acdis
virtual summit

State of the CDI Profession

Panel Session Moderated by:
Brian Murphy, Director of ACDIS

Thursday, April 22, 2021

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Panelists

- *Kati Beisel, MSM, RHIA, CDIP, CCS, Director of Health Information, INTEGRIS Health*

- *Susan Fantin, MSA, BSN, RN CCDS, CDIP, Corporate Director of CDI, McLaren Health Care*

- *Nancy Treacy, MPH, RHIA, CDIP, CCS, HIM Data Integrity Manager, University of Utah Health*

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Learning objectives

At the conclusion of this virtual summit, participants will be able to:

- Identify current best practices to optimize the value and performance of your CDI program
- Describe the strengths, weaknesses, opportunities, and threats the CDI profession faces
- Evaluate ways in which technology can be leveraged to improve CDI productivity and collaboration
- Define proactive denials management strategies during the concurrent review process

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Panel Agenda

1. **CDI & Concurrent Coding Model** - Nancy Treacy, MPH, RHIA, CDIP, CCS, HIM Data Integrity Manager, University of Utah Health

2. **Mortality Reviews and Capturing COVID-19 Tests** - Susan Fantin, MSA, BSN, RN, CCDS, CDIP, Corporate Director of CDI, McLaren Health Care

3. **Updating Metrics to Align With Mission** - Kati Beisel, MSM, RHIA, CDIP, CCS, Director of Health Information Management, INTEGRIS Health

4. **CDI "Swot" Analysis**: Discussion of strengths, weaknesses, opportunities, threats confronting the CDI industry.

5. **Audience Q&A**

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CDI Nursing, Coding, Quality, And Auditing:

An Integrated Model

Nancy Treacy, MPH, RHIA, CDIP, CCS
HIM Data Integrity Manager
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Utah Health Model

Coders (22)

- Assign all working codes / working DRG, and follow encounter through discharge and final code assignment
- Collaborate with nurse re query requests or generate coding related queries where appropriate
- Coordinate with Quality Liaisons and/or Auditing as needed
- Participate in Clinical Integration (joint collaboration with service line clinical leaders and CCDI)

Nurses (9)
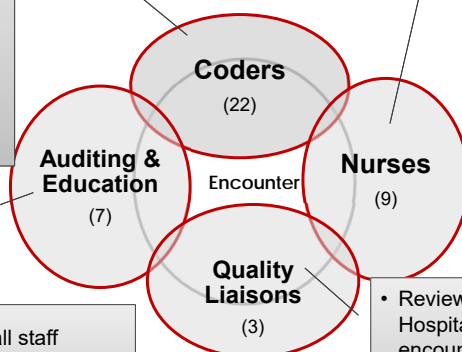
- Review encounter for complete clinical understanding
- Identify opportunities for clarification of clinical picture, and generate queries accordingly
- Generate coder requested queries
- Perform clinical validation and associated queries
- Participate in Clinical Integration (joint collaboration with service line clinical leaders and CCDI

Auditing & Education (7)

Encounter

Quality Liaisons (3)

- Coordinate ongoing education for all staff
- Perform pre- and post-bill audits
- Supports coding during staffing shortages
- Resolves coding edits

- Review all Patient Safety Indicators (PSIs), Hospital Acquired Conditions (HAC), and mortality encounters and generate queries accordingly
- Review all PSIs with CDI Governance MD
- Perform 2nd level review on various, pre-defined cohorts

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Shared Platform For Integration

- All staff utilize a shared platform for record review, notation of pertinent findings through CDI, coding, and quality review processes

- Bi-directional communication
  - Nursing
  - Coding
  - Quality Liaisons
  - Auditing & Education
  - Rehab PPS Coordinators

- Technology facilitates organization of review process and bi-directional workflow
  - Create a Finding and/or Follow Up for things to remember, monitor, or follow up on

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Shared Platform For Integration (cont.)

- Generate *Action Item* for request to coworker
- Prioritize account higher on respective worklist
  - Coder to nurse query request
  - Coder to nurse clinical validation request
  - Nurse to coder request for coding review
  - Staff to leadership request for 2nd level review
  - Coder/Nurse to CDI QL for quality review

- Enable leadership and team a quick assessment of all account review activity

- Support augmented by an A&E facilitated IP Coding Questions email address

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Challenges

- DNB management
  - Ongoing balancing act between concurrent coding and discharged accounts
- Technology not always conducive to our coding & CDI model as it is designed for the traditional CDI structure
  - But….that is changing as more organizations transition to similar model
- We are still striving for <u>100%</u> continuous, transparent, and concise, communication
- Existing and known 'disconnect' between clinical world and coding
- This can lead to silos if not careful
  - Some intentional
  - Some maybe not as much…continuous work on
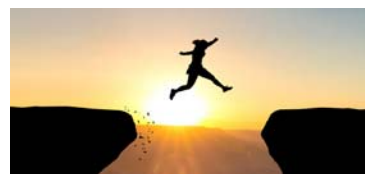
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Wins

- Empower coders, nurses, quality, and auditing to collaborate together, tapping into each area of expertise to realize best results
- Enable nurses to review more encounters and generate more queries
- Allow coders to apply their expertise from admission
- Eliminate the cumbersome process of DRG mismatch
- Identify ways to work through technical issues related to our unique workflow
- Sustain minimal coding backlog
- Reduce email overload and keep detail at account level

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Wins (cont.)

- Maintain coding accuracy rate higher than national average
  - National Coding Contest
  - External vendor post-bill analytics yield lower than average opportunities
- Auditing provides flexibility and support with coding during staffing shortages
- Achieve and sustained employee engagement results in 90%ile
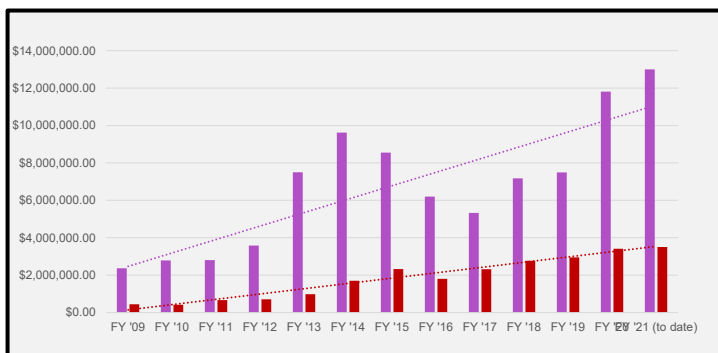- Realize a very low inpatient, coding-related denial rate

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Wins (cont.)

- Support organizational quality goals
  - Utah Health achieved Vizient Top 10 for 11 years running
- Recognize $ savings in salaries and benefits and exceeding targets for KPIs
  - Cost to Benefit

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Next Steps

- Work to sustain all that is going well
- Continue working on resiliency (2020…need I say more)
- Implement additional technology for increased efficiency
  - Further mature existing technology
  - Clinical validation process
    - At a glance, presentation of pertinent clinical indicators (or lack thereof)
  - Automate some of the basic provider queries, i.e., HF
- Continue pushing more coding audits to pre-bill

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Mortality Reviews & Capturing COVID-19 Tests

Susan Fantin, MSA, BSN, RN, CCDS, CDIP
Corporate Director CDI, McLaren Health Care

McLaren
HEALTH CARE

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Admissions Without COVID + Test Results

In order to protect Medicare program integrity, CMS now requires a positive COVID-19 laboratory test on all claims eligible for the 20% add-on payment (September 1st, 2020)

CDI Workflow:

1. Concurrently CDI reviews chart for COVID result
   – CDI will document cases with COVID infection without a +COVID lab result on the record on the log
   – CDI will document where/when external testing was done on log, if the information is available in the record
   – CDI will indicate if testing site is not specified in the documentation
2. If result in chart from previous encounter (within 14 days), then notify HIM Director to pull result forward.
   – Result will be indexed in the laboratory findings
3. If no result in chart from previous 14 days, and testing site is unknown/not documented, Infection Control/Quality will notify nurse manager to obtain result

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Admissions Without COVID + Test Results (cont.)

In order to protect Medicare program integrity, CMS now requires a positive COVID-19 laboratory test on all claims eligible for the 20% add-on payment (September 1st, 2020)

CDI Workflow (cont.):

4. If unable to obtain result, IC/Quality notify CMO
   – Quality and CMO to find alternate way to get result or to re-test.
   – If necessary, Infection Prevention will contact local Health Department to obtain lab results
5. Regional CDI Directors reviews logs daily to ensure updates have been made
6. CDI Corp Administrative Assistant sends out daily COVID + spreadsheet log to each site
   – Ensures updated daily communication and findings are being documented and placed in the EMR

Collaborative effort w/Infection Control, Nursing, HIM, Quality, & CMO

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Admissions w/o COVID + Test Results
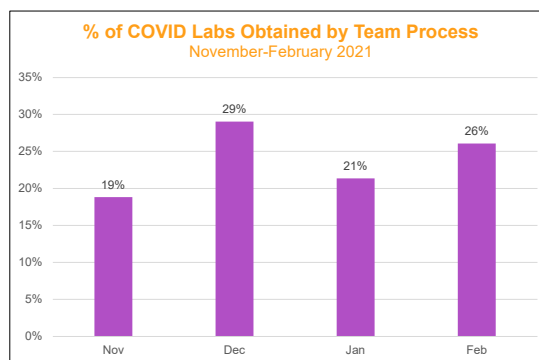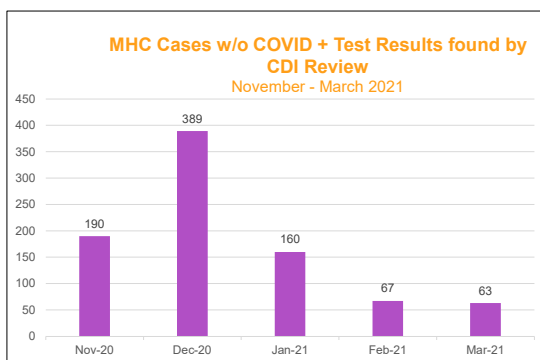### CDI COVID Review Log Sheet Example

FIN	Patient Name	Location of where COVID test was performed prior to admission *(If known)*	Additional Comments	Admit Date	Discharge Date	CDI Initials	Date CDI Added to spreadsheet	Per HIM, Date HIM scanned to encounter	Per Quality/Infection control, Requested lab from Health Department
123456789	Potter, Harry	Infection Control - no positive result in EMR; Patient stated performed at Oakalnd County HD	tested positive Prior to Admission, unknown date	11/17/20	11/21/20	SF	12/17/2020	12/29/20	12/28/2020

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Admissions w/o COVID + Test Results
In order to protect Medicare program integrity, CMS now requires a positive COVID-19 laboratory test on all claims eligible for the 20% add-on payment (September 1st, 2020)

MHC Cases w/o COVID + Test Results found by CDI Review
November - March 2021

- Nov-20: 190
- Dec-20: 389
- Jan-21: 160
- Feb-21: 67
- Mar-21: 63

% of COVID Labs Obtained by Team Process
November-February 2021

- Nov: 19%
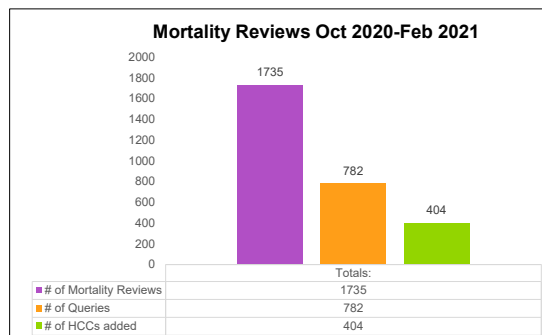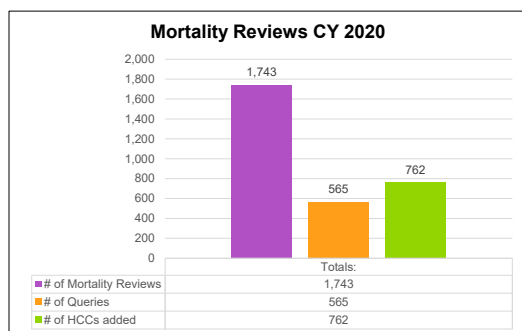- Dec: 29%
- Jan: 21%
- Feb: 26%

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Mortality Reviews / COVID

- Prior to COVID, McLaren CDI audit /team lead staff reviewed all mortality cases
- With COVID, McLaren CDI saw mortality reviews tripled at some facilities
- Trained additional CDI staff to perform reviews
  - Opportunity CDI professional growth
- Chart audits reviews for:
  - Accurate, complete and compliant documentation,
  - SOI/ROM,
  - Query opportunity,
  - HCCs (risk adjustments),
  - Impact Observe/Expected Mortality Scores

Mortality Reviews / COVID (cont.)

Mortality Reviews CY 2020

	Totals:
■ # of Mortality Reviews	1,743
■ # of Queries	565
■ # of HCCs added	762

Mortality Reviews Oct 2020-Feb 2021

	Totals:
■ # of Mortality Reviews	1735
■ # of Queries	782
■ # of HCCs added	404

Updating Metrics to Align With Mission

Kati Beisel MSM, RHIA, CDIP, CCS
Director Health Information, Integris Health

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Healthcare Delivery & CDI Evolution

Clinical Documentation Improvement

DRG/CMI

CC/MCC Capture

Coding Accuracy for Revenue

CDI Evolution

Requires Re-evaluation of Mission

Clinical Documentation Integrity

DRG/CMI

CC/MCC Capture

Coding Accuracy for Revenue, Clinical Validation & Denial Prevention

HCC SOI ROM

HAC, PSI, VBP & Public Reporting

ACO, BPCI, Alternative Payment Methodologies
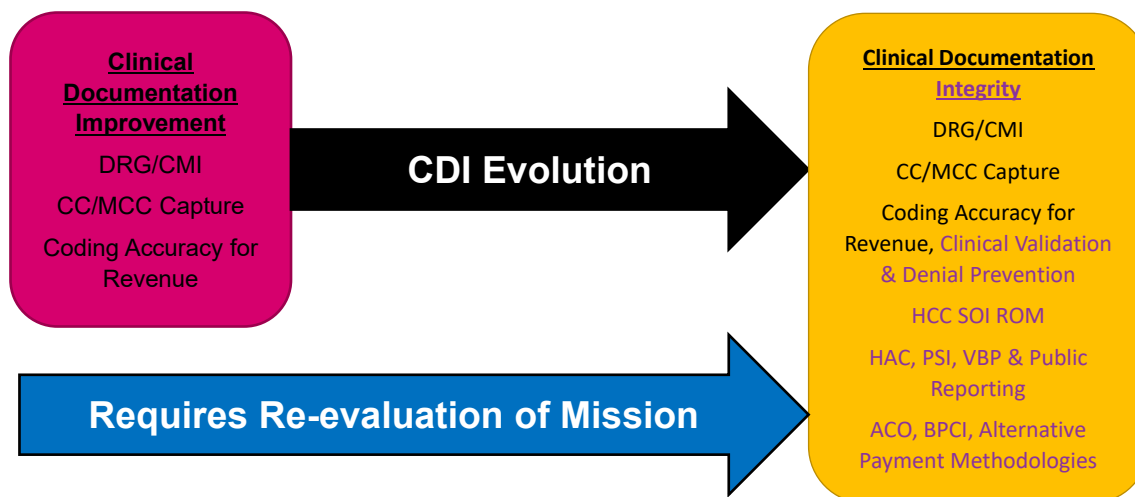
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Clinical Documentation *Integrity*

For most organizations, the vision for CDI includes provider documentation quality and integrity supporting multiple organizational strategies including

- Accurate revenue
- Optimal provider communication (support patient care/safety)
- Accurate outcomes reporting (public reputation)
- Value-based purchasing and advanced payment models
- Denial prevention

"Achieve clinical documentation integrity reflective of quality of care provided, severity of illness treated, and outcomes of care for our patients."

Key Performance Indicators (KPIs)

- Review rate
- Query rate and volume
- Query response and agree rates
- Query impact outcome: financial/SOI/ROM/LOS
- Query impact type: CC/MCC, PDx, SOI/ROM, HCC, Clinical Validation, HAC/PSI
- CC/MCC capture rates
- CMI
- **DRG accuracy (as measured through audits)**
- **Risk adjustment accuracy (as measured through audits)**
- **Query effectiveness & compliance (as measured through audits)**
- HAC/PSI rescues
- Denial and appeal rates
- Formal provider education contact hours

KPI Description Supplement

Metric	Metric Description	Metric Type	Importance	CDI Influence	Interrelated Dependencies & Influences
Top Queried Conditions	Diagnostic conditions for which the most volumes of queries have been submitted	Leading	Triggers CDI leadership to understand the top areas needed for physician education or enhanced EMR tools.	Owner	Clinical variation in documentation practices may be a significant contributor.
Query Impact Type	Type of impact documentation queries are directed	Leading	Allows CDI leadership to ensure CDI is focused on all aspects of documentation integrity including risk adjustment, reimbursement, quality, and clinical validation.	Owner	CDI staff should focus on broad documentation integrity and not limit impact to DRG.
Case Mix Index	Case Mix Index reported by Surgical, Medical, and Overall	Outcome	Shows Case Mix Index over time to reflect patient mix and severity.	CDI influences CMI over time. Mature CDI programs seek to preserve CMI. Acute changes are often not result of documentation performance.	Peaks and valleys in surgical volumes can be a substantial driver in CMI. Loss or additions of certain service lines or high volume providers can also influence CMI. Annual IPPS/OPPS changes to the reimbursement system may drive significant changes to CMI . These regulatory changes may include updates to the inpatient procedure only lists, new and deleted DRGs, changes to procedure mappings in surgical DRGs, changed relative weights, and additions or deletions to the CC/MCC list.

Individual CDIS Productivity & Accuracy

- Ensure individual staff productivity metrics are aligned with overall program goals!
  - Consider an emphasis on meaningful outcomes
- Regularly review team members to measure their individual effectiveness and education gaps.
  - Consider tiering the team into top, middle, and low performers to make the review process more efficient and impactful.
  - Tier 1 is reviewed less frequently than Tier 2 and Tier 3

Mission Critical: Communication & Transparency

WHO
- CDI & coding teams
- Executive leadership: CFO, CMO, CNO
- Medical Staff (Medical Quality Committee, Utilization Management Committee)
- Hospital level executives & "influencers"; Quality, Case Management

CADENCE
- At least monthly
- Deeper strategy session annually

METHODS
- Executive Dashboard (KPIs)
- Operational Review or CDI Committee
- Teams/SharePoint

ESCALATION
- Path for collaboration and/or resources

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Open Discussion:
CDI S.W.O.T. Analysis

What are the CDI profession's current strengths?
What weaknesses does it possess?
Where are its opportunities for growth and change?
What threats, if any, are looming on the horizon?

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Audience Q&A

Please send us your questions in the chat pod!

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Game of Codes: WELCOME21

Thank you.

In order to receive your continuing education certificate(s) for this program, you must complete the online evaluation. The link can be found in the continuing education section of the program guide.

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