

DEPARTMENT OF INTERNAL MEDICINE
NEW PROVIDER ORIENTATION



CLINICAL AFFAIRS

Kim Staffey, MD, MHCDS, FACC
Executive Vice Chair for Clinical Programs

Our Mission & Vision

- We train and recruit the best people
- We have rigor
- We are nimble
- We are innovative
- We are committed to lifelong learning & discovery
- We are diverse in experience and opinion
- We are a respectful & open community
- We contribute to the alleviation of suffering and the cure of human disease

Acronyms to know

UIP – University of Iowa Physicians	RVU – Relative Value Unit
IRL – Iowa River Landing	KPI – Key Performance Indicators
ATC – Admission & Transfer Center	PCD – Provider Coding Division (billing & coding)
ICC – Integrated Call Center	IPPE – Initial Provider Practice Review
OPE – Office of Patient Experience	OPPE – Ongoing Provider Practice Review
CORS -- Co-worker Observations Reporting System	FPPE – Focused Provider Practice Review
PARS – Patient Advocacy Reporting System	CDI – Coding Documentation Improvement
PSN – Patient Safety Net	DRG – Diagnosis Related Group
PAC – Patient Access Center	JOC – Joint Office of Compliance
MCU – Medical Campus University	MCD -- Medical Campus Downtown
MCNL – Medical Campus North Liberty (opening April 2025)	

Policies

UIP Documentation Policy

- >10 encounters that are >7 **days** in age including outpatient open encounters (including procedures)/H&P/Discharge summary
- Greater than 20% of charges entered (and encounter appropriately closed) beyond 7 calendar days from the date of service for current month AND trailing three months)
- Past due status on required compliances via ICON/CQ

UIP Clinic Cancellation Policy (bumped clinics)

- Physician and APP driven cancellations will not be allowed within eight weeks of clinic session

Policies

Inpatient Diagnosis Related Group (DRG) Query Response

- Sent to providers by CDI nurses, via provider Epic inbasket - 100% response rate expected
- Initial queries sent to APPs, Residents or Fellows (if involved). If no response within 48 hours, query is escalated to faculty provider. If resident or fellow disagrees with query, it will be sent to the faculty provider for final review.

Inpatient Consultations – Clinical Care Policy

- ***Routine inpatient consults*** - should be seen within 12 hours of the consult request, and the consulting attending should evaluate the patient within 24 hours of the request, unless other arrangements have been made with requesting team.
- ***ASAP Consults*** – should be seen within 4 hours of the request and immediately discussed with the consulting attending physician, with recommendations communicated directly to the requesting team, unless other arrangements have been made with requesting physician.
- ***STAT Consults*** – should be seen as soon as possible and no later than 60 minutes of the request and immediately discussed with the consulting attending physician, with recommendations communicated directly to the requesting team, unless other arrangements have been made with requesting physician.

Clinical Practice Review

KPI – Key Performance Indicators

- Physician/APP Billing Productivity & KPI monthly e-mail notifications from Dr. Doug Van Daele, Executive Director, UIP. This provides you with a view of your RVUs, billed charges, payor mix, payments, patient access, documentation completion, patient satisfaction and more, specific to your individual practice

Patient Satisfaction -- Press Ganey (PG) & Hospital Consumer Assessment of Healthcare Providers & Systems (HCHAPS)

- Surveys are sent out to all patients to receive feedback on their visits and inpatient stays
- Provider Communication Workshop
 - **Attendance required during your first year**
 - 5-hour physician led educational course followed by one-on-one coaching sessions

Clinical Practice Review

Relative Value Unit (RVU) Productivity

- Individual RVU targets and goals will be provided by your Division
- Department compensation plan

Professionalism & Professional Practice Evaluations (IPPE, OPPE, FPPE)

- IPPE - The first six months of employment you will be reviewed by a faculty member
- OPPE -Every six months following the IPPE period, you will receive an ongoing professional practice evaluation.
 - You will receive feedback if necessary
- FPPE – If necessary, due to professionalism or performance issues

Clinical Practice – Focus Areas

- Patient-centered care delivery
- Timely access to high quality care for our patients
 - Thorough attention to patient safety
 - Continuous improvement in clinical performance
 - Exceptional patient care outcomes
 - High levels of patient satisfaction
- Documentation of care delivery
 - Timely, accurate, and reflective of severity of illness
- Length of stay/timely discharge/mortality

Quality & Safety Reporting Systems

- Co-worker Observations Reporting System (CORS) & Patient Advocacy Reporting System (PARS) – (Point)
- Blind Spots reporting (Point)
- Compliance and Ethical concerns (Point)
- Patient Safety Net (PSN) – Safety incident reporting (Point)
- Office of the Patient Experience (OPE)
- Clinical Quality, Safety and Performance Improvement (CQSPI)
- Sharps Injury and Blood/Body Fluid Exposure (7-8425 – STICK)
- Quality and Safety Reports – examples include, infection prevention, readmissions, patient satisfaction

Clinical Revenue Cycle

Departmental Level Revenue Cycle	Provider Documentation & Coding Liaison	New Provider Coding & Billing Orientation	Audits	Annual Coding Education
▪ Identify trends ▪ Identify/implement new opportunities	▪ Physician & APP driven ▪ Peer-to-peer messaging and education	▪ Institution-wide orientation (virtual) ▪ 1:1 specialty-specific training with departmental staff	▪ 6-12 month following start • No education if no concerns identified • Meeting with provider and departmental representative if concerns identified ▪ Additional audits for established providers	▪ Required training for all physicians and APPs tracked through compliances ▪ Focus on rule changes

Provider Documentation & Coding Leads

Division	Name
Allergy/Immunology	Dr. Ben Davis
Cardiology	Dr. Chris Benson
Endocrinology	Dr. Amie Ogunsakin
Gastroenterology/Hepatology	Dr. Alan Gunderson
General Internal Medicine	Dr. Christina Charis-Donelson
Hematology/Oncology	Dr. Saima Sharif
Hospitalist Program	Dr. Carly Kuehn
Infectious Disease	Dr. Ben Appenheimer
Nephrology	Dr. Mony Fraer and Dr. Sarat Kuppachi
Pulmonary	Dr. Joel Kline and Dr. Nabeel Hamzeh

Resources

Area	Resource
Departmental Clinical Revenue Cycle Team	Kim Staffey, MD – Physician Oversight Amy McDonald, JT Kosier, Kristin Goedken
Provider Coding Division	Alysa Coppinger, Manager, PCD
Epic Help – MCU & MCD Locations	Shelby Lombard, Informatics Specialist, HCIS
Epic Help – Holden Comprehensive Cancer Center	Julia Freel, Informatics Specialist, HCIS
Epic Help – Digestive Health Center	Leah Kirkendall, Informatics Specialist, HCIS
Epic Help – IRL	Jen Bunning, Informatics Specialist, HCIS
Physician Informatics Officers	Dr. Wendy Fiordellisi
Patient Access Center	Keri Semrau, Director Neil Christiansen, Assistant Director
HCIS Help Desk	6-0001
The Point, The Loop, and Noon News	Website resources

Well-Being & Workplace Safety

- **Employee Assistance Program (EAP)**
 - Support and Crisis Line
 - UI Emergency Hardship Fund
 - Substance Abuse
 - Mental Health and Well-Being Course
- **COPE Team**
 - Provides emotional support to staff after challenging events, as well assisting in creating a supportive work environment.
- **Threat Assessment Team**
 - Supports Campus Safety by assessing, monitoring, and providing support for unusual distress, fixated grievances, or troubling behaviors.
 - Monitor potential safety threats and intervene with supportive campus resources to maintain campus safety.
- **Riskconnect**
 - Allows employees to report incident in 3 different categories - Patient event, visitor event, or employee event.

Welcome to Internal Medicine!



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Amy McDonald
Senior Business Analyst

<https://medicine.uiowa.edu/internalmedicine/>

THANK YOU



Welcome to the Department

→ medicine.uiowa.edu/internalmedicine

