Quality and Productivity Commission

27th Annual Productivity and Quality Awards Program

"Saluting County Excellence"

2013 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT:

CLINICAL DOCUMENTATION IMPROVEMENT PROGRAM

DATE OF IMPLEMENTATION/ADOPTION: JANUARY 2012

(must have been implemented at least one year - on or before June 30, 2012)

PROJECT STATUS: x ongoing _____ one-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? _____ yes x no

EXECUTIVE SUMMARY: Rancho Los Amigos, Department Health and Human Services (DHS) physicians and the Health Information Management department (HIMD) identified a need to improve physician documentation as it relates to patient care. The HIMD implemented a successful Clinical Documentation Improvement (CDI) Program which includes on-going physician education and participation, concurrent and retrospective medical record reviews. The CDI Team implemented an excellent automated concurrent query process which provides the physicians the query while the patient is still in house. The concurrent and retrospective query tools have been very helpful for communicating with the physicians to obtain the documentation required for specificity of patient care and coding requirements. During the first quarter of 2012, approximately $32,000.00 in revenue was captured from two Medicare charts by following the new CDI processes. Physicians, including Champions Dr. Aisen, Dr. Carpio and Dr. Ayyoub, were eager to obtain documentation education. Therefore, during the first quarter of 2013, CDI specialists provided focused training for the following services: Medicine and Ambulatory Care.

(1) ESTIMATED/ACTUAL ANNUAL COST AVOIDANCE	(2) ESTIMATED/ACTUAL ANNUAL COST SAVINGS	(3) ESTIMATED/ACTUAL ANNUAL REVENUE	(1) + (2) + (3) TOTAL ESTIMATED/ACTUAL BENEFIT	SERVICE ENHANCEMENT PROJECT
$ 124,848.00	$	$	$ 124,848.00	Yes

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Rancho Los Amigos Health Information Management Department 7601 Imperial Highway, Downey CA	TELEPHONE NUMBER 562-401-7123
PROGRAM MANAGER'S NAME Dana M. Kearney, BS, RHIA Dana M. Kearney, BS, RHIA	TELEPHONE NUMBER 562-401-7123 EMAIL dakearney@dhs.lacounty.gov
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Gerardo Pinedo DATE 6/18/2013	TELEPHONE NUMBER (213) 240-7948 EMAIL gpinedo@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE MITCHELL H. KATZ, MD DATE 6/18/13	TELEPHONE NUMBER (213) 240-8101

We Support Plain Language

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FACT SHEET – LIMITED TO 3 PAGES ONLY: Describe the challenge, solution, and benefits of the project, written in plain language. Include a discussion of the technology and linkage to the county strategic plan. The description should identify performance measures.

CHALLENGE – Physicians have reported that increasing demands on their time can be overwhelming. They are faced with many challenges including, the demands for increasing reports, adhering to medical necessity, and utilizing patient care resources in an efficient manner. Physician's documentation is reviewed by the following regulatory agencies: The Medicare Administrative Carriers, Comprehensive Error Rate Testing, Recovery Audit Contractors, Medicaid Integrity Contractors, Office of The Inspector General, and the Department of Justice.

October 2014, ICD-10-CM and ICD-10-PCS will be implemented. This new coding and reimbursement system will require more specific codes than currently used. Audits by payers will check for documentation that supports assignment of the more specific codes. In preparation for this huge undertaken, Rancho Los Amigos partnered with the physicians, administration and the HIM Department and implemented a clinical documentation improvement program. After much due diligence, we decided to contract with HCPro to provide support and training for our CDI program. The physician training provided by HCPro enhanced our success with physician acceptance by providing our physicians with an understanding of the documentation requirements necessary to prepare for ICD-10 guidelines. Using the query process to educate physicians on specific documentation requirements was a challenge for our Clinical Documentation Specialists. Physician education is usually delivered by another physician; however, our CDI specialists have been able to effectively communicate with the physicians without creating an uncomfortable environment.

SOLUTION – The CDI Team began by implementing a pilot and reviewing the data. The pilot revealed that physician support and education would be critical for a successful CDI program. The Medical Staff supported the need for physician education by contracting with HCPro for in-service training. Approximately 80 physicians and health care providers attended a 2 day in-service, which was extremely success. The content of the in-service consisted of using enhanced medical record designs to meet CDI query requirements, and effective documentation strategies, such as:

- Precision - Depth of a diagnosis, through descriptive details, e.g. acute right lower and middle lobe pneumonia

The CDI process began with a pilot process, which lasted six months, and was conducted on the following units: Intensive Care, Definitive Observation, Orthopedic Diabetes Amputation, and Medicine, which are our surgery units. The initial financial impact was substantial. During the pilot, the queries were initiated for incomplete documentation as opposed to specificity, (i.e. not documenting complications of a chronic disease, not identifying clearly common infection processes and the organism responsible for that infection).

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BENEFITS – Improved documentation has resulted in full reimbursement under Inpatient Prospective Payment System (IPPS). Under IPPS, diagnoses are "grouped" to a particular category of similar conditions known as a Medicare Severity Diagnosis Related Group (MS-DRG). Conditions assigned to a particular MS-DRG use a similar amount of resources, and are assigned a fixed amount of reimbursement. Coded data is being used not to report statistical information and to process bills and payment, but also to provide information about facility and physician performance. This data is now public through a variety of consumer websites for example, Healthgrades, The Joint Commission, The Leapfrog Group, and Medicare's HospitalCompare. Facilitating complete clinical documentation captured through the CDI program will ensure the quality health care provided by Rancho Los Amigos will be accurately reported; therefore, accurate clinical documentation can improve the organization's public image. When properly used, CDI can also deliver a clear impact on measures such as, cost, cycle time, productivity and profitability.

- The query process has eliminated clinical indicators of diagnosis but no documentation of the condition and the patient care provider only documenting the treatment without documentation of the diagnosis.
- Present on Admissions indicators status are now clarified at the point of care and specific (clinical evidence for a higher degree of care) is captured at the point of care.
- The query process prevents coders from assuming the relationship, late effect or sequel of an injury and/or illness and clarifies the organism responsible for the infection.
- Physicians have been educated to use descriptors such as acute, chronic, patient is currently under treatment and patient previously diagnosed have a process for identifying the organism cause and effect relation between infections.
- CDI newsletter was created to share with the physicians during in-service training.
- 2013 implemented the CDI Process in the Ambulatory Care Department
- Improved clinical documentation in the medical record for auditing and compliance reviews.
- According to the most recent reports, CDI is clearly making a positive physician query and documentation impact. This has been achieved through educating the provider and enhanced their ability to better document without having to be queried.

Inpatient Query Response Rates- Third quarter of 2012 the physician's query compliance rate for inpatient cases was 81%.

- First quarter of 2013 the physician's query compliance rate for inpatient cases was 85%

Outpatient Query Response Rates

- Quarter report, 2013 the physician's query compliance rate for outpatient cases was 89%

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PEOPLE – CDI improved working relationships between Coders, CDI Specialist, and physicians due to the physician education as it relates to information needed for coding and billing, and from physician acceptance of the query process

QUALITY - Measures effectiveness of physician documentation and clinical outcomes as it relates to specificity, coding and billing compliance for ICD-10 readiness

FINANCE – CDI ensures complete reimbursement and support the utilization review process

GROWTH – CDI will help improve public relations by ensuring accurate reporting of quality measures. These measures are being used by consumers for making care decisions, so reporting a complete picture of the quality of healthcare provided by our facility will help ensure growth.

SERVICE – CDI is the first line defenses for ensuring medical necessity requirements are met. CDI provides patient care information, which has proven to be a valuable tool for other departments such as, Utilization Review (utilization of resources), Quality Management (external data for competitive market), Financial Management (denials management, and the HIM Department (external data for competitive market).

EXECUTIVE DASHBOARD: A monthly reporting tool is used to provide a broad overview of several key performance measures selected by executive council. It encompasses the tools used to track the CDI process and measurements such as, account number, original MS-DRGs, MS-DRGs after query, reasons for changes in MS-DRG, initial reimbursement, reimbursement after query, additional reimbursement, LOS, service, MD and payer. The dashboard enables the executive council to easily monitor performance and quickly makes decisions based on the most-up-to-date data available.

BUDGET PERFORMANCE ANALYSIS (BPA) – The CDI process is new and on-going the BPA will be determined by working with the Finance Department.

DEPARTMENT PERFORMANCE MEASURES: Monthly graphs identifying how many medical records were reviewed, queries written, physician query response and potential revenue.

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AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFIT): Regulatory reviews, such as RAC and MAC, regularly review billing information against documentation. By ensuring documentation requirements are met, CDI protects the facility's revenue. This will ensure fewer challenges by these agencies. Each time RAC request revenue retrieve their payment from the current Medicare payment the facility spends many man hours reviewing the record for compliance. With the implementation of the CDI program, documentation will be readily available, which will reduce the research time required retrospectively.

COST AVOIDANCE: Costs that are eliminated or not incurred as a result of program outcomes.

COST SAVINGS: A reduction or lessening of expenditures as a result of program outcomes.

REVENUE: Increases in existing revenue streams or new revenue sources to the county as a result of program outcomes.

(1) ACTUAL/ESTIMATED **ANNUAL** COST AVOIDANCE	(2) ACTUAL/ESTIMATED **ANNUAL** COST SAVINGS	(3) ACTUAL/ESTIMATED **annual** REVENUE	(1) + (2) + (3) TOTAL **annual** ACTUAL/ ESTIMATED BENEFIT	ENHANCE-MENT SERVICE PROJECT
$ 124,848.00	**$**	**$**	**$ 124,848.00**	☐

Annual= 12 months only

Calculation: We reviewed 15 cases during the first quarter 2012, 2 Medicare Cases totaled $31,212.00 in potential lost revenue out of the 15 cases reviewed. This revenue was captured due to the CDI process.

Estimated $31,212.00 captured in (3 months) = $124,848.00 annual estimated loss revenue captured.