Provider Behavior-Shaping as a Stepping Stone to Value Based Care

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INTRODUCTION

- Legislators and regulatory bodies have indicated a desire to accelerate the transition to risk-based payment paradigms
- To succeed in these models, providers must first measure and standardize utilization; such attempts have historically met with limited success
- AIM: to determine if prospective behavior shaping tools implemented in a single large urology practice (Integrated Medical Professionals, PLLC; IMP) were effective in reducing variability and improving accuracy in evaluation and management (E&M) codes

METHODS

- Education of IMP providers in billing accuracy from occurred commencing in 2013
- Contemporaneous outpatient E&M visits for new (CPT 99201-5) and established (CPT 99211-5) Medicare beneficiaries seen at IMP were compared to urologists practicing nationally (US) and urologists practicing in groups of 10 or more (G10+) using data from CMS Medicare Public Use Files for 2016

METHODS (cont'd)

- CPT codes were assessed to determine mean code level and coding variability for each CPT code
- Coding accuracy was determined by using two common industry standards; 1) "cluster coding" (use of single E&M code >70% of the time by a single provider); and 2) combined use of level 4/5 codes
- Difference between mean CPT levels was performed using Student's pooled t-test. Variability in coding patterns was measured using f-test, and cluster coding between IMP and other groups was compared using two proportion z-test

RESULTS

- We reviewed 1,032,623 new and 7,045,239 established E&M visits billed to CMS in 2016 by 8,651 US urologists
- When compared to both G10+ and US for new and established E&M visits, IMP mean code levels were both significantly shifted left and more uniform (p = 0.00 and f = 0.00, respectively for both visit types)
- Overall cluster coding rates for new and established E&M codes were significantly lower for IMP than G10+ and US (z = 0.00 all categories); these differences were more marked for combined level 4/5 new and established E&M codes (z = 0.00 all categories). Results summarized in Table 1

New Patient Visits (CPT 99201-5)			
Group	Mean CPT (SD)	Cluster Coding(%)	4/5 Cluster (%)
IMP	3.42 (0.25)	20.0	4.3
G10+	3.66 (0.48)	**65.8**	**41.5**
All US	3.60 (0.58)	**60.3**	**46.8**
Follow-Up Patient Visits (CPT 99211-5)			
Group	Mean CPT (SD)	Cluster Coding (%)	4/5 Cluster (%)
IMP	3.16 (0.18)	9.6	0.0
G10+	3.4 (0.37)	**47.0**	**11.4**
All US	3.28 (0.43)	**34.7**	**12.9**

Table 1. Mean Code Value, Overall % Cluster Coding, Cluster Coding for CPT Levels 4/5; IMP vs. G10+ and US. Data bolded in red denotes significance when compared to IMP (z = 0.00 for all values)

CONCLUSIONS

Institution of a standardized, ongoing review process combined with continuous provider feedback and education resulted in both improved accuracy and reduced variability in E&M coding. Institution of such programs are an important stepping stone for providers to participate in risk-based value based care models