

Why Use AdmissionCare Related to OBS?

IT'S ONE OF THE MOST FRUSTRATING interruptions physicians face. A utilization review (UR) nurse calls and is wondering: *"Does your patient that is in observation meet inpatient status?"*

The UR team is doing its job, but physicians may feel overwhelmed with increasing administrative burdens that are taking them away from their patients. *Do you find yourself sometimes ignoring these calls... as you don't have time for one more interruption?*

Physicians feel stuck. It's like the payers are grading every admission and, unfortunately, we don't know the questions on the test. It's any wonder we aren't doing so well on this.

What is Observation?

- Short-term treatment, assessment, and reassessment that cannot be completed in ED
- Used while the physician determines if the patient will require further treatment as an inpatient or if they can be safely discharged
- Most decisions regarding disposition can be completed within 24 hours
- Rarely more than 48 hours

Why convert from Observation to Inpatient?

- Patient status makes a substantial difference in the patient's bill. Copays and deductibles are different for an outpatient versus inpatient status
- Some insurances do not cover "self-administered" medications for outpatients and bill the patient
- Medicare requires a minimum 3-day inpatient stay (starts with an inpatient order) to cover a discharge to an SNF, otherwise, the patient has to pay

Why is this important?

- Patients should always be placed into the most appropriate status based on their condition at the time of admit
- Documentation should support the level of care
- If the patient is placed into inpatient status and converted back to observation, this causes a whole series of events
 - UR calling the physician to convert the patient from inpatient to observation or to add documentation
 - Potential denial of services
 - Letter to the patient stating their status changed
 - Billing and coding corrections
 - Potential delay in a patient statement
 - Potential for wrong E&M code submission

What can you do?

There are some tricks doctors can learn to make life easier. In less than 45 seconds AdmissionCare can help you determine the best bed status for your patient and have payer-compliant documentation.

Also, think of using AdmissionCare to convert patients from observation to inpatient when appropriate. This ultimately saves you time (as the UR team will find you later!), prevents denials, and the patient is not burdened with inappropriate out-of-pocket expenses; allowing them to be happy with the outcomes you provided both clinically and financially.

Resources:

<http://yourgpsdoc.com/2018/03/07/observation-status-rock-hard-place/>
<https://www.todayshospitalist.com/what-this-patient-should-be-in-observation/>