INTRODUCING DIGITAL CHART AUDIT (DCA)™*

APHA 2007 MEETING THEME

"Politics, Policy and Public Health "

Presenter:

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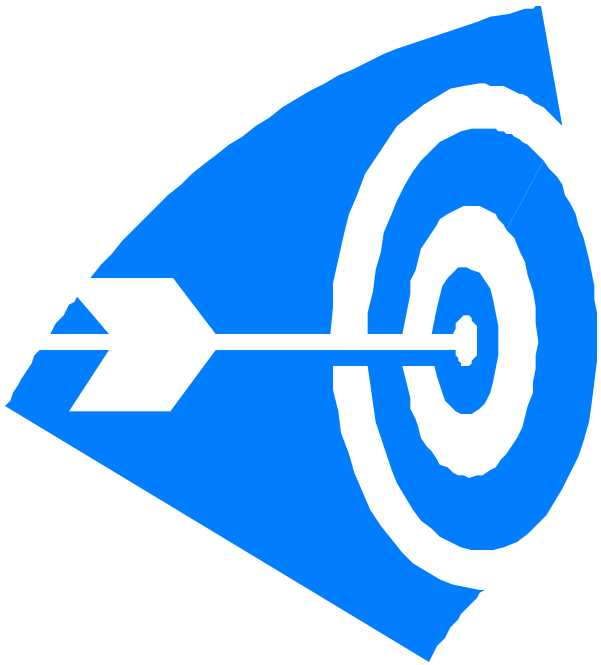
Opinion chart audit (OCA) vs. DCA

- **Opinion chart fails the test of modern investigations: "Consistency"**



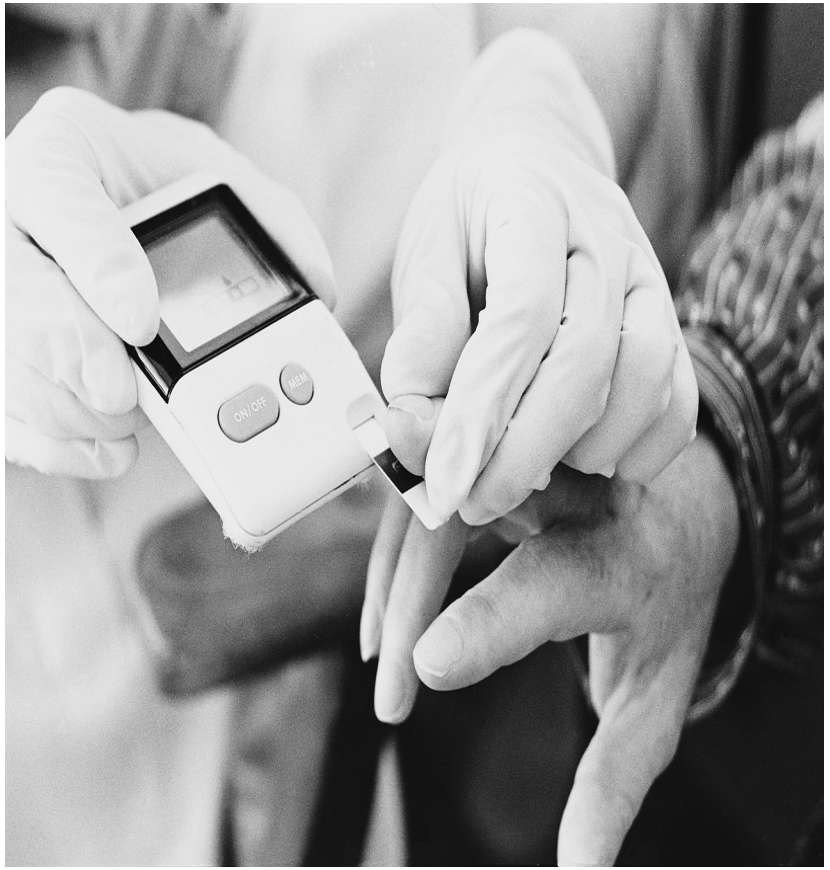
- **Question: "Does more than one auditor come to the same conclusions?"**

What is DCA?

- Assigns point values to specific chart note features, called “cohorts”
- Higher point values for cohorts which have more impact on the total system (for comparison)
- Cohort values interact with each other
- Numerical responses for features of medical/surgical documentation
- Collected cohort numbers: Collated for spread-sheet analysis
- **The “higher” the DCA score: More significant, more important, more serious, better documented, etc.**

What is a “cohort?”

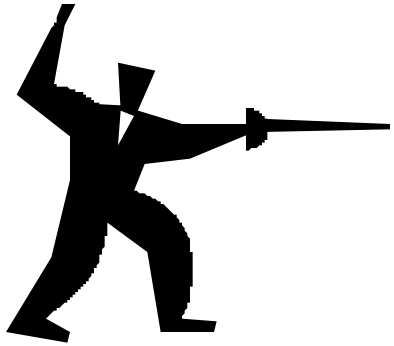
- A chart “cohort” might be the fact that the patient has long standing diabetes
- For this reason, any signs or symptoms of an ingrown nail, fungous infection, callus or ulcer on this patient’s foot gets a “higher” point value than patients without diabetes or circulatory impairment
- A cohort can also be a diagnostic test, a medication, or any other “discreet” chart content that may relate to the total system of health interaction features



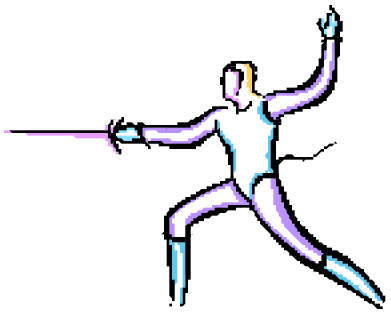
Presentation Goals

1. How opinion chart audit has become a “weapon” rather than fact- finding exercise
2. How opinion chart audit is used for blatant political purposes
3. How opinions of chart notes depends more on who is paying for the audit rather than actual chart note contents
4. Examine how DCA eliminates OCA deficiencies
5. DCA and you: How can you use it?

OPINION CHART AUDIT



Their expert



Your expert

Bottom line: Duel between experts. Experts almost always disagree, depending on who pays for them

Political Audits and podiatric medicine

- In June of 2002, Office of Inspector General released a study of podiatrists and their performance of a service called: Routine Foot Care (http://oig.hhs.gov/oei/reports/oei-04-99-00460.pdf)

- Routine foot care is usually administered to elderly people with thickened nails, diabetes, circulatory diseases, thick calluses which can cause serious infections, ingrown nails, amputations, etc.

- **Government has had a residing interest in "controlling" this service, fearing risk of over-utilization and improper use for payments**

Opinion chart audit and OIG's podiatry study

- No cohorts or divisions of data established
- No prior definition of what constitutes "proper" charting
- No data on specific cohorts
- No comparison of specific cohorts
- No discussion or acknowledgement of regional geographic government variations and state requirements for coverage
- No disclosure of the auditing podiatrist with his/her qualifications
- No disclosure of comparison standing between "correctly" charted RFC and "incorrectly" charted RFC
- No scientific method, no controls
- Secretive methodology required a FOI demand to obtain. OIG is a public agency. There are no "national security issues." Studies should be transparent. Said another way, "If OIG has nothing to hide, why hide?"

- OIG's poison pen: The published study threatened co-operators with penalties and sanctions without prior notification that they could be subject to these. Why would YOU cooperate with a future OIG study?

Digital Chart Audit™

- The “birth” of DCA
- “A chart note is what it is”
- Application of digital technology to language: Statistical and artistic endeavor

- **Consistency and DCA: No matter who audits the chart, the numerical results will be about the same**

HIERARCHIES(TM) DCA SCORING REPORT FOR RFC

(WORKSHEET 4 points=RFC Coverage)

Three sections can be used to "satisfy" for possible coverage: (Look at top of page, item #1)

1. Class Findings (Note CFAMP=4 points) treatment covered <<<<<
2. Sensory Defect
3. Pain as qualifying feature

Sample chart note:
"Mrs. Johnson came into the office today with the complaint of treatment for calluses on her transmetatarsal amputation site of the left foot, due to her long standing type II diabetes. (#1) There were noted calluses across the head of the 2nd metatarsal which were trimmed and deflecting moleskin pads were installed."

INCREASED NEED FOR RFC ON THE HORIZON

Type II Adult Onset Diabetes is exploding in the U.S. In the New England Journal of Medicine, Robert Steinbrook, M.D. reports:

The diabetes epidemic in the United States continues unabated, with a staggering toll in acute and chronic complications, disability, and death. The primary culprits are poor glycemic control over the long term and other major risk factors, such as hypertension, cigarette smoking, obesity, and elevated levels of cholesterol or blood lipids. Although physicians know how to treat diabetes in individual patients, overall progress against the epidemic requires widespread improvement in glycemic control, as underscored by the recent finding that intensive insulin therapy reduces the risk of cardiovascular disease among patients with type 1 diabetes.[1] In 2005, an estimated 20.8 million persons in the United States, or about 7 percent of the population, had diabetes, although the illness had been diagnosed in only about two thirds of these people, according to the Centers for Disease Control and Prevention. Older people, blacks, Hispanics, and members of some other ethnic groups are disproportionately affected. (Continued)

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Applications of DCA

- Evaluation and Management Coding—is there enough data in chart to justify E&M code?
- Medical/surgical justification—is there enough data in the chart to justify surgery?
- Is there enough data in chart to cover Routine foot care?

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- www.hierarchieschartaudit.homestead.com/
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- Can DCA help your counsel defend your case?
- Let us help introduce DCA to your agency