

Methodist Medical Center uses 3M™ APR DRGs to more accurately reflect the patient population in its quality reporting data

3M CUSTOMER PROFILE: METHODIST MEDICAL CENTER, OAK RIDGE, TENNESSEE

One of five hospitals in the Knoxville, Tennessee-based Covenant Health system, **Methodist** is a 301-bed acute care facility with a staff that includes more than 175 physicians representing 30 medical/surgical specialties. Quality has been a priority at Methodist for many years, and the facility has been recognized for high-quality service on both state and national levels. It is the first and only hospital to receive the *Tennessee Quality Governor's Award*, the state's highest award for quality.

GOOD DATA HELPS BRING A COMPETITIVE ADVANTAGE

"Ah-ha" moments don't happen often, but one such moment in 2004 was important to Methodist. *Kyra Brown*, program manager of Documentation and Coding Outcomes, had been confused by the disconnect she saw between the hospital's sick patient population and its publicly reported data. Suddenly, she understood why.

"It's very important that our data truly represents our hospital and the services we provide," says Brown. "With more than 12 hospitals in close proximity, the greater Knoxville population has many options for healthcare services. Data that accurately represents Methodist's quality of care would help give us a competitive advantage.

"All of our quality data is very public," she adds. "We're one of the first hospital systems in the nation to report quality data publicly on the Internet, and our website is even advertised on television."

PINPOINTING THE DATA PROBLEM

Brown acts as a liaison between Methodist's medical staff and coding personnel and is the "go-to person" for coding questions. She is also responsible for educating physicians on complete and accurate documentation and performing audits on patient records. It was during the auditing process a few years ago that she first used **3M™ APR DRG Software** to examine risk of mortality in patient data.

At the time, Covenant Health System's Decision Support organization used the 3M APR DRG Software to generate back-end statistical data on severity of illness and risk of mortality for its hospitals. Methodist's coders used the **3M™ Coding and Reimbursement System**, but did not have access to 3M APR DRGs.

"I had the big red books," Brown says. "I used all three books to determine severity of illness, risk of mortality, and where we were lacking in the documentation." Brown eventually received permission from the Decision Support organization to use the 3M APR DRG Software for her auditing. Initially, she looked at specialty areas such as cardiovascular surgery. These specialized audits became the first step on Methodist's path to more accurate data overall.

"That's where our whole system started," Brown says. "In 2004, I attended a 3M User's Group Conference and was really perplexed about our data reporting. Our numbers didn't support how sick our patients were. I knew something was missing, but I couldn't figure out what it was." That's when Brown experienced her "ah-ha" moment, and she saw the missing piece.

"Decision Support was looking at everything that was coded, but the data reported at MedPar included only nine diagnoses and six procedures. If we didn't get the high severity and the high risk-of-mortality diagnoses in that top nine, our data was not being looked at as 'apples to apples.'"

"Because I had the book knowledge, I could educate our coders on the methodology and say, 'Make sure these diagnoses get in the top nine.' When Covenant's Decision Support group ran the numbers, it could see the difference. Methodist's mortality numbers had gone down."

— *Kyra Brown*, program manager, Documentation and Coding Outcomes, Methodist Medical Center

“Decision Support was looking at everything that was coded, but the data reported at MedPar [Medicare Provider Analysis and Review] included only nine diagnoses and six procedures,” she says. “If we didn’t get the high severity and the high risk-of-mortality diagnoses in that top nine, our data was not being looked at as ‘apples to apples.’”

“We could look at everything as a company because we had all the codes, and we had the 3M™ APR DRGs in Decision Support. But if our coders didn’t have access to the methodology, then our data was obviously lacking,” Brown explains. “We could look really good with 30 codes, but if certain codes were not hitting the nine that go on the bill, a patient’s true severity of illness and risk of mortality were not being expressed in the data.”

PUTTING THE RIGHT SYSTEM IN PLACE

“Our administrators knew the effects of my work,” Brown says. “I was using the books and then the standalone software, educating the physicians on documentation issues, and working with the coders to make sure that we recognized what the physicians were documenting.”

With Methodist leading the way, all five Covenant hospitals formed a committee whose goal was to convince corporate leaders that coders should use the 3M™ APR DRG Software.

“Because I had the book knowledge, I could educate our coders on the methodology and say, ‘Make sure these diagnoses get in the top nine,’” Brown notes. “When Covenant’s Decision Support group ran the numbers, it could see the difference. Methodist’s mortality numbers had gone down.

“In Covenant Health’s internal ‘number-crunching’ system, a mortality number higher than 1.0 means a patient was not sick enough to die, so a high number is undesirable if the patient did indeed die,” she explains. “We wanted to decrease the actual mortality number assigned to a patient.

“A lower number shows that we are reflecting that the patient is sick enough to die. It takes an acute diagnosis to reflect that fact. A number lower than the target of 1.0 is fantastic and our numbers are now half of that,” Brown adds. “We know our patients are sick, but if the diagnoses are not documented and the coders are not coding them, the true situation will not be reflected in our statistics.”

Covenant Health recognized the benefits of using 3M APR DRGs. Now all coders in the system use the methodology.



Health Information Systems

Division Headquarters
575 West Murray Boulevard
Salt Lake City, UT 84123
800-367-2447
www.3Mhis.com

Clinical Research Department
100 Barnes Road
Wallingford, CT 06492

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Consulting Services
100 Ashford Center North, Suite 200
Atlanta, GA 30338

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REALIZING EASY IMPLEMENTATION

Brown educated coders on the methodology when she alone had the product. When coders gained access to the software, Brown performed all the training with no outside assistance.

“Our coding staff was extremely excited to get it,” says Brown. “Through the Covenant coding resource group all of our facilities had heard me talk about 3M APR DRGs, and they knew about the positive impact it was having at Methodist before we even got the system. I don’t think the other facilities had any problem implementing it.”

A facility does not have to go through a drastic learning curve when initiating this product, according to Brown. “The coders have the education. The software is merely a tool that enables them to put all the pieces together. As a result, they can look at how each piece of the data works together to more accurately reflect severity and mortality.”

Physician acceptance was another part of the implementation. At Methodist, the clinical staff was already familiar with 3M APR DRGs through Brown’s audits, and physicians quickly came on-board to learn to document based on the new methodology.

“In the past, physicians would write ‘multi-system organ failure,’ which means the body’s shutting down,” says Brown. “But I can’t code that. I need to know which organs are shutting down. Or a patient might be admitted to the hospital for one reason and have other chronic conditions. The physician would write down ‘history of chronic conditions,’ but if the patient was being treated for those conditions, they had to be specifically documented.”

Using 3M APR DRGs, Brown helped physicians understand how important specificity is in the documentation process. As physicians became more educated on how to improve their documentation, using the 3M APR DRG methodology also helped Brown improve her already good communications with the hospital’s doctors.

“It helped me understand what I needed and that enabled me to be a little more educated in working with the physicians,” concludes Brown.

TO LEARN MORE

Developed by **3M Health Information Systems**, the 3M APR DRGs offer a clinically based severity-measurement system that provides precise metrics on the clinical complexity of your patient population. For more information, contact your 3M representative, call **800-367-2447**, or visit us online at **www.3maprdrg.com**.

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