CLINICAL OUTCOMES: REDUCING MORTALITY WITH DOCUMENTATION EXCELLENCE

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PROJECT SELECTION

The 2014 CMS Value Based Purchasing (VBP) data reported an unexpectedly high rate for 30-day Acute Myocardial Infarction (AMI) mortality at Carolinas Medical Center. These results were surprising in that they differed significantly from abstracted clinical data as part of our quality program, Sanger Heart & Vascular Institute (SHVI) regularly abstracts AMI data to the American College of Cardiology (ACC) National Cardiovascular Data Registry (NCORD) CP-MI (formerly ACTION Registry). Benchmark results from the NCORD registry have consistently demonstrated national top quartile/deouces outcomes for CMC’s AMI mortality.

There were three main goals of the Clinical Documentation Excellence project:

1. Improve outcome reporting (mortality and readmissions)
2. Identify accurate patient risk profiles (capture all co-morbidities)
3. Identify appropriate expected length of stay

VALUE BASED PURCHASING AMI SURVIVAL

Q4 2012 BASELINE

Q4 2012 RISK ADJUSTED DEATHS ACTION REGISTRY (NOW CP-MI)

PLAN:

After reviewing the 2014 VBP Results and identifying root cause of variance, we proposed that a clinical documentation excellence strategy would improve outcome reporting for AMI. We implemented 2 key strategies:

Strategy 1: Develop a “hard stop” process so that records from all patients with a principal diagnosis of AMI are reviewed prior to final billing. This ensures that documentation and coding supports the most appropriate principal diagnosis.

Strategy 2: Develop a concurrent coding process at AHCM, AH Pineville and AHCabalare so that records are reviewed in real time so that the CDI team can initiate early clarification and ensure that documentation correctly identifies the AMI as the principal diagnosis.

RESULTS

AM1 30-day CMS Mortality rate results showed continuous improvement and sustainability throughout the following years. In 2015, Atrium Health’s internal data shows showing year over year improvement from 2013 to 2018. Post hard stop strategy implementation, mortality decreased 12.3% prior to the project’s implementation and through December 2018 (3 years after implementation) it was 9.40%.

The mortality rate had decreased by 2.86% and 2.29% below the CMS FY 2019 National Observed Rate of 13.20%.

In addition, the risk adjusted mortality rate reported via NCORD’s CP-MI Registry (formerly ACTION registry) was 4.2% for Quarter 4 2012 and is now 3.47% as of Quarter 4 2018.

ROLLING 12 MONTHS AMI MORTALITY RATES VS 4 YEARS

ALL SHVI FACILITIES (CMS COHORT)

Q4 2018 RISK ADJUSTED DEATHS CP MI REGISTRY (FORMERLY ACTION)

Achieving excellence in Documentation and Coding is integral to Atrium Health’s Value Strategy in the Destination 2020 Roadmap. All publicly reported data, including VBP results, are benchmarked to regional and/or national performance. True comparisons of performance can only be drawn if the reported data are accurate and complete. This project identified current discrepancies in our practices and developed a corrective action plan to drive improvement.

The improvements in measured AMI mortality rates were accomplished through the development of key documentation/coding strategies (e.g., the hard stop and concurrent documentation/coding strategy) as derived and implemented from the PDSA process. A multi-disciplinary team comprising of providers, administration, coding and documentation excellence specialists, data analysts, and technology teams worked together to develop this improvement model. All members were stakeholders: all were deeply engaged in all facets of the project, and all were held accountable for the project results.

The approach taken to this project is novel and has already been recognized outside of AH through presentations at 2016 in the Association of Clinical Documentation Improvement Specialists National Conference, the American Health Information Management Association Conference, and the 3M National Customer Summit. Presently, Atrium Health has begun to spread this “best practice” to other service lines within Atrium Health with a comprehensive concurrent documentation/coding strategy. While this improvement in reported MI mortality reflects a multipronged approach to quality improvement including multiple process improvements, the Documentation Excellence effort was critical to the accurate portrayal of our performance.

GOALS

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