

3M Science.
Applied to Life.™

3M™ 360 Encompass™ System

Financial and data quality assurance



Navigating reimbursement can be a whole lot more accurate with the 3M Financial Assurance modules

3M Health Information Systems are well known for our market-leading encoder, 3M™ Medicode™ Clinical Encoder. Our clinical coding solutions have been providing advanced software tools that enable healthcare organisations to capture, classify and manage accurate clinical information for over 25 years. The importance of achieving accurate clinical data to support Trust financial goals has never been greater, that's why we continue to develop our solutions to meet your needs.

Introducing

3M™ Medical History Assurance (MHA)

- ▶ Designed to safeguard trust income by prompting for previously recorded conditions
- ▶ Identifies previously coded relevant conditions collected as patient history
- ▶ Prompts the coder to include relevant patient comorbidities reducing chance of data omission that could impact the derived HRG
- ▶ Requires the coder to include rationale for not selecting a prompted comorbidity
- ▶ Total transparency of analytic processes identifying the impact that 3M Medical History Assurance delivered to your organisation providing Return On Investment evidence and rationale for the decisions
- ▶ Provides an audit trail of code assignment, as well as showing rationale for non-assignment, that can be both easily and quickly reviewed
- ▶ Delivers real-time analytics on financial impact of decisions, inclusions and omissions
- ▶ Real-time actionable data presented in a simple and easy to read format
- ▶ Increases productivity of your existing coding team resource
- ▶ Enables you to take control of your data and your information

Introducing

3M™ Data Quality Analytics (DQA)

- ▶ Validates assigned clinical coding and resultant HRG to ensure accurate reimbursement
- ▶ Presents real-time actionable data in a dashboard available to Trust management teams
- ▶ Increases productivity of your existing coding team resource allowing processing of data as frequently as required
- ▶ Enables you to take control of your data management processes
- ▶ Analyses all or selected coded episodes against a range of validation points to quickly identify common coding errors
- ▶ Supports performance management of coding team through increased volume of episodes validated
- ▶ Combine the power of 3M™ Data Quality Analytics with the 3M™ Integrity Plus (Audit Module) to run targeted audits based on highlighted risk areas
- ▶ Manage time pressure on Trusts to meet clinical coding 'Close Down', 'SLAM' and 'Submission' target dates while maintaining accuracy and depth of clinical coding
- ▶ Proven success – see case study

Case study: Improving data quality to deliver more accurate reimbursement

An NHS Foundation Trust in the East of England that provides acute hospital and community care services to around 280,000 people has taken steps to deal with significant financial pressures and a requirement to maximise value for money with the available resources. 3M's Health Information Systems (HIS) business enjoys a strong working relationship with the Trust's clinical coding team, which uses 3M™ Medicode™ Clinical Encoder as its primary clinical coding tool.

Project requirement

Complete, accurate clinical coding is essential in NHS Trusts. The Payment by Results framework means that a Trust's revenue is dependent on its coding quality. The Trust had previously engaged an external firm to review the quality of its coded clinical data, however this had resulted in a

significantly increased workload for the senior coding team, as the suggested changes were often inappropriate and had to be reviewed carefully. The Trust's Clinical Coding Manager contacted 3M's HIS team to see how it could help the Trust to better use its resources to improve data quality.

Identified needs

3M's HIS team quickly recognised three key insights.

Firstly, it was important to build on the coding team's existing knowledge of Medicode clinical encoder. Secondly members of the existing senior coding team were best placed to identify and assess anomalies in their own data. Thirdly it was necessary to reduce data to a manageable quantity by screening out activity that did not require review.

The addition of three new Medicode modules was proposed to improve the coding process, optimise data quality and

maximise the capacity of both the clinical coding auditor and clinical coding trainer:

One of the modules was the 3M™ Data Quality Analytics Solution (DQA) which reviews all coded episodes and reports against the national clinical coding standards, alerting the user to potential errors. Target review areas are identified effectively and efficiently at episode level. DQA fits into the daily coding process where alerts can be reviewed by people trained to recognise the impact of errors.

The results

Financial benefit



A more accurate data submission has led to an income improvement of £148,000 in the first six months, meaning an average of £24,000 per month increase in appropriate reimbursement.

Increased data accuracy



The new modules have led to improved accuracy and quality of data for both internal and external use.

Increased capacity for audit



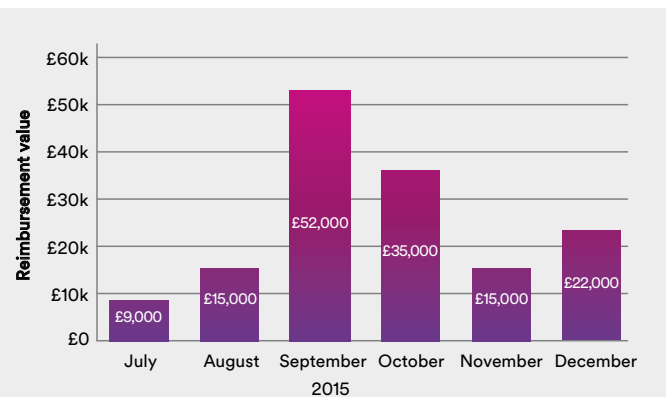
The introduction of the new modules has meant that all coded data can now be audited internally using existing resources.

Development of people skills



DQA has allowed the existing team to optimise its efficiency and initiate a cycle of continuous learning and development.

Financial results were produced by processing six month's data and amending codes, i.e. using a more specific code and also adding codes where DQA highlighted a potential error and on further investigation where extra codes could be added. Data on file.



First six months all saw improved reimbursement results, with £52,000 generated in September 2015 alone. Data on file with the Trust's Clinical Coding Department 2015.

"Twice-weekly running of DQA means that the coding team has immediate feedback, in more detail. Our month-end checks are fewer and completed nearer to the time of coding, meaning that we are able to quickly correct errors and feed back to the coders."

Clinical Coding Manager

Financial and data quality assurance the 3M way

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Contact us at sales.his.uk@mmm.com

Ask how we are helping Trusts to significantly improve their reimbursement accuracy in as little as 10 working days

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