Zero-gap digital documentation helps medical controllers achieve best results

By: Finn Snyder

Back in 2003, diagnosis-related groups were introduced in Germany as a basis for reimbursement of inpatient hospital care within the public insurance scheme. Public insurance covers most citizens in the country. The system, originally based on schemes applied in countries such as Australia and recently exported to other countries such as Switzerland, has transformed healthcare in Germany: the sector has turned into a competitive market, albeit within a strict regulatory framework.

This is how billing works in German hospitals: cases are coded for each patient according to a catalog of diseases, procedures and additional patient data. Invoices are based on the flat fees pertinent to those codes. The codes, in order to be applicable for billing, require certain medical services to be rendered. Invoices are sent to payors; a certain percentage of these invoices are typically called into question by the invoice inspection service operated by the payors (MDK), to be defended by care providers.

Recently, software applications have emerged which facilitate the coding and defending activities of coders and medical controllers. These tools come as stand-alone applications and as modules which are part of, e.g., hospital information systems. Payors, too, have started using software to inspect codes and delivery of corresponding service requirements. Documentation plays a pivotal role in this IT-based contest: if medical services have been rendered and documented properly, a hospital's risk of losing revenue is low. Gaps in the documentation, however, produce serious risks. Readily accessible digital patient records, and digitized documents which originate from paper documents, help speed up coding and defending workflows, and reduce risks. This is a core message from the recent autumn symposium of the Deutsche Gesellschaft für Medizincontrolling (DGfM) – the German Association of Medical Controllers, a 700-member organization. More than 400 attendees came to Frankfurt to discuss current and pending future regulations, IT tools, and legal risks incurred by their activities.

Fig. 1 Prof. Dr. med. Steffen Gramminger, President, DGfM (left) and Dr. Nikolai von Schroeders, Vice President (images courtesy of Finn Snyder)

Fig. 2 Dr. med. Sascha Baller, founder, DGfM

Comprehensive, accessible digital patient records are the necessary basis for the work of medical controllers, said DGfM President Prof. Dr. med. **Steffen Gramminger** (›Fig. 1): "two thirds of MDK objections are based on length of stay. In order to demonstrate that the presence of the patient and the pertinent medical services rendered by the hospital were required, clean documentation is essential. In many German hospitals, this documentation is still carried out on paper; standardization according to SOP can help, in particular for complex cases in intensive care, to avoid gaps in documentation and subsequent reductions of the invoiced amount." "Hospitals which choose not to digitize paper documents will risk liquidity and, in the end, revenue", added DGfM Vice President Dr. **Nikolai von Schroeders** (›Fig. 1) and CEO of KSB Klinikberatung who postulates that billing audits would be the better alternative to MDK inspections. "Lack of human resources is a major challenge to our profession"; underlined Dr. med. **Sascha Baller** (›Fig. 2), founder of DGfM and Head of Dr. Baller Medizincontrolling. IT support for workflows and patient records can help, to some extent, to remedy this situation.

Source: Single News from ACI - Meeting Reports - 24. October 2012

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