



PCSI 2024 Bled, Slovenia

# Quality of clinical coding

- Experiences and results from clinical audits in Finland 2015-2024

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## Background

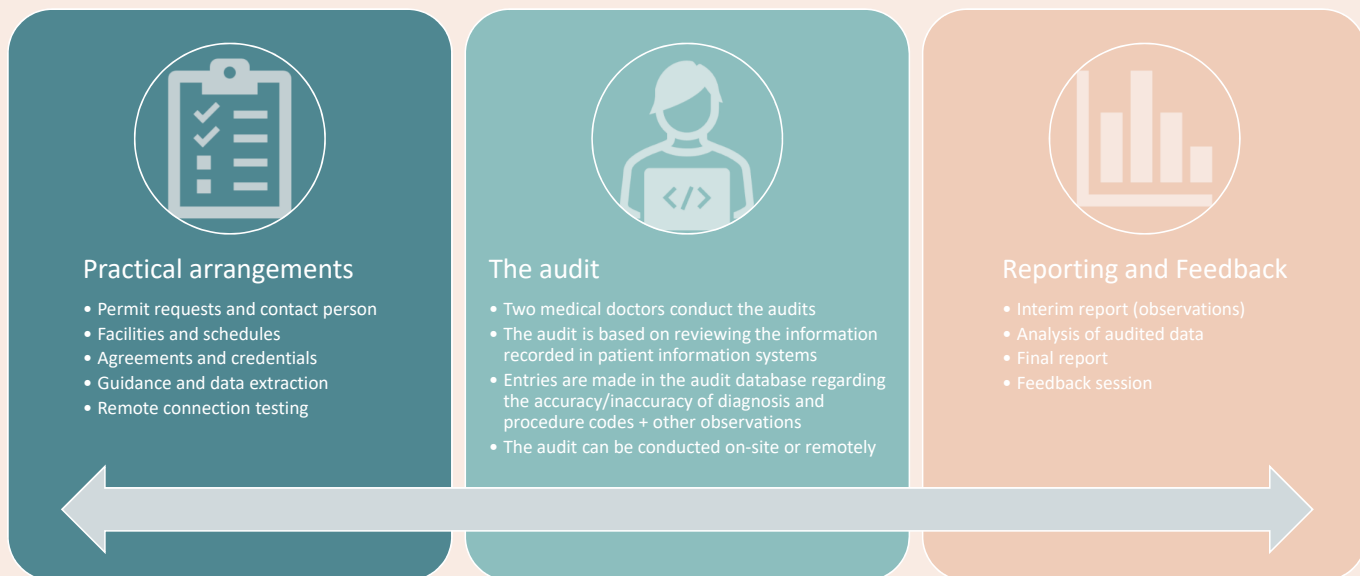
## Is the quality of clinical coding important?



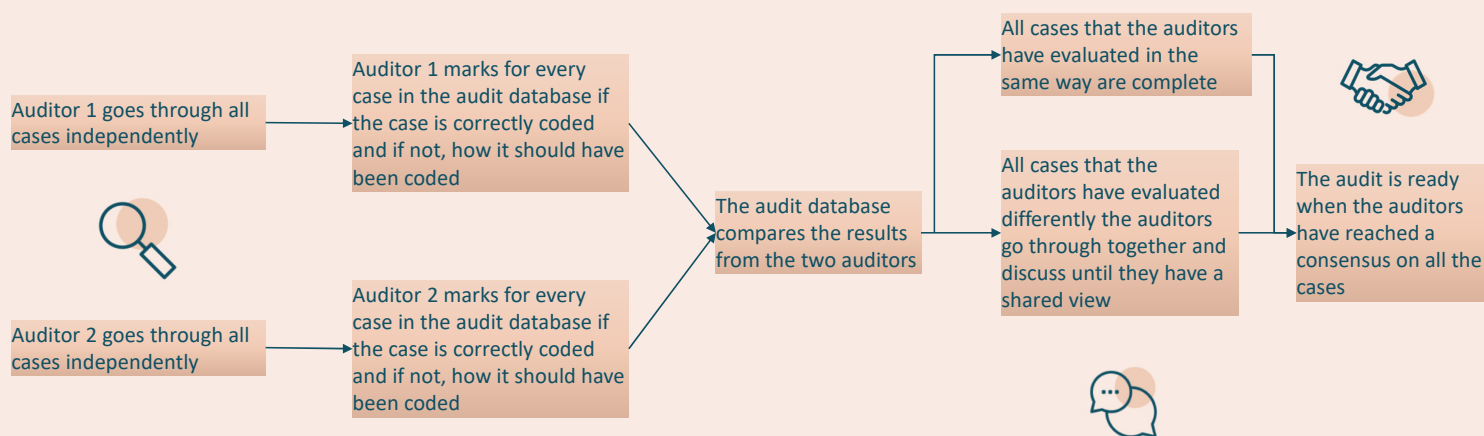
## Audits as a measure of the quality of clinical coding

- The management of DRG licenses in Finland is handled by FCG Finnish Consulting Group (National DRG Center)
- Auditing of coding practices is part of the services included in the NordDRG license
- Every year a specific region or a specific medical specialty / group is audited. Recent years:
  - 2015: general audition in one part of the country (OYS)
  - 2016: general audition in one part of the country (TYKS)
  - 2017: coding of breast, bowel and prostate cancer, whole country
  - 2018: coding of emergency visits, whole country
  - 2019-2023: coding of breast, bowel and prostate cancer, whole country, follow up
  - 2024-2025: coding of emergency visits, whole country, follow up
- The audits enable, for example:
  - Understanding the quality of clinical documentation
  - Checking the functioning and development needs of information systems (data transfer)

# The audit protocol 1



# The audit protocol 2



## What is audited

### Main focus:

- Primary (principal) diagnosis

### Also audited:

- Secondary diagnoses
- Procedures
- Radiology codes
- Treatment periods and episodes
- Is there a discharge summary available from the treatment episode

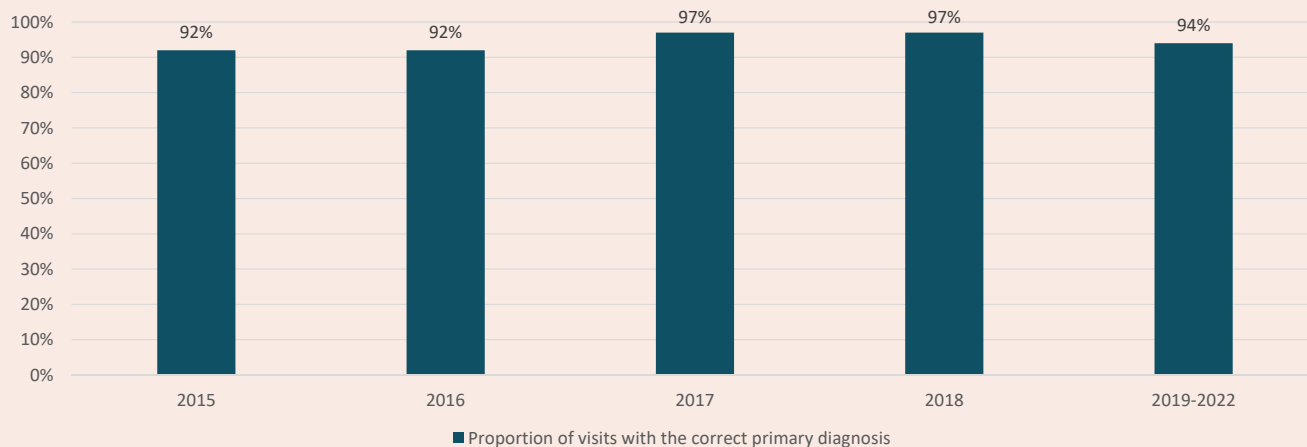
### At the same time checked:

- Data transfer

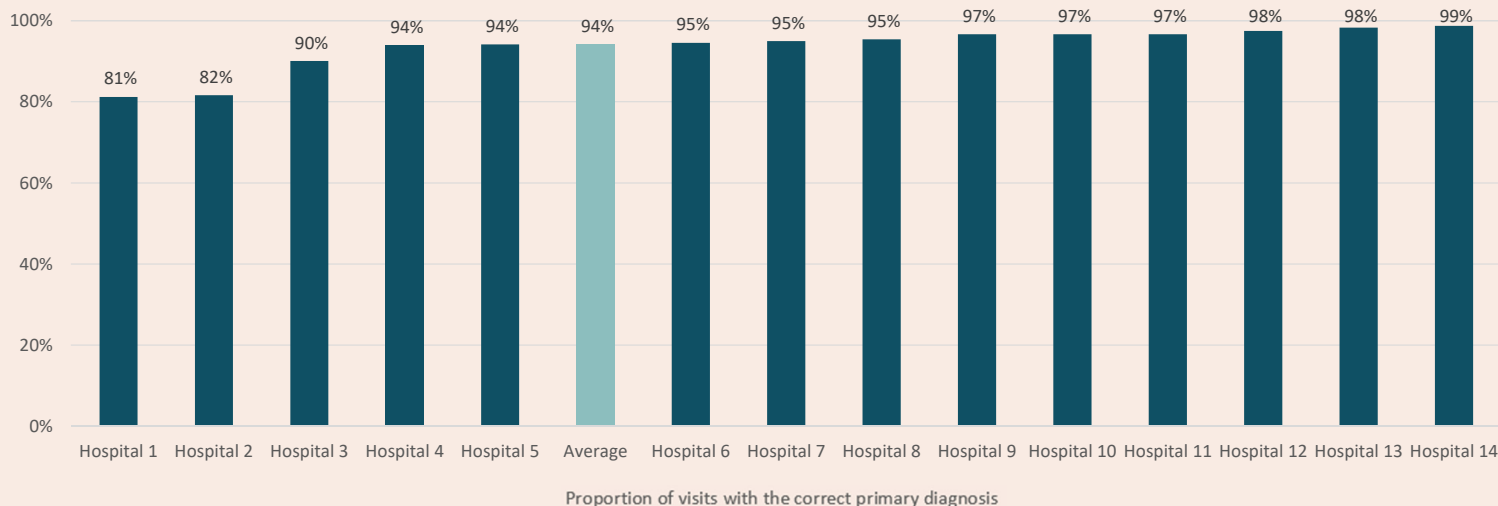
# FCG.

## Results

## Primary diagnosis - the quality of coding has again declined

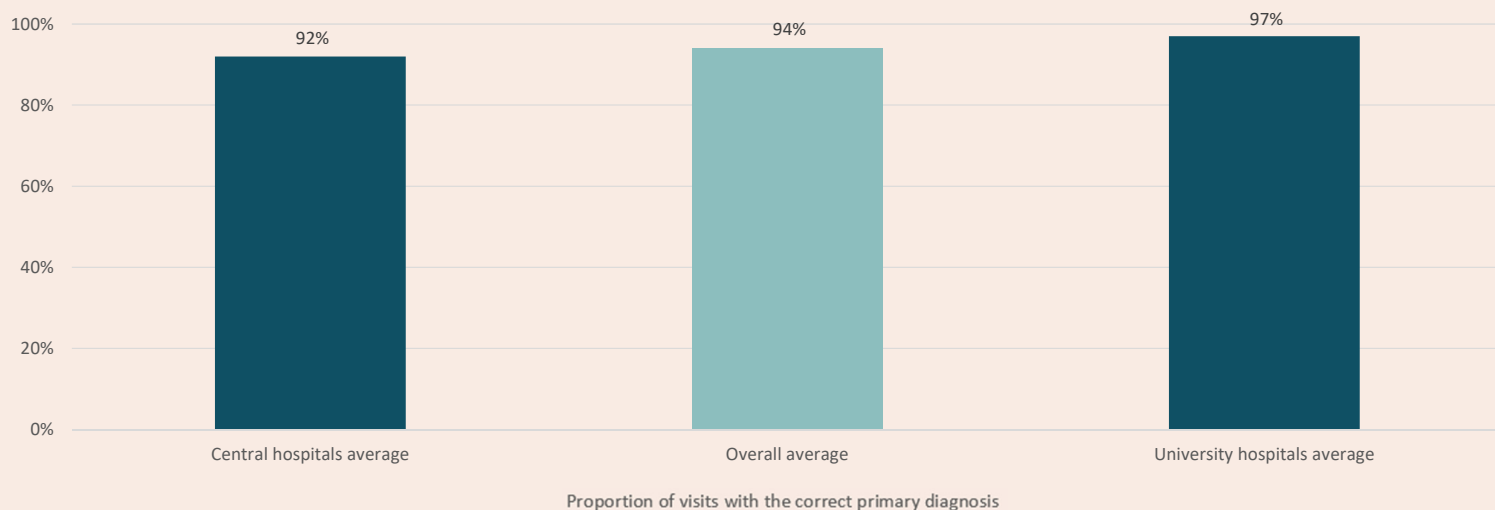


## Primary diagnosis 2019-2022 - There is large local variations



## Primary diagnosis 2019-2022

- The quality of coding seems to be better in university hospitals



## Primary diagnosis - typical problems

- Primary and secondary diagnoses should have been the other way around

Example:

Primary: Invasive carcinoma of the ascending colon

Secondary: Bowel obstruction caused by adhesions

The diagnoses should be the other way around if the visit primarily treated the obstruction

- The external cause and accident type codes have not been recorded for injuries

Example:

S72.4 Fracture of lower end of femur

How and where did this happen?

- The diagnosis is not specific enough

Example:

H10 Conjunctivitis

Acute, chronic etc. or H10.8 other or H10.9 unspecified

## Practical example 1

*Woman with breast cancer gets a complication (disruption of operation wound) after her mastectomy and has to come in for a new procedure.*

### HOW THE CASE WAS CODED:

#### Primary diagnosis:

C50.41 Malignant neoplasm of breast, upper-outer quadrant of breast, ductal carcinoma

#### Secondary diagnosis:

T81.3 Disruption of operation wound, not elsewhere classified

#### Procedure:

Revision of wound of skin of trunk (QBB05)

NordDRG –group: 8300 Non-extensive procedure of breast, short therapy

DRG-weight: 0,4800

Price: 257,95 €

Quality of clinical coding

### HOW THE CASE SHOULD HAVE BEEN CODED:

#### Primary diagnosis:

T81.3 Disruption of operation wound, not elsewhere classified

#### Secondary diagnosis:

C50.41 Malignant neoplasm of breast, upper-outer quadrant of breast, ductal carcinoma

#### Procedure:

Revision of wound of skin of trunk (QBB05)

NordDRG –group: 8210 Non-extensive procedure for trauma, short therapy

DRG-weight: 0,7300

Price: 392,29 €

6/10/2024

13

## Practical example 2

*Woman with metastasised breast cancer is in the hospital for treatment of a liver metastasis by embolization.*

### HOW THE CASE WAS CODED:

#### Primary diagnosis:

C50.11 Malignant neoplasm of breast, central portion of breast, ductal carcinoma

#### Secondary diagnosis:

C78.7 Secondary malignant neoplasm of liver and intrahepatic bile duct

#### Procedure:

Extensive embolization of local liver lesion (PC2ET)

NordDRG –group: 4770 Non-extensive o. r. procedure unrelated to principal diagnosis

DRG-weight: 10,47

Price: 5 626,47 €

Quality of clinical coding

### HOW THE CASE SHOULD HAVE BEEN CODED:

#### Primary diagnosis:

C78.7 Secondary malignant neoplasm of liver and intrahepatic bile duct

#### Secondary diagnosis:

C50.11 Malignant neoplasm of breast, central portion of breast, ductal carcinoma

#### Procedure:

Extensive embolization of local liver lesion (PC2ET)

NordDRG –group: 2010 Other hepatobiliary or pancreas o. r. procedures, short therapy

DRG-weight: 12,00

Price: 6 448,68 €

6/10/2024

14

## What can be done to improve the quality of clinical coding?

- Clinical coding should be as easy and intuitive as possible
- Patient information systems should require clinical coding
- Clinical coding should be made as automatic as possible, for example, by using artificial intelligence
- National guidelines for clinical coding should be unambiguous and easily accessible
- Internal and external audits should be conducted regularly
- The clinicians should be continuously educated
  - The rules of coding
  - The importance of coding
- The clinicians should get more feedback regarding the clinical coding

Thank you!