Reviewer's report

Title: Following the Money: Copy-Paste of Lifestyle Counseling Documentation and Provider Billing

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Reviewer: Mandy Smith Ryan

Reviewer's report:

Summary: This paper assesses whether copied documentation of lifestyle (diet, exercise and weight loss) counseling for patients with diabetes is associated with higher evaluation and management (E&M) charges compared to encounters with no documented counseling.

The authors perform an ordered multinomial logistic regression model that corrected for clustering within individual providers and patients and adjusted for patient and encounter characteristics. They find no evidence that copying and pasting documentation for lifestyle counseling is related to higher E&M charges.

Overall, this is a good paper. The research question is clear and appropriate for the length of the paper. It is well written and the authors find a creative way to test their hypothesis. The title and abstract accurately convey what has been found. The authors more or less clearly state the previous work on which they are building from. I believe this study would be a welcome addition to the literature.

Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached):

1) Pg. 8: It's not clear why periods that reflected transient A1c elevations, as well as periods in which no medication information was available would be excluded from analysis. Please make this clearer.

2) There is a rich literature concerning diabetes management. It would be helpful to make some nod to this literature.

3) Many of the limitations are mentioned, but then dismissed through further discourse. One such limitation is that the results might not generalize to private practices. The authors state that since primary practices in medical centers have incentives to increase productivity, so documentation behaviors will transfer to the private practice setting. This is not a strong enough rationale for believing that these results would generalize to a private practice setting. Further research would be needed to support this claim.

4) In the abstract, the authors state: “This finding is most consistent with both counseling and time spent on counseling having been copied, while submitted E&M charges reflected the care actually provided.” The authors need to make a better rationale for why E&M charges would necessarily reflect the care actually provided.
5) The authors mention a previous study they conducted which informs the current study. It’s not clear to the reader whether this is an identical sample to the previously cited study. Please clarify.

Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore):

1) The authors very briefly address the potential advantages of EMRs. While I understand a comprehensive review of the literature and efficacy of EMRs is not possible given this article length, there could be a slightly more thorough introduction. Namely, a few cites on EHRs potential to improve the quality of care would be useful to contextualize the research. Examples include Health Affairs paper by Ryan et al., 2013.

2) I wonder why the authors chose to use the term “copy-paste” rather than cloning, and why they neglected the term “upcoding”? Other readers might wonder this as well so it might be helpful to add some discussion of this decision.

3) It’s unclear why the authors chose lifestyle documentation as the subject of analysis. Is this speculated as a big source of cloning and/or fraud?

4) It would be helpful to have more background on the relevance of E&M charges. Potential readers may not be familiar with the different levels of reimbursement and what unintended consequences copy and pasting might have on health care providers. In addition, the authors state that cloning can be dangerous for a number of reasons, but another underlying reason is that it could increase healthcare costs in a global sense. Brief mention of this in the discussion would strengthen the paper.

5) Pg. 13: The authors point out, in reference #24, that higher-level billing by a small number of physicians nationwide costs a lot of money (so in other words, there are a few bad eggs who are misusing the system). The current study design will not identify the bad eggs.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct):

1) There is an error in spelling out encounter and management (E&M) charges in the text (pg. 5). It should be “evaluation and management” charges.

2) Pg. 13, the authors state “our EMR”. It would be more appropriate to say “the EMR in this study”.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.