# NAEC Town Hall on The Impact of RVU Changes on Epilepsy Centers

October 30, 2020

# Logistics

- All computers/phone lines are muted.
- Please turn off camera during presentations.
- How to participate during Q&A:
  - Enter any comments/questions in the chat box and I will read them

# Speakers

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# RVU Changes and Epilepsy Monitoring

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# Disclosures / Financial Conflicts of Interest

None

# Collections vs RVUs

- Collections
  - The amount of actual money paid to the practice for the service

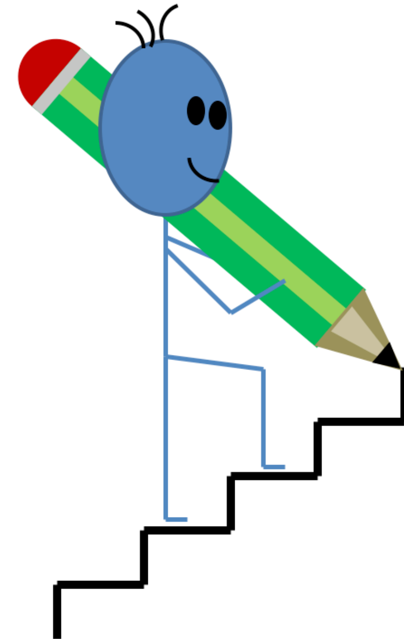
- wRVUs:
  - work Relative Value Units
  - set for the entire US
  - used in the US Medicare reimbursement formula for physician services.

# Where do the RVUs come from?

- RVUs are a measure of value used by Medicare.
  - Part of the RBRVS (resource based relative value scale)
- They are set based on a RUC survey
  - AMA Specialty Society RVU Update Committee
  - Editorial note: The RUC is weighted disproportionately towards specialists.

# Where do RVU Benchmarks come from?

- There are a few sources that publish benchmarks for academic centers
  - **CPSC** (Vizient)
    - Academic primarily
  - **MGMA**
    - Community and Academic
      - but academic data less robust



- They typically provide percentiles by specialty, or even subspecialty.
- Different institutions use different sources

# Where do the Benchmarks look like?

| Neurology CPSC wRVUs (2018-2020) | | | | | | |
|---|---|---|---|---|---|---|
| **Specialty** | **p25** | **p35** | **p50** | **p65** | **p75** | **p90** |
| Epilepsy / EEG | 6,305 | 6,886 | 7,727 | 9,160 | 10,177 | 12,620 |
| General | 3,323 | 3,766 | 4,359 | 5,044 | 5,580 | 7,185 |
| Neuromuscular | 3,889 | 4,181 | 4,620 | 5,090 | 5,580 | 6,603 |
| Neurohospitalist | 2,924 | 3,313 | 3,835 | 4,438 | 4,910 | 6,322 |
| Stroke | 2,803 | 3,367 | 3,928 | 4,855 | 5,883 | 7,341 |

- Note that these are commonly represented as a 3-year rolling average, to reduce year to year volatility.
- But what if there's a significant code change?

# EEG monitoring Code Change

| CPT code | Service | wRVUs |
| --- | --- | --- |
| 95951 | Video EEG monitoring 24 hr | 5.99 |
| 95720 | Video EEG Monitoring 12-26 hrs | 3.86 |

- This represents a 35.56% drop in RVUs for this service.
- How much this affects your group's RVUs depends on how much of your work was 95951.

# Calculate the expected impact on your wRVUs

| If 95951 accounted for this % of your RVUs | Expected this drop in YOUR wRVUs |
|---|---|
| 20% | 7.1% |
| 30% | 10.7% |
| 40% | 14.2% |
| 50% | 17.8% |
| 60% | 21.3% |
| 70% | 24.9% |

- The most recent year in the current “3-year rolling average” benchmark is 2020, using 95951.
- It will take 3 years to know what the “real benchmark” is now.

# Questions I was asked to Address

1. Explain how RVUs are used to set benchmarks. Are these benchmarks set nationally, regionally or by state or locality?
2. Explain how University-based hospitals use the data provided by MGMA and/or Vizient? Are the databases different?
3. Is it true that the benchmark for epileptologists is 7000 RVUs, while it is only 4000 RVUs for general neurologists? How are these assumptions made?
4. What is the lag time for implementing new benchmarks when RVUs for a procedural service like VEEG changed?
5. How do you calculate the impact of the RVU change for VEEG on epilepsy center revenue?
6. Is there anything epilepsy centers can do now to plan for benchmark changes in 2021?

# What should I do now to plan for the changes in 2021?

- Be Proactive.
  - Don't wait for your wRVUs to drop then start explaining it.
  - Request an adjustment in your target.

- A good starting point would be the calculated expected drop for your group.
  - You may not get that much of an adjustment, but but it's a logical number to open the discussion with.

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Professor and Head, Department of Neurology, University of Arizona

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**Peter Crino, MD, PhD,**
Professor and Chair of Neurology,
University of Maryland

# RVUs and Academic Neurology: Bellwether or Metric?

Peter B. Crino M.D., Ph.D.

Professor and Chair

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**Physician work RVUs** account for the time, technical skill and effort, mental effort and judgment, and stress to provide a service.

NHPF 2015

# wRVU
# Work Relative Value Unit

- How much money is your work worth?
- Work = to perform or fulfill duties regularly for wages or salary
- Work = effort and time spent (faster is better?)
- Work = effort per unit time (more is better?)
- Work = what you do to define your role as faculty
- Work = how you spend you time to achieve goals
- Goals?
  -patient care
  -research (including getting funding)
  -teaching
  -administration (scheduling work, documenting work, organizing work, planning work flow)
  -communication (media, colleagues, general public)

# wRVU

- Provides a “score” that is “easy” to use
  -over is productivity, under is lack of effort? Laziness? Inefficiency?
- Provides a “score” that is “easy” to “weaponize”
  -same
  -it allows administrators, Deans to define your days efforts
- Provides a score for non-neurologists to assess neurology work
- Allows administrators and leaders to allocate resources
- Allows faculty to negotiate
- Allows Chairs to counter-negotiate

# wRVU in Academic Epilepsy

- Yes, we do need some effort-based score for reimbursement
- CMS has independently assess what $$ go with what work?
- CMS is NOT trying to pay well
- CMS is trying to pay fairly? (not sure about this?)
- The work of an average academic epileptologist cannot be defined by wRVU
- WHY?

# wRVU in Academic Epilepsy

- EEG reading – yes wRVU per study seems fair
- EEG reading – No, when you are trying to figure out ictal pattern in patient with GSW wound to the head, positive tox screen for meth and cocaine, HIV+ and sepsis versus diffuse monomorphic delta.
- Do they balance out? Maybe? Depends on your location, practice etc?

# wRVU in Academic Epilepsy

- Fellow and resident education – not remunerable, a freeby, a gimme, a concession, but of course, vital to the mission
- Lectures
- One-on-one
- Small group
- Is it work?
- ABSOLUTELY
- Why are there no eRVUs for education?

# wRVU in Academic Epilepsy

- Documentation, report generation, record re-review
- Is that part of wRVU?
- Yes and no…
- Some time allotted as part of wRVU for post-procedure work, really post-work-work
- Surgical conference notes

# wRVU in Academic Epilepsy

- Surgical Conference
- Vital for decision making
- Not-remunerated time BUT couldn’t have epilepsy surgery without it
- Basically, a group of docs get together to agree to work for free….
- Second conference, ugh…..

# wRVU in Academic Epilepsy

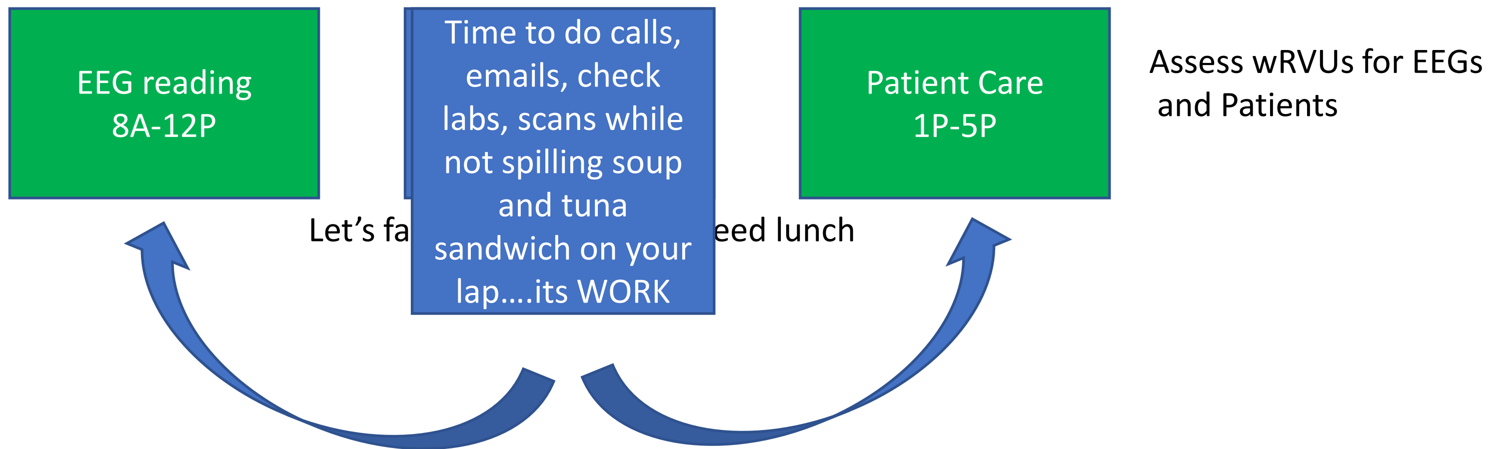
- cEEG
- Calls to order cEEG
- Calls between docs, often many, to discuss results
- Check ins, follow ups, “is she seizing?”, “his toe is twitching”, “the family would like a stat read”, “we are considering withdrawal of care”
- Each is 5 minutes +

# wRVU in Academic Epilepsy

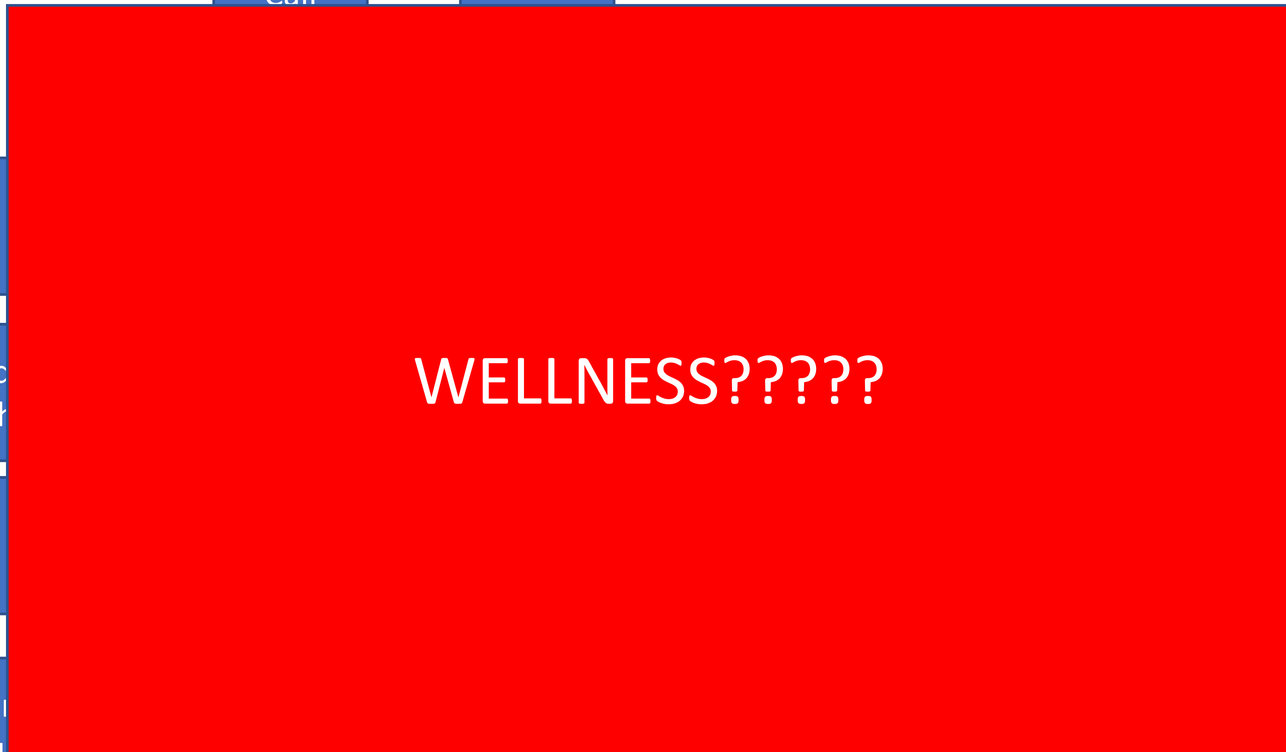
- Committees
- Councils
- QAI/Patient safety
- Resident/fellow oversight
- Resident/fellow interviews
- Resident/fellow mentorship
- Letters of support
- Faculty meetings
- Division Meetings
- Section Meetings

No-pay Work
BUT NOT OPTIONAL
YOU ARE REQUIRED TO DO THESE!!!

# HOW wRVUs are viewed and used as metrics



# WHY wRVUs don't work in academics…..




Call

Call from ICU

Call from ICU

Resic teach

Call from colleague

Call fro colleagu

Rheum finally has 5 minutes…

geon as 5 s…

s wRVUs for Patients

"Hey do you have a minute…"

Hey do ou have a inute…"

"Hey do you have a minute…"

New nurse interview

interview

# What to DO?

- Use Profit/Loss Margins + wRVU
- Use wRVU as bellwether for productivity
- Ask for itemization of activities outside of wRVU work
- **Be creative** with work allocation and planning
  -work hard to bill at LEVEL 5 for outpatients
  -request APP support for follow up patient care and calls
  -require neurology consults prior to cEEG hookups
  -push for full-duration cEEGs
  -maintain high-throughput cEEGs for maximal deployment
  -request additional machine purchase
  -develop tele-contracts for cEEG at linked hospitals

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# Questions?