



The NOTICE Act – New Requirements for Observation Patients – What Your Organization Needs to Know

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CENTRAL & SOUTHERN OHIO *Chapter*

Lunch and Learn Webinar
March 9, 2016

Webinar Objectives

- Examine the background that led to the legislation, including the Two-Midnight Rule
- Discuss the impact of observation status upon both patients and hospitals
- Review state-specific statutes
- Analyze the requirements for hospitals set forth in the NOTICE Act
- Evaluate the potential ramifications of compliance with this legislation
- Design a system to electronically document provision of notification and refusal of acknowledgment
- Synthesize an automated follow-up process for patients who leave AMA due to their observation status

Background

Medicare

- Covers 50.7 million Americans
 - 16 percent of the population
- 17 percent of Medicare beneficiaries are under age 65
 - Individuals with a permanent disability
 - Tend to have lower incomes and higher rates of health problems

Multack M, Noel-Miller C. Who relies on Medicare? Profile of THE Medicare Population. *AARP Public Policy Institute*. January 2014.

http://member.aarp.org/content/dam/aarp/research/public_policy_institute/health/2014/who-relies-on-medicare-fact-sheet-2014-AARP-ppi-health.pdf (accessed 2/16/16)

Medicare (original)

Part A (typically no premium)

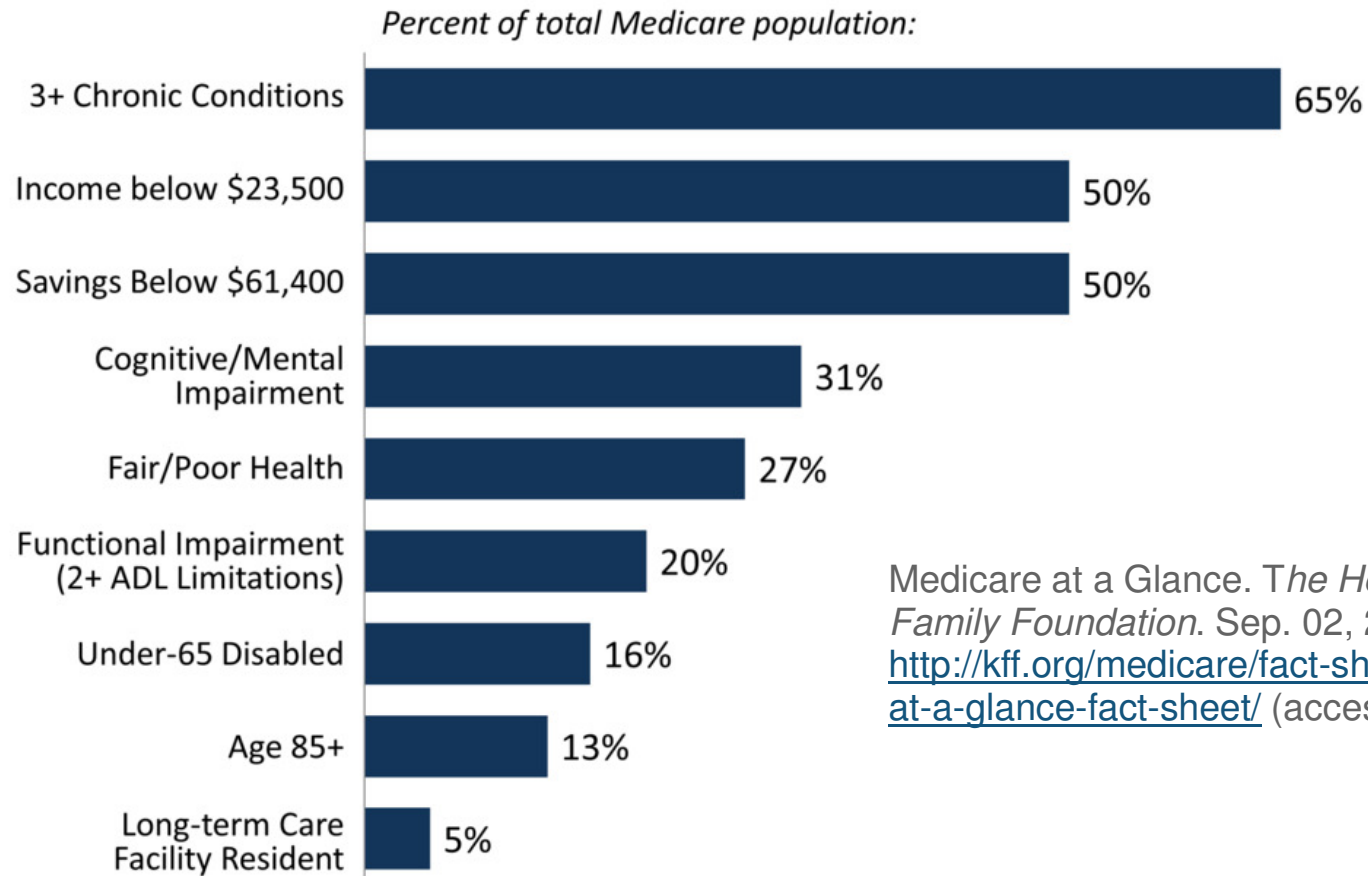
- Inpatient hospital stays including nursing care (~80%)
- Skilled nursing care after a hospital stay
- Home health
- Hospice

Part B (\$121.80/month*)

- Part of MD visits
- Outpatient services
- Rehab
- Some home health, mental health
- Medical equipment, Lab, X-rays, blood, ambulance

*Higher if annual income was greater than \$85,000 in 2014

Characteristics of the Medicare Population



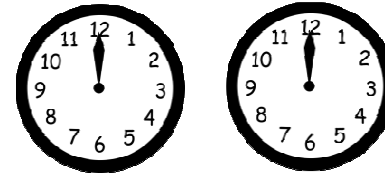
Medicare at a Glance. *The Henry J. Kaiser Family Foundation*. Sep. 02, 2014.
<http://kff.org/medicare/fact-sheet/medicare-at-a-glance-fact-sheet/> (accessed 2/16/16)

NOTE: ADL is activity of daily living.

SOURCE: Urban Institute and Kaiser Family Foundation analysis, 2013; Kaiser Family Foundation analysis of the Centers for Medicare & Medicaid Services Medicare Current Beneficiary 2010 Cost and Use file.

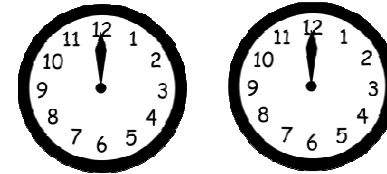
Two-Midnight Rule

- Adopted by CMS on October 1, 2013
- In general:
 - Inpatient admissions will be payable under Part A if the admitting practitioner expected the patient to require a hospital stay that crossed two midnights and the medical record supports that reasonable expectation
 - Medicare Part A payment is not appropriate for hospital stays not expected to span at least two midnights



Fact Sheet: Two-Midnight Rule. *Centers for Medicare & Medicaid Services*. July 1, 2015. <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-07-01-2.html> (accessed 2/16/16)

Two-Midnight Rule

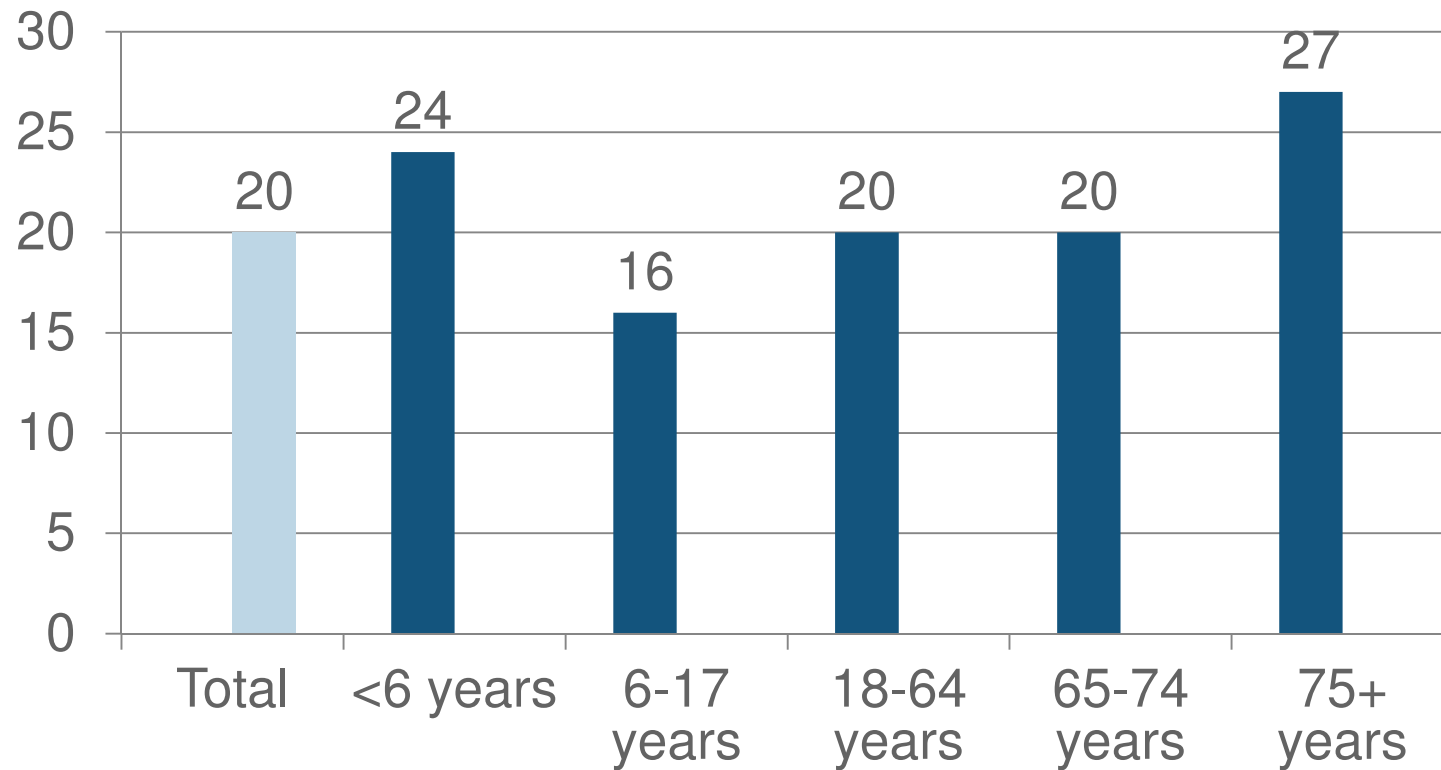


- 2016 final OPPTS rule (issued on October 30) is more “collaborative” than in the past
- Inpatient admissions less than two midnights may be payable under Part A on a case-by-case basis based on the judgment of the admitting physician, documentation supporting the inpatient admission in the medical record and subject to medical review
- Responsibility for rule enforcement and education has been moved from Recovery Auditors to Quality Improvement Organizations (QIOs)

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs. 42 CFR Parts 405, 410, 412, 413, 416, and 419. <https://www.gpo.gov/fdsys/pkg/FR-2015-11-13/pdf/2015-27943.pdf> (accessed 2/16/16)

Emergency Department Visits

Percent of Americans Who Visit the ED One or More Times in a Year



Health, United States, 2012 with Special Feature on Emergency Care, *HHS*, <http://www.cdc.gov/nchs/data/hus/hus12.pdf> (accessed 2/16/16).

Observation Status

Increased Use of Observation Status

- A review of Medicare claims between 2007 and 2009
 - Observation stays increased 34 percent
 - Inpatient stays decreased
 - Suggestive of *“a substitution of outpatient observation services for inpatient admissions”*

Zhanlian F, et al. “Sharp Rise In Medicare Enrollees Being Held In Hospitals For Observation Raises Concerns About Causes And Consequences,” *Health Affairs* 2012:31(6).

Increased Use of Observation Status

- Possible drivers:
 - Two-Midnight Rule (short observation stays)
 - Private insurer pressure to avoid short inpatient stays
 - Recovery Auditors (formerly RAC program)
 - Hospital is denied reimbursement if the patient is incorrectly classified
 - Hospital Readmission Reduction Program
 - Outpatient admissions do not trigger a readmission penalty

Observation Stays Deny Medicare Beneficiaries Access to Skilled Nursing Center Care. *Center for Medicare Advocacy*. <http://www.medicareadvocacy.org/wp-content/uploads/2015/06/6.30.15.Observation-Stays-Coalition-One-Pager.pdf> (accessed 2/16/16)

Impact on Patients

Impact of Observation Status

- U.S. Senate Special Committee on Aging
- July 30, 2014

<http://www.aging.senate.gov/hearings/admitted-or-not-the-impact-of-medicare-observation-status-on-seniors>
(accessed 2/16/16)



The screenshot shows a web browser window with the URL www.aging.senate.gov/hearings/admitted-or-not-the-impact-of-medicare-observation-status-on-seniors. The page features a dark blue header with navigation links: HOME, ABOUT, HEARINGS, PRESS ROOM, RESOURCES, and CONTACT. Below the header is a large banner image of the U.S. Capitol building at night, with the text "SPECIAL COMMITTEE ON AGING" overlaid. A search bar is visible on the right side of the banner. Below the banner is a blue bar with accessibility options: "Text Only A", "Text Size +", and "Text Color". To the right of these options are social media icons for Facebook and Twitter, and a yellow "FRAUD Hotline" button. The main content area has a white background and features the title "Admitted or Not? The Impact of Medicare Observation Status on Seniors". Below the title, the date is "Wednesday, July 30, 2014", the time is "02:00 PM", and the location is "Russell 418". A video player is embedded, showing a play button and the text "COMMITTEE HEARING WATCH VIDEO". To the right of the main content is a "Related Files" section with three links: "AARP", "HHS OIG", and "Center For Medicare Advocacy Part 1" and "Part 2". At the bottom right of the page is a yellow accessibility icon.

Impact of Observation Status

- Patient cost-sharing
 - Observation (outpatient/Part B) results in 20 percent beneficiary coinsurance for:
 - Observation services
 - Physician services
 - Laboratory services
 - Imaging services
 - Hospital-administered drugs (e.g. IV meds)
 - No coverage for self-administered drugs (e.g. chronic, oral)

Impact of Observation Status

- Patient cost-sharing
 - 10 percent of Medicare observation patients faced out-of-pocket costs that exceeded the hospital inpatient deductible (2009 study / deductible was \$1,068)¹
 - Beneficiary payments for outpatient stays averaged \$401 in 2012 compared to \$725 for short inpatient stays²
 - 6 percent of beneficiaries in observation stays paid more than they would have paid in an inpatient stay

¹To Admit or Not To Admit: The Financial Impact of Hospital Observation Status on Medicare Beneficiaries”, Social & Scientific Systems and AARP Public Policy Institute, Research Report; Prepublication WORKING DRAFT, Under Review (July 2014).

²Hospitals’ Use of Observation Stays and Short Inpatient Stays for Medicare Beneficiaries, HHS Office of Inspector General, OEI-02-12-00040, July 2013, <http://oig.hhs.gov/oei/reports/oei-02-12-00040.asp> (accessed 2/16/16)

Impact of Observation Status

- Skilled nursing facility services
 - A three-day inpatient hospital stay is required as a precondition for Medicare coverage of SNF services
 - In 2012, Medicare beneficiaries had 618,000 hospital stays lasting 3 nights or more that did not include 3 inpatient nights
 - 25,000 (4 percent) of those patients required SNF services
 - Beneficiaries were charged approximately \$11,000

Hospitals' Use of Observation Stays and Short Inpatient Stays for Medicare Beneficiaries, HHS Office of Inspector General, OEI-02-12-00040, July 2013, <http://oig.hhs.gov/oei/reports/oei-02-12-00040.asp> (accessed 2/16/16)

Impact of Observation Status

- Patient satisfaction scores
 - The confusion, and potential financial consequences, even if they do not represent a net loss to the patient, may result in lower patient satisfaction scores

Edwards C. Medicare needs to end observation status for patients. *Modern Healthcare*. September 6, 2014.

<http://www.modernhealthcare.com/article/20140906/MAGAZINE/309069975> (accessed 2/16/16)

Kelly T. The observation admission - overcoming challenges for improved patient satisfaction. *Becker's Hospital Review*. November 13, 2014.

<http://www.beckershospitalreview.com/hospital-management-administration/the-observation-admission-overcoming-challenges-for-improved-patient-satisfaction.html> (accessed 2/16/16)

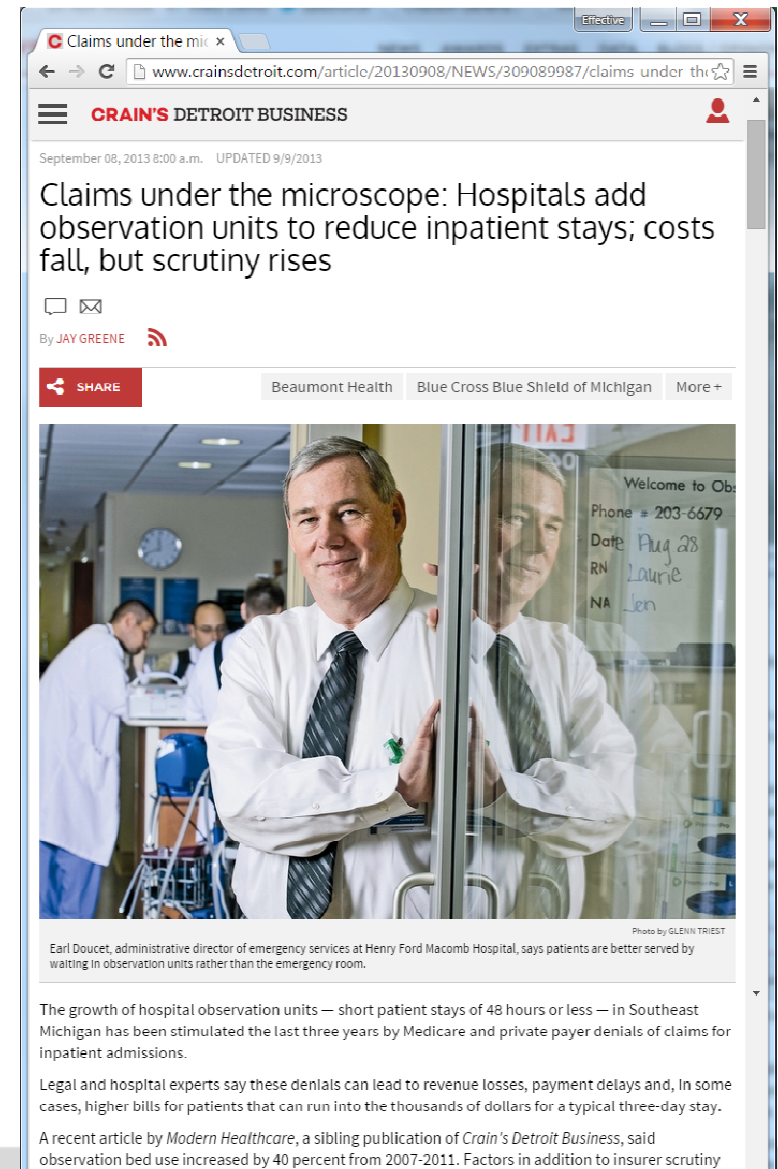
Impact on Hospitals

Impact of Observation Status

- Growth of observation units
 - 30 percent of hospitals have short-stay observation units¹
 - Observation bed use increased 40 percent from 2007-2011
 - Observation units employed with patients admitted <24 hours can save \$1,572 per patient²

¹Crain's Detroit Business. Sept. 8, 2013.
<http://www.crainsdetroit.com/article/20130908/NEWS/309089987/claims-under-the-microscope-hospitals-add-observation-units-to> (accessed 2/16/16)

²Baugh CW, et al. Making greater use of dedicated hospital observation units for many short-stay patients could save \$3.1 billion a year. *Health Affairs* (Millwood). 2012;31(10):2314-23.



The screenshot shows a web browser window displaying a news article. The browser's address bar shows the URL: www.crainsdetroit.com/article/20130908/NEWS/309089987/claims-under-the-microscope-hospitals-add-observation-units-to. The article is from Crain's Detroit Business, dated September 08, 2013, 8:00 a.m., and was updated on 9/9/2013. The title of the article is "Claims under the microscope: Hospitals add observation units to reduce inpatient stays; costs fall, but scrutiny rises". The author is listed as JAY GREENE. Below the title, there are social media sharing options for Facebook, Twitter, and LinkedIn. A "SHARE" button is also visible. The article features a photograph of Earl Doucet, administrative director of emergency services at Henry Ford Macomb Hospital, standing in a hospital hallway. A whiteboard in the background lists patient information: "Welcome to Observation Unit", "Phone = 203-6679", "Date Aug 28", "RN Laurie", and "NA Jen". Below the photo, a caption reads: "Earl Doucet, administrative director of emergency services at Henry Ford Macomb Hospital, says patients are better served by waiting in observation units rather than the emergency room." The article text below the photo states: "The growth of hospital observation units — short patient stays of 48 hours or less — in Southeast Michigan has been stimulated the last three years by Medicare and private payer denials of claims for inpatient admissions. Legal and hospital experts say these denials can lead to revenue losses, payment delays and, in some cases, higher bills for patients that can run into the thousands of dollars for a typical three-day stay. A recent article by *Modern Healthcare*, a sibling publication of *Crain's Detroit Business*, said observation bed use increased by 40 percent from 2007-2011. Factors in addition to insurer scrutiny..."

Impact of Observation Status

- Enhanced patient education and disclosure
 - Many hospitals, health systems and associations have worked to educate patients on the difference and implications of an observation admission compared to an inpatient admission

11. If I desire to spend the night after my outpatient surgery, will my stay be covered?

You may stay, overnight after an outpatient procedure, only if your physician determines that it is medically necessary for you to stay. Observation services are not to be used for the convenience of the hospital physician, patient, or their families. For example, the inability to arrange transportation home does not necessitate an overnight stay.

12. Can my physician order observation services before the procedure is performed.

No. the routine preparation before a test or procedure is not considered to be an observation service. Observation services should only be ordered after the procedure and only after a routine recovery period has revealed a complication that would require additional time for monitoring and treatment.

13. If my physician places me in observation how does this affect my out of pocket costs?

Since observation is an outpatient service, any outpatient coinsurance will apply. Medicare beneficiaries will be responsible for any "self administrable" medications. This means any medications, which you could give yourself if you were at home, such as pills and creams, are not-covered items on an outpatient bill.


Developed in conjunction with the FHA Observation Task Force

FHA FLORIDA HOSPITAL ASSOCIATION

Lee Memorial Health System
Department of Care Management
Main Office (239) 343-2940

Revised March 2012

A Patient's Guide to Medicare Outpatient Observation

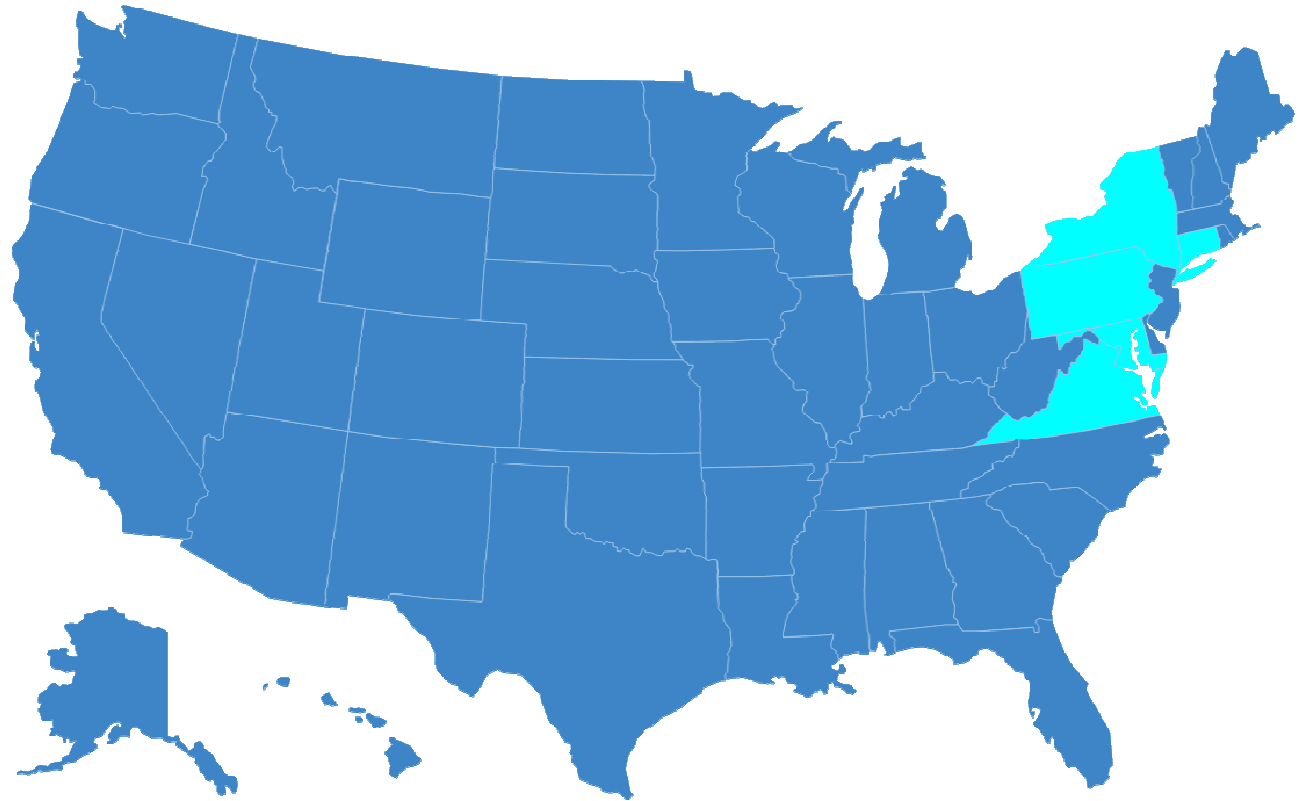


A Patient's Guide to Medicare Outpatient Observation.
Florida Hospital Association. Revised March 2012.

State-Specific Legislation

Five States Have Enacted Disclosure Legislation

- All require explanation of observation status along with disclosure of potential financial implications



Maryland

- Effective October 1, 2013
 - Oral and written notice
 - Name and title of staff who provided notice
 - Date and time of notice
 - Signature of patient

<http://www.dsd.state.md.us/comar/comarhtml/10/10.07.01.29.htm> (accessed 2/16/16)

New York

- Effective October 21, 2013
 - Oral and written notice
 - Advises patient to contact his or her insurance plan
 - Signature of patient

http://assembly.state.ny.us/leg/?default_fld=%0D%0A&bn=A7257&term=2013&Summary=Y&Actions=Y&Memo=Y&Text=Y (accessed 2/16/16)

Connecticut

- Effective October 1, 2014
 - Oral and written notice
 - Advises patient to contact his or her insurance plan
 - Signature of patient
 - Date of signature

<https://www.cga.ct.gov/2014/act/pa/pdf/2014PA-00180-R00HB-05535-PA.pdf>
(accessed 2/16/16)

Pennsylvania

- Effective April 20, 2015
 - Oral and written notice
 - Advises patient to contact his or her insurance plan if they have specific questions
 - Contemplates expiration if the 3-day qualifying stay for SNF services is amended by the Federal Government

<http://www.legis.state.pa.us/cfdocs/billInfo/billInfo.cfm?sYear=2013&sInd=0&body=H&type=B&bn=1907> (accessed 2/16/16)

Virginia

- Effective July 1, 2015
 - Oral and written notice
 - Specifies at least 14-point font
 - Advises patient to contact his or her insurance plan and/or CMS for more information

<http://lis.virginia.gov/cgi-bin/legp604.exe?151+ful+CHAP0365>
(accessed 2/16/16)

The NOTICE Act

The NOTICE Act

- Notice of Observation Treatment and Implication for Care Eligibility Act (1½ pages, 488 words)
- Signed by President Obama on August 6, 2015
- Effective August 6, 2016
- An amendment to the Social Security Act
 - Similar to the amendments set forth in the Federal Patient Self Determination Act of 1990 (requirement for advance directives under state plans for medical assistance)
- Contemplates language and rulemaking as determined by the Secretary of Health and Human Services

<https://www.congress.gov/114/plaws/publ42/PLAW-114publ42.pdf>
(accessed 2/16/16)

Provisions

- Applies to hospitals and critical access hospitals
- Patients who receive observation services as an outpatient for more than 24 hours
- Must notify patients not later than 36 hours after service begins (sooner if the patient is released)
- Must provide written notification and oral explanation of the written notification
- Notification to be in “plain language” and in “appropriate languages”

Written Notification – Explanations

- Explain that the patient is an outpatient receiving observation services – not an inpatient
- Explain the reasons for such status
- Explain the implications of such status
 - Cost-sharing requirements
 - Subsequent eligibility for coverage for services furnished by a skilled nursing facility
- “Additional information as the Secretary determines appropriate”

Written Notification – Signatures

- Signed by patient
 - Alternatively, by the patient’s representative
- If patient refuses to sign, signed by the staff member who certifies the presentation of the notification
 - Signature
 - Name
 - Title
 - Date
 - Time

Implementation Strategies

Process

- Determine when to conduct the notification process
 - Align with an existing process – consent, disclosure, registration
- Determine who will perform the notification
 - Could be a lengthy process for some patients
 - Training and certification
- Determine how the process will be performed
 - Involve family
 - Employ teach-back
 - Do not consider it a one-time event

Documentation

- Consider automation
 - Standardizes the process across providers
 - Protects against errors and omissions
 - Facilitates documentation

Standard Register HEALTHCARE

View Other Profile

tkelly Logout About Support Content Request English-US

Doe, Jane Q

Admin Forms: Admi...

Document Title
Acknowledgement of Outpatient Classification
Appearance Release and HIPAA
CC-170
CC-170 (Spanish)
CC-171
CC-9021
CC-9632
Frykberg 1042 ICF - Test1
Frykberg 1042 ICF - Test2
HIE Consent Spring Haven
Hospital Services
LOGON
NEU Intake Form (Spring Haven)
Observation Admission Education Brochure
Patient Financial Statement
PHI Disclosures (Spring Haven)
Privacy Act Statement_Bremerton
SJH-1035(Advanced Directive_Organ Donation Interview)
SRMC-170
SRMC-170-HH
SRMC-171
SRMC-171 (Spanish)
SRMC-171-HH

Doe, Jane Q

Unknown
01/01/1950
23 First Street
Anytown, NY 06490

Select Patient...

Clear Patient

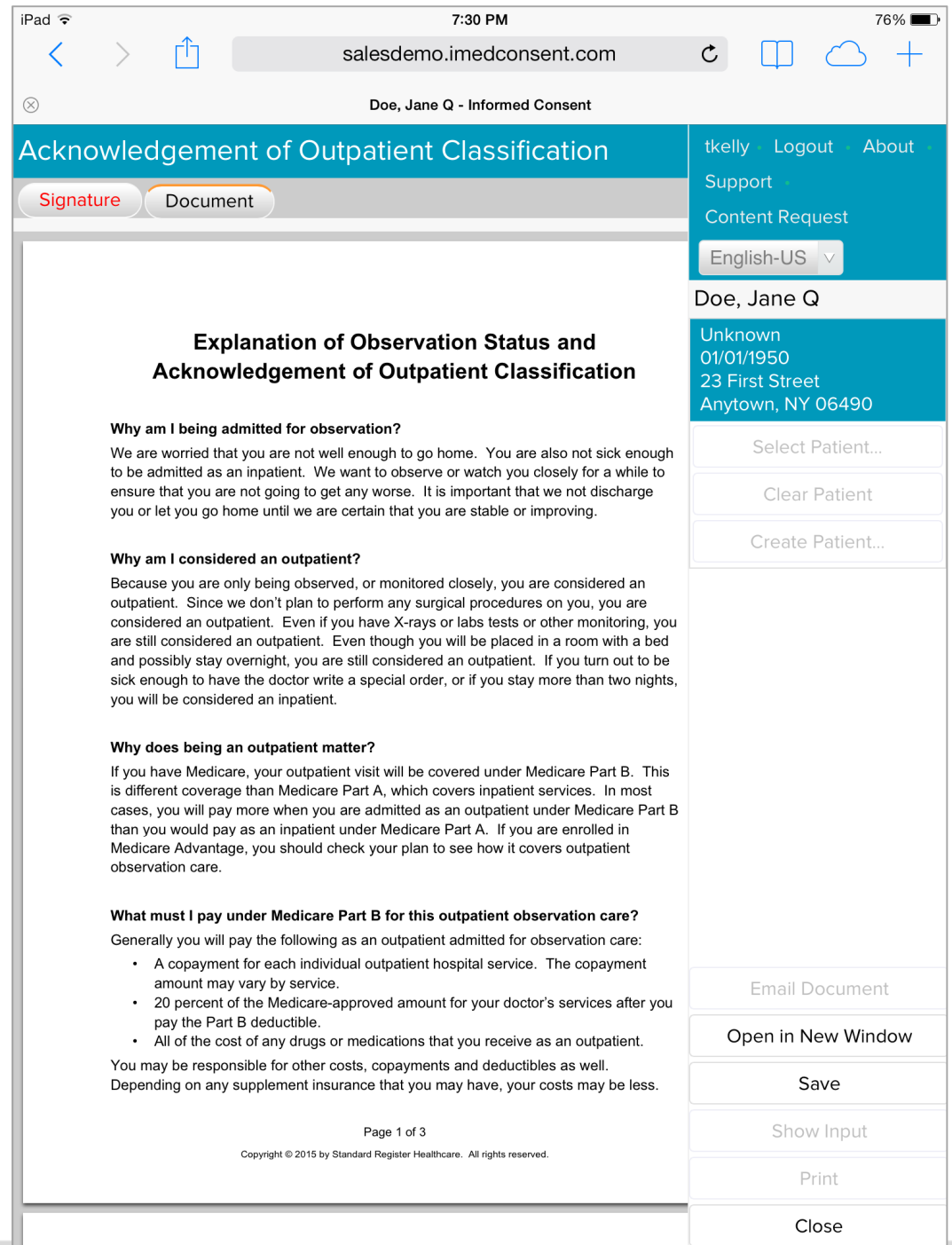
Create Patient...

Add Favorite

Start...

Documentation

- Electronic systems ensure proper version control
- Provide access to documents stored in multiple languages
- Support “business rules” (e.g. a drop-down list for *reason for observation status*)



The screenshot shows a mobile browser interface on an iPad. The address bar displays "salesdemo.imedconsent.com". The page title is "Doe, Jane Q - Informed Consent". The main content area is titled "Acknowledgement of Outpatient Classification" and includes a "Signature" button and a "Document" button. The document text explains the observation status and outpatient classification, covering topics such as admission reasons, outpatient status, Medicare coverage, and costs. The right sidebar contains user information for "Doe, Jane Q", a patient selection menu, and action buttons like "Email Document", "Open in New Window", "Save", "Show Input", "Print", and "Close".

7:30 PM 76%

salesdemo.imedconsent.com

Doe, Jane Q - Informed Consent

Acknowledgement of Outpatient Classification

tkelly Logout About Support Content Request English-US

Doe, Jane Q

Unknown
01/01/1950
23 First Street
Anytown, NY 06490

Select Patient...
Clear Patient
Create Patient...

Email Document
Open in New Window
Save
Show Input
Print
Close

Explanation of Observation Status and Acknowledgement of Outpatient Classification

Why am I being admitted for observation?

We are worried that you are not well enough to go home. You are also not sick enough to be admitted as an inpatient. We want to observe or watch you closely for a while to ensure that you are not going to get any worse. It is important that we not discharge you or let you go home until we are certain that you are stable or improving.

Why am I considered an outpatient?

Because you are only being observed, or monitored closely, you are considered an outpatient. Since we don't plan to perform any surgical procedures on you, you are considered an outpatient. Even if you have X-rays or labs tests or other monitoring, you are still considered an outpatient. Even though you will be placed in a room with a bed and possibly stay overnight, you are still considered an outpatient. If you turn out to be sick enough to have the doctor write a special order, or if you stay more than two nights, you will be considered an inpatient.

Why does being an outpatient matter?

If you have Medicare, your outpatient visit will be covered under Medicare Part B. This is different coverage than Medicare Part A, which covers inpatient services. In most cases, you will pay more when you are admitted as an outpatient under Medicare Part B than you would pay as an inpatient under Medicare Part A. If you are enrolled in Medicare Advantage, you should check your plan to see how it covers outpatient observation care.

What must I pay under Medicare Part B for this outpatient observation care?

Generally you will pay the following as an outpatient admitted for observation care:

- A copayment for each individual outpatient hospital service. The copayment amount may vary by service.
- 20 percent of the Medicare-approved amount for your doctor's services after you pay the Part B deductible.
- All of the cost of any drugs or medications that you receive as an outpatient.

You may be responsible for other costs, copayments and deductibles as well. Depending on any supplement insurance that you may have, your costs may be less.

Page 1 of 3
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Documentation

- Collect a patient acknowledgement
- If acknowledgement is made by the patient's representative, document the relationship
- Capture the staff member's signature and title when applicable

The screenshot displays a mobile application interface on an iPad. The browser address bar shows 'salesdemo.imedconsent.com'. The page title is 'Doe, Jane Q - Informed Consent'. The main content area is titled 'Acknowledgement of Outpatient Classification' and has two tabs: 'Signature' (active) and 'Document'. Below the tabs is a 'Patient Signature:' field with a red 'Incomplete' status. A modal window titled 'Patient Signature:' is open, showing a handwritten signature 'Jane Doe' in a white box. Below the signature box are links for 'Clear Signature', 'Save', and 'Close'. On the right side of the screen, there is a sidebar with user information: 'tkelly - Logout - About - Support - Content Request - English-US'. Below this is a patient profile for 'Doe, Jane Q' with details: 'Unknown', '01/01/1950', '23 First Street', 'Anytown, NY 06490'. At the bottom right, there are buttons for 'Clear Signatures', 'Save', 'Generate Document', and 'Close'.

Documentation

- Date and time-stamp
signatures
- Patient and family members
should be offered a paper
copy
 - Email
 - Patient portal
- Copy and note stored in the
electronic health record
(EHR)

iPad 7:31 PM 76%

salesdemo.imedconsent.com

Doe, Jane Q - Informed Consent GetDocument

“Against Medical Advice.” We do not recommend this. We would not admit you for observation if we felt you were well enough to go home. You may become sicker if you leave the hospital before we tell you that it is OK.

What are my responsibilities?

You may receive bills for services provided during your stay that may not be covered by Medicare or by other insurance. Those bills are sometimes a surprise to patients who don't understand what you now know about an outpatient observation admission. Remember that even though you were admitted to the hospital, you are considered an outpatient. Your stay was covered under Medicare Part B, not Medicare Part A. You are responsible for paying your bills.

Where can I learn more about what Medicare covers?


For more detailed information on how Medicare covers hospital services, including premiums, deductibles, and copayments, please visit www.Medicare.gov/publications to view the “Medicare & You” handbook. You may also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Page 2 of 3

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I (Doe, Jane Q), understand that my observation status is considered outpatient care and that may affect my insurance coverage for medications, services, supplies and care that I may receive after discharge from the hospital.

Patient Signature:



Signed on September 29, 2015 at 19:30:41

Content


- CMS may supply a form
- Consider your state hospital association (IL and FL are listed below)
- Content providers

<https://www.medicare.gov/Pubs/pdf/11435.pdf>

[http://www.ihatoday.org/uploaddocs/1/observatio
nstayguidelines.pdf](http://www.ihatoday.org/uploaddocs/1/observatio
nstayguidelines.pdf)

[http://www.fha.org/showDocument.aspx?f=PFS-
Patient%27sguidetoMedicareOutptObsRevMarc
h2012.pdf](http://www.fha.org/showDocument.aspx?f=PFS-
Patient%27sguidetoMedicareOutptObsRevMarc
h2012.pdf)

(accessed 2/16/16)



Revised May 2014

Are You a Hospital Inpatient or Outpatient?

If You Have Medicare – Ask!

Did you know that even if you stay in a hospital overnight, you might still be considered an “outpatient?” Your **hospital status** (whether the hospital considers you an “inpatient” or “outpatient”) affects how much **you pay** for hospital services (like X-rays, drugs, and lab tests) and may also affect whether Medicare will cover care you get in a skilled nursing facility (SNF) following your hospital stay.

- You’re an **inpatient** starting when you’re formally admitted to a hospital with a doctor’s order. The day **before** you’re discharged is your last inpatient day.
- You’re an **outpatient** if you’re getting emergency department services, observation services, outpatient surgery, lab tests, X-rays, or any other hospital services, and the doctor **hasn’t** written an order to admit you to a hospital as an inpatient. In these cases, you’re an outpatient even if you spend the night at the hospital.

Note: Observation services are hospital outpatient services given to help the doctor decide if the patient needs to be admitted as an inpatient or can be discharged. Observation services may be given in the emergency department or another area of the hospital.

The decision for inpatient hospital admission is a complex medical decision based on your doctor’s judgment and your need for medically necessary hospital care. An inpatient admission is generally appropriate when you’re expected to need 2 or more midnights of medically necessary hospital care, but your doctor must order such admission and the hospital must formally admit you in order for you to become an inpatient.

Read on to understand the differences in Original Medicare coverage for hospital inpatients and outpatients, and how these rules apply to some common situations. If you have a Medicare Advantage Plan (like an HMO or PPO), your costs and coverage may be different. Check with your plan.

Potential Ramifications

Impact of Better Informed Patients

- Concern that patients may leave against medical advice (AMA) if they perceive a higher out-of-pocket cost to be associated with an outpatient observation stay

"We don't want them to do that. We don't think they are well enough to go home but a lot of patients can't afford to pay for their medicine."

Catherine Polera, MD
Chief Clinical Officer, Division of Emergency Medicine
Sheridan Healthcare

MacDonald I. Emergency room docs struggle with two-midnight rule, observation status. *Fierce Healthcare*. July 16, 2014. <http://www.fiercehealthcare.com/story/emergency-room-docs-struggle-two-midnight-rule-observation-status/2014-07-16>
(accessed 2/16/16)

Patient Follow-Up Programs

- Implement, expand and/or formalize a patient follow-up program for patients discharged from the ED
- Confirm that patients are progressing as expected
- Extend the continuum of care 24-48 hours and outside the walls of the ED

Verizon 1:05 PM 65%

H Suburban Community

1. How are you feeling today compared to when you were seen in the ER?

Better

Same

Worse

Comments

Add Comments

No Comments

Previous Next

Patient Follow-Up Programs

- Identify gaps in understanding
 - Discharge instructions
 - Medications
 - Follow-up appointments
- Automated systems instantly alert providers to situations where clinical intervention is required

Verizon 1:07 PM 65%

H Suburban Community

2. Do you have any questions about home care, medications, or follow-up appointments?

No

Yes

Comments

Add Comments

No Comments

Previous Next

Automating Patient Follow-Up

- Admissions from the ED declined 20 percent
- Observation admissions declined by one-half



Scaletta T. An automated wellbeing and service follow-up solution that facilitates ED case management. *Presented at the 25th Annual National Forum on Quality Improvement in Health Care.* December 8-11, 2013, Orlando, FL.



Conclusions (Looking Ahead)

Final Regulations

- Please watch for final CMS guidance.



(accessed 2/16/16)

The NOTICE Act

- What it DOES NOT do:
 - It does not fix the quandary of documenting short-stay observation admissions – outpatient or inpatient
 - It does not fix the three-day inpatient requirement for coverage for SNF services
- What it DOES do:
 - It better informs and educates patients (and their family/caregivers)
 - May improve satisfaction scores

Unknowns

- Impact on the mix of outpatient vs. inpatient short-stay observation admissions
- Impact on collections
- Incidence of patients leaving AMA

What to Do Today

- Review your observation service line
- Implement (formalize) your observation stay notification program – don't wait for the final regulations
 - Final changes will not be dramatic
 - Good for our patients today
- Ensure that you have comprehensive patient follow-up programs in place for your discharged ED patients

Questions

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<http://psqh.com/psqh-blog/the-complexities-of-observation-status-new-legislation-seeks-to-put-patients-on-notice>

iMedConsent™ Solution – patient education and disclosure tool
www.iMedConsent.com

SMARTworks® EffectiveResponse – patient follow-up solution
www.StandardRegister.com/EffectiveResponse