

The Importance of Documentation
and Coding

Quarter 2 STQN Newsletter



What is CDE (Clinical Documentation Excellence?)

- CDE reviewers assist physicians and other care providers in accurate documentation by sending queries to clarify ambiguous documentation
- The CDE process is used in outpatient and inpatient areas to support the most comprehensive documentation of a patient's medical, social, and behavioral situation, appropriately describing the provision of quality care.

The Importance of CDE

- Purpose: to correctly and meaningfully reflect the patient's situation and illness
 - Timely, precise, consistent, reliable, complete, and clear
- CDE combines the required terminology to precisely translate a patient's conditions to codes
 - Accurate quality scores; appropriate reimbursement; informed decision-making
- CDE is aimed toward improving the clinical documentation process
 - Achieving meaningful and lasting changes in the provider behavior
 - Optimally reflects communication of patient care
- Establishes the premium for our risk-based Medicare Advantage products
 - Humana (43k lives); PHN (25k lives); Blue Advantage (7k lives); OHP (2k lives)
- Adjusts the Medicare ACO shared savings benchmarks (55k beneficiaries)
- Factors into shared savings/risk for certain commercial contracts
 - United; Blue Cross Gainshare (new for 2022)
- Protects against potential OIG/CMS audits



Frequently Missed Diagnoses:

- Vascular Disease
- Malnutrition
- Depression
- CHF variants (hypertensive LVH with failure)
- Narcotic dependence
- CKD (Level 3 or higher)
- COPD
- Amputations, colostomy
- Dementia
- Malnutrition
- Inflammatory arthritis
- Senile purpura
- Ostomy status
- Spinal compression fracture
- Spinal cord injuries and sequelae
- Calcified granulomas of the lung
- Neuropathy, idiopathic
- Sequelae and or late effects of CVA (hemiparesis)
- Complications of chemotherapy or radiation
- Complications of surgery, procedures etc.

Enhanced Annual Wellness Visit

- Performed once a year
- Reviews all pertinent cancer screenings
- Reviews all chronic diseases and new diagnoses
- Reviews social determinants of health
- Reviews fall risk
- Completely reviews and updates all medication including OTC medication
- Reviews and completes immunization status
- Specifically inquires about patient's well-being
- Screens for possible alcohol abuse/dependence
- Non-medical history, surgical history, family medical history, and social history (which contains substance use and sexual history)
- CARE teams: Updates all the care teams
- Living situation (living alone, with others, in assisted living etc.) if the patient has a care giver, will add that individual's contact information
- Vitals-should include height, weight, BMI, BP, pulse, and pain rating
- Depression screening: see below
- Mobility testing: "Timed up and go testing (TUG test)"
- Whisper test for hearing
- Cognitive functional screening
- Nutritional screening
- Activities of daily living
- Physical activity questionnaire
- Functional cognitive status
- Osteoporosis risk screening (female patients only)



Documentation Pearls:

- In order to code a diagnosis the MEAT criteria (Monitor, evaluate, assess, treat) should be utilized
- Don't use abbreviations
- Every medication should have a linked diagnosis
- Review the record before signing it
- Be careful not to copy and paste inaccurate information

Example: Major Depression

- Prevalence increased 27.6% due to Covid-19 pandemic (NIH,2021)
- Symptoms experienced by 18.4% of 65 and older (CDC, 2019)
- About two-thirds of all cases in the US are undiagnosed (NIH, 2017)
- Major Depression, unspecified (F32.9) appears in 125 provider Epic "favorites" list
 - No acuity adjustment for unspecified
 - Used on 737 Humana capitated members
- Specificity is key
 - level of severity (mild, moderate, severe)
 - rate of occurrence (single episode vs. recurring)
- Average HCC adjustment 0.31
 - Additional \$2,500 premium annually



1st Quarter Medical Director's Award



Presented to Dr. John d'Hemecourt, Brian Grissom, CRNA, and Chris Connell, CRNA for initiating and implementing the Enhanced Recovery After Surgery (ERAS) program at STHS.

Partners in Care:

Dear Doctor,



We live in the healthiest parish in our state, and you are an integral part of that success. STQN quality measures are helping to improve outcomes for our patients close to home. Thank you!

An important aspect of our mutual success is providing patient access to care. As a quality network, we can improve the overall health of our population when we help patients access the care they need before simple issues become complicated conditions.

As you and your staff go about your daily work, you facilitate patient access in your actions. Working to see a new patient on the same day or soon after, referring patients to the Transitional Care Program or your STQN colleagues, and following up with patients' post-procedure are all opportunities for us as a network to improve access to care. Specialty appointments and primary care visits within those first seven days of discharge are critical to avoiding complications and readmissions. In addition, these appointments provide continued access to care that will improve the health of our community.

Thank you for being part of our local physician community and for committing to the principles of St. Tammany Quality Network.

Gratefully,

Joan

Date to Remember:

3rd Annual Healthcare Summit

The Southern Hotel
07/14/2022 11:30am - 4:30pm

*Lunch provided

Presenters:
Dr. Beau Raymond
Dr. Pat Torcson
Kevin Gardner
Dr. Tim Riddell
