The Abstracting component in MEDITECH’s Health Information Management solution facilitates the collection and reporting of relevant patient information through system-wide integration, helping your staff accurately calculate DRG and APC codes, monitor reimbursement limits, complete patient abstracts in a timely manner, and analyze case mix management throughout your organization. Furthermore, our extensive worklists and streamlined coding tools enable coders to easily access accounts that require review. For example, coders can send and receive data via a third-party encoder interface to proactively identify potential issues through our internal check, warning, and rejection features, as well as create and track provider queries, messages, and tasks. In addition, tight integration with Registration, Health Information Management, Electronic Health Record, and Revenue Cycle enables the automated capture of patient and financial data from across MEDITECH Expanse for all patients.

**Code Quickly, Accurately, and Efficiently via a Coder Desktop**

With Abstracting, coders can readily code and report patient data with ease and accuracy. Using our Provider Query Form (PQF) tool, coders can also seamlessly communicate with a provider or group of providers via a user-defined PQF template, while tracking and documenting the query’s progress. In addition, Abstracting can connect to any third-party, HL7-compliant encoder, allowing a patient’s identifying information to pass to the encoder and coding data to be received for automatic inclusion into the patient abstract. Using the centralized Coder Desktop, users can:

- Work with single patient accounts or group similar accounts into worklists to streamline the coding process.
- Create, view, and edit patient abstracts.
- Capture information required for submissions to file service agencies or for hospital-defined projects.
- Flag patients involved in information-tracking special studies.
- Access Abstracting Inquiry reports to review patient information in need of re-filing.
- Access user-defined or standard patient forms for immediate queuing and printing.
- Initiate and track tasks, provider query forms (PQFs), and messages.

**Maximize Reimbursement**

MEDITECH adheres to Prospective Payment System (PPS) and other regulations to help you maximize reimbursement. For example, Abstracting provides concurrent review functionality to facilitate the identification of patients whose charges are approaching established limits for DRG reimbursement or length of stay, which enables staff to:

- View the potential day and cost outliers for patients still in the hospital.
Create a Final DRG Delinquency Register to identify discharged patients lacking a final DRG assignment.

View patients flagged for review.

In addition, MEDITECH’s Abstracting enables your organization to accurately track and report hospital-acquired conditions (HACs). Your staff will be able to manage processes associated with HAC and Present on Admissions (POA) by:

- Adding a final check to the Patient Class Dictionary to advise users that the abstract may have been affected by HACs, enabling them to pinpoint and address underlying issues over time.
- Editing financial classes to indicate that they should be ignored by HAC, helping your organization avoid any unnecessary financial penalties.
- Compiling a HAC Report to produce a list of accounts that include HAC diagnoses but without the associated POA flag set to "yes." This report assists management by providing a picture of how HACs are affecting your bottom line and allows you to develop a strategy for minimizing the incidence of HACs.

### Take Advantage of Flexible Reporting and Worklist Options

Abstracting also includes flexible reporting and worklist options to ensure the timely completion of patient abstracts. Using selection reporting capabilities, your staff can generate both patient and statistical selection files. For either report type, staff can:

- Specify selection criteria and sort factors.
- Manage compiled reports through halt, list, and print routines.
- Compile reports on demand for real-time trending analysis.

Using worklists, coders can review and correct multiple accounts via user-specific worklists or a single patient account. Worklists include filtering capabilities that can be sorted and prioritized based on the coder’s needs, allowing coders to quickly and easily review pertinent data, while eliminating the need to access different applications.

### Analyze Coding or Productivity Statistics

With our interactive Abstracting Statistical Desktop, staff can monitor coding and user productivity to ensure optimum workflow. From this desktop, management can evaluate the number of abstracts in finalized, unfinalized, or other statuses, as well as, coder productivity based on capacity and turnaround times. For example, as shown below, you can assess unfinalized abstracts by facility per month in tabular and graphical formats to help you target and rectify bottlenecks to achieve your goals. Daily and yearly views are also available for comparison. In addition, staff can display account-level details with the option to print or download the list as a tab delimited .txt file, view an account’s abstract, access a list of edits and checks performed on an abstract, or create a worklist of all accounts displayed.
Realize the Benefits of Integration

As an integrated component of MEDITECH Expanse, our Abstracting solution facilitates the accurate capture of patient information and charges through integration with MEDITECH’s Revenue Cycle solution, as well as other components of Health Information Management. For example, Abstracting not only shares patient demographic information with Registration, but also sends diagnosis and procedure codes, which are then broadcast to Revenue Cycle. Likewise, charges from Revenue Cycle are shared with Abstracting for APC grouping via a third-party vendor encoder for accurate reimbursement calculations. Some additional benefits of Abstracting’s integration include the ability to:

- Submit information to Quality Management and Risk Management (components of our Quality and Surveillance solution) to use in reviews, notifications, and selection reports.
- View the patient’s abstract summary data (e.g., DRG data, ICD-10 diagnosis codes, etc.) and visit-specific information in the patient’s record.
- Receive CPT and ICD codes from Surgical Services upon filing or verifying the surgical profile.
- Facilitate remote coding through integration with Scanning and Archiving, which provides access to scanned and electronic documentation, along with the ability to assign and prioritize charts.

For more information, contact a MEDITECH Marketing Consultant.