



BRIDGING THE GAP BETWEEN CODING, CDI AND QUALITY



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MEET YOUR PRESENTER

- Heather Gladden
- CAC/CDI Product Manager at Dolbey
- Based out of Cleveland, Ohio
- 17 years of industry experience
- Spoken at many national and local shows
- 2 cats Carlos and Lucy



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A G E N D A

Common Tasks Coding, CDI
and Quality

Areas of Impact

Technology Overview

It's All About the Data!

Outcomes and Conclusions





“Excellence is the current buzz word in Healthcare delivery. However, no matter how excellent the care, the coding professionals stand between that **excellent** care and the health care organization getting back the reimbursement they deserve. It’s a tremendous responsibility!”

– Rhonda Crabtree
Organizational Efficiency Officer
Covenant Healthcare

TEAM PARTICIPATION

- Even though coders have the responsibility of submitting the chart to billing, that doesn't mean coders are exclusively responsible for the correctness of the bill!
- Many team members participate. Today we are going to talk about a few of those members.
 - CDI
 - Quality
 - Coding



TASK OF

CLINICAL DOCUMENTATION IMPROVEMENT

The clinical documentation improvement (CDI) professionals have a worthy task to help identify and communicate opportunities and risks related to documentation inefficiencies in the medical record.

CDI COMMON TASKS

- Perform Concurrent Reviews
- Query providers to reduce or eliminate retrospective queries
- Focus reviews on charts that need the most attention
- Review ROM/SOI
- Assign Working DRG
- Communicate with Quality
- Collaborate with Coding





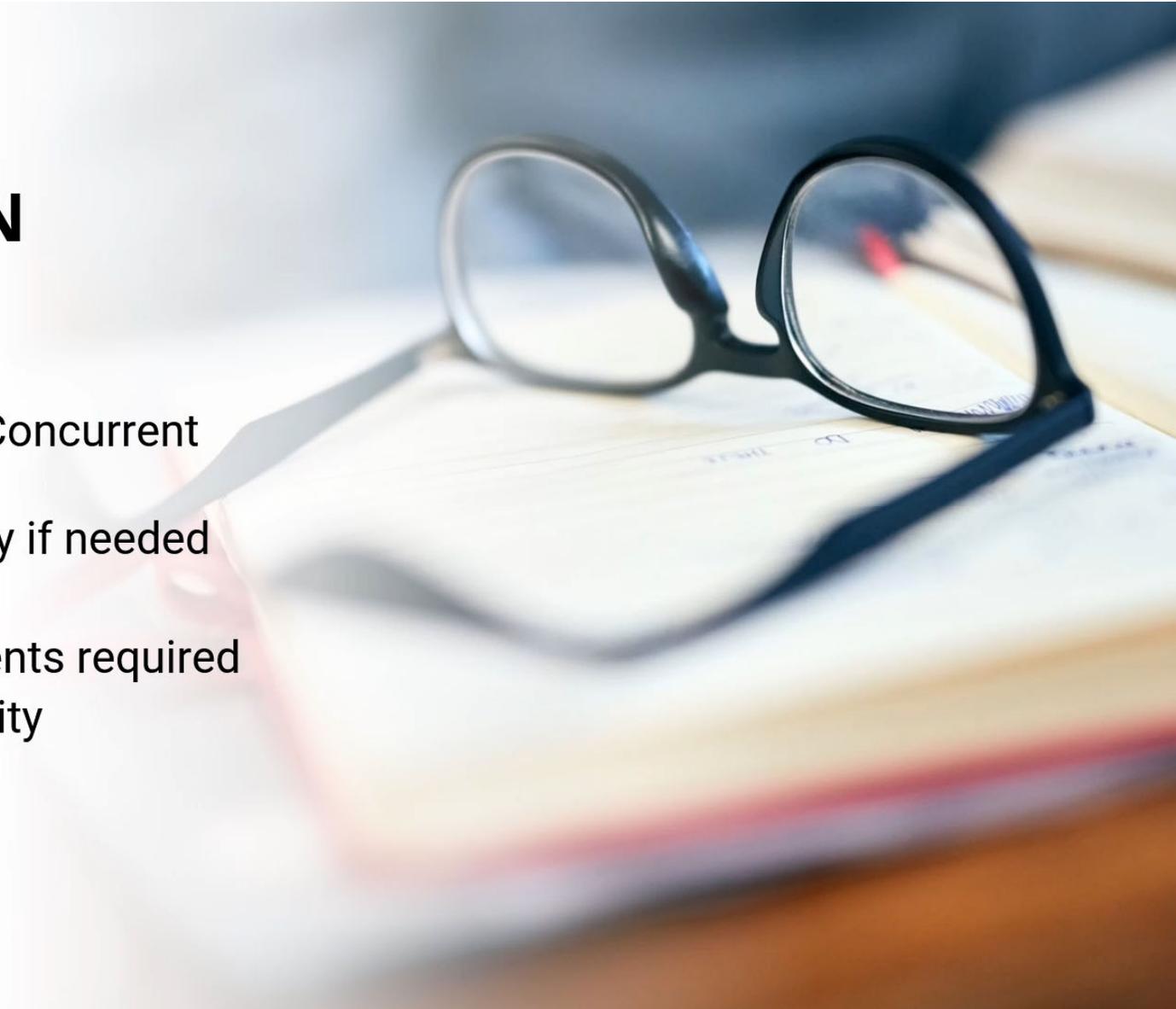
TASK OF

CODING

Coding professionals are deeply devoted to identifying the correct codes to accurately represent patient care, resources consumed, severity of illness, and risk of mortality.

CODER COMMON TASKS

- Post Discharge and/or Concurrent Workflow
- Read the chart and query if needed
- Assign Codes
- Abstract any data elements required
- Communicate with Quality
- Collaborate with CDI





TASK OF

QUALITY INITIATIVES

The quality initiatives (QI) professionals pinpoint and communicate patient safety indicators (PSI), hospital acquired conditions (HAC) and other quality initiatives to ensure providers can react as early in the stay as possible, while ensuring the documentation is accurately depicted on the data points that can impact the hospital's quality scores.

QUALITY INITIATIVES COMMON TASKS

- Post Discharge, Concurrent and Retrospective Workflow
- Read the chart and ask the coder or CDI to query if needed
- Collaborate with the Healthcare Provider
- Communicate updates with CDI and Coding
- Track and Trend data
 - Education
 - Decisions





LOOKING AT THE VALUE

- Accurate reflection of a patient's clinical status and services provided
- Quality outcomes and value-based care
- Coded data is integral to other initiatives
 - Revenue cycle
 - Quality
 - Value-based care
 - Population health
 - Strategic planning

COST OF NO COLLABORATION

- TIME!
- Lack of Reconciliation
- Increased Denials
- Increased DNFB
- Increased AR days



WHY COLLABORATE?

- Brainstorming
- Providing Value
- Equal Partaking





**CODE
ASSIGNMENT**



**DRG
CALCULATION**



**MISSING
INFORMATION**



**QUERY
PROVIDERS**



**DOCUMENTATION
SUPPORTS SOI/ROM**



**IDENTIFY CHARTS
THAT MEET QI**



**COMMUNICATE
BETWEEN DEPTS**



**REPORT ON
DATA**

DIFFERENT TASKS, BUT SIMILAR ACTIONS



TECHNOLOGY CHALLENGES

- Collecting Data in Different Platforms
- Results
 - Little or no data shared
 - Gaps in crucial data
 - Differences in Reporting



HOW CAN THESE TEAMS WORK IN A
COLLABORATIVE SPACE TO PROMOTE
COMMUNICATION AND ACHIEVE
COMMON GOALS?





COMPUTER-ASSISTED CODING (CAC)



TECHNOLOGY

- 10+ Years on the Market
- Continues to evolve
- Common Technology Types included Machine Learning (ML) and Artificial Intelligence (AI)
 - Code Suggestion
 - CDI Prioritization
 - Quality Initiative Identification
- Continuously learning



WHY CAC?

1. Collaboration
2. Process Improvement
3. Productivity





OVERVIEW

COMPUTER-ASSISTED CODING



FLEXIBLE WORKFLOW

Fusion CAC/CDI Accounts Reporting Tools Tuning Encoder

Account List Assigned to: Inpatient 11 Auto-Load Exclude Pended Reasons Reset Filters Refresh Account #

Stage	Account #	Admit Date	D/C Date	Last Name	First Name	Hospital Ser...	In Use By	LOS	MRN	New Document	Open Queries	Payor
Unbilled	6330681112	04/10/2020	04/13/2020	David	Craig	INTERNAL		3	6379582512		2	Medicare
Unbilled	7731271475	08/30/2020	09/01/2020	Smith	Earl	CARDIOLOGY		2	5965345148		1	Medicare
Unbilled	8731271475	01/10/2020	01/10/2020	Phillips	William	OPTO		1	5969845148		0	Medicare
Unbilled	8551270422	01/07/2020	01/10/2020	Kowalczyk	Arthur	ENDOSCOPY		3	5969214514		0	Medicare
Unbilled	8553270422	01/08/2020	01/10/2020	Goldberg	Benjamin	OPTO		2	5963314514		0	Medicare
Unbilled	7653270115	01/08/2020	01/10/2020	Powell	Mallory	OPTO		2	5711514514		0	Medicare
Unbilled	7644271115	01/08/2020	01/10/2020	Patel	Velma	OPTO		2	5711444514		0	Medicare
Unbilled	0066278677	01/08/2020	01/10/2020	Lamor	Gavin	CARDIOLOGY		2	1764270412		2	Medicare
Unbilled	97375	03/09/2020	03/09/2020	Reckling	Ima	SURGERY		1	94896		4	Blue Cross Blue Shield
Unbilled	3201	04/07/2020	04/13/2020	Standefer	Lea	VASCULAR		6	95686		1	Medicare

Displaying 10 of 11 accounts



PRIORITIZING CHARTS

Fusion CAC/CDI Accounts Reporting Tools Tuning Encoder CDI heminger

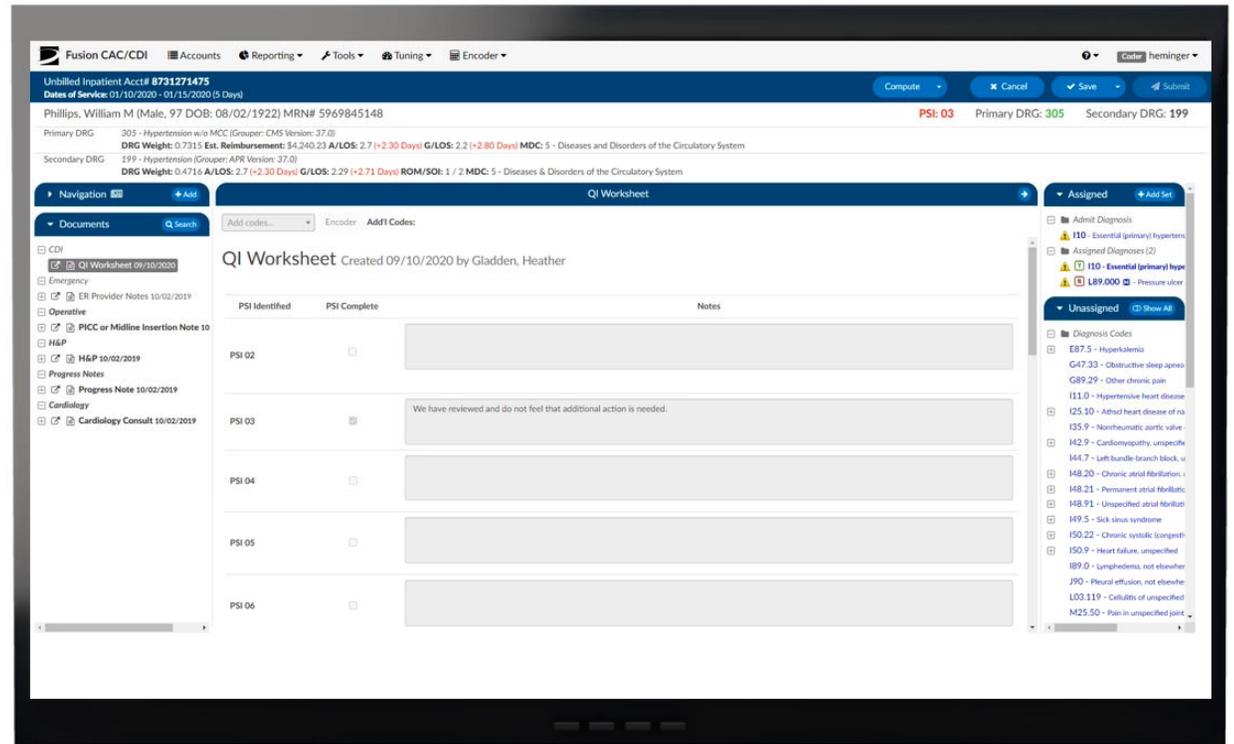
Account List Assigned to: Initial Review 13 Auto-Load Exclude Pended Reasons Reset Filters Refresh Account #

Stage	Account #	MRN	Admit Date	↑ L...	Last Name	First Name	Chart Owner	Routed Reason	Payor	CDI Query Total	Open Queries
Unbilled	6296530563	7903268566	08/20/2020	1	Owens	Marion	ssolich	Chest Pain	Self	0	0
Unbilled	1187358953	4875210624	08/19/2020	2	Smith	Jonathan	ccasto	Change in Mental Status	Blue Cross Blue Shield	0	1
Unbilled	0424301389	5076232847	08/19/2020	2	Hansen	Arnold	heminger	CHF Unspecified	Medicare	0	0
Unbilled	3703733978	0865698302	08/19/2020	2	Pierini	Rose	heminger	Ventilator	Medicare	0	0
Unbilled	9519456855	9273909473	08/19/2020	2	Pieroni	Lou	heminger	Clinical Indicators Malnutrition	Medicare Advantage	0	0
Unbilled	8721270475	2969845148	08/19/2020	2	Taylor	Raymond	heminger	Clinical Indicators of Sepsis	Medicare	2	0
Unbilled	3671751818	9458031094	08/19/2020	2	Dunn	Paul	heminger	Respiratory Failure	Blue Cross Blue Shield	0	0
Unbilled	15832	3973	08/19/2020	2	Courtenay	Hiram	heminger	Operative Report	Aetna	0	0
Unbilled	2678453235	6265040579	08/18/2020	3	Simmons	Mathilda	heminger	Chest Pain	Medicare	0	0
Unbilled	8731270475	5969845148	08/18/2020	3	Phillips	William	ssolich	UTI	Medicare	2	1
Unbilled	8551271422	5969214514	08/18/2020	3	Kowalczyk	Arthur	heminger	Bedside Procedure	Medicare	0	0
Unbilled	7644270435	543444514	08/18/2020	3	Ferguson	Joahanna	heminger	CKD Unspecified	Medicare	2	2
Unbilled	1604019435	6661691873	08/17/2020	4	Danti	Leroy	heminger	Sepsis	Blue Cross Blue Shield	0	0

Displaying 13 of 13 accounts



COLLABORATIVE WORKSPACE



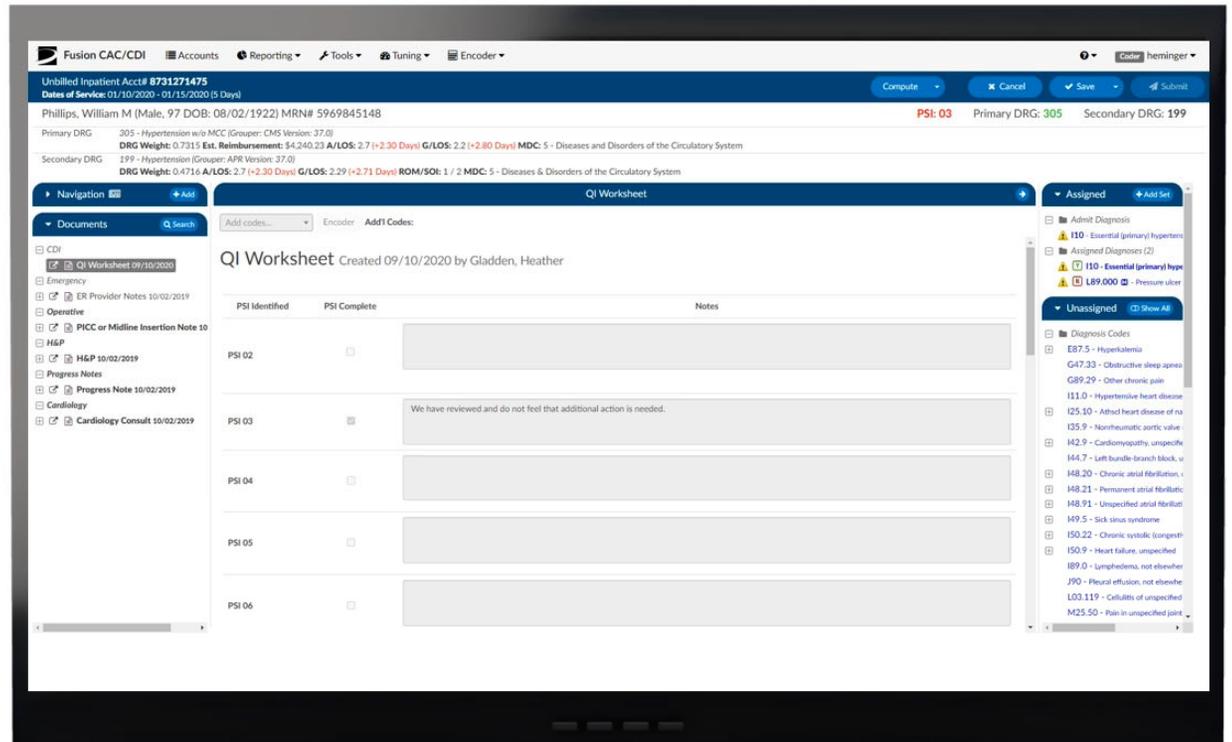
The screenshot displays a medical software interface for a Quality Improvement (QI) Worksheet. The patient is Phillips, William M (Male, 97 DOB: 08/02/1922) with MRN# 5969845148. The primary diagnosis is Hypertension w/o MCC (ICD-10: I10). The worksheet is titled "QI Worksheet Created 09/10/2020 by Gladden, Heather".

PSI Identified	PSI Complete	Notes
PSI 02	<input type="checkbox"/>	
PSI 03	<input checked="" type="checkbox"/>	We have reviewed and do not feel that additional action is needed.
PSI 04	<input type="checkbox"/>	
PSI 05	<input type="checkbox"/>	
PSI 06	<input type="checkbox"/>	

The interface includes a navigation pane on the left with categories like CDI, Emergency, Operative, H&P, Progress Notes, and Cardiology. A right-hand pane shows assigned and unassigned diagnosis codes, including I10 (Essential (primary) hypertension) and L89.000 (Pressure ulcer).



QUALITY INDICATORS



Fusion CAC/CDI Accounts Reporting Tools Tuning Encoder

Unbilled Inpatient Acct# 8731271475
Dates of Service: 01/10/2020 - 01/15/2020 (5 Days)

Phillips, William M (Male, 97 DOB: 08/02/1922) MRN# 5969845148 **PSI: 03** Primary DRG: 305 Secondary DRG: 199

Primary DRG: 305 - Hypertension w/o MCC (Group: CMS Version: 37.0)
DRG Weight: 0.7315 Est. Reimbursement: \$4,240.23 A/LOS: 2.7 (+2.30 Day) G/LOS: 2.2 (+2.80 Day) MDC: 5 - Diseases and Disorders of the Circulatory System

Secondary DRG: 199 - Hypertension (Group: APR Version: 37.0)
DRG Weight: 0.4716 A/LOS: 2.7 (+2.30 Day) G/LOS: 2.29 (+2.71 Day) ROM/SOI: 1 / 2 MDC: 5 - Diseases & Disorders of the Circulatory System

Navigation Add QI Worksheet

Documents Search Add codes... Encoder Add Codes

Assigned Add Set

Admit Diagnosis
I10 - Essential (primary) hypertens
Assigned Diagnoses (2)
I10 - Essential (primary) hype
L89.000 - Pressure ulcer

Unassigned Show All

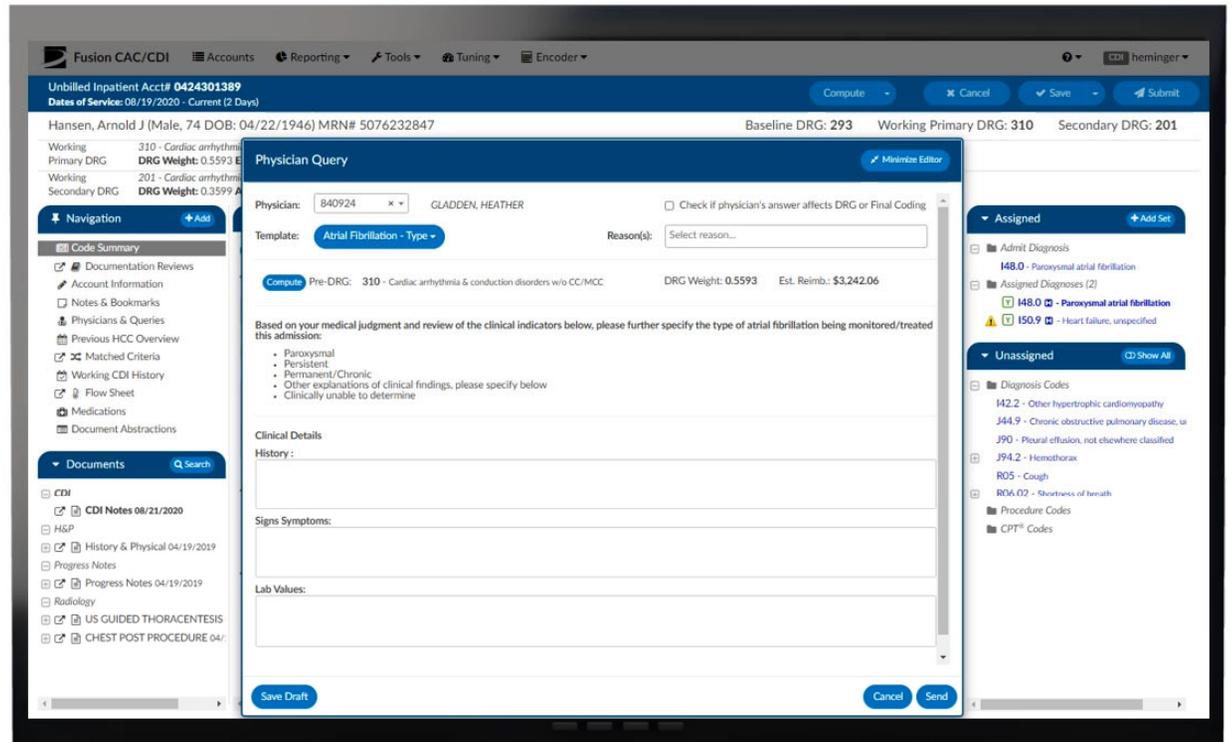
Diagnosis Codes
E87.5 - Hypertemia
G47.33 - Obstructive sleep apnea
G89.29 - Other chronic pain
I11.0 - Hypertensive heart disease
I25.10 - Atrial heart disease of na
I35.9 - Nonrheumatic aortic valve
I42.9 - Cardiomyopathy, unspecif
I44.7 - Left bundle-branch block, v
I48.20 - Chronic atrial fibrillation, v
I48.21 - Permanent atrial fibrillat
I48.91 - Unspecified atrial fibrillat
I49.5 - Sick sinus syndrome
I50.22 - Chronic systolic (congest
I50.9 - Heart failure, unspecified
I89.0 - Lymphedema, not elsewhere
J90 - Pleural effusion, not elsewh
L03.119 - Cellulitis of unspecifed
M25.50 - Pain in unspecified joint

QI Worksheet Created 09/10/2020 by Gladden, Heather

PSI Identified	PSI Complete	Notes
PSI 02	<input type="checkbox"/>	
PSI 03	<input checked="" type="checkbox"/>	We have reviewed and do not feel that additional action is needed.
PSI 04	<input type="checkbox"/>	
PSI 05	<input type="checkbox"/>	
PSI 06	<input type="checkbox"/>	



QUERY PLATFORM



Fusion CAC/CDI Accounts Reporting Tools Tuning Encoder

Unbilled Inpatient Acct# **0424301389** Compute Cancel Save Submit
Dates of Service: 08/19/2020 - Current (2 Days)

Hansen, Arnold J (Male, 74 DOB: 04/22/1946) MRN# 5076232847 Baseline DRG: 293 Working Primary DRG: 310 Secondary DRG: 201

Working Primary DRG: 310 - Cardiac arrhythmia and conduction disorders w/o CC/MCC DRG Weight: 0.5593 Est. Reimb.: \$3,242.06
Working Secondary DRG: 201 - Cardiac arrhythmia and conduction disorders w/o CC/MCC DRG Weight: 0.3599

Physician Query

Physician: 840924 x GLADDEN, HEATHER Check if physician's answer affects DRG or Final Coding

Template: Atrial Fibrillation - Type Reason(s): Select reason...

Compute Pre-DRG: 310 - Cardiac arrhythmia & conduction disorders w/o CC/MCC DRG Weight: 0.5593 Est. Reimb.: \$3,242.06

Based on your medical judgment and review of the clinical indicators below, please further specify the type of atrial fibrillation being monitored/treated this admission:

- Paroxysmal
- Persistent
- Permanent/Chronic
- Other explanations of clinical findings, please specify below
- Clinically unable to determine

Clinical Details

History:

Signs Symptoms:

Lab Values:

Save Draft Cancel Send

Assigned **Add Set**

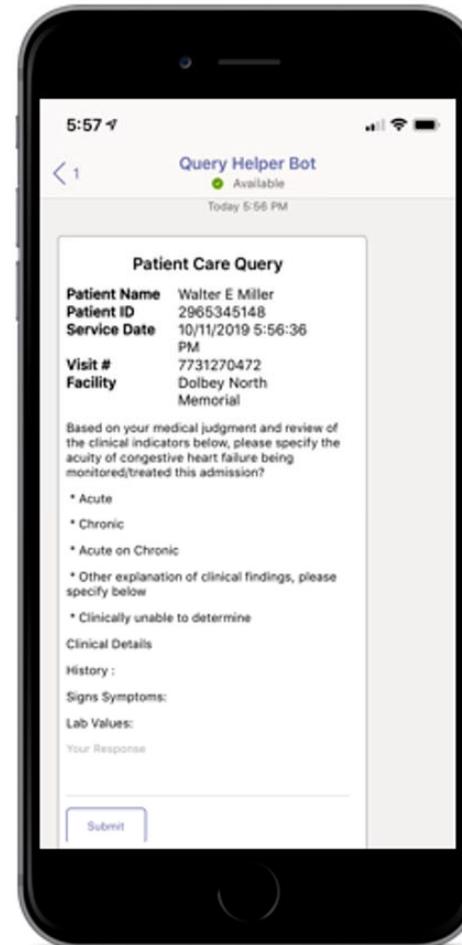
- Admit Diagnosis
- 148.0 - Paroxysmal atrial fibrillation
- Assigned Diagnoses (2)
- 148.0 - Paroxysmal atrial fibrillation
- 150.9 - Heart failure, unspecified

Unassigned **Show All**

- Diagnosis Codes
- 142.2 - Other hypertrophic cardiomyopathy
- J44.9 - Chronic obstructive pulmonary disease, unspecified
- J90 - Pleural effusion, not elsewhere classified
- J94.2 - Hemothorax
- R05 - Cough
- R06.02 - Shortness of breath
- Procedure Codes
- CPT® Codes

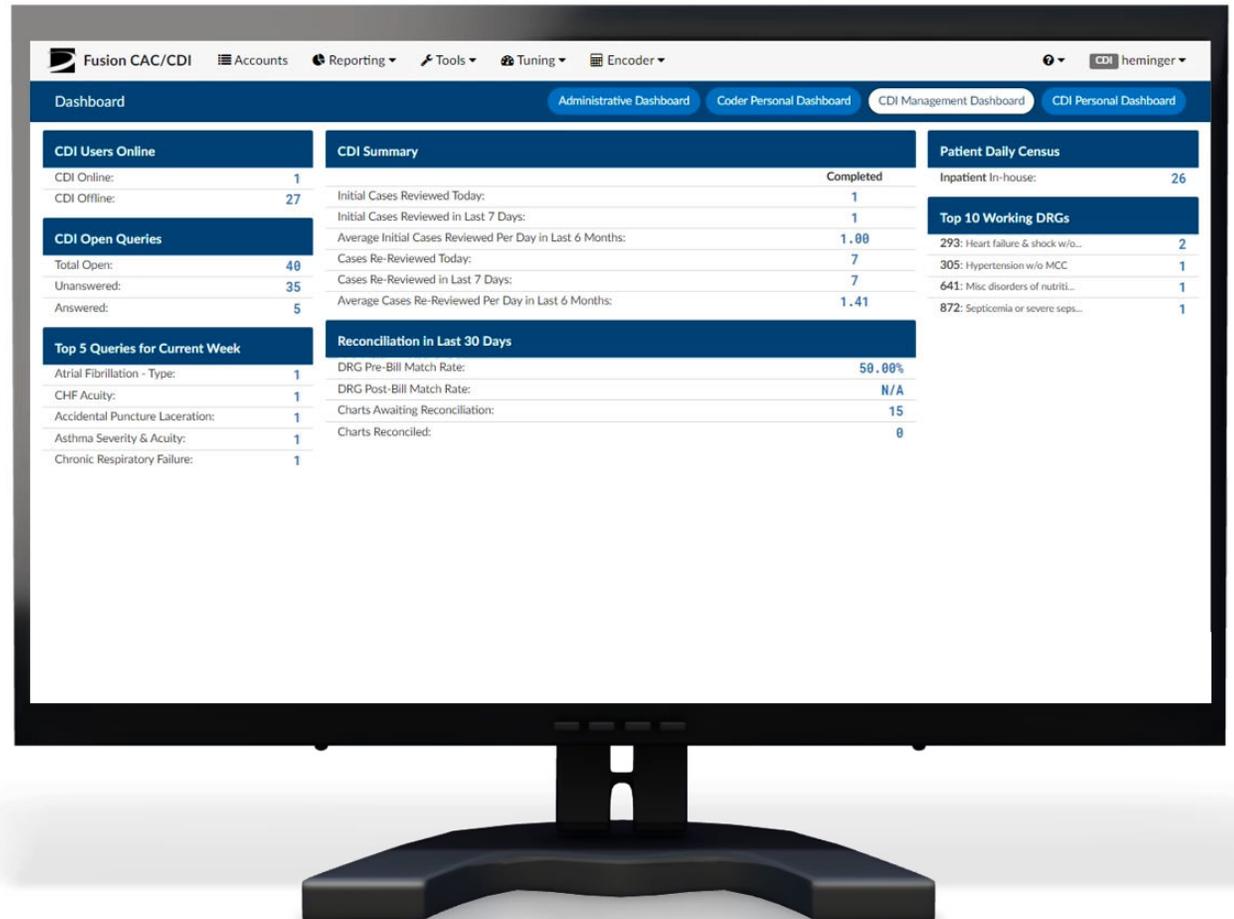


MICROSOFT TEAMS INTEGRATION





MANAGEMENT DASHBOARDS





PERSONAL DASHBOARDS

Fusion CAC/CDI Accounts Reporting Tools Tuning Encoder CDI heminger

Dashboard Administrative Dashboard Coder Personal Dashboard CDI Management Dashboard CDI Personal Dashboard

My Open Queries

Total Open Queries: 22
Total Unanswered: 19
Total Answered: 3
Total Drafts: 2

Top 5 Queried Providers

GLADDEN, HEATHER: 2

Top 5 Query Templates

CHF Acuity: 1
Chronic Respiratory Failure: 1

Personal Stats

For Today

	Charts Reviewed	Initial Review	Followup Review	Custom Review
Inpatient:	7	0	7	1
Observation:	1	0	1	0
Total:	8	0	8	1

Reconciliation Stats

For Today

	Reconciliation Review	Reconciled	No Reconciliation Required	Pending Reconciliation
Inpatient:	0	0	0	1
Total:	0	0	0	1

Weekly Stats

Query Responded: 2
Query Closed: 1
Submitted w/o MCC: 1

Monthly Stats

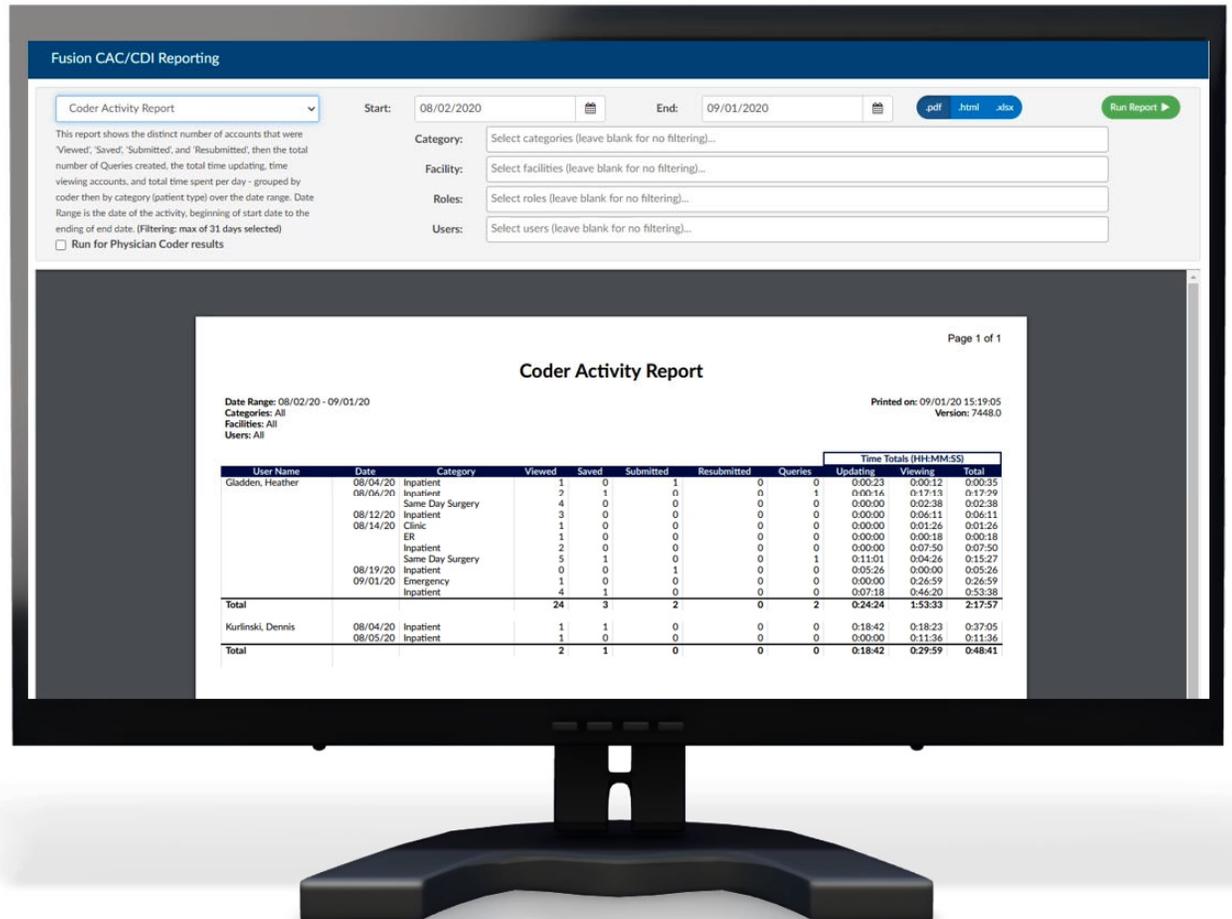
Query Responded: 5
Query Closed: 4
Submitted w/o MCC: 1

Top 10 Working DRGs

293: Heart failure & shock w/o... 2
305: Hypertension w/o MCC 1
641: Misc disorders of nutriti... 1
872: Septicemia or severe seps... 1



REPORTING



PROVEN RESULTS

- Increased Case Coverage
- Increased Productivity
- Decreased DNFC
- Improved CMI
- Improved Query Response Rates
- Reduced AR Days



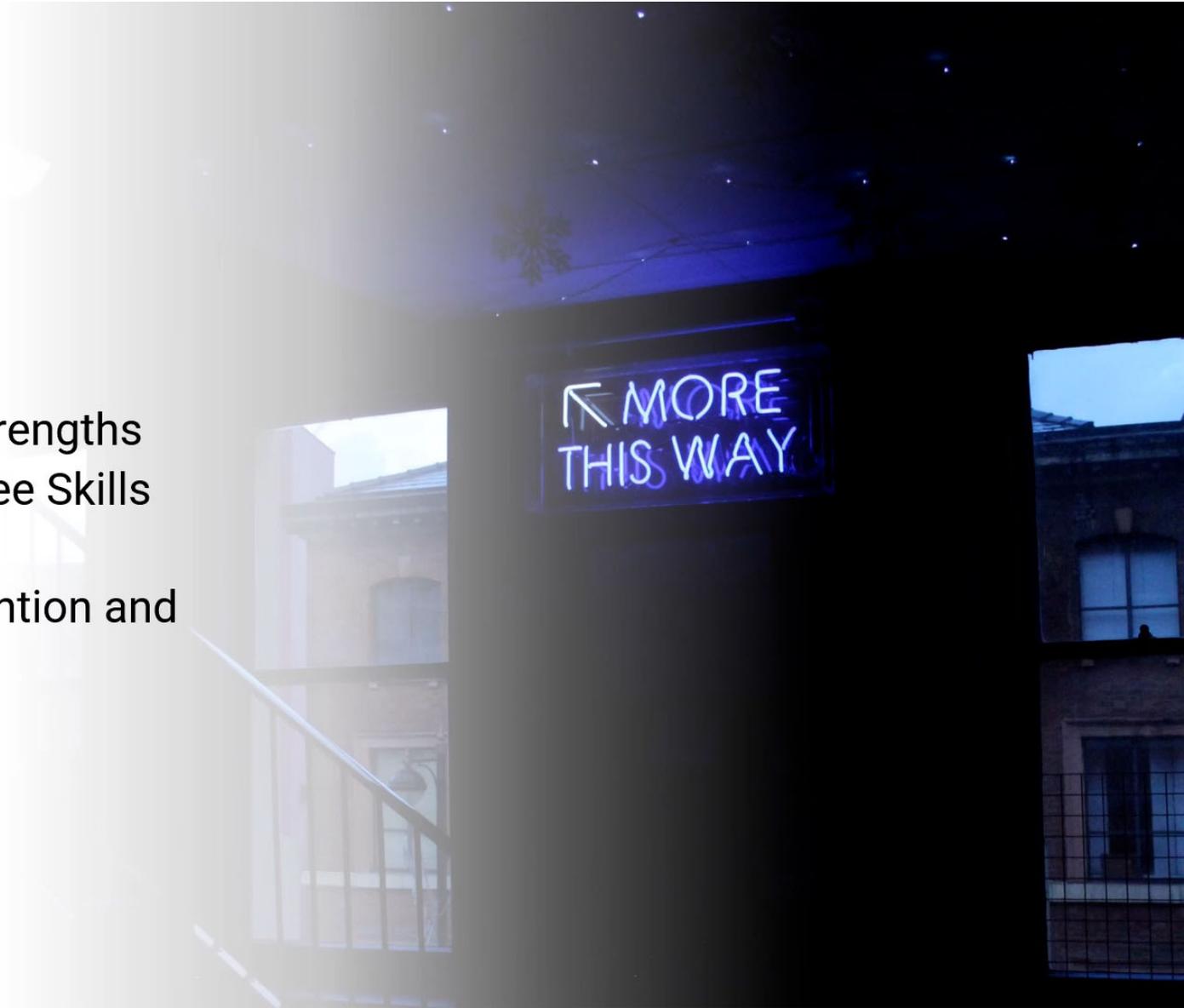
BUSINESS CASE

- It Promotes Self-Analysis
- It Results in Problem Solving
- It Makes You Look at the Bigger Picture
- It Teaches

TOGETHER
IS THE WAY

ADDITIONAL ADVANTAGES

- Pooling of Talent and Strengths
- Development of Employee Skills
- Speed up Solutions
- Enhance Employee Retention and Job Satisfaction



TAKEAWAYS

- Collaboration & Communication is KEY!
- Higher productivity calls for better outcomes in less time!
- Look to technology to help provide the platform for new and improved coding, CDI and quality programs!
- Appropriate reimbursement revenue and value-based care depends on it!





THANK YOU!

FOR JOINING THE PRESENTATION!



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