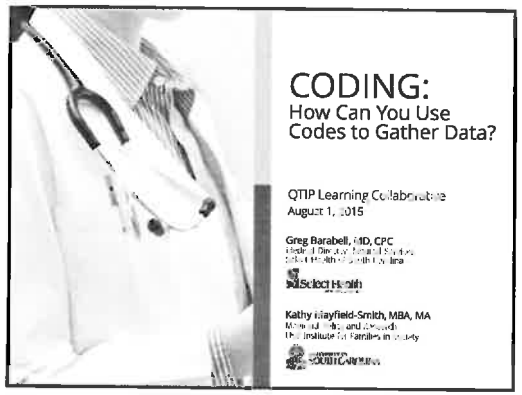
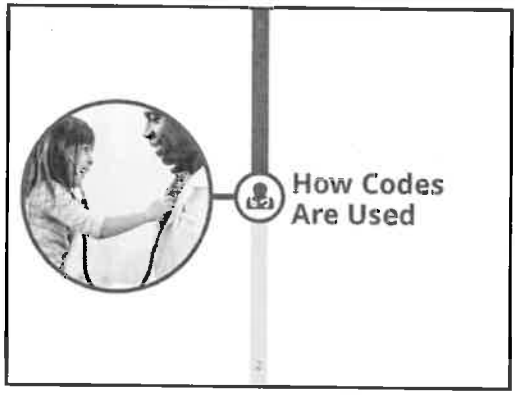


CODING:
How Can You Use Codes to Gather Data?

QTIP Learning Collaborative
August 1, 2015

Greg Barabell, MD, CPC
Select Health

Kathy Mayfield-Smith, MBA, MA
The Institute for Families in Society



How Codes Are Used

How Do You Use Codes Now?

- Medical Records (EHR)
- Billing (Claims/ Encounters)
- Quality of Care

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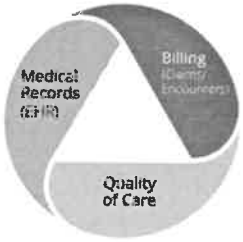
Using Codes to Measure Performance



HEDIS/CHIPRA Core Quality Measures rely on codes (Procedures, ICD-9, ICD-10 etc.)

Consistency is key.

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Codes Impact Performance at All Levels

- Practice Level
  - PDSA cycles and EMR Reports
  - Senior Leader Reports
- Health Plan – MCO Level
  - Managed Care Report Cards
- State Medicaid Level

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HEDIS MEASURES DEFINITIONS

Well Child 0 – 15 months - QTIP

- # of children 18-23 months of age who were seen during the measurement year who had 6 or more well child visits
- # of children 18-23 months of age seen during the measurement year who were assessed for oral health risk or had at least one fluoride varnish

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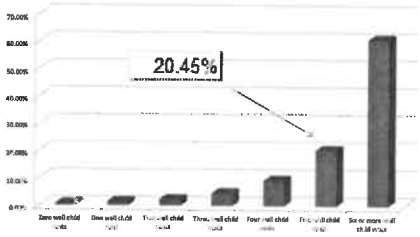
Well Child 0 – 15 months - HEDIS



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Well Child 3 – 6 years - QTIP

- # of children 3 to 6 years of age recently seen who had one or more well-care visits with a primary care practitioner (PCP) during the measurement year
- # children 3 to 6 years of age recently seen who had documented discussion about diet or weight in the chart

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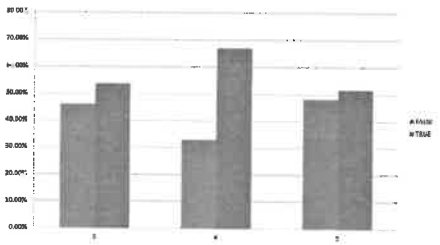
Well Child 3 – 6 years - HEDIS



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ADHD - HEDIS

- Intake - The 12-month window starting March 1 of the year prior to the measurement year and ending February 28 of the measurement year
- Negative Medication History - A period of 120 days (4 months) prior to the IPSD when the member had no ADHD medications dispensed for either new or refill prescriptions.
- Continuous Medication - The number of medication treatment days during the 10-month follow-up period must be ≥210 days (i.e., 300 treatment days - 90 gap days).

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ADHD - HEDIS

Column1	Denominator	Numerator %
Initiation	3893	41%
Continuation	824	57%

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ADHD - QTIP

- Percentage of newly diagnosed ADHD patients 6–12 years of age who had a follow-up visit within 30 days of when the first ADHD medication was dispensed
- Percentage of patients 6–12 years of age diagnosed with ADHD who have had at least 3 f/u within a ten month period
- Percentage of children with newly prescribed stimulants with a diagnosis of ADHD who have a standardized instrument such as Vanderbilt or Connors recorded in their chart

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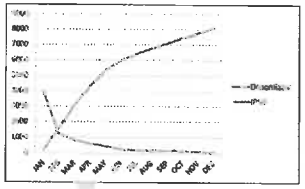
Asthma MMA – 2 Year Criteria

1) At least one ED visit with asthma as the principal diagnosis
2) At least one acute inpatient claim/encounter with asthma as the principal diagnosis
3) At least four outpatient asthma visits on different dates of service, with asthma as one of the listed diagnoses and at least two asthma medication dispensing events
4) At least four asthma medication dispensing events



CHIPRA Asthma Measures

- Severity Classification
- Controller Prescription
- Asthma Action Plan
- Asthma Control Test / Spirometery / Peak Flow
- Flu Shots

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Report Resources

External Reporting Resources

- Working with Managed Care Organizations
- Institute for Families in Society during grant extension

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QTIP Lessons Learned

Coding and Performance Measurement

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Barriers to Coding for Quality

- Payer billing guidelines may differ
- Changes to physicians' coding
  - Practice billing staff
  - Larger health systems (centralized billing)
- EMR system
  - EMR systems inability to track pediatric measures
  - QTIP challenges in extracting the data for HIE

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QTIP Strategies for Success

- QI, including coding, is a TEAM sport.
  - Physicians, Nurses, and Office Staff
- Communicating changes in reimbursement policy to billing staff
- 50% of QTIP11 practices implemented changes in coding (billing and EMR).

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Lessons Learned

- QTIP practices, as a group, perform higher than the state on most Core measures.
- QTIP practices are influencing performance improvement in the state.
- Quality improvement at the practice level is critical to measurable change for the state.

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Questions? Get in touch.

Dr. Greg Barabell
gbarabell@selecthealthoisc.com
(o) 843-569-4646
(c) 845-641-6967

Kathy Mayfield-Smith
kimayfie@mpr.sc.edu
803-777-0930

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