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CASE STUDY

CENTRAL BUCKS SPECIALISTS FINDS QUALITY TRACKING, EFFICIENCY WITH PROVATION SOFTWARE

BUSINESS PROFILE: Central Bucks Specialists

One of the largest physician practices in Bucks County, PA, Central Bucks Specialists includes nine cardiologists and seven gastroenterologists practicing in an office suite, a hospital-owned outpatient GI lab and GI inpatient facility.

The outpatient GI lab has four active endoscopy rooms and, with well over 8,000 GI procedures performed per year, Central Bucks Specialists finds itself pressed to operate as efficiently as possible to keep up with increased demand for procedures.

BUSINESS PROBLEM

Inconsistent room turnover was causing scheduling problems, which resulted in physician, staff, and patient frustration and overall operating inefficiency. "When we tried to get to the bottom of the problem," said Central Bucks Administrator Zvi Weinman, MBA, "We got myriad answers. The staff thought it was caused by the physicians, the physicians thought it was caused by the staff, and occasionally, everyone thought it was caused by the anesthesiologists." Management quickly realized it needed hard data to analyze the problem.

"Physician practice is very individual, but when you show a physician solid data, it's hard to refute."

Zvi Weinman

Central Bucks Administrator



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CASE STUDY

CENTRAL BUCKS SPECIALISTS

SOLUTION: ProVation Software

Using ProVation MD and ProVation MultiCaregiver software for physician and nursing procedure documentation, the site was quickly able to pinpoint key anomalies and areas that were affecting consistent scheduling. An initial report run in January 2007 measured physician to physician in the following areas:

- Arrival to Patient-in-Room
- Patient-in-Room to Time Out
- Time Out to Scope-In
- Scope-In to Scope-Out
- Scope-Out to Recovery Start
- Recovery Start to Discharge
- Polypectomy Rate

The results were telling, with a few standout inconsistencies helping to identify practice patterns that could be addressed or adjusted in some way:

- **Time-Out to Scope-In Time:** Of the six practicing physicians, five were averaging within minutes of one another. The sixth was averaging close to 20 minutes longer than the others per procedure. Follow-up showed that the discrepancy was due to his conscious sedation practice, which differed from his peers' practices in the strength of his initial dosage.
- **Scope-In to Scope-Out Time:** Four out of six doctors averaged within minutes of one another for scope time. One took markedly longer, and another was significantly shorter. For both, Weinman determined it was a matter of practice preference. While the physician with the higher time opted to continue practicing the same way, the physician with the lower time opted to slow his scope withdrawal to ensure greater consistency and better adhere to identified GI best practices.
- **Polypectomy Rates:** One physician had a much higher Polypectomy rate than his peers. As there is no correlation between his patient base and higher risk factors, he has taken this data into consideration while looking for polyps and performing polypectomies.

"Physician practice is very individual, but when you show a physician solid data, it's hard to refute," said Weinman. "A doc's first reaction is 'huh.' His second reaction is, 'Maybe I've got to adjust the way I practice.'"

"Physicians can make their conclusions from there," he continues. "One doctor says, 'I'm fast. I should probably slow down.' Another says, 'I'm going to try a bigger bolus of sedation up front.' And another says, 'I just take longer - that's just the way I practice, so let's schedule some more time per procedure so we don't get off track.' As an administrator, I'm a lot closer to running a smooth practice when I have hard data from which to address concerns and adapt processes."

TRACKING QUALITY OF CARE

Although his original purpose was to identify workflow issues, Weinman was also tracking key elements purported to indicate quality of care, like Scope Time and Polypectomy Rates. Demand to track and improve quality of care has been steadily increasing in health care as a whole, and gastroenterologists have been extremely proactive, working to assess the quality of the services they provide, both to differentiate their services and to stay ahead of national and regional reporting requirements.

The screenshot shows a patient record for a colonoscopy procedure. The patient's name is Michael Davis, and the procedure date is 11/22/2018 at 10:00 AM. The procedure was performed by John H. White MD and Kevin P. Taylor MD (Fellow). The patient is a 55-year-old male with a history of diverticulosis. The procedure was a colonoscopy with polypectomy. The report notes that the patient was in good health and the procedure was performed without complications. Four endoscopic images are included, showing the colon and the polyps that were removed. The images are labeled 1, 2, 3, and 4, corresponding to the polyps shown in the images.

The ASGE and ACG have defined a list of GI Quality Indicators, which include elements like scope withdrawal time, adenoma detection rates and cecal intubation rates. Ultimately, Weinman would like to see Central Bucks Specialists in a position to negotiate these elements.

“Our regional reimbursement levels are among the lowest in the state, so we’ve discussed negotiating with private payors on reimbursement,” he said. “But we’ve seen other practices try to negotiate just on the size of their business, and the private payors usually win.

“Right now, ProVation is the tool we use to track a number of financial and quality statistics,” he continued. “In the future, I can see us marrying the two — capturing all our information via ProVation, then using that data to report and negotiate on quality rather than some arbitrary measure.”

In the meantime, the software has proven very valuable in analyzing physician practices. “We have seen improvements based on our first analysis, reported Weinman. “The physician whose scope-in to scope-out time was lower has increased his scope time. The physician whose sedation delivery time was longer has shortened his. We have used this time tracking to increase our efficiency and to help with improving patient care.”

