

The Physician Report Card

"And then the documentation is gone, and all that's left is a set of numbers." Pamela P. Bensen MD, Physician Documentation Educator

Public Reporting

Several agencies profile hospital and physician performance and make the information available to the public. These agencies use the data hospitals provide to Medicare on the UB-04 (Uniform Billing form) to determine severity of illness, risk of mortality, mortality index and complication rates. What the provider documents as the patient's diagnoses and treatment are "translated" by professional coders into ICD-9-CM diagnosis and procedure codes (International Classification of Diseases, Ninth Revision, Clinical Modification). These codes are maintained by the National Center for Health Statistics (NCHS) and Centers for Medicare and Medicaid Services (CMS) to determine hospital utilization, reimbursement and mortality data. All ICD-9-CM codes have established Severity of Illness (SOI) and Risk of Mortality (ROM) scores based on four levels:

- 1 Minor
- 2 Moderate
- 3 Major
- 4 Extreme

Once all diagnoses and procedures are coded, a complicated algorithm is used to determine the Diagnosis-Related Group (DRG) SOI/ROM score for that patient. Basically it takes two or more co-morbidities to impact the DRG SOI/ROM score. CMS uses these scores to determine the average SOI and ROM for the patients of a hospital or physician. It determines the Mortality Index, based on risk adjustment, to determine the ratio of actual deaths to expected deaths.

DRGs have a geometric length of stay which can be compared to the actual length of stay. Higher SOI/ROM scores support medical necessity for admission and longer length of stays. Each DRG has a relative weight which reflects average hospital resources used to treat the patient and establishes reimbursement. CMS is able to compare actual costs to expected costs. Relative weights are also used to determine the Case Mix Index which is another way to reflect how sick your patients are. This data is used to profile both the hospital and the physician. Some of the better known agencies to profile hospitals are noted below:

- Thomson Reuters: www.100tophospitals.com/
- Health Grades: www.healthgrades.com
- www.checkbook.org
- Joint Commission: www.jcaho.com
- Leap Frog Group: www.leapfroggroup.org/

The Gap between Medical Terminology and Coding Language

Although coding language is based on medical terminology, they are not equivalent. Certified Professional Coders (CPC) must follow strict rules and code exactly what the physician says. They are not allowed to make assumptions. The table below shows examples of how physician documentation reflects the SOI/ROM in the coding world.

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Physician Performance United States. General Accounting Office,1999 Annual Report to Congress United States.
Physician Payment Review Commission,1997 **Weekly Report of the Department of Health of the City of New York**
New York (N.Y.). Dept. of Health,1918 *Washington Public Documents* Washington (State).,1921 Health Care
Financing Review ,2007 **Department Reports** Mississippi,1921 **Graduate Medical Education Consortia** ,1997

Consumer Survey Information in a Reforming Health Care System ,1995 *Annual report to Congress (United States. Physician Payment Review Commission).* 1997 ,1989 **Eli Ginzberg** Irving Horowitz,2017-12-04 The world of Eli Ginzberg can readily be thought of as a triptych a career in three parts In his early years Ginzberg s work was dedicated to understanding the history of economics from Adam Smith to C Wesley Mitchell and placing that understanding in what might well be considered economic ethnography His studies took him on travels from Wales in the United Kingdom to California in the United States For example the poignant account of Welsh miners in an era of economic depression and technological change remains a landmark work His report of a cross country trip taken in the first year of the New Deal provides insight and evaluation that can scarcely be captured in present day writings The second period of his career corresponds to Ginzberg s increasing involvement in the practice of economics He deals with issues related to manpower allocation employment shifts and gender and racial changes in the workforce His writing reflects a growing concern for child welfare and education In this period his work increasingly focuses on federal state and city governments and how the public sector impacts all basic social issues His work was sufficiently transcendent of political ideology that seven presidents sought and received his advice and participation After receiving all due encomiums and congratulations for intellectual work and policy research well done Ginzberg then went on to spend the next thirty years of his life carving out a place as a preeminent economist of health welfare services and hospital administration It is this portion of his life that is the subject of Eli Ginzberg The Economist as a Public Intellectual What is apparent in Ginzberg s work of this period is his sense of the growing interaction of all the social sciences pure and applied to develop a sense of the whole The contributors to this festschrift join together to provide a portrait of a figure whose life and work have spanned the twentieth century and yet pointed the way to changes in the twenty first century Eli Ginzberg from the start possessed a strong sense of social justice and economic equality grounded in a Judaic Christian tradition All of these aspects come together in the writings of a person who transcends all parochialism and gives substantive content to the often cloudy phrase public intellectual Irving Louis Horowitz is Hanna Arendt Distinguished Professor Emeritus at Rutgers the State University of New Jersey where he has taught for over thirty years He also serves as Chairman of the Board at Transaction Publishers His writings include *Radicalism and the Revolt Against Reason* *Behemoth* *Main Currents in the History and Theory of Political Sociology* and *Taking Lives* *Genocide and State Power* **Quality Cancer Care** Peter Hopewood,Mary J. Milroy,2018-05-29 Maintaining quality and improving

cancer care does not occur in a vacuum It requires a coordinated effort among many team members to whom this book is directed Cancer care in the United States is in crisis as per a recent National Institute of Health publication Much of this has to do with the complexity of the cancer care its delivery systems the aging population and the diminishing workforce We need to be smarter and more efficient to de escalate this crisis and improve the survival and survivorship of our cancer patients Improved survivorship of families and caregivers will be included as well The book will follow the continuum of cancer care model as its outline vide infra It will provide many concrete instances of successful practices and programs which improve survivorship Initially it will discuss the current crisis on a global and then national platform There will be a discussion about disability adjusted life years lost lost productivity loss of life and its impact upon the nation and communities The financial impact of cancer on society and government will be included in this Population health management as regards cancer will then look at communities served community health needs assessments and social determinants of health How prevention and screening programs can be formulated from the above will be illustrated Compliance with treatments as promulgated by the Commission on Cancer s Cancer Program Practice Performance Reports CP3R will be reviewed The relationship between compliance and improved survival will be highlighted Navigation and distress management to assure patients complete planned treatments will be included in this section Quality of survivorship will review the four domains of life spiritual social psychological and physical How these can be maximized through system improvement and program development will be illustrated Financial issues and legal protections will also be included in this section Survivorship care planning i e surveillance for recurrent cancer prevention of related and new cancers will be an integral part of this section Palliative end of life care and bereavement care will complete the continuum cycle Identifying hospitalized patients in need of palliative needs will be refreshed How to establish an in patient palliative care team and creating a seamless transition from in patient to out patient palliative care will be presented Intended Audience Administrative and clinical staff involved in the delivery of cancer care including hospital executives physicians nurses radiation therapists psychology counselors social workers physical therapists occupation therapists nutritionists government healthcare insurance representatives etc

Changing the U.S. Health Care System Ronald M. Andersen, Thomas H. Rice, Gerald F. Kominski, 2002-02-28 Explore in depth the possibilities for public health and policy reform The second edition of Changing the U S Health Care System is a thoroughly revised and updated compendium of the most current thought on three key components of health care policy improving access controlling costs and ensuring quality Written by a stellar panel of experts in the field of health care policy this second edition highlights the most recent research relevant to health policy issues This valuable resource also includes analyses of current health care policy challenges and presents a wide range of viable solutions In addition the book contains an overview of the opportunities in the growing fields of public health and health policy

The Managed Care Yearbook Joseph Schmidt, Managed Care Information Center, 2002

Rewarding Provider Performance Institute of Medicine, Board on Health Care Services, Committee on Redesigning Health Insurance Performance Measures, Payment, and Performance Improvement Programs, 2007-02-17 The third installment in the Pathways to Quality Health Care series Rewarding Provider Performance Aligning Incentives in Medicare continues to address the timely topic of the quality of health care in America Each volume in the series effectively evaluates specific policy approaches within the context of improving the current operational framework of the health care system The theme of this particular book is the staged introduction of pay for performance into Medicare Pay for performance is a strategy that financially rewards health care providers for delivering high quality care Building on the findings and recommendations described in the two companion editions Performance Measurement and Medicare's Quality Improvement Organization Program this book offers options for implementing payment incentives to provide better value for America's health care investments This book features conclusions and recommendations that will be useful to all stakeholders concerned with improving the quality and performance of the nation's health care system in both the public and private sectors

Handbook of Pain and Palliative Care Rhonda J. Moore, 2013-10-25 Handbook of Pain and Palliative Care Biobehavioral Approaches for the Life Course Rhonda J Moore editor This book takes both a biobehavioral and a lifespan approach to understanding long term and chronic pain and intervening to optimize patients functioning Rich in clinical diversity chapters explore emerging areas of interest computer based interventions fibromyalgia stress ongoing concerns cancer pain low back pain and special populations pediatric elderly military This coverage provides readers with a knowledge base in assessment treatment and management that is up to date practice strengthening and forward looking Subject areas featured in the Handbook include Patient practitioner communication Assessment tools and strategies Common pain conditions across the lifespan Biobehavioral mechanisms of chronic pain Pharmaceutical neurological and rehabilitative interventions Psychosocial complementary alternative narrative and spiritual approaches Ethical issue and future directions With the rise of integrative perspective and the emphasis on overall quality of life rather than discrete symptoms pain management is gaining importance across medical disciplines Handbook of Pain and Palliative Care stands out as a one stop reference for a range of professionals including health practitioners specializing in pain management or palliative care clinical and health psychologists public health professionals and clinicians and administrators in long term care and hospice Report

Washington (State). State Board of Health, 1916 *Performance Measurement* Institute of Medicine, Board on Health Care Services, Committee on Redesigning Health Insurance Performance Measures, Payment, and Performance Improvement Programs, 2006-07-09 Performance Measurement is the first in a new series of an ongoing effort by the Institute of Medicine IOM to improve health care quality Performance Measurement offers a comprehensive review of available measures and introduces a new framework to examine these measures against the six aims of the health care system health care should be safe effective patient centered timely efficient and equitable This new book also addresses the gaps in performance

measurement and introduces the need for measures that are longitudinal comprehensive population based and patient centered This book is directed toward all concerned with improving the quality and performance of the nation s health care system in its multiple dimensions and in both the public and private sectors **Journal of the American Medical Association** ,1923 Includes proceedings of the association papers read at the annual sessions and lists of current medical literature **Reprint from the Public Health Reports** United States. Public Health Service,1917 **Regulations Concerning Duties of Employees, Official Superiors, Medical Officers, and Others Under Federal Compensation Act of September 7, 1916, Revised October 15, 1919** United States. Employees' Compensation Commission,1919

The Enigmatic Realm of **Physician Report Card Washington**: Unleashing the Language is Inner Magic

In a fast-paced digital era where connections and knowledge intertwine, the enigmatic realm of language reveals its inherent magic. Its capacity to stir emotions, ignite contemplation, and catalyze profound transformations is nothing lacking extraordinary. Within the captivating pages of **Physician Report Card Washington** a literary masterpiece penned with a renowned author, readers set about a transformative journey, unlocking the secrets and untapped potential embedded within each word. In this evaluation, we shall explore the book's core themes, assess its distinct writing style, and delve into its lasting impact on the hearts and minds of people who partake in its reading experience.

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and replaced with whole foods with an emphasis on