



Navigator

3M Health Information Systems



Heartland reports significant CMI improvement with 3M DRG Assurance

Heartland Regional Medical Center, an integrated healthcare delivery system headquartered in St. Joseph, Mo., recognized that patients being treated at its facilities were sicker than indicated by the organization's quality outcomes data. Knowing that it might not be capturing enough information about patient severity, and foreseeing the potential impact on reimbursement, Heartland turned to 3M Health Information Systems for the 3M DRG Assurance Program.

3M consultants analyzed patient charts onsite to assess coding accuracy and documentation specificity. They looked for signs, symptoms, and treatment plans without a corresponding diagnosis, and also considered secondary diagnoses that might impact the patient's severity of illness.

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Clinical Documentation Improvement

How organizations combine consulting services and software to achieve and sustain financial returns

Are you confident your organization's physician documentation presents a true picture of your patient mix? Is your facility earning full reimbursement for all services provided?

New laws and regulations, ongoing federal reforms, and payer initiatives are increasingly aligning quality outcomes with financial incentives and reimbursement. Medicare and many third-party insurers now consider patient severity of illness and post-admission complications when calculating payment. At the same time, accurate capture of patient acuity and risk of mortality impacts your hospital's case mix index (CMI), which influences quality outcomes and hospital performance reports made available to consumers.

"There's no question that ongoing changes in hospital payment and quality reporting are having a profound impact on the bottom line for many healthcare facilities," says Garri Garrison, RN, CPUR, CPC, CMC, director of acute care consulting for 3M Health Information Systems. "How and *how much* depend on your organization's ability to analyze its data and address needed changes. Are your physicians documenting all secondary diagnoses? Have they captured all conditions

present on admission? How complete and accurate is your coding given the new regulations?"

Over the past 17 years, 3M consultants have worked with more than 750 hospitals to improve inpatient clinical documentation with the 3M™ DRG Assurance™ Program. Based on the knowledge of 3M experts—RNs, physicians, credentialed HIM professionals, and healthcare reimbursement experts—3M DRG Assurance prepares clinical reviewers to query physicians so that a patient's severity of illness and risk of mortality are fully captured in the documentation. This is accomplished through a coordinated process using a concurrent review team to strengthen communication between physicians, nurses, case managers, and coding professionals. More specific documentation can be captured when a physician responds to clinically driven questions from a well-trained review staff before the patient's discharge.

The return on investment can be significant, with the average facility reporting a two to four percent increase in CMI within the first year, typically resulting in a 4:1 financial return. Heartland Regional Medical Center in St. Joseph, Mo., saw an even greater

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return with 3M™ DRG Assurance™, achieving a CMI increase of 6.8 percent (see sidebar case study).

Industry-changing software to help you sustain improvements

As regulations evolve to reflect advances in medical care and to fulfill pay-for-performance requirements, the documentation process will become even more complex. Facility and staff changes may also impact the long-term success of your documentation improvement initiative. How will you help new staff learn the skills needed to sustain benefits over time?

To help hospitals achieve lasting success with their documentation improvement program, 3M is releasing the 3M™ Clinical Documentation Improvement (CDI) System, a new automated concurrent review tool created exclusively for the 3M DRG Assurance Program. The software is designed to provide clinical documentation guidelines interactively in a concurrent documentation review setting. “Our clients have asked for a tool that will help them continue to be successful after completing the initial 3M DRG Assurance Program,” says Garrison, who led development of the 3M CDI System. “This new leave-behind software is like having a 3M consultant always at your side to help you stay up-to-date and maintain the improvements achieved during your consulting engagement.”

The 3M CDI System builds on the power of the 3M™ Coding and Reimbursement System, which has been enhanced with clinical documentation guidelines and edits embedded in the software. This allows instant access to information needed to support documentation decisions, including easy-to-access clinical documentation improvement references. The software provides a concurrent query process to build and

store physician queries and a process measurement tool to report chart review activities and physician query response rates.

The 3M CDI System also helps manage workflow by identifying charts that need to be reviewed, so your staff can get the most out of their work days. Comprehensive reports assist the management team in maintaining performance of the 3M DRG Assurance Program. Most reports can be grouped by financial class, clinical documentation specialist, attending physician, coder and service line. Available reports include:

- MCC/CC capture rate
- Query volumes and response rate
- Case mix index
- Focused MS-DRG pairs
- Working MS-DRG vs. final DRG

The bottom line

Your staff members face a learning curve with every regulatory update and at the same time are challenged to implement changes as quickly as possible. The new 3M DRG Assurance Program, now enhanced with the 3M CDI System, can help your facility obtain the most precise and complete clinical documentation possible—and sustain that improvement over time. “The goal is to achieve an accurate representation of the clinical complexity of your patient mix,” notes Garrison. “Most facilities will then see a positive impact on reimbursement. We tell our clients to focus on quality outcomes first and the revenue will follow.”

As part of the 3M DRG Assurance Program, Heartland’s physicians and coders were trained in proper documentation and coding under the new payment regulations.

3M consultants also helped Heartland implement a concurrent documentation review process. “We have two documentation specialists visiting the patient floors each day to review charts and work with physicians on making the documentation more specific,” says Rebecca Hall, RHIT, HIM coding manager for Heartland. The documentation specialists look for missing or inconsistent information in the chart, querying physicians to capture more detail before the patient is discharged and the claim submitted for payment. “The program has been such a great success that we’re currently seeking two more documentation specialists,” Hall reports.

Within six months of implementing the 3M DRG Assurance Program, Heartland increased severity-of-illness measures by 4.8 percent and improved risk of mortality scores by 10.9 percent, for an increase to CMI of 6.8 percent. “Using the documentation and reporting methods learned with the 3M DRG Assurance Program, we’ve been capturing a more realistic picture of how sick our patients really are,” notes Hall. The impact on hospital revenue has also been significant now that Heartland’s reimbursement is based on more accurate documentation and coding of patient severity.

For more information about sustainable financial improvements for your organization and a free Documentation Opportunity Analysis, contact your 3M sales representative, call us toll-free at 800-367-2447, or visit us online at www.3Mhis.com/DRGAssurance.