

MANAGEMENT FOCUS

— FOR PROVIDERS OF EMERGENCY MEDICAL SERVICES —

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CONDITION CODES ARE COMING - FINALLY...

The long-awaited implementation of Condition Coding for use in filing claims for Medicare reimbursement has arrived - sort of. CMS has approved the use of Condition Codes for Medicare claims, but only on a voluntary basis and without instruction on how the carriers and providers are to use them. The use of Condition Codes is voluntary for both the carriers and providers. Ambulance industry advocates are urging CMS to make the codes mandatory.

What are Condition Codes?

CMS and insurance carriers have required ambulance services to document the patients' diagnoses on claims for reimbursement. This has created a problem for ambulance services because:

- EMTs and paramedics are unable to provide a definitive diagnosis;
- Coverage by Medicare is not based on diagnosis but on patient symptoms and conditions at the time of service;
- The patient's ultimate diagnosis may not be obvious from the presenting condition at the time of service; and,
- Medicare carriers and insurance companies determined the medical necessity, level of service, and the emergency/non-emergency status of transports based on the patient's final diagnosis and not related to the patient's

initial signs, symptoms, and conditions.

The identification of Condition Codes for ambulance services was initiated during the negotiated rule-making process for the development of the Medicare Fee Schedule. The process identified specific codes used for diagnosis that reflected symptoms and conditions. For example, chest pain is used rather than acute myocardial infarction. This allows field ambulance personnel to accurately work

within their scope of practice by documenting signs, symptoms, and conditions rather than specific diagnosis.

Linking Condition Codes to Level of Service.

Another function of the Condition Codes is to provide guidance on the level of service that is most likely to be appropriate for both emergency and non-emergency responses. For example, the first Condition Code is for severe abdominal pain. If the

abdominal pain is associated with other symptoms, then ALS assessment or treatment may be indicated. If there are no other associated symptoms, then the BLS code is probably the most appropriate.

When fully implemented, the clarity of identifying specific symptoms and conditions and the linkage with the most likely appropriate level of service will aid ambulance services in using the most

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ARE YOUR EMPLOYEES ENGAGED?

No, not to one another; are they engaged in their work?

For years, managers have focused on employee satisfaction as a key benchmark of employee productivity and retention. Satisfaction surveys and exit interviews have both been used in an effort to gain insight into employee's needs, wants, and feelings in the hopes of learning from them. The result has often been tangibles like retirement plans, compensation, and work/life flexibility. All very important to employees and all contribute to their job satisfaction, but is that it?

New data out of the business research arm of The Gallup Organization is discovering that measuring and improving on your em-

ployee's level of engagement in their work is critical to success. Simply defined as a sense of involvement, purpose, and commitment, engagement can lead to higher retention, greater customer satisfaction, and increased profits.

A nationwide survey of the American workforce revealed less than 30% of those surveyed describe themselves as engaged in the work they do. Also, the longer an employee works for an organization, the more disengaged they become. According to the results, the largest drop occurs in the first 6 months to 3 years of employment.

One company highlighted introduced a program to enhance its connection with its

team and align them with company goals. In just four years, the level of those describing themselves as "engaged" jumped 14% while the percentage of "actively disengaged" employees dropped by 5%. In that same period, turnover dropped 38% and the average profit soared more than 2 1/2 times.

So as an emergency service's leader, how do you increase employee engagement in your workforce? Here are four strategies to consider:

1. Appreciate Strengths & Interests. People tend to be more engaged in work that plays off of their strengths and involves areas that interest them. Most positions have some flexibility and by di-

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EMS & HOSPITAL TRENDS & NOTES



Trouble in the Air? In January, DC based investigative health reporter Bob Davis wrote in *USA Today* that 2004 was the deadliest year for medical helicopters on record. 2005 is already on a similar track with four crashes reported resulting in the death of one patient and six crew members. Recently, *CBS Evening News* and *The Wall Street Journal* further explored potential safety and utilization issues in the industry. The Association of Air Medical Services is working in concert with the FAA and NTSB in analyzing the available data to develop and implement initiatives to improve safety.

The Buffalo Surprise. Eyes were fixed on Buffalo at the turn of the year as city officials attempted to secure an ambulance provider for the city's 911 contract. Two ambulance companies were in the running for this longstanding Rural/Metro Corporation market. The process was not without some tense moments for the home team when Ohio based MedCorp raised the stakes and surprised city officials with a bid that included an offer to pay 43% more in franchise fees than requested. City officials assessed whether a bidder could up the ante and in the end awarded the contract to Rural/Metro.

The Tsunami Difference. Home videos capturing the recent devastating Tsunami have transfixed American viewers and left many emergency providers in awe of the

daunting rescue and recovery operations that must have followed the devastation. One of the rescue organizations, RescuePhuket in Thailand, was trained by RescueCorps, a small non-profit started by former volunteer firefighters at Swarthmore College to teach first responders in developing countries. RescuePhuket providers were just some of the thousands of rescuers from 12 countries who responded to the Tsunami.

New MAST Director. The pieces continue to come together as the Metropolitan Ambulance Service Trust (MAST) of Kansas City, MO works to resuscitate the system. In mid-January, Doug Hooten, a former general manager from Rural/Metro operations in Georgia grasped the helm as executive director. He's greeted with two daunting tasks: an employee

union contract and securing a new ambulance provider.

Virginia Beach EMS Adds Paid Staff. Virginia Beach, VA, one of the 50 biggest cities in America, is home to the largest volunteer rescue squad in the US; serving almost half a million people. This year, the Department of EMS added its first paid providers to augment its volunteer staff.

Press Discovers National EMS Scope of Practice Draft. At the start of the year, the local TV airways were a buzz as the press reported on the draft of the National EMS Scope of Practice. Much of the attention was devoted to proposed increases in EMT training and the potential negative implications that might have on volunteerism.

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appropriate codes on claims for reimbursement from Medicare and other insurers.

What's Next?

When the codes were released to the Medicare Carriers in December 2004, no instructions were provided to the Carriers or providers on how to use the codes. During its Ambulance Open Door Forum conference call on February 22, 2005, CMS indicated that it will publish a transmittal in the near future correcting some of the modifiers on the initial transmittal

and providing instructions for using the list of Condition Codes.

Conclusion.

The implementation of condition codes ultimately should greatly assist ambulance services in the proper filing for Medicare reimbursement. Even more importantly, it is likely to improve consistency between Medicare carriers in their interpretation of medical necessity for ambulance transport and identification of the proper level of service.

If implemented correctly,

the Condition Codes should improve clarity and consistency among CMS, Carriers, and providers. They should reduce erroneous denials and downgrades from the Medicare carriers, but will also force ambulance services and providers to appropriately apply level of service definitions to their claims.

The result, less downcoding and denials from carriers and fewer cases of upcoding or incorrect coding by ambulance services providers.

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COMMUNICATIONS CENTER SURVEY

A work schedule survey conducted during the Communications Center Managers (CCM) Course revealed a number of insights. Key findings include eight-hour shifts are the most common staffing pattern. Seniority is a major scheduling factor. Satisfaction with shifts is high yet workers desire additional flexibility. Physical and emotional stresses are also factors affecting performance.

The survey tool was developed by a six member research group during the CCM class sponsored by the National Academy of Emergency Dispatch. One hundred forty-six individual responses were received from a geographically diverse group of communities. Of these, 37% of the agencies provide EMS communications, 32% fire and 24% provide police communications.

Eight-hour shift cycles were

reported by almost one third of respondents. Twenty-eight percent reported working 10-hour shifts and 26% were assigned to 12-hour shifts. More than half of the respondents (53%) report they are not permanently assigned to a specific day, evening or night shift pattern while 83% report not having mandatory shift rotation. Eighty percent reported being satisfied with their current schedule. At the same time, nearly six out of ten expressed a desire for more flexible work schedules.

Seniority is reported to be a factor in shift selection by 80% of the respondents. This was noted in comments as problematic as skill balance can be lost when senior personnel request day shifts leaving less experienced personnel on evenings and nights. Nearly a third of all respondents indicated that they selected shifts to facilitate

family obligations.

The physical and emotional effects of shift work are a concern for telecommunicators. Fourteen percent are currently being treated by a physician for medical illnesses that are related to shift work. Headache and back pain are the two most frequently maladies (24% and 23% respectively). Shift patterns are reported to cause "excessive stress" by nearly 25% of the respondents.

The study group concluded that while this was not a statistically significant sample the survey results can be used in the future to focus further research in this field. Members of the research group included: Sandra Smith, Michael Nelson, John Jones, Karen Ripley, Dianne Webber, and Jeffery Vannais.

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recting employee work towards those strengths and interests one can elevate the level of engagement.

2. Focus Individuals & Teams on Organizational Goals. Part of being engaged involves having a sense of purpose and a sense of purpose needs to have a clear direction. Mentoring employees toward reaching established organizational goals both individually and as part of work teams creates a clear mission to engage.

3. Enhance Employee Influence. People get excited

and energized when they feel like they can make a valuable contribution and influence the direction and success of their work. Pushing decision making down to the lowest rungs and fostering a self-managing organizational culture empowers people and creates a real sense of purpose in their work.

4. Celebrate Success. Managers tend to focus on awarding big successes at their conclusion, but success is built one step at a time. Celebrate the accomplishment of each step with a

simple acknowledgment and a thank you and you'll see momentum build as each success ignites more energy towards the next.

Creating an organizational culture where all employees are engaged is impossible. Setting a stage for people to be engaged takes hard and deliberate work everyday. The end result of an engaged workforce, however, is immeasurable and makes the workplace a much more fun place to spend your days, as well as, be a leader. Isn't it worth the effort?

CORE CONCEPTS OF SUPERIOR LEADERS

Marcus Buckingham has been steering leaders for several years through his best selling books *First, Break All the Rules* and *Now, Discover Your Strengths* based on The Gallup Organization's study of 80,000 managers and 3 million employees. Now he does it again in his new book *The One Thing you Need to Know...About Great Managing, Great Leading, and Sustained Individual Success*. Here are six core concepts Buckingham discovered from interviewing great leaders:

1. Leaders are compelled by the future. Success is about where you're going, not where you've been or maintaining where you are.

2. Turn anxiety into confidence. Success requires hitting fear of the unknown head-on and turning it into energy.

3. Be clear about whom you serve. You need to know who you're working to please and then put everything into doing so.

4. Be clear about why you're going to win. Your organization may have many strengths, pick the one that is at the core and build from there.

5. Keep you core score. There are many ways to measure success. Pick your vital few to guide you.

6. If you want to be clear, act. Nothing is clearer than action. Don't just talk the talk, but walk it.

ARE MORE PARAMEDICS BETTER?

It seems like common sense, right? Paramedics provide the highest level of care; so the more of them that exist within an EMS system and the faster they can get to the patient's side the better off your community and patients are, right!?

This logic has been driving system design decisions in many American cities. Fire departments have trained existing firefighters or hired paramedics for years to create engine companies with advanced life support capabilities. With so many fire companies and first due coverage area response times shorter than their paramedic transport provider partners, it seems like a smart idea.

Moving toward more medics has also been an initiative of many transport providers. Forty-five percent of those responding to the *Journal of Emergency Medical Services* "2004 JEMS 200-City Survey" report staffing ambulances with two paramedics

and 4% even reported staffing three paramedics. Why? There are many beliefs, including: it makes call management more effective and efficient; it offers medics a peer to consult with on difficult calls; and some believe it reduces the effects of burn-out. Again, it sounds like good sense.

With all of the arguments for having more paramedics, why are many in the industry starting to look at having less? One consideration is to facilitate more ALS coverage. The Fire Department of New York (FDNY) made headlines recently when it unveiled it was considering a change from double paramedic staffing to just one paramedic and a basic per medic unit. The change was predicted to increase daily ALS transport coverage within the city from 150 to 250 ambulances. With many communities reporting difficulty in recruiting paramedics, but expecting ALS pre-

hospital care, it's no surprise that leaders are rethinking their staff configurations.

Another factor to consider is what really benefits the patients. While nationally, the move has been toward more ALS, a critical look at the interventions that make the biggest difference in time sensitive medical emergencies reveals a medic isn't often a required part of the equation. Shocking a fibrillating heart, direct pressure on a hemorrhaging wound, opening a blocked airway, and administering an Epi-Pen in anaphylaxis are lifesaving interventions and all can be effectively provided by a basic life support responder.

Robert Davis, of *USA Today* and a former paramedic recently published an article based on his study of fifty of the largest cities in the United States. He found cities with lower ratios of paramedics per 10,000 citizens had higher sudden cardiac arrest survival rates. Highlighting cities like

Seattle and Boston, he discussed how aggressive attention to early CPR and defibrillation made the biggest difference in a patient's survival potential and not a paramedic. He further argued that less paramedics equaled better medical oversight and more skill exposure and practice.

With arguments for and against more paramedics, what does available research conclude - unfortunately very little? While the *USA Today* data raises questions about more medics and people have many opinions, the right answer will only be discovered through well designed systems research. Until then consider what the U.S. Surgeon General Richard Carmona, a former paramedic and EMS medical director, was quoted as saying to Davis: "Cities must look at their paramedic deployment and ask, 'What did a paramedic add to this call to reduce pain or morbidity?'"

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