ICD-10 and Quality Measures: A Dynamic Relationship

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By Daniel Land, RHIA, CCS

Coding professionals are the guardians of the patient's story; they translate the language of medicine into coded data. The accuracy of this translation is essential for many reasons beyond today's reimbursement. Coded data is used for clinical decision making, healthcare policy, public health tracking, research, and quality initiatives. Coded data helps shape the public's perception of healthcare providers and institutions through ready access to a plethora of public data and rankings for physicians, hospitals, and healthcare providers. Coded data contributes significantly to the US healthcare system's ranking and position on the world stage. A coding professional's daily work has global significance. This article will explore the far-reaching effects of coding through the dynamic relationship between ICD-10 and quality measures.

The Centers for Medicare and Medicaid Services (CMS) "implements quality initiatives to [en]sure quality health care for Medicare Beneficiaries through accountability and public disclosure. CMS uses quality measures in its various quality initiatives that include quality improvement, pay for reporting, and public reporting. Quality measures are tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care. These goals include: effective, safe, efficient, patient-centered, equitable, and timely care."[1]

Accurate and complete coding is a foundational element of the metrics associated with quality measures. Coding portrays the severity level of the patient and is used in part to assess quality of care and patient outcomes. The dangers of poor documentation and coding include an inaccurate representation of the severity of the patient and care rendered to a patient as well as skewed quality data. Accurate and complete coding is also necessary for survival in today's climate of value-based models with financial incentives tied to quality of care and ramifications of accurate hospital-acquired condition (HAC) and patient safety indicator (PSI) reporting.

The patient's story is linked to a wide variety of initiatives related to healthcare quality, effective patient care, healthcare economics, policy, and reform. It is important to take full advantage of the specificity that ICD-10 provides in order to capture robust data that is used in assessing patient severity, the quality of care received, and patient outcomes. The continued evolution of ICD-10 will necessitate the growth and development of quality measures.

Sepsis Mortality Study

A recent study by the Ohio Hospital Association (OHA) illustrates the effect coding has on quality outcomes. According to the Centers for Disease Control and Prevention, sepsis is responsible for roughly 258,000 deaths in the United States each year and represents 6.2 percent of all hospital costs across the nation. The federal government's Healthcare Cost and Utilization Project identified sepsis as the costliest condition in the nation's healthcare system. Mike Abrams, OHA president and CEO, says Ohio's hospitals in 2015 decided to "confront the brutal truths" and begin a campaign to reduce sepsis encounters and related deaths by 30 percent by 2018. Nine months into the initiative, OHA reported an eight percent reduction in mortality with 353 lives saved. The study asserts that "ICD-10 has improved the ability to accurately report the infections, especially upon admission, which is where 80% of sepsis cases are traced."[2]

Ultimately, Abrams says OHA "wants to do for sepsis what we did for ventilator-associated pneumonia: Make them rare."[3] Clean data, which is derived from accurate provider documentation, coding, and present on admission reporting, is foundational to life-saving initiatives such as this one.

ICD-10 Interwoven with Quality Measures

ICD-10 and quality measures are inseparable, which places coding professionals at the center of the healthcare quality conversation. CMS predicts that US healthcare spending will account for 19.9 percent of the gross domestic product (GDP) by 2025, due in part to the aging of a large portion of the population. And yet a recent report from the Commonwealth Fund revealed "the United States ranks last in health care system performance among the 11 countries included in the study. The U.S. ranks last in Access, Equity, and Health Care Outcomes, and next to last in Administrative Efficiency, as reported by patients and providers. Only in Care Process does the U.S. perform better, ranking fifth among the 11 countries."[4] In light of the fact that quality of care is measured by outcomes that are reflected by documentation and coding, this ranking begs the question: Was the data correct?

Coding professionals must continue to think strategically and globally about their role in better healthcare for our population. Coding professionals must ask if provider documentation and codes reported for an encounter are wholly reflective of the patient at that place in time. Consistent coding reviews, performed through the dual lens of reimbursement and quality, will help ensure that coded data is reliable for the purpose of quality measures. The APR-DRG system offers a sophisticated method of assessing both coding quality and reimbursement simultaneously.

Grace Whiting Myers, the founder of AHIMA, wrote her autobiography in 1948 and shared her professional credo: "Give of your best to anything you attempt to do." Her words inspire and inform today's health information management and coding professionals as they work to ensure quality documentation and coding with ICD-10.

Notes

[1] Centers for Medicare and Medicaid Services. "Quality Measures." CMS.gov.

[2] Commins, John. "Sepsis: Ohio Provides Hospitals with a Battle Plan." *HealthLeaders Media*. June 26, 2017.

[3] Ibid.

[4] Schneider, Eric C. et al. "Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care." The Commonwealth Fund.

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