

110 Free Street, First Floor Portland, Maine 04101

(207) 771-2004 MaineHealthACO.org contactMHACO@mmc.org

# Ambulatory Clinical Documentation Improvement (aCDI) Toolkit for Primary Care

This toolkit is designed to provide a standard set of strategies and tools specific to help you improve care provided in the ambulatory environment. The toolkit has a three tiered approach that we believe provides a foundation for improvement work resulting in effective adoption and sustainability. These elements include:

- 1. <u>Infrastructure:</u> this first section focuses on the role of the care team and highlights how to prepare for upcoming appointments, optimize the role of team members, address equipment needs or medical record needs as well as how to regularly monitor your results;
- 2. <u>Competencies:</u> this section identifies what trainings are available to build clinical and content knowledge for all members of the care team and the patient population. Whenever possible hyperlinks to web based handouts, tools or webinars are included.
- 3. <u>Additional Resources:</u> We recognize that every team has different needs, and there are many resources available to browse and utilize as you see fit.

### **Need help implementing this Toolkit?**

The MaineHealth ACO Improvement team can assist you with strategies and workflows in support of ACO initiatives.

To learn more about what toolkits and Best Practice Frameworks are available or for improvement support please email us at

contactmhaco@mmc.org

and you will be connected with our aCDI Team!

# **Ambulatory Clinical Documentation Improvement** (aCDI)

## 1. Infrastructure:

□ Pre-Visit Planning/Huddle



✓ Pre-visit check list



Example of huddle tool

□ Define Care Team Roles



✓ Sample workflow

□ EMR Tool / Documentation Tools



✓ HCC Reference Guides & "Cheat Sheets"



EPIC BPA enhancements (if applicable)

□ Regularly Measure Results (Sustainability)



\_\_ HCC / Coding Gap Reports (via Arcadia or EPIC)

KPI examples for performance improvement

## **Huddle Sheet**

- What can we proactively anticipate and plan for in our work day/week? At the beginning of the day, hold a review of the day, review of the coming week and review of the next week. Frequency of daily review is dependent on the situation, but a mid-day review is also helpful.
- This worksheet can be modified to add more detail to the content and purpose of the huddles.

Huddle Sheet					
Practice: Date:					
Aim: Enable the practice to proactively anticipate and plan actions based on patient need and available resources, and contingency planning.					
Follow-ups from Yesterday					
"Heads up" for Today: (include review for orders, labs, etc.; special patient needs, sick					
calls, staff flexibility, contingency plans)  Meetings:					
Opportunity to note 'coding gaps' here					
Review of Tomorrow and Proactive Planning					
Opportunity to note 'coding gaps' here					

# **Pre-Visit Planning Checklist**

Patient:	Reason for Appt:	Appt Time:
Adult Prevention: Gap(s) in Care or BMI (ht & wt) Blood Pressure (if >140/90) pull Falls Risk (65+) Pneumococcal Flu Shot TDaP Tobacco Use/Counsel/Referral to Depression Screen Pap Smear DEXA Scan Colon Cancer Screen (50-75) Breast Cancer Screen (50-75) Outside Reports / Tests Advance Directive Outstanding Testing Hospital Admissions/ED Visits	l last 3 BP	Diabetic: Gap(s) in Care or Due Soon:  HgbA1c Tobacco Use/Counsel/Referral to MTHL Micro albumin Outside Reports / Tests Eye Exam Foot Exam Depression Screen LDL Outstanding Testing Hospital Admissions/ED Visits  Also review Preventive Care Gaps!
NOTES: current coding gaps?		NOTES: current coding gaps?
Cardiovascular Disease: Gap(s) in Ca  □ Blood Pressure □ IVD / Aspirin □ HTN □ HF / Beta Blocker □ LDL □ Outside Reports / Tests □ Outstanding Testing □ Hospital Admissions/ED Visits	are or Due Soon:  (Care Gaps!	Controlled Substance: Gap(s) in Care or Due Soon:  ☐ Controlled Substance Agreement  ☐ UTOX ☐ PMP ☐ Outstanding Testing ☐ Hospital Admissions/ED Visits
NOTES: current coding gaps?		NOTES: current coding gaps?
Pediatric Prevention: Gap(s) in Care  □ BMI (ht & wt) □ 5-2-1-0 □ Immunizations □ Tobacco Use/Exposure/Counsel, □ Blood Pressure □ Depression Screening □ MCHAT/ASQ □ Outside Reports / Tests □ Outstanding Testing □ Hospital Admissions/ED Visits  NOTES: current coding gaps?		Pediatric Asthma: Gap(s) in Care or Due Soon:  Severity Controller Med Action Plan Lung Function Test Tobacco Use/Counsel/Referral to MTHL ACT Outside Reports / Tests BMI (ht & wt) Outstanding Testing Hospital Admissions/ED Visits
Room Set Up Needs/General Notes	:	

### to payer for processing Submit claim -YES-▶ documentation Amend chart / note to reflect 9 Wrap-up / Post-visit documentation requirements? Did the meet Close note with as appropriate instructions follow up appropriateness aCDI / HCC Coding Gaps - Primary Care Workflow Review note for documentation completeness / Wellness visit?, Schedule Next Appointment YES-(? Potential follow-up) Were all gaps during visit? closed 2 proceed accordingly with gaps during Note (review) gaps Review patients prior to or during patient visit, meetings huddles/ Pre-visit / During Visit YES—pappointment or visit Note gaps on huddles/ meetings with gaps during Review patients schedule new appointment Outreach to patient to upcoming appointment? "who" will do "what", by "when" during Does patient Once determined, teams can move on have an Care Teams are encouraged to decide 9 to the Pre-Visit / Visit activities. Staffing models vary. team meetings. Pre Meeting/ Meeting Validate Review \*see recommendations Data Receive Gap Report Edit Sort / Filter Meetings During Team Review (Gaps) Data Other Other Pop Health Staff Other Pop Health Staff **Schedulers** Clinical Coordinator Coder Manager Provider PSR Medical Assistant Quality Staff ВИ

# KPI Example:

# Measure and Celebrate Success

Project Descrip	Overall Progress:		
Accurate of our pa	ly represent the complexity tients		100% 75% 50% 25%
	Project Milestones		
Milestone	Measures of Success	Date Due	% Complete
	Utilize EPIC HCC Tools during patient charting	4/25/2020	
	Work HCC Gap Reports with Staff and Providers	4/25/2020	
	Optimize Patient Problem Lists	4/25/2020	10° 10°

# Don't forget to celebrate!

- Celebrate your hard work
- Celebrate improved patient care and experience
- Celebrate increased reimbursement

Mainel-lealth
Accountable Care
Organization

# 2. Clinical Competencies:

□ Provider

✓ Training: Three Simple Ways to Improve Clinical Documentation

https://mainehealthaco.org/CDI

✓ Care Team Roles – Provider

https://mainehealth.org/-/media/elder-services/awv/rolesteambasedcaremodel.pdf?la=en

□ Staff

aCDI Webinars and Training:

https://mainehealthaco.org/CDI ("Clinical Documentation Improvement" section)

The Impact of Documentation on Patient Care (contact MHACO Improvement Advisor to schedule)

□ Build Staff Training Into Annual Competencies / Staff Orientation

### 2. Additional Resources:

- ✓ Coding Cards for Primary and Specialty Care

  (for the most up-to-date ICD10 codes and quidelines, always refer to your latest ICD10 Coding book)
- ✓ Documentation Quick Guide: "MEAT" and "LOST"

  Found on each Coding Card, and provide knowledge around what meets coding and documentation guidelines
- ✓ Top 10 Coding Conditions opportunities for high impact improvement
- ✓ Coding Cards for Primary and Specialty Care

  (for the most up-to-date ICD10 codes and guidelines, always refer to your latest ICD10 Coding book)
- ✓ Recommendations for Filtering / sorting Gap Reports (contact your MHACO Improvement Advisor)
- ✓ AAFP Article "Its Time To Go Rafing" (Adler, Kenneth MD. Fam Pract Manag. 2018 Mar-Apr;25(2):5.

https://www.aafp.org/fpm/2018/0300/p5.html

# MHACO Top 10 Conditions\*\*

Some of the top Hierarchical conditions (HCC\*) weighted by prevalence that is suggested to focus on could

6. Rheumatoid Arthritis	7. Major Depression	8. Metastatic Cancers	9. Morbid Obesity	10. Amputations
1. DM with Comp	2. Specified Heart Arrhythmias	3. COPD	4. Vascular Disease	5. CHF

\*HCC - Hierarchical Condition Categories, CMS identified 79 Categories of medical conditions that map to a corresponding group of 9,500 ICD-10 diagnosis codes, pertains to ambulatory care and inpatient care. \*\* National Association of ACOs (NAACOS) suggest focusing on top 9 HCCs by weighted prevalence- MHACO has been following these HCCs and have added amputations.

