

Elevating Podiatric Care Through Quality, Documentation, and Healthcare Informatics

AI will require meticulous documentation.

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In the rapidly evolving landscape of healthcare, the integration of informatics has emerged as a pivotal force, reshaping the way all practitioners document patient care, assess treatment outcomes, and document for risk stratification. For podiatrists, this evolution brings both challenges and opportunities, as the specificity and accuracy of medical documentation becomes crucial not only for claims processing but also for driving quality improvement initiatives, meeting quality metrics, and for cohort comparisons.

The Role of Healthcare Informatics

Healthcare informatics, at its core, is the fusion of healthcare expertise, computer science, and health information management. It functions via the utilization of meticulous documentation, which is then translated into coded data for various purposes including claims processing. Through data analysis and data mining from claims, the extraction of valuable information is facilitated regarding patient care, referral patterns, procedural efficiencies, complications, risk stratification, re-admissions to hospitals, and much more.

Healthcare informatics serves as a vital link between clinical documentation and electronic medical record programs. “SmartPhrases” as utilized in EPIC or templates can be

employed to swiftly incorporate frequently used phrases or procedures with the press of a button.

User order sets, best practice advisories, and clinical decision-making algorithms play a crucial role in alerting and guiding clinicians towards optimal

pitals. By combining claims data with electronic medical records (CPT/procedure codes), a comprehensive picture of total patient care can be obtained on which to establish these metrics and benchmarks for comparisons from local and/or national cohorts.

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and “best” practices while ensuring patient safety. For instance, these programming safeguards minimize variability in patient care; minimization is also facilitated via issuing alerts to prevent duplications and drug interactions. These informatics algorithms undergo continuous refinement based on clinician feedback gathered through a routine informatics review process.

Harnessing Claims Data for Metrics and Benchmarks

Podiatrists, whether based in the office setting, hospital setting or both, contribute to this data pool essentially through the submission of billing claims data as previously mentioned. This data serves as a rich source for analysis for patient care trends, identifying areas for improvement, and benchmarking against best practices between other practitioners and hos-

Utilizing Artificial Intelligence for Quality Enhancement

Artificial intelligence (AI) further enhances the utility of collected data by enabling insurance carriers and healthcare systems to identify cost saving measures and improve patient outcomes simultaneously. Through advanced analytics, AI can pinpoint areas of inefficiency, fraud, and other opportunities for best practices. By leveraging AI capabilities, the healthcare industry can achieve higher standards of care delivery while simultaneously reducing costs. For podiatry this may mean that an insurance company may no longer cover a certain procedure that has been identified by AI to repeatedly have a bad outcome or incur costs beyond similar procedures or treatment options with better outcomes, lower costs, and higher patient satisfaction.

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Documentation (from page 37)

Mitigating Legal Risks Through Documentation Practices

While leveraging voice recognition software and disclaimers for documentation errors with voice recognition software may seem prudent, they offer limited legal protection in the event of discrepancies or errors in documentation. Podiatrists must assume full responsibility for the accuracy and integrity of their notes, ensuring consistency and alignment with their presenting diagnosis and treatment plan. Podiatrists in the hospital setting must 'document in their own lane' and not include diagnoses in their assessments which they are not treating. This avoids conflicting documentation queries and the impression the podiatrist is treating those conditions for which they are not trained or licensed.

Precise and Concise Documentation: The Key to Quality Care

In the era of healthcare informatics, precision and conciseness in documentation are paramount. Avoiding chart bloat and irrelevant information ensures quality, clarity, and efficiency in communication. This is particularly crucial in the hospital setting where podiatrists are often consulted for specialized care. Electronic documentation templates, whether in office or hospital based, should be carefully reviewed to avoid redundancies, inaccuracies, and conflicts which can prevent erroneous attribution of a poor outcome during a patient stay to the admitting or consulting podiatrist.

PSIs: (Patient Safety Indicators)

PSIs are overseen by a variety of stakeholders: The Agency for Healthcare Research and Quality (AHRQ), a federal agency within the United States Department of Health and Human Services (HHS), is primarily responsible for conducting research to improve the quality, safety, efficiency, and effectiveness of healthcare. It provides evidence-based information on healthcare outcomes, quality, cost, use, and access. CMS, The Joint Commission, and the Department of Health are also stakeholders among other quality organizations.

PSIs serve to assess patient safety

and well-being throughout their episode of care. Healthcare payors leverage these indicators against both local and national standards to determine their pay-for-performance models, effectively incentivizing quality care while penalizing subpar performance. Even though risk adjustments are accounted for, any patient falling within the parameters of a PSI definition will negatively impact hospital reimbursement and can also reflect poorly on the attending practitioner, as evidenced in Physician Compare (Medicare.gov).

Meticulous documentation plays a critical role in preventing unfair attribution of safety failures to healthcare practitioners or surgeons. Take, for example, a scenario where a podiatrist is managing a hospitalized patient, consulted on day three for a deep tissue injury (DTI) of the right ankle, which unfortunately progresses to a stage 3 pressure wound by day 7 despite diligent care. In such cases, if crucial details like the presence of a DTI present on admission (POA-Yes) aren't properly documented, the resulting PSI-3 may be attributed to the podiatrist and the hospital.

Expanding on this scenario, imagine the same patient undergoing a wound debridement by the podiatrist followed by another surgical procedure like a vascular bypass, performed by a different surgeon in the operating room, only to tragically pass away thereafter from sepsis. This tragic outcome now transforms into a reportable PSI-4, reflecting the death rate among surgical inpatients with serious treatable complications. (PSI-4 assumes the death could have been avoided). Accumulating such incidents can significantly tarnish institutional metrics potentially affecting standing among peers.

PSI-9 is another example illustrating this point. This safety measure pertains essentially to perioperative hemorrhage and hematoma. Consider a scenario where podiatric surgery is performed under emergent conditions such as an emergent I&D for a septic foot and ankle. The patient returns to the floor and by the next morning a blood transfusion for bleeding is required. The patient is taken back to the O.R. to evacuate the resultant hematoma and ligate the bleeding vessels, thus attributing a PSI-9 indicator to the surgeon and the hospital. If this event

isn't accurately documented as "expected blood loss necessitating transfusion due to emergent conditions in a patient on anticoagulant therapy," for instance, it would not exempt the surgeon from the coding that would report the PSI under this metric, thus attributing an iatrogenic event of accidental hemorrhage to the surgeon.

In conclusion, healthcare informatics is not merely a technological tool. It is a paradigm shift that holds the potential to revolutionize the way we view healthcare and thus podiatric practice by embracing precision documentation practices, harnessing the power of AI, and potentially driving innovation from the data. With these tools, podiatrists can play a pivotal role in the healthcare arena elevating the quality of care they provide and ultimately leading to better patient outcomes by contributing to a more efficient healthcare system. **PM**

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