Query Composition Issues - From Obstacles to Efficacy

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• **Query Efficacy**
• **Addressing and Overcoming Query Obstacles**
  - Understanding and Anticipating Physician Behavior
  - Physician Familiarity with Querying
  - Coding Logic vs. Clinical Logic
  - Constraints of Query Compliance
  - Query Terminology, Phrasing, Format
  - Physician Perspective / State-of-mind
  - Query Intent vs. Query Perception
  - Balancing Query Individualization with Consistency
• **Examples of Queries that Work . . . And Some that Don’t**
• **Query Strategies**
  - Defensive/RAC; Educational; Verbal; Introductory; Targeted; Supportive; Compliance-focused
Query Efficacy
What is an Effective Query?

No official definitions, but observation shows that…

Effective queries:

• …are objective, compliant, individualized questions
• …are written using physician-friendly terminology and format
• …are focused on the clinical aspect of the coding question
• …proactively address communication barriers
• …anticipate common misunderstandings
Effective queries (continued):

- ...ensure the query’s *intent* is not lost in the expected clinical *interpretation*
- ...are one part of an effective, compliant query process
- ...are likely to result in appropriate, physician-documented clarification
- ...are specific enough to generate ICD-9/ICD-10 codable responses
- ...foster communication and relevant education
• Compliant queries follow the rules

• Effective queries get results

Good queries accomplish both goals
Summarized:

• A case-specific question posed to the physician in an unbiased, clinical manner that conveys a documentation concern with sufficient specificity to yield an appropriate, codable response.
Addressing and Overcoming Query Obstacles
Obstacle: Anticipating Physician Behavior

• Male-Pattern Thinking
  – Hierarchical
  – * Avoid “You” statements

• Physician Defensiveness
  – “I didn’t do it”
  – * Divert blame; “Per….” “According to…”

• Confusion between DRG and E&M Rules
  – To R/O…or Not to R/O
  – * Use “suspected” or “likely” in the query
  – * Avoid requiring certainty (“the definitive dx”)

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Obstacle: Physicians Unfamiliar with Querying

- **Clues**
  - No responses
  - Arguments about basics (ex: urosepsis)
  - Inappropriate responses (ex: defensive paragraphs)
  - Difficulty with obvious questions (ex: connecting dx with culture results)

- **New query programs**
  - Important to inform and involve physicians

- **Possible first-time queries**
  - Establish if familiar with the querying program
Obstacle: Coding Logic vs. Clinical Logic

- Examples of differences in definitions or logic
  - PDx
  - Severity
  - Certain diagnoses
    - Bacteremia

- One educational point made to the physician can save hundreds of frustrating queries
Obstacle: Constraints of Query Compliance

- Evolving compliance guidelines
- Frustrated physicians
  - “Just tell me what you need me to write”
- Specificity without leading
• How do you convey guidelines without stating them?
• Legibility, quality of written query
• Terminology – coding vs. clinical
  – Ex: “Evidence” vs. “Support”
Avoid physicians confusing E&M and DRG rules:

- Permit uncertainty
- Avoid:
  - “…definitive diagnosis…”
  - “…determined the cause?”
  - “…when you know…”
- Try:
  - “…believed to be…”
  - “…thought to have…”
  - “…likely the…”
  - “…the probable…”
Obstacle: Physician Perspective / State-of-mind

- Clinical validity and logic
  - Trust
  - Use co-workers and Dr. Google

- Physician frustration factors; examples:
  - Vague queries
  - Unclear questions
  - Implication of fault
  - Condescending tone
  - Borderline results
  - Premature querying
• Preconceptions of querying
  – “CC Shopper”
  – Time required
  – Only relates to reimbursement
  – Semantic game
  – Fraudulent

• Impression of query approach
  – Time expenditure
  – Time-of-day
  – Question vs. asking for help
Obstacle: Query Intent vs. Query Perception

"Guidelines dictate that you must specify..."

Coder’s question

Physician hears

"I was hired only to harass you..."
Examples:
Queries that Work...
and Queries that Don’t
Example

Query:
Creatinine increased to 3.5. Please document any associated diagnosis (ex: ARF or other)...

• Non-compliant: Leading
• Physician perspective: Irritating

Alternative:
Pt admitted for asthma exacerbation. Creatinine increased 0.5 to 3.5 since admit. Per nursing, “physician hydrating for renal concerns.” Please clarify if you suspect a possible renal diagnosis.

Exs: Acute renal failure CKD (+stage)
Acute kidney injury Renal insufficiency
Acute glomerulonephritis Unable to further specify
Other: (Please specify in notes)
Example

**Query**

*Physician documentation reminder*: Pt diagnosed with “urosepsis.”

If your pt. has sepsis from UTI, for coding purposes, you must document it as “sepsis from UTI” – at least once

• Leading
• Directive
• Obnoxious

**Alternative**

• Intervention!
  – Although there are ways this query can be worded, the lack of understanding of this guideline suggests that an educational conversation is warranted
Query:
Pt on TPN and with clinical evidence of malnutrition (Prealbumin 19). If you agree, please document specific type (mild, mod, severe, protocal, mirasmus, etc).

• Leading Annoying ("Who says?")

Alternative
Pt admitted for pneumonia. Per nursing, also “underweight; TPN ordered for malnutrition.” Prealbumin 19. If you agree, please document the BMI and the specific diagnosis, exs:

Protein malnutrition (mild, mod, severe)
Protein-calorie malnutrition (mild, mod, severe)
Protein-energy malnutrition (mild, mod, severe)
Kwashiorkor Unable to further specify
Mirasmus Other (please specify in progress notes)
Query:

Patient with documented CHF. Please specify type and acuity in your progress note.

- Blanket query

Alternative

Patient with documented CHF. Per H&P, “SOB, Bilateral infiltrates on CXR.” ECHO yesterday w/ 25% EF. If possible, please specify type and acuity of CHF in your progress note.
Example

Query:
Bacteremia, Septicemia, Sepsis, Septic Shock etc

Discuss
Query Strategies
Query Strategies

- Defensive (RAC)
  - RAC-specific rules (excisional debridement)
  - Anticipatory queries (anticipating future RAC-type issues)
- Educational queries
- Written vs. Verbal
- Concurrent vs. Retrospective
- Severity queries
- The introductory query (the physician’s first query)
Query Strategies

• Targeted querying
  – by issue
  – by physician
  – by department

• Supportive querying
  – Ex: support for an empiric diagnosis

• Compliance querying
  – Usually querying to avoid unintentional coding of an inaccurate diagnosis
  – Ex: a negative sepsis work-up never stated as “ruled-out”
Query Policies and Support

- Administrative support
- Clinical leader support
  - Physician champions
- Written query policies
- Required responses
  - If no response by (#?) of days, then….
- Policy regarding queries after RAC requests
- Differentiating from UR queries
  - UR query: admission vs. observation
  - UR is able to help guide the physicians to the appropriate determination
- Query Retention
Please contact me with additional questions or comments.

Thank you

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