



# How Your Time is Valued

---

LANCE A. MANNING MD

ENT CENTERS OF THE OZARKS





# ~~VON TRAPP~~

Team Manning



# How is your time is valued?



# How is your time is valued?

## Economically?

- Cost-Based Method-how much to pay someone else to do the work that you do
- Market Rate Method –what you could expect to earn if another entity hired you for the same job
- Expected Value Method-the value you expect the current time that you spend to create in the future



# How do you value your time?

Happiness?

Meaning?



# How do you value your time?

Potential professional work years?

“Healthy years”?

Years they can spend with children or other loved ones?



# How do you personally weigh...



Values?

Opportunity costs?



# How do you personally define...

Work?

Distractions?

Joy?

Worth?



# How Your Time is Valued: (from the CMS Perspective)



# How the Sausage is Made...



# Medicare RBRVS

CPT Code Valuation: How your time is valued-The RUC Process

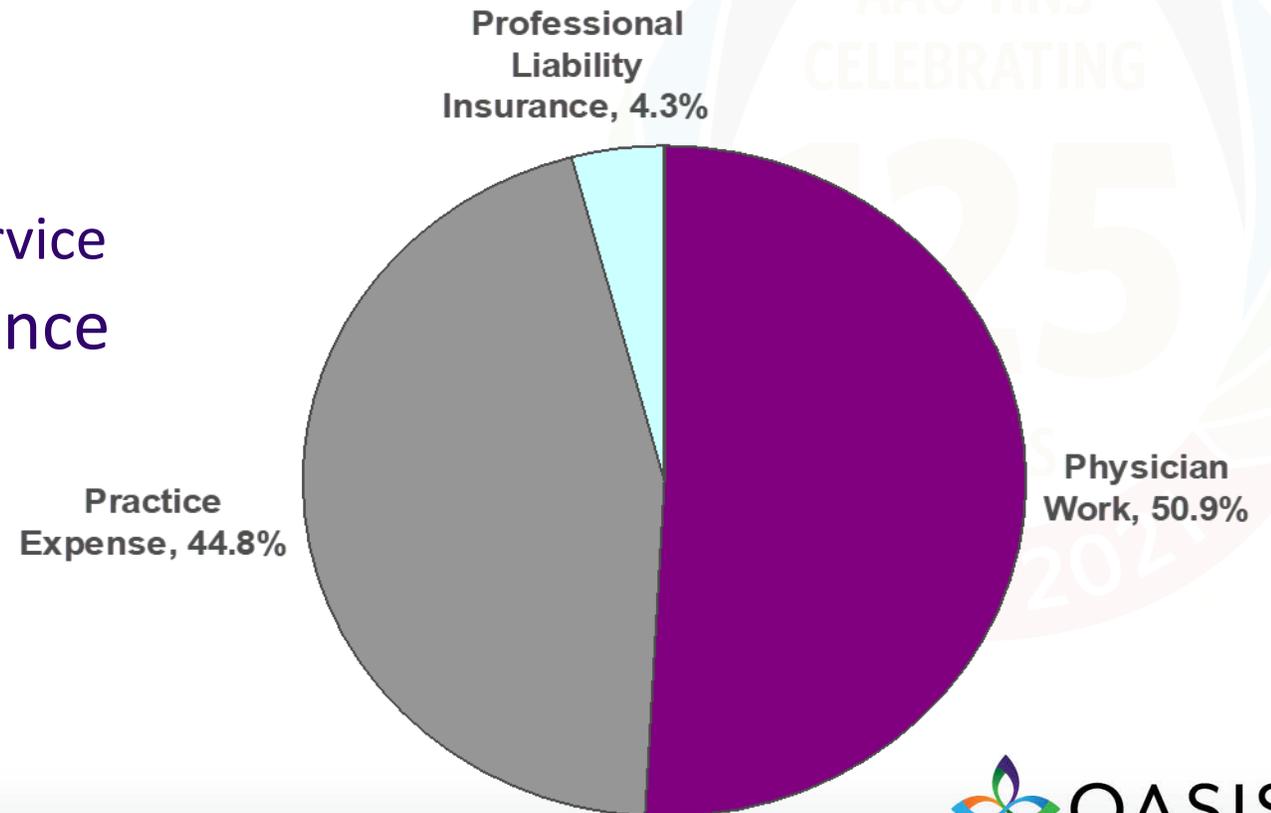
- Medicare implemented the Resource-Based Relative Value Scale (RBRVS) on January 1, 1992
- Standardized physician payment schedule where **payments** for services are **determined by the resource costs** needed to provide them
- Formed the multi-specialty RVS Update Committee (RUC)
- Created a process (with CPT) to develop value recommendations for new, revised, and misvalued codes



# Medicare RBRVS

Cost of providing each service is divided into **three components**:

1. Physician Work
2. Practice Expense
  - differs based on the site of service
3. Professional Liability Insurance



# Physician Work

CPT Code Valuation: How your time is valued-The RUC Process

Determined by:

- The **time** it takes to perform the service
- The **technical skill and physical effort**
- The required **mental effort and judgment**
- Stress due to the potential **risk** to the patient





# Calculating Payment

CPT Code Valuation: How your time is valued-The RUC Process

- The general formula for calculating Medicare payment amounts for is expressed as:

**Total RVU =**

**[(work RVU x work GPCI)\***

**+ (practice expense RVU x practice expense GPCI)**

**+ (malpractice RVU x malpractice GPCI)]**

**Total RVU x Conversion Factor\*\* = Medicare Payment**

\*Geographic practice cost index (GPCI)

\*\**The Conversion Factor for CY 2022= \$34.6062*



# AMA/Specialty Society Relative Value Scale Update Committee (RUC)

CPT Code Valuation: How your time is valued-The RUC Process

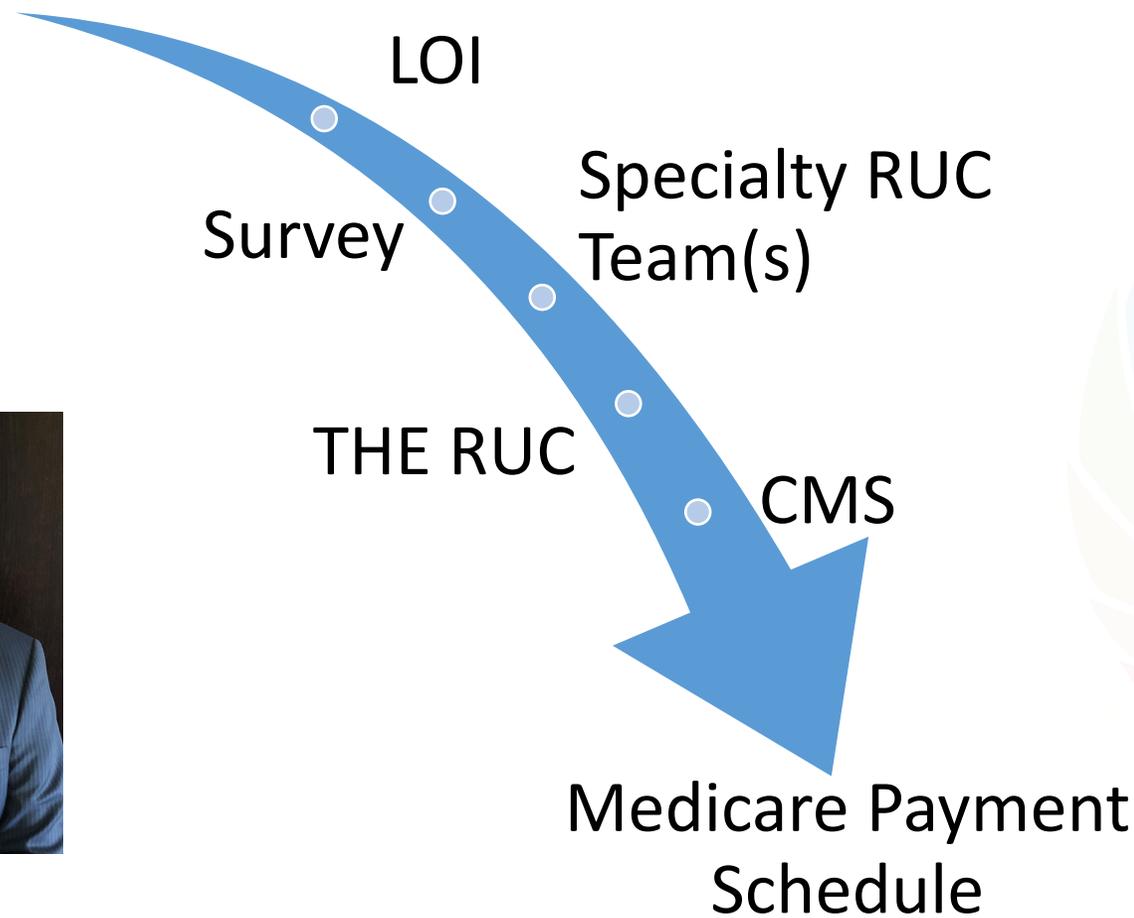
- RUC is an independent expert panel of volunteer physicians
- comprised of 31 members, 28 voting members
- Individuals exercise their independent judgment and are not advocates for their specialty



# RUC Cycle

CPT Code Valuation: Your Role in Surveys for Optimal Compensation- The RUC Process

CPT or CMS



# RUC Process

CPT Code Valuation: How your time is valued-The RUC Process

- **Step 1:** CPT's new and revised codes and CMS requests to review existing codes are submitted to the RUC staff
- **Step 2:** Members of the RUC Advisory Committee review and indicate their societies' level of interest on developing a relative value recommendation
- **Step 3:** AMA staff distribute survey instruments for the specialty societies to evaluate the work involved in the new or revised code



# RUC Process

CPT Code Valuation: How your time is valued-The RUC Process

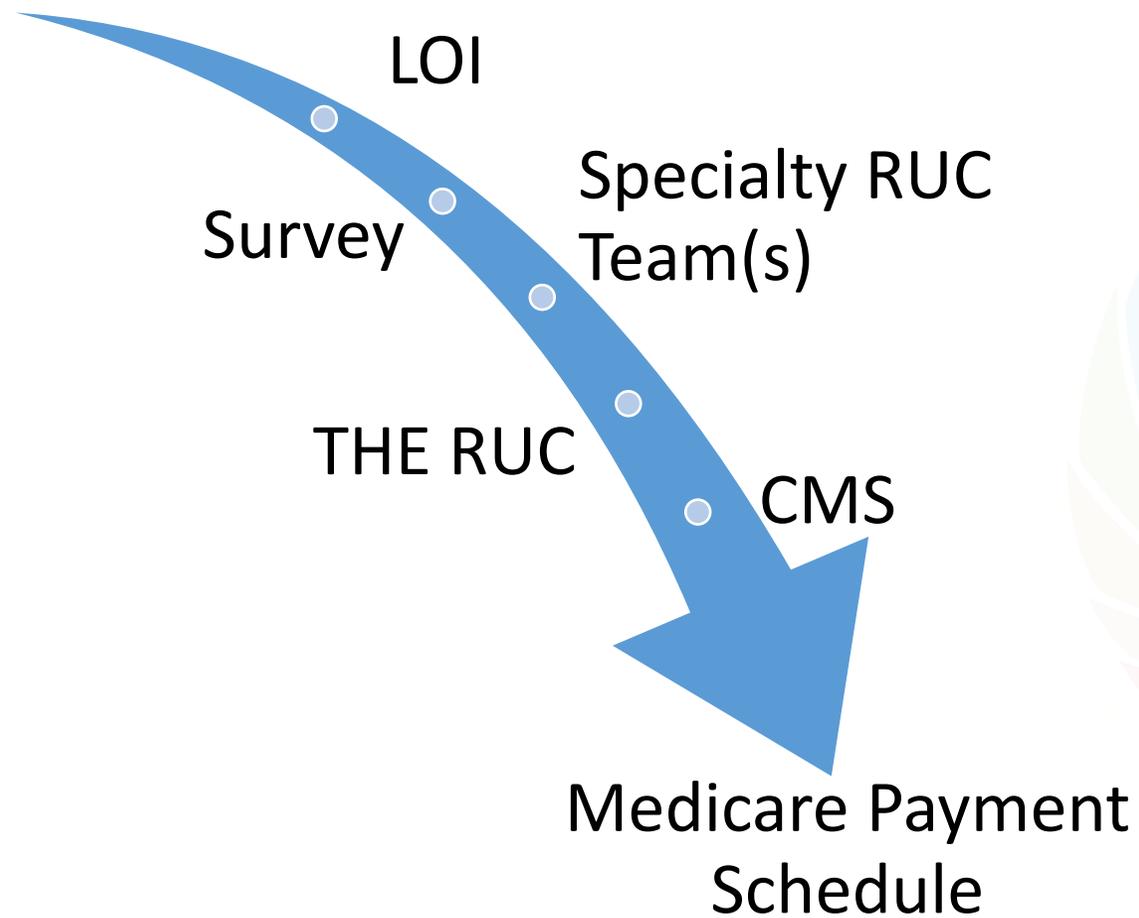
- **Step 4:** The specialty RVS committees conduct the surveys, review the results and prepare their recommendations to the RUC
- **Step 5:** The specialty advisors present the recommendations at the RUC meeting
- **Step 6:** The RUC may decide to adopt a specialty society's recommendation, refer it back to the specialty society or modify it before submitting it to CMS
- **Step 7:** The RUC's recommendations are forwarded to CMS in May of each year



# RUC Cycle

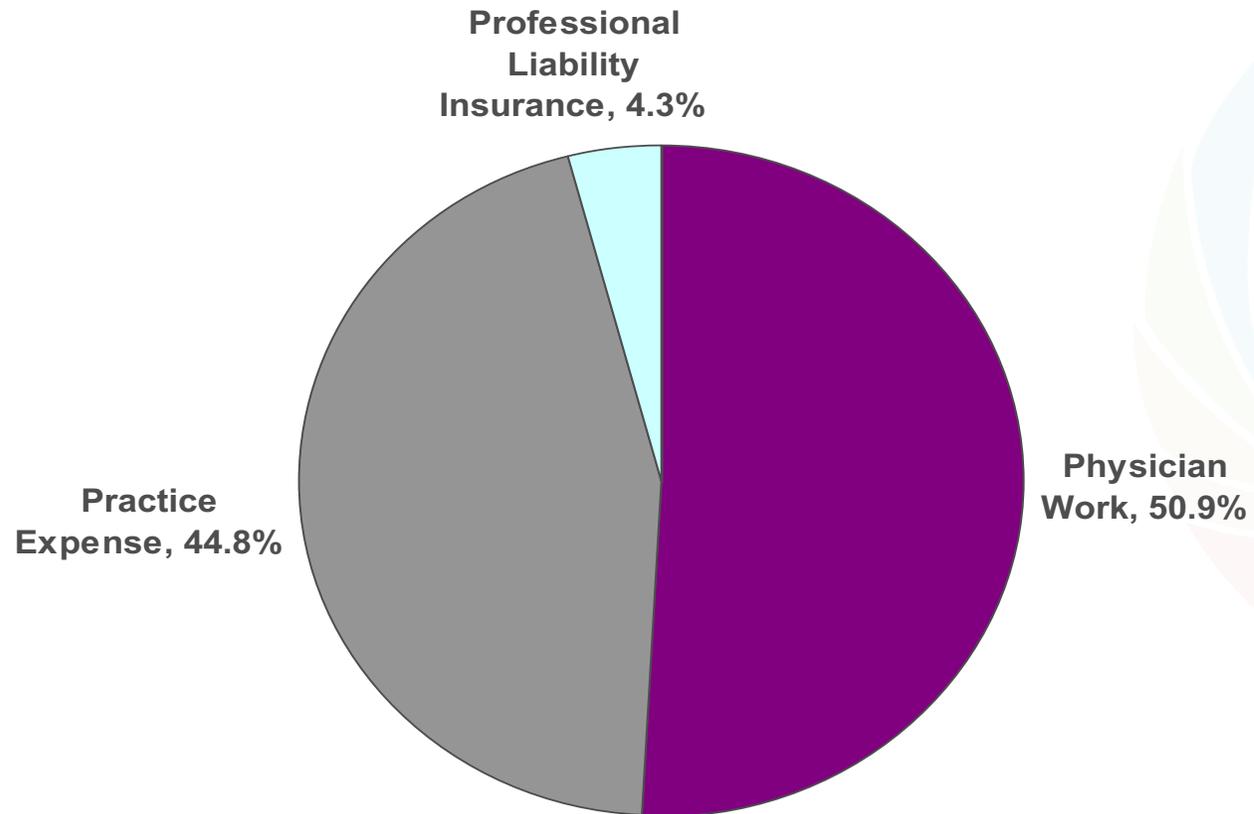
CPT Code Valuation: Your Role in Surveys for Optimal Compensation- The RUC Process

CPT or CMS



# Components of the RBRVS

## *Percent of Total Relative Value*



# 2017



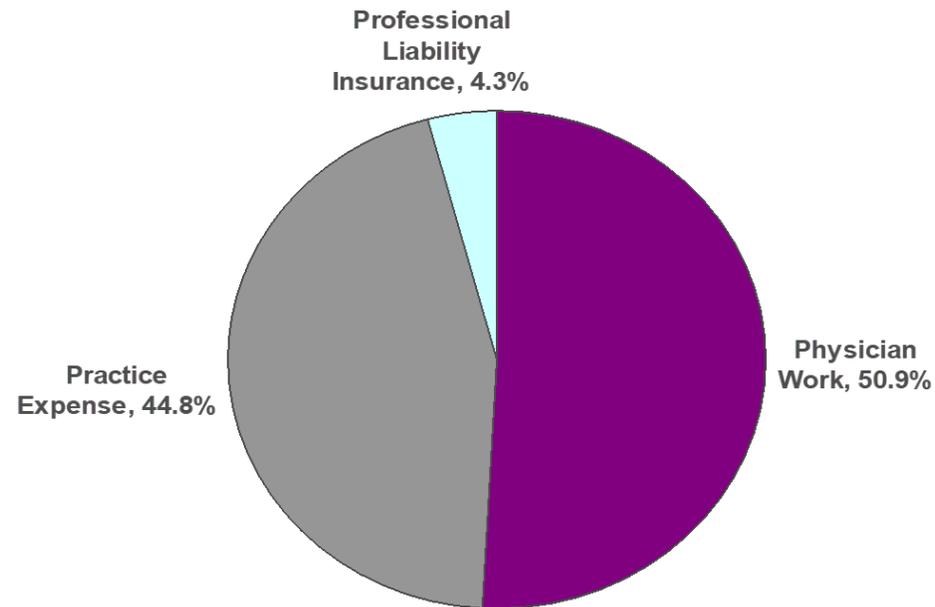
# Alternative Practice Model

- Job share:
  - Shared one physician FTE fixed expenses
  - Alternate weeks
  - Protect and maximize our time



# Cost-Based Method

- How much to pay someone else to do the work that you do?



# Pillars of Efficiency

- LEVERAGE INTERNAL RESOURCES-STAFFING, FACILITIES
- LEVERAGE EXTERNAL RESOURCES
- LEVERAGE TECHNOLOGY



# Pillars of Efficiency-Internal Resources

- LEVERAGE STAFF-everyone working at the top of their scope of work
- Make **full use** of facilities
- Use a staffing strategy
  - Routinely analyze work allocation and workflow
  - Can allow for variable work hours for staff
- Prudence when hiring



# Pillars of Efficiency-Internal Resources

## Prudence when hiring

- Troublemakers are easier to find than to get rid of
- Problem staff increases stress, workload, and cost
  - Increasing your risk of a wrongful termination action
- Establish skill requirements and expectations **before** hiring
- Ensure that an appropriate hiring process is followed
- Set them up for success
- Don't punish high-performers



# RULE #1



# WORKING AT THE TOP OF THE SCOPE

## PHYSICIANS:

- Focus physician time on patient care
- Learn to manage
- Batch tasks
- **DELEGATE**
- Think strategically about time before tactically about a task



# At the top of their game

Everyone operating at the top of their scope

- MAs
  - Instrument maintenance, equipment service, supply management
- LPNs/RNs
  - Allergy shots, mixing, and lab
  - Phone triage
  - Results and follow up calls
  - Nurse only visits
- CPOPs (audio tech)
  - Hearing aid repair and service, supply management
  - Vestibular tests
  - Testing for non-government patients, over age 5



# Everyone operating at the top of their scope

- PAs
- Scribes
  - You are not a data entry specialist
- Aesthetician
  - scar management, lasers, cosmetic service lines
- Phone Operators
  - Batches tasks for desk staff

Well-defined duties and roles



# Outside Resources

- Pay per use for items only used occasionally
  - Equipment-especially for service line trails
  - Service-building and computer system
  - Per diem office
  - Compliance/OSHA/Security review
    - SVMIC
  - Coding review and audits
  - Quality Reporting
    - RegENT, ACO, CIN



# Outside Resources

## Hospital system resources:

- Recruitment
- Co-Marketing
- Referrals from hospital-employed physicians
- Joint ventures
- Promote new service lines
- Creative surgical scheduling



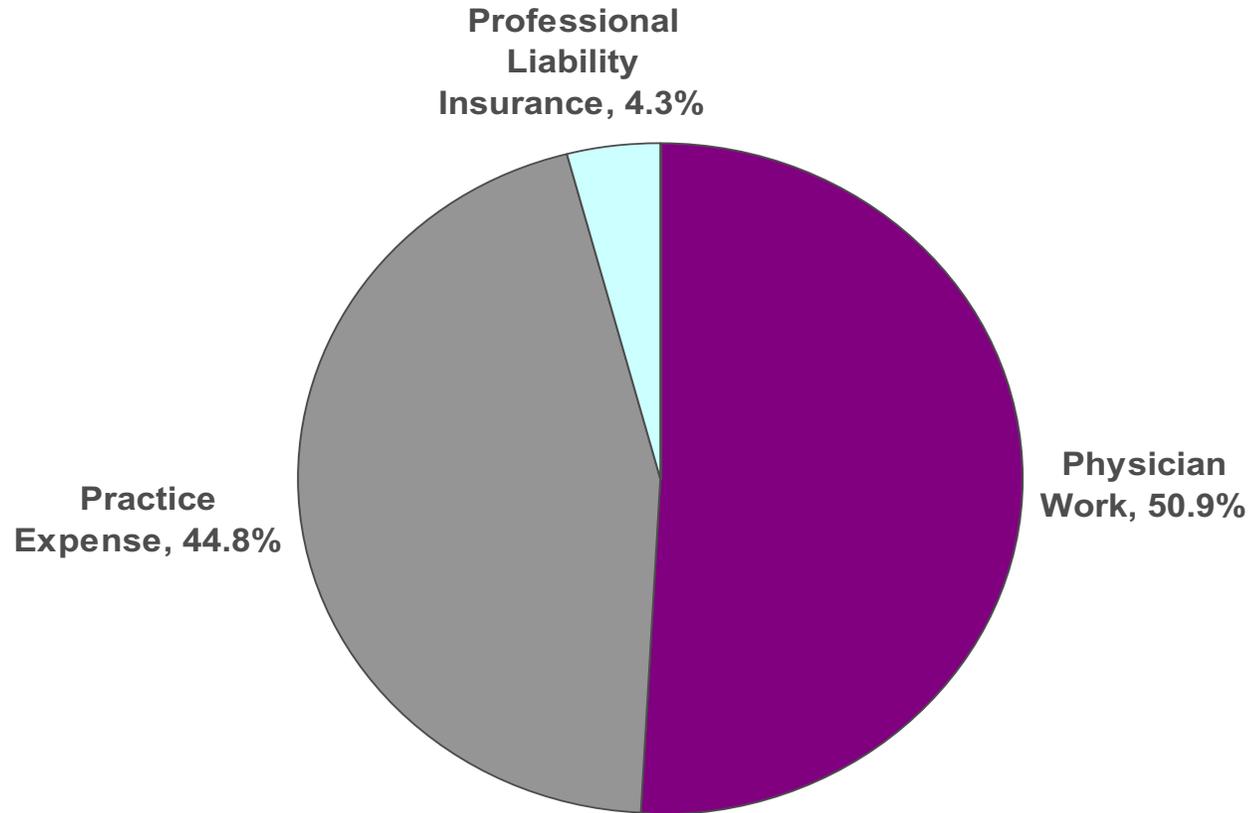
# Leverage Technology

- App-based virtual interpreter-Stratus
- Preset text-based reminders, follow-up, and reviews-Kenect
- Template repetitive tasks
- Patient data entry-Jotform
- Enhance patient “self-study” communication
  - Digital handouts, videos, reliable sites
- Set up automatic dashboards
  - Key Performance Indicators



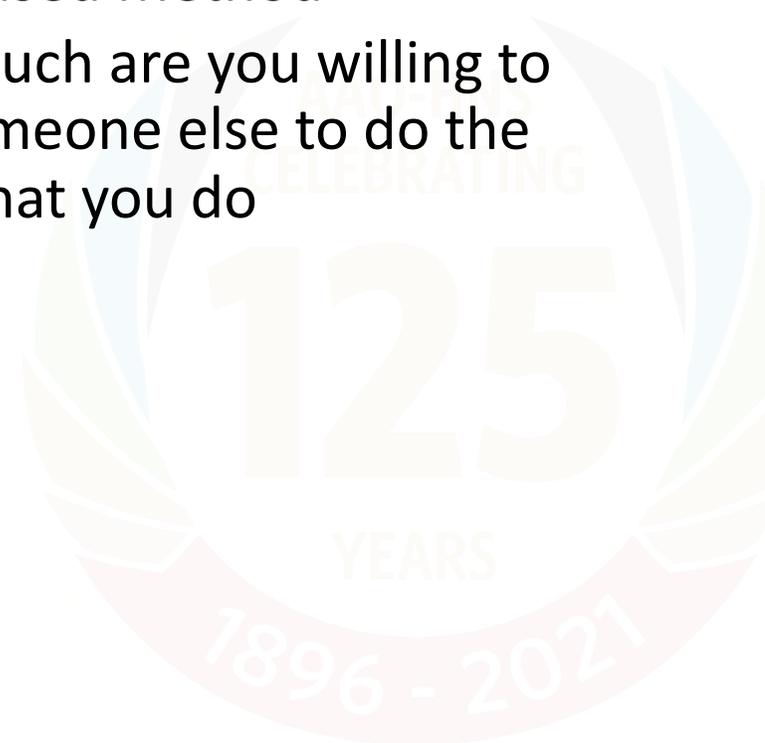
# Components of the RBRVS

CPT Code Valuation: How your time is valued-The RUC Process



Cost-based Method-

How much are you willing to pay someone else to do the work that you do



# Scribes

[CMAJ](#). 2018 Jul-Sep; 6(3): E360–E364.-Effects of medical scribes on physician productivity in a Canadian emergency department: a pilot study

- 4-month quality improvement pilot study in a community emergency department in Ottawa, Ontario
- Twenty-two full- or part-time emergency physicians were followed
- Documented 463 physician-hours without use of a scribe and 693.75 physician-hours with use of a scribe. Across all 22 physicians, 18 (81.8%) saw more patients per hour with use of a scribe. Overall, the number of patients seen per hour per physician was significantly greater (+12.9%) during shifts with a scribe



## Impact of Medical Scribes in Primary Care on Productivity, Face-to-Face Time, and Patient Comfort-J Am Board Fam Med. Jul-Aug 2018;31(4):612-619

- Prospective observational pre-post study of 5 family and internal medicine-pediatrics physicians and their patients at an urban safety-net health clinic
- Work RVUs per hour increased by 10.5% from 2.59 pre-scribe to 2.86 post-scribe ( $P < .001$ ).
- Patients seen per hour increased by 8.8% from 1.82 to 1.98 ( $P < .001$ )
- Work RVUs per patient did not change
- After scribe implementation, time spent facing the patient increased by 57% ( $P < .001$ )
- Time spent facing the computer decreased by 27% ( $P = .003$ ).
- The proportion of the visit time that was spent face-to-face increased by 39%



## Implementation of medical scribes in an academic urology practice: an analysis of productivity, revenue, and satisfaction-World J Urol . 2018 Oct;36(10):1691-1697

- Six academic urologists were assigned scribes for 1 clinic day per week for 3 months
- After using scribes for 3 months, providers reported increased efficiency (p value = 0.03) and work satisfaction (p value = 0.03)
- Saw a mean 2.15 more patients per session (+ 0.96 return visits, + 0.99 new patients, and + 0.22 procedures),
- Contributing to an additional 2.6 wRVUs, \$542 in physician charges, and \$861 in hospital charges per clinic session.
- Actual combined revenue was + \$506/session, representing a 26% increase in overall revenue. At a cost of \$77/session, the net financial impact was + \$429 per clinic session, resulting in a return-to-investment ratio greater than 6:1, while having no effect on patient satisfaction scores. A
- Additionally, with scribes, clinic encounters were closed a mean 8.9 days earlier.



# 2016 Comparison-“full-time”

2017	2018	2019	2020	2021	<b>Average</b>
90.34%	83.04%	75.32%	62.43%	78.37%	<b>77.90%</b>



# My other valuations of time

Happiness

Healthy years

Meaning

Years with loved ones

Joy

Experiences

Worth

Relationships





# THANK YOU !

479-200-1721 CELL

MANNING.ENT@GMAIL.COM

[HTTP://WWW.ENTOZARKS.COM/](http://www.entozarks.com/)

