

Lessons Learned in Providing Clinical Decision Support for Medicare Certifications

Amy Silver, RN, MSN

Partners eCare, Boston, MA

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Introduction/Background

Although significant research has been done regarding decision support for the discharge planning aspect of case management nursing¹, literature on utilization review decision support is lacking. Utilization review entails the case manager nurse determining whether a hospitalized patient meets criteria for level of care as inpatient, observation, post procedure recovery, or insurance denial. If the case manager nurse determines that a patient meets inpatient criteria, and the patient has Medicare insurance, the case manager nurse is expected to ensure the attending physician attests that the patient is appropriate for inpatient level of care. At many hospitals, attestation is accomplished through a Medicare Certification Order. Case manager nurses can spend a significant portion of their time reminding attending physicians to complete this task.

Methods

To make this process more efficient for both case manager nurses and attending physicians, Partners Healthcare implemented a clinical decision support (CDS) intervention to alert physicians that a patient needs a Certification Order signed. Initially, the alert was built to simply appear to physicians if the patient was a Medicare Inpatient that did not already have a Certification order. It displayed a link to the Medicare Certification Order, as well as the option to downgrade the patient class, or to defer the alert.

Results and Lessons Learned

Per anecdotal reports from case management staff, leadership, and hospitalists, this CDS has increased compliance with the Medicare attestation process. However, achieving these results did not occur immediately. There have been multiple redesigns of the CDS intervention since the initial version was implemented. One of the lessons learned has been that in addition to inpatient class, one should consider classes of Surgery Admit and Psych Inpatient. Second, when research grants are used instead of Medicare, as payment for a hospital admission, the alert should not appear. Third, rehabilitation and psychiatric hospitals may not have the same requirements as acute care hospitals. Fourth, the alert should not appear in hospital outpatient departments, and fifth, the alert should not appear for emergency physicians or anesthesiologists. Sixth, be sure to only look for signed certification orders in the current encounter, and lastly be mindful of the display. Alternative follow-up orders for post-procedure recovery and observation were found to be confusing and were removed. These seven issues have been resolved, but one remaining issue is that if a physician accepts the order from the alert, but logs out without signing the order, the alert will not reappear again. The plan is to address this with education to providers because a technical fix is not currently available. Staff have also needed re-education that patients need to be checked out of appointments, usually in radiology areas that they go to during their admission, so that the hospital outpatient exclusion does not prevent the alert from appearing.

Discussion/Conclusion

Future CDS to alert the case manager nurse when a patient has used all allowable observation hours per his or her insurance may also prove to be beneficial.

References

1. Bowles, KH, Chittams, J, Heil, E, et al. Successful electronic implementation of discharge referral decision support has a positive impact on 30 and 60-day readmissions. *Research in Nursing and Health*, 2015; 38:2; 102-114