EMPOWERING PEOPLE TO IMPACT HEALTH

ONC Intersection of Clinical and Administrative Data Task Force

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Agenda

- Overview of AHIMA
- Overview of Trinity Health
- Operational Picture

Empowering People to Impact Health

A world where **trusted information transforms health and healthcare** by connecting people, systems, and ideas

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Health Information is Human Information

- AHIMA-certified professionals hold an intimate relationship with health information. While our patients don't often see us, we see our patients in a way no other healthcare professional does.

- We see the person connected to the data, ensuring their information stays human—because when information stays human, it stays relevant.

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AHIMA's Role in Coding

- One of the designated Cooperating Parties for ICD-10 Coding guidance

  - With CMS, National Center for Health Statistics, and the American Hospital Association

- Participation in a variety of coding usage and standardization activities in the US and internationally

- Preeminent source of coding education and professional education

- Standards of Ethical Coding

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Trinity Health's 22-state diversified system today

$19.3B In Revenue

1.5M Attributed Lives

$1.1B Community Benefit Ministry

125K Colleagues

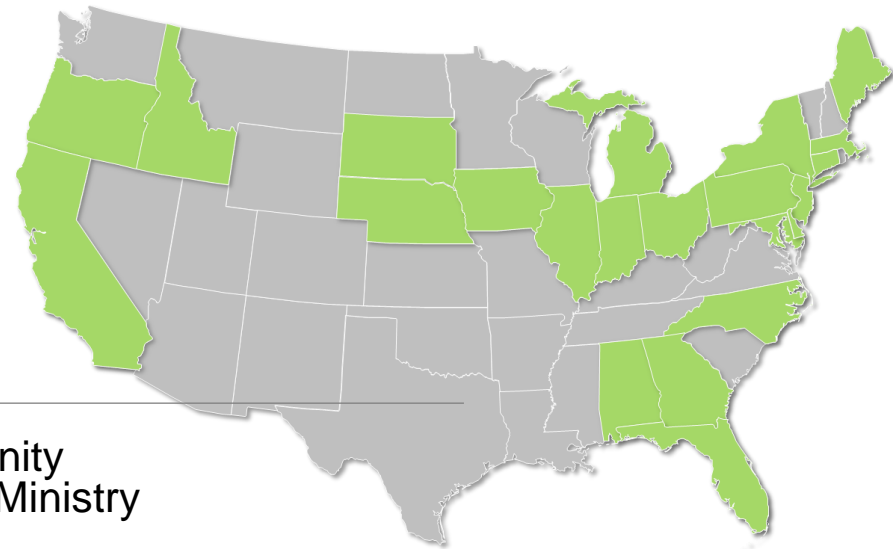**7.5K** Employed Physicians & Clinicians

27.5K Affiliated Physicians

92 Hospitals* in 22 states

18 Clinically Integrated Networks

13 PACE Center Locations

106 Continuing Care Locations

*Owned, managed or in JOAs or JVs.

Trinity Health

Our **Mission**

We, Trinity Health, serve together in the spirit of the Gospel as a **compassionate and transforming healing presence** within our communities.

Our **Core Values**

Reverence

Commitment to Those Who are Poor

Safety

Justice

Stewardship

Integrity

Our **Vision**

As a mission-driven innovative health organization, we will become **the national leader in improving the health of our communities and each person we serve**. We will be the **most trusted health partner for life**.

Trinity Health

Health Models are Changing

- Consumers increasingly access, generate and direct sharing of their data

- Move from fee-for-service to value-based care to outcomes requires combining revenue cycle and quality data (eCQMs)

- Increased use of clinical decision support, machine learning

Clinical Documentation Integrity

Clinical documentation is at the core of every patient encounter. In order to be meaningful it must be accurate, timely, and reflect the scope of services provided. Clinical documentation integrity involves:

- Accurate and complete representation of a patient's clinical status that translates into coded data

- Coded data translated into quality reporting, physician report cards, reimbursement, public health data, and disease tracking and trending.

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Trigger Events for Sharing Clinical Data with Payers

Prior Authorization

- Eligibility and benefits checks
- Clinical data demonstrating need for:
  - Outpatient medications, procedures
  - Inpatient authorization
  - Observation status
  - Discharge to post acute care, rehab, behavioral health
  - Discharge with DME, medications, therapy

Concurrent Review

- Utilization review
- Case management
- Patient acuity
- Length of stay
- Inpatient treatments

Post-discharge Processes

- Claim submission, resubmission(s), adjudication
- Medical necessity reviews
- Code assignment and DRG reviews
- Recovery audit contractors
- Bulk record requests in support of payer operations, such as Medicare Advantage risk-adjustment and quality measures

privacy and security | accuracy |accessibility | integrity | appropriate disclosure

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Content and Format of Request

- Content is generally payer driven
    - Information needed can vary by trigger event
    - Lack of clarity about what documentation is needed
    - May vary by plan, as well as payer
    - Rules change over time, without notice

- Formats include paper/fax, sending a CD, uploading information to a portal, using an automated HIPAA transaction (revenue cycle), or providing direct electronic access to a subset of records.
    - May use multiple formats for a single patient stay/encounter
    - EHRs vary in presentation of the record
    - Frequently involves multiple back-and-forth exchanges

- Phone calls may also be needed to check status and address questions

- Bulk record requests to support payer operations are increasing in frequency and scope
    - Inpatient and outpatient care
    - Full record requested
    - Same payer may request record for same patient multiple times

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Automation Is Only One Aspect

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Issues Beyond Automation

- Lack of standardization for business process

- Operational issues

- Technical issues

- Implications for workforce

- Alignment and accuracy of vocabulary standards themselves

    - Mapping

- Data integrity

- Privacy

- Trust and representation

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