

# Report Access for Physician and Providers (RAPP) Summary Proposal

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May 12, 2006, Healthcare Leadership Course Presentation

## Considering RAPP

### Key Elements

- Why this? Why now?
  - What if it doesn't work?
- How are we going to do it?
  - What's the bottom line: pros and cons
- Who is impacted? To what degree?
  - What next?
- At what cost?

### Why this? Why now?

#### The Business of Healthcare

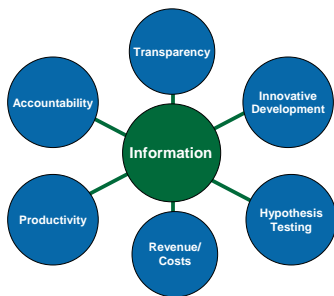
- Demands: productivity, accountability, efficiency, transparency, while optimizing patient care and revenue

#### Balance of potentially competing interests



- Educated/informed physicians: more effective & creative partners
- Requires access/understanding/information

### How Can This Be Accomplished?



### What is Needed?

- Institutional/physician partnering regarding transparency, accountability & innovation in practice
- A mechanism for information access allowing physicians & providers:
  - Easy/efficient access to appropriately determined data
  - Data that is clear/accurate/understandable
  - Includes real time and historical information

## Current Context

- Inconsistent availability/access to data: barrier to innovative development
- Data access varies by division, department, physician
- Much data, questionable meaning and interpretation
- Difficulty to access specific data (by date, provider, diagnosis, procedure, cost, reimbursement, etc)
- Hesitancy to request detailed data for exploratory planning, idea-development

## The Solution

### Report Access for Physician and Providers (RAPP)

- An intranet-based, user-friendly query system with access to summary productivity/financial performance data
- Levels of inquiry: pre-packaged reports, moderately-customized queries, and opportunity for specialized inquiries
- Training for physicians as integral component (availability, how to use and understanding output, seek additional resources)

### Opportunities

- Decision Support (TSI) moving toward intranet data sharing system
- Possible opportunities for
  - Physician inclusion in system planning
  - Physician access to data
  - Possible role for physician education

### Why Bother? Who is Affected?

- Individual physicians
- Other healthcare providers
- Current administrative staff
- Decision Support staff
- Overall healthcare community/patients (through innovative, efficient care delivery, cost savings)

### What if it doesn't work? Exit Strategy

- Relatively low risk/limited capital or personnel costs
- Can be implemented gradually, lowering any financial risk/commitment; discontinuation at any point represents loss of opportunity rather than capital loss
- Alternative data access system may need to be devised if discontinued after period of high use

## Query 1

### Standard Reports

- Routine reports
- Available by physician/provider or by center/department
- By month, quarter, year-to-date
  - Patient data (new to CCF, new to practice, total, etc)
  - Financial data (total billed, modeled collected, actual reimbursed)
  - Procedure data (by CPT, diagnosis, DRG)

## Query 2

### Packaged Reports with Specified Parameters

- Selection of data field parameters
  - Date range
  - Physician, service, department, program, hospital
  - Patient age/age range, sex,
  - Diagnosis/Procedure (ICD code, DRG, CPT codes, combinations)
- Selection of output variable fields
  - Number (procedures, patients, cases, days in hospital)
  - Financial (revenue billed, modeled, actual collected, costs)
  - Patient data (other appointments, number of procedures, referrals)
- Formats/sorting of report
  - Number, by date, diagnosis, volume, percentage, etc

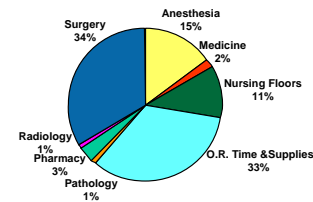
### Volume, Cost & Revenue Data for CPT 57288 by Physician

- Data regarding CPT 57288
- Data parameters: all providers, all inpatients, 2005, main campus only
- Outcome variables: # of cases; average modeled revenue; average direct cost, by physician, by resource area

Physician Billing Number	Cases	Average Modeled Revenue
00023	77	\$ 10,905
00211	10	\$ 8,566
01166	23	\$ 11,682
01185	5	\$ 15,808
01541	54	\$ 13,790
02294	28	\$ 10,736
<b>Total</b>	<b>197</b>	<b>\$ 11,768</b>

### Cost Data for CPT 57288 for all Physicians

#### Average Direct Cost by Resource Area - All Physicians



### Cost Data for CPT 57288 by Physician and Resource Area

#### Average Direct Cost by Resource Area - Physician Detail

Resource Area	00023	00211	01166	01185	01541	02294
Anesthesia	\$ 986	\$ 1,160	\$ 1,035	\$ 899	\$ 1,139	\$ 847
Medicine	\$ 47	\$ 67	\$ 47	\$ 453	\$ 65	\$ 30
Nursing Floors	\$ 781	\$ 684	\$ 873	\$ 826	\$ 633	\$ 654
O.R. Time & Supplies	\$ 2,018	\$ 2,537	\$ 1,862	\$ 2,514	\$ 2,686	\$ 1,759
Pathology	\$ 106	\$ 64	\$ 50	\$ 60	\$ 102	\$ 87
Pharmacy	\$ 181	\$ 285	\$ 268	\$ 229	\$ 227	\$ 164
Radiology	\$ 19	\$ 16	\$ 12	\$ 233	\$ 7	\$ 22
Surgery	\$ 2,305	\$ 1,601	\$ 2,015	\$ 2,015	\$ 2,938	\$ 2,708
<b>Total</b>	<b>\$ 6,443</b>	<b>\$ 6,412</b>	<b>\$ 6,162</b>	<b>\$ 7,229</b>	<b>\$ 7,797</b>	<b>\$ 6,270</b>

### Cost Data for CPT 57288 by Physician with Pharmacy Detail

#### Average Direct Cost by Resource Area - Physician Detail

Resource Area	00023	00211	01166	01185	01541	02294
Anesthesia	\$ 986	\$ 1,160	\$ 1,035	\$ 899	\$ 1,139	\$ 847
Medicine	\$ 47	\$ 67	\$ 47	\$ 453	\$ 65	\$ 30
Nursing Floors	\$ 781	\$ 684	\$ 873	\$ 826	\$ 633	\$ 654
O.R. Time & Supplies	\$ 2,018	\$ 2,537	\$ 1,862	\$ 2,514	\$ 2,686	\$ 1,759
Pathology	\$ 106	\$ 64	\$ 50	\$ 60	\$ 102	\$ 87
Pharmacy	\$ 181	\$ 285	\$ 268	\$ 229	\$ 227	\$ 164
ALOCHESTRON	\$ 34	\$ 34	\$ 34	\$ 181	\$ 26	\$ 18
ROCURONIUM	\$ 13	\$ 14	\$ 22	\$ 24	\$ 19	\$ 10
PROPRIOLOL	\$ 10	\$ 6	\$ 11	\$ 11	\$ 10	\$ 7
COPROLOXACIN DEXTROSE 0%	\$ 7	\$ 5	\$ 12	\$ 5	\$ 7	\$ 1
CEFAZOLIN 1 GM DEXTROSE 5	\$ 3	\$ 7	\$ 6	\$ 5	\$ 4	\$ 3
FLUTICASONAL METERED DOSE	\$ 3	\$ 2	\$ 3	\$ 4	\$ 4	\$ 3
INDIGO CARMINE 0.5%	\$ 3	\$ 2	\$ 2	\$ 2	\$ 2	\$ 3
LEDOCANINE 8% P/UPEN 1.200	\$ 3	\$ 1	\$ 3	\$ 2	\$ 2	\$ 3
AMPICILLIN SODIUM	\$ 1	\$ 5	\$ 11	\$ 4	\$ 1	\$ 0
HETASTARCH LACTATE ELECTR	\$ 2	\$ 1	\$ 1	\$ 1	\$ 1	\$ 3
OTHER PHARMACY	\$ 153	\$ 215	\$ 177	\$ 167	\$ 151	\$ 115
Radiology	\$ 19	\$ 16	\$ 12	\$ 233	\$ 7	\$ 22
Surgery	\$ 2,305	\$ 1,601	\$ 2,015	\$ 2,015	\$ 2,938	\$ 2,708
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### Analysis of Volume & Revenue Data for CPT 57288 by Physician

## Query 3

### Customized Options (Including Samples and Instructions)

- Produce "routine" or other formatted report
- Select one or more input variables for hypothesis testing
- Obtain report with hypothetical data including hypothesized effect of changed values
- Examples: change in fees/billing structure; alternative coding and billing for procedure; addition of new clinic; change in volume; alternation of practice type/patient services

### Customized Report for Change in Service Delivery

- Question/Issue
  - What is the opportunity for revenue enhancement by adding same day GI/Pain consultations for pts. seen for abdominal pain in Internal Medicine?
- Information Needed/Parameters
  - Within last year; CC Abdominal pain; Seen in Internal Medicine; From outside the core 7 county area

### Customized Report – "What if" scenario (change in Service Delivery)

Category	Patients	Percent	Gastro "Missed" Avg Visit	Gastro "Missed" Avg Visit	Gastro "Missed" Avg Visit	Pain "Missed" Avg Visit	Pain "Missed" Avg Visit	Pain "Missed" Avg Visit	Total "Missed" Avg Visit
Patients with Gastro									
Visit w/in 30 Days	61	15%	0	\$315	\$0	61	\$303	\$18,483	\$18,483
Patients with Pain Mgt									
Visit w/in 30 Days	11	3%	11	\$315	\$3,465	0	\$303	\$0	\$3,465
Patients with Both Gastro & Pain Visits w/in 30 Days	4	1%	0	\$315	\$0	0	\$303	\$0	\$0
Patients with Neither									
Visit w/in 30 Days	343	82%	343	\$315	\$108,045	343	\$303	\$103,929	\$211,974
<b>Total</b>	<b>419</b>		<b>354</b>	<b>\$315</b>	<b>\$111,510</b>	<b>404</b>	<b>\$303</b>	<b>\$122,412</b>	<b>\$233,922</b>

### What Now?

### Future Steps and Opportunities

- Larger number of customized reports likely at first
- Gradually build a compendium of sample/example reports and queries that the physician can use to "plug in" key data
- Over time allow greater individual flexibility of use