Being a Doctor, Not a Bug Detective

By Jennifer Frank, MD [6]

Taking care of a patient is what doctors strive to do, not judging a bee’s intent, a requirement of the new ICD-10 coding system.

Source: Physicians Practice

I am sure you’ve heard about the triple aim introduced by the Institute for Healthcare Improvement —improving patient experience, reducing cost, and improving the health of a population. I recently discovered that this is being reconsidered, in light of a crucial missing piece – the people who actually are responsible for the patient experience and healthcare. Now conceptualized as the quadruple aim, provider and clinical staff satisfaction is seen as the bedrock upon which the other three aims can be achieved.

Can I get an Amen! While it is trite and overused, the truth remains that physicians went to medical school to become doctors – not insurance representatives, administrators, clerks, typists, pharmaceutical go-betweens, or lawyers. On a regular basis, I feel like I add another job duty without any being taken away. My newest this week – bug detective. As I tried to code a bee sting using ICD-10 coding, I realized that it is no longer enough for me to make this assessment for documentation purposes. The truth is not much more needs to be said from a medical perspective, other than the presence or absence of infection or allergic reaction.

ICD-10 is asking me to judge the insect’s intent. Seriously? How am I supposed to know whether the insect stung my patient with intention or whether it was unintentional? Professionally, I have reached a new low when I am spending even seconds considering the insect’s motivation. That is valuable time I could spend taking care of the patient rather than describing inane aspects of the medical diagnosis.

As we’ve seen in countless professions and industries, including medicine, regulations are often designed to make things better and safer. Often they at least partially achieve this aim. However, unlike other industries and professions, the person primarily responsible for meeting those regulations or assuring the correct documentation of adherence to regulations is usually not the team leader. Since every physician is a team leader, asking the highest paid and highest trained team member to duplicate documentation or learn and interpret new regulations does not improve any aspect of the triple or quadruple aim—it is not improving the patient experience, it does not reduce cost, it does not improve anyone’s health, and it most certainly negatively affects the physicians’ satisfaction.

Physicians tend to be in their own work. They are pretty independent and want the least amount of interruption possible, so they can return to patient care. That is probably why we are in the current situation. We have not advocated forcefully or loudly enough for an environment that promotes patient care and our ability to do what is medically necessary, not what is Medicare-ly necessary.

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