

Introducing HCCA's "New" Resident Training Program

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Session Overview



- ▶ Objective of the HCCA Resident Training Program
- ▶ Evolution and Development
- ▶ Research and Numbers
- ▶ Course Curriculum
- ▶ Implementation and Rollout
- ▶ Training the Resident
- ▶ Case Studies
- ▶ Questions/Answers

Objective Resident Education Program



- ▶ To provide HCCA members and the industry with a comprehensive, inexpensive product that can be used to provide education to residents on a variety of compliance related topics
- ▶ To provide tips/suggestions for implementing a system-wide resident education curriculum

Evolution & Development



- ▶ HCCA conducted a member survey seeking input on what organizations are doing to educate and train residents on compliance topics
- ▶ Respondents comments varied significantly
 - Organized training programs in mature state
 - Frequency, topics, in-person and/or web or video based
 - Some are moving to specialty rotation training
 - Programs in infancy stages
 - Provide one-time orientation to compliance topics each July
 - Some organizations are still developing their programs and have not implemented any training

Evolution & Development (cont.)



- ▶ Identified and organized volunteers in July/August 2003
- ▶ Conducted brainstorming conference calls to develop a training program outline
 - Volunteers included representatives from a variety of backgrounds:
 - Clinical, Legal, Regulatory, Compliance and Coding
- ▶ Outline was prepared and section chairs appointed
- ▶ Section chairs coordinated development of contents and submitted “drafts”
- ▶ Draft sections were collated into master “prototype”

Evolution and Development (cont.)



- ▶ Draft prototype binder/manual was reviewed by various content professionals
- ▶ Revisions, formatting and final touches were made
- ▶ Marketing materials developed
- ▶ Production began
- ▶ Target date June 2004

Research and Numbers



- ▶ **400 Major Teaching Hospitals and Health Systems**
- ▶ **126 Accredited U.S. granting Medical Schools and 16 Canadian**

Source: <http://www.aamc.org>



Research and Numbers (cont.)



- ▶ **Accreditation of Graduate Medical Education (ACGME)**
 - Private professional organization
 - Responsible for accreditation of over 7,800 residency education programs
 - Accredits residency programs in 110 specialty and subspecialty areas of medicine
- ▶ **Residency Review Committees (RRC)**
 - Comprised 27 specialties
 - Assists with developing & refining accreditation standards
- ▶ **Year Ending June 2004**
 - 144 Newly accredited programs
 - 59 Specialties
 - Largest Group - Developmental Behavioral Pediatrics
 - » 19 Programs
 - Second Largest – Vascular Neurology

Source: <http://www.acgme.org>



Course Curriculum



- ▶ Structured by section
 - ❖ Introduction to Compliance
 - ❖ Fraud & Abuse
 - ❖ Basic Coding & Reimbursement Terminology
 - ❖ CPT coding and conventions
 - ❖ Evaluation and Management Coding and Documentation
 - ❖ Diagnostic coding concepts and Medical Necessity
 - ❖ Academic Medical Centers/Teaching Hospitals
 - ❖ HIPAA/Confidentiality
 - ❖ Accreditation of Residency Programs
 - ❖ Appendix A: Policies
 - ❖ Appendix B: Forms/Coding Tools and Templates
 - ❖ Appendix C: Websites

Section 1: Introduction to Compliance



- ▶ **Ethics**
 - Ethical Responsibility
 - Regulatory Responsibility
 - Case Scenarios
- ▶ **Conflicts of Interest**
 - Elements of performance based with JCAHO
 - Case Scenarios
- ▶ **Joint Commission on Accreditation of Healthcare Organizations (JCAHO)**
 - Benefits of accreditation
 - Standards and expectations
 - Standards based performance areas
 - How does JCAHO impact a resident



- ▶ Federal Sentencing Guidelines
 - Background
 - Seven Elements
 - Recent changes
 - Advisory Groups Proposed Changes
 - Stark I and II
 - Financial Relationships
 - Exceptions
 - Penalties
 - Anti-Kickback
 - Remuneration
 - Referrals
 - Prohibited conduct
 - Penalties

Section 2: Fraud & Abuse (cont.)



- ▶ False Claims Act
 - Prohibited Conduct
 - Intent
 - Penalties
 - Whistleblower Actions
- ▶ General Criminal Statutes
 - Healthcare Fraud
 - False Statement Relating to Healthcare Matters
 - Obstruction of Criminal Investigations of Healthcare Offenses
 - Conspiracy to defraud the government with respect to claims
 - False, fictitious or fraudulent claims
 - Mail fraud
 - False statements or entries
 - Theft or embezzlement
 - Conspiracy to commit offense or defraud the United States

Section 2: Fraud & Abuse (cont.)



- ▶ **Exclusion**
 - Mandatory exclusion
 - Permissive exclusion
- ▶ **OIG Fraud Alerts**
- ▶ **OIG Special Advisories**
- ▶ **PhRMA Code**
 - General interaction
 - Entertainment
 - Continuing Education
 - Consultants
 - Educational and healthcare practice related items
 - AMA Ethical Guidelines

Section 3: Basic Coding & Reimbursement Terminology



- ▶ This section deals with coding and reimbursement acronyms, abbreviations and standard terms that reflect the complexity of medicine.
 - CPT Definitions
 - HCPCS Definitions
 - ICD-9-CM Definitions
 - Reimbursement Terminology
 - General, Hospital and Physician
 - Introduction to Payers
 - Miscellaneous acronyms

Section 4: CPT & Coding Conventions



- ▶ **Introduction to the coding systems**
 - **CPT Coding Conventions**
 - **Format and terminology**
 - **Modifiers**
 - **HCPCS**
 - **ICD-9-CM**
- ▶ **National Correct Coding Initiative (NCCI)**
- ▶ **Medicare Fee Schedule**
 - **Relative Value Units**
 - **Geographic Cost Practice Indices**

Section 5: Evaluation and Management (E/M) Services



- ▶ Provides background and overview of the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS) Documentation Guidelines for E/M services
 - Background and Introduction to E/M services and documentation guidelines
 - Review of E/M Key and Contributory Components
 - Discussion of E/M code categories and requirements
 - Various E/M coding category grids outlining the requirements
 - Case examples

Section 6:

Diagnostic Coding Concepts & Medical Necessity



- ▶ **ICD-9-CM Coding Conventions**
 - Coding for Specificity
 - Abbreviations
 - Rule-out diagnoses
 - V & E Codes
- ▶ **Facility Coding**
- ▶ **ICD-10**
- ▶ **Resources**
- ▶ **Medical Necessity**
- ▶ **Limited Coverage**
 - Local Medical Review Policies
- ▶ **Medical Necessity and Level of E/M Service**
- ▶ **E/M Services Coded Based on Time**
- ▶ **Certificates of Medical Necessity**

Section 7: Academic Medical Centers/Teaching Hospitals



- ▶ **Teaching Physician Guidelines and Supervision Issues**
 - Background IL 372
 - Medicare Teaching Physician Documentation Guidelines
 - Teaching Physician Documentation Other Payers
 - Graduate Medical Education
 - Non-physician Practitioners
 - Moonlighting Residents
 - Case Studies
 - Sample Progress Note
- ▶ **Human Subject Research**
 - Historical Rationale for Regulations
 - Federal Requirements
 - Clinical Trials
 - Penalties

Section 8: HIPAA & Confidentiality



- ▶ **What Impact Does HIPAA have on Resident Physicians?**
- ▶ **Privacy**
- ▶ **Security**
- ▶ **Transaction Code Sets**
- ▶ **Penalties**
- ▶ **What HIPAA is not**

Section 9: Accreditation of Residency Programs



- ▶ **Background**
- ▶ **Resident Education Program Requirements**
- ▶ **Supervision of Residents**
 - **Duty Hours**
 - **On-call activities**
 - **Moonlighting**
 - **Oversight**



- ▶ **Appendix A: Sample Policies & Procedures**
 - **Business Associate Agreement**
 - **Conflict of Interest**
 - **Confidentiality Statement**
 - **Privacy Notice**
 - **PhRMA policy**
 - **Responding to Government Investigations**
- ▶ **Appendix B: Sample Forms and Tools**
 - **ABN Form**
 - **CMN Form**
 - **Encounter Forms**
 - **Claim Forms**
 - **Documentation Templates**
 - **Audit Tools**
 - **Pocket Cards**
- ▶ **Appendix C: Web sites**

How To Train Residents



- ▶ **For years physicians have been told:**
 - **“You must attend this session—it is mandatory.”**
 - **“You will learn how to code and document your services in accordance with the guidelines and regulations.”**

- ▶ **Do physicians really learn and/or change behaviors when they are taught in this type of environment and under these types of circumstances?**

- ▶ **How can an organization modify the approach it has taken in the past to design educational programs that will be effective and well attended?**

Critical Success Factors



- #1—Gaining internal sponsorship**
- #2—Understanding the objectives of the education project**
- #3—Creating a master template**
- #4—Relating to the adult learner**
- #5—Applying critical training techniques**
- #6—Planning**
- #7—Conducting a dress rehearsal**

Critical Success Factor #1



- ▶ ***Gaining internal sponsorship*** from physicians/residents and other health care professionals:
 - Identify physician/resident “champions” who will work with you to:
 - formulate the compliance message
 - communicate with the organization’s physicians/residents and other health care providers
 - emphasize the program’s importance
 - encourage or require participation
 - respond to questions, issues, or problems

Critical Success Factor #1 (cont.)



- ▶ **Select champions who are:**
 - **respected by colleagues**
 - **viewed as leaders**
 - **supportive of the organization's compliance mission**
- **Use champions' time wisely:**
 - **seek their input on compliance message/materials**
 - **enlist their support in encouraging attendance**
 - **request their presence and participation at all sessions**

Critical Success Factor #2



- ▶ ***Understanding the objectives of the education project:***
 - **What is the message?**
 - **Why is it important?**
 - **Who should hear it?**
 - **How will the audience benefit (what's in it for them)?**
 - **How should the sessions be structured?**
 - **What will the organization achieve?**
- ▶ ***Group education versus individualized training:***
 - **Classroom (didactic)**
 - **One-on-one sessions**
 - **Shadowing physicians**

*“Seek first to understand before you can be understood”
Stephen Covey*

Critical Success Factor #2 (cont.)



- ▶ **Survey the target audience(s) to identify:**
 - **their challenges and issues—“buy-in”**
 - **preferred meeting days and times—attendance**
 - **options for session types and material—session format**
- **Ensure the message meets organizational needs:**
 - **physician “champion” review**
 - **leadership approval**
- **Communicate benefits when advertising sessions**

Critical Success Factor #3



- ▶ ***Identify the message and objectives***
- ▶ ***Creating a master template for the session materials will:***
 - **Ensure a consistent message is delivered across all sessions and specialties**
 - **Allow you to customize applicable portions of the material without creating a whole new presentation**
 - **Save an enormous amount of time and effort**



Critical Success Factor #3 (cont.)

- ▶ **Use tools to help relay concepts**
- ▶ **Deliver messages in small sound bites:**
 - **Incorporate the “Sevens Rule”:**
 - **no more than seven lines or seven words per concept**
- ▶ **Be cognizant of using abbreviations, acronyms, and/or mnemonics**
- ▶ **Use analogies, anecdotes, and/or props**



Critical Success Factor #3 (cont.)

- ▶ **Prepare an outline for the master template**
 - **Develop a draft document:**
 - **thoroughly check references and research cited to support key points**
 - **ensure the document follows the outline**
 - **review contents with physician/resident champions and organization leadership**
 - **Incorporate issues identified during your survey of the target audience**

Critical Success Factor #4



- ▶ ***Relating to the adult learner:***
 - Engage participants in the learning process
 - Tailor the message to the audience
 - Create opportunities for audience participation
 - Reinforce retention by:
 - telling them what you are going to tell them
 - telling them
 - telling them what you told them

Critical Success Factor #5



- ▶ ***Applying critical training techniques:***
 - **Learning styles:**
 - **auditory:**
 - role-play
 - review cases
 - **visual:**
 - show them
 - use graphs, overheads, pictures, illustrations, etc.
 - **kinetic:**
 - get them moving
 - hands-on experience

Critical Success Factor #5 (cont.)



- ▶ **Identify ways to encourage audience participation:**
 - **question/answer sessions**
 - **case example workbooks**
 - **group or team discussions/exercises**
- **Incorporate case examples to illustrate key points:**
 - **specialty-specific documentation (e.g., progress notes, operative reports)**
 - **samples of actual vs. benchmark code distribution**
 - **recent chart review findings**

Critical Success Factor #6



- ▶ ***Planning* all aspects of the education project is key to its success:**
 - **Devote time to Critical Success Factors #1–#5**
 - **Identify key participants in mission-critical areas and define their roles in preparing and delivering the sessions**
 - **Develop realistic project timelines:**
 - **begin with the end in mind (Stephen Covey)**
 - **monitor progress**
 - **If possible, obtain continuing education units to include in duty hours**

Critical Success Factor #6 (cont.)



- ▶ **Allowing sufficient time to develop a high-quality program**
 - **Identifying the trainers:**
 - internal or external?
 - qualifications, including public speaking and training capabilities
 - **Using appropriate technology:**
 - program management and scheduling software
 - presentation media

Critical Success Factor #7



▶ ***Conducting a dress rehearsal:***

- Ensures trainers thoroughly understand all materials and case examples
- Allows you to identify possible issues with materials
- Enables trainers to practice using equipment, handouts and other documentation
- Identifies potential logistical issues

Critical Success Factor #7 (cont.)



▶ **Have trainers:**

- **present each session type to physician/resident champions, compliance officers, and others**
- **practice responding to possible questions and issues**
- **Evaluate and revise session contents, flow, and/or materials, as necessary**
- **Provide feedback to trainers:**
 - **body language, voice, eye contact, responsiveness to questions, etc.**



- ▶ **Determine educational learning objectives**
- ▶ **Define the structure of the sessions (didactic, individual, etc.)**
- ▶ **Engage physician/resident champions throughout the process:**
 - **Beginning—identify compliance message**
 - **Middle—review materials, get the word out**
 - **End—participate in sessions, respond “peer to peer”**
- ▶ **Advertise the sessions**
- ▶ **Scheduling:**
 - **Minimize impact on patient care**
 - **Utilize regularly scheduled meeting times when possible**
 - **Don’t overbook the trainer**



▶ **Logistics:**

- **Book appropriate meeting spaces with proper set-up for type of session and number of attendees**
- **Ensure necessary equipment is scheduled and in working order (e.g., laptop, projector)**
- **Provide refreshments**

▶ **Documentation:**

- **Sign-in sheets**
- **Evaluations**
- **Continuing education credits**

Best Practices (cont.)



- ▶ **Limit session contents to material that can be covered in one to two hours, including questions**
- ▶ **Use specialty-specific case examples to:**
 - **Tailor each session**
 - **Engage the audience**
- ▶ **Have a physician/resident champion and a compliance office representative at each session**
- ▶ **Include coder and biller representatives as well as management from each clinical area**
- ▶ **Summarize frequently asked questions in an “FAQ” document and post on the organization’s intranet**

Using an Outside Vendor



- ▶ **Consider outsourcing the education program if:**
 - **There is not enough staff to maintain the compliance schedule as well as develop and deliver the sessions**
 - **The program is very large, complex, or sensitive in nature**
 - **The organization does not have compliance educators on staff or the staff don't have training experience or established credibility**

- ▶ **Evaluate vendors' qualifications:**
 - **Specialty-specific experience**
 - **Numbers and types of sessions delivered**
 - **Evaluations from previous clients**

In Conclusion



- ▶ **Gain internal support**
- ▶ **Identify and involve key stakeholders**
- ▶ **Define learning objectives**
- ▶ **Allow adequate time for up-front planning**
- ▶ **Prepare meaningful materials**
- ▶ **Provide reference tools**
- ▶ **Conduct post-education reviews**

***“I am always ready to learn although I do not
always like to be taught”
—Winston Churchill***

Enthusiasm Goes a Long Way ...



“What goes on in the mind is what determines the outcome. When an individual really gets enthusiasm, you can see it in the flash of the eyes, in the alert and vibrant personality.

You can see it in the verve of the whole being. Enthusiasm makes the difference in one’s attitude toward other people, toward one’s job, toward the world.

It makes the big difference in the zest and delight of human existence.”

—Dr. Norman Vincent Peale

References



- ▶ DiResta, Diana. *Knockout Presentations, How to Deliver Your Message with Power, Punch and Pizzazz.*
- ▶ Dunaway, Tray, M. “Health care language translation errors.” *Compliance Today*, Health Care Compliance Association, December 2002.
- ▶ Gustin, Georgette. “Tips to Presenting Technical Information to a Nontechnical Audience.” *Journal of Health Care Compliance*, October 2001.
- ▶ Hart, Kathy, Paul Magalian. “Audit, Individualized Training Dramatically Increase Physician Compliance.” *Journal of Health Care Compliance*, March-April 2001.
- ▶ <http://www.oig.gov.hhs>
- ▶ <http://www.presentersuniversity.com>
- ▶ Jeary, Tony. *Inspire Any Audience.*
- ▶ Knapp, Daniel. “Eight Time-Proven Presentation Tips.” *Program Manager*, Jan/Feb 99.
- ▶ Moffatt, Lauren. “Seven Steps for Using Scarce Resources to Deliver Education Sessions.” *Journal of Health Care Compliance*, July-August 2002.

Course Content Developers



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Case Study



Given the information below please design an education program utilizing the HCCA tool as we have discussed.

- **AMC with 450 faculty and 400 residents**
- **16 clinical departments**
- **Residents staff the AMC's 13 primary care clinics**
- **Residents do rotations at six local hospitals throughout the community including the VA and the State's Mental Health Facility**
- **Residents do rotations at many physician offices and emergency rooms throughout the community**



Questions and Answers