

# Do you have Data Doubters?

## PROBLEM

The Center for Medicare & Medicaid Services requires that a single physician be assigned as the responsible physician of record for an entire hospital encounter on inpatient claims. Many hospitals default to assigning the discharging provider as this single responsible physician. Providers perceive that this policy leads to inaccurate attribution for particularly complex cases, or cases with long lengths of stay. This negative perception reduces engagement and the impact of reviewing quality and performance measures assigned to responsible providers of cases; this has been particularly evident during The Joint Commission-required Ongoing Professional Practice Evaluation of providers.

## SOLUTION

The University of Minnesota Health Quality and Medical Staff Services leaders started an attribution workgroup to address this problem at the University of Minnesota Medical Center. The workgroup reviewed several attribution policies from other organizations across the nation, and created an algorithm based in part on the Grady Health System's "preponderance of care" attribution model.

## M HEALTH INPATIENT ACCOUNT ATTRIBUTION ALGORITHM

- 1. Preponderance of Notes:** as Grady Health System pioneered, with weighted points attributed to different types of notes.
- 2. Types of Providers:** notes are selected only from certain types of licensed providers who have attending privileges within the hospital
- 3. Groups of Providers:** the groups that the providers practice in are considered for cases if length of stay greater than 7 days.
- 4. Length of Stay:** notes are summed by individual providers if the length of stay is less than or equal to 7 days; if the length of stay is greater than 7 days, the notes are first summed by the groups of any selected provider – to account for groups that have providers who rotate frequently – and then by the individual providers within those groups.
- 5. Procedures:** procedures are one of the most invasive and outcome-defining portion of a patient's stay; therefore, surgeons who perform major diagnostic and therapeutic procedures, as defined by the Healthcare Cost and Utilization Project, and providers who deliver babies receive more weight in the algorithm.
- 6. Tie Breakers:** ties between providers and groups are broken within the algorithm by selecting specific providers that are in the tie in the following order: discharging provider, any provider who performed a major diagnostic or therapeutic procedure as coded on the account, and finally the provider who wrote the last note that is in the tie.