



Establishing a Gold Standard Outpatient CDI Program Through Analytics and AI/Technology

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1



Presented By



- **Loretta Broadnax, BA, BSW, MSW**, is the outpatient CDI supervisor at UC Davis Health HIM in Sacramento, California. An anomaly to the CDI world, Loretta has more than 25 years of experience in Health and Human services, specifically in child welfare social work. Her psychology and social work education along with her experience in population health, contributes to the ever important and emerging factors of social determinants of health. Loretta started in CDI/population health in 2018 and has been with UC Davis HIM since 2020.

2

2

Presented By



- **Reggie Ahlfield, MBA-HA, BSHI, RN-BC**, is a CDI specialist and data analyst at UC Davis Health HIM in Sacramento, California. He began his career in nursing before transitioning to HIM. He received his bachelor's degree from Western Governors' University in Health informatics, then later went on to receive an MBA with healthcare emphasis. Reggie has more than 20 years of experience in healthcare, informatics, and data analytics. He has worked in intensive care, emergency care, and other areas as a bedside nurse. In addition, he has worked as a clinical informaticist and program trainer, a manager of informatics, and as a director of nursing and informatics.

3

3

UC Davis Health

- A few highlights about the medical center
 - 625-bed multispecialty academic medical center
 - New California Tower being built (75 additional beds)
 - New state of the art community surgery center
 - Expansion of ambulatory operations
 - Serves 33 counties, covering a 65,000-square-mile area north to the Oregon border and east to Nevada
 - “Most Wired” hospitals in the *U.S News & World Report*
 - Ranked Sacramento's top hospital by *U.S. News & World Report*, and among nation's best in 15 different medical specialties
 - Recognized as best hospital seven years in a row in the greater Sacramento area



4

4

Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
 - Understand the framework used by UCD to begin and refine the OP CDI Program
 - Identify efficiencies gained by utilizing technology for engagement and workflow
 - Explain the benefits to standardizing an outpatient CDI program

UC Davis Health OP CDI Team



Definitions

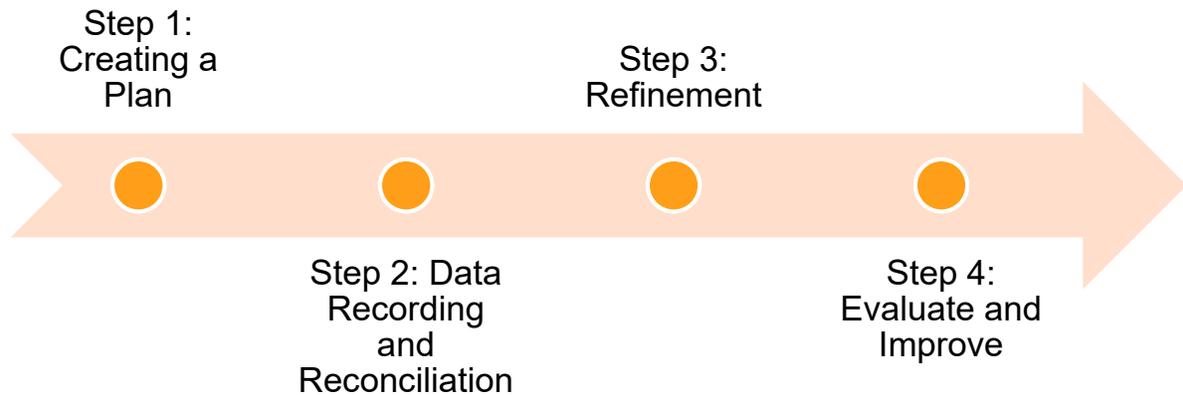
- Some terminology we may use:
 - Hierarchical Condition Categories (HCC): Categories of diagnoses that can add to the risk adjustment factor (RAF)
 - Risk Adjustment Factor (RAF): The actual weight applied to a county benchmark rate to generate the monthly capitated rate paid to a health plan
 - Medicare Shared Savings Program (MSSP): Our initial focus population
 - Primary Care First (PCF): An additional patient population created more recently and added into our team review pool
 - Key Performance Indicator (KPI): A data measurement that is monitored on a regular basis and is used to indicate a process is showing improvement
 - Return on Investment (ROI): A calculation of the monetary value of an investment versus its cost



Outpatient CDI Evolution

How it all began...

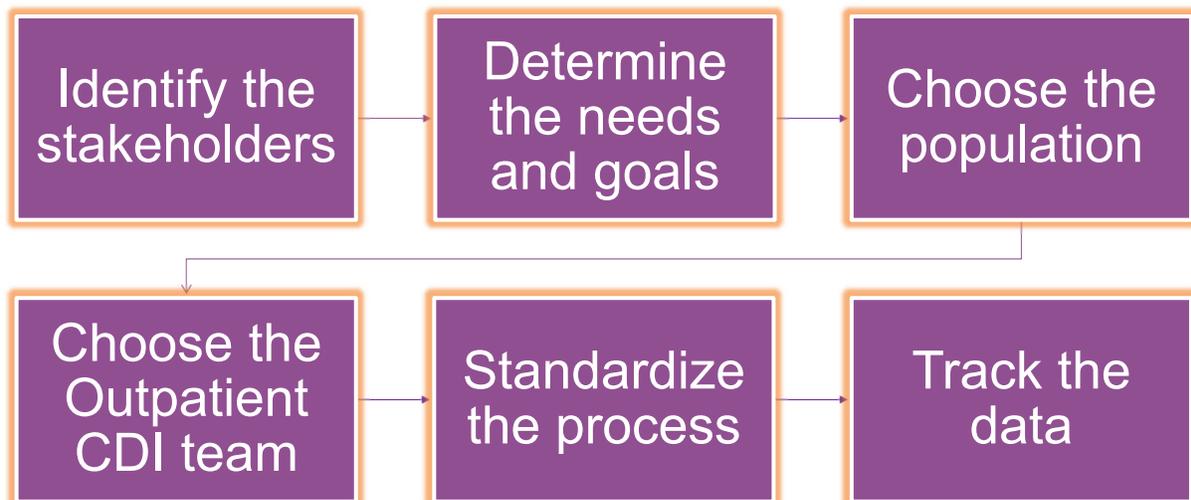
Evolution of Outpatient CDI



11

11

Step 1: Creating a Plan



12

12

Step 2: Data Recording and Reconciliation

- Distribution of MSSP patient list
 - Manual process
 - Team recorded appointments in personal spreadsheet
- Outpatient CDI Query Portal Database (QPDB) was developed
 - “In-House” tool created to document and reconcile queries
- Created outpatient CDI workflow process and documentation
 - Used to standardize and evaluate our program

13

13

Step 3: Refinement



Update MSSP
list to an
upcoming visit
list

Performed
time studies

Added
options to the
QP database

Outpatient CDI
coding notification

14

14

Step 4: Evaluate and Improve

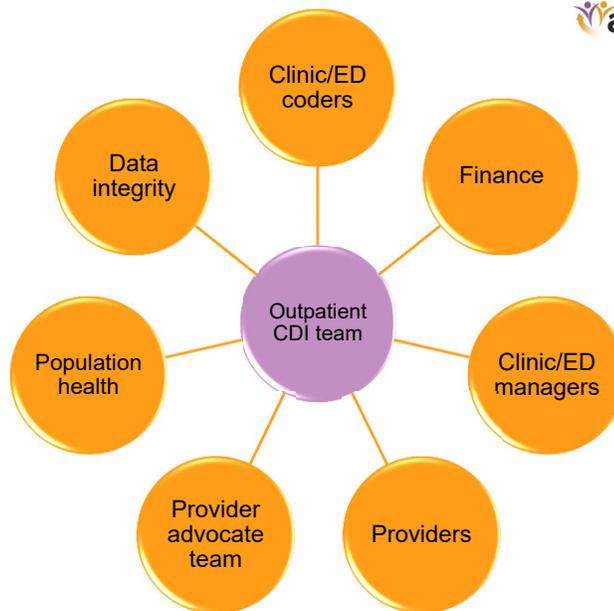
- Daily patient assignment list was created
- Individual and leadership dashboards evolved
- Outpatient CDI coding reconciliation “closing the loop with coding”
- Expanded our patient population

Outpatient CDI Queries Impact and Improve



Engagement and Workflow

Program “Champions”



Physician and Clinic Engagement

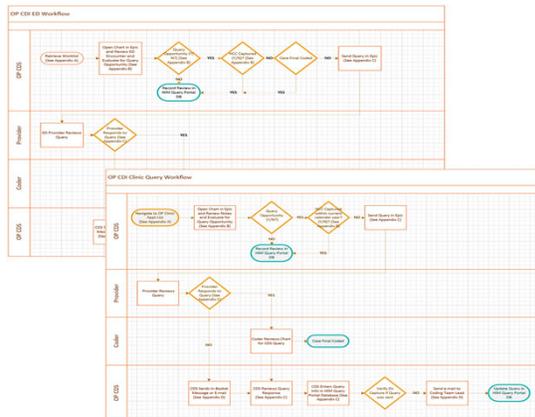
Goals

- Education
 - Focusing on the importance of documentation integrity
 - Understanding RAF score and risk adjustment
 - Why HCC capture is important
- Documentation
 - Accurate and correct query response in EHR

Information/Education

- Resources
 - 1:1 meetings
 - Tip sheet
 - Training videos
 - Physician “champions”
 - Clinic dashboards
 - Newsletters (catered to physicians)

Workflow Diagrams and Appendices



Appendix B – ED and OP Clinic CDS Query Opportunity Review

- I. ED Exit Logic
 - A. Cover Exit and sign using your "HCC Coding" job Title for Department:
- II. ED Exit Review
 - A. Hospital Account Maintenance – CDS uses Hospital Account Maitenance the user has already been trained.
 - B. Review "Hospital Account Maintenance" EDC information B.
- III. In the Hospital Account Maintenance, select your patient and Hospital Account that reference "Coding". Stepping the coding account will prompt the user with a "Start Coding" message:

Appendix C – Data Entry in Epic and HIM Query Portal Database

*Open & Review Documentation Data Entry as described last time

- I. Data Entry
 - A. When creating documentation that a query is used for, there are two paths to entering the query:
 1. Entering the query into the Epic
 2. Entering the query into the HIM Query Portal Database.
 - B. The HIM Query Portal Database
 1. The HIM Query Portal Database is used to enter the query.
 2. Check the user to confirm the "User" has been connected below.
 3. *Epic - On the page of the record "Epic"
 - a. *Epic - On the back of the record "Epic" and a box please select "copy" and "paste".
 - C. Use the HIM Query Portal Database to enter the query into the query.
- II. Data Entry
 1. The HIM Query Portal Database is used to enter the query.
 2. The HIM Query Portal Database is used to enter the query.
 3. The HIM Query Portal Database is used to enter the query.
 4. The HIM Query Portal Database is used to enter the query.

Appendix D - Epic and HIM Query Portal Database

*Open & Review Documentation Data Entry as described last time

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 2. The HIM Query Portal Database is used to enter the query.
 3. The HIM Query Portal Database is used to enter the query.
 4. The HIM Query Portal Database is used to enter the query.

Future

- At UC Davis Health we will continue to:
 - Refine and automate our program
 - Evaluate the need for expansion
 - Patient population
 - Outpatient CDI team



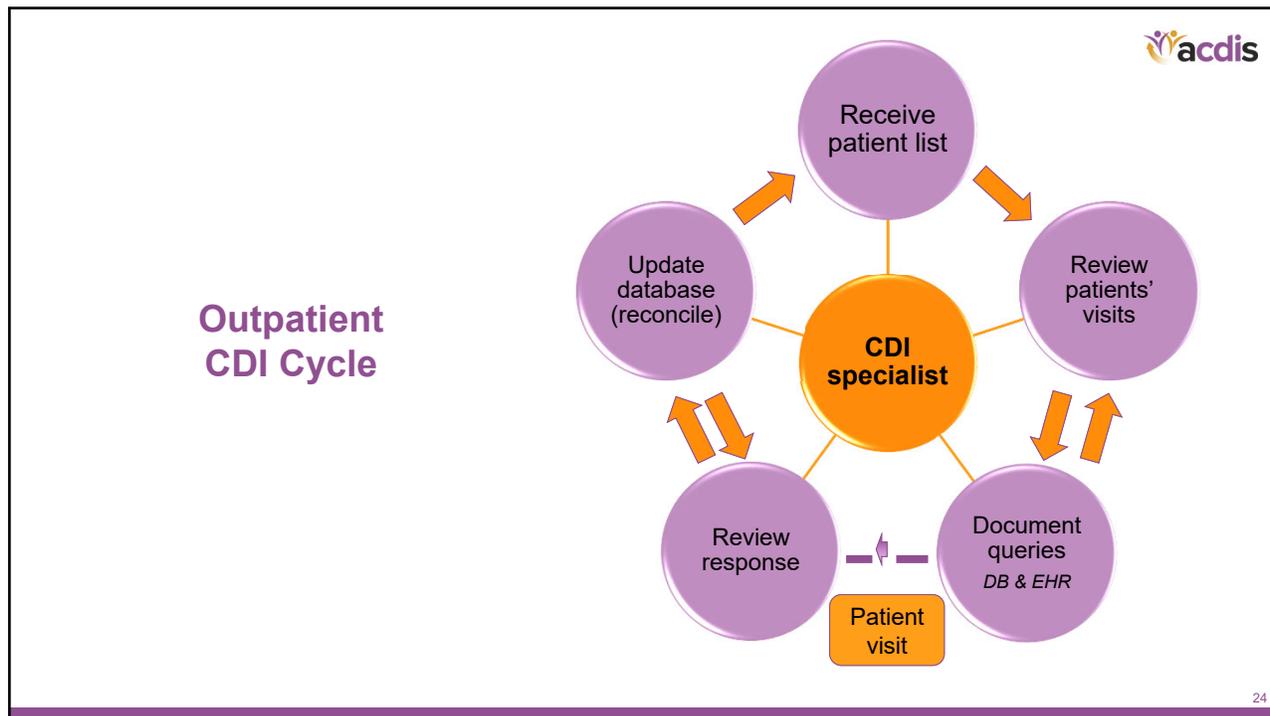
Utilizing Technology

Ways to Get Useful Data

Raise Your Hand - Question #1

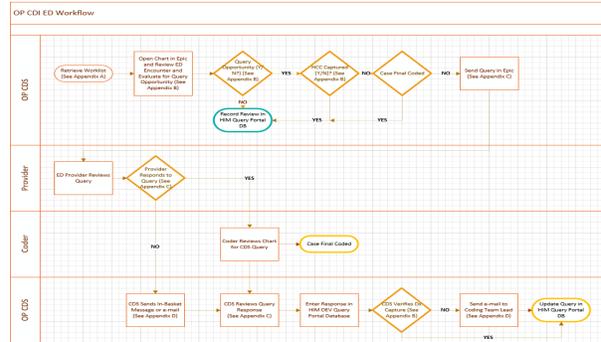
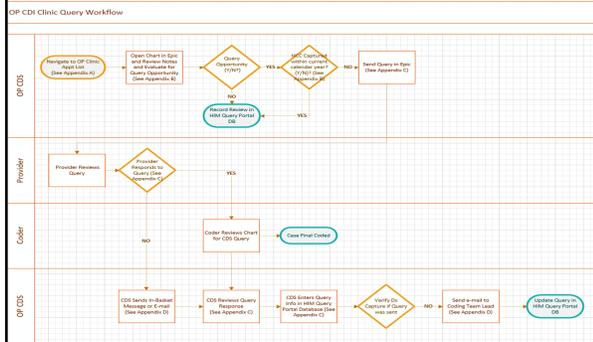
- If you have an outpatient CDI program, how much automation does your program have?
 - A. Not Applicable: There little to none or no program
 - B. Small: Auto-sorting of patients to follow and delivery to CDI specialist
 - C. Medium: Auto-sort and delivery and tracking of query from start to finish
 - D. Large: The entire query process starting with list delivery all the way to KPI tracking takes place without additional human intervention

23



24

Step 1: Creating a Plan—Workflows



- Standardized workflows:
 - Optimize training
 - Provide a resource for reference

Institutional Goal Alignment

Data Source: Optum OPA- Rolling 12-month period (Jan 2022 – Jan 2023)

Institutional Driver	CDI Aligned Indicator	CY21 Score	CY22 Score	Gap	Q1 CY23	Q2 CY23	Q3 CY23	Q4 CY23
Outpatient CDI	CY22 RAF Score MSSP	1.35	1.38	.03				

Current State

- Outpatient CDI staff is reviewing all HRA and PCR population
- Daily reviews completed to determine HCC capture opportunities at upcoming visits
- Current utilization of "HCC Collaborate" to enhance OP visit review and physician notification of possible HCCs that have not been added to patient

Barriers

- Learning curve with new process implementing hybrid approach 2022
- HCC pause to ensure integrity and complete fixes
- Providers not responding to and/or deleting queries

Action Plan

- Continue to send queries when documentation is insufficient
- Continue to educate providers on query response in progress notes and/or HCC collaborate

CMS-HCC Score Timeframe	CMS-HCC Score Eligible PUs	# Patients	Score - CMS-HCC Score Average
Rolling 12 Months	Claims Billing	23,795	1.2714
	Claims Billing	23,795	1.3493
	Claims Billing, EHR	23,795	1.3798

CMS-HCC Score Timeframe	CMS-HCC Score Eligible PUs	# Patients	Score - CMS-HCC Score Average
Rolling 12 Months	Claims	66,766	0.8624
	Claims Billing	66,766	0.8688
	Claims Billing, EHR	66,766	0.8888

CMS-HCC Score Timeframe	CMS-HCC Score Eligible PUs	# Patients	Score - CMS-HCC Score Average
Rolling 12 Months	Claims	37,593	0.8362
	Claims Billing	37,593	0.8492
	Claims Billing, EHR	37,593	0.8616

*CY22 RAF will increase. Optum data is 3 months behind

Step 2: Using Technology—Data Recording and Reconciling

Add MD Query

Patient HRN:

HAR:

Admit Date (mm/dd/yyyy):

MD:

Clinic:

CDS:

Review Type:

Query/Review Date (mm/dd/yyyy):

Topic:

Response:

Response Method:

Query Response Date (mm/dd/yyyy):

Dr Codded (Y/N):

Provider Notification (Y/N):

Comments (max 300 characters):

- Select Type ----
- 01, Concurrent
 - 02, Retrospective
 - 03, Physician Advisor
 - 04, Outpatient CDI
 - 05, ED Query
 - 06, ASU Query
 - 07, Review Only
 - 08, ED Review Only
- Select Response ----
- 01, Agreed
 - 02, Disagreed
 - 08, Unable to Determine
 - 09, No Response
 - 10, Withdrawn
 - 11, No Codable
 - 12, Pending
 - 13, PN Missed Dx
- Select Response Method ----
- 01, CDI Query
 - 02, MCC Notify/Nudge

Health Information Management
Business Unit Services Portal - Outpatient CDI - MD Query (PROD)

Welcome cahfield [Logout]

ONE > Edit/View MD Query

New Query | Edit Selected | Refresh | MRN: | CDS: [All] | AND Response: [All]

MRN	HAR	Admit Date	Query Type	CDS	Provider	Clinic	Query Date	Topic	Response
		12/29/20	04, Outpatient CDI			FOL INTERNAL ME.	12/29/20	62, Diabetes with...	12, Pending
		12/29/20	04, Outpatient CDI			CARM INTERNAL	12/29/20	55, Mental Health...	12, Pending
		12/29/20	04, Outpatient CDI			MIDTOWN IM	12/29/20	46, Chronic Kidney...	12, Pending
		12/29/20	04, Outpatient CDI			ROC FAN PRAC/INL	12/29/20	80, RX MCC	12, Pending
		12/29/20	04, Outpatient CDI			CARM INTERNAL	12/29/20	62, Diabetes with...	12, Pending
		12/29/20	04, Outpatient CDI			ROC FAN PRAC/INL	12/29/20	55, Mental Health...	12, Pending
		12/29/20	04, Outpatient CDI			RNC FAN PRAC/INL	12/29/20	49, Hepatos	12, Pending
		12/29/20	07, Review Only			Unknown	12/29/20		
		12/29/20	04, Outpatient CDI			BELL INT MED	12/29/20	74, Atheroscler...	12, Pending
		12/29/20	07, Review Only			Unknown	12/29/20		
		12/27/20	07, Review Only			Unknown	12/28/20		
		12/29/20	07, Review Only			Unknown	12/29/20		
		12/29/20	07, Review Only			Unknown	12/29/20		
		12/29/20	07, Review Only			Unknown	12/29/20		
		12/29/20	07, Review Only			Unknown	12/29/20		
		12/29/20	07, Review Only			Unknown	12/29/20		
		12/29/20	07, Review Only			Unknown	12/29/20		

27

Step 3: Refinement

Health Information Management
Business Unit Services Portal - Outpatient CDS Assignment Administration

Welcome cahfield [Logout]

HOME

OUTPATIENT CDS Assignment Administration

-
-
-
-
-
-
-
-
-

Health Information Management
Business Unit Services Portal - Outpatient CDS Assignment Administration

Welcome cahfield [Logout]

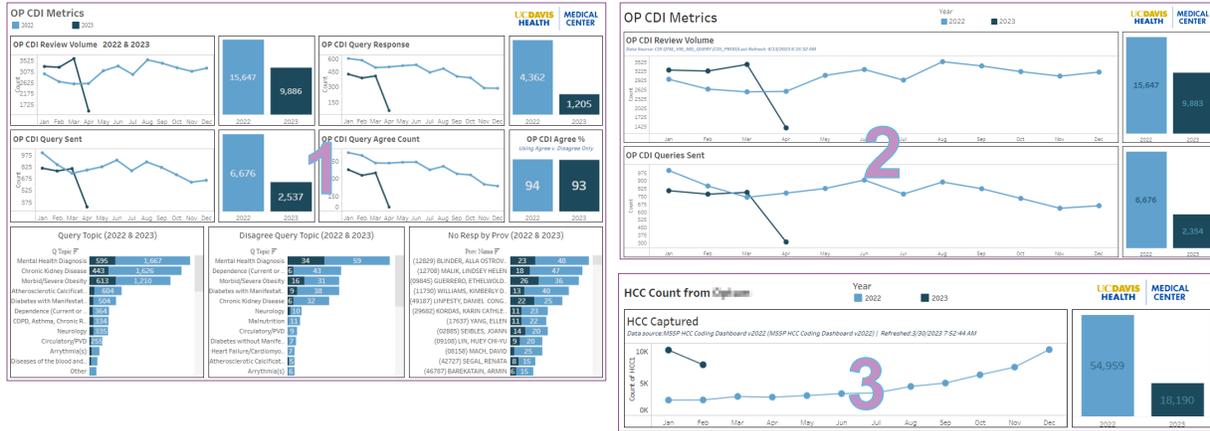
HOME > View CDS Assignments

Refresh | ICD10 - HCCs | CDS: [All] | AND Assigned Date From: 01/20/2023 To: 01/20/2023

Assigned Date	CDS Name	Appt. Time	HRN	Visit	Appt. Note	Visit Prov.	Dept. ID	Dept. Name
01/20/2023	UNASSIGNED	01/24/2023 08...		NEW	NP-Memory difficulties		100537001	MIDTOW
01/20/2023	UNASSIGNED	01/24/2023 08...		OFFICE VISIT	Diabetes		100504003	CARM IN
01/20/2023	UNASSIGNED	01/24/2023 13...		MYC VIDEO VISIT ...	NP-Squamous cell carcinoma of o...		100516017	CANCER
01/20/2023	UNASSIGNED	01/24/2023 11...		CLINICAL PHARMA...	DM/BS resumed prandin, tresiba...		100531009	MIDTOW
01/20/2023	UNASSIGNED	01/24/2023 09...		ECHO	TTE- Primary cardiomyopathy (HCC)		100001999	RAV ECH
01/20/2023	UNASSIGNED	01/24/2023 14...		TELEPHONE VISIT	NP Med Rec (3rd attempt)		100531009	MIDTOW
01/20/2023	UNASSIGNED	01/24/2023 13...		OFFICE VISIT	Follow up Test results		100510009	FOL CAR
01/20/2023	UNASSIGNED	01/24/2023 01...		HO AIDE HOME VL...			100517002	HOSPICE
01/20/2023	UNASSIGNED	01/24/2023 09...		NEW	Return for Referral to Dr. Lin for c...		100111006	TEI OPHT
01/20/2023	UNASSIGNED	01/24/2023 14...		OFFICE VISIT	f/u		100504003	CARM IN
01/20/2023	UNASSIGNED	01/24/2023 11...		MYC VIDEO VISIT ...	new patient New stage IV lung ca...		100116017	CANCER
01/20/2023	UNASSIGNED	01/24/2023 14...		NEW	Annual DM eye exam no cdi		100534021	RSVL OP
01/20/2023	UNASSIGNED	01/24/2023 14...		INJECTION	Follow-up in 6 weeks with OCT O...		100534010	RSVL OP
01/20/2023	UNASSIGNED	01/24/2023 15...		ANNUAL EXAM	Annual, Dr. Chang, Type 2 diabete...		100534021	RSVL OP
01/20/2023	UNASSIGNED	01/24/2023 11...		OFFICE VISIT	ck wt, f/u wt loss		100504006	DIABETE
01/20/2023	UNASSIGNED	01/24/2023 13...		OFFICE VISIT	f/u meds nd		100509010	FOL INT
01/20/2023	UNASSIGNED	01/24/2023 09...		NEW	Granuloma annulare		100510019	FOL DERM
01/20/2023	UNASSIGNED	01/24/2023 12...		OFFICE VISIT	3 month return		100516006	CANCER
01/20/2023	UNASSIGNED	01/24/2023 08...		OFFICE VISIT	DM FOLLOW UP		100511004	RNC FAN
01/20/2023	UNASSIGNED	01/24/2023 14...		OFFICE VISIT	Return in 3 months [around 1/7/2...		100111007	TEI OPT
01/20/2023	UNASSIGNED	01/24/2023 14...		NEW	Np cons concerning, growing nos...		100503001	DERMAT
01/20/2023	UNASSIGNED	01/24/2023 04...			HO RN COMP W/L...		100517002	HOSPICE

28

Step 4: Evaluate and Improve—Individual and Leadership Dashboards



29

Step 4: Evaluate and Improve—Individual and Leadership Dashboards

Outpatient CDI View



30

30

Step 4: Evaluate and Improve—Individual and Leadership Dashboards

ED Data Same Look and Feel



Placeholder

Using Technology: Closing the Data Loop With Coding

Add MD Query

Patient MRN:

HAR:

Admit Date (mm/dd/yyyy):

MD: Unknown

Clinic: Unknown

CDS:

Review Type:

Query/Review Date (mm/dd/yyyy):

Topic:

Response:

Response Method:

Query Response Date (mm/dd/yyyy):

Dx Coded (Y/N):

Provider Notification (Y/N):

Comments (max 300 characters):

CDI - OP Dx Not Coded (MASTER) To remove an MRN -> groups.accdis.edu@amerzteams.ms with subject: "Remove and MRN and DOS"

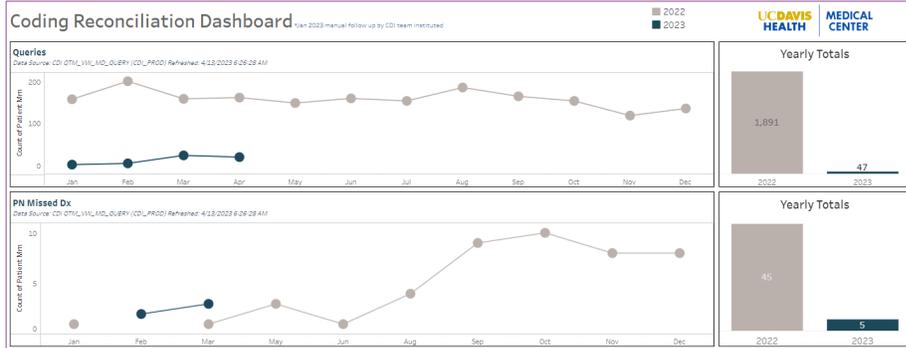
NOTE: New Column for Data Diff added to highlight case >30 days

Day of REA	Clinic Name	Prov Name	Patient Mtn	HAR	Q Topic	Comments	Date Diff	Dx Coded	N
02/10/23	ROSEVILLE NEUROLOGY	...	...	...	Neurology	not yet coded as of 02/23/2023	...		1
02/13/23	MIDTOWN NEUROLOGY	...	...	...	Mental Health Diagnosis	Answered on query	59		1
02/22/23	DAV FAM PRAC/INT MED	...	...	...	Mental Health Diagnosis	cc Major depressive disor.	50		1
03/08/23	CAM ENDOCRINOLOGY	...	...	...	Diseases of the blood and	...	36		1
03/13/23	INT MED FACULTY CLINIC	...	...	...	Morbid/Severe Obesity	visit not yet coded as of 0.	36		1
03/13/23	FOL INTERNAL MEDICINE	...	...	...	Mental Health Diagnosis	Please revise F33.9 to F33.	31		1
03/14/23	FOL FAMILY PRACTICE	...	...	...	Chronic Kidney Disease	agree in query only	31		1
03/15/23	BELL INT MED	...	...	...	Morbid/Severe Obesity	Please revise E66.9 to E6.	30		1
03/15/23	FOL FAMILY PRACTICE	...	...	...	Diabetes with Manifestat.	please revise E11.9 - Type.	29		1
03/16/23	FOL INTERNAL MEDICINE	...	...	...	Endocrine, nutritional and.	Please add N25.81 - Secor.	29		1
03/17/23	BELL INT MED	...	...	...	Mental Health Diagnosis	please revise F33.9 to F32.	28		1
03/17/23	BELL INT MED	...	...	...	Cancer/Neoplasms	Lung	27		1
03/22/23	CAM FAMILY PRACTICE	...	...	...	Morbid/Severe Obesity	Class II severe obesity (B.	22		1
03/23/23	FOL INTERNAL MEDICINE	...	...	...	Endocrine, nutritional and.	Secondary hyperparathy.	21		1
03/29/23	CAM FAMILY PRACTICE	...	...	...	Mental Health Diagnosis	agreed in query and used I.	16		1
04/05/23	BELL INT MED	...	...	...	Mental Health Diagnosis	Answered on query note.	15		1
04/05/23	BELL INT MED	...	...	...	Status	agreed on query	15		1
04/05/23	CARM INTERNAL MED	...	...	...	Circulatory/PVD	drug/ind polyneuropathy.	15		1
04/05/23	ELK FAMILY PRACTICE	...	...	...	Chronic Kidney Disease	agreed on query	15		1
04/05/23	ELK INTERNAL MEDICINE	...	...	...	AD	...	15		1
04/05/23	ELK INTERNAL MEDICINE	...	...	...	Atherosclerotic Calcificat.	Atherosclerosis of aorta d.	15		1
04/05/23	BELL FAMILY PRACTICE	...	...	...	Morbid/Severe Obesity	ca	14		1
04/05/23	BELL INT MED	...	...	...	Chronic Kidney Disease	Answered on query/note.	14		1
04/05/23	ELK ENDOCRINOLOGY	...	...	...	Morbid/Severe Obesity	...	14		1

CDI - OP PN Missed Dx (In this section are MRNs of patients that have a Dx mentioned in a progress note that haven't been captured yet. The team is asked to enter in the comments the HAR and date of when the progress note was recorded.)

Day of REA	Clinic Name	Prov Name	Patient Mtn	HAR	Q Topic	Comments	Dx Coded	N
04/10/23	RSVL FAM PRAC/INT MED	...	...	...	Other	Visit Account	...	1
04/11/23	ROC FAM PRAC/INT MED	...	...	...	Diabetes with M.	Visit Account	...	1
04/13/23	RSVL FAM PRAC/INT MED	Endocrine, nutri.	DOS 02/16/23-ple.	...	1

Using Technology: Closing the Data Loop With Coding (Cont.)



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Using Technology: Closing the Data Loop With Coding (Cont.)

2023 ED Not Captured/Coded on Visit

Once the code for the HCC (or other Dx) has been added to the visit (bill), e-mail Loretta & Reggie (reggie@ucdavis.edu or loretta@ucdavis.edu) with ONLY Name, MRN, and DOS of the patients TO BE REMOVED from list. Clear out ANY additional e-mail content below your signature.

If you copy anyone on the notification, please use BCC instead of CC and delete any content except the entries that need to be removed from the list.

Query Response:

Q Type:

Day of REA..	Prov Name	Patient Mrn	HAR	Q Topic	Comments	Dx Coded
03/20/23				Morbid/Severe Obesity		<input checked="" type="checkbox"/>
03/30/23				COPD, Asthma, Chronic Re..	Provider agreed; coding c...	<input checked="" type="checkbox"/>
04/03/23				Pulmonary Fibrosis categ...	Provider agreed; dx not co..	<input checked="" type="checkbox"/>
04/04/23				Pancytopenia (Unspecifie...	Provider agreed; dx not co..	<input checked="" type="checkbox"/>
04/05/23				Pancytopenia (Unspecifie...	Provider agreed; dx not co..	<input checked="" type="checkbox"/>
04/05/23				Morbid/Severe Obesity	Provider agreed; dx not co..	<input checked="" type="checkbox"/>
04/05/23				Morbid/Severe Obesity	Provider agreed; dx not co..	<input checked="" type="checkbox"/>



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Using Technology: Custom Tools

Follow-Up (Flagged Patients) | Search by name or MRL

MRN	DOB	Age	Gender	Primary Diagnosis	Secondary Parties	Med. Man.	Follow-Up	Follow-Up Date	Follow-Up Status	Provider Notification	MRN Last Date
131342	1/19/82	40	Female	MEDICARE PART A/B	TROUSER FOR LIFE PLUS	Yes	04/15/2022	43	Physician Engagement...	ON	DCC ELC
131343	10/18/87	35	Male	MEDICARE PART A/B	BLUE CROSS SENIOR SU...	Yes	04/08/2022	Midtown Healthy Aging	Physician Engagement...	ON	DCC ELC
131344	12/4/1955	68	Male	CENTRAL OULF ALUMN...	MEDICARE PART A/B	Yes	12/19/2021	Carm	Physician Engagement...	ON	DCC ELC
131345	12/19/1944	77	Female	MEDICARE PART A/B	MEDICAL	Yes	04/11/2022	Midtown MI	Physician Engagement...	ON	DCC ELC
131346	3/14/1985	37	Male	MEDICARE PART A/B	BLUE CROSS SENIOR SU...	Yes	04/11/2022	Midtown	Physician Engagement...	ON	DCC ELC
131347	11/5/1955	65	Female	MEDICARE PART A/B	BLUE CROSS SENIOR SU...	Yes	04/15/2022	Subsequent Review Re...	Physician Engagement...	ON	DCC ELC
131348	9/19/1951	70	Female	MEDICARE PART A/B	BLUE SHIELD SELECT	Yes	04/13/2022	EM	Physician Engagement...	ON	DCC ELC
131349	5/21/1943	79	Female	BLUE CROSS SENIOR S...	MEDICARE PART A/B	Yes	03/09/2022	Midtown MI	Physician Engagement...	ON	DCC ELC
131350	4/14/1950	72	Female	MEDICARE PART A/B	BLUE CROSS SENIOR SU...	Yes		Subsequent Review Re...	Physician Engagement...	ON	DCC ELC
131351	2/19/1959	63	Male	MEDICARE PART A/B	MEDICAL	Yes	04/04/2022	RISL	Physician Engagement...	ON	DCC ELC
131352	9/04/1948	73	Female	MEDICARE PART A/B	BLUE CROSS SENIOR S...	Yes	04/09/2022	EM	Physician Engagement...	ON	DCC ELC
131353	8/4/1948	73	Female	MEDICARE PART A/B	TROUSER FOR LIFE PLUS	Yes	04/11/2022	EM Team	Physician Engagement...	ON	DCC ELC
131354	10/17/1987	34	Female	MEDICARE PART A/B	BLUE CROSS SENIOR SU...	Yes	01/09/2022	Midtown MI	Physician Engagement...	ON	DCC ELC
131355	2/20/1957	65	Female	MEDICARE PART A/B	MEDICAL	Yes		EM/EM/EM	Physician Engagement...	ON	DCC ELC
131356	4/12/1927	94	Female	MEDICARE PART A/B	MEDICAL	Yes	04/06/2022	Midtown MI	Physician Engagement...	ON	DCC ELC
131357	6/25/1943	79	Male	MEDICARE PART A/B	BLUE CROSS SENIOR SU...	Yes	12/29/2021	Davis	Physician Engagement...	ON	DCC ELC
131358	12/17/1941	80	Male	MEDICARE PART A/B	BLUE CROSS SENIOR SU...	Yes	12/17/2021	Carm	Physician Engagement...	ON	DCC ELC
131359	12/26/1932	89	Male	MEDICARE PART A/B	BLUE CROSS SENIOR SU...	Yes	02/23/2022	Midtown Healthy Aging	Physician Engagement...	ON	DCC ELC
131360	11/24/1945	76	Male	BLUE CROSS SENIOR S...	MEDICARE PART A/B	Yes	04/27/2022	EM	Physician Engagement...	ON	DCC ELC
131361	12/29/1944	78	Female	MEDICARE PART A/B	MEDICAL	Yes	02/16/2022	BCC Team	Physician Engagement...	ON	DCC ELC
131362	1/11/1932	90	Male	MEDICARE PART A/B	INDIANAPOLIS CONT...	Yes	02/22/2022	EM	Physician Engagement...	ON	DCC ELC
131363	3/19/1929	93	Female	MEDICARE PART A/B	BLUE CROSS BLUE SHI...	Yes	04/19/2022	TEST Carm	Physician Engagement...	ON	DCC ELC
131364	5/9/1941	80	Female	MEDICARE PART A/B	AAMP	Yes	04/19/2022	48	Physician Engagement...	ON	DCC ELC
131365	3/17/1941	79	Male	MEDICARE PART A/B	AAMP	Yes	12/19/2021	Carm	Physician Engagement...	ON	DCC ELC
131366	2/18/1942	80	Male	MEDICARE PART A/B	AAMP	Yes		TEST 474	Physician Engagement...	ON	DCC ELC
131367	7/6/1955	66	Female	MEDICARE PART A/B	AAMP	Yes		TEST	Subsequent Review Re...	ON	DCC ELC

05/12/2022 at 05:48 PM - Provider notification turned on

Included Diagnoses
Secondary hyperparathyroidism of renal origin

Notification OFF ON
Providers will see the following notification when accessing the patient in the EHR.
Automatically turn off on this date (optional)
05/22/2022

Comments for provider
In HCC Engage, these are accessed via the icon.
Clinical Findings: On 10/13/2021 diagnosis and documentation notes "Renal HbD with secondary hyperparathyroidism - PTH 43 from the 08-08b historically. Corrected Ca and Pcos at target off binders". If appropriate and remains viable, please provide supporting documentation and diagnosis for current year.
Risk Factors: age, CKD, DM
Treatments: Monitoring, routine scheduled appointments, labs and medication management of chronic conditions

HCC Summary
Not in 2022 Claims
Secondary hyperparathyroi... N25.81

Last modified yesterday at 5:48 pm

[Return to Worklist](#) [Close](#)

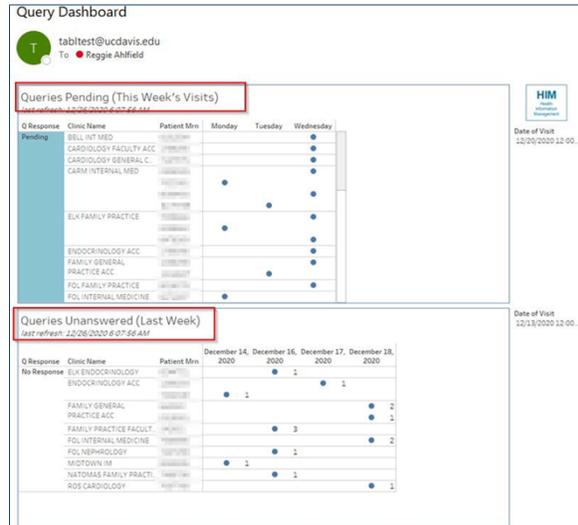


Engagement

Using Our Data to Engage Our Stakeholders

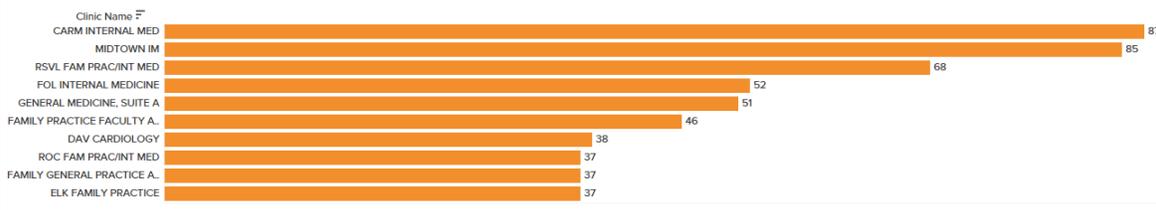
Provider Engagement

- Daily updates sent to clinic manager
 - If a query was submitted this week and is listed as “pending” in status, it will appear in the top box
 - If a query was sent and never received an answer, the response is changed by the team to “no response” and then the lower box will show all the queries with “no response” in the previous week

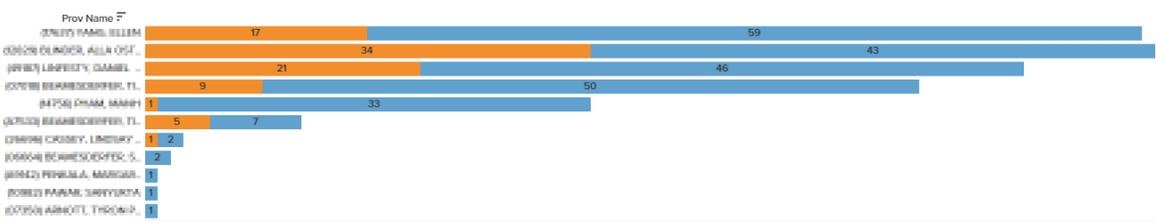


Clinic Engagement

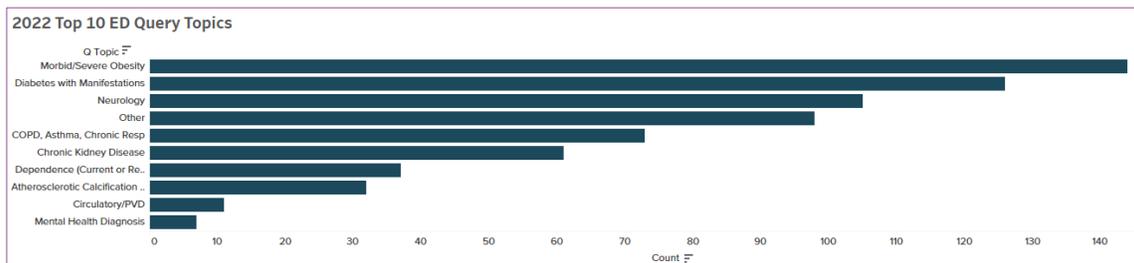
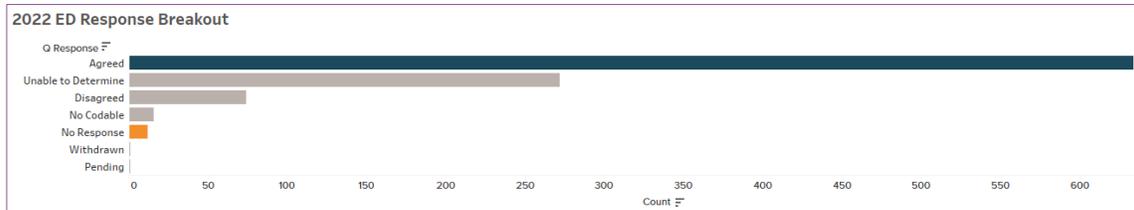
2022 Top 10 No Response Ranked by Clinic



2022 CARM INTERNAL MED



ED Engagement

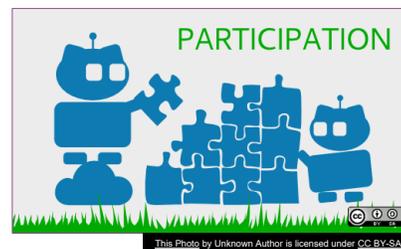


39

39

Team Engagement

- Continuous chat in Microsoft Teams chat channel
- Dedicated “channels” to communications
- Dedicated shared file storage
- Structured but semi-informal meetings

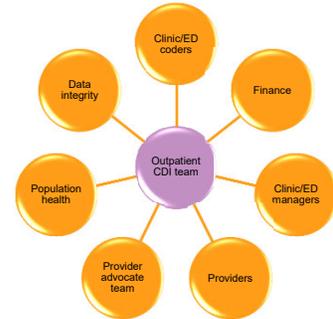


40

40

Other Stakeholder Engagement

Stakeholder	Means to Engage	Frequency
Coding	Data*	Min biweekly
ED and clinic management	Data*	As needed
Providers	Data*	As needed and rep at quarterly steering committee
Provider advocate	Data**	Biweekly
Population health	Data**	As needed
Data integrity	Data**	Biweekly



**Specific to them **Needs based*

Learning Outcomes: Revisited

- At the completion of this educational activity, the learner will be able to:
 - Understand the framework used by UCD to begin and refine the OP CDI program
 - Identify efficiencies gained by utilizing technology for engagement and workflow
 - Explain the benefits to standardizing an outpatient CDI program

Raise Your Hand - Question #2

- After hearing this presentation do you *want* to have an outpatient CDI program?
 - A. NO WAY!
 - B. MAYBE: Interested in outpatient CDI, but still on the fence
 - C. PROBABLY: See the value and will encourage outpatient CDI development
 - D. DEFINITELY: Know the value and fully intend to take measures to implement (or continue development including more automation for sites with existing outpatient CDI programs)

43



Thank you. Questions?

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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.

hcpro

44