

Benchmarking Coding Quality using a specialised scoring System---

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Agenda

- Background & objectives
- The scoring system in detail
- Sample Results
- Conclusions



Background

- „The coding represents the bill“ (Dr. B. Rochell, German Medical Association):
- Coding errors lead to wrong DRG - results
- Wrong DRG results lead to wrong bills
- Wrong bills lead to rejection
- Rejection leads to more work and financial problems
- A preliminary project with the German MDK showed lots of action areas

Goals

The development of our „Audit & Fokus“ system aimed at:

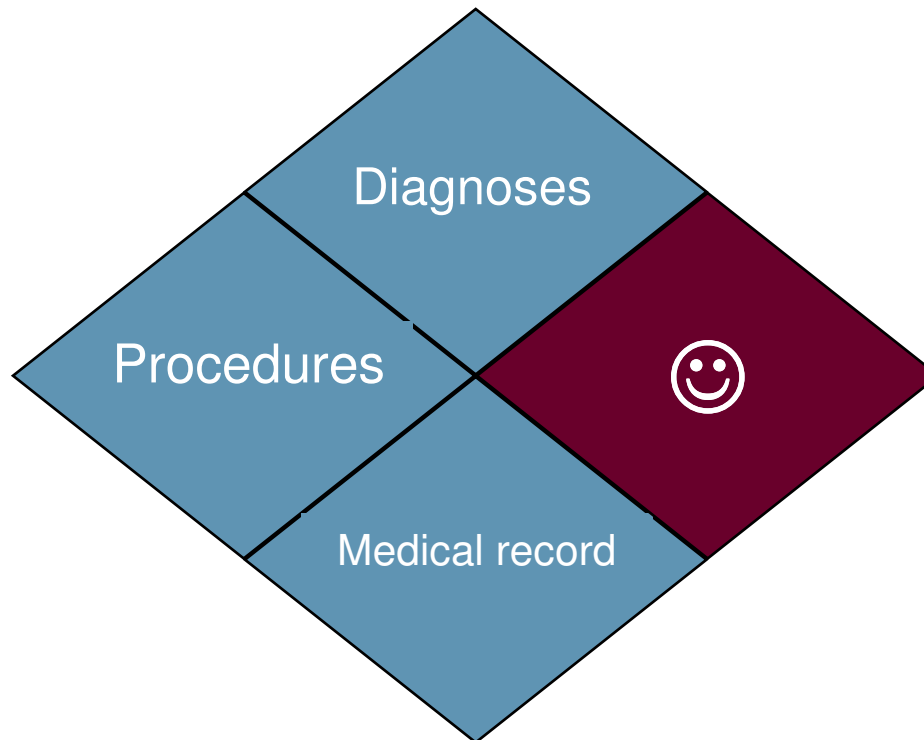
- Providing a reliable tool for the measurement of coding quality
- Giving the possibility of benchmarking Coding quality not Casemix points!
- Identifying the areas of interest → where can we improve?
- Measuring financial consequences

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The scoring system



Scoring system - diagnoses

| | | | | |
|--------------------------------|-------------------------------|----|----|----|
| Principle diagnosis | wrong | | | 0 |
| | right, but not exact | | 15 | |
| | right | 20 | | |
| | | | | |
| correctness of sec. Dx | all wrong or not coded | | | 0 |
| | lt. 50% right | | 2 | |
| | mt. 50% right | | 3 | |
| | all right | 5 | | |
| | | | | |
| Completeness of sec. Dx | no coded, although there were | | | -5 |
| | lt. 50% coded | | -3 | |
| | mt. 50% coded | | 3 | |
| | all coded | 5 | | |
| | | | | |
| Up Coding | n x -1 | | | -X |

Scoring system - procedures

| | | | | | |
|-----------------------------------|-------------------------------|-----------|----------|-----------|-----------|
| correctness of procedures | all wrong or not coded | | | | 0 |
| | lt. 50% right | | | 2 | |
| | mt. 50% right | | 3 | | |
| | all right | 5 | | | |
| | | | | | |
| completeness of procedures | no coded, although there were | | | | -5 |
| | lt. 50% coded | | | -3 | |
| | mt. 50% coded | | 3 | | |
| | all coded | 5 | | | |
| | | 45 | | | |

Scoring system – medical record

| | | | | | |
|------------------------------------|-------------------------------|---|---|----|--|
| Completeness of lab results | incomplete | | 0 | | |
| | complete | 2 | | | |
| | | | | | |
| Orders for treatment | missing often | | 0 | | |
| | nearly complete | 2 | | | |
| | | | | | |
| Order in the record | no order, lose stack of paper | | | -1 | |
| | results often in wrong order | | 0 | | |
| | neat record, good order | 1 | | | |
| | | | | | |

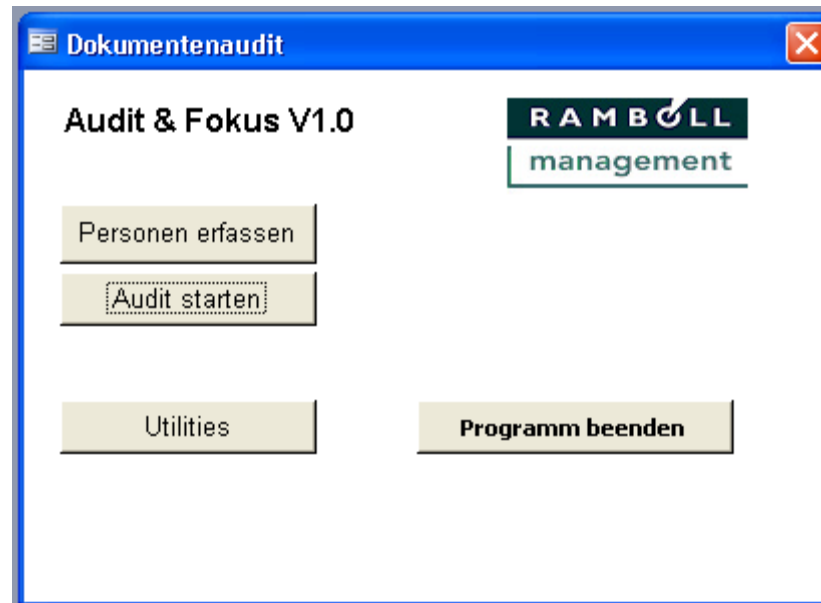
The scoring system – coding quality

| | | | | | |
|-------------------------------|---|--|--|--|--|
| Overall coding quality | correct = everything correct | | | | |
| | some errors = errors without DRG relevance | | | | |
| | major errors = errors with DRG relevance or wrong PDX | | | | |

The scoring system – „Audit & fokus“ database

- MS – Access database with import functionality for patient records
- Scoring page to document the results by clicking
- Some functions for summaries

The 'Audit & Fokus' IT - Tool

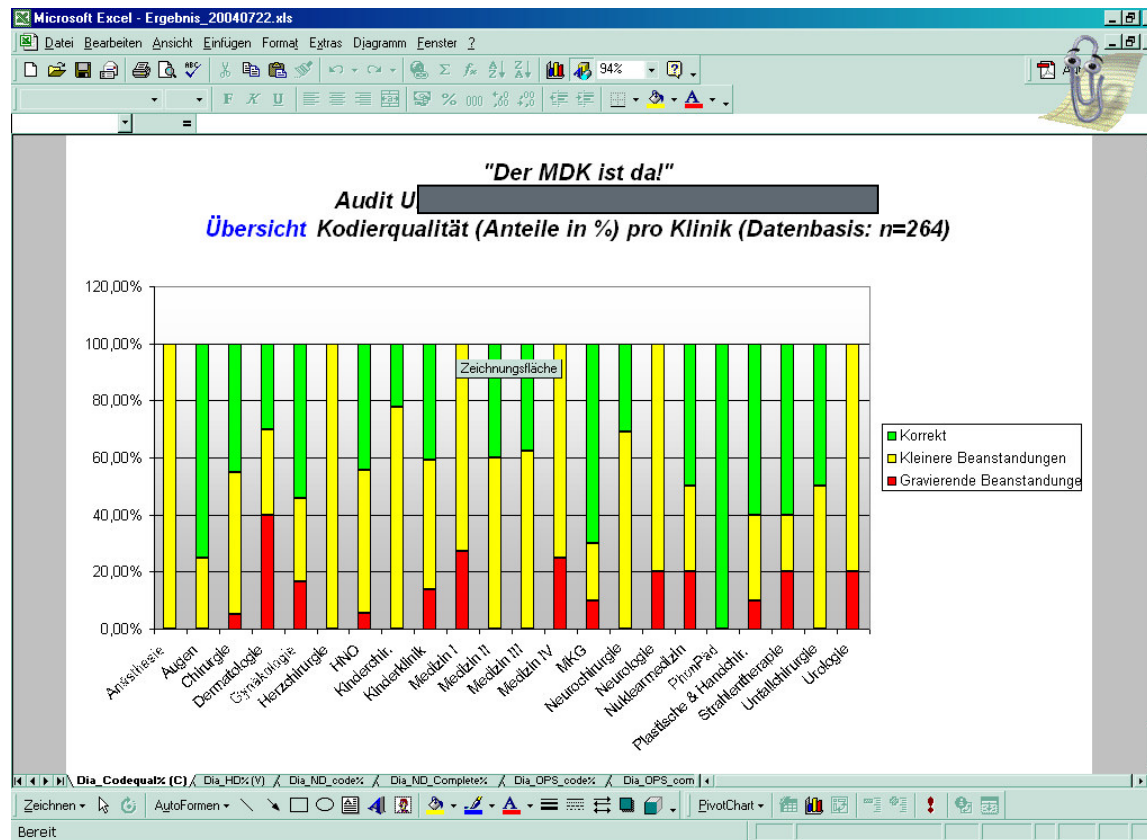


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Sample Results



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Conclusions - I

- Pro's:
- Scoring system gives good and representative results to assess coding quality
- Especially structural problems are easily unveiled
- Repetitive use allows look on trends
- Benchmarking between similar departments in different hospitals is feasible

Conclusions - II

Limitations:

- With small sample size limited predictive value for CaseMix impact of whole department/hospital, high sample size is a lot of effort
- High scores often reflect „easy“ patients – however every patient needs to be coded correctly

So, in the end:

- ***„There are no simple answers to complex questions!“***
- (Don Hindle, 2001)

BUT

„Who starts to late is punished by history“
(Michail Gorbatschow, 1989)

Ramboll Management
Kowledge taking people further---

**Thank you very much for your
attention!**

