

Basic Practice Management & Quality Improvement

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Objectives

- Practice Management
 - Basic Types of Health Insurance
 - Basic Coding and Billing Terminology
 - Access and Scheduling
 - Physician Reimbursement
 - Physician Liability Insurance
- Quality Improvement
 - Basic Measure Terminology
 - PDSA Cycle

Health Insurance (Types)

- Terms of Interest: Managed Care, Capitation, Utilization Review, Deductible, Co-pay, Carve-Out
- HMO (Health Management Organization)
- PPO (Preferred Provider Organization)
- Medicare (A,B,D)
- Medicaid
- Government (Military, Employees)

Coding and Billing Terminology

- ICD (International Classification of Diseases)
- E&M (Evaluation and Management)
- CPT (Current Procedural Terminology)
- HCPCS (Healthcare Common Procedure Coding System)

Access and Scheduling

- Access
 - Electronic: Portal, Secure Message
 - Phone
 - Hours: Flexible / Alternating
- Scheduling
 - Open Access or Walk-In
 - Scheduled: Timed, Wave, Open, Cluster
 - Hybrid / Combination

Physician Reimbursement

- Reimbursement is typically based on a percentage of the Medicare Fee Schedule
- Fee for Service (Discount, Cash)
- Salary (Guaranteed, Productivity)
- Capitation
- Global Fee
- Consider: Payor Mix, Overhead

Physician Liability Insurance

- Occurrence
 - Covers liability of acts during term of insurance regardless of when claim is filed
- Claims Made
 - Covers liability of acts when claim is filed during term of insurance
 - Tail Coverage
- Damages
 - Economic
 - Non-Economic

Quality Defined

- IOM

“degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

- AHRQ

“doing the right thing, at the right time, in the right way, for the right person – and having the best possible results.”

- Quality health care should be safe, effective, patient-centered, timely, efficient, equitable, and reliable

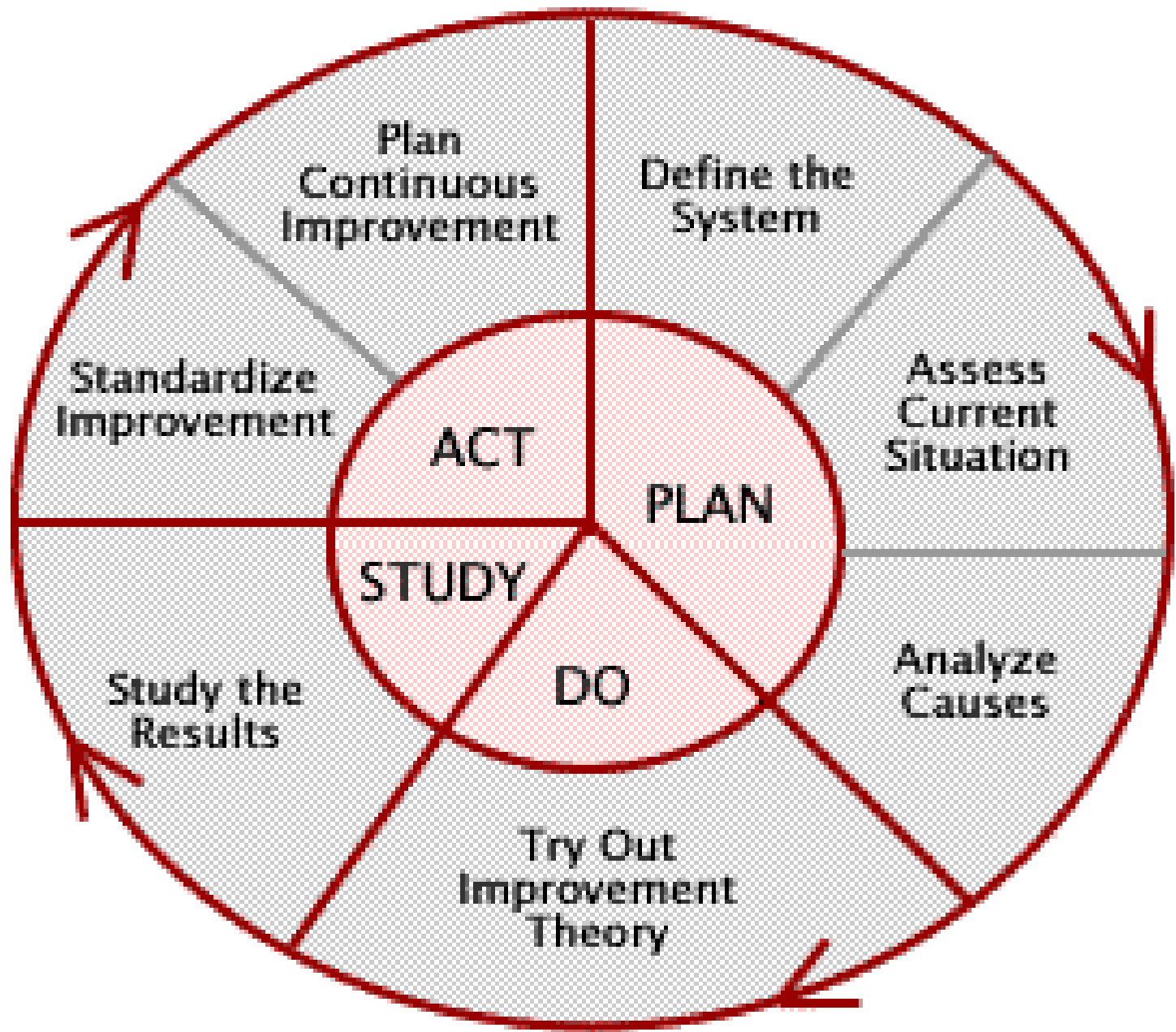
Quality Improvement Measures

- **Process Measures:**
 - How the system works
 - How healthcare is provided
- **Outcome Measures:**
 - The final product
 - Health status
 - Does it make a difference?

Quality Improvement Measures

- **Proxy Measures:**

- Are used when you can't exactly measure what you want or need
- Measure something that is close enough to reflect similarly
- Sometimes you have to use a process measure instead of an outcome
- Or you use a measurable process in place of one that is tougher to get at



PDSA

- 1. PLAN:** Plan a change or test of how something works.
- 2. DO:** Carry out the plan.
- 3. STUDY:** Look at the results. What did you find out?
- 4. ACT:** Decide what actions should be taken to improve.

Aim Statement

- Population (who) targeted
- Intent (what) for improvement
- Timeframe (by when)
- Goals (why) to measure success.