

# Clinical documentation and the ASC

How new tech yielded cost savings for Greensboro Specialty Surgery Center



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When surgical care is delivered in the Ambulatory Surgery Center (ASC), both payers and patients win. Surgery patients tend to have better experiences when treated in an ASC, and the price tag on these procedures is generally lower than it would be if performed in a hospital. The bottom line: payers reimburse less for procedures and patients have higher satisfaction with the care experience.

However, as ASCs deliver care at a lower cost, it's important for these organizations to ensure bills are accurate and that claims go out clean and garner fair, timely reimbursement. Many ASC administrators find that clinical documentation is a weak link in this process, according to Lucian Newman III, MD, FACS, CMIO with Nuance. Dr. Newman said when he documented care episodes as a general surgeon, he would sometimes have to wait more than a week after the procedure to finish the documentation. This would undercut the thoroughness of the documentation because details about the surgery had slipped away.

"That is a good way to lose money," Dr. Newman said. "And it's a good way to attract audits because the documentation at your center may not be complete."

Dr. Newman shared his experiences during Becker's ASC Review 26th Annual Meeting: The Business and Operations of ASCs. Nuance hosted a roundtable event to explore how ASCs can enhance documentation workflow, increase the specificity of clinical documentation and optimize the billing cycle. Dr. Newman was joined by his Nuance colleague and fellow CMIO, Robert Budman, MD, and Debbie Murphy, CEO of Greensboro (N.C.) Specialty Surgical Center.

## The importance of accurate clinical documentation

Payer reimbursement for medical procedures is highly dependent on detailed clinical documentation. The list of possible Current Procedural Technology (CPT) variations can appear endless, even for a single type of operation. Relative value units (RVUs) and work relative value units (wRVUs) also drive reimbursement. For example, the wRVUs are different for a simple versus a complex nephrectomy. The nine-point difference in wRVUs translates into an additional \$1,000 in Medicare reimbursement. When physicians fail to use the right language in their notes, it can inaccurately document the severity of an illness or condition.

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Most physicians have limited knowledge about how coding works and weren't taught a standardized way to dictate medical notes. Some take a very detailed approach to documentation, while others provide less specificity. Additionally, coders and physicians typically work in siloes, so neither party fully understands the other's responsibilities. This hinders some physician's capacity to document a care episode in a way that helps streamline back-end revenue cycle processes. Physicians want to focus on patient interactions, not administrative tasks. If they don't understand the importance of detailed documentation, they may take a more hands-off approach to clinical notes.

To support better clinical documentation among surgeons, ASC administrators should make the business and clinical case for better documentation clear to physicians – if the facility isn't reimbursed adequately or in a timely fashion, it could inhibit the organization's ability to invest in technologies and staff that directly influence patient care.

Beyond effectively communicating the importance of accurate notes to physicians, ASC leaders can integrate technology solutions that ease surgeons' documentation burden. Computer-assisted technology can take critical information from the medical record into account and streamline the documentation workflow. Dr. Budman offered some



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insights into how the technology works in real time.

“Nuance’s Computer-Assisted Physician Documentation (CAPD) tool takes any CPT code, identifies the questions that must be answered and prompts doctors in real time to capture the right information,” he said. “It’s easy, fast, accurate and specific. We want to streamline the process to be efficient and produce first-time right documents.”

Once the documentation is complete, Nuance Surgical CAPD creates a highly detailed clinical report and makes it available to team members through the EHR. The technology can be used from a mobile app or from a desktop. Dr. Newman, for example, works on a desktop in the operating room. During procedures, he takes pictures which go straight to the patient’s electronic record.

“If I don’t document images, the coder won’t bill for them,” Dr. Budman said. “For example, debridement is one of the things for auditors are most focused on because many different surgeons do it and they all document it differently. Capturing images and notes for these procedures is essential.”

## Transforming the clinical documentation process at Greensboro Specialty Surgery Center

Greensboro Specialty Surgical Center is a multispecialty facility that performs around 6,500 cases each year. The center comprises three operating rooms and four procedure rooms. Ophthalmology represents one third (35 percent) of the center’s procedure volume. Other specialty surgeries offered at the center include neurosurgery, pain management, GI and podiatry cases. The ASC has seen a steady increase in neurosurgery procedures, from 245 patients in 2011 to 840 today.

In 2017, Greensboro Specialty Surgical Center re-examined its costly and cumbersome transcription and documentation process. It had been using the same transcription service for more than 20 years. Physicians dictated their notes, the notes went to the transcription service and when returned, were placed in a folder. The next time the physician was onsite, he or she would review the clinical notes and make changes. Only then would the documentation go to coding.

Ms. Murphy said, "It took us eight to 10 days to bill a case. In addition, we weren't pleased with the timeliness of the transcription service. We conducted a regional analysis and found that our transcription costs were one of the highest in the southeast."

A new neurosurgeon who joined Greensboro Specialty Surgical Center had used Nuance Surgical CAPD during his residency and recommended it. After evaluating the product, Greensboro Specialty's ASC decided to integrate the technology. Ms. Murphy explained, "I didn't involve my physicians in the decision; it would have taken years. We got everything ready and set up everyone's templates. I then sent an email saying we were moving to an easy-to-use, electronic transcription process next month that would save the practice a considerable amount of money." The physicians had a 30-day window to transition before the old service was discontinued.

The implementation and rollout went smoothly, and Greensboro Specialty Surgical Center is deriving significant value from the new system. Ms. Murphy said, "The biggest benefit has been the cost savings, but it has also saved a lot of time for the staff. Nuance Surgical CAPD has eliminated queries back-and-forth between physicians' offices. Our days-to-bill has improved significantly, which means cash is coming in faster. In addition, the physicians love it. They can e-sign their notes, dictate with computers in the ORs and dictate in between cases."

For ASCs considering a conversion to a digital clinical documentation solution, Ms. Murphy recommended three best practices based on her experience at Greensboro Specialty Surgery Center:

**1. Make sure you are completely ready before rolling out the technology.** If physicians run into problems, they won't be happy. The goal is to have a completely smooth transition.

**2. Appoint a champion.** Greensboro Specialty Surgery Center's business office manager is the champion for the organization. Physicians can call her for help.

**3. Establish a transition period during which physicians can still use the old system.** Ms. Murphy established a 30-day transition period at Greensboro Specialty Surgery Center to account for unpredictable case schedules and the vacations of several surgeons.

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## Conclusion

Clinical documentation software solutions represent the next wave in workflow efficiency for ASCs. Systems like Nuance Surgical CAPD can help reduce physician burnout, increase face-to-face interaction between physicians and patients, enhance compliance, ensure appropriate reimbursement and quality scores and speed the time-to-bill.

As Dr. Budman explained, "Surgeons can complete signed-off, fully codified and billable notes in 90 seconds, and ASCs are ready to bill in two hours. Every structured note is in the same format, so the things you want to find are always in the same place."

*To learn how Nuance CAPD and speech recognition, backed by artificial intelligence, can ease the clinical documentation burden for your care teams and business office staff, please call 1-877-805-5902 or visit [nuance.com/ASC](http://nuance.com/ASC). ■*

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