Introduction

• What is data quality?
• How do data quality principles relate to clinical coding?
• Data quality roles for HIMs and clinical coders
• Issues for state-wide clinical coding audits
• What does ideal data quality management look like?
What is data quality?

Data are of high quality if they are fit for their intended uses in operations, decision-making, and planning.

Data quality

What makes data fit for their intended use?

- Accurate
- Complete
- Consistent
- Timely
- Auditable

Quality clinical coded data

A set of rules, parameters, guidelines
Processes and systems for ensuring all records are collected and reported
Trained staff to collect data according to these rules
Clearly articulated and monitored timelines for submission
Good clinical documentation
Data definitions adequately communicated to all data collectors and users
Common misconceptions

Quantity equals quality

- Focus on getting the data in rather than whether it is right or not
- Focus on adding as many codes as possible
- Override/ignore the ‘rules’ in order to assign codes they think are needed
Common misconceptions

Training equals competence

- If someone has done the course they know all they need to know

An audit program ensures data quality

- If there is a program in place there is no need to do anything else
How to judge quality data

Data collected and reported according to a recognised and acknowledged set of rule/guidelines

Data that is therefore reproducible by any trained and experienced practitioner

- Two trained, experienced clinical coders should get the same set of codes and therefore the same DRG and NWAU for any one record
HIMs and clinical coders have data quality roles

• Need to understand definitions of quality.
• Need to have clear view of what is ‘fit for purpose’.
• Balance the needs of timeliness against accuracy.
• What is the consequence of error?
• What do data users expect?
HIMs and Clinical Coders have data quality roles

- Know intended use of data:
  - Health service planning
  - Patient safety and quality
  - Research/epidemiology
  - Funding
  - National reporting
- Know the definitions, rules, parameters etc
  - Data standards (NHDD, METeOR)
  - Clinical coding conventions and standards
  - Business rules (state governments)
HIMs and clinical coders have data quality roles

- Make sensible, informed decisions about management of data quality
- Develop processes and systems to ensure timeliness and completion
- Develop and maintain training environment
  - Clinical documentation
  - Coding skill
Impact of poor quality data

• Poor decisions
  • Funding model
  • Health service planning
  • Population health initiatives
  • Patient safety monitoring

• Professional reputation suffers
  • ‘the data are unreliable’
  • HIMs and Clinical coders not performing
How do we ensure quality clinical coding?

• Be aware of incentives and drivers from funding models
  – Do not sacrifice integrity of work for short term financial gains
  – Empower clinical coders with professional pride

• Education
  – Robust and constantly developing education programs
  – Ongoing professional development
  – Education of other stakeholders
How do we ensure quality clinical coding?

• Audit programs
  – Data analysis and systematic monitoring (PICQ)
  – Targeted checking of high risk records (internal hospital programs)
  – Clinical documentation audits
  – Whole of system recoding audits
Whole of system recoding audit programs: key components

1. Plan the program: (why, when and how much money have you got?)
2. Establish the methodology: (how)
3. Establish the audit team: (who)
4. Manage the program: (logistics)
5. Report on and react to findings: (strategic outcomes and directions)
Pitfalls for state-wide recoding audit programs

- Poor planning: creates chaos for the program
- Poor methodology: fails to achieve outcomes
- Underestimation of program complexity: more chaos!
- Underestimation of business complexity: integrity of program suffers
- Failure to develop audit team: more integrity issues
- Failure to plan for strategic response: wasted opportunity
Pitfalls for state-wide recoding audit programs

• Integrity is easily damaged
  – Flexibility is important
  – Commonsense approach needed
  – High levels of expertise needed in program management:
    – Political understanding
    – Business understanding
    – Project management skills
Planning

What do you want to achieve?

- Are you checking coding or are you monitoring the business?
  - Admission policy; Business rules; Adherence to data definitions, coding and other
- How will you collect your data?
- Who will manage the program?
- What is your time frame?
- How much money have you got for the program?
Methodology

What do you want to achieve?

- Statewide result or targeted at high risk areas?
- Statistically significant?
- How will you select hospitals?
- How will you select records?
- What are your instructions to auditors?
- What is your dispute resolution process?
Establish audit team

Identify potential auditors
  - experience; availability

Test for auditing competency
  - coding skill; audit skill

Train the team
  - software competency
  - behavioural expectations
  - data integrity and management
Logistic challenge

- Good project management skill
- Multiple audits at different stages of completion
- Multiple audit teams in the field at any one time
- Business understanding essential to complement project management
Report results

The final product!

- Data integrity and management essential
- Report formats to be agreed
- Quality control procedures to be determined
- Dissemination of results needs process and business rules
- Strategic response needs to be considered: what do you do about the results?
Contracted versus in house

**Contracted:**
- Higher level of integrity of program because it is arms length process
- Risk of inadequate business knowledge in contractors
- Need clear expectations, documented milestones etc
- Expensive

**In house**
- Easier to manage
- Harder to be seen to be independent
- Can get caught up in internal resource and priority issues
Victoria’s program

1993 - 2013

- 10 years of statewide audit programs
- 60 hospitals per year
- Approx 13000 acute episodes per year

Range of results measured in DRG change and WIES (NWAU) changes

- DRG change: 13% - 6%
- WIES change: 1.5% - 0.4%
Victoria’s program

• Ongoing audit program creates ‘audit expectation’
  – Contributes to data quality
• Constant challenge to manage
  – Differing expectations from hospitals, auditors, contractors, and department
Ideal data quality management of clinical coding

PICQ

Dedicated desk top analysis

Medical record review

Strategic response to findings
Final messages

• Big audit programs are:
  – Complex
  – Logistically difficult
  – Intellectually challenging

• Expanding audit environment
  – Emergency department
  – Sub acute admitted episodes
  – Mental health
  – Outpatient data
Final messages

• Success depends on:
  – Getting the methodology right
  – Building relationships
  – Clear expectations backed up by training and other support
  – Communication, communication, communication!