White Paper

THE IMPORTANCE OF

Capturing the True Clinical Picture

To say that health information management (HIM) has changed is an understatement. From a paper-based system of recording medical encounters to today's industry that has been transformed through the widespread use of technology, analytics, and artificial intelligence, the role of an HIM professional continues to evolve. And at the core of HIM is the data collected in medical records, making the accuracy and integrity of that data paramount to ensuring healthcare quality.

That is why it is so critical for us as HIM professionals to ensure that every record presents the True Clinical Picture across the full continuum of patient care.

True Clinical Picture

A complete and comprehensive record that serves as the source of truth by accurately reflecting the care provided.

The True Clinical Picture allows healthcare organizations to make meaningful use of health information and achieve positive outcomes for both patients and the organization.

Paper-Based Medical Records: A Thing of the Past

In the past, medical records were all paper-based and patient information was traditionally housed and maintained by the provider. Documentation of the care that a patient received has always been important, especially for HIM professionals who were ultimately responsible for record retrieval, collection, aggregation, and utilization of information for payment and statistics. The adage, "if it wasn't documented, it didn't happen," was important then and is even more critical today.

If an error was discovered in the patient record, it was corrected in one place and anyone using that record going forward was assured of accuracy. The patient record, even in paper format, was considered the single "source of truth" and a legal document that provided information regarding the care that the patient received.

EMRs and Aggregators Bring Challenges

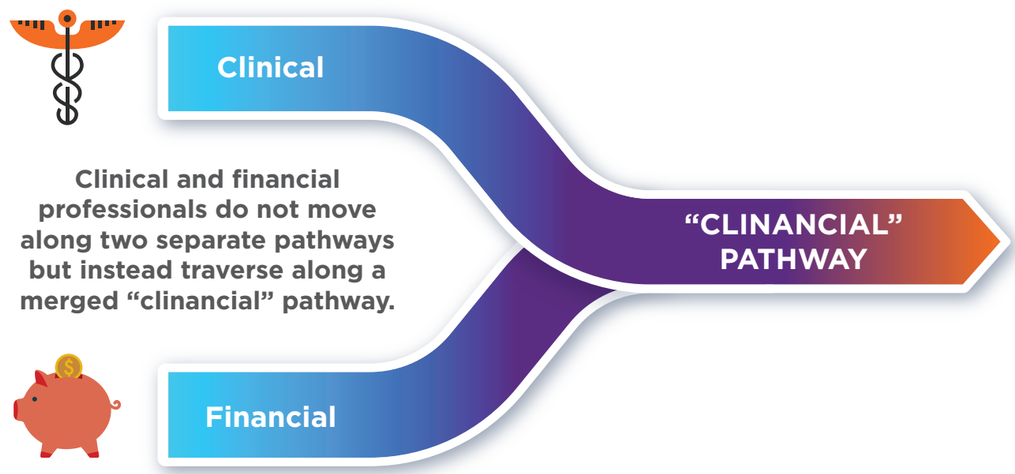
With the utilization of electronic medical records and the introduction of multiple systems that cross organizations and providers, managing health information has become more complex. While there are many advantages to electronic records, these advantages also come with some risks. One risk that we as HIM professionals can mitigate is the risk of passing erroneous data that does not present the patient's true clinical picture to multiple end users.

Since data from medical records are aggregated, omissions, errors and incomplete documentation can be magnified by the various creators, systems, and aggregators. That can affect the patients, providers, facilities and other users of that data. Since the patient record ultimately determines the perception of the care provided, it is more important than ever to provide proper documentation that reflects the true clinical picture.

Clinical and Financial Pathways of Healthcare Come Together

Healthcare today is value-based and consumer-driven, and there is much more information available to all the stakeholders in our healthcare system. As HIM professionals, we play a critical role in ensuring that the data we govern is accurate and optimizes outcomes for both the clinical and financial pathways of healthcare.

- Documentation drives patient care so it should provide current and future providers with the level of detail needed to ensure continuity and quality of care.
- Given the importance of quality scores, physicians have a stake in improving documentation now more than ever.
- Patients now have access to more information about providers, and that information is aggregated in part from outcomes reported in clinical data.
- Let's not forget that documentation drives coding and ultimately drives patient care and reimbursement.
- Finally, high-quality documentation will minimize denials and the cost of researching and resubmitting claims.



The Key to Capturing the True Clinical Picture

As HIM professionals, we have always been in the business of data governance, and today's technology-driven healthcare environment requires us to ensure the information we share presents the true clinical picture. The key to achieving that objective is taking a holistic approach with an integrated team of clinicians, coders, and clinical documentation specialists working together to effectively manage the data – from collection to aggregation to reporting.

Every record represents a real person, and the data in that record must reflect care provided in the past so it can be effectively utilized for future care, diagnoses, treatment, and payment.

While the format of patient records may have changed due to disparate systems, integrated data, robust analytics and the increased use of artificial intelligence, the foundation for HIM professionals remains, "if it wasn't documented, it didn't happen." However, in some cases, care may have been provided but the documentation was missed.

By taking a holistic approach to managing health information, healthcare organizations can improve data quality, ensure compliant coding, increase revenue, decrease operational expense, lower the risk of quality-related penalties and improve care.

When you focus on the true clinical picture, your organization can make meaningful use of health information and achieve positive outcomes for both your patients and your business.

Healthcare Stakeholders Rely on the True Clinical Picture

Comprehensive, accurate documentation is critical to all stakeholders in healthcare, from patients to providers, payers to researchers.

Compiling documentation is like putting together a puzzle – all the pieces should fit together to form a complete picture.

It's the job of HIM professionals to not only find all the pieces, but to assemble them to illustrate the full picture of a patient's care. Medical records are the primary vehicle for communicating essential information about the patient's diagnosis, treatment, and outcomes, as well as for communication between clinicians and payers.

The data in the medical record is the foundation of clinical documentation, which serves several important purposes.

For **patients**, it is the foundation for ensuring they receive proper care now and in the future.

Providers rely on the medical record for information exchange and to demonstrate quality of care.

Healthcare organizations and **payers** need medical records to support coding, reimbursement, quality initiatives, and denials management activities.

Improve Clinical Documentation Quality, Improve Healthcare

Think about a puzzle that is complete except for one or two missing pieces. While you can still get a sense for what the puzzle is depicting, you may not get the full picture because those missing pieces may include critical elements. The same is true with clinical documentation.

Patient documentation is read by clinicians, providers, payers, legal entities, consumers, and other organizations with varying backgrounds, experience, and uses for the data in the records. A single missing piece may make a big difference in telling the story of the patient's care to one or all these end users.

So how do we, as HIM professionals, ensure that all the pieces are in place?

By ensuring the quality of the documentation within each patient record or, in other words, through Clinical Documentation Integrity (CDI). CDI is not new for the healthcare industry. Yet many organizations and providers continue to struggle with the essential elements of documentation.

Documentation within the patient record should be clear, concise, and convey the essential information that is required for treatment, payment, and operations.

CDI goes beyond simply audits and reviews to ensure the correct codes have been applied. It extends to finding opportunities to:

- Improve specificity
- Query physicians for clinical validation
- Educate stakeholders on ways to improve the quality of the medical record, not just the quality of the coding

Increasingly, CDI plays a significant role in quality, leading some organizations to take another look at their CDI programs to ensure quality measures are built in to further solidify to further solidify the content and messaging of patient documentation.

Organizations are also applying data analytics to identify problem areas by digging deeper into data points such as top Diagnosis Related Groups (DRGs), Case Mix Index (CMI), Major Complication/Comorbidity (MCC), and Complication/Comorbidity (CC) rates and linking data and answers to support a solid documentation foundation.

The Key to Building a Solid Foundation That Supports the True Clinical Picture

CDI is all about complete, concise, and accurate documentation that provides holistic information regarding the care of the patient. The industry landscape continues to change with the call for greater transparency from providers, payers, and consumers.

- Organizations must review current documentation opportunities and take a proactive stance toward ensuring they are ready for changes that continue to impact their ability to provide top-notch patient care and to be appropriately reimbursed for that care.
- Organizations must keep in mind that consumers are squarely in the driver's seat when it comes to not only establishing a solid foundation but building upon that foundation for future care and overall health.
- Organizations must continuously strive to obtain and document data from consumers, family members, caregivers, providers, and clinicians involved in the care of the patient across the continuum.

It is critical for us as HIM professionals to ensure that clinicians and providers understand that their medical documentation matters because every record represents a real person and every record must present the true clinical picture.

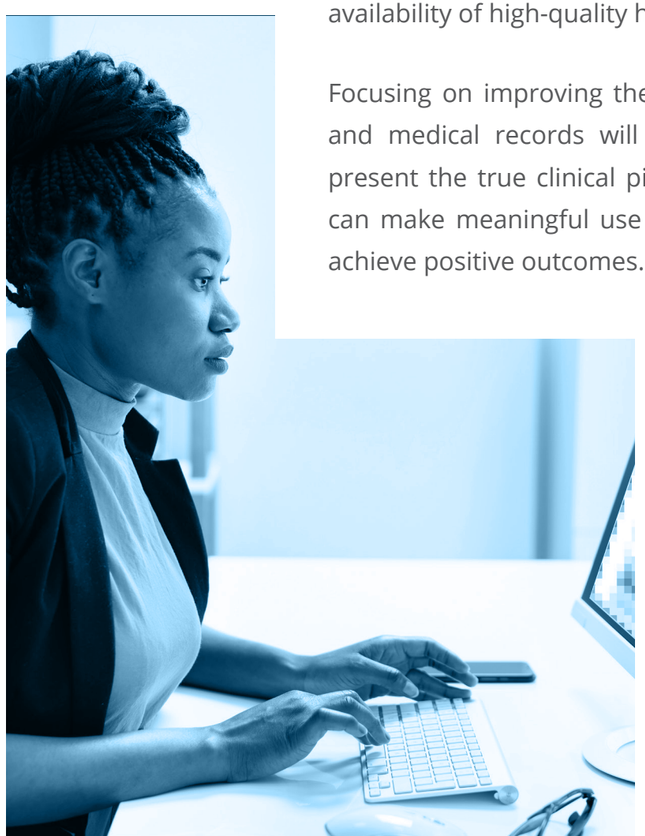
The Role of HIM Professionals

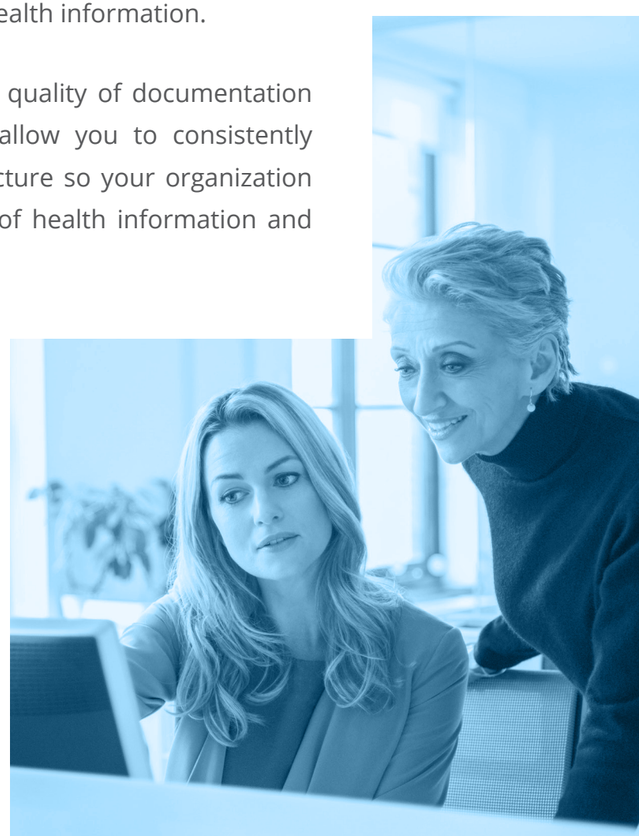
As HIM professionals, we are uniquely qualified to assist all contributors in the world of documentation. Regardless of the role or area of the industry we work in, documentation is the foundation for everything that we do, and it is our responsibility to advocate for complete, concise, and clear documentation. Every record and the data in that record must reflect care provided in the past so it can be effectively utilized for future care, diagnoses, treatment, and payment.

At the end of the day, everyone wins through quality.

Patients receive optimal care. Healthcare providers benefit financially and operationally. And ultimately, everyone realizes the benefits that come with the availability of high-quality health information.

Focusing on improving the quality of documentation and medical records will allow you to consistently present the true clinical picture so your organization can make meaningful use of health information and achieve positive outcomes.





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As Vice President of Provider Solutions, Geoff New leads a team that develops comprehensive Revenue Cycle Management solutions for health systems. An experienced leader with more than 27 years of professional experience in the healthcare industry, Geoff excels at delivering quality services that improve fiscal performance for hospitals and health systems, and he has spent his career working collaboratively with senior leadership, vendors, colleagues, staff, and facilities to exceed operational objectives.

He holds a Master of Science in business administration, a Bachelor of Science in health information administrative services, and he also holds an associate degree in health information management. Geoff is a Registered Health Information Administrator (RHIA) and has also earned a Certified Revenue Cycle Representative (CRCR) designation. He is an active member of numerous professional organizations, including the American College of Healthcare Executives (ACHE), American Health Information Management Association (AHIMA), and Healthcare Financial Management Association (HFMA).

Ciox Health's leading clinical data technology empowers greater health by unlocking the potential of data in medical records. The company leverages a ubiquitous network of clinical data connections to simply and securely connect healthcare decision makers with the data and hidden insights in patient medical records. Ciox helps customers connect, control and comply in solving last mile challenges in clinical interoperability. Supporting a range of connectivity needs from research to revenue cycle, Ciox's solutions include clinical data acquisition, release of information, and clinical coding.

Learn more about Ciox technology and solutions by visiting **www.cioxhealth.com** or **Twitter** and **LinkedIn**.

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