Concurrent Documentation Excellence: Getting it Right

NCHA – December 2017

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WHO WE ARE

Mission: To improve health, elevate hope and advance healing for all.

Carolinas HealthCare System is one of the leading healthcare organizations in the Southeast and one of the most comprehensive, not-for-profit systems in the nation.

Vision: To be the FIRST and BEST choice for care.
WHERE WE ARE
AT A GLANCE

At the end of 2016, Carolinas Healthcare System:
- Operated nearly **7,400** beds
- Employed more than **65,000** people
- Had an estimated **11.6 million** patient encounters
- Provided community benefit totaling **1.87 billion**

Carolinas HealthCare System owned, managed, or had strategic affiliations with **47** hospitals, and served patients at more than **900** care locations throughout the Carolinas.

The system has provided extensive support to medical research, operated top-notch undergraduate and graduate medical education programs, and launched many new outreach initiatives to boost population health and community health.
WHY
It All Started…. 

- 2013 30-day AMI mortality publically reported data directionally different from registry data – not good

- Cardiologists reviewed all MI cases
  - Told Coding that they were ‘coded wrong’

- Coding reviewed
  - Pointed to cases that were coded based on the documentation, oh.

A partnership was created!
AMI Review

Short term action taken

– AMI expired review
  • Hard-stop built in HDM (expired with MI as pdx)
  • Reviewed by Documentation Excellence team
  • Referred to physician champions (they wanted to see them all no matter how clear)

– Relationship forged / trust gained / expertise shared
How do we build on this new foundation?

CONCURRENT!!
What is CDE and Why do it?

• Concurrent Documentation Excellence is a collaboration between Coding, CDI and Medical Staff Quality to:
  – Identify PSI / HAC concurrently
  – Reduce the number of retrospective Physician Documentation Clarifications (PDC)
  – Review all payer
  – Find documentation gaps, partnering with physicians to improve Severity of Illness (SOI), Risk of Mortality (ROM) and Expected LOS

• 3M 360 CDI dashboard gives us the single platform for all teammates to work from and communicate

Promotes One voice to the physicians
Why?

Coding + CDI = CDE

- Two sets of eyes on the documentation
- Teammates working to their strength
- Most accurate working DRG used at Interdisciplinary Rounds (IDRs)
  - Helps CDI conversation with clinician by:
    - supporting a longer LOS with best DRG
    - supporting expected mortality by capturing SOI/ROM
- Clarifications can all be done while the patient is in-house with the exception of new information introduced in the Discharge Summary or unanswered concurrent clarification
Weak, vague, inconsistent, conflicting documentation

Improved, clear, consistent, accurate documentation

Care | Collaboration | Communication
Concurrent Documentation Excellence

*Previous work/chart reviews identified gaps for Cardiac.
Education

Strong Commitment by Cardiologists

• Cardiologists to Coders/CDI
  – AMI
  – Heart Failure

• Cardiac Advanced Clinical Practitioner to Coders/CDI
  – EP/Interventional
  – Cardiothoracic surgery

• Cardiologist to Hospitalist collaboration / education
Letter to Executives from a Physician

Subject: Cardiology Concurrent Documentation Excellence initiative

All,

As you know, the value of the work we all do is increasingly being scrutinized and measured and linked to compensation. In order for the quality and value of the work we do to be accurately depicted, we need to have our documentation and coding processes to be as good as the clinical work that we do. This is about how our work is portrayed to our patients and our community. It is also about how we will be rewarded and penalized as a system.

Over the past couple of years, we have worked closely with our coding colleagues to improve our processes and abilities to speak each others’ languages. This has borne substantial fruit. For example, our MI mortality rate now much more accurately reflects the great care that we provide. However, our efforts to date have been largely a finger in the dike approach focused on mortality. Such an approach is inadequate to address all aspects of value.

We are therefore partnering with our Coding and Clinical Documentation colleagues to roll out a cardiovascular-specific Concurrent Documentation Excellence initiative. For the first time, there will be coders dedicated to cardiovascular patients. Over time, they will become experts. Coders and clinical documentation specialists will review the charts real-time while the patient is in the hospital. The documentation specialists will be based on our busiest floors so that they are readily accessible to us and us to them. The coders will not be on the floors, but will be in communication throughout the day with the documentation specialists. When questions arise or clarification is needed, the documentation specialist will reach out to you. Please welcome them as members of our team and remember that their questions are asked with the goal of making us look as good as we are. Getting this dedicated resource is a big win for CHS.

From the Medical Director | Interventional Cardiology
Concurrent Documentation Excellence

- Improved Outcome Reporting (mortality/readmissions)
- Accurate Risk Profile (capture all comorbidities)
- Appropriate expected LOS

Real-time interaction

Patient

MDs / ACPs

Clinical Documentation Improvement RNs

Advanced Clinical Coders

Reduced retrospective clarifications

Partners while patient in-house
Enhanced Process

- Nurse Navigators- Heart Failure and AMI/PCI
- Improve Care Transitions: Readmission, Patient Experience
AMI | HF Documentation Excellence

**WHY?**
- ✔ Improved Outcome Reporting (mortality/readmissions)
- ✔ Accurate Risk Profile (capture all comorbidities)
- ✔ Appropriate expected LOS

**HOW?**
- CV case identified with conflicting, inconsistent and/or non-specific documentation → SHVI Physician Champion is notified and reviews case → Does the case warrant further clarification and/or discussion with attending?
  - NO → SHVI Physician Champion validates documentation and diagnosis → Chart is final coded
  - YES → NEW: Attendings will now be called if further clarification is needed.

**WHO?**
- NEW: Attendings will now be called if further clarification is needed.

**WHEN?**
- Pre-bill 12/20/17

*CHG, Charlotte Medical Clinic, MMG

Supported by our System CMOs
HF Review Processes (Pre-Bill)

Goal: Review documentation for accuracy when HF is identified as principal diagnosis

Concurrent
(CMC /NE/ Pineville)

- In-house patients with HF as principal identified by:
  - Nurse Navigator
  - CDI
  - Coder

- Hold Review
- Engage MD Champions if needed

- Nurse Navigator has report based on BNP and 3M swimlane based on HF assigned as principal dx
- CDI reviews select payors on non-concurrent units and all payors on concurrent units
- Coder codes in-house on select units and retrospectively other units

Mortalities
(primary enterprise)

- Pre-bill hard-stop in 3M for expired patients with HF as principal

- Hold
  - MD champions review
  - Engage attendings if needed

12/20/17
RESULTS
SUCCESS
Because you too can own this face of pure accomplishment
Impact?

Accuracy!

The patient’s diagnosis is documented correctly then coded correctly so they end up in the right bucket to be measured!

AMI

HF

30-day Mortality Rates and Readmissions are based on principal diagnosis
Other Results

• Reduced # of retrospective clarifications
• Reduced # of days between discharge and final bill
• Increased coder satisfaction
  – “For the first time in a while, I’m excited about going to work.”
• Increased physician satisfaction – they wanted a closer connection to the coding process – they got it!
• Everyone got smarter!
Questions about AMI Mortality work?
EXPANDING CDE
Pre-Concurrent Documentation Excellence Work

The transition to Concurrent Documentation Excellence (CDE) must be purposeful and planned to achieve the goals.

• Data analysis / review
• Chart review based on data
• Determine actions based on gaps and/or opportunities identified
• Determine scope of CDE deployment
• Create/provide education material for MDs, ACPs, Coding and CDI
• Identify Coders, CDI, MDs, Nurse Navigators
• Kick-off

AMI discovery opened this door
How to Identify Patients?

Challenge

• Identify cardiac patients before they are coded
• Assign patients to dedicated teammates

Solution

• Retrospective analysis to determine from which units cardiac patients are typically admitted to and discharged from
• Build swimlanes in 3M to funnel all patients from these identified units

Cardiac Concurrent Coding

12 40 2 35 3
Interdisciplinary Access

Examples of swimlanes built for clinicians, e.g. Nurse Navigators and Physicians

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Questions?
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...And Now You Know the Rest of the Story

Date: Tuesday, January 23, 2018

Registration

Link: https://attendee.gotowebinar.com/register/8527123367589688833

Process improvement experts to explore how to successfully hard-wire in-depth analysis into your mortality and readmission case review processes. Apply evidence-based strategies for Whole Person Transitional Care from AHRQ’s Hospital Guide to Reducing Medicaid Readmissions.
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