Improving Financial and Clinical Coding Awareness amongst Doctors

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Background

Clinical coding is the translation of medical terminology written by the clinician, into a coded format. It is used for epidemiological and statistical purposes, as well as to determine service provision. It is also used to ensure each health care trust is paid accurately for its clinical activity by a system of Payment By Results.

In the year 2011/12, an audit carried out by Logan et al. at ESHT found on average, £250 per patient was lost due to poor and inaccurate coding. With the improvements in coding, not only was the overall financial gain considerable, but there was a significant fall in HSMR (Hospital Standardised Mortality Rates) for which the Trust has been in a critical position.

There is evidence that the understanding of clinical coding and indeed the background to this, structure and finances of the NHS amongst clinicians, in particular, junior doctors, is extremely poor (O’Dowd, 2013). For clinical coding to improve, clinicians must understand the significance of clinical coding and why in the current climate, it is absolutely crucial that improvements are made.

Aims

1. Multifaceted approach to improving doctors’ awareness of NHS finances, structure and clinical coding.
2. Education to doctors in the ways they can improve their clinical documentation to aid and ameliorate clinical coding.

Method

1. Questionnaire to assess doctors’ knowledge and understanding of NHS finances, costs, structure and clinical coding.
2. Quantitative and qualitative assessment of clinical notes: 8 medical and surgical notes were coded alongside the clinical coders over 3 separate sessions over both sites: EDGH and CDGH. Qualitative notes were taken to highlight the ways in which clinicians can improve their documentation. Quantitative data was drawn from the change in HRG when documentation was improved.

3. Presentations at small group teaching to clinicians at all stages of training. This involved education surrounding NHS finances, structure (via the questionnaire above), and clinical coding, followed by explanations of how to ensure more accurate clinical coding using our qualitative and quantitative assessment of the notes, and previous studies at the Trust.

4. Short questionnaire to assess increases in knowledge and understanding of NHS finance, structure and clinical coding following the presentation.
5. Distribution of leaflets: clinical coding main points.
6. National presentations to increase awareness of our work and inspire clinical leadership.

Results

Pre-Talk Questionnaire

Preliminary questionnaire results from a small group session of 10 doctors: 4 consultants, 4 SHOs, 2 medical students show that general knowledge of structure and finances of NHS including clinical coding is poor amongst both senior and junior clinicians. Prior to our education session, the majority believed that doctors should not be responsible for clinical coding.

Results of Initial Questionnaire

<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Understand money flow</td>
<td>67%</td>
</tr>
<tr>
<td>Understand PBR</td>
<td>20%</td>
</tr>
<tr>
<td>Learn more about CC</td>
<td>20%</td>
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</tbody>
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Post-Talk Questionnaire

This showed our education session had increased the knowledge of finances, structure and clinical coding and the majority will take more interest and try to improve their practice as a result.

Discussion

Due to the longstanding lack of integration between managerial staff and clinicians, it was believed that doctors would be reluctant to engage in financial matters of the NHS, not traditionally thought to be their concern.

However, our preliminary results have demonstrated that when clinicians are educated on the background to these vital topics, and are shown how they can make a difference, they certainly do engage, learn and take interest.

In the immediate future we will be giving further small group presentations to educate clinicians and supplement our results. Our ultimate objectives are:

1. To facilitate junior doctors becoming part of a Clinical Coding Team where clinicians and coders work together: clinical coders should join ward rounds at least once per week.
2. Clinical coding education sessions should take place throughout the year and not just at induction.
3. To provide clinical coding leaflets for junior doctors and widely distribute them throughout the Trust including in the Induction Pack.
4. To encourage education of NHS finances, structure, clinical coding and leadership as early as medical school.

Effective clinical leadership in the financial matters of the NHS is particularly important as doctors are responsible for many aspects of NHS expenditure and great differences can be made when clinicians are involved (Yeoh and Davies, 1993). Here we endeavour to create the awareness needed to inspire change and to highlight the principal underlying concept: clinical leadership.