Project Title: CPAP in inpatient medicine: how does inpatient CPAP contribute to risk adjustment and health system revenue?

Student Name(s): White, Morgan

Advisor Names(s): Rishi Bakshi

Branch: Patients & Populations

Path of Excellence: N/A

Handover/Transition:
If this project can be continued by another UMMS student, you may contact them at the following email address/phone number (N/A if project cannot be handed over): N/A

Summary:

Michigan Medicine codes patients with obstructive sleep apnea on continuous positive airway pressure device at a lower frequency than our peer institutions. Patients with obstructive sleep apnea who are chronically on CPAP represent a higher risk hospitalized group than those without sleep apnea or those not on CPAP. Because Michigan Medicine codes at a lower frequency than peer institutions, our patients are perceived as "less sick" and we receive less compensation for these patients. It has previously been identified that our patient population was not "less sick" and there is an actual disagreement with the patients we see and how these patients are coded.

The purpose of my project was to work with the clinical documentation and improvement team to discover ways in which we can improve our documentation of patients with obstructive sleep apnea on CPAP.

Methodology:

Hospital statistics on revenue and patient groups analyzed by statistician. MiChart provider workflows were reviewed.

Results/Conclusion:

This is an ongoing project.

Reflection/Lessons Learned:

-Learned how to work on an interdisciplinary team

-Learned more about billing and coding.