



Smart pump-electronic health record (EHR) interoperability has been demonstrated to reduce adverse events and increase documentation and billing accuracy. However, relatively little is known about the impact of interoperability on infusion therapy billing claims and hospital finances” Suess et al (2019).

Abstract:

BACKGROUND: Smart pump-electronic health record (EHR) interoperability has been demonstrated to reduce adverse events and increase documentation and billing accuracy. However, relatively little is known about the impact of interoperability on infusion therapy

billing claims and hospital finances.

OBJECTIVE: Our objective was to evaluate the association between smart pump-EHR interoperability with auto-documentation and current procedural terminology (CPT®)-coded infusion-therapy billing claims submissions.

METHODS: At Penn Medicine Lancaster General Health (Lancaster, PA, USA), infusion-therapy billing data were collected for 158,379 patient days (a visit to the emergency department [ED] or 24 h admission to a non-ED unit) and divided into two groups: 78,241 pre- and 80,138 post-auto-documentation. The count and types of submitted CPT-coded claims were analyzed for ED/non-ED groups, inpatient/outpatient status and non-ED unit where the infusion was administered. Dollar amounts for CPT codes were calculated using Medicare Addendum B 2017. Patient day and CPT code counts were converted to annualized values to facilitate analysis.

RESULTS: Patient days did not increase significantly from pre- to post-auto-documentation, whereas annualized submitted CPT-coded claims increased significantly by 14.5% ($p < 0.001$). The corresponding billing claim dollar value increased by \$US1,147,652 (13.5%). ED patient days increased by 2.0% ($p = 0.44$), whereas submitted CPT-coded claims increased significantly by 4.0% ($p < 0.001$) and \$US478,980 (7.4%). Non-ED patient days increased by 2.8% ($p = 0.2$), whereas CPT-coded claims increased significantly by 31.7% ($p < 0.001$) and \$US668,672 (34.0%). The total number of submitted CPT-coded claims increased by 13.4% for inpatients and 12.3% for outpatients. **CONCLUSION:** Our findings suggest that auto-documentation of infusion-therapy services may have a positive impact on hospital financial performance, which could help drive adoption of this technology.

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Reference:

Suess, T.M., Beard, J.W., Ripchinski, M., Eberts, M., Patrick, K. and Tharappel, L.J.P. (2019) Smart Pump-Electronic Health Record (EHR) Interoperability with Auto-Documentation is Associated with Increased Submission of Infusion-Therapy Billing Claims at a Community Hospital. *Pharmacoeconomics Open*. March 4th. .

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