The secret of success: It’s all about the data

Successful practice leaders know the importance of extracting and analyzing data that describe the performance of their organizations. A characteristic of patient-centered organizations is to use practice data and external benchmarks to enhance value by measuring the quality of care, the safety and satisfaction of their patients, and the efficiency of their operations. Having a complete understanding of each physician’s procedural patterns is an integral piece of analysis that will aid your organization in its preparation for tomorrow’s reimbursement models.

In a predominantly fee-for-service environment, medical group professionals typically assess each provider’s level of work by using financial measures such as total gross charges or total collections. Sophisticated practice professionals recognize that financial measures are affected by payer reimbursement and the efficiency of a business office. To use a measure that has less bias, most practice leaders turn to a nonfinancial metric that uses the Resource Based Relative Value Scale (RBRVS) to measure a provider’s work. The most common provider metric in this tool uses the provider work component of the RBRVS to measure the relative level of a provider’s time, risk and the skill needed to perform different procedures.

As important as it is to benchmark a provider’s total production, it is equally valuable to have detailed information that describes a doctor’s specific procedural patterns. For example, because different procedures have different work RVU (wRVU) values, it is important to know not only how many established patient office visits occur, but also their intensity — how many are categorized as level four compared with less complex encounters that are coded as level-three or level-two visits.

This comparative process just got easier. In January, the Association will start providing benchmarking reports with specific CPT codes for doctors in 90 physician and nonphysician provider specialties. The MGMA DataDive Procedural Profile: 2012 Report Based on 2011 Data summarizes the number of physicians who reported a code, total codes, the percent of providers performing a procedure and the number of procedures per doctor. Perhaps the most important feature of the report is more than the aggregation of CPT-4 codes it provides; it’s the ability for users to create reports that describe physician procedures, wRVUs and collections for a specific quartile of collections, compensation or work RVUs.

The table and graph illustrate information for internal medicine physicians and those in

<table>
<thead>
<tr>
<th>Procedures per internal medicine physician for all respondents and physicians in the top quartile of work RVUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>All internal medicine</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Established patient office visit</td>
</tr>
<tr>
<td>99211 Office/outpatient visit, established, level 1</td>
</tr>
<tr>
<td>99212 Office/outpatient visit, established, level 2</td>
</tr>
<tr>
<td>99213 Office/outpatient visit, established, level 3</td>
</tr>
<tr>
<td>99214 Office/outpatient visit, established, level 4</td>
</tr>
<tr>
<td>99215 Office/outpatient visit, established, level 5</td>
</tr>
<tr>
<td>Top 10 other codes</td>
</tr>
<tr>
<td>36415 Routine venipuncture</td>
</tr>
<tr>
<td>90471 Immunization administration</td>
</tr>
<tr>
<td>99396 Preventive visit est. age 40-64</td>
</tr>
<tr>
<td>99232 Subsequent hospital care</td>
</tr>
<tr>
<td>93000 Electrocardiogram complete</td>
</tr>
<tr>
<td>90658 Flu vaccine 3 yrs &amp; &gt; im</td>
</tr>
<tr>
<td>96372 Ther/proph/diag inj sc/im</td>
</tr>
<tr>
<td>93010 Electrocardiogram report</td>
</tr>
<tr>
<td>90715 Tdap vaccine &gt;7 im</td>
</tr>
<tr>
<td>99203 Office/outpatient visit new</td>
</tr>
</tbody>
</table>

Source: MGMA CPT DataDive
These numbers may have changed since press time as the data is constantly updated.
the top quartile of wRVUs. The graph displays
the frequency distribution of the established
patient office visit codes. It is apparent that
doctors who report the highest level of
productivity (those in the fourth quartile of
wRVU production) have a greater proportion
of CPT 99214, level-four established patient
office visits, than their colleagues. More pro-
ductive internal medicine physicians reported
that 52.1 percent of their established patient
office visits were complex CPT 99214 level-
four encounters compared with 45.4 percent
of similar codes reported by their internal
medicine colleagues.

Having more CPT 99214 level-four estab-
lished patient office visits will increase total
RVU productivity as this procedure has a
higher wRVU value (1.50 compared with .97).
However, equally important is the volume of
procedures. The accompanying chart shows
that physicians in the highest quartile per-
formed more complex procedures at a much
greater volume. Doctors in the fourth quartile
of total wRVU units had 25 percent more
total established patient office visits
(4,766 compared with 3,806 per
physician) than all internal medicine
physicians.

In addition to more office visits,
doctors in the highest quartile of
wRVU productivity reported a greater
level of total procedures. Excluding
the number of reported laboratory
and radiology procedures to examine
the procedures associated directly
with physicians, doctors in the
fourth quartile reported an average
of 9,551 procedures each in 2011
compared with 7,659 procedures
per year for all internal medicine
physicians.

In our transition to tomorrow’s
healthcare environment, procedural
patterns will aid practice managers in
their assessment and understanding
of utilization of services for a given
population. Then managers can ask,
“are my physicians providing an appropri-
ate amount of preventive care services? Will
our providers be able to manage their patient
panels based upon their current procedural
behaviors? In turn, leaders can ensure the
right care is being delivered. This will be espe-
cially important in an environment where the
practices enter into arrangements that expose
them to a greater share of risk.

Collecting and analyzing accurate informa-
tion about what physicians do are only the
starting points for improving productivity. To
achieve optimal improvement, you also need
to have information about staffing, space and
technology — and the knowledge about how
these resources affect patient care.

There is no easy road to success, but if you
start with a firm foundation that includes
detailed information about your physicians’
procedural patterns and how the practice
supports its physicians, you are poised for a
smoother ride.

Distribution of established patient office visit evaluation and management codes
for all internal medicine physicians and those in the top quartile of work RVUs

All internal medicine physicians

<table>
<thead>
<tr>
<th>Code</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211 Office/outpatient visit, established, level 1</td>
<td>2.9%</td>
</tr>
<tr>
<td>99212 Office/outpatient visit, established, level 2</td>
<td>2.4%</td>
</tr>
<tr>
<td>99213 Office/outpatient visit, established, level 3</td>
<td>2.5%</td>
</tr>
<tr>
<td>99214 Office/outpatient visit, established, level 4</td>
<td>46.9%</td>
</tr>
<tr>
<td>99215 Office/outpatient visit, established, level 5</td>
<td>45.4%</td>
</tr>
</tbody>
</table>

Internal medicine physicians in the top quartile of work RVUs

<table>
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<th>Code</th>
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<tr>
<td>99211 Office/outpatient visit, established, level 1</td>
<td>2.9%</td>
</tr>
<tr>
<td>99212 Office/outpatient visit, established, level 2</td>
<td>3.4%</td>
</tr>
<tr>
<td>99213 Office/outpatient visit, established, level 3</td>
<td>1.7%</td>
</tr>
<tr>
<td>99214 Office/outpatient visit, established, level 4</td>
<td>40.1%</td>
</tr>
<tr>
<td>99215 Office/outpatient visit, established, level 5</td>
<td>52.1%</td>
</tr>
</tbody>
</table>

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