

POCUS in Primary Care Clinic

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POCUS AAA Screening in Primary Care Clinic

Goals of Study

- Jordan Moncrief-see if competency can be achieved using POCUS to evaluate for AAA screening.
- Myself
 - Compare how our clinic did capturing patients who qualified for AAA screening prior to and after starting our POCUS research study.
 - Discuss business aspect of POCUS in Primary Care Clinic/Private Practice
 - Explore billing/coding for private practice/payment reimbursement

Methods

- After discussing with each provider at monthly meetings, regular meetings/reminders with nursing staff about ongoing project, did we increase the percentage of patients sent for formal Ultrasound studies meeting criteria for AAA US screening?
- Using specific ICD-10/CPT codes, analyzed data on patients meeting USPSTF AAA screening guidelines and those sent for study.
- Researched literature database for formal credentialing practices.
- Investigated literature and clinic billing department for appropriate billing formats to bill for services appropriately.

Results

- Pre-Senior Project (2019)
 - Patients Qualified AAA Screening
 - 107
 - Patients Sent for AAA Screening
 - 35
 - 32 Male, 3 Female
 - Median Age-68.3
- 32.7% Screened
- 2019 Patients Not Screened
 - 11/107 no longer met screening criteria (age 76+)
 - 61 remaining patients needing screened in 2020
 - 55/61 had Medicare Wellness Visit in 2020.
 - 90% of people seen in clinic and not set up for US.
- Patients in 2020-Met screening criteria
 - 54 were newly eligible for screening
 - 36/54 of new patients were screened (66%)
 - 5 had documented in EMR that scan was declined by patient

Discussion

- Using CPT Code 76706--Ultrasound, real time with image documentation; for abdominal aortic aneurysm (AAA) screening.
 - Medicare- \$112, technical -\$84, professional - \$28
 - BCBS -\$186, technical -\$139, professional -\$47
 - UHC -\$222, technical - \$166, professional - \$56
- Cost of UltraSound Device
 - Butterfly Unit-\$2000+\$1000 to access software that encompasses four aspects of appropriate billing
 - Wish Unit-\$1200
- Net-about 30 patients scanned/screened would be break-even point.
- Credentialing Process continues to be biggest question.
 - No formal credentialing process or board
 - ABFM, ABIM, ABEM all have set out basic framework, but continues to be hospital/region specific.
 - Alliance for Physician Certification and Advancement has been endorsed by several formal bodies as a leader in credentialing process.
 - Observer ship of Competency "Gold Standard"
 - Hesitancy by Radiology/Radiology Techs to train

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Introduction

- USPSTF Screening Guidelines
 - Men aged 65 to 75 years who have smoked 100 lifetime cigarettes
 - Men or Women who has FH of AAA
 - One time screening via Ultrasound

Family Practice Associates of Kearney

- Private Practice Clinic
 - Nine Providers plus Acute Care Clinic staffed by 3-4 Midlevel Providers
 - 3-4 Resident Physicians
 - 20,000 patients in current EHR
- Two other Family Medicine Clinics in town
 - Kearney population 33,000
 - Plus UNK students and several smaller communities

Goal and Method of Study

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Results-FPA Patients Breakdown

- Pre-Senior Project (2019)

- Patients Qualified AAA Screening
 - 107
- Patients Sent for AAA Screening
 - 35
 - 32 Male, 3 Female
 - Median Age-68.3
- 32.7% Screened

No statistical significance
(P=0.8235)

- After Senior Project (2020)

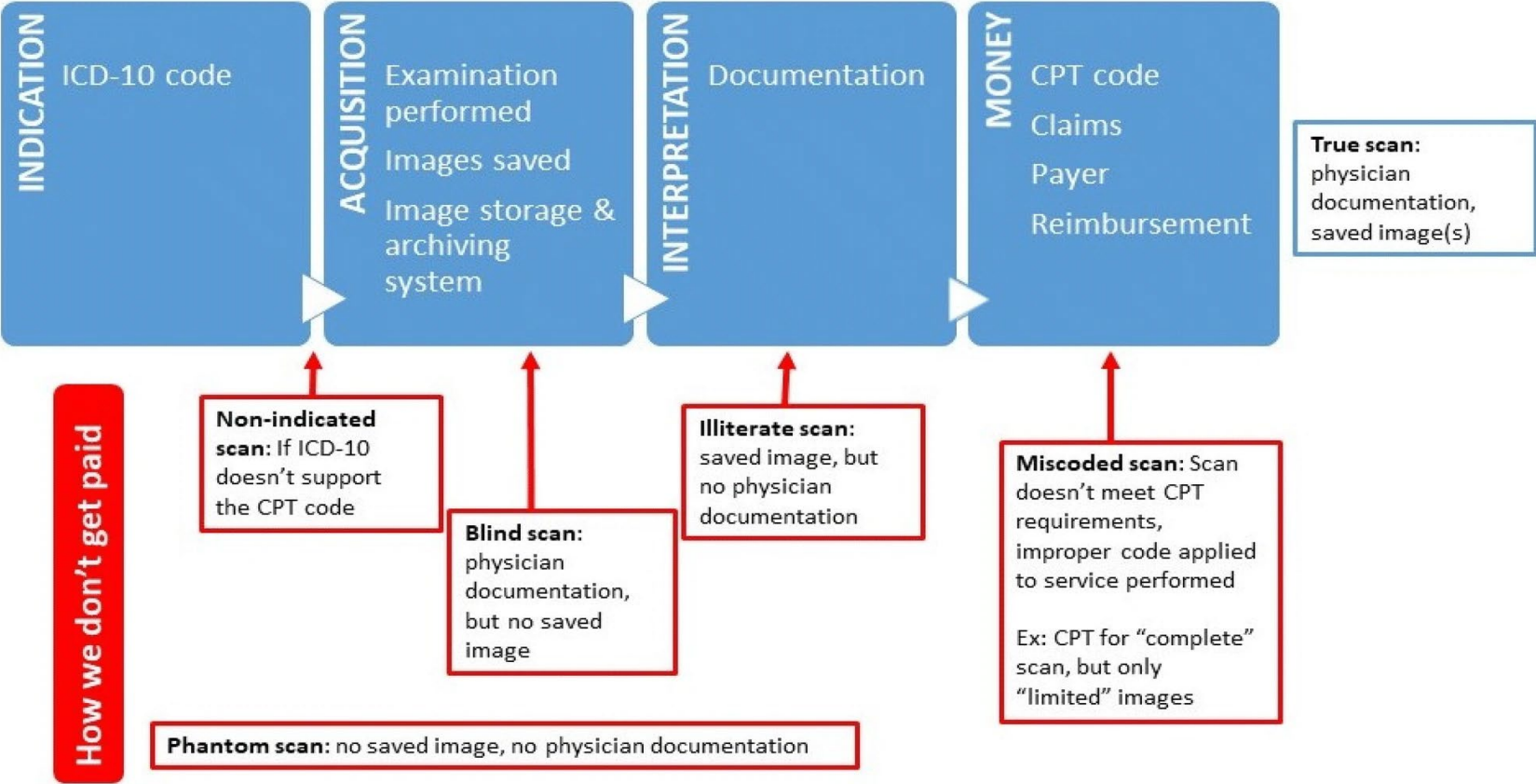
- Patients Qualified AAA Screening
 - 115
- Patients Completed for AAA Screening
 - 36
 - 34 Male, 2 Female
 - Median age 68.1
- 31.3% Screened

Results-FPA Patients Breakdown

- 2019 Patients Not Screened
 - 11/107 no longer met screening criteria (age 76+)
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Discussion-

Billing I-AIM



Requirements

- Appropriate ICD-10-F17.201,Z72.0,Z87.891 (refer to Tobacco use/dependence)
- Acquisition and Storage
 - Must be saved via EMR/database
- Document interpretation of exam findings
- Appropriate CPT Code-76706*, 76775, G0389
 - *Billing/coding department at FPA and SONOSIM recommended for outpatient clinics

Billing

- Using CPT Code 76706--Ultrasound, real time with image documentation; for abdominal aortic aneurysm (AAA) screening.
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Conclusion

- No statistical significance in percentage of patients screened meeting criteria before starting study and after.
- Upon further analysis did capture 66% of patients newly meeting screening criteria.
- Explanation-
 - AAA screening appointments are mostly set up during Annual Medicare Visits
 - Clinic has a standardized form for all screening tests-less likely to be missed
 - Impact of COVID-19 Pandemic
 - Potentially missing many patients who don't meet screening criteria in chart
 - Unknown FH or Tobacco use
- Financially is appropriate to start integrating into our clinical practice at Kearney Family Practice Associates.

Discussion

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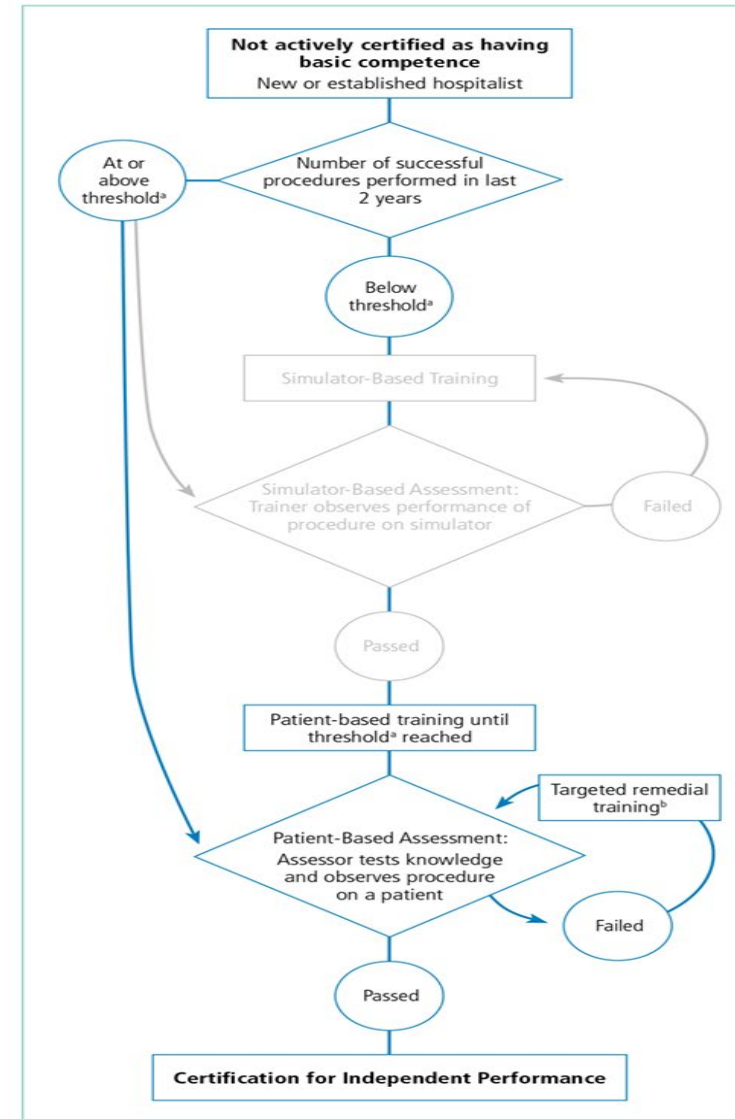


FIG 1. Assessment for intramural certification as part of initial credentialing for ultrasound-guided bedside procedures. When simulators are not available, ignore greyed-out components.

*Minimum thresholds of experience should be determined by empirical methods, such as those based on cumulative sum analysis or local learning curves.

^bBased on available resources and the hospitalist's performance on the patient-based assessment, the assessor should determine a remedial training program, which may include simulator-based training if available.

Sources

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