

**NAVIGATING THE CROSSROADS
BETWEEN CDI, CODING &
COMPLIANCE**

The Intersection...

October 2017

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SHELLY L. HARRIS, RHIT, CHC, CHPC, CCS




- △ Began her career as an inpatient coder 26 years ago
- △ HIM Director, Administrator, HIM Operations
- △ Moved on to Compliance and Privacy
 - Corporate Compliance Director, Privacy Officer
- △ Currently a Managing Consultant
 - IP, OP, Physician Practice, Revenue Cycle, SIU
 - Government Audit: MAC, SMRC, ZPIC, CERT, PERM, RAC
- △ Persistent & Determined
 - Success doesn't come from talent, education, or gender – rather your drive to achieve
- △ Remember – hire character, train skill

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Agenda

- △ Explore the often divergent incentives when coding for optimization and /or compliance
- △ Discuss framework/tools Compliance can provide to Coding & Clinical Documentation Improvement (CDI)
- △ Discuss methods of messaging compliance issues to leadership

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WHY THE DIVERGENCE?

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Different Skill Sets, Silos, Competing Priorities

- Δ Audience poll
 - Compliance
 - Audit
 - HIMMS
 - CDI
 - Revenue Integrity/Cycle
 - Health Plans
 - Government
- Δ Common?
- Δ Show of hands - #1 component of a team

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Trust


Δ *"In the context of building a team, trust is the confidence among team members that their peers' intentions are good, and that there is no reason to be protective or careful around the group. In essence, teammates must get comfortable being vulnerable with one another."*

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Coding, CDI & Compliance - Divergence

- △ Divergence – to extend in different directions from a common point
- △ Divergence between departments often creates stress
- △ Teams with an absence of trust....
 - Examples?
 - Instances?
 - Illustrations?




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Divergence – Strength or Weakness?

- △ Leverage divergence to create opportunity
- △ Teams with trust....
 - Examples?
 - Instances?
 - Illustrations?



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The Struggle

- △ Achieving good outcomes
- △ Collaborating to reduce external investigations and minimize risk
- △ Providing meaningful reporting to leadership
- △ Consistency in the record
- △ Painting an accurate picture
- △ Staying relevant – job security
- △ STRESS

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Coding Priorities

- △ DRG validation/assignment
- △ Production
- △ Accuracy rates
- △ Secondary diagnosis capture
- △ Education
- △ ICD-10-CM & PCS
- △ HACs & POAs
- △ Performance

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CDI Priorities

- △ Accuracy in the medical record
- △ Clinical validation
- △ Diagnosis code assignment
- △ Clarification of the medical record
- △ Positive provider engagement
- △ Query processes
- △ Tracking down providers
- △ Quality initiatives

Focus is NOT accurate coding

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Compliance Priorities

- △ Generate/report meaningful data on program effectiveness
 - KPIs
- △ Foster trust
- △ Increase engagement and awareness
 - Employee
 - Leadership, educate
- △ Minimize risk
- △ Build proactive program, not just reactive

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Section 2.0

TOOLS FOR COMPLIANCE

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Evaluate Compliance

- △ Physician/provider engagement
 - Clout
 - Temperature between CDI and Coding
 - **Clarification requests**
 - Engaged
 - Physician education
 - High value, Physician Advisor, PA Boot Camp
 - Important, valued design that works
 - Stakeholders: CDI, Coding & Compliance
 - Quality, Rev Cycle, Clinicians, Administration, Compliance
 - Leadership support
 - Clinicians must be on board

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Evaluate Coding

- △ Certification
- △ Education
- △ Outsourced
- △ HACs
- △ CMI
- △ Auditing
 - Last internal, external
 - Denials
- △ Queries




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Evaluate CDI

- △ Mission
- △ Certification
 - BASIC rules of coding
- △ Auditing
 - Compare charts, work with coding team
- △ Ask them!
 - Negative trends, personal perceptions




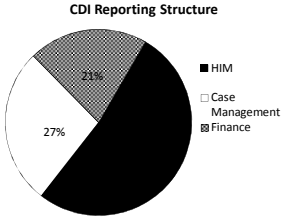
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Tools/Questions/Ideas

△ CDI reporting structure?

- Show 
- HIM
- Case Management/Nursing
- Finance



2015 CDI Week Industry Overview Survey - <http://blog.hcpro.com/ncids/wp-content/uploads/2015/09/2015-CDI-Week-Overview-Survey.pdf>

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Tools/Questions/Ideas = Collaboration

- △ Ongoing Education available for coders and CDI
- △ Together or separate
- △ New CDI and Coder
- △ DRG discrepancies/match rate
 - Coding/CDI
 - Separate
 - Teams/individual
- △ Shift the paradigm

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CDI Considerations

- △ Historical training
 - Compliance:
 - Look at training
 - Reputable
 - Reports? Data
 - CDI Performance
- △ Do they match?
 - Does reporting tell the same story as perceptions?
- △ Blind survey
- △ Union
- △ Personality
 - Outgoing, self-motivated
 - Shy

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Compliance Tools for CDI

- △ Baseline audit - 5 records for all providers
- △ Identify weak documenters
- △ Assess risk of mortality (ROM)/severity of illness (SOI)
 - Post mortem
 - Pull the data, analyze it
 - Share it
- △ Provider engagement
 - Level of understanding
 - Pressure of facility, physician
 - Assist in making them look better
 - Education
 - Shame works, post it!
- △ Have Compliance attend a CDI huddle

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Compliance

- △ Trend in DRG or APR-DRG
- △ Clinical Indicators
- △ Patient Safety Indicators
 - HAC reduction initiatives
- △ http://www.qualityindicators.ahrq.gov/Modules/PSI_TechSpec_ICD10_v60.aspx

Patient Safety Indicators

Provider-Level Indicators

- PSI 02 - Death rate in low-mortality diagnosis related groups (DRGs)
- PSI 03 - Patient alert rate
- PSI 04 - Death rate among surgical inpatients with serious treatable conditions
- PSI 05 - Retained surgical item or unretrieved device fragment count
- PSI 06 - Intrigene pneumothorax rate
- PSI 07 - Central venous catheter-related blood stream infection rate
- PSI 08 - Postoperative hip fracture rate
- PSI 09 - Postoperative hemorrhage or hematoma rate
- PSI 10 - Postoperative physiologic and metabolic derangement rate
- PSI 11 - Postoperative respiratory failure rate
- PSI 12 - Postoperative pulmonary embolism or deep vein thrombosis rate
- PSI 13 - Postoperative sepsis rate
- PSI 14 - Postoperative wound dehiscence rate
- PSI 15 - Accidental puncture or laceration rate
- PSI 16 - Transfusion reaction count
- PSI 17 - Birth trauma rate - injury to neonate
- PSI 18 - Obstetric trauma rate - vaginal delivery with instrument
- PSI 19 - Obstetric trauma rate - vaginal delivery without instrument
- PSI 20 - Patient safety for Selected Indicators

Area-Level Indicators

- PSI 21 - Retained surgical item or unretrieved device fragment rate
- PSI 22 - Intrigene pneumothorax rate
- PSI 23 - Central venous catheter-related blood stream infection rate
- PSI 24 - Postoperative wound dehiscence rate
- PSI 25 - Accidental puncture or laceration rate
- PSI 26 - Transfusion reaction rate
- PSI 27 - Postoperative hemorrhage or hematoma rate

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Section 3.0

MESSAGING

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Methods of Messaging Compliance Issues to Leadership

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Messaging Leadership

△ We have completed an audit of XXX due to the area's high potential impact of the organization ability to meet the following objectives:

- Xxxx
- Xxxx
- Based on audit results, we determined that management control are not operating effectively to achieve the above objectives.
- During our review and discussions, a potential cost savings of \$xxxx, was identified by making the below adjustments to the process.
- OR, potential savings by considering the below adjustments or ideas for change.

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Tips and Tools

- △ Create a support system
 - Thrive on positive relationships
 - **Jennie O'Brien**
- △ Self-help books - Getting to Yes, Start With Why
 - **Persistence + Determination = Success**
- △ Balancing competing demands
 - Stay focused
 - Goals, values, personal values included

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Tips and Tools

- △ RAC Monitor, Monitor Mondays, 10 am Eastern
 - <https://www.racmonitor.com/monitor-mondays-podcasts/welcome>
- △ ICD-10 Monitor, Talk Ten Tuesdays, 10 am Eastern
 - <https://www.icd10monitor.com/talk-ten-tuesdays>
- △ Appeal Academy, "Finally Friday!", 1 pm Eastern
 - <http://appealacademy.com/finallyfriday/>
- △ HCCA Podcasts:
 - Geographically Dispersed Compliance Team, Civility in the Workplace
 - http://complianceandethics.org/bruce-anderson-working-geographically-dispersed-compliance-team-podcast/?_ga=2.86172376.1323199074.1505935154-540594811.1438427619

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