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Clinical Documentation Integrity: Its Role in Quality and Value

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Goals/Objectives

- *Learn* the importance of Clinical Documentation Improvement in improving Quality measures that rely on ratios of “Observed-to-Expected”
- *Review* the importance of improving all aspects of documentation (not just for reimbursement)
- *Learn* the impact that documenting “Present on Admission” may have on quality measures
- *Review* common metrics used to assess and improve CDI programs especially with regard to quality and value

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It's All About Quality...

If you pursue reimbursement, you will miss the High-Quality Medical Record

... but ...

If you pursue a High-Quality Medical Record, the proper reimbursement will follow.

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...Not Just Reimbursement

Complete, accurate coded data is essential for:

- ✓ Proper calculation of quality measures and Patient Safety Indicators
- ✓ Improved quality of patient care
- ✓ Decision-making on healthcare policies
- ✓ Optimizing resource utilization
- ✓ Identifying and reducing medical errors
- ✓ Clinical research, epidemiological studies

Physician documentation is the cornerstone of accurate coding

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CDI for Quality Measures

- Quality measures (complications, mortality) report “Observed-to-Expected” rates (“O/E” ratio)
- A ratio greater than 1.0 means that the observed events are occurring more often than expected
- Failure to document comorbidities results in a higher ratio (implies lower quality)
- By fully documenting the comorbidities, the quality scores will be more favorable and more accurate

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- Coders must create a complete and accurate set of codes that correspond to clinical documentation
- CDI managers: quality coding impacts apparent CDI program performance and quality measures
- Providers should spend time auditing and reviewing their coding practices and performance
- If it's not coded, it cannot be reimbursed or measured
- But if it's not documented, it can't be coded

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- Assures that the "Expected" part of quality properly reflects the condition of the patient.
- When CDI programs pursue reimbursement, this important function can be overlooked or missed
- Many diagnoses will impact the Risk of Mortality (ROM) without changing the DRG or the reimbursement
- Incomplete documentation adversely impacts quality measures that rely on O/E ratios

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Best Environment and Data for Quality Measures

- Educate executives on the need to consider *all* aspects of documentation
- CDI should seek a full and complete chart (document *all* conditions and comorbidities)
- Schedule periodic code reviews
- CDI has data and reports that can help the Quality Manager – collaborate!

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Don't fall into this trap!



**Find an MCC and
move on...**

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hfma™ **Key Performance Indicators!**
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A **Key Performance Indicator** (“KPI”) is a measurable value that demonstrates how effectively an organization is achieving key business objectives.



A KPI is only as valuable as the action it inspires.

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hfma™ **Key Performance Indicators!**
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	Specific	S	<ul style="list-style-type: none"> • What <i>specifically</i> do you want to do? • How will you know when you reached it? • Is it in your power to accomplish it? • How does it into the “big picture” goals? • When exactly do you want it?
	Measureable	M	
	Attainable	A	
	Relevant	R	
	Time Based	T	

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**Avoid
“Vanity”
Metrics**

**You’re so vain,
you probably think
this slide is about you**



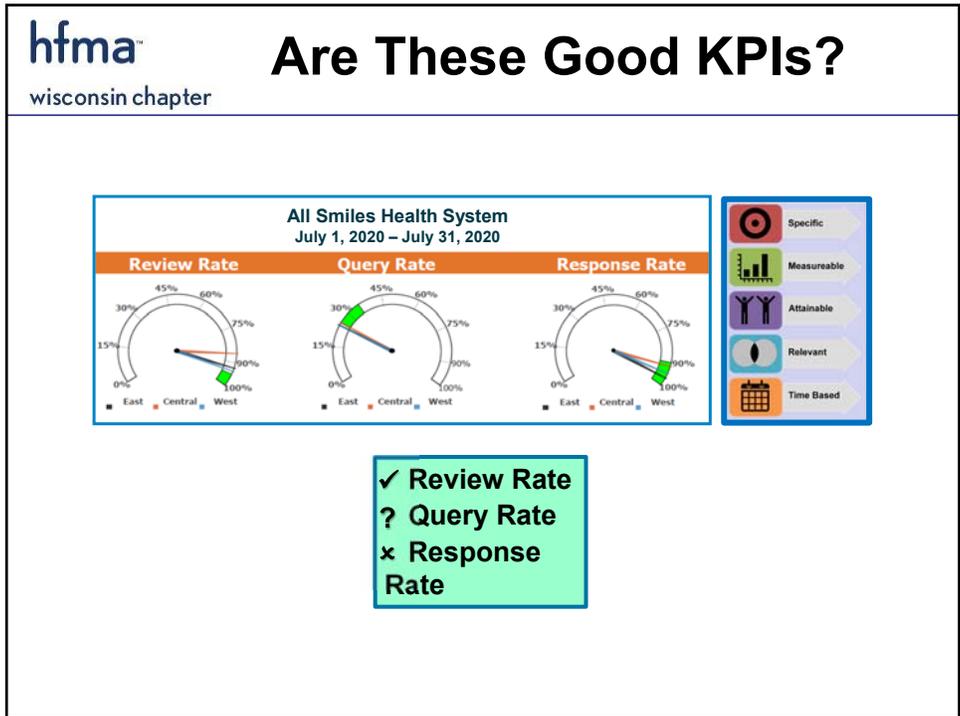
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KPI-Styled Reports

- Financial impact analysis by CDS
- Readmissions
- Top DRG with billed CMI
- CDI productivity
- Query response and statistics by recipient and topic
- SOI & ROM
- DRG Mismatch (CDS vs. Coder)
- Case Management (LOS Variance)
- Quality (Core Measures, other “Code Groups”)

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Value-Based Purchasing

Hospital VBP seeks to incentivize hospitals to improve the quality and safety of care that Medicare beneficiaries and all patients receive during acute-care inpatient stays by:

- **Eliminating or reducing the occurrence of adverse events** (healthcare errors resulting in patient harm).
- **Adopting evidence-based care standards** and protocols that result in the best outcomes for the most patients.
- Re-engineering processes to **improve patients' experience**

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Value-Based Purchasing

- Value-Based Purchasing (VBP) **required** by Affordable Care Act
- Focus on lowering healthcare **costs**, and improving **outcomes**
- VBP driven by Core Measure performance and **quality** metrics
- Adjustments as financial **incentive** or **penalty**
- Many Pay for Performance (“P4P”) measures are **claims based**, derived from diagnosis codes
- Performance in 2019 shaped penalties for **2021**
- **Coders and CDI should understand** the measure specifications and risk adjustment methodologies

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	<h2 style="margin: 0;">VBP: 2021 Domains</h2>
<ul style="list-style-type: none"> • Safety (25%) <ul style="list-style-type: none"> ✓ Catheter-Associated Urinary Tract Infection (CAUTI) ✓ Central Line-Associated Blood Stream Infection (CLABSI) ✓ Clostridium Difficile Infection ✓ Methicillin-Resistant Staphylococcus aureus bacteremia ✓ Elective delivery prior to 39 complete weeks gestation ✓ Surgical Site Infection (colon, abdominal hysterectomy) 	

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	<h2 style="margin: 0;">VBP: 2021 Domains</h2>
<ul style="list-style-type: none"> • Safety (25%) • Clinical Care (25%) <ul style="list-style-type: none"> ✓ Acute Myocardial Infarction 30-day mortality rate ✓ Heart Failure 30-day mortality rate ✓ COPD 30-day mortality rate ✓ Pneumonia 30-day mortality rate ✓ Elective Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate 	

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VBP: 2021 Domains

- **Safety (25%)**
- **Clinical Care (25%)**
- Patient and Caregiver-Centered Experience of Care/Care Coordination – Hospital Consumer Assessment of Healthcare Providers and Systems (25%)
- **Efficiency and Cost Reduction (25%)**

**This is the answer to the question:
“What is the role of CDI in
Value-Based Purchasing?”**

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Codes Queries NoteWise (2) References

~PSI Advice (2)

Criteria for reporting PSI13 (Postoperative Sepsis) are present. 08/25/2020 7:57 AM

▽ Verify that this admission is a candidate for reporting. To qualify, it needs to be an elective admission.

No exclusion criteria are present for PSI13 08/25/2020 7:57 AM

▽ Look for a Principal Diagnosis of sepsis, a secondary diagnosis of sepsis present on admission, a Principal Diagnosis of infection, a secondary diagnosis of infection present on admission (only if there is also a secondary diagnosis of sepsis), obstetric discharges.

- Criteria for reporting PSI13 (Postoperative Sepsis) are present.
 - ✓ Verify that this admission is a candidate for reporting. To qualify, it needs to be an elective admission.
- No exclusion criteria are present for PSI 13
 - ✓ Look for a Principal Diagnosis of sepsis, a secondary diagnosis of sepsis present on admission, a Principal Diagnosis of infection, a secondary diagnosis of infection present on admission (only if there is also a secondary diagnosis of sepsis), obstetric discharges

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Codes Queries NoteWise (2) References

~PSI Advice (2)

Criteria for reporting PSI06 (Iatrogenic Pneumothorax) are present 08/25/2020 7:59 AM

Criteria are present for PSI06 (secondary diagnosis of Iatrogenic Pneumothorax) and no exclusions are found. 08/25/2020 7:59 AM

▽ Look for evidence that the pneumothorax might also qualify as a Principal Diagnosis or a secondary diagnosis that was Present On Admission. Also look for other exclusions, including evidence of chest trauma (rib fractures, traumatic pneumothorax and related chest wall injuries), pleural effusion, thoracic surgery, or a cardiac procedure. Female patients can be excluded from reporting if the Principal Diagnosis is part of MDC 14 (pregnancy, childbirth and puerperium).

- Criteria for reporting PSI06 (Iatrogenic Pneumothorax) are present.
- Criteria for PSI06 (secondary diagnosis of Iatrogenic Pneumothorax) and exclusions are found.
 - ✓ Look for evidence that the pneumothorax might also qualify as a Principal Diagnosis or a secondary diagnosis that was Present on Admission. Also look for other exclusions, including evidence of chest trauma (rib fractures, traumatic pneumothorax and related chest wall injuries), pleural effusion, thoracic surgery, or a cardiac procedure. Female patients can be excluded from reporting if the Principal Diagnosis is part of MDC 14 (pregnancy, childbirth and puerperium)

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	<h2 style="margin: 0;">VBP Safety</h2>
<p><u>AHRQ PSI 90 Composite:</u></p> <ul style="list-style-type: none"> PSI 03 – Pressure Ulcer PSI 06 – Iatrogenic Pneumothorax PSI 08 – In-Hospital Fall with Hip Fracture PSI 09 – Perioperative Hemorrhage or Hematoma PSI 10 – Postoperative Acute Kidney Injury needing dialysis PSI 11 – Postoperative Respiratory Failure PSI 12 – Perioperative Pulmonary Embolism or DVT PSI 13 – Postoperative Sepsis PSI 14 – Postoperative Wound Dehiscence PSI 15 – Accidental Puncture or Laceration 	

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	<h2 style="margin: 0;">PSI 3: Pressure Ulcer</h2>
<p>Inclusions:</p> <ul style="list-style-type: none"> • Secondary diagnosis of pressure ulcer Stage III or IV or unstageable or deep tissue injury <p>Exclusions:</p> <ul style="list-style-type: none"> • Length of stay less than 3 days • The ulcer is the principal diagnosis or POA • Severe burns $\geq 20\%$ body surface area • Exfoliative disorders of the skin $\geq 20\%$ body surface area • MDC 14 (pregnancy, childbirth, and puerperium) 	

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hfma[™] PSI 6: Iatrogenic Pneumothorax

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Inclusions:

- Secondary diagnosis codes for iatrogenic pneumothorax

Exclusions:

- Pneumothorax is principal diagnosis or a secondary diagnosis POA
- Chest trauma
- Pleural effusion
- Thoracic surgery
- Procedure codes for lung or pleural biopsy, diaphragmatic repair or cardiac procedure
- MDC 14 (pregnancy, childbirth, and puerperium)

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hfma[™] PSI 8: Hospital Fall w/ Hip Fracture

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Inclusions:

- In-hospital fall with any secondary code for hip fracture

Exclusions:

- Principal diagnosis hip fracture or secondary diagnosis POA
- Principal diagnosis of seizure, syncope, stroke, coma, cardiac arrest, poisoning, trauma, delirium and other psychoses, anoxic brain injury, metastatic cancer, lymphoid malignancy, bone malignancy, joint prostheses associated fracture
- MDC 14 (pregnancy, childbirth, puerperium)

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hfma wisconsin chapter	PSI 9: Perioperative Hemorrhage or Hematoma
<p>Inclusions:</p> <ul style="list-style-type: none"> • Secondary diagnosis or procedure code for postoperative hemorrhage or hematoma <p>Exclusions:</p> <ul style="list-style-type: none"> • Principal diagnosis or secondary diagnosis POA postoperative hemorrhage or hematoma • Only OR procedure is for treatment of secondary diagnosis of perioperative hemorrhage or hematoma • Treatment \geq 1 day before 1st OR procedure with any secondary diagnosis codes for perioperative hemorrhage or hematoma • Diagnosis codes for coagulation disorder • MDC 14 (pregnancy, childbirth, puerperium) 	

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hfma wisconsin chapter	PSI 10: Post-Op Acute Kidney Injury Requiring Dialysis
<p>Inclusions:</p> <ul style="list-style-type: none"> • Secondary diagnosis of acute kidney failure + dialysis procedure <p>Exclusions:</p> <ul style="list-style-type: none"> • AKI as principal diagnosis or secondary diagnosis POA • Any dialysis before or on the same day as the 1st OR procedure • Any dialysis access on day of or before the 1st OR procedure • Cardiac arrest, dysrhythmia, shock or CKD as principal diagnosis or secondary diagnosis POA • Principal diagnosis for urinary tract obstruction • Solitary kidney disease POA + any partial nephrectomy • MDC 14 (pregnancy, childbirth, puerperium) 	

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<p>Inclusions (any of these):</p> <ul style="list-style-type: none"> • Secondary diagnosis for acute respiratory failure • Mechanical ventilation for ≥ 96 hours after 1st OR procedure or for < 96 hours when ≥ 2 days after 1st OR procedure • Reintubation ≥ 1 day after the 1st major OR procedure <p>Exclusions:</p> <ul style="list-style-type: none"> • Acute respiratory failure as principal diagnosis or secondary diagnosis Present on Admission (POA) • Tracheostomy POA or only (or before 1st) OR procedure • Malignant hyperthermia • Neuromuscular or degenerative neurological disorder • Laryngeal, pharyngeal, nose, mouth or facial surgery 	

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hfma <small>wisconsin chapter</small>	<h2 style="margin: 0;">PSI 11: Postoperative Respiratory Failure</h2>
<p>Exclusions (continued):</p> <ul style="list-style-type: none"> • Esophageal resection • Lung cancer procedure • Lung transplant • MDC 4 (diseases/disorders of respiratory system) • MDC 5 (diseases/disorders of circulatory system) • MDC 14 (pregnancy, childbirth, and puerperium) 	

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hfma <small>wisconsin chapter</small>	<h2 style="margin: 0;">PSI 12: Peri-Operative Pulmonary Embolism, DVT</h2>
<p>Inclusions:</p> <ul style="list-style-type: none"> • Perioperative pulmonary embolus or DVT (secondary diagnosis) <p>Exclusions:</p> <ul style="list-style-type: none"> • The pulmonary embolus or DVT is the principal diagnosis or is a secondary diagnosis POA • Procedure for interruption of vena cava or pulmonary artery thrombectomy on same day as or before 1st OR procedure, or as only procedure • Extracorporeal membrane oxygenation (ECMO) • Acute brain or spinal injury POA • MDC 14 (pregnancy, childbirth, puerperium) 	

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hfma <small>wisconsin chapter</small>	<h2 style="margin: 0;">PSI 13: Postoperative Sepsis</h2>
<p>Inclusions:</p> <ul style="list-style-type: none"> • Postoperative with any secondary diagnosis codes for sepsis <p>Exclusions:</p> <ul style="list-style-type: none"> • The sepsis or any other infection is the principal diagnosis or is a secondary diagnosis POA • MDC 14 (pregnancy, childbirth, puerperium) 	

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<p>hfma wisconsin chapter</p>	<p>PSI 14: Postop Wound Dehiscence</p>
<p>Inclusions:</p> <ul style="list-style-type: none"> • Postoperative with any procedure code for repair of abdominal wall <i>and</i> any diagnosis code for disruption of internal surgical wound <p>Exclusions:</p> <ul style="list-style-type: none"> • Abdominal wall reclosure occurs on or before the day of the first abdominopelvic surgery procedure • Immunocompromised state • Disruption of internal wound as principal diagnosis or secondary diagnosis POA • Length of stay less than two (2) days • MDC 14 (pregnancy, childbirth, puerperium) 	

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<p>hfma wisconsin chapter</p>	<p>PSI 15: Accidental Puncture/Laceration</p>
<p>Inclusions:</p> <ul style="list-style-type: none"> • Any diagnosis codes for accidental puncture or laceration during a procedure <i>and</i> second abdominopelvic operation more than 1 day later <p>Exclusions:</p> <ul style="list-style-type: none"> • Principal diagnosis or a secondary diagnosis POA for accidental puncture or lacerations during a procedure • MDC 14 (pregnancy, childbirth, puerperium) 	

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CDI for VBP: 2 Steps



Learn your PSIs **Search for Exclusions**

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It's All About Quality...

If you pursue reimbursement, you will miss the High-Quality Medical Record

... but ...

If you pursue a High-Quality Medical Record, the proper reimbursement will follow.

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