

Missing Codes and Inadequate Depth of Coding To Cost Trusts Millions and Place Entire Areas of Care at Risk, Says Datanomic

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Lack of HRG4 Readiness is Potential Time bomb for Acute and Hospital Trusts

Acute and Hospital Trusts are putting their financial accounting and reimbursement from local Primary Care Trusts at risk due to inaccurate and missing Healthcare Resource Group (HRG) coding, as well as placing entire areas of care at risk, according to fit for purpose data specialists, Datanomic Ltd.

The UK Department of Health's Commissioning for Quality and Innovation (CQUIN) payment framework specifies a proportion of providers' income conditional on quality and innovation - including accuracy of data provision by care providers. This permits the PCT to punitively incentivise care providers to ensure clinical coding accuracy by withholding up to 0.5% of total revenues. This level of withholding could easily equate to £500k for some Hospital Trusts, which could be enough to place whole areas of care at risk.

"Despite the apparent simplicity of allocating a reference code to an episode of treatment, the fact is that numerous hidden inaccuracies have unknowingly slipped into the data systems of many trusts, either at the point of entry or during processing," said Dr Jonathan Pell, CEO of Datanomic. "The knock-on effect of these data blind spots results in either under-or over-payments, which have to be reconciled at a later date. Ensuring fit-for-purpose data for accurate clinical coding throughout the commissioning process is therefore essential for both Acute/Hospital Trusts and Primary Care Trusts."

A recent Audit Commission PbR Assurance Report analysed the accuracy of clinical coding within a sample of Acute Trusts within the UK. The Report indicated that the average HRG error across was 9.4% with results per Trust, ranging from 0.3% to a staggering 52% of all HRG coding being erroneous. The risks arising from inaccurate data are understandably high as the wrong code not only potentially impacts patient care, but also the associated reimbursement under Payment by Results. If the correct codes are not provided, reimbursements for treatment will be incorrect or even withheld, which can have serious budget implications for a Trust.

Described by industry analysts as "arguably the most flexible data quality product", Datanomic's dn:Director provides a single, unified platform that enables both business and IT personnel, such as data stewards, business analysts and owners of data, to identify and rectify compromised data which can place operations at risk. As a single product that encompasses profiling, analysis and transformation, dn:Director enables better understanding, improvement, protection and control of data quality for all types of structured and non-structured, real-time and non-real time information.

Hospitals have highly complex data. The data for a single patient can comprise hundreds of fields and multiple episodes of care. Datanomic's dn:Director quickly provides a clear picture of data quality, provides tools for tracing the causes of errored or missing items, and is used by Trusts to ensure the completeness and quality of clinical coding in order to achieve the appropriate reimbursement. Ensuring fit-for-purpose clinical coding data is a huge priority across the Health Service. From one simple, central application console, Datanomic's dn:Director software helps organisations to discover the

problems in data and take action to correct them; across all databases, regardless of supplier.

About Datanomic

Datanomic's holistic approach to delivering fit-for-purpose data and screening accuracy enables its growing list of blue chip clients around the world to achieve a rapid Return on Investment, by exposing and correcting deficiencies in information their businesses rely upon, and by discovering potential regulatory and legislative compliance data issues in line with proactive risk management. Our clients come from a wide spectrum of industries including financial services, telecommunications, government, healthcare, utilities, professional services and engineering.

For further information, please contact:

Kim Squire
Devonshire Marketing
Tel: 0870 7000 166