

# Linking Quality of Care to Clinical Data Integrity

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Healthcare data is being touted as a means to improve population health management. It is also feeding public competitive market reporting for providers and facilities. The integrity of the clinical data being reported is essential to supporting and improving the quality of care to patients as well as the fiscal health of organizations providing the care. The positive outcomes of clinical data integrity for healthcare organizations include support for hospital value-based purchasing (VBP) programs and inpatient quality reporting (IQR) initiatives, which include hospital-acquired conditions and patient safety indicators, appropriate case-mix reflection, medical necessity justification, compliance, and revenue preservation.

Clinical data integrity begins with clinical documentation quality, the foundation of a health record that accurately represents a patient and their history of care. Organizations must strive for an end-to-end process that incorporates technology, education, and support to ensure clinical documentation integrity starts at the point of care and follows through until final coding and reporting of the healthcare record.

## VBP Initiative Funded by Payment Reduction

The emphasis on data integrity stems from the plethora of quality initiatives driven by the increased pressure for healthcare facilities to deliver the highest quality of care at the lowest cost. The Centers for Medicare and Medicaid Services (CMS) introduced VBP with the following statement: "This type of initiative pays for care that rewards better value, patient outcomes, and innovations, instead of just volume of services." Coincidentally, in FY 2014, VBP will be funded by a 1.25 percent reduction from participating hospitals' base-operating diagnosis-related group (DRG) payments. The result is a merging of finance with quality in order to improve patient care and outcomes.

The VBP program began with discharges on or after October 1, 2012. Each domain is weighted for a portion of the total score. VBP incorporates 13 of the IQR measures into the clinical process of care domain, which is 45 percent of total weight. The outcome domain comprises three mortality measures for acute myocardial infarction, heart failure, and pneumonia, weighing in at 25 percent of score. The final domain is the patient experience of care domain, which carries 30 percent of score weight.

Incentive payments, funded by the 1.25 percent reduction in base DRG payments, are calculated for both high scores and improvement scores. Although the measures are designed to reflect the quality of care being delivered, this information is abstracted from the health record based on reported codes, with certain inclusions and exclusions, and adjustments for severity. Therefore, the completeness, accuracy, and timeliness of clinical documentation and coding play a significant role in the integrity of the reported clinical data.

## Inpatient Quality Reporting Measures Shrink

The IQR program has grown from a starter set of 10 quality measures in 2004 to the current set of 72 quality measures, which will be reduced to 59 measures for FY 2015. Measures include chart-abstracted measures (i.e., heart attack, heart failure, pneumonia, and surgical care improvement), claims-based measures (i.e., mortality and readmissions measures for heart attack, heart failure, pneumonia), Agency for Healthcare and Research Quality (AHRQ) Patient Safety Indicators and Inpatient Quality Indicators, healthcare-associated infection measures, surgical hip/knee complication measures, emergency department throughput measures, immunization measures, structural measures (i.e., participation in database registry for stroke care, cardiac surgery, general surgery, and nursing sensitive care), and a perinatal care measure. There is also one survey-based measure related to the patient experience of care and the cost efficiency measure of Medicare spending per beneficiary.

Without clinical data integrity, many of these measures have the potential to be over- or under-reported, which could interfere with quality improvement efforts for patient care and negatively affect the healthcare organization via public reporting efforts.

## CMS Offers Readmissions Reduction Program

CMS's first steps toward developing policies that reduce hospital admissions were outlined in the 2012 Inpatient Prospective Payment Systems (IPPS) final rule. The Hospital Readmissions Reduction Program provides financial incentives to providers to change the way care is delivered and enhance the continuity and quality of healthcare provided to patients. The ultimate goal is for healthcare facilities to collaborate with communities to lower the readmission rates and improve patient care. To do this, providers must ensure that patients are clinically ready for discharge and understand their care plan upon discharge.

For FY 2014, this program will be funded based on a 2 percent reduction of hospitals' base operating DRG payments. The readmissions policy will apply to acute myocardial infarction, heart failure, and pneumonia patients. Chronic obstructive pulmonary disease patients, and patients with elective total hip or total knee arthroplasty, will be added to this program for FY 2015.

## Collaborating on Data Integrity

Healthcare organizations need to seek out clinical data integrity solutions that stem from the basic concept that physicians, providers, the quality team, and coding staff all must speak the same language. Only with collaboration will this process fully support clinical data integrity outcomes. Desired outcomes can successfully take place with communication and processes adopted to provide a "check and balance" of all the moving pieces.

For example, select patient safety indicators could be flagged when coded, incorporating a review process by the clinical team, documentation team, and coding team in order to verify completeness of documentation and appropriateness of code assignment prior to releasing the bill.

With the transition to ICD-10, increased emphasis toward data-driven outcomes, and the associated financial implications, clinical data integrity is a means to achieve the common goal of providing the best quality of care in the most cost efficient manner.

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