



Trinity Health System

The AHA Physician Alliance provides resources to connect hospitals with work being done across the field to address the individual, environmental, and systemic factors that contribute to burnout and to foster resilience and well-being. You may find more case studies at our [knowledge hub](#).

Overview

Trinity Health is the nation's second-largest national Catholic health system with a steadfast mission to be a transforming and healing presence within communities across 22 states. To comply with evaluation and management (E/M) billing requirements, Trinity had revised its history of present illness (HPI) documentation policy in 2012 to exclude the use of ancillary staff notes.

This limited the scope of practice for Registered Nurses (RN) and Medical Assistants (MA) in the ambulatory practices. As a result documentation activities, particularly HPI, work shifted to physicians. In 2017, CMS recognized the onerous nature of these rules in the context of electronic health records (EHRs) and increasing population health management. CMS strongly suggested that physician time on medical decision-making should be prioritized over documentation. As Trinity embarked on its journey toward team-based primary care, HPI documentation surfaced as an opportunity for improvement. Trinity aimed to redesign the HPI documentation policy to optimize the care team while maintaining compliance with E/M billing regulations.

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Gretchen Goltz, D.O.
Clinical Lead

Impact

While wording changes to the policy appear minor, the impact is substantial: support staff may document the HPI. Physicians still perform their own history and validate the documentation but now enjoy substantial time savings as they are freed from being the designated scribe. Same-day encounter closure rate improved from 95 percent to 98 percent over a three month time frame. One metric on the current management board is the After Hours Documentation time with a target of 30 minutes or less. This measure is the minutes the provider spends in the visit charting one hour after the patient has “checked out.” One practice saw an average of 20-25 minutes documentation time which has been stable over the two years of implementation.

MAs and RNs appreciate an expanded scope of practice and physicians have more time for direct patient care. The additional roles for the team have increased their sense of value and engagement. Patient satisfaction increased with over 90 percent of patients who receive care at sites piloting the intervention bundle reporting that they “would recommend this practice.”

Approach

The health system senior medical director hosted listening sessions with frontline physicians, RNs, and MAs to understand challenges with the current HPI documentation policy. In addition to underutilizing ancillary staff, physicians were found to be duplicating work of RNs and MAs. Senior legal and compliance leadership convened to review existing CMS guidelines and Trinity's internal policy (Figure 1). In July 2017, CMS recognized the unnecessary burden of the guidelines "for the requirement for the history and physical exam" and stated "medical decision-making and time are the more significant factors in distinguishing visit levels."

Trinity Health HPI Policy

2012: "In all cases the physician* must add to or otherwise modify [preliminary patient information previously entered by ancillary staff] to accurately document the HPI performed by the physician."

2017: "The physician* will perform the HPI personally, reviewing preliminary information for accuracy. They will further add, delete or modify such information, as necessary, to accurately document the work performed based on their discussion with the patient."

*clinician: physician or advance practice practitioner

With CMS' shift to prioritizing physician discussions with the patient over documentation, Trinity's leadership felt empowered to redesign the HPI documentation policy. Physicians document the HPI but can now use RN or MA-initiated documentation and make edits as needed. The revised policy was circulated for input to Trinity Health's national council of physicians, facility compliance leaders, and nurses and presented in conference calls to frontline billing and coding personnel. The new policy was piloted as part of a team-based care intervention bundle before expansion to the health system, with training provided to clinical and coding teams. The HPI documentation policy was adopted across all of Trinity's care sites. The new policy was written collaborative-

ly with the legal and compliance staff to reflect ideal workflows for the care team.

Lessons Learned

"We must build trust among providers to let go of some control and allow others to be part of the care team," said Gretchen Goltz, D.O., primary care physician and clinical lead. In addition to hosting discussions with providers, Trinity also developed an online MA training program to equip MA's in assuming a larger role in the care team. This program enhances the provider's confidence in their MA assuming these new roles.

Misunderstandings about the policy and its interpretation resulted in a denial for adoption by Trinity's physician council on the first try. The executive clinical sponsor and compliance leader worked with practicing clinicians to explain the policy and gathered input from them to revise the policy. This helped enable successful adoption by the council afterwards.

Obtaining buy-in from medical coders was also critical for success. Trinity had many seasoned coders and initially had concerns about the legality of the new policy. Senior leaders jumped on conference calls with over 300 frontline coders to discuss the policy which was key to achieving buy-in.

Future Goals

Trinity will continue to redesign workflow to promote team-based care. Inbox message delegation and management is currently being piloted, with preliminary results showing up to a 40 percent in reduction of messages for physicians.

Contact

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