GO GREEN

Environmentally Preferable Purchasing

Editor's Note: The below article was prepared for the website PracticeGreenHealth.org.

Going Green: EPP

What we buy matters. Buying products with reduced environmental and human health impacts is vital to sustainable healthcare. Environmentally Preferable Purchasing (EPP) is the act of purchasing products/services whose environmental impacts have been considered and found to be less damaging to the environment and human health when compared to competing products/services. EPP can be the key to saving money and reducing waste while meeting the needs of patients.

A successful EPP effort may start with a few carefully targeted purchasing changes. However, EPP programs should also establish procedures and methods that support and continually expand the scope of environmental purchasing to select as many environmentally sound, healthy and safe products and services as a facility can use.

What are the benefits of EPP?

EPP is "preventive medicine" that promotes the health of the

Ready… Set… CODE!

ICD-10 Workshop Series Educates Office Staff About Important Changes

During our workshops on ICD-10, presenter Peggy Feeley, RHIA, CCS, CCS-P, Director, Coding Education & Program Development for NJHA Healthcare Business Solutions, emphasized the key benefits of the new system. It provides more specific codes – enabling better patient profiling for doctors and improved clinical information for research, among other advantages.

Peggy Feeley, RHIA, CCS, CCS-P, Director, Coding Education & Program Development for NJHA Healthcare Business Solutions

"There's a code for texting on a phone and having an accident as a result," marveled Feeley, an AHIMA certified ICD-10-CM/PCS Trainer. "There's a code for someone who falls into an airplane engine – a second time!"

Feeley cited other benefits as well, including:
❖ Clearer Code Choices
❖ Clearer Reimbursement Guidelines
❖ Fewer Denials
❖ Better Data for Measuring the Quality, Safety and Efficacy of Care

Despite the coming changes, there's no need to panic, Feeley said. "We have a year to get ready. Now is the time to look at your current documents and compare them to how they have to change for ICD-10."

If you know how to use ICD-9, you shouldn't have trouble learning ICD-10, explained Feeley. "ICD-10 is like ICD-9 on steroids."

Alyssa Ruby-Mako, Regional Director for Barnabas Health, noted that ICD-10 will enable staff members to prepare themselves and the doctors they work for. "It will help you make sure you get the reimbursements you deserve."

"A lot falls on the doctors," added Ruby-Mako. "They have to document properly so billing and coding are done accurately."

That's why it's imperative that every office learns ICD-10. "You will need to educate the doctors, and encourage them to attend seminars like this."

The workshops were geared toward the specialties that will see the most changes under ICD-10 including OB-GYN, orthopedics, pediatrics, neurology, urology, and spine. Many of these changes are relevant for other specialties, too.

Compliance Corner:
ICD-10 Readiness for Private Practice

ICD-10 is the biggest change in health care in the past 30 years and the deadline for implementation is October 1, 2014. Every organization in America will be impacted by ICD-10 and must make the transition. Hoping ICD-10 doesn't happen or will be delayed will not be a successful strategy for your practice. Ensure that your office is fully compliant and prepared for the transition with these tips from Lisa Asbell, R.N., ICD-10 specialist from TrainRX.

10 Steps to Get Your Practice Ready for ICD-10

1. **Hire or Designate a Project Manager –** Design a team to help prepare your office for ICD-10, with a project manager appointed for making business, policy and technical decisions. Be sure to ensure and establish clear communication channels with physicians, clinics and payers. Consider hiring a revenue cycle management company to remove some of the burden from your team. Preparation for ICD-10 can take hundreds of hours so even in a small office, a team of only two or three will be helpful.

2. **Perform an Impact or Gap Assessment –** An impact assessment will help your office understand all areas impacted by ICD-10 and help make the transition smoother. You may begin by determining if you are going to outsource your billing and evaluating the effect of ICD-10 on other planned or on-going projects. It's also important to collect information on the current use of ICD-9 and consider the staff members who need ICD-10 training and resources.

3. **Get Leadership Engagement –** It's imperative to get provider "buy in" and educate your physicians and senior personnel. Be sure they understand the scope of ICD-10 conversion, the importance of ICD-10 readiness and the firm deadline for 100% compliance. Throughout the preparation and transition process, it will also be important to communicate accomplishments and setbacks related to ICD-10 implementation.

4. **Staff Training –** American Health Information Management Association (AHIMA) estimates that on average, coders should focus 16 hours of coding training on ICD-10 CM and 50 hours on ICD-10 systems. Start your training by assessing your coders' preparedness and plan weekly, monthly and yearly implementation goals.

5. **Documentation - Calling All Providers! –** ICD means I CAN DOCUMENT. Educate all physicians on what will be required for appropriate documentation for the correct ICD-10 code assignments. Customize training for physicians based upon their

Ready… Set… CODE!

Toward the end of each workshop, Feeley provided exercises for the audience to complete. Want to test your knowledge? Try this sample exercise: What is the code for Type 2 diabetes with hyperglycemia? The answer is upside-down below.

Watch for more Barnabas Health Office Manager Association programs and webinars on ICD-10, coming next year.

To view Feeley's ICD-10 presentations, visit barnabashealthofficemanagers.org and click on the section titled Ready… Set… CODE! Workshop Materials.

Answer: E11.65 – Type 2 diabetes mellitus with hyperglycemia

Feedback: The diabetes mellitus codes are combination codes, the type of DM (type 2) and the body system affected (none listed), and the complications affecting that body system (hyperglycemia)

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environment – reducing negative environmental or health effects related to products before they occur. It's an important part of the process toward sustainable operations. Downstream corrections of environmental or occupational health issues are almost always more costly – in terms of dollars, labor, technical complexity and adverse publicity – than prevention. By carefully selecting goods and services, hospitals and physician offices can:

❖ Significantly reduce their overall impact on the environment

❖ Reduce costs with lower purchase prices or changes that reduce or eliminate waste disposal, hazardous waste, and/or the need for worker safety measures

❖ Provide a healthier environment for patients, workers and employees through reduced exposure to hazardous substances (products such as cleaners, solvents and paints)

❖ Create opportunities for positive publicity and promotion

Why is the role of purchasing so important?

Nearly every waste that leaves a hospital or physician's office came in through purchasing. Purchasing departments are a central standard-setting point for nearly every product or service used. During the procurement process, require suppliers to reduce the environmental impact of their products and services. Visit PracticeGreenHealth.org and review the EPP Resources and Services Guide to know what environmental questions to ask and the specifications to use.

Ask the Expert: Educational Webinars

"Ask the Experts" is a question-and-answer forum featuring leading practice management experts.

What's a webinar and how do they work?

Webinars are information and training sessions that are provided live online, via the Internet. They are free and many are held during lunch hour for convenience. Because they are live, they can be interactive, so you can ask questions during the webinar. Many webinars are also recorded while they're happening, so you can view them at a later time; you just can't interact with questions during a recorded webinar. This is a great learning resource, both for my employees and me.

Why is it important for medical-office personnel to attend webinars?

There are so many changes in health care today – EMRs, the Affordable Care Act, Medicare and insurance billing and coding changes, information about new drugs and more. Webinars are a great way to keep up with the changes, to best manage the practice and serve your patients.

What are the pros and cons of webinars?

A webinar is much less costly and saves a lot of time, compared to seminars and conferences. The insurance carriers – especially Medicare - give you hundreds of pages of updates to read, but a webinar cuts to the chase. Another plus is that webinars usually give you support documents afterwards, such as the webinar's slide show or a recording of the session.

Time is precious; being out of the office is more and more difficult. With a webinar, you can "attend" during lunchtime. They've really helped me stay ahead of Electronic Health Record software upgrades and changes to the industry. The disadvantage is that it's more difficult to have one-on-one interaction with other professionals at a webinar than at a conference.

How can medical professionals find good webinars to attend?

The best way to find out about webinars is to register with many online entities such as insurance carriers, office manager associations, pharmaceutical companies and MDeverywhere. The drug companies hold webinars about common conditions like diabetes, hypertension and hypothyroidism. When you register at an organization's website, they will notify you when they're holding a webinar.

Do you have any other tips related to webinars?

Another advantage is that you can have your whole office staff take the webinar – not just the managers. When the person who covers the front desk is taking the webinar, I'll fill in at the front desk. It minimizes interruption of the office flow.

I like to bring in a light lunch for the staff when they're doing a webinar. It motivates them; they're getting two benefits – the training and lunch. Our billing manager and I decide together which webinars the staff and the doctors should see. Even though the doctors go for their CME credits, they don't always see the procedural information, like what should be covered in age-related physicals, Quality Measures or the new fall assessments screenings for the elderly. Some doctors may be more likely to accept this kind of information from outside professionals than from the office staff.

Our Expert

Carlo Gallello, Business Administrator, Eatontown Medical Associates, PA

Carlo Gallello has worked at Eatontown Medical Associates, an internal- and emergency-medicine practice, since it opened in 1986. He started in billing and clerical positions, advanced to office manager, and is now the practice's business administrator.

Carlo Gallello

Carlo has a BA in business administration from Monmouth University. An advisory-board member for the Advantage Career Institute, he has completed many continuing-education courses related to his work.

Have a practice management question? Ask an expert! Call us at 1.888.724.7123.

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medical specialty. Reinforce that any documentation impacts the provider, the hospital, the payer and specifically, the patient.

6. **Contact Vendors –** Plan to contact which existing vendors will be affected by the ICD-10 transition and how they will be involved in the implementation process. You may need to identify the need for any new contracts and confirm that vendors understand your business requirements and provide an accountable delivery plan.

7. **Contact Payers, Billing Services and Clearinghouses –** Determine if IT systems, clearinghouses and bill services will support changes to your office's systems. Request a timeline and cost estimate for implementation changes and determine an anticipated testing time.

8. **Upgrade your internal processes to ensure all necessary pieces are updated from a coding perspective –** This includes superbills, encounter forms, quality data collection forms, public health data collection forms, split claims and dual coding.

9. **Perform Internal Testing –** Evaluate each technical area individually as well as integration across components including the following: database architecture, user interfaces, code aggregation, key metrics related to diagnosis or institutional procedure codes and all reporting logic based on diagnosis or institutional procedure codes.

10. **Perform External Testing –** Test all information exchanges with payers, hospitals, health information exchanges, outsourced billing and coding operations and government entities prior to going live to resolve any issues and ensure business operations will continue as expected.

Source: http://www.trainrx.net/

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"They say an elephant never forgets, but that was before I had so many passwords, user names and PIN numbers!"