



Documentation, Lessons Learned, When is Enough Enough?

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Disclosure

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My Disclosure

**Accreditation for
Cardiovascular Excellence**

“ACE”

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ACE

Accreditation for Cardiovascular Excellence



Carotid Artery
Stenting
(CAS)



Cardiac
Catheterization
(CC)



Percutaneous
Coronary
Intervention
(PCI)



Peripheral
Vascular
Intervention
(PVI)



Outline

Why ?

What ?

Where ?

How to Implement ?



WHY ?

**Proactive
PROTECTION
For Everyone !!!!!!!!!**







Public Reporting

There are now > 85 different entities issuing public reports

- Federal and State Government
 - HospitalCompare, PhysicianCompare, NY State PCI database, MASSDAC
- Private / commercial entities (Leapfrog, HealthGrades, Thomson-Reuters, US News & World Reports)
- Insurance companies
- Others: Angie's List, www.rateMDs.com



What are Auditors Looking for?

Medical necessity: looking for justification for service rendered based on documentation.

Appropriate setting: looking for justification for in-patient care based on documentation.

Appropriateness measured against existing standards in the local, regional or national environment, and which are supported by medical literature.



Major Cause of Improper Payment

Physician orders missing

Illegible/missing signatures

National policy or Local policy requirements not met

The medical record does not support medical necessity/
AUC.



Best Protection ?



Let's Discuss

One Type of Documentation



Structured Standardization

**Structured Report includes key components
each time individualized for the patient.**

Not cut and paste !!!!!

**Best Practice is a CCL Stand Alone Report
which**

Includes AUC.

**The only connection between coders, payors,
regulators, and practitioners =
documentation**



Include H&P IN CCL REPORT

Admitting H&P: justify procedure and setting:

- **State clearly indications for cath and/or PCI.**
- **“Chest Pain”, “Angina”, “Unstable angina” are not**

enough – also must reference EKG, stress test, biomarker, other supporting data.

- **List all relevant co-morbidities.**
- **Do not write “see old chart.”**
- **No ‘cut-and-paste.’**



Does Your Program admit all PCIs?

“Automatic” admission of PCI patients ($\approx 100\%$ patients) to the inpatient setting after PCI is a **red flag.**

Factors influencing determination:

- **Presentation (elective, urgent, or emergency).**
 - **Patient-related factors (co-morbidities).**
- **Procedure-related factors (complications and complexities).**



Educate Your Team







You Have Access to Great Tools


SCAI-QIT Appropriate Use Criteria App - Google Chrome

scaiaucapp.org/auc_welcome

Apps iCloud Upload files to ... Sign In LinkedIn Welcome to Fa... Cisco WebEx W... Home Accredit... Imported From IE Login Other bookmarks

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Learn more about the SCAI Quality Improvement Toolkit

SCAI-QIT Appropriate Use Criteria App for Diagnostic Catheterization and Coronary Revascularization

Download SCAI's Quality Improvement Toolkit (SCAI-QIT) Appropriate Use Criteria (AUC) App for Diagnostic Catheterization and Coronary Revascularization to join the interventional and invasive cardiology community in tackling continuous quality improvement (CQI) in the cardiac cath lab and implement the SCAI's Quality Improvement Toolkit in your practice.



Access the AUC App for Diagnostic Catheterization and Coronary Revascularization



Health Policy Statement

Acrobat File Edit View Window Help

Health Policy CCL Reporting copy.pdf

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HEALTH POLICY STATEMENT

ACC/AHA/SCAI 2014 Health Policy Statement on Structured Reporting for the Cardiac Catheterization Laboratory

A Report of the American College of Cardiology Clinical Quality Committee
*Developed in Collaboration With the American Association for Critical-Care Nurses,
Asian Pacific Society of Cardiology, Canadian Cardiovascular Society, Health Level Seven International,
Inter-American Society of Cardiology, Integrating the Healthcare Enterprise,
Society of Thoracic Surgeons, and Society for Vascular Surgery*

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Free Resources

Health Policy Statement

- www.cvexcel.org
- www.scai-qit.org



Just Do it..... NOW !

Discuss Health Policy Document

–Include your billers/coders

Make Your Template

–Implement with a PDCA Follow-up q 6 Months Audit / Peer Review.



**ONE BAD ACTOR
WILL TAKE DOWN
YOUR PROGRAM !!!!!**





Review

**Why ? Right Thing, Job Security,
Proactive, Customers**

What is Structured Reporting?

- Key Components – Individualized for the Patient
 - Stand Alone Document with AUC

Where ?

- Resource Document/Health Policy Statement 2014
- ACE
- SCAI
- ACC

**How to Implement ? Just do it
Now !!**



Thank You !

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Reference

**J Am Coll
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