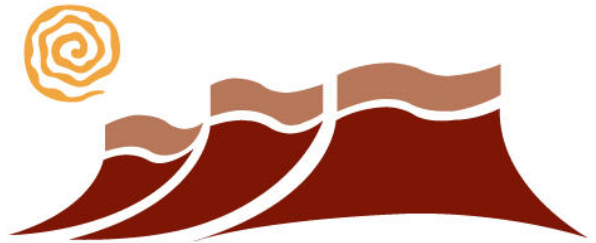


Colorado
M.E.S.A.
Initiative



Medicare Experts/Senior Access
Innovations in Geriatric Practice and Alzheimer's Care

The Future Health Care Needs of Colorado's Alzheimer's Population

Senior Care of Colorado and the M.E.S.A. Initiative

Michael R. Wasserman, M.D.

Geriatric Medicine Today

- Lack of acceptance of the geriatric model
- Limited Geriatric Medical Education
 - Despite government funding via Medicare
- Limited clout of geriatricians
 - AMA and specialty societies much stronger
- Limited support for advanced training in geriatrics
- Perceived inadequate reimbursement



Development of Medical Specialties

- Usually market driven
- Examples
 - Pediatrics
 - Emergency Medicine
- No incentives for geriatric training
- Other specialists control reimbursement



The Origin of GME Funds

- Prior to 1965
 - Interns/Residents got room & board
- After 1965
 - Medicare trust fund provided subsidy for Graduate Medical Education (GME)
- Medicare funds physician training
 - Theoretically, to provide a workforce to care for Medicare patients
- Little of GME funds go towards geriatric education and training



Medical Specialty Reimbursement

- AMA controls physician reimbursement
- RUC (RVS Update Committee)
- 29 members - very few from primary care
- No regular seat for a geriatrician!
- Reimbursement skewed towards procedures



Senior Care of Colorado, P.C.

- 25 physicians (12 fellowship-trained)
- 32 mid-level practitioners
- 3 LCSWs
- Nursing home triage
- 60 other employees
- \$15,000,000 annual budget



Size and Scope

- >14,000 patients
- Three large and three satellite clinics
- Most nursing homes in Denver metro area
- Most assisted living facilities
- Home visits
- Rural nursing homes and Cheyenne
- Greeley, Longmont, Evergreen

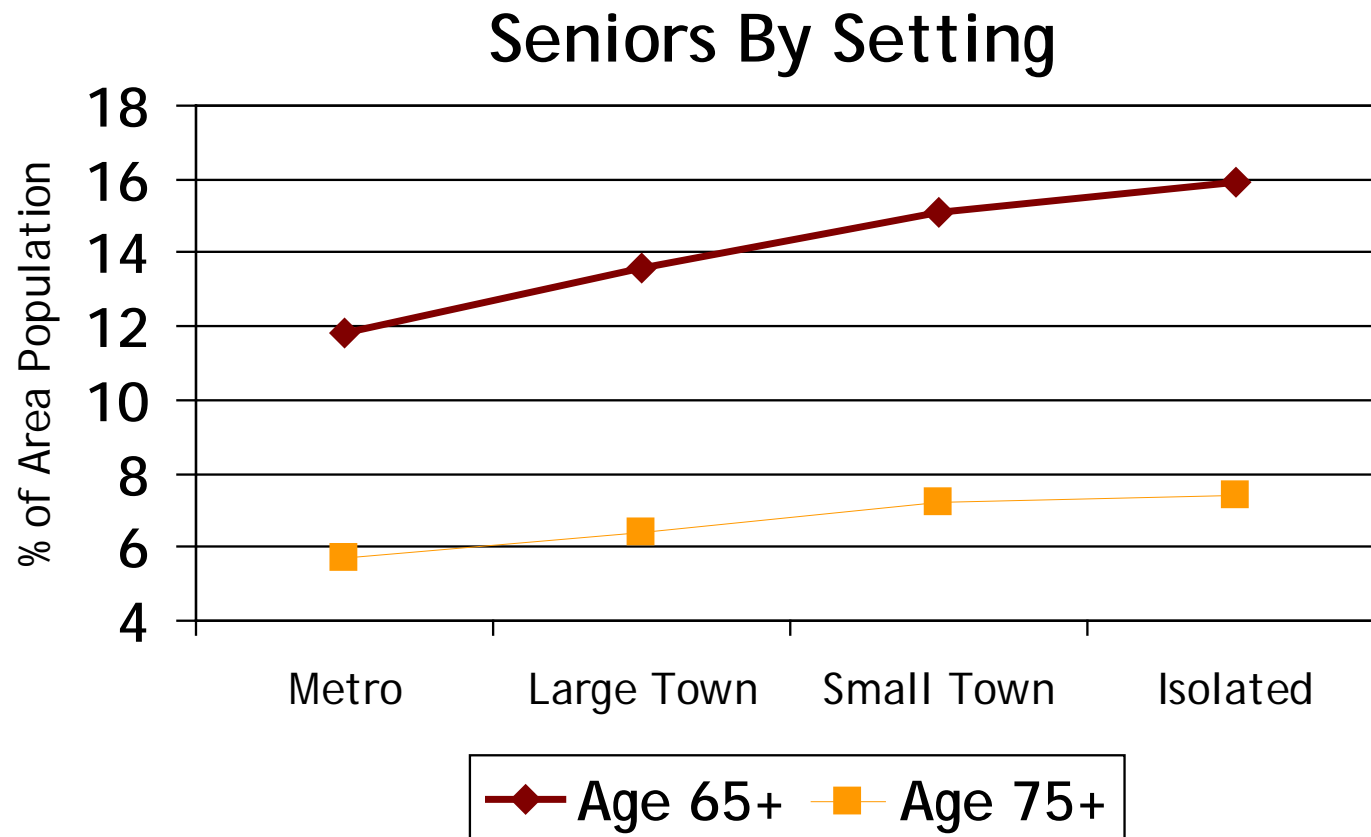


Assumptions

- Most FPs/Internists/Geriatricians Like Taking Care of Seniors
- Clinicians Like To “Carry Their Weight”
- Reimbursement Stagnant
- Medicare Viewed As Labor Intensive
- Have To Live Within The System; Can't Wait For THE Health Care Reform



Rural Areas Have More Seniors



Physicians Per 100k Population

Major Metro Areas

	MD/100k
• Denver (6 counties)	265
• Grand Junction	265
• Pueblo	243

Grant Regions

	MD/100k	Vs Metro
• Grand Junction Region (5 counties*) <ul style="list-style-type: none">– NE to Glenwood Spring from Grand Junction– SE to Gunnison from Grand Junction	167	<u>63%</u>
• Greeley Region (3 counties) <ul style="list-style-type: none">– NE to Sterling from Greeley	130	<u>49%</u>
• Pueblo Region (6 counties*) <ul style="list-style-type: none">– Salida, Alamosa, Trinidad, and LaJunta	121	<u>46%</u>

**Excluding: Grand Junction in Mesa County, Pueblo in Pueblo County*



Some Are Closing to Medicare

- Primary Care Practices
 - 62% closed to new Medicare patients - Texas Medical Association 2008
 - 59% of rural practices closed to new Medicare patients - Washington Department of Health 2003



What Can We Do About It?

- The Colorado M.E.S.A. Initiative
 - Medicare Experts / Senior Access
 - Comfortable serving patients with dementia & other geriatric syndromes
- The Colorado Health Foundation
- Senior Care of Colorado, PC
- Alzheimer's Association, Colorado Chapter

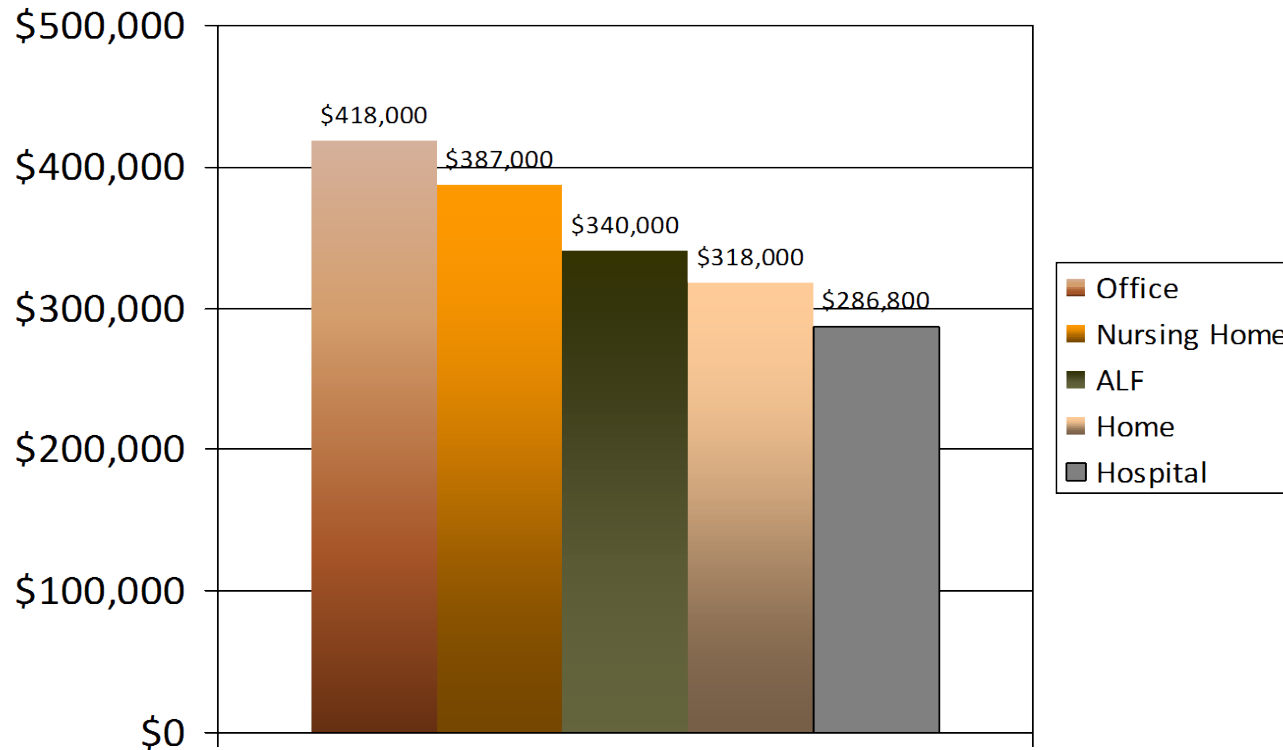


The Right Attitude

- Seniors Need Our Help
- Medicare Reimbursement Is Fair
 - Although not adequate to fix the growing crisis
- Play by the Rules
 - Auditor not interested in “perfect” notes
- Responsible Stewards of Medical Resources
- May Have To Break Old Habits



Maximum Annual Revenue - Time




Assumes 100% billing for 8 hours per day, 46 weeks per year at average of levels 2, 3, and 4 based on "time."

For illustration purposes only, not suggestive of actual or appropriate annual revenue. Revenue shown represents gross charges.



Inappropriate Coding

- **Cost of Over-coding**
 - Lost time and money from audits
 - Potential loss of revenue, fines, or even license
- **Cost of Under-coding** 
 - By one level in an office setting: 30 - 50%
 - By one level in a nursing home: 25 - 35%



Critical Billing Success Factors

- **Bill Accurately**
 - All providers should know how to use ICD & CPT codes
- **Bill Appropriately**
 - Medical necessity
 - Adequate documentation
- **Bill Courageously**
 - Bill fairly for services rendered per the rules
 - Be prepared for audits, not intimidated by them



Time Coding



Geriatric Medicine Principles

- Often “High-touch & low-tech”
- Team Approach
 - Critical Input From Patient & Family
 - Desires and preferences
 - Balance the pros and cons of treatment options
 - Focus on function
 - Professional Teams
 - Facility staff (LTC, SNF, AL)
 - Colleagues (MD, NP, PA, LCSW)



Geriatric Medicine Principles *(continued)*

- Medications
 - Try a Safe & Potentially Effective Medication
 - If it doesn't help, try something else
 - Look for the Effects of Multiple Medications
 - Ask to see all medications at one time
 - Consider reducing dosage or removing entirely
 - Be Sensitive to the Cost of Medications
 - Understand the Patient's Preferences Regarding Medications



List of Clinical Guidelines

- Dementia
- A-Fib
- Arthritis
- Cancer Screening
- CHF
- COPD
- Diabetes
- Gerd & PUD
- Hypertension
- Incontinence
- Parkinson's
- PVD



Dementia: Diagnosis

- The Key to Diagnosis
 - History from family or significant others
- Be Sure These Are **Not** Contributing to Deficits:
 - Medications
 - Depression
 - Underlying medical conditions (i.e. B12 deficiency)
- **Imaging Studies Only If:** family insists, unusual history, or neurological exam has focal finding



Dementia: Education

- **Immediately Guide Families to Resources**
 - Call Alzheimer's Association local office or 24/7 Helpline at 800.272.3900
- **At Some Point, Early On, Educate Patient & Family About**
 - Cause
 - Expected course
 - Treatment options



Dementia: Treatment

- **Same Medications Regardless of Dementia Type**
 - Cholinesterase inhibitors (Exelon, Razadyne, or Aricept) & Namenda
 - Judge response by reports from patient/family
- **If Patient/Family Want to Do Everything Possible**
 - Consider other options to slow progression, e.g., exercise, cognitive stimulation, add another medication



Dementia: Medications

- **At About 4 Months After Initiation:**
 - If no improvement, consider changing medication
- **After Trial of 2 or More Medications:**
 - Discuss pros and cons of continuing medications
 - Realize that medications may be slowing the progression
- **Be Sensitive to Cost of Medications**
 - New classes in the pipeline likely to increase cost



Advanced Dementia

- Reassess Medications in Advanced Stages
 - Especially in the LTC setting
 - It's fine to continue medications appropriately
 - Be wary of claim 'patient will decline rapidly after withdrawal from medication'
- Hospice Care
 - Consider for advanced dementia and clear decline





Medicare Experts/Senior Access
Innovations in Geriatric Practice and Alzheimer's Care

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Hiemaster

Password

Remember Me

Login

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The Colorado M.E.S.A. Initiative!

Are You A Colorado Physician Providing Primary Care to Seniors?

Thanks to a grant from the Colorado Health Foundation and the support of the Alzheimer's Association Colorado Chapter and Senior Care of Colorado, YOU can:

Become a Medicare Expert!

- Be confident in your coding and documentation abilities
 - know the 2 key paths to billing success
 - know how to provide great geriatric patient care AND be paid appropriately
 - know the critical role of place of service
 - know, specifically, what Medicare pays
- Learn key lessons from Colorado's largest geriatric practice

Increase Senior Access to Quality Healthcare!

- Understand what the Medicare guidelines require and what they don't
- Understand that the Medicare program *does* pay fairly (although not necessarily adequately to fix the growing crisis)
- Be comfortable serving seniors with the toughest clinical challenges

When you become a participant in the Colorado Mesa Initiative ***at no cost to you or your practice***, you'll gain access to the M.E.S.A. Training Resources:

Workshop Schedule

May 2009						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Workshop Details

Click on your date and location below for a printable version of Training Workshop details:





$E = MC^2$

QUESTIONS?