

## Transforming your Outpatient CDI Program Through an Evaluation of People, Process, and Technology

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*System Director CDI Analytics*  
Baylor Scott & White Health  
Temple, TX



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## Presented By



- **Carrie Horn, MSHA, BBA, RN, CCDS, CRC, CPC, CHFP, CRCR**, is the system director for outpatient CDI at Baylor Scott & White Health in Temple, Texas. Horn has 25 years of nursing experience, 13 of those spent in CDI leading high quality, cost-effective programs while standardizing process improvement across inpatient and ambulatory CDI operations. Prior to joining BSWH as the outpatient CDI director in 2022, she spent 12 years building and transforming inpatient CDI, outpatient CDI and provider CDI education at Corewell Health in Michigan. She has expertise in developing, monitoring, and auditing compliant inpatient and outpatient CDI infrastructure, risk adjustment, provider coding education, clinical denials, and post-payment audits. Her leadership fosters relationships to support full burden of illness documentation and coding capture across the health system and health plan. She continues to serve the ACDIS community as a member of the Leadership Council and has presented at MACDIS, MHIMA, the ACDIS Outpatient Symposium, EPIC UGM, 3M, and annually in the ACDIS exhibit hall.

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## Presented By



- **Jared Brock, MBA**, is the system director of analytics for the CDI department at Baylor Scott & White Health in Temple, Texas. He has held this position for almost four years. Brock has a broad background in healthcare finance and analytics. Prior to joining CDI, he worked in research finance, strategic financial services, supply chain analytics, and PeriOp analytics. Upon joining the team, he aimed to tell the story of CDI by creating a data informed narrative which encompasses the numerous benefits that result from the great work being done by the department. His role is not that of a “Big Brother” watching over the department's productivity metrics, but rather one of a cheerleader who gets to boast of the great work being done by CDI! Brock is a current member of the ACDIS CDI Leadership Council.

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## Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
  - Demonstrate how to effectively evaluate the people, process, and technology of an outpatient CDI program.
  - Create an action plan to support evaluation findings and drive next steps toward program transformation.
  - Explain how to optimize the pre-visit and post-visit review process, incorporating internal auditing checks, real time staff continuing education and provider specific chart examples.
  - Define leading metrics, score cards, and reporting to share with operational stakeholders to drive outreach and system action plans
  - Describe how to align documentation education at the CDI department level to drive provider and system performance.

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BSW ranked #4 in U.S.

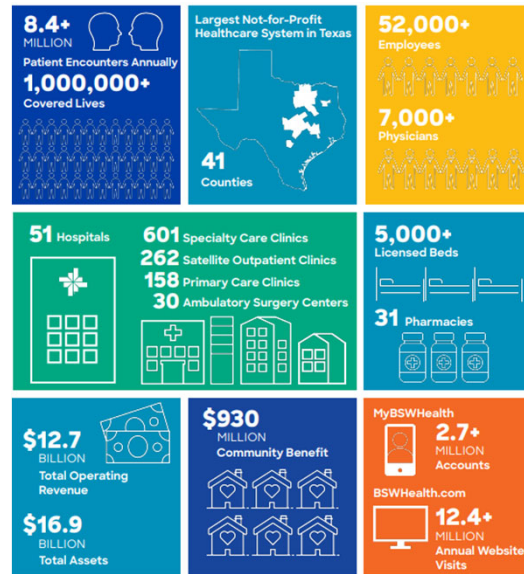
### Top 5 large health systems



By Watson Health15 Top Health Systems

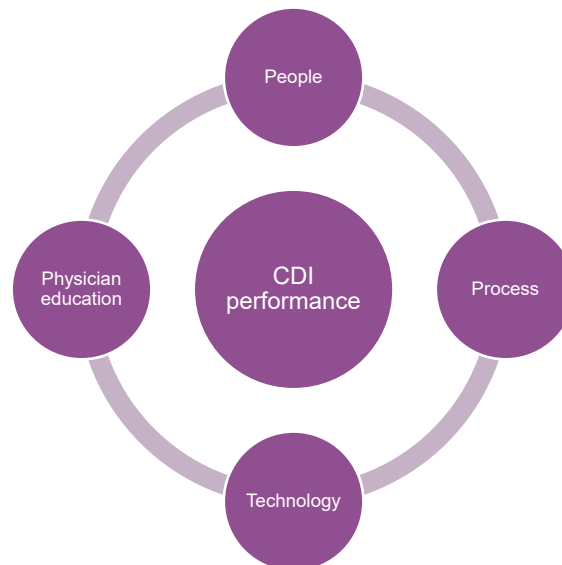
Founded as a Christian ministry of healing, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.

MISSION



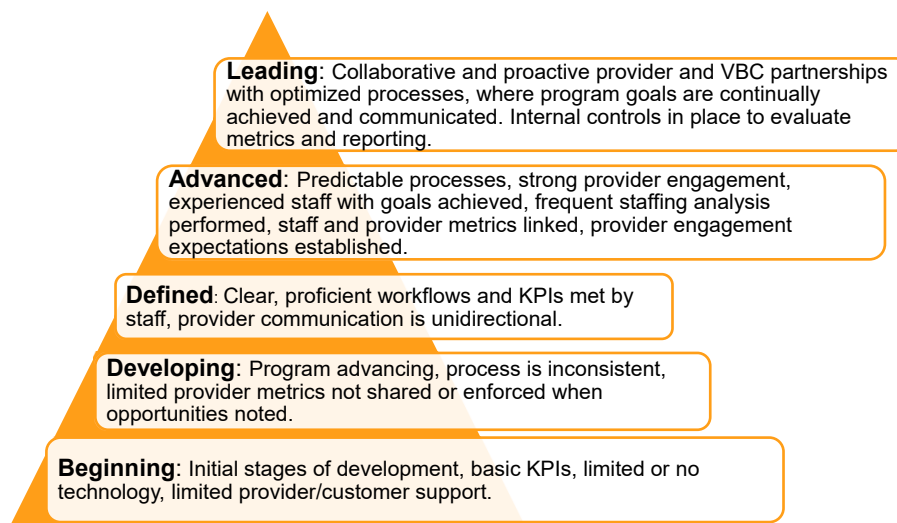
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## Program Evaluation



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## Determine Program Maturity Stage



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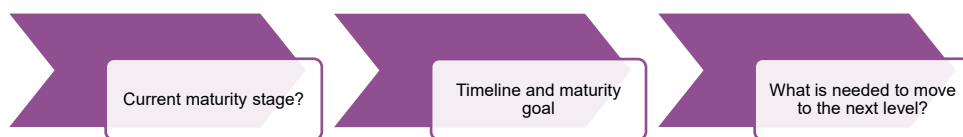
## SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> <li>Physician champions</li> <li>Data analyst</li> <li>Collaborative team culture</li> <li>Weekly all staff huddles</li> <li>Compliance support</li> <li>EHR provider communications</li> <li>Defined problem list process</li> </ul>	<ul style="list-style-type: none"> <li>EPIC reporting for population focus and staff metrics</li> <li>Staff skills aligned to workflow</li> <li>Consistent quality monitoring</li> <li>Selected prioritization review</li> <li>Defined comprehensive staff KPIs and goals</li> <li>Two technology platforms utilized</li> <li>No line of sight to claims data within EHR workflow</li> <li>HCC diagnosis to claim oversight (post visit)</li> <li>Provider score card data</li> <li>Internal access policies for attribution management</li> <li>Formal payer policies for education/metric reviews</li> </ul>	<ul style="list-style-type: none"> <li>Remote workforce communication</li> <li>Internal and self-reported data tracking</li> <li>Manual tracking for provider education opportunities</li> <li>Large geographic area with many providers, clinics, and specialty practices</li> <li>Not all workflows using CDI vendor platform</li> <li>Internal policies and defined scopes of work for all functions</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive value-based care partnerships</li> <li>Optimization of existing technology</li> <li>Standardized audit and monitoring program</li> <li>Actionable provider education</li> <li>Comprehensive executive reporting by provider, practice, region, and plan</li> </ul>

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## Action Planning



- Focus on progressing one level at a time.
- Maintain visibility of what will be needed at year one and five.
- Utilize SWOT results to plan what is needed to progress.
- Optimize while ensuring efficiency of current resources.
- Stay focused on people, process, technology.
- Celebrate stage progression!

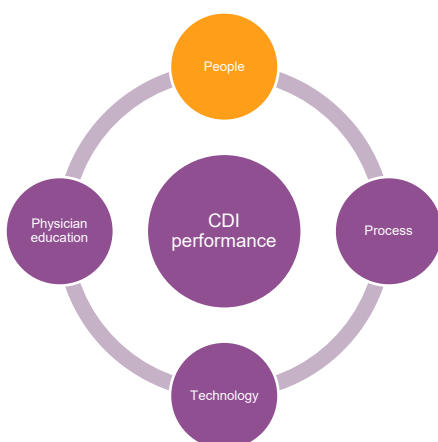


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*The right qualifications ensure staff are working top of license and certification for job satisfaction and scope.*

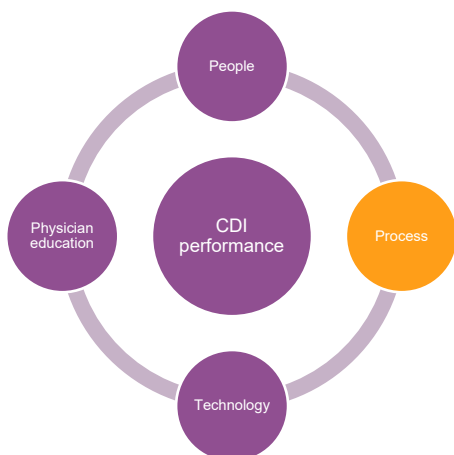


- **Right job qualifications for the role**
  - Pre-visit CDI RNs
  - Post-visit CDI coders
- **Working top of license/certification**
  - Pre-visit RNs have CCDS, CCDS-O, CRC
  - Post-visit coders have CCDS-O, CRC, CPC
- **Supportive team roles**
  - Pre-visit RN CDI educator/auditor
  - Post-visit CDI coding educator/auditor
  - Physician advisor(s)
  - Data analyst
- **Leadership**
  - RN CDI manager, CCDS, CCDS-O, CRC, CPC
  - Clinical supervisor to support pre-visit workflow
  - Coding supervisor to support post-visit workflow
  - System CDI director, RN, CCDS, CCDS-O, CRC, CPC
  - System VP, provider

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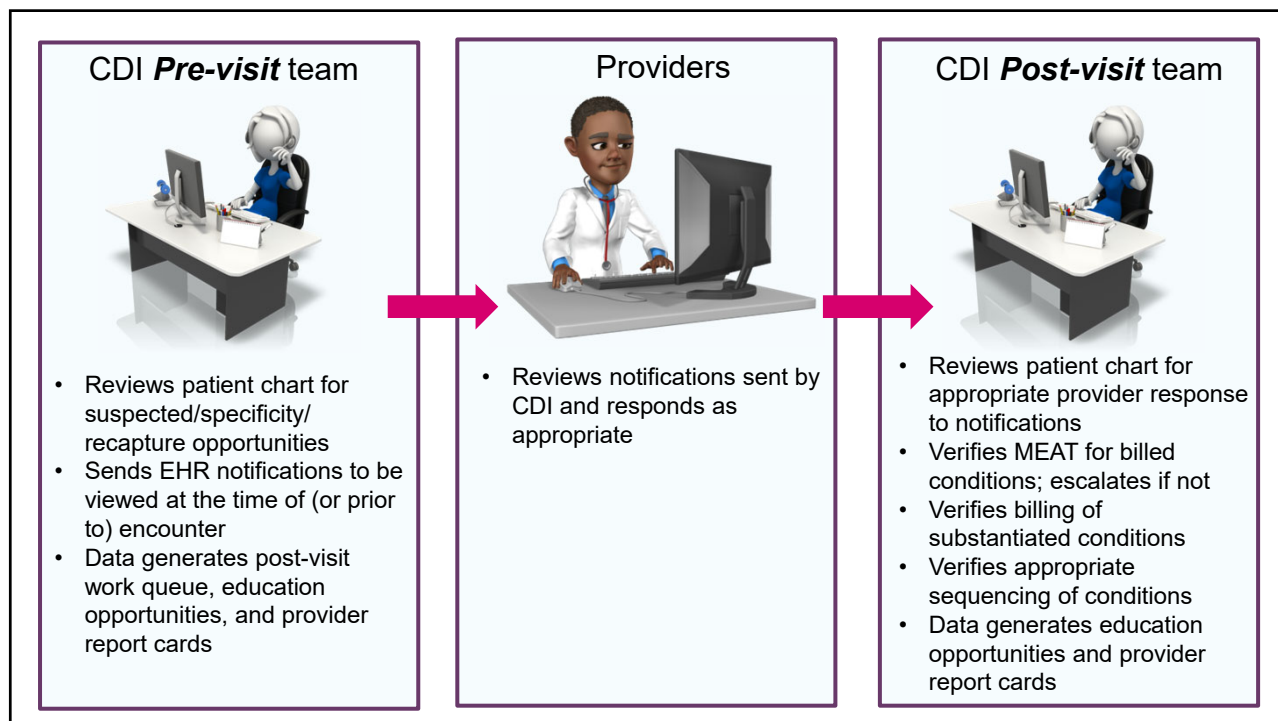
Maximize the ability to review high priority charts across multiple payers for optimization of face-to-face encounters.



- **Role-based orientation**
  - Pre-visit CDI—Clinical with coding knowledge
  - Post-visit CDI—Coding with clinical awareness
  - Staff SMART goals and KPIs clearly defined
- **Assignment Delegation**
  - Areas of interest and skill set strength
  - Remove no impact activities
- **Daily monitoring and concurrent feedback**
  - Pre-visit CDI educator/auditor (RN)
  - Post-visit CDI educator/auditor (CRC, CPC)
  - Deferral process for pre- and post-visit supervisor review
- **Continuing education and training**
  - Aligned pre- and post-visit TEAM approach
  - Clinical and coding focus when sharing case studies
  - Case studies support trends identified in quality reviews
  - System CDI approach for
    - Provider onboarding and continued education
    - Inpatient and outpatient CDI general orientation, coding, and industry updates

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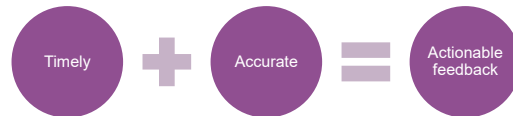
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## Concurrent Staff Feedback...



### Orientation Work Queues

- **New staff orientation**
  - 100% second level review until 90% accuracy and production are achieved
  - Pre-visit orientation work queue supported by RN CDI educator
  - Post-visit orientation work queue supported by CDI coding educator



### Deferral Work Queues

- **Pre-visit**
  - Clinical review questions
  - Prioritization of provider communications
- **Post-visit**
  - Coding questions
  - No MEAT found; supervisor validates and reviews annual documents for code support
  - Conflicting documentation

**BaylorScott&White HEALTH** **RA CDI Dashboard** **Epic Workflow Deferrals** Date Range: Aug 15, 2022 - Dec 31, 2022

Employee Name	Payer
<input type="checkbox"/> Employee #1	<input type="checkbox"/> Payer #1
<input type="checkbox"/> Employee #10	<input type="checkbox"/> Payer #2
<input type="checkbox"/> Employee #11	<input type="checkbox"/> Payer #3
<input type="checkbox"/> Employee #12	<input type="checkbox"/> Payer #4
<input type="checkbox"/> Employee #13	<input type="checkbox"/> Payer #5
<input type="checkbox"/> Physician #1	<input type="checkbox"/> Physician #2

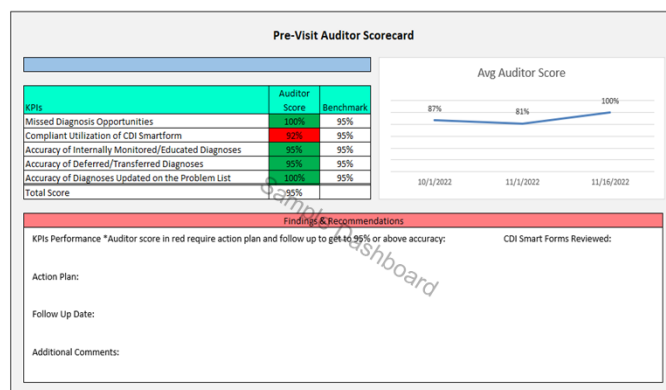
Employee Title	Pts Reviewed	MEAT not found in year	MEAT not found in year	MEAT not found in year	Internally Monitored Dx	Internally Monitored Dx	Internally Monitored Dx
		Deferred Count	Agree Rate	Escalate Rate	Agree Rate	Escalate Rate	Escalate Rate
Auditor	2,919	1,662	60%	9%	2,257	95%	1%
Coding Educator	2,919	1,662	60%	9%	2,257	95%	1%
Supervisor	2,919	1,662	60%	9%	2,257	95%	1%
<b>Total</b>	<b>2,919</b>	<b>1,662</b>	<b>60%</b>	<b>9%</b>	<b>2,257</b>	<b>95%</b>	<b>1%</b>

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## Pre-visit Education Work Queue: Internal Monitoring and Reporting



- **Daily Auditing**
  - Internally monitored diagnoses
  - Problem list updates
  - Provider communication compliance
  - Review accuracy
  - Work queue reviewed by RN CDI educator
- **Staff on Remediation**
  - 100% second level review until 95% accuracy is achieved
  - Utilized for additional support after orientation has been completed successfully



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## Post-visit Education Work Queue: Internal Monitoring and Reporting

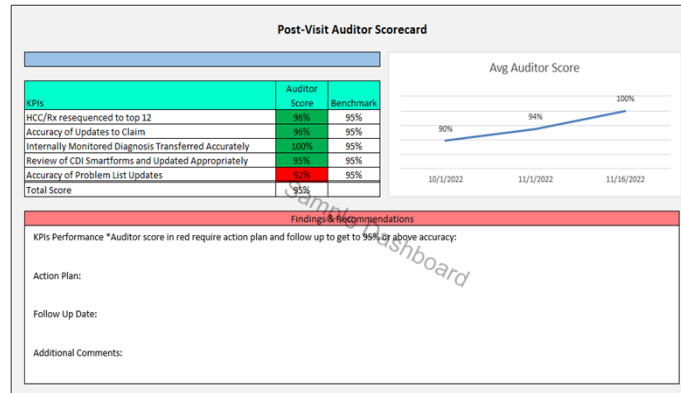


### • Daily Auditing

- Internally monitored diagnoses
- Problem list updates
- Review accuracy
- Validation of provider communication impact
- Work queue reviewed by CDI coding educator

### • Staff on Remediation

- 100% second level review until 95% accuracy is achieved
- Utilized for additional support after orientation has been completed successfully



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## Successful Program Monitoring



### Awareness



Department strategy



Key performing indicators



Population metrics and utilization



Payer contracts



Registry and attribution alignment



Continued visibility to identify opportunities and areas for improvement

### Management

- Focus reviews for population need
- Provider follow-up
- Implement screening technology
- Collaborate with practice operations
- Engage payer-specific tactics and policies
- Continually analyze data to adapt
- **Navigate nimbly**
- **Celebrate success!**

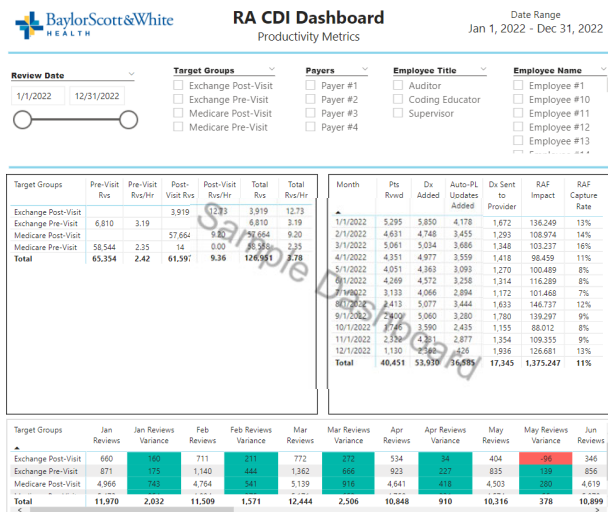
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## Operational Reporting: Internal

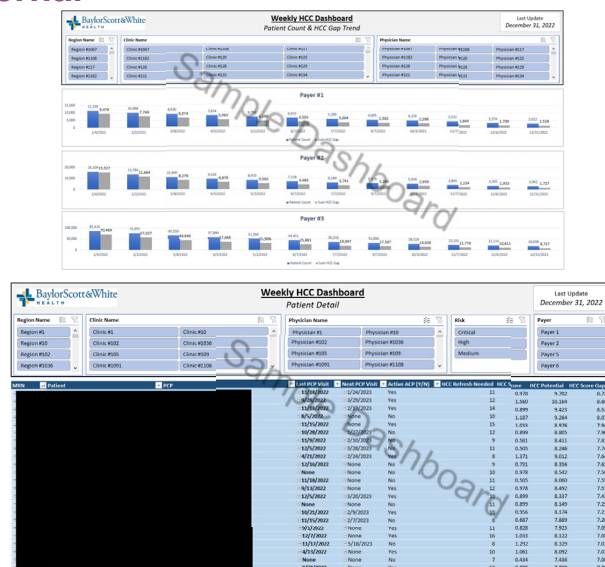
- General Metric Examples
  - Review counts versus target
  - Problem list updates
  - Diagnosis changes sent to provider
  - Diagnosis changes agreed to
  - RAF impact
  - RAF capture rate



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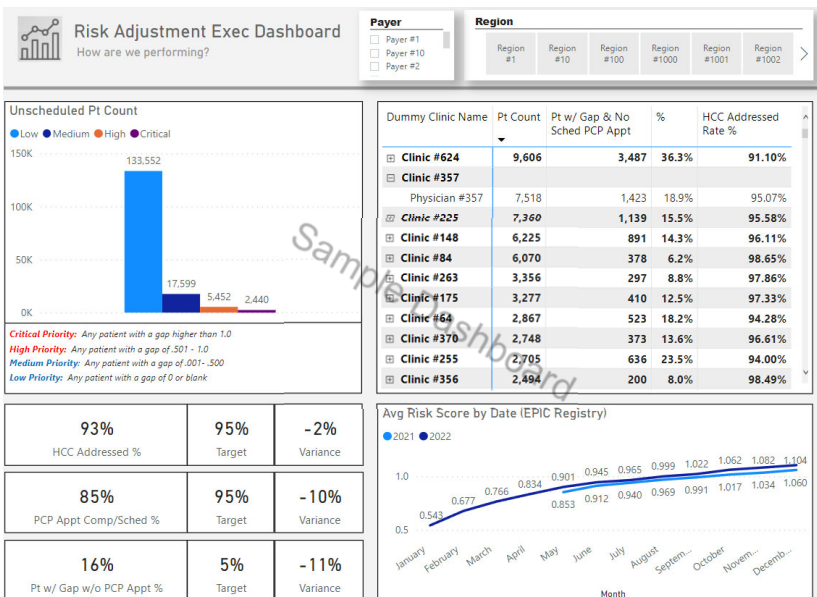
## Operational Reporting: External

- Trendable:
  - Count of patients with HCC gap
  - Sum of HCC gap
- Snapshot:
  - Patient information
  - Next/last PCP visit (or FM/IM)
  - HCCs needing to be refreshed
  - ACP on file (Y/N)
  - HCC actual score
  - HCC potential score
  - HCC score gap



## Executive Reporting

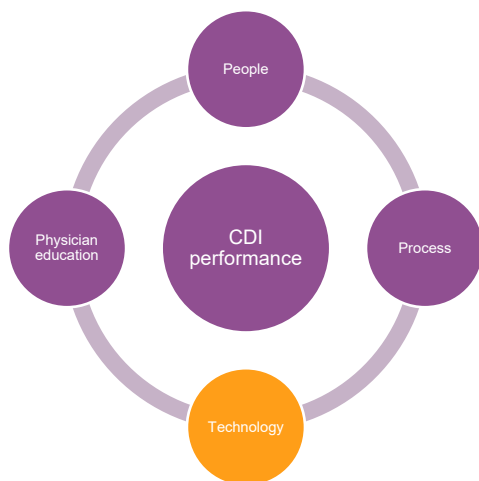
- Metric Examples
  - Unscheduled patients by gap category
  - HCC addressed percentage
  - PCP appointment percentage
  - Patients with gap without future PCP appointment scheduled
  - Average risk score (YOY)
  - HCC addressed rate



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Maximize accurate documentation capture at the point of care with minimal disruption to the provider workflow.



- Service line physician champions
- Staff feedback
- NLP/AI
- Workflow efficiencies
  - Prioritize patient reviews by:
    - RAF gap
    - Type of encounter
    - Payer
    - Suspecting conditions prompted
    - Specialty service line
- Technology enhancements
  - Outside claims data
  - Registry inclusion (HHS, CMS-HCC)
  - HCC refresh and suspecting condition alerts
  - CDI communication templates
  - Expand EHR documentation template library
  - Deferral and transfer work queues (pre- and post-visit)
  - Replace manual reporting/tracking
  - Single sign-on

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## Monitor Provider Engagement and Gap Closure

- Review HCC volumes presented
- Track and trend address rates
- Compare and track the capture rate for claims validation
- Share the data with providers
- Launch discussions around documentation processes and tool support with stakeholders
- Use to create educational materials
- Share with operations to support system outreach

**BaylorScott&White HEALTH** **Provider Engagement Dashboard** Updated Jan 31, 2023

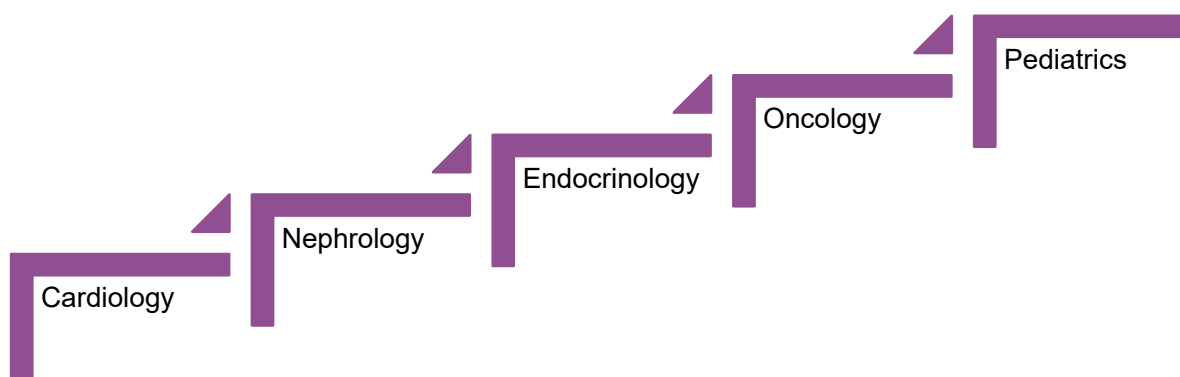
REGION NAME: REGION 1, REGION 10, REGION 100, REGION 101  
 CLINIC NAME: CLINIC 1, CLINIC 10, CLINIC 100, CLINIC 101  
 PHYSICIAN NAME: PHYSICIAN 1, PHYSICIAN 10, PHYSICIAN 100, PHYSICIAN 101  
 DATE: 1/1/2022, 2/1/2022, 3/1/2022, 4/1/2022

Clinic Name	Department Name	Practitioner Name	HCC's Presented	HCC Addressed Rate	HCC Capture Rate
Facility 1	Department 1	Provider 1	0	0%	0%
Facility 2	Department 2	Provider 2	37	33%	32%
Facility 2	Department 2	Provider 3	19	21%	16%
Facility 2	Department 2	Provider 4	62	56%	53%
Facility 2	Department 2	Provider 5	44	36%	32%
Facility 2	Department 2	Provider 6	42	24%	21%
Facility 2	Department 2	Provider 7	30	33%	27%
Facility 2	Department 2	Provider 8	43	42%	37%
Facility 2	Department 2	Provider 9	17	18%	18%
Facility 2	Department 2	Provider 10	32	25%	22%
Facility 2	Department 2	Provider 11	34	54%	46%
Facility 2	Department 2	Provider 12	0	0%	0%
Facility 3	Department 3	Provider 13	7	29%	29%
Facility 3	Department 3	Provider 14	0	0%	0%
Facility 4	Department 4	Provider 15	27	30%	30%
Facility 4	Department 4	Provider 16	43	40%	37%
Facility 4	Department 4	Provider 17	28	54%	54%
Facility 4	Department 4	Provider 18	22	14%	14%
Facility 5	Department 5	Provider 19	7	14%	14%

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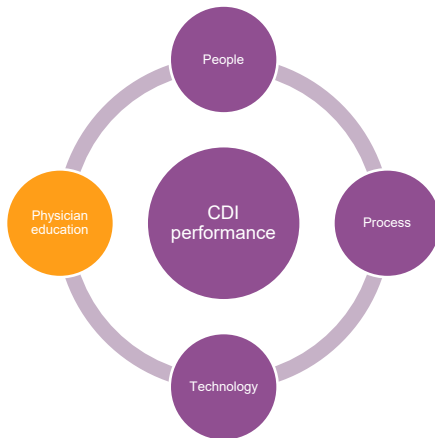
## Expansion to Specialty Service Lines



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The CDI education team collaborates with HB coding, PB coding, compliance, and quality to ensure a consolidated approach when engaging providers.

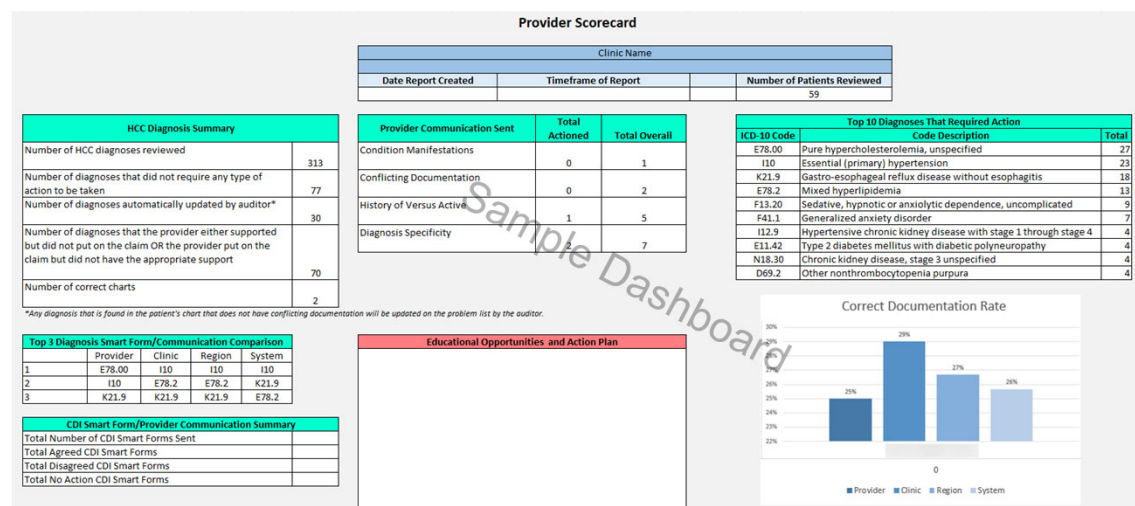


- Engage service line champions to...
  - Ask for feedback
  - Enhance workflows
  - Adjust technology rules
  - Implement new technology tools
  - Create new provider education and ongoing CME content/modules
  - Develop clinical definitions and education priorities based on internal and national data to optimize identification of disease and care provided
  - Share educational opportunities at the region, practice and provider level utilizing audit findings
  - Create individual provider score cards
  - Distribute unified communications

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## Provider Scorecard

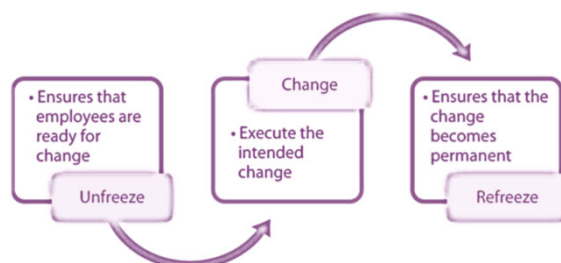


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## Successfully Navigating the Change

- Communicate awareness of why the change is necessary
- Desire to engage and participate in the change
- Knowledge of skills and behaviors needed for successful change
- Ability to demonstrate the required skills and behaviors for success
- Reinforcement for the changes to stick once implemented



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## Awareness



Who needs to know of the change?



Meet with teams to discuss the what and why of the change.



Communicate early and often.



Coach staff.

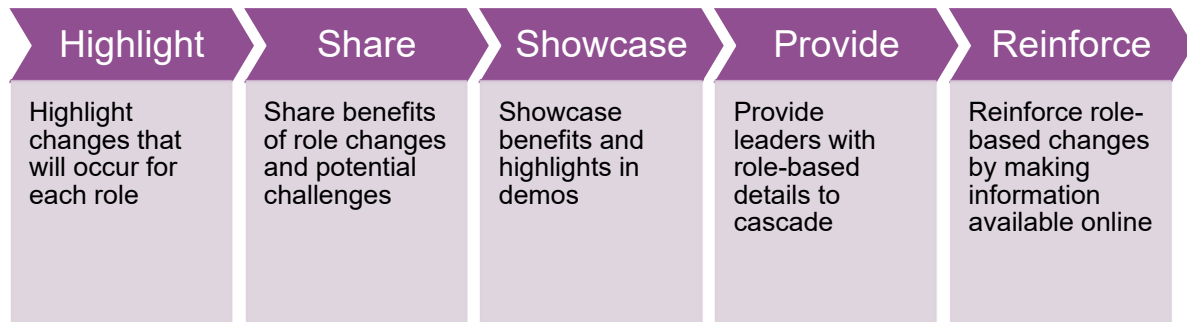


Provide an advanced look at the training that will be available.

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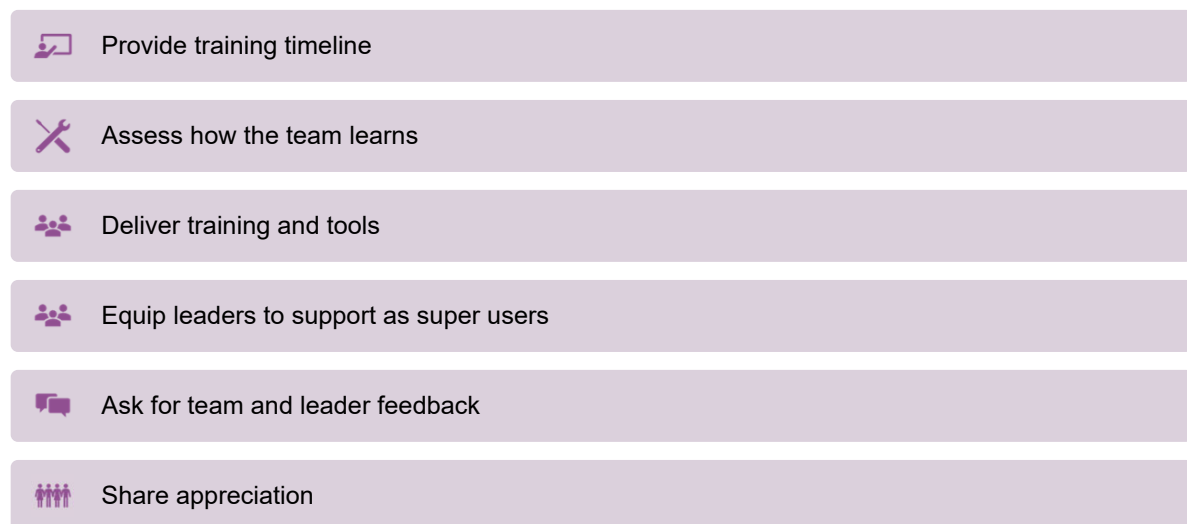
## Creating Desire



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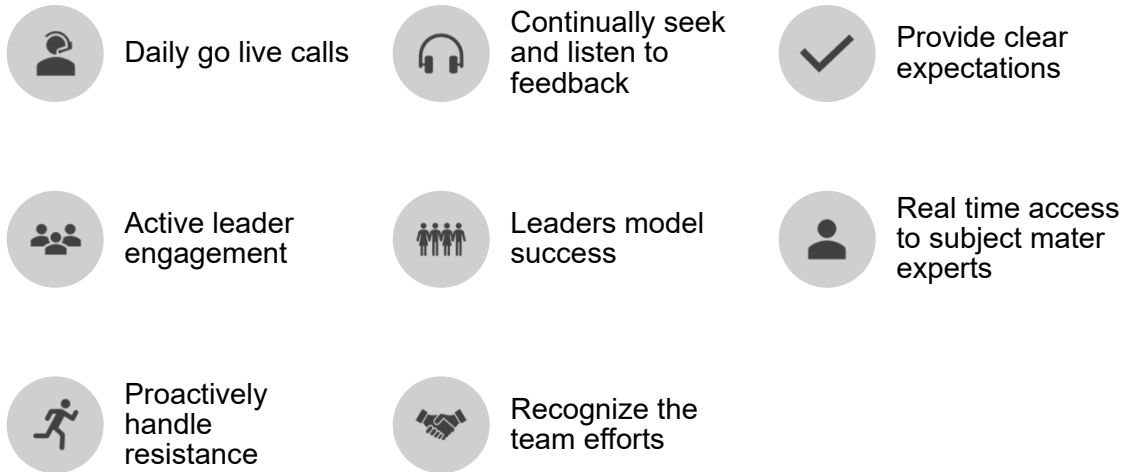
## Ensure Knowledge



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## Ability



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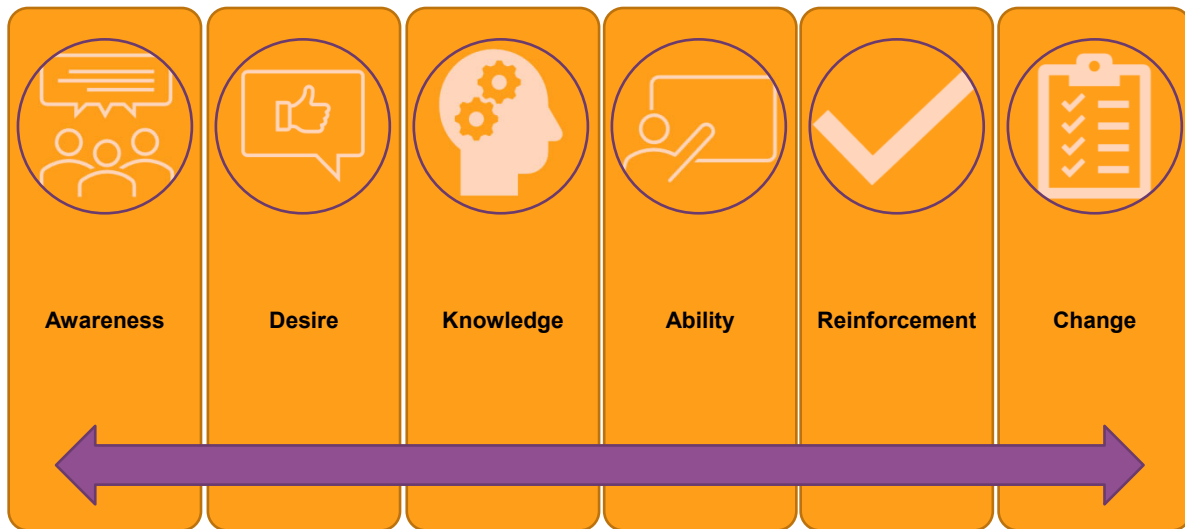
## Reinforcement



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## Successful Change Management



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## Thank you. Questions?

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