

Communication, Collaboration, and Compliance

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Best practices are the result of professionals developing practical ways to improve processes and quality. Medicare peer review organization and state Payment Error Prevention Program (PEPP) organizer PRO-West recognized this when it looked to state hospitals for methods to improve documentation and reduce payment error rates.

Directed nationally by the Health Care Financing Administration (HCFA), the purpose of PEPP is to ensure that hospitals are correctly reimbursed for inpatient services provided for Medicare beneficiaries. For the educational component of this program in Idaho, PRO-West staff abstracted a statewide sample of hospital charts of Medicare beneficiaries to look for sources of potential payment errors in April and May 2000. Hospital-specific and statewide findings were reported confidentially to facility staff.

As a result of this investigation, PRO-West decided to focus its PEPP efforts in Idaho on improving documentation, which may help to reduce payment error rates for all DRGs, not just those targeted by the OIG. To facilitate statewide improvement, PRO-West asked Idaho hospitals with very low payment error rates to share information with their peers about their internal processes, especially in regard to documentation. Methods developed by peers under local conditions may be more useful than tools or techniques proposed by state or national organizations. Also, hospital employees may be more receptive to information from peers than from peer review organizations or government agencies.

PRO-West recognized Saint Alphonsus Regional Medical Center in Boise not only for clear, complete physician documentation and coding excellence but also for positive working relationships between physicians and coding staff. Following are the key components of the Saint Alphonsus program that PRO-West identified for improving documentation and avoiding potential payment errors.

New Avenues to Quality Coding

Saint Alphonsus Regional Medical Center is a 269-bed regional referral center and designated Level II trauma center. Serving approximately 500,000 people in southwestern Idaho, eastern Oregon, and northern Nevada, the hospital is a member of Trinity Health. Approximately 530 physicians are on staff, and the hospital counts more than 10,000 inpatient discharges and 300,000 outpatient visits per year.

The coding team at Saint Alphonsus has always focused on high-quality coding. In the mid-1990s, internal DRG-specific reviews identified a need for enhanced coder education, improved coder-physician communication, and more accurate documentation. Several processes have been developed and expanded to meet these needs. With the support of the coding department management, the coding staff set four goals:

- enlist physicians' expertise to enhance the coders' medical knowledge
- create avenues for coder-physician dialogue/communication
- improve concurrent documentation to reduce retrospective physician queries
- increase visibility by establishing coders' expertise

To meet these goals, the coding team targeted certain medical specialties. The coding supervisor and a small team of coders attended staff meetings of the specialty team to introduce themselves and request physician assistance on medical questions and documentation issues. In addition, physicians who were open to questions from the coding staff and who seemed to have an understanding of the coding process and the documentation necessary for appropriate DRG assignment were identified.

With the groundwork for progress in place, the coding staff began to develop processes to achieve the desired outcomes. These processes have evolved over time and have become the foundation for a balanced approach to appropriate reimbursement and quality data. Following are the four cornerstones of the coding team's success.

Physician Presentations

The coding staff invites individual physicians to give presentations on topics related to their specialty. The coders submit questions to the physician in advance so they may be incorporated into the presentation. The coding staff and other health professionals receive continuing education credits for attending the presentations. These sessions are also used as opportunities to educate the physicians about what coders do and what documentation is needed for appropriate code and DRG assignment, and physicians are encouraged to share the information with their colleagues. This program has been particularly successful in enhancing the coding staff's knowledge while improving communication with and documentation by physicians.

Staff Newsletter Articles

In an effort to use all avenues of communication, "Quick Coding Tips," a short coding-related column, appears each month in the medical staff newsletter. Topics have included key documentation items, definitions of principal and secondary diagnoses, coding guidelines for both ICD-9-CM and CPT-4, and compliance information from HCFA and the OIG. Despite the newsletter's recent overhaul, the coding column continues to be featured in almost every issue.

Physician Query Forms

For charts in which documentation is less than optimal and further clarification is needed for appropriate code assignment, the coding staff developed a generic physician query form that provides a place for the coder's question. Because of the success of these query forms, three additional query forms were developed specifically addressing respiratory failure, diabetes, and pneumonia. The success of the physician queries has been due in part to the fact that the query is entered into the chart deficiency system, and the chart cannot be complete until the physician has responded to the query.

Optimal concurrent documentation is an ongoing process. Inroads have been made with the medical staff, as evidenced by improved specificity in charting and a slight decrease in the need for retrospective queries. Continuing efforts are being made to inform the medical staff that detailed physician documentation at the point of service is essential to correct code assignment and compliance. There is ongoing collaboration with physicians to concurrently, rather than retrospectively, identify opportunities for optimal medical record documentation.

Performance Improvement Initiatives

The coding staff meets monthly to address performance improvement opportunities, including DRGs targeted by the OIG and Trinity Health, facility-specific quality/performance improvement studies, and questions raised by coding staff. Coding policies are often developed or revised as a result of performance improvement initiatives. Challenging questions are proactively submitted to Coding Clinic and CPT Assistant for official clarification. The coding staff is dedicated to the quality of coding, which in turn drives appropriate reimbursement and data integrity.

A Team Approach to Success

The journey to improved physician documentation and more accurate coding has provided several challenges that the Saint Alphonsus coders met with creativity and determination. Physicians have become more specific in their documentation based on pointers given by the coding staff and have become more open and accessible. Those physicians who have given presentations have encouraged continued dialogue via e-mail and phone queries.

A key element to the success of the Saint Alphonsus coding program is teamwork. Coming from a variety of medical backgrounds, the coders have a deep respect for each team member's strengths and the value he or she adds to the team. Through this teamwork, the coders have created a new, more professional identity within the physician and hospital community. They are being recognized as experts in data collection and analysis. As a result, there have been increased opportunities to interact with other departments in the facility. Heightened awareness of quality data, compliance, and coding integrity will support the continued quest for best practices and, ultimately, organizational success.

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