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9 Do Residents Value Relative Value? Emergency Medicine Residents' Estimation of RVUs and Potential Loss of Revenue

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Background: EM resident education does not typically cover the reimbursement amounts of common procedures. It also does not usually stress or enforce proper procedural documentation.

Objective: To assess residents' knowledge of reimbursements for common emergency procedures, and to analyze their self-reported documentation compliance rates.

Method: We surveyed 22 emergency medicine residents from our urban academic emergency department. We asked each resident to estimate the relative value units (RVUs) for 10 common emergency procedures, including: simple and complex I&Ds, lacerations, splinting, lumbar punctures, intubation, chest tube placement, smoking cessation, earwax removal, and shoulder reduction. They were then ask to estimate how often they do not properly document each procedure.

Results: There was a lot of variation among residents regarding estimated RVUs. Many procedures were underestimated, particularly chest tubes and shoulder reductions. Five of the 10 procedures were reported to be documented less that 90% of the time, with the lowest being smoking cessation (48%), and earwax removal (65%). These were associated with an annual revenue loss of \$20,543 and \$3,158 respectively.

Conclusions: Residents have a variable understanding of reimbursement rates for common emergency department procedures. While rare, high-paying procedures are typically well documented, common, low-paying procedures have lower documentation compliance rate resulting in a significant loss in revenue. More focus on the education of procedure documentation and reimbursement may lead to better understanding by the training physician as well as increased revenue for the hospital from higher documentation compliance rates.

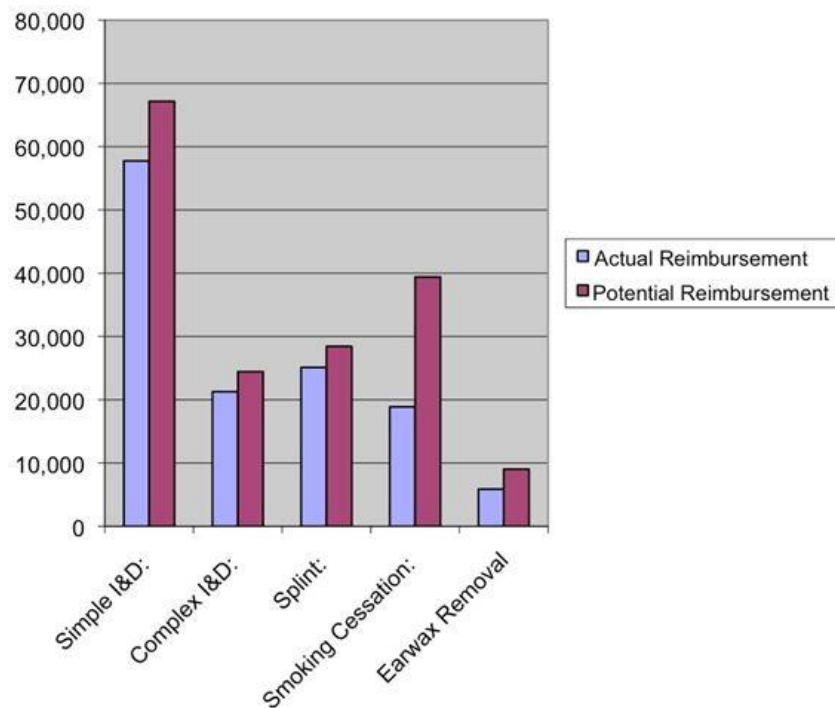


Figure 1.