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Auditing Compliance for Clinical
Documentation and Coding:
Collaboration is Key

AUDIENCE PARTICIPATION NOTE:

PLEASE SEAT YOURSELVES WITH COLLEAGUES FROM YOUR ORGANIZATION.

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Auditing Compliance for Clinical Documentation and Coding: Collaboration is Key

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Today's Objectives

- Learn how an effective partnership between Compliance, Coding and Clinical leadership can lead to an effective internal auditing and education program.

- Hear how an Auditing Compliance Committee and a Clinical Documentation Improvement Committee work together to identify trends and develop effective provider education that increases provider engagement and improves accuracy rates.

- Leave this session with a template for creating an effective internal auditing program that engages providers, EHR trainers, coders and compliance and results in clinical documentation improvements.

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Purpose and Focus of Auditing Compliance Plan for Clinical Documentation Improvement

Plan designed to meet three objectives:

1. Assure patient safety
   - 24 hour documentation completion expectation
   - Complete and accurate documentation in the EHR to support patient safety
2. Comply with CMS documentation guidelines/requirements
   - Accurate clinical documentation compared to codes submitted for payment
3. Assure success in future reimbursement models
   - Quality payments will rely heavily on data obtained from CPT and ICD coding.
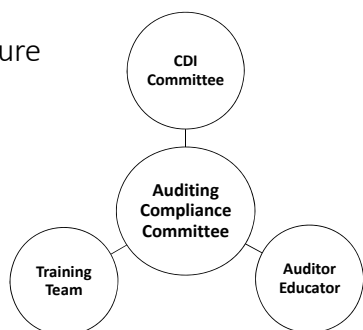
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Collaborative Structure

- ❑ Assure patient safety
- ❑ Comply with CMS documentation guidelines & requirements
- ❑ Assure success in future reimbursement models

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CDI Committee

Auditing Compliance Committee

Training Team

Auditor Educator

Clinical Documentation Compliance Committee		
Function/Scope: Provide Plan Oversight to assure compliance. Trend Analysis, Reporting, Removal of barriers to Success		
Members: VP, Clinical Services, Compliance Officer, Auditor/Educator and Coding Leadership		
Auditor/Educator	**CDI Committee**	**Training Team**
Function/Scope: Perform documentation audits and education to providers and coders. Identify and provide data trends to Compliance Committee.	Function/Scope: Identify topics for CDI trainings. Topics based upon trends from audits. Provider input solicited for topic selection. Members: VP, Clinical Services, Providers, EHR Trainers, Auditor/Educator and Coding Manager	Function/Scope: Prepare and deliver monthly trainings to providers during clinician meetings at each site. Trainings are based upon trend data and directed via the CDI Committee. Members: EHR Trainer, Auditor/Educator, Coding Manager, Clinical Content Experts

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Program Evolution Timeline

2011/2012	2013	2014	2015	2016
• Auditor Hired • Baseline Audit • Quarterly Audits w/limited feedback to providers • Siloed efforts within Finance team • Recognized necessary to translate CDI efforts to the EHR	• Awareness that collaboration is necessary across other departments • Vision to establish coders at each clinic • Revenue Cycle Director hired • Change in Organization and Clinical Leadership (new collaborative partnerships possible)	• Auditing Plan and committee structure implemented • Providers sign attestations/New Provider Orientation • Accuracy goals set at 95% (OIG) • Clinic-based coders • Intermittent auditing due to staffing and org challenges	• Added external audits from Nat'l firm to fill gaps from internal staffing challenges • CDI education monthly • Coder inexperience a gap • Nat'l firm evaluated coding dept. structure, plan to improve	• Updated Plan • Goal – Continuous Improvement • Added CO and Rev Cycle Leadership weekly meetings • New Auditor hired, brought consistency • External Audit shows change

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Impact of Collaboration

	Previous	Current
Culture	• Auditing in a Silo • Providers experienced as punitive • No shared language	• Partnership between Clinical Leadership, Auditing, Coding, & Compliance
Activities	• Quarterly Audits • Education limited to corrective action	• Quarterly audits • Focused Audits • External Audits • Quarterly CDI Trainings • New Provider Onboarding Process • Focused Education

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Program Impact: what the data shows

- Cohort of 25 Providers continuously employed since 2011
  - o 15 % absolute improvement in E&M accuracy
- Outside Audit 2015 vs 2016 Comparison
  - o Total of 57providers
  - o 19% absolute improvement in E&M accuracy

Audit Accuracy chart; $R^2 = 0.4062$

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Collaboration & Engagement Pearls

- Why is this important work
  - Quality
  - Risk
  - Safety
  - Payment Reform
- How to best engage partners:
  - Clinicians
  - EHR support team
  - Coders, auditors, educators
  - Executive Team (to support the costs related to program)
  - Operational Support at Sites
- No one can do it alone

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Learning from Experience

- Successful program cannot be an isolated effort

- Culture change takes time

- Clinical Leadership and Sponsorship is necessary

- Continual need to monitor the work (provider and coding staff turnover, new regulations, changing payment models, build and rebuild trust)

- Data is important but data alone won't drive change

- Clinical documentation is multi-disciplinary effort/process/culture

- In the age of EHR's, providers benefit from learning:
  - The Why
  - The How
  - Not just the What

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Activity

Build Your "Collaboration Template":

1. Who are the important partners to collaborate with at your entity? Map the roles you can realistically structure for your program. (5 minutes)
2. What barriers do you anticipate with this structure or what barriers do you currently encounter? (5 minutes)
3. Group will share experiences and ideas to overcome the barriers. (10 minutes)

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Q&A