

The Primary Care Physician's Impossible Job

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THE PCP'S IMPOSSIBLE JOB

For many reasons, one could conclude today's primary care physician has an impossible job. The volume and complexity of evidence-based guidelines, new clinical research findings, and prescription options make it impossible to keep current. The electronic health record system is great for storage of data, but data retrieval and usage are difficult. Building relationships and engaging patients in shared decision making have always been challenging, but as American demographics skew older and sicker, more time is required for most care episodes to provide high quality care. Primary care physicians already manage a full schedule each day with 20-25 patients. The current dynamics make it even more difficult.

Today's PCP must worry about improving quality scores, reducing costs, keeping happy patients and capturing every dollar of revenue through accurate and optimized coding and clinical documentation practices. Meanwhile, some commercial payers have become more aggressive in their strategies to deny PCP's reimbursement of their earned revenues. Is it any wonder why primary care physicians burn out, leave the profession, and experience anxiety at alarming rates?

THE CONFUSION OF "PATIENTS OVER PAPERWORK"

For over twenty-five years, physicians have used Evaluation and Management Coding rules. In 2021, AMA and CMS updated their guidelines to a more subjective system based on medical decision making and time with the promise of system simplification. The program was called "Patients Over Paperwork" and many busy doctors were excited to receive regulations that recognized the impossibilities of their job, while requiring less time and improving accuracy.

However, the subjectivity inherent in defining vocabulary, coupled with the confusion brought by coding educators and doctors operating with very different levels of clinical understanding, have resulted in dissatisfaction and disappointment. Too often, doctors are under coding and over-documenting just to avoid the hassles of audits and second guessing. After two years of suppressed revenues during the pandemic, medical groups cannot afford physician under coding.

AUTOMATED DOWN-CODING TACTICS

Recently, medical groups from across the country have reported certain commercial payers are using automation to routinely down-code office visits. It's an arbitrary process and the clinical notes are not even reviewed which makes these practices most egregious. Following a down-code, the burden of proof shifts to the medical group to initiate an appeal and demonstrate their justification in order to recover the lost revenues. In some cases, it has been reported that 30% of visits are down coded with a 30-40% revenue difference for each visit, so the overall impact is enormous.

At MediSync, we support and enable the primary care physician and the medical group administrator through the various challenges they face. MediSync is the industry expert in E&M coding by utilizing our physicians as trainers and coaches to help doctors to code and document effectively and to capture that important revenue.

MediSync physician coaches use their clinical experience to integrate and align a PCP's cognitive work with their E&M coding practices so that accurate coding becomes habitual. MediSync-operated practices have been victimized by the carriers' automated down coding, and we have successfully fought back.

CAN MEDICAL GROUPS AFFORD TO IGNORE?

MediSync's position is that medical groups cannot afford to ignore or tolerate this strategy by commercial payers.

- On the front end, we can teach and train providers to build a deeper understanding along with clinical habits that code and document consistently and effectively.
- We measure and report the financial impact of the before and after scenarios, typically resulting in a substantial recovery of previously lost revenues.
- In sustainment, MediSync helps organizations initiate appeals, prove their case, and push the payers to suspend or terminate these programs for medical groups.

Primary care physicians have too much to do and no extra time to worry about E&M coding or uncaptured revenues. Frustrations resulting from payer down-coding and second-guessing are a diversion from the PCP's most important work. Physicians have expressed relief and pride that their medical group fought back and won in the pursuit of fairness and reasonable commercial practices. After all, when your job is nearly impossible, you should be able to celebrate a victory along the way.

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