Medical Staff Onboarding (MSO)

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ASSOCIATE DEAN FOR FACULTY DEVELOPMENT
AUGUST 15TH, 2019
Today’s Agenda

**UW Medicine**
- Mission
- Organizational Structure
- Patients Are First
- Clinical & Cultural Expectations/Professionalism
- Policies & Procedures

**UW Physicians (UWP) Orientation**
- Role of UWP
- UWP Services

**UWP & Benefits Overview**
UW Medicine Mission

To improve the health of the public:

By advancing medical knowledge, providing outstanding primary and specialty care to the people of the region, and preparing tomorrow’s physicians, scientists and other health professionals.
Welcome

• We want UW Medicine to be the best place in the world to receive care, to provide care and to learn how to become a care provider

• We want you to be a successful, productive and fulfilled member of UW Medicine

• Professionalism, teamwork and putting the well-being of our patients first are fundamental to achieving the above goals
What is UW Medicine?

Owned and/or Managed Organizations
- Harborview Medical Center
- Northwest Hospital & Medical Center
- Valley Medical Center
- UW Medical Center
- UW Neighborhood Clinics
- UW Physicians
- UW School of Medicine
- Airlift Northwest

Membership Organizations
- Children’s University Medical Group
- Seattle Cancer Care Alliance

Closely Affiliated Organizations
- Seattle Children’s Hospital
- Fred Hutchinson Cancer Research Center
- VA Medical Centers
  - Seattle, American Lake, & Boise
Your Paycheck

Compensation Arrangements

Your compensation may come from a number of sources:

- UW Semi-Monthly Compensation
- UWP Monthly Compensation and/or Incentive
- Outside Funding (FHCRC/VA, etc.)

Compensation is approved by the Dean of the School of Medicine and the Provost of the University of Washington

Note: Sources of salary impacts benefit plan participation

Contact your Department Director with questions regarding your incentive plan calculation and associated pension contribution
Faculty Member Roles and Support

Clinical Care ➔ Hospital/Clinic & UWP

Research ➔ Academic Department/Division

Teaching ➔ School of Medicine, Department

Office of Faculty Development
- Wellness
- Promotions
- Teaching Skills
- Time Management
- Leadership Training
- Peer Support
- Mentoring
Patients are First: Pillar Goals

Focus on Serving the
Patient & Family
Serve all patients and family members with compassion, respect, and excellence. UW Medicine is committed to delivering service excellence to every patient, every time.

Provide the
Highest Quality Care
Provide the highest quality, safest, and most effective care to every patient, every time. UW Medicine is world renowned for the work we do to improve health. Patients expect the high quality care that we deliver.

Become the
Employer of Choice
Recruit and retain a competent, professional workforce focused on serving our patients and their families. UW Medicine is committed to being the best place for employers to work and for clinicians to practice.

Practice
Fiscal Responsibility
Ensure effective financial planning and the economic performance necessary to invest in strategies that improve the health of our patients. UW Medicine requires a positive operating margin to invest in our future.

For more information on the specific goals of each pillar, visit the Patients are first website at https://depts.washington.edu/uwmpaf/
Service Culture Guidelines

- Treat people with **RESPECT & COMPASSION**
- Embrace **DIVERSITY, EQUITY & INCLUSION**
- Encourage **COLLABORATION & TEAMWORK**
- Promote **INNOVATION**
- Accountable for **EXCELLENCE**
You witness a colleague shouting, belittling and being disrespectful to a medical assistant in the vicinity of patients and other staff regarding a delay in rooming a patient.

What should you do in this situation?
Vignette: Quality of Care

You frequently cross cover patients of one of your colleagues. You have identified concerns about their management of several of their patients.

What should you do in this situation?
Resolution Process

Approach the individual in a confidential setting to discuss the episode and resolve it informally

If informal resolution is not possible:
• Discuss with clinic medical director and/or service chief
• Discuss with the entity medical director

If quality of care concerns:
• Refer for quality review (QI department and M&M)
• Report the event in the Patient Safety Net (PSN)
Professional Practice Evaluation Processes

**Ongoing Professional Practice Evaluation (OPPE)**

- Every three to six months, service chiefs attest to service members' professional competence using M & M reviews, quality data, patient comments, and findings from in-depth reviews of adverse events.

**Focused Professional Practice Evaluation (FPPE)**

- Initiated if quality concerns are identified as a result of an OPPE or through other sources.
You receive an email from a patient who is upset about an adverse drug reaction from a medication you prescribed that resulted in a hospitalization at an outside hospital.

What should you do in this situation?
Patient Relations & Complaint Resolution Process

- Discuss with your clinical medical director or service chief
- Forward the letter to Patient Relations
- Contact Risk Management
  - They are here to support you!

Further information may be found on the Patient Relations website:
https://uwmc.uwmedicine.org/BU/Relations/Pages/default.aspx
Role of Clinicians

**DO NOT:**

- **Ignore the complaint.** A written response is required for complaints which cannot be resolved at the time of service.
- **Let the complaint get "stale."** CMS requires action within 30 days.
- **Attempt to deal with it on your own.** Medical Centers' Patient Relations assist with patient complaints. Clinic medical directors or service chiefs assist with quality complaints.

**Reviewer/Responder**

- You may be asked to help in responding to a complaint with your review and/or response input.
58-year-old male, ASA2, for shoulder arthroplasty under GETA.

- Intubation attempt by resident unsuccessful
- Intubated on first try by attending
- #9 tooth displaced from a permanent bridge by laryngoscope blade
- Dental consult called and saw patient in OR

What should you do in this situation?
The PSN is an online reporting system used by UWMC, HMC and SCCA to track:

- Adverse events or errors in patient care
  - Example: wrong drug administered
- "Near miss" events
  - Example: double checking medication and realizing the wrong dose was sent from the pharmacy
- Unsafe conditions
  - Example: torn carpet or loose handrail that could lead to a patient falling

The PSN is a vital tracking tool, allowing us to track these events over time and identify areas for potential system improvements.

Do not document that you completed a PSN in the medical record.
Documenting an Adverse Event

Be objective – clinical, factual information
• Include relevant "baseline" documentation

Be contemporaneous as possible
• Include precise timing of critical events

Do not assign cause or blame and do not criticize another's care ("jousting" or "chart wars")
• Offering opinions about causation before review can be completed is usually premature, speculative and incomplete

Do not document that you discussed with Risk Management, but please call with questions or concerns
Peer Support is Available

Assistant Dean of Wellness ➔ Anne Browning (anneb7@uw.edu)
Associate Dean of Faculty Development ➔ Trish Kritek (pkritek@uw.edu)
UW Medicine Peer Support ➔ coming in January

UW CareLink
• Free, confidential experts available 24/7 to help you or your family members navigate life's challenges
• [https://hr.uw.edu/benefits/uw-carelink/](https://hr.uw.edu/benefits/uw-carelink/)
• 1.800.697.0353

Medical Directors and Service Chiefs
• See UWMC and HMC Medical Director Contacts at end of presentation
Center for Scholarship in Patient Care Quality & Safety

The Center promotes scholarship and education around quality and safety and is here to help you!

Center programs include:

**Certificate Program in Patient Safety and Quality**
- Learn safety and QI principles in a series of interactive learning sessions and mentored project implementation

**Patient Safety Innovations Program**
- Internal grant funding to support your innovative ideas

**Quality and Safety Project Navigator**
- At-the-elbow support to help bring your ideas to successful project completion, including scholarly dissemination

https://patientsafety.uw.edu
TRANSFORMING CARE TO MEET THE CHANGING HEALTHCARE ENVIRONMENT
Financial Improvement and Transformation (FIT)

UW Medicine has embarked on a robust program to improve our financial performance and transform how healthcare is delivered.

• Combination of revenue generation, cost-savings and infrastructure investment
• Transform the way we operate and deliver care
• Urgent – not business as usual
• Critical to our success and our ability to compete
One Patient, One View, One Story across the health system

Transition from multiple clinical systems (Epic outpatient & Cerner inpatient) to single EHR with target October 2020

Clinicians Access All Patient Information in One System Across All Care Settings
Improve Clinic Access for our Patients

**Focus Areas**
- Increase access with resources we already have
- Reduce referral turnaround time and standardize referral process
- Reduce average days to appointment
- Reduce cancellations and no-shows
- Organize contact center around specialties

**744,000 total hours available to see patients in a 12-month span**

**76,000 hours available time went unused**

**744,564 Total Hours**
(July 2016 – June 2017)

**Template Hours**
- 76,485
- 215,878
- 452,202

**Estimated Capacity**
- 76,485
- 215,878

Unused available hours
Hours marked unavailable

**UW Medicine**
SELECT IMPORTANT POLICIES AND PROCEDURES
Transfer Acceptance Process

UW Medicine Transfer Center (206.744.0960) is the preferred initial point of contact for patient transfers
  • They "conference in" our physicians with the referring physician

If you are called by an outside physician with a transfer request, contact the Transfer Center with the physician and patient's information
  • Do not guarantee a bed to the outside physician

The Transfer Center will verify that a bed is available and will arrange for the transfer

Further information may be found on the Patient Relations website:
  http://www.uwmedicine.org/referrals/transfer-center
Occasionally, faculty and professional staff face investigations from the professional licensing division of the DOH.

- UWP and CUMG members are encouraged to request legal representation via the Health Sciences Risk Management
- All other professional staff may request coverage from the UW's Office of Risk Management
Professional Liability Insurance

UW maintains a **statutory self-insurance program for professional liability**.

- Coverage is unlimited per occurrence at approved UW Medicine Sites of Practice
- No annual aggregate financial limit
- No tail coverage required when you leave UW
- Covered for the duration of your UW appointment and/or employment
- No deductible

**What is not covered:**

- Claims made against you prior to joining UW
- Moonlighting
- Acts of "bad faith"
- Expert witness work unless UWP/CUMG policies are followed

Further information may be found on the UW Medicine website: [http://risk.uw.edu/proof/pl](http://risk.uw.edu/proof/pl)
Clinic sessions are not to be cancelled within *90 days of the date* – except for illness, family emergency, or other urgent and unavoidable reason.

If you must cancel within 90 days, it is your responsibility to personally communicate with the clinic medical director, the manager and to arrange coverage or rescheduling.
Email & Information Security

**Do not send anything you would not want published in the newspaper:**

- As a state institution, emails can be obtained through a public records request
- Quality Improvement information (i.e. suggestions for clinical systems improvements) can be protected with a "Confidential QI/RM" subject line
- Include minimal necessary information in subject lines
- Use appropriate email footers
You are personally responsible for institutional information entrusted to you:

• Do not take paper records or confidential information (PHI, student info, classified documents) off-site
• Utilize VPN Access of off-site system access
• Utilize IT resources to help protect your devices (laptops, phones, etc.)

Further information may be found on the UW Medicine website:
http://itconnect.uw.edu/security/security-and-privacy-policies/
OMSA Reappointment Process

The Office of Medical Staff Appointments (OMSA) reappointment process:

• Staff reappointment occurs every two years
• Six months prior to expiration of privileges, OMSA will email you a request to complete your reappointment packet
  • Doing so promptly will avoid the risk of lapse of your privileges
• For physicians, maintenance of board certification is expected to be eligible for reappointment
UW Medicine Sites of Practice

**Approved Site of Practice:** any site approved by the Dean after review by the Sites of Practice Committee

**Activities requiring approval before the event:** e.g. ski patrol, providing medical coverage during athletic events or summer camp, providing medical care of direction overseas, volunteering at a community clinic

**Moonlighting:** UWP Bylaws prohibit members (>50% FTE) from "moonlighting" (further information in the Policy Appendix)
UW Medicine Sites of Practice

Sanctioned Sites

- Harborview Medical Center (HMC)
- Northwest Hospital & Medical Center (NWH)
- Valley Medical Center (VMC)
- UW Medical Center (UWMC)
- UW Neighborhood Clinics (UWNC)
- Seattle Children's Hospital (SCH)
- Seattle Cancer Care Alliance (SCCA)

- Eastside Specialty Clinic
- Hall Health Primary Care Center
- Sports Medicine Clinic
- UW Intercollegiate Athletics
- VAPSHCS – American Lake
- VASHCS – Seattle
- King County TB Clinic
No Opting Out

Medical staff are expected to adhere to medical center by-laws and UWP policies

Annual billing compliance education and training must be completed to maintain ability to bill for clinical care
Pain is a Public Health Problem

UW Medicine requires one-time (lifetime) opioid training

- Ensures all UW Medicine providers who prescribe opioids for any individual patient, are doing so safely and according to best practices for pain management
- Protect our patients, families, community and society at large
- Variety of options including LMS module, "Opioid Management for Acute Pain in Hospitalized Adults"

UW is a NIH Centers of Excellence in Pain Education (CoEPE) https://www.painconsortium.nih.gov/Funding_Research/CoEPEs
Clinician Wellness

We are committed to a supportive environment for all members of our team, but the challenges and responsibilities are great...

• Burn-out is a risk and often under-recognized
• Risk to your own health and your patients' health

Please don’t hesitate to reach out about well-being issues or other stressors in your job

Anne Browning (Assistant Dean for Wellness) ➔ anneb7@uw.edu
Trish Kritek (Associate Dean for Faculty Development) ➔ pkritek@uw.edu
UW PHYSICIANS
YOUR PRACTICE PLAN
UWP: Mission, Vision, Values

**Mission**
- We serve our patients by supporting our physicians

**Vision**
- Through innovation, business excellence and collaboration with our UW Medicine partners, we deliver accurate, timely and cost-effective billing, collection and other administrative services to our physicians
Values

- **Customer Focus**: We place the needs of our patients and physicians first.
- **People**: We value and encourage personal responsibility, ownership, accountability, trust, communication, mutual respect, and collaboration.
- **Business Excellence**: We promote a culture of honesty, integrity, confidentiality and accuracy and work to continuously improve all processes that support our physicians and serve our patients.
- **Commitment**: We commit to being a top performing practice plan and value our unique contribution to advancing the UW Medicine's mission of improving health.
UWP Governance

**UWP is governed by a Board of Trustees (BoT) which is comprised of:**

- 19 UW School of Medicine Clinical Department Chairs
- Three medical directors (UWNC, SCCA and NWH)
- Six elected At-Large Trustees (clinically active, full-time faculty)
- UWP President

**Five committees support and advise the BoT:**

- Executive Committee
- Clinical Practice
- Business Excellence (Compliance)
- Finance and Audit
- Retirement and Benefits
UWP Services

- Clinical care
- Documentation
- Coding (outpatient & procedures)

Clinical services to billing codes (CPT, Dx, Mods)

Your role is here

UWP Business Office Functions

- Coding/feedback
- Charge capture

UWP

- Claims processing
- Claims follow-up

Insurance company/3rd party payer

- Payment posting
- Insurance follow-up
- Self-pay collections

MD/Department
Coding & Charge Capture

**Ambulatory Services** – CPT and Diagnosis codes are generally selected by you and submitted as part of the EHR.

**Inpatient and OR Services** – Professional Fee Coders abstract billing codes from the documentation.

**Physician Champion** – Departmentally-designated member who aids in communication of key issues between practitioners, Coding and Charge Capture, and Compliance.

**Compliance Trainer** – Assigned to each department as an additional content expert.

**Goal** – To achieve 100% reconciliation between documented services and billing.
Timely documentation of the care provided and closure of encounters is an essential part of patient safety providing communication to the rest of the care team as well as supporting billing and reimbursement. It is also part of our professional expectation and is one of the factors reviewed during re-credentialing of your privileges.

Requirements:
- Discharge summaries within 48 hours
- Operative or procedure report immediately after OR procedure
- Outpatient clinic notes within 3 calendar days from date of service
- Admit H & P – within 24 hours
- Surgical H & P – within 30 days prior to surgery
- Sign documents – within 3 calendars of becoming available

Increasing numbers of patients will have access to their charts through a secure online portal (eCare).
Documentation and the EHR

It's documented, but did it happen?

Unintended consequences:
• Copy/paste
• Pre-filled templates
• Time-based billing

You should:
• Provide the appropriate clinical care
• Document only the care provided during the encounter
• Code based on the documentation
Teaching Attestation

- You are only paid for the work that you do (not for work done by a resident)
- In a teaching environment, the documentation of a resident or ACGME fellow can be used to document much of that work
- To use resident documentation to support billing, the documentation must:
  - Be reviewed and edited for accuracy
  - Include the "teaching attestation"
  - Note: EHR templates contain the necessary verbiage

Be sure you know the statuses of trainees on your service to properly use their documentation to support billing
Residents & Fellows

**Residents**

- An individual who participates in an approved graduate medical education (GME) program.

**ACGME Fellows**

- A physician who participates in an accredited fellowship program. These fellows are treated as residents for the purpose of supervision and billing when performing services related to their accredited fellowship program. You may link to these fellows for documentation.
Residents & Fellows

Non-Accredited Program Fellow with a UWP Appointment

(Often referred to as a Billable Fellow or a Senior Fellow/Acting Instructor:

• A physician working in a non-accredited fellowship but also has an appointment as an acting instructor in UWP. These physicians may bill independently for services rendered and are considered junior faculty members. Faculty (UWP members) may NOT link to another UWP member, e.g. a “billable” fellow, for documentation in support of a bill. They must separately document their billable care.

For additional information, see the UWP Guidance for Application of Teaching Physician Policy: https://one.uwmedicine.org/sites/uwp/PP/Policies/Teaching%20Physician.pdf
Compliance Concerns

If you have questions or concerns regarding compliance problems, please report them immediately.

Compliance Hotline: 206.616.5248 or 866.964.7744.
UWP Website

https://one.uwmedicine.org/sites/uwp
KEY CONTACTS
UWP Contacts

Timothy H. Dellit, MD
Chief Medical Officer, UW Medicine
President, UWP
206.543.3106
thdellit@uw.edu

Ruth Perkins
UWP Compliance Officer, UW Medicine
206.543.1666
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Anthony Dorsch
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HMC Medical Director Contacts

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meddirec@uw.edu
Risk Management works closely with the Medical Directors' offices to reduce organization and individual risk. They're available and very helpful in a number of difficult situations. They are here to help you!

**Health Sciences Risk Management**
- Phone: 206.598.6303
- Email: hsrmhelp@uw.edu
- Website: [https://intranet.uwmedicine.org/BU/hsrisk/Pages/default.aspx/](https://intranet.uwmedicine.org/BU/hsrisk/Pages/default.aspx/)
- Covers UWMC, HMC, NWH, VMC, UWNC and UW faculty practicing at SCH as part of CUMG

**University of Washington Office of Compliance and Services**
- Claims Services: 206.543.3657
- Request Certificates of Insurance & Malpractice Claims History
- Website: [https://f2.washington.edu/treasury/riskmgmt/proof](https://f2.washington.edu/treasury/riskmgmt/proof)
QUESTIONS?
THANK YOU!