

Representing the Complete Patient Story with the Top 25 Diagnosis Codes

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Agenda

Understanding the value of advanced code sequencing

- Components of the patient story
- Problems, risk and impact of the complete patient story
- Technology to help advance the story telling

Real world applications

- PeaceHealth
- Hackensack Meridian Health

Advanced Code Sequencing

Telling the Complete Patient Story

Problem

- ✓ Medicare supports 25 diagnosis codes on a claim
- ✓ Groupers do not consider quality indicators, co-morbidity measures risk adjustments when sequencing diagnosis codes
- ✓ High impact codes may sequence below 25 and not make it to the claim.

Risk

- Incomplete patient story
- Most impactful codes not submitted
- Potential penalties if PSIs not reported
- Under reported risk adjustment, severity & mortality
- Inaccurate reporting to quality ranking or peer comparison agencies/companies
- Population data analysis feedback is incomplete

Impact



Complete Patient Story Captured

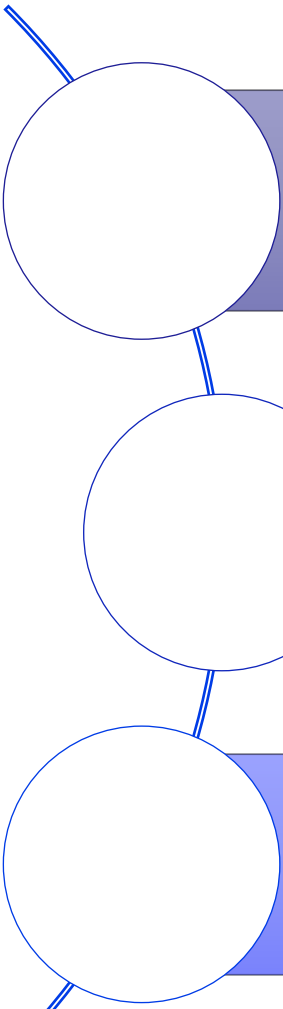


Organization Benchmarking



Accurate Population Reflection

Strategies for Capturing Diagnosis and Reporting Risk



CDI and coding professionals need to analyze the complete patient story to:

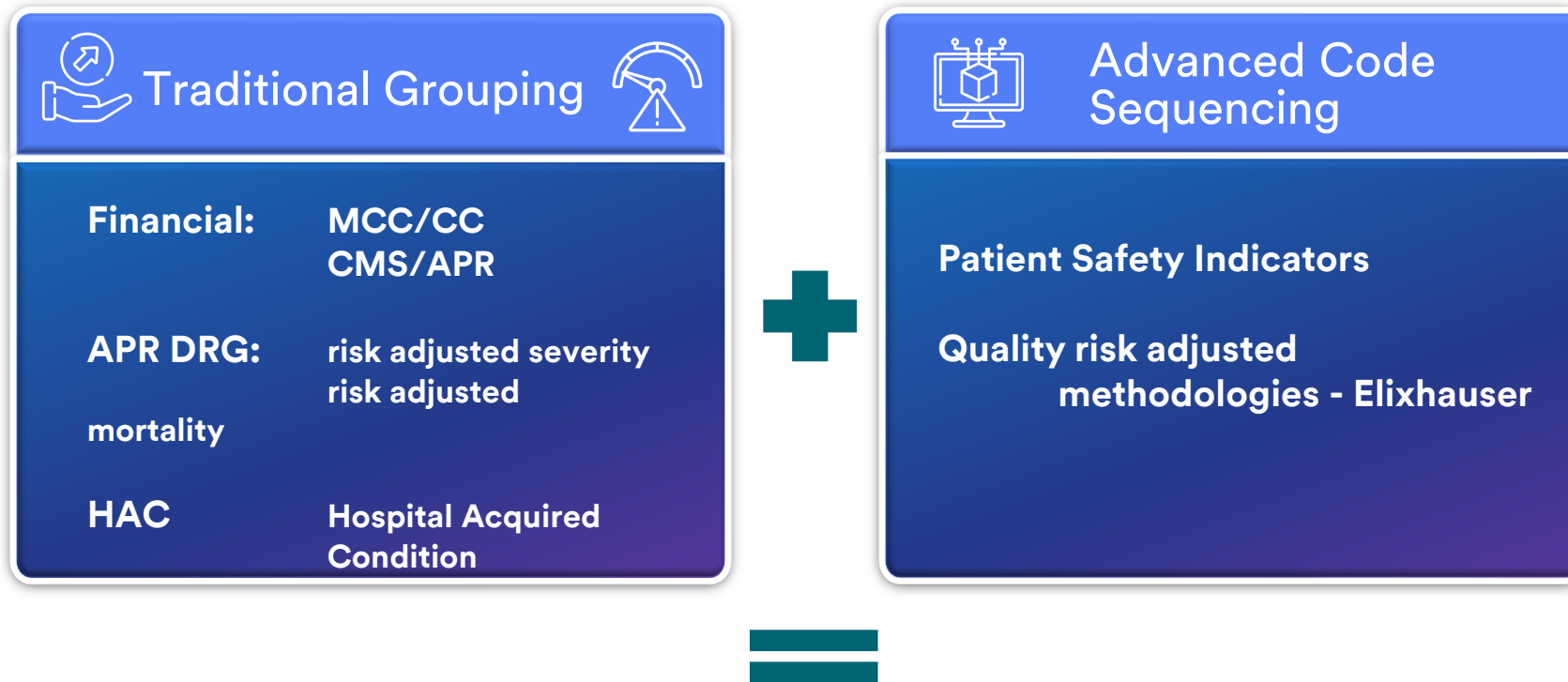
- Discover missing documentation across many domains (diagnoses, behaviors, demographics, social determinants of health).
- Accurate information leads to correct stratification for every patient.

CDI strategies incorporate risk models used in statistical algorithms that:

- Identifying risk for patients by assuring all relevant diagnoses for various models are reported to capture the accurate and complete patient story

Educate providers on impact of documentation of all conditions meeting UHDDS reporting requirements for risk-adjustment

Technology to Enable Accurate Population Reflection



- Transformational software logic captures financial, quality and risk for complex patient story
- Impacts payment in traditional, risk and value based environments
- Allows accurate population reflection to answer industry challenges

Customer Data Analysis

	Client A	Client B	Client C
Total visits processed	9,182 (1 qtr)	37,426 (1 yr)	65,954 (1 yr)
Visits with more than 25 diagnosis codes	15.08%	22.31%	11.26%
Visits w/ over 25 Dx codes with AHRQ data	78.53%	73.09%	68.65%
Visits w/ over 25 Dx codes with Elixhauser data	99.71%	99.96%	99.87%

BEFORE

Visits w/ greater than 25 codes and AHRQ or Elixhauser past the 25th position	57.56%	46.53%	58.32%
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AFTER

Visits w/ greater than 25 codes and AHRQ or Elixhauser past the 25th position	1.49%	0.32%	0.63%
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PeaceHealth

About the Presenters



Cassi Birnbaum MS,RHIA,CPHQ,FAHIMA

Senior Enterprise Director

PeaceHealth

Cassi joined Peace Health's senior Director team in 2020, overseeing its HIM, coding and CDI activities. PeaceHealth is an integrated, faith-based organization in the Pacific Northwest (Oregon, WA and Alaska), comprised of acute, CAH, home health, urgent care and medical practice sites. She spent five years with UC San Diego Health as Enterprise-wide Director of HIM/Revenue Integrity, where she provided enterprise-wide leadership and strategic direction for all activities related to HIM, coding, clinical documentation, and revenue integrity for the UC San Diego Healthcare System. She was previously the Senior Vice President of HIM and Consulting for Peak Health Solutions from 2011 - 2015, the Director of Health Information, CDI and Chief Privacy Officer for Rady Children's Hospital in San Diego for fifteen years, and the Director of Quality Resource Management at Scripps Health.

Since 2010, she has served as board member and officer of SDHC Board (San Diego Connect – Regional Health Information Exchange), and she was appointed as a Board Member of the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM) in 2019, and presently serves as Chair of the Governance Committee and is the incoming Board Chair.

As a Past Board Chair/President of AHIMA (2014 – 2016), Cassi was able to successfully lead the industry, profession and its members to realizing its vision with a successful transition to ICD-10, Information Governance, and adoption of its Global Curriculum. Cassi was previously an AHIMA Director from 2009 – 2012, and she was honored to receive the **2019 AHIMA Distinguished Member Award**, and the **2017 Distinguished Health Professions Alumna** recipient for the University of Kansas Medical Center. She accepted on behalf of UCSD the 3M Healthcare's, *2018 Innovator of the Year* for accomplishments associated with Professional Fee and Single Path Coding. Cassi is a Past President for California Health Information Association from 2006 -2008, and she received its prestigious *Distinguished Member Award* in 2009.



PeaceHealth Overview

PeaceHealth, based in Vancouver, Wash., is a nonprofit Catholic health system offering care to communities in Washington, Oregon and Alaska. PeaceHealth has approximately 16,000 caregivers, a multi-specialty medical group practice with more than 1,200 physicians and providers, and 10 medical centers serving both urban and rural communities throughout the Northwest. In 1890, the Sisters of St. Joseph of Peace founded what has become PeaceHealth. Today, PeaceHealth is the legacy of its founding Sisters and remains dedicated to ensuring that every person receives safe, compassionate care; every time, every touch. For more information, visit peacehealth.org

Our Mission



We carry on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each person in a loving and caring way.

Our Values

Respect



We respect the dignity and appreciate the worth of each person as demonstrated by our compassion, caring and acceptance of individual differences.

Collaboration



We value the involvement, cooperation and creativity of all who work together to promote the health of the community.

Stewardship



We choose to serve the community and hold ourselves accountable to exercise ethical and responsible stewardship in the allocation and utilization of human, financial and environmental resources.

Social Justice



We build and evaluate the structures of our organization and those of society to promote the just distribution of health care resources.

OUR NETWORKS OF CARE

Northwest network

- 1 PeaceHealth St. Joseph Medical Center
Bellingham, Washington
- 2 PeaceHealth Peace Island Medical Center
Friday Harbor, Washington
- 3 PeaceHealth United General Medical Center
Sedro-Woolley, Washington
- 4 PeaceHealth Ketchikan Medical Center
Ketchikan, Alaska

Columbia network

- 5 PeaceHealth St. John Medical Center
Longview, Washington
- 6 PeaceHealth Southwest Medical Center
Vancouver, Washington

Oregon network

- 7 PeaceHealth Sacred Heart Medical Center at RiverBend
Springfield, Oregon
- 8 PeaceHealth Sacred Heart Medical Center,
University District
Eugene, Oregon
- 9 PeaceHealth Cottage Grove Community Medical Center
Cottage Grove, Oregon
- 10 PeaceHealth Peace Harbor Medical Center
Florence, Oregon

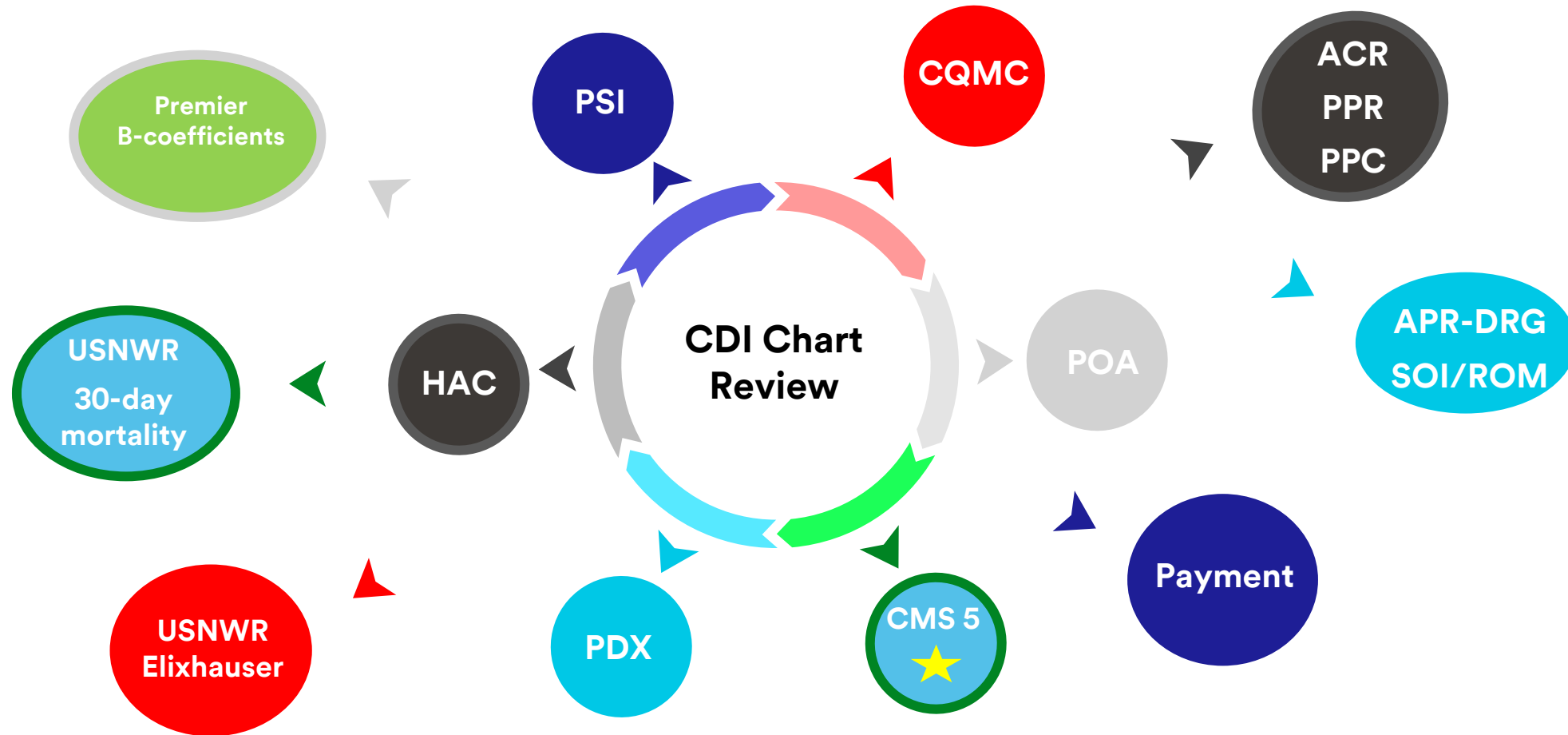
● PeaceHealth Medical Group locations



Objectives

- Outline the business case to integrate and sequence quality measures
- Demonstrate how technology can increase efficiency, HCC capture, SOI/ROM and observed to expected rates
- Identify the remaining gaps in quality capture
- Improve the workflow and processes between CDI and coding
- Review the successes, outcomes and lessons learned

Components of the Patient Story



Documenting in a value-based world

Capturing Diagnoses and Reporting Risk

- ❑ Historical patient diagnoses (chronic conditions)
- ❑ Real time discrete clinical indicators and diagnoses (current condition>
- ❑ Statistical chance of mortality during current admission (O/E)
- ❑ Statistical chance of mortality 30 days in future
- ❑ Robust code set, but which are ultimately reported?
- ❑ CDI analysis to complete patient story / discover missing documentation (diagnoses, behaviors, demographics, SDoH)
- ❑ Correct stratification for every patient

CDI incorporates risk models used in statistical algorithms for patients by assuring all relevant diagnoses for various models are reported to capture the accurate and complete patient story

PeaceHealth's Transformational CDI Journey

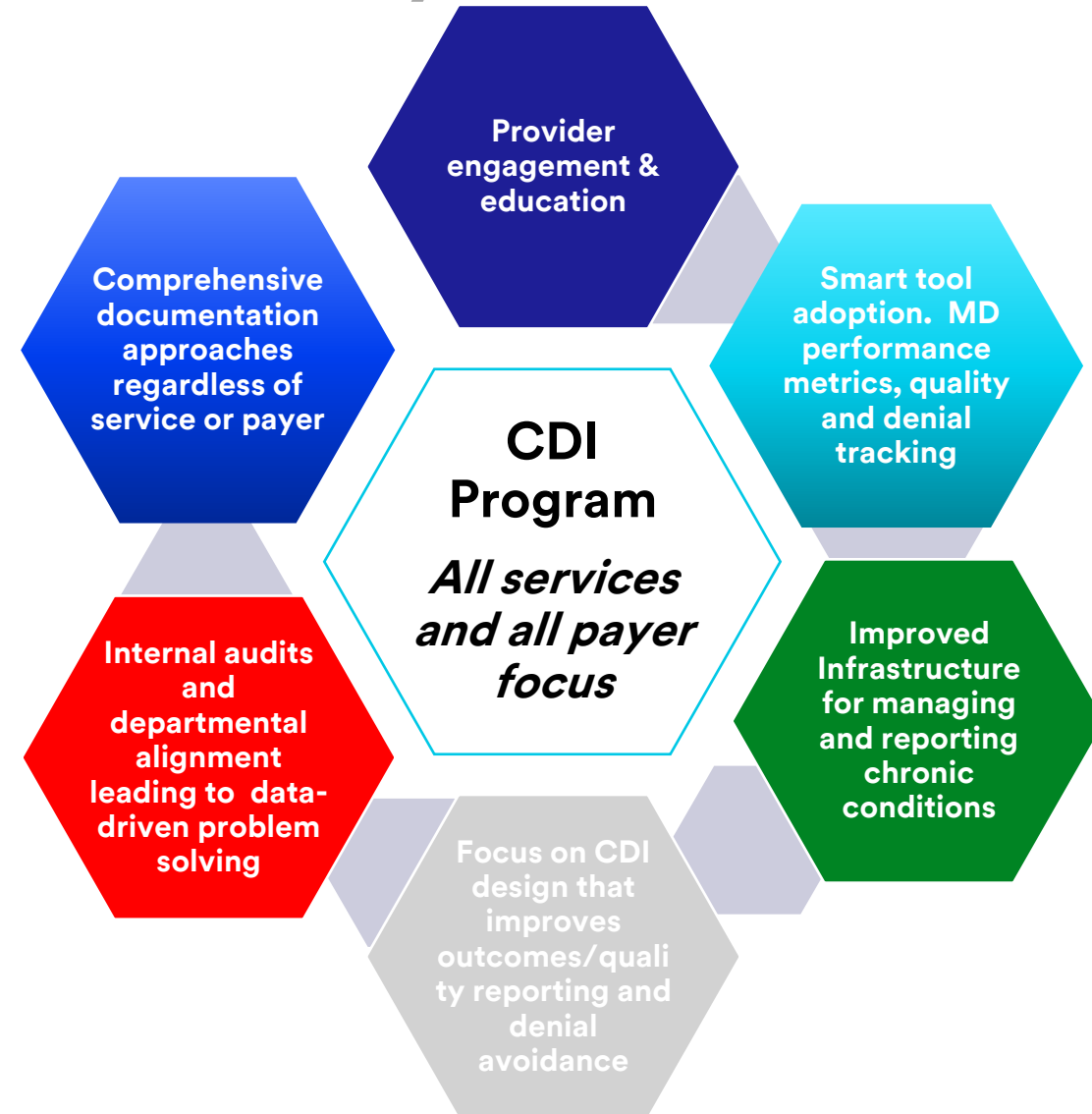
Focus on quality measures and outcomes

Value-based care and risk-based payment models have made clinical documentation improvement more critical than ever

Expanding the CDI program to the CAH, capturing readmission dx variables, assessing outpatient service documentation

Convey the true severity of patients and the total value of services rendered

Utilize a data driven approach, advanced CDI Technology and EHR Optimization to advance its goals and improve and advance organizational strategic priorities



PeaceHealth Data Analysis

	PeaceHealth
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BEFORE

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AFTER

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PeaceHealth Data Analysis

12/1/21 to 1/18/22

Visit Level Details

Total Visits	2,019	
Total Visits with Dx Count > 25	466	23%

> 25 Current Grouper

> 25 Adv. Code Seq.

Number of Diagnoses

CC	3	13	46 average
Elixhauser	124	0	
PSI Exclusion	21	0	
PSI Inclusion	1	0	
SOI > 25	7	5	
ROM > 25	7	5	
HCC	0	0	

PeaceHealth Data Analysis

12/1/21 to 1/13/22

Diagnosis Level Details

Total Diagnosis Codes	14,288 (out of 466 visits)	
Total Diagnosis Codes > 25	2,638 (out of 466 visits)	18%
Average Dx Code Count Codeset > 25	31 diagnoses	


	> 25 Current Grouper	> 25 Adv. Code Seq.	Number of Diagnoses
CC	4	36	2,370
Elixhauser	261	0	3644
PSI Exclusion	21	0	438
PSI Inclusion	1	0	9
SOI = 3	5	4	720
SOI = 4	3	0	509
ROM = 3	4	4	720
ROM = 4	5	1	550
DNR Dx Code (Z66)	12	32	216
Number Elixhauser Measures occurring more than one time per codeset			737
Visits with most Dx Codes had total diagnoses			58

Impact

CDI Query Response Rate

- Remains at or above PH benchmark (98%)
- Even with addition of Mortality and readmission work CDI has maintained response rate above benchmark
- Engaged providers: Average Days To Respond" of 1 day for November
- Manager engages physician advisors to address non-responses
- Close collaboration and integrated process (within CDI application) with quality to improve mortality/ readmission, O/E ratio

O/E Ratio

 **0.1463**

Significantly decreased the Overall Mortality O/E ratio* post implementation of CDI, Coding and End of Life interventions

**comparing a pre and post 9-month period*

CDI Case Review Rate

Manual mortality review process and readmission work has had an impact

- CDI case review rate increased to 90% in November
- Query rate at 58%
- Review workflow for impactful diagnoses for Premier/ CMS 5-star
- Onboarded 3 FTEs