the physicians as a well as a standard of care for the patients undergoing the procedures. Any physician extenders such as Physician Assistants or Nurse Practitioners should be credentialed as well. The physician committee should have participation/representation on the product selection committee where cost, volume, vendors and inventory are discussed to allow for their input on product selection, the introduction of new equipment/ devices, equipment trials and investigational products in research studies. The manager or director should meet periodically with each physician or physician group who uses the imaging suite to determine if their needs are being met, identify any problems or issues and work to refine any scheduling issues that need addressed.

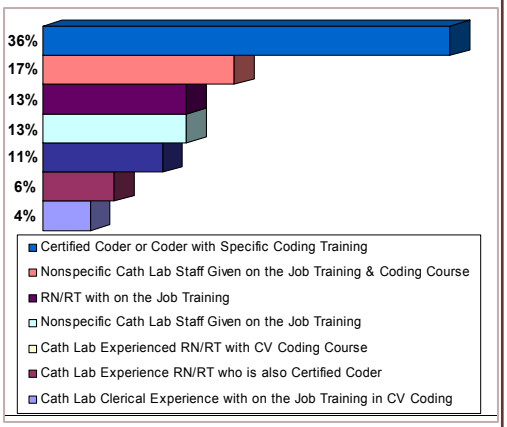
With limited newsletter space, this discussion only begins to scratch the surface of the issues that surround multiple physician disciplines using shared space, but will provide some initial "food for thought" to those managers or directors who are or will be experiencing this "physician invasion" in their imaging room. In the next newsletter the staffing and staffing mix as well as the use of physician extenders in the imaging suite will be discussed.

Cardiovascular Procedure and Supply Charging and Coding Survey Results

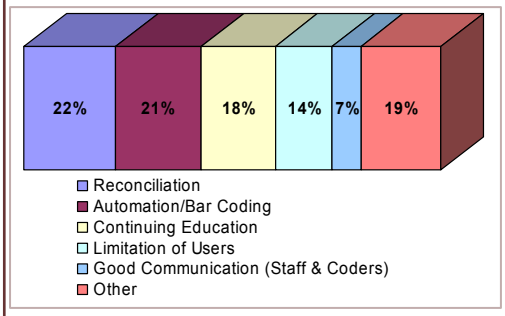
Health Care Visions, Ltd. continually works with client hospitals to develop and maintain the most efficient and comprehensive processes to capture and appropriately charge/code for cardiovascular procedures. This proves to be an ongoing challenge to most hospitals as coding and billing guidelines are complex and always changing. In order to gain "a feel" for how hospitals are currently handling this challenge, an online survey was completed by Health Care Visions in the summer of 2006 and the results presented in an audio web cast on August 24, 2006.

For those who were unable to participate in the web cast, some of the notable survey results are summarized here.

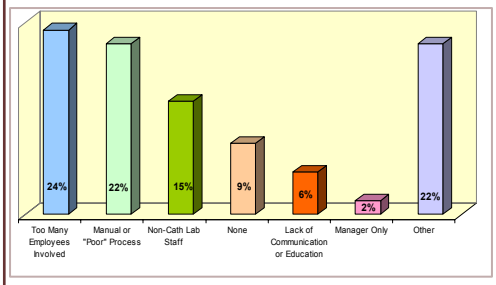
- Of the responding facilities, 65% used a designated individual(s) for coding of cardiac and PV procedures
- Approximately 58% of respondents noted that the individual coding the procedures is ***not*** a certified coder, but rather an RN, RT or a clerical person ***trained on the job*** and who possibly attended a coding course



- Methods found to be beneficial in improving cardiovascular and PV supply and procedure charging included reconciliation (22% of respondents), automated/bar coded charging (21%), continuing education for the individuals coding/ charging (18%), limiting the number of individuals responsible for charging/coding (14%)

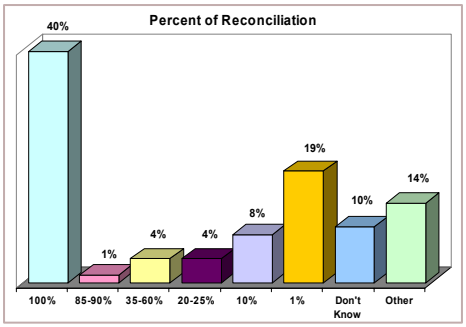


- Methods found to be ineffective for cardiovascular and PV supply and procedure charging included having too many individuals involved in the charging process (24%), manual or "poor" charging processes (22%),



and having non-cath lab staff involved in the charging process (15%)

- Of the respondents, 40% of the hospitals performed 100% case reconciliation of charges while 29%



either reconciled only 1 of every 100 cases or did not even know if they performed any reconciliation on a regular basis

While the survey covered charging, billing and coding in greater detail, several summary points were of note, including:

- Cardiovascular laboratories have begun to utilize, more and more, a designated individual(s) for procedure coding and billing, thus making it a more specialized position
- In general, hospitals who have a specific cardiovascular coder saw benefit to having an individual who had a combination of skills and experience including coding and billing experience with some clinical background to allow for greater understanding of the procedures performed
- Specialized coders for the CV laboratory are more often assigned to report to that department rather than the medical records/coding department, although they strive to maintain a collaborative relationship with medical records/coding departments
- While reconciliation is viewed as beneficial to identifying patterns of miscoding and lost charges, it in not consistently completed on a regular basis in the majority of laboratories

Health Care Visions conducts surveys regularly on pertinent cardiovascular topics. If your facility has not been a part of our previous email surveys and you wish to be included, please feel free to contact us at www.hcvconsult.com or at 412-364-3770 and we will add you to our list for future surveys.

Revenue Cycle Review

Cyndi Havrilak

Have you considered organizing a revenue cycle review for cardiovascular services? Although your organization may be operating very efficiently it is a worthy endeavor for revealing opportunities for improvement, to encourage continuous improvement or to confirm that you are indeed functioning at a high level.

The audit examines the components and processes of the cardiovascular services revenue cycle, identifying areas for improvement while providing the opportunity to reveal the roles and functions of each department who contribute to processes within the cardiovascular revenue cycle. A typical review will utilize flow charting of the current billing process for cardiovascular patients and a closed medical record review to provide a thorough analysis of the entire charging and billing process. The following outlines common activities conducted by Health Care Visions, Ltd.'s during a revenue cycle audit and summary.

Objectives of Health Care Visions, Ltd. Revenue Cycle Audit

1. Identify the key components and processes involved in the current revenue cycle to determine system inefficiencies, gaps and inaccuracies.

2. Analyze and compare the current situation to best practices for Cardiovascular Revenue Cycle Management.

3. Provide methods to integrate ongoing revenue cycle monitoring and to optimize the revenue stream.

4. Assist in the development of a work plan that addresses the issues identified through the assessment.

Health Care Visions, Ltd. Approach

1. Flow Charting the Revenue Cycle Process

2. Cardiovascular Closed Medical Record Audit

3. Cardiovascular Charge Description Master Review

4. Healthcare Information Systems Assessment

The process of a revenue cycle audit is not an exercise within the Finance Department, but a powerful tool for blending financial and clinical functions in facilitating communications and understanding between the departments. The consultants at Health Care Visions, Ltd. look forward to discussing how we can assist your organization in managing financially sound cardiovascular services.

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