

Coding for Quality Reporting Measures

Audio Seminar/Webinar
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Practical Tools for Seminar Learning

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Faculty

Janet Bierlein, RN, CCA, CPHQ

Janet Bierlein is the accreditation and regulation consultant and patient safety officer for Borgess Medical Center in Kalamazoo, MI. Ms. Bierlein has over 25 years of experience in acute care and outpatient settings covering nursing, quality, compliance, and HIM. She is also co-chair of AHIMA's Quality Initiatives and Secondary Data Practice Council for 2008.

Linda A. Hyde, RHIA

Linda A. Hyde is director of research management for Cardinal Health-MediQual in Marlborough, MA. Ms. Hyde has over 30 years of experience in HIM. She is a frequent speaker on quality and coding topics, and has co-authored several publications including *Analyzing the Financial Implications of MS-DRGs*, co-written by Carol Spencer, RHIA, and published by AHIMA.

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Agenda



- ♦ **Quality Measure Development**
- ♦ **Review of Quality Measures**
 - **Use of Coded Data**
 - Case Selection
 - Inclusion/Exclusion Criteria
 - Risk Adjustment
 - **Importance of Coding Guidelines**
 - Principal Procedure
 - Secondary Diagnoses
 - Present on Admission
- ♦ **Managing Coding Processes for Quality Measures**
 - Best Practices

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Polling Question #1

Are you an active member of a clinical quality improvement team?

*1 Yes

*2 No



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Quality Measure Development

- ♦ The state and national initiatives for collecting and reporting quality measures is increasing at a rapid rate
- ♦ Many measures require additional review of medical records over and above normal abstracting and coding process
- ♦ This increase places additional burdens on healthcare organizations for resources to handle volume and disparate requirements and data definitions

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Quality Measure Development (cont.)

- ♦ Even measures that require manual collection will use currently coded data in a number of ways
 - ICD-9-CM, CPT codes used to define population, identify exclusions
 - Admission Source, Admission Type, Discharge Status used for inclusion/exclusion criteria at individual measure level
- ♦ Additional measure sets rely solely on coded data from UB/claims data sets

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Quality Measure Development (cont.)

- ◆ Understanding the ways in which coded data is used and how that relates to your organizations coding processes is critical to insuring complete and accurate data
- ◆ Determining how coding processes may need to change as we move toward electronic health records is also an important step

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The Evolving Purposes of Quality Measures



- ◆ Match the right population with the right care for the best possible outcome
- ◆ Reduce variation in health care quality through measurement, reporting and improved performance
- ◆ Provide a basis for payment incentives
- ◆ Align hospital quality and reimbursement

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The Evolving Purposes of Quality Measures (cont.)



- ◆ **Promote accountability among providers**
- ◆ **Aid consumers in informed decision making**
- ◆ **Accelerate improvement and create accountability through public disclosure**
- ◆ **Produce fair and comparative ratings across multiple service providers and hospitals**

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Purpose of Performance Measurement

- ◆ **“Performance measurement is central to quality improvement because it provides information on current and past performance that can help guide future improvement efforts. In particular, valid performance measures can distinguish between good and substandard performance.”**
- ◆ **“Quality Measurement and Public Reporting in the Current Health Care Environment”, National Committee on Vital and Health Statistics, October 23, 2007**

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Quality Measures Development

- ♦ **Large populations, significant treatment variation, measures are targeted at minimum standards of care**
- ♦ **Smaller subpopulations further refined by secondary outcomes and with less variation in treatment and higher standards of care set**

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Points to Consider

- ♦ **Quality measures based solely on ICD-9-CM codes have the potential risk of misrepresenting performance when population acuity is not uniform.**
- ♦ **The accurate distinction of comorbid conditions (present at admission) and complications (not present on admission) is critical to the creation of risk adjusted and comparative hospital quality reports.**

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Risk Adjustment

- ◆ **Goal:**
 - Adjust for differences in patient characteristics across populations and locations enabling fair comparisons.
- ◆ **Purpose:**
 - Adjust for “comorbidities” (present on admission) and not adjust for “complications”.

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Review of Quality Measures

- ◆ **National Hospital Quality Measures**
- ◆ **Agency for Health Care Research (AHRQ) Quality Indicators**
- ◆ **Hospital Acquired Conditions/Never Events**
- ◆ **Joint Commission Strategic Surveillance System (S3)**
- ◆ **Value Based Purchasing**

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National Hospital Quality Measures

- ◆ **Collaboration between CMS and Joint Commission**
- ◆ **CMS uses selected measures for reporting under the 'Reporting Hospital Quality Data for Annual Payment Update' (RHQDAPU)**
 - **Number of measures increasing each year**
 - **Hospitals not submitting data on all required measures will have their Medicare annual payment update reduced by 2.0%**

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National Hospital Quality Measures (cont.)

- ◆ **Joint Commission uses measures as part of their Quality Check® program**
 - **Developed to provide comparison of performance of local hospitals and other health care organizations on state and national levels**
 - **Provides hospital specific information on clinical performance in six conditions**

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National Hospital Quality Inpatient Measures

- ♦ **Acute Care Inpatient Measures (as of April 1, 2008)**
 - Acute Myocardial Infarction
 - Heart Failure
 - Pneumonia
 - Pregnancy and Related Conditions
 - Surgical Care Improvement Project (SCIP)
 - Children's Asthma

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Acute Care Inpatient Measures Case Selection

- ♦ **Principal Diagnosis used to identify qualifying patient population for AMI, HF, and Asthma measure sets**
- ♦ **Secondary Diagnosis of pneumonia used for Pneumonia measure set when principal diagnosis is septicemia or respiratory failure**
- ♦ **Principal or Secondary Diagnoses used to identify qualifying patients for the maternal patients in the Pregnancy measure set**

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Acute Care Inpatient Measures Case Selection (cont.)

- ◆ **Principal Procedure used to select cases for the SCIP measure set**
- ◆ **Determines which patients should have measure data collected**
- ◆ **Determines hospital volume for sampling eligibility**

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Acute Case Inpatient Measures Other

- ◆ **Secondary diagnoses of infection used to exclude patients from infection measures in SCIP**
- ◆ **Other procedures used to identify patients with PCI for AMI measure 8**
- ◆ **Principal and Secondary Diagnoses and Procedures used as risk adjustors for AMI 9 and Pregnancy measures**

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Case Example SCIP

- ◆ **Principal Diagnosis**
562.11 Diverticulitis of Colon w/o hemorrhage
- ◆ **Principal Procedure**
45.79 Partial Large Bowel Excision

Patient In Initial SCIP population
Excluded from the Infection measures due to principal diagnosis of infection
Eligible for collection for SCIP INF 6 (Hair Removal), Card 2 (Beta Blocker Therapy) and VTE 1,2 (VTE Prophylaxis)

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Case Example Heart Failure



- ◆ **Principal Diagnosis**
428.21 Acute Systolic Heart Failure
- ◆ **Principal Procedure**
37.65 Implant External Heart Assist System

Patient Eligible for Heart Failure Population
Excluded from measure collection for all measure due to procedure

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Case Example Pneumonia



- ♦ **Principal Diagnosis**
518.81 Acute Respiratory Failure
- ♦ **Secondary Diagnoses**
486 Pneumonia Organism NOS
277.02 Cystic Fibrosis w Pulm Manifestations

Patient is in Pneumonia Population
Excluded from all measures due to secondary diagnosis of CF

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Polling Question #2

Have you visited either the JC or CMS quality website to review your hospitals data?

*1 Yes

*2 No



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National Hospital Quality Inpatient Measures (cont.)

- ◆ **Hospital Based Inpatient Psychiatric Services (HBIPS)**
 - Joint Commission completed field testing and released V2.0 specifications for October 1, 2008 discharges
 - Submitted to National Quality Forum (NQF) for endorsement
 - Seven main measures stratified by age range

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Hospital Based Inpatient Psychiatric

- ◆ **Five measures used principal or secondary diagnosis of mental disorder to identify patient population**
- ◆ **HBIPS1- Admission Screening**
 - Eligible population based on principal or secondary diagnosis of mental disorder and provided psychiatric services (example 309.1 Prolonged Depressive Reaction)

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Hospital Outpatient Department Quality Measures

- ◆ **Developed by CMS and adopted by Joint Commission**
 - **Currently have separate transmission specifications for both organizations**
- ◆ **Available starting with April 1, 2008 encounters**
- ◆ **Includes hospital based outpatients in ED and surgery settings**
- ◆ **Six measures for AMI, Chest Pain and surgical patients**

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Hospital Outpatient Quality Measures

- ◆ **Uses combination of E/M code and ICD-9-CM diagnoses to define patient population for Cardiac measures**
 - **Principal diagnosis of AMI**
 - **Principal or secondary diagnosis of Chest Pain**

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Hospital Outpatient Quality Measures
(cont.)

- ◆ **Uses CPT codes to define patients for surgical measures**
- ◆ **Principal and secondary diagnoses used for specific cardiac measures**
 - **E.g. Median Time to ECG**

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Case Example Outpatient Chest Pain

- ◆ **E/M Code 99281 ED Visit New or Established Patient**
 - ◆ **Diagnoses**
 - 786.05 Shortness of Breath**
 - 786.50 Chest Pain unspecified**
-
- Patient qualifies to be evaluated for OP measures 4 and 5, Aspirin on Arrival and Median Time to ECG**

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Case Example Outpatient Surgery

- ◆ **CPT Code**

62230 Replace/Revise Brain Shunt

**Patient eligible for both OP surgery measures
(Prophylactic Antibiotic within 1hr and
Appropriate Antibiotic selection)**

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AHRQ Quality Indicators

- ◆ **Three modules initially released in 2002**

- **Prevention Quality Indicators (PQIs)**
 - Focus on 'ambulatory care sensitive conditions'
- **Inpatient Quality Indicators (IQIs)**
 - Focus on inpatient mortality and utilization
- **Patient Safety Indicators (PSIs)**
 - Focus on potential adverse events during hospitalization

- ◆ **Fourth module released in 2006 for
Pediatric Quality Indicators (PDIs)**

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AHRQ Quality Indicators (cont.)

- ◆ **Current Indicators**
 - 14 Prevention Quality Indicators
 - 32 Inpatient Quality Indicators
 - 27 Patient Safety Indicators (20 hospital level and 7 area level)
 - 18 Pediatric Quality Indicators (13 hospital level and 5 area level)
- ◆ **Inpatient Quality and Patient Safety Indicators proposed by CMS for new reporting measures starting FY 2010**

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Inpatient Quality Indicators Coded Data

- ◆ **Depending on type of measure the quality indicators use combinations of the following types of coded data for definitions**
 - Any procedure
 - Procedure with specific diagnosis (either principal or secondary)
 - Principal Diagnosis
- ◆ **In addition admission source and discharge status are used to include or exclude patients based on transfers as well as for the numerator in the mortality indicators**

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Patient Safety Indicator Coded Data

- ◆ Denominator population generally defined by DRGs
 - Surgical DRGs only
 - Medical and Surgical DRGs
 - Low Mortality DRGs
- ◆ Numerator population generally defined by specific secondary diagnosis codes including E codes and medical and surgical complication codes (POA indicator is in latest version of specifications to further refine the eligible population)

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Patient Safety Indicator Coded Data (cont.)

- ◆ Inclusion and exclusion criteria uses combinations of
 - Principal diagnoses similar to secondary diagnosis being evaluated
 - MDCs (Obstetrical Patients in MDC 14)
 - Order of procedures performed based on dates

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Case Example IQI Hip Fracture Mortality**◆ Principal Diagnosis**

820.00 Fx Femur Intracapsular NOS
Closed

Patient eligible for inclusion in this
quality indicator

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***Case Example PSI Iatrogenic
Pneumothorax*****◆ Principal Diagnosis**

511.9 Pleural Effusion NOS

◆ Secondary Diagnosis

512.1 Iatrogenic Pneumothorax

◆ Procedure

34.24 Pleural Biopsy

Patient excluded from measure due to
procedure (thoracic, lung, pleural or Cardiac
DRG)

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Hospital Acquired Conditions/Never Events

- ◆ **Deficit Reduction Act (DRA) 2005 required selection of at least two conditions that are**
 - high cost/volume
 - result in assignment of case to higher paying DRG
 - Could reasonable be prevented

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Hospital Acquired Conditions (cont.)

- ◆ **IPPS Regulations for FY 2007**
 - Implemented process for collection of a present on admission indicator for principal and secondary diagnosis codes
 - Identified selected conditions that met criteria as hospital acquired condition qualifying for reduced payment if not present on admission
 - Program will go into effect with October 1, 2008 discharges

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Hospital Acquired Conditions (cont.)

- ◆ **FY 2008 IPPS Proposed Regulations**
 - Identified expanded list of hospital acquired conditions for comment
 - Proposed several of the hospital acquired conditions as new quality reporting measures for FY 2010 and beyond
 - Proposal would add 43 more measures for FY 2010 payment determination

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Hospital Acquired Condition Coded Data

- ◆ **The following are examples of proposed conditions both for reduction in DRG payment (starting with FY2009) and public reporting (FY2011 and beyond)**
 - Central Line Associated Blood Stream Infection
 - Surgical Site Infections
 - Catheter Associated UTI
 - Stage III or IV Pressure Ulcers

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Case Example Catheter Associated UTI

- ♦ **Principal Diagnosis**
486 Pneumonia Organism Unspecified
 - ♦ **Secondary Diagnoses**
996.64 Infection/Inflam Reaction due to
Indwelling Catheter (POA = N) (CC)
590.2 Renal/Perirenal Abscess (MCC)
-
- Case would be assigned to MS-DRG 195
Pneumonia/Pleurisy w/o CC for payment if
these were the only secondary diagnoses

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Never Events

- ♦ **A subset of the Hospital Acquired Conditions these focus on events that should never happen such as:**
 - Blood Incompatibility
 - Object left in surgery
- ♦ **Additional types of 'never events' currently do not have ICD-9-CM codes available**
 - Surgery on wrong patient
 - Surgery on wrong body part

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Case Example Retained Foreign Object

- ◆ **Principal Diagnosis**
540.9 Acute Appendicitis
- ◆ **Secondary Diagnosis**
998.4 Foreign Body Left During Procedure
(POA = N)
- ◆ **Procedure**
47.09 Other Appendectomy

Case would be assigned to MS-DRG 343
Appendectomy Routine w/o CC for payment if
there were no other CC or MCC secondary
diagnoses

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Strategic Surveillance System (S3)

- ◆ **Joint Commission program launched in mid-2007 for accredited hospitals to identify and prioritize areas for improvement.**
- ◆ **Uses data from a number of sources including Core Measures and MedPAR**
- ◆ **Will not be publicly released but will include comparative performance data at state and national level for hospitals to use internally**

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2009 Joint Commission Hospital National Patient Safety Goals

- ◆ **Goal 1 – Improve the accuracy of patient identification.**
- ◆ **Goal 2 – Improve the effectiveness of communication among caregivers.**
- ◆ **Goal 3 – Improve the safety of using medications.**
- ◆ **Goal 7 – reduce the risk of health care associated infections.**
- ◆ **Goal 8 – Accurately and completely reconcile medications across the continuum of care.**

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2009 Joint Commission Hospital National Patient Safety Goals (cont.)

- ◆ **Goal 9 – Reduce the risk of patient harm resulting from falls.**
- ◆ **Goal 13 - Encourage the patients' active involvement in their own care as a patient safety strategy.**
- ◆ **Goal 15 – The organization identifies safety risks inherent in its patient population.**
- ◆ **Goal 16 – Improve recognition and response to changes in a patient's condition.**
- ◆ **Universal Protocol - The organization meets the expectations of the Universal Protocol**

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The National Database of Nursing Quality Indicators (NDNQI)

- ♦ The National Database of Nursing Quality Indicators (NDNQI)[®], a repository for nursing-sensitive indicators, is a program of NCNQ[®]. NDNQI[®] is the only database containing data collected at the nursing unit level.
- ♦ NDNQI[®] is a dynamic program. New nursing-sensitive indicators are added to the database; new projects are initiated; and new facilities join regularly.
- ♦ The guiding forces behind NDNQI[®] are constantly trying to determine how this program can be enhanced to better serve the participating facilities and the nursing profession better, therefore, the dynamic nature of the project.

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Value Based Purchasing

- ♦ Deficit Reduction Act of 2005 also required CMS to develop plan to implement a value based purchasing plan (VBP) starting with FY 2009 to include:
 - Development and selection of measures of quality and efficiency in inpatient settings
 - Reporting, collection, validation of quality data
 - Structure, size and source of value based payment adjustment
 - Disclosure of information on hospital performance

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Value Based Purchasing (cont.)

- ◆ **CMS presented their plan to Congress for consideration in November 2007**
- ◆ **Plan will build on current reporting requirements (RHQDAPU)**

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Value Based Purchasing (cont.)

- ◆ **Plan Highlights**
 - **Creation of Total Performance Score for each hospital**
 - **Translation of Performance Score to incentive payment**
 - **Process for measure selection**
 - **Phased transition from RHQDAPU to VBP**
 - **Redesigned data submission and validation infrastructure**
 - **Enhancements to Hospital Compare**
 - **Plan for monitoring impact of program**

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Coding Opportunities

- ◆ Health care is increasingly data driven
- ◆ Cross functional skill sets needed
- ◆ Enhanced roles in quality coding

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The Importance of Coding in Measuring Quality

- ◆ **Quality Measurement and Public Reporting in the Current Health Care Environment (4Themes):**
 - An organization's commitment to performance measurement and public reporting is a major factor in improving the quality of care.
 - Quality measures must be reliable, accurate, valid and comprehensive.
 - Quality measurement must not unduly burden administrative infrastructure.
 - Quality measurement and the data sources are continually evolving.

"Quality Measurement and Public Reporting in the Current Health Care Environment",
National Committee on Vital and Health Statistics, October 2007

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Coding Accuracy

- ♦ **Past Focus:**
 - **Focused on just the reimbursement perspective:**
 - Errors in selection of the principal diagnosis
 - Errors in DRG selection
- ♦ **Evolving Focus:**
 - **Reimbursement and**
 - **Quality Measurement**
 - **Errors in secondary diagnosis selection resulting in:**
 - Change in hospital quality ratings
 - Change in hospital comparative rankings

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Next Evolution of Coding Accuracy

- ♦ **Focus on:**
 - **Large scale assessments of coding accuracy from the quality measurement perspective**
 - **Assessment of organizational barriers related to physician documentation**

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Analyzing & Reporting Hospital Acquired Conditions

- ◆ **POA root cause analysis:**
 - Delivery of care process issue?
 - Safety issue?
 - Documentation opportunity
 - Code assignment issue
 - Policy/procedure issue
 - Information system issue
 - Education & training opportunity

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Possible HAC Metrics?

- ◆ Codes/cases
- ◆ POA indicator percentages (trending down) for N, U, and W
- ◆ Reimbursement impact
- ◆ Quality of care impact
- ◆ Align to demonstrate impact with:
 - Case mix index (CMI)
 - Patient satisfaction
 - Core measures
 - etc

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Polling Question #3

In your opinion, the one initiative that you believe would benefit most from improved collaboration with HIM is:

- *1 Nursing (NDNQI)**
- *2 Clinical Documentation Improvement**
- *3 Patient Safety**
- *4 Quality Improvement**



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Data Collection Challenges

- ♦ **Administrative Data:**
 - Clinical classification system not designed for quality or safety reporting
 - Clinically less specific
- ♦ **Retrospective Chart Review:**
 - Burdensome
 - Clinically more specific (granular)

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Summary

- ♦ More attention being directed to evaluating hospital performance through use of quality measures
- ♦ Number and type of measures are expanding each year with focus on creating a balance between process and outcome measures
- ♦ Consistency and accuracy in the identification of patient populations across hospitals is imperative to create meaningful comparisons

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Summary (cont.)

- ♦ Major criticism of using ICD-9-CM diagnosis codes as part of quality measures is the inability to distinguish between conditions present on admission (comorbidities) from those that developed subsequently (complications)
- ♦ Implementation of POA coding is meant to address this issue
- ♦ Uses of POA coding will effect both individual patient reimbursement as well as quality measure reporting
 - Identification of complications for HAC and PSI
 - Used as part of risk adjustment for patient comorbidites

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Summary (cont.)

- ♦ **As CMS moves toward paying for 'performance' from current method paying for 'reporting' HIM professionals will face increasing pressure to insure that data collection and documentation processes are in place to accurately represent the hospital both for reimbursement and quality reporting**

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Resource/Reference List

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- Garrett, Gail S. "Present on Admission", *AHIMA 2008 Level*.
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<http://www.qualityindicators.ahrq.gov/>
- Hospital Compare link
<http://www.hospitalcompare.hhs.gov/>
- Quality Check link
<http://www.qualitycheck.org/consumer/searchQCR.aspx>

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Audience Questions



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Resource/Reference List

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