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Advance Care Planning: A Quality Improvement Project to Increase Patient Access and Provider Reimbursement

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Figure 1. MRI of cervical spine 48 hours after cervical epidural steroid injection (C6-7 level) demonstrating a new, enhancing spinal cord lesion at C2 and C3 consistent with active demyelination.

onset of symptoms, we cannot infer a causal relationship between the two. While CESIs are a safe intervention, including in patients with multiple sclerosis, physicians must always be vigilant for red flag symptoms including fever, chills, worsening pain, loss of bladder or bowel function, weakness, and new onset of sensory deficits. Timely workup decreases the time between symptom onset and diagnosis which may reduce the risk of permanent neurologic deficits. ■

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Advance Care Planning: A Quality Improvement Project to Increase Patient Access and Provider Reimbursement

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Program: Family Medicine – Rural Medicine

Type: Original Research

Background: Advanced care planning (ACP) is an important intervention that improves end of life care. In 2016, CMS introduced new billing codes to reward providers already performing ACP, and to incentivize those who were not. In 2016 – the year the codes were introduced – national data indicated only 1.9% of Medicare beneficiaries over 65 had an ACP claim during any visit. In 2017 this increased to 2.2%. Among a group practice of

fourteen providers in Grand Island, Nebraska, no claims had ever been made before October of 2019.

Methods: A short, one hour information session provided guidance on the new ACP codes as well as evidence-based strategies for having these often difficult conversations. Claims made over the next two months were measured, along with corresponding data about setting, and patient characteristics.

Results: In just two months, over one hundred claims were made in this group practice, mostly during Medicare wellness visits but also across many settings including

nursing homes and inpatient admissions. Providers reported that after the information session they were better equipped and more willing to provide ACP and properly bill for the service.

Conclusion: ACP was already performed by these providers before the information session but after the session they were more willing to engage their patients in ACP and captured a significant amount of revenue. We believe this information session could be easily replicated to expand ACP and improve the dismal national reimbursement. ■

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Association of Agricultural, Occupational and Military Inhalants With Autoantibodies and Disease Severity in U.S. Veterans with Rheumatoid Arthritis

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Background: Cigarette smoke is a known inhalant exposure that contributes substantially to the risk and severity of rheumatoid arthritis (RA). Less is known about the link between other inhalant exposures and RA. The aim of this study

was to determine the association between occupational, agricultural, and military inhalant exposures with RA-related factors.

Methods: Participants at nine sites in the Veterans Affairs Rheumatoid Arthritis