

Ambulatory Clinical Documentation Improvement (aCDI)

Specialty Practice Toolkit

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. **Infrastructure**: 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. **Competencies**: 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. **Additional Resources**: 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) *Specialty****

1. Infrastructure:

☐ Pre-Visit Planning/Huddle

- ☒ Pre-visit check list
- ☒ Example of huddle tool

☐ Define Care Team Roles

- ☒ Sample workflow

☐ EMR Tool / Documentation Tools

- ☐ Risk Adjustment Documentation Guide
- ☒ 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: _____

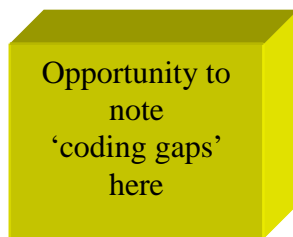
Date: _____

Aim: Enable the practice to proactively anticipate and plan actions based on patient need and available resources, and contingency planning.

Follow-ups from Yesterday

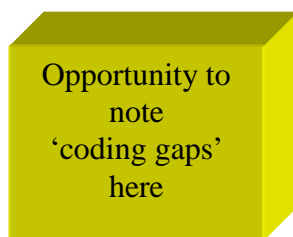
“Heads up” for Today: (include review for orders, labs, etc.; special patient needs, sick calls, staff flexibility, contingency plans)

Meetings:



Review of Tomorrow and Proactive Planning

Meetings:

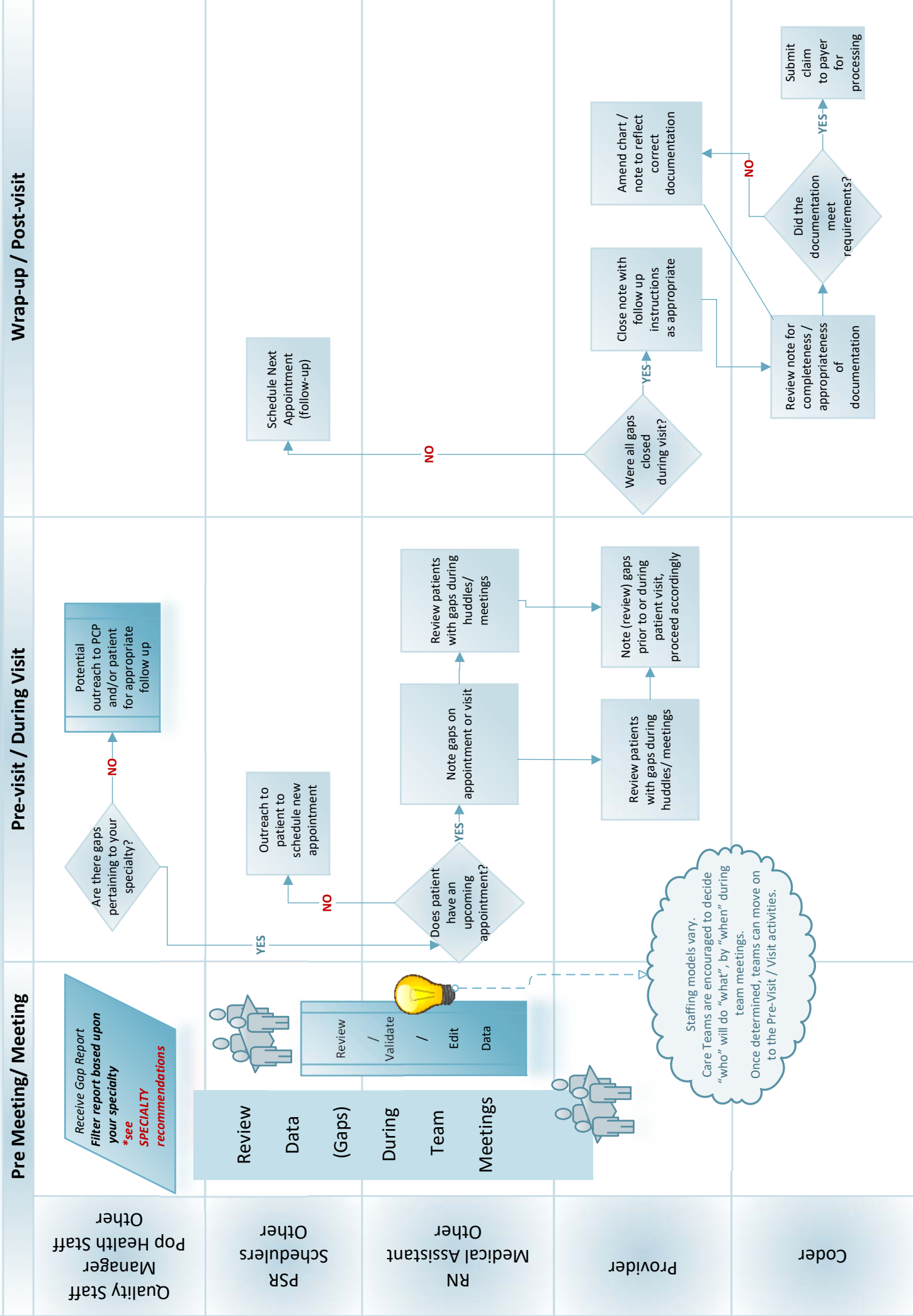


Pre-Visit Planning Checklist

Patient: _____ Reason for Appt: _____ Appt Time: _____





<p>Adult Prevention: <i>Gap(s) in Care or Due Soon:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> BMI (ht & wt) <input type="checkbox"/> Blood Pressure (if >140/90) pull last 3 BP <input type="checkbox"/> Falls Risk (65+) <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Flu Shot <input type="checkbox"/> Tdap <input type="checkbox"/> Tobacco Use/Counsel/Referral to MTHL <input type="checkbox"/> Depression Screen <input type="checkbox"/> Pap Smear <input type="checkbox"/> DEXA Scan <input type="checkbox"/> Colon Cancer Screen (50-75) <input type="checkbox"/> Breast Cancer Screen (50-75) <input type="checkbox"/> Outside Reports / Tests <input type="checkbox"/> Advance Directive <input type="checkbox"/> Outstanding Testing <input type="checkbox"/> Hospital Admissions/ED Visits <p>NOTES: <i>current coding gaps?</i></p>	<p>Diabetic: <i>Gap(s) in Care or Due Soon:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> HgbA1c <input type="checkbox"/> Tobacco Use/Counsel/Referral to MTHL <input type="checkbox"/> Micro albumin <input type="checkbox"/> Outside Reports / Tests <input type="checkbox"/> Eye Exam <input type="checkbox"/> Foot Exam <input type="checkbox"/> Depression Screen <input type="checkbox"/> LDL <input type="checkbox"/> Outstanding Testing <input type="checkbox"/> Hospital Admissions/ED Visits <p>NOTES: <i>current coding gaps?</i></p> <p style="text-align: right;"><i>Also review Preventive Care Gaps!</i></p>
<p>Cardiovascular Disease: <i>Gap(s) in Care or Due Soon:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood Pressure <input type="checkbox"/> IVD / Aspirin <input type="checkbox"/> HTN <input type="checkbox"/> HF / Beta Blocker <input type="checkbox"/> LDL <input type="checkbox"/> Outside Reports / Tests <input type="checkbox"/> Outstanding Testing <input type="checkbox"/> Hospital Admissions/ED Visits <p>NOTES: <i>current coding gaps?</i></p> <p style="text-align: right;"><i>Also review Preventive Care Gaps!</i></p>	<p>Controlled Substance: <i>Gap(s) in Care or Due Soon:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Controlled Substance Agreement <input type="checkbox"/> UTOX <input type="checkbox"/> PMP <input type="checkbox"/> Outstanding Testing <input type="checkbox"/> Hospital Admissions/ED Visits <p>NOTES: <i>current coding gaps?</i></p>
<p>Pediatric Prevention: <i>Gap(s) in Care or Due Soon:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> BMI (ht & wt) <input type="checkbox"/> 5-2-1-0 <input type="checkbox"/> Immunizations <input type="checkbox"/> Tobacco Use/Exposure/Counsel/Referral to MTHL <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Depression Screening <input type="checkbox"/> MCHAT/ASQ <input type="checkbox"/> Outside Reports / Tests <input type="checkbox"/> Outstanding Testing <input type="checkbox"/> Hospital Admissions/ED Visits <p>NOTES: <i>current coding gaps?</i></p>	<p>Pediatric Asthma: <i>Gap(s) in Care or Due Soon:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Severity <input type="checkbox"/> Controller Med <input type="checkbox"/> Action Plan <input type="checkbox"/> Lung Function Test <input type="checkbox"/> Tobacco Use/Counsel/Referral to MTHL <input type="checkbox"/> ACT <input type="checkbox"/> Outside Reports / Tests <input type="checkbox"/> BMI (ht & wt) <input type="checkbox"/> Outstanding Testing <input type="checkbox"/> Hospital Admissions/ED Visits <p>NOTES: <i>current coding gaps?</i></p>
<p>Room Set Up Needs/General Notes:</p>	

aCDI / HCC Coding Gaps Specialty Practice Workflow



KPI Example:

Measure and Celebrate Success


Project Description:			Overall Progress:
Accurately represent the complexity of our patients			
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	


Don't forget to celebrate!

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


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

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

-  aCDI Webinars and Training:
mainehealthaco.org/CDI
("Clinical Documentation Improvement" section)

☐ Build Staff Training Into Annual Competencies / Staff Orientation

2. Additional Resources:

- ✓ Coding “Quick Reference” Cards for Primary and Specialty Care
(for the most up-to-date ICD10 codes and guidelines, 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
- ✓ Payer Incentive Resources (contact MHACO Networking Dept)
- ✓ Recommendations for Filtering Gap Reports (contact MHACO)
- ✓ 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 include:

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

*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.

RECOMMENDATIONS FOR FILTERING/SORTING YOUR aCDI Report

When you receive a Coding Gap Report, which includes information from claims data showing patient conditions that have not been coded (documented) during a visit in 2019. You will want to validate the information against your EMR. Here are some recommendations for making the list workable:

1. **Sort/Filter** by

- a. **PRACTICE**, then
- b. **PROVIDER**, then
- c. **UNCODED RAF** (Largest to Smallest)

This allows you to break up the report, distribute to other members of the team

OPTIONAL - Additional Filters to consider:

CONDITIONS

- DM with Comp
- Specified Heart Arrhythmias
- COPD
- Vascular Disease
- CHF
- Rheumatoid Arthritis
- Major Depression
- Metastatic Cancers
- Morbid Obesity
- Amputations

Or **CONDITION CATEGORIES**

- Amputation
- Diabetes
- Heart
- Lung
- Metabolic
- Neoplasm
- Psychiatric
- Vascular

2. **Validate** through your EMR

- a. Is the patient deceased?*
- b. Is the patient Active
- c. Have they had a recent visit where codes were captured?

NOTES:

- **PHYSICIAN = HOSPITAL NPI:** These patients will need to be validated in your EMR as a first step; if you find a PCP is assigned in your EMR, replace PHYSICIAN field with that PCP's name
- **PHYSICIAN = SPECIALIST:**
- **TROUBLE SCROLLING** through your workbook? Go to VIEW → FREEZE PANES → UNFREEZE PANE

REPORT DEFINITIONS

Data Source
Report pulled from Arcadia (back end) by MHACO data team - Claims data only
*We have done our best to remove deceased patients from the report; please note however, this information is not always captured on claims in a timely manner.

We've highlighted (below) fields you may choose to hide when sharing with provider, to simplify info:

Column	Definition
Region	Community the patient has been attributed to (according to Health Plan)
Practice	Name of Practice
Provider	Provider patient is attributed to (according to Health Plan)
Name	Demographics
DOB	
Age	
Sex	
Uncoded Conditions	Any Condition that has not been coded in current performance year
Uncoded RAF	Total Risk score for all UNCODED Diagnoses
Last PCP Visit	Last visit per claims data
HCC	HCC Category of Uncoded Condition
DX Code	Diagnoses Code that has not been recaptured for current performance year
Condition Category	HCC Category name
Condition	HCC Category Description
Uncoded DX Risk Score	Risk score for Uncoded DX code
PlanPayer	Patients Insurance Carrier
Riskeventprovidername	Provider who last billed the DX Code
riskeventdate	Date of Service DX code was last billed
HCC	Hierarchical Condition Categories
RAF	Risk Adjustment Factor (Risk Score)

Ambulatory Clinical Documentation Improvement (aCDI) is a way for your Physicians to accurately reflect their patients' acuity.

RECOMMENDED TALKING POINTS: Why is this important?

- **Patient:** Accurately reflecting the patient's acuity will open up value added benefits for your patient with their insurance company.
- **Care Team:** Accurate documentation assists the care team with pre-visit planning, identify quality gaps to close, and prior authorization process is improved as notes are accurate meaning approval vs. denial and rework.
- **Physician:** Contractual benchmarks will be attainable as insurance companies will look at claims data to set cost and utilization benchmarks. Additionally, improving clinical documentation increases the practices shared savings opportunity.