

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

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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**

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Mayo Clinic
- 2

Penn Medicine
- 3

Rush University System for Health
- 4

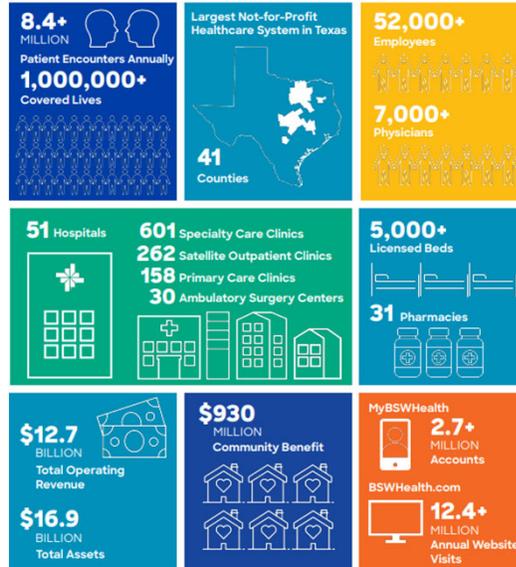
Baylor Scott & White Health
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Allina Health

By Watson Health15 Top Health Systems

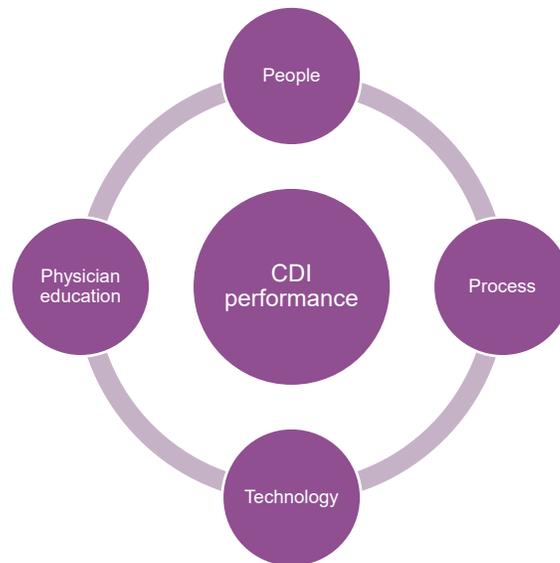
Founded as a Christian ministry of healing, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.

**MISSION**



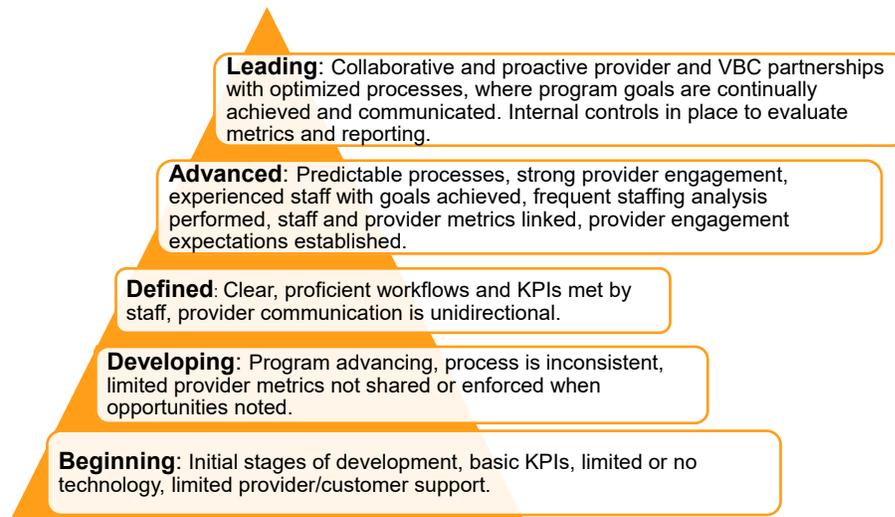
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# Program Evaluation



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## Determine Program Maturity Stage



## 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>

## Action Planning

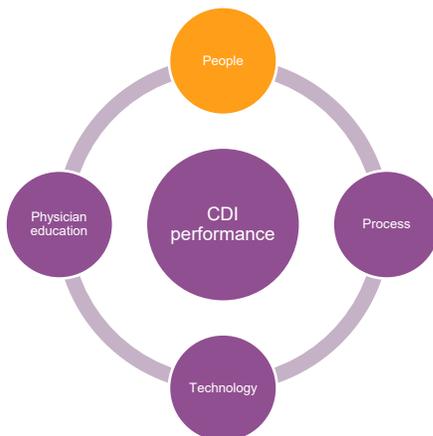


- Focus on progressing one level at a time.
- Maintain visibility of what will be needed at year one and five.
- Utilize SWOT results to plan what is needed to progress.
- Optimize while ensuring efficiency of current resources.
- Stay focused on people, process, technology.
- Celebrate stage progression!



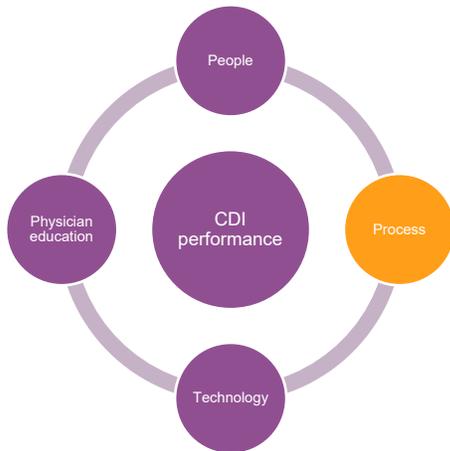
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*The right qualifications ensure staff are working top of license and certification for job satisfaction and scope.*



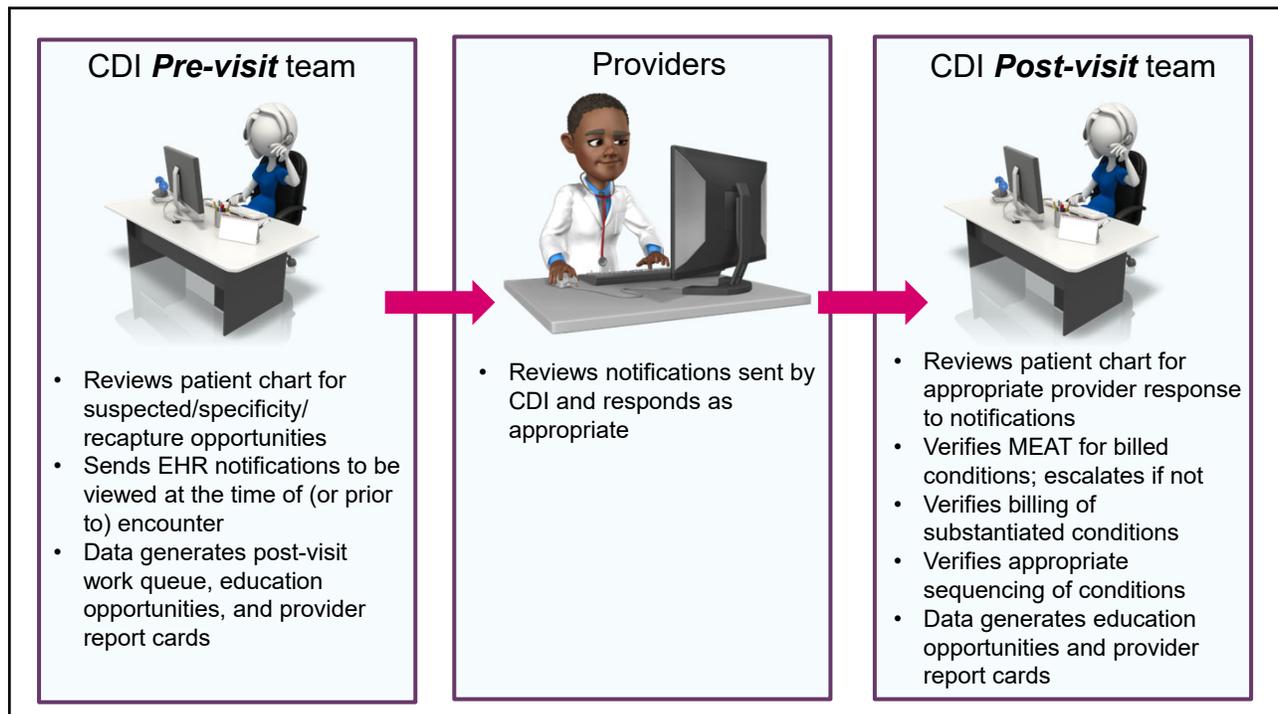
- **Right job qualifications for the role**
  - Pre-visit CDI RNs
  - Post-visit CDI coders
- **Working top of license/certification**
  - Pre-visit RNs have CCDS, CCDS-O, CRC
  - Post-visit coders have CCDS-O, CRC, CPC
- **Supportive team roles**
  - Pre-visit RN CDI educator/auditor
  - Post-visit 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

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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## 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"/> Payer #6	<input type="checkbox"/> Payer #6

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	Agree Rate	Escalate Rate
Auditor	2,919	1,662	60%	9%	2,259	95%	1%
Coding Educator	2,919	1,662	60%	9%	2,259	95%	1%
Supervisor	2,919	1,662	60%	9%	2,259	95%	1%
<b>Total</b>	<b>2,919</b>	<b>1,662</b>	<b>60%</b>	<b>9%</b>	<b>2,259</b>	<b>95%</b>	<b>1%</b>

## 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

**Pre-Visit Auditor Scorecard**

KPIs	Auditor Score	Benchmark
Missed Diagnosis Opportunities	100%	95%
Compliant Utilization of CDI Smartform	92%	95%
Accuracy of Internally Monitored/Educated Diagnoses	95%	95%
Accuracy of Deferred/Transferred Diagnoses	95%	95%
Accuracy of Diagnoses Updated on the Problem List	100%	95%
<b>Total Score</b>	<b>95%</b>	

**Avg Auditor Score**

The graph shows a line starting at 87% on 10/1/2022, rising to 81% on 11/1/2022, and reaching 100% on 11/14/2022.

**Findings & Recommendations**

KPIs Performance \*Auditor score in red require action plan and follow up to get to 95% or above accuracy: CDI Smart Forms Reviewed:

Action Plan:

Follow Up Date:

Additional Comments:

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

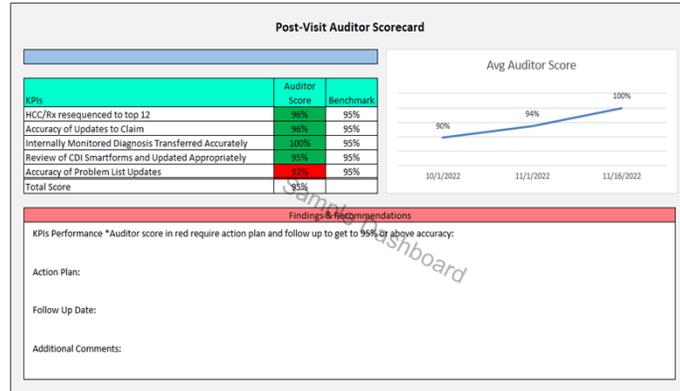


### • Daily Auditing

- 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

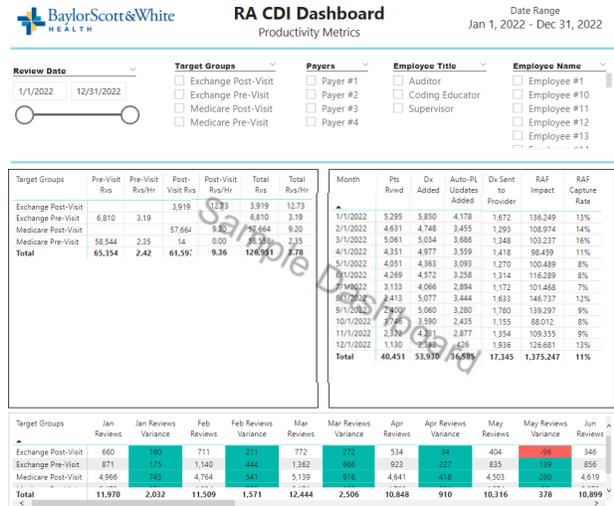
- Focus reviews for population need
- Provider follow-up
- Implement screening technology
- Collaborate with practice operations
- Engage payer-specific tactics and policies
- Continually analyze data to adapt
- **Navigate nimbly**
- **Celebrate success!**

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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

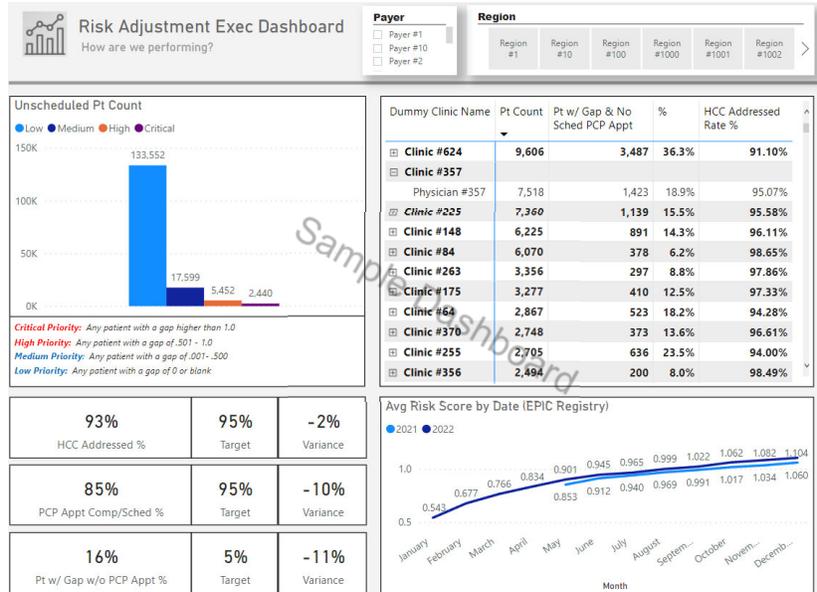


\*BSWH is currently distributing weekly CMS & HHS registry data for identified member populations

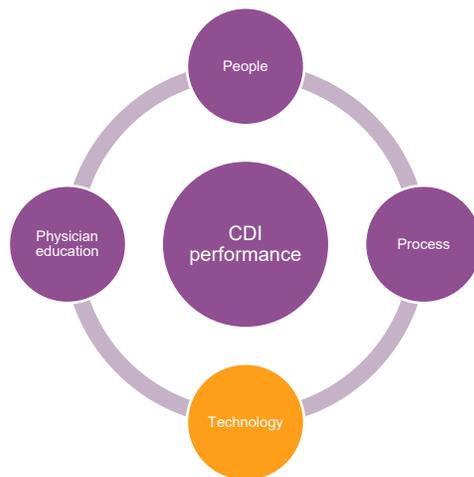
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## Executive Reporting

- 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



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



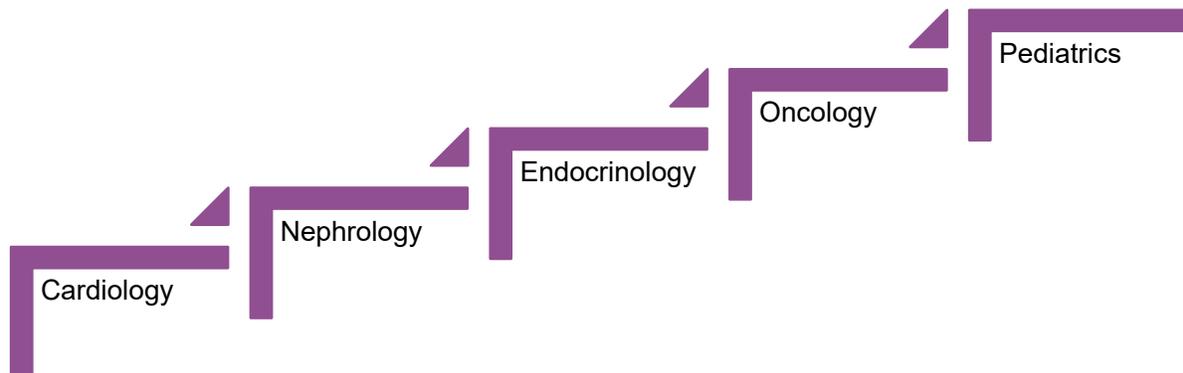
- Service line physician champions
- Staff feedback
- NLP/AI
- Workflow efficiencies
  - Prioritize patient reviews by:
    - RAF gap
    - Type of encounter
    - Payer
    - Suspecting conditions prompted
    - Specialty service line
- Technology enhancements
  - Outside claims data
  - Registry inclusion (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

## Monitor Provider Engagement and Gap Closure

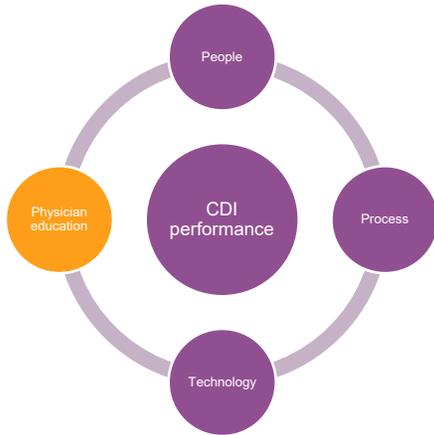
- Review HCC volumes presented
- Track and trend address rates
- Compare and track the capture rate for claims validation
- Share the data with providers
- Launch discussions around documentation processes and tool support with stakeholders
- Use to create educational materials
- Share with operations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

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	35%	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%

## Expansion to Specialty Service Lines



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

## Provider Scorecard

### Provider Scorecard

Clinic Name			
Date Report Created	Timeframe of Report	Number of Patients Reviewed	
		59	

HCC Diagnosis Summary	
Number of HCC diagnoses reviewed	313
Number of diagnoses that did not require any type of action to be taken	77
Number of diagnoses automatically updated by auditor*	30
Number of diagnoses that the provider either supported but did not put on the claim OR the provider put on the claim but did not have the appropriate support	70
Number of correct charts	2

\*Any diagnosis that is found in the patient's chart that does not have conflicting documentation will be updated on the problem list by the auditor.

Provider Communication Sent	Total Actioned	Total Overall
Condition Manifestations	0	1
Conflicting Documentation	0	2
History of Versus Active	1	5
Diagnosis Specificity	2	7

ICD-10 Code	Code Description	Total
E78.00	Pure hypercholesterolemia, unspecified	27
I10	Essential (primary) hypertension	23
K21.9	Gastro-esophageal reflux disease without esophagitis	18
E78.2	Mixed hyperlipidemia	13
F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated	9
F41.1	Generalized anxiety disorder	7
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4	4
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	4
N18.30	Chronic kidney disease, stage 3 unspecified	4
D69.2	Other nonthrombocytopenia purpura	4

Top 3 Diagnosis Smart Form/Communication Comparison				
Provider	Clinic	Region	System	
1	E78.00	I10	I10	I10
2	I10	E78.2	E78.2	K21.9
3	K21.9	K21.9	K21.9	E78.2

CDI Smart Form/Provider Communication Summary	
Total Number of CDI Smart Forms Sent	
Total Agreed CDI Smart Forms	
Total Disagreed CDI Smart Forms	
Total No Action CDI Smart Forms	

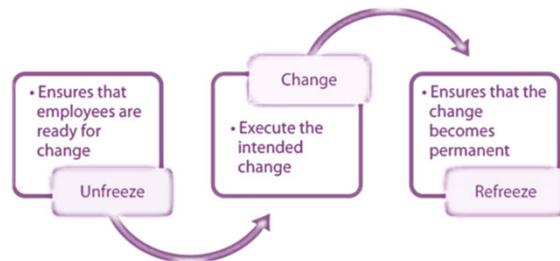
Educational Opportunities and Action Plan	

#### Correct Documentation Rate

Category	Rate
Provider	20%
Clinic	29%
Region	27%
System	26%

## 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.

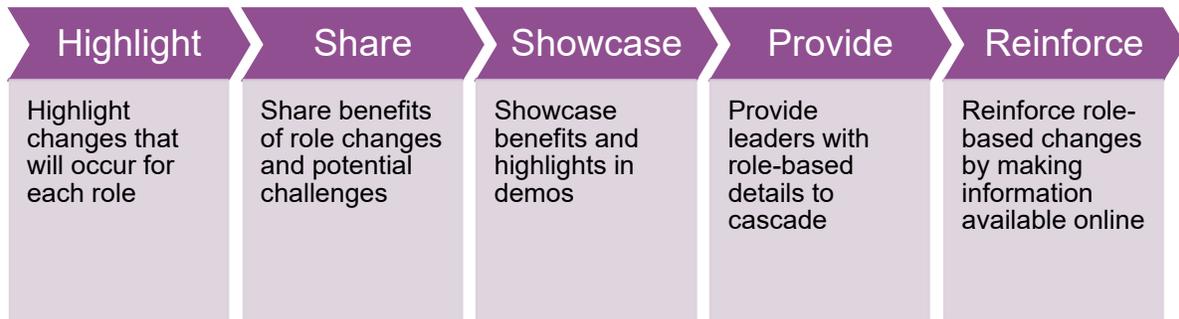


Coach staff.



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

## Creating Desire



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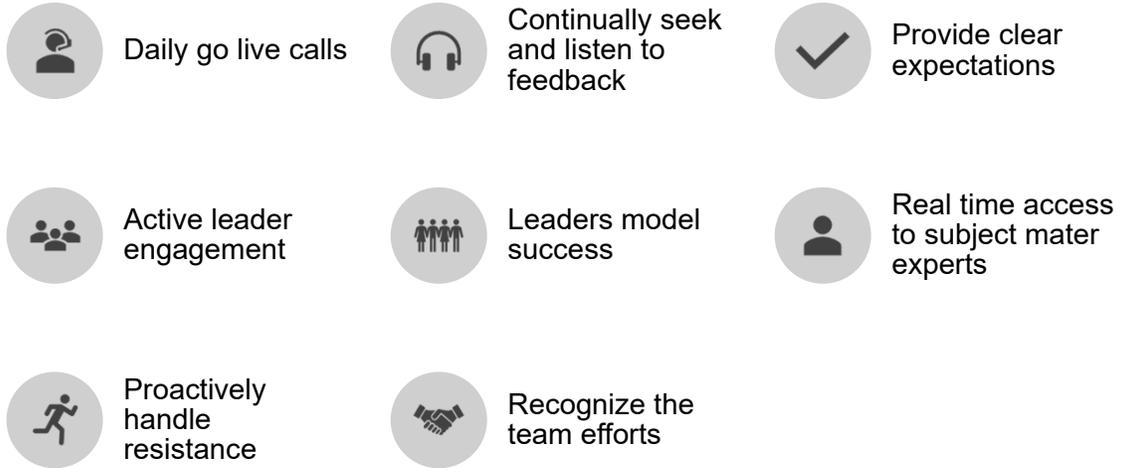
## Ensure Knowledge

- Provide training timeline
- Assess how the team learns
- Deliver training and tools
- Equip leaders to support as super users
- Ask for team and leader feedback
- Share appreciation

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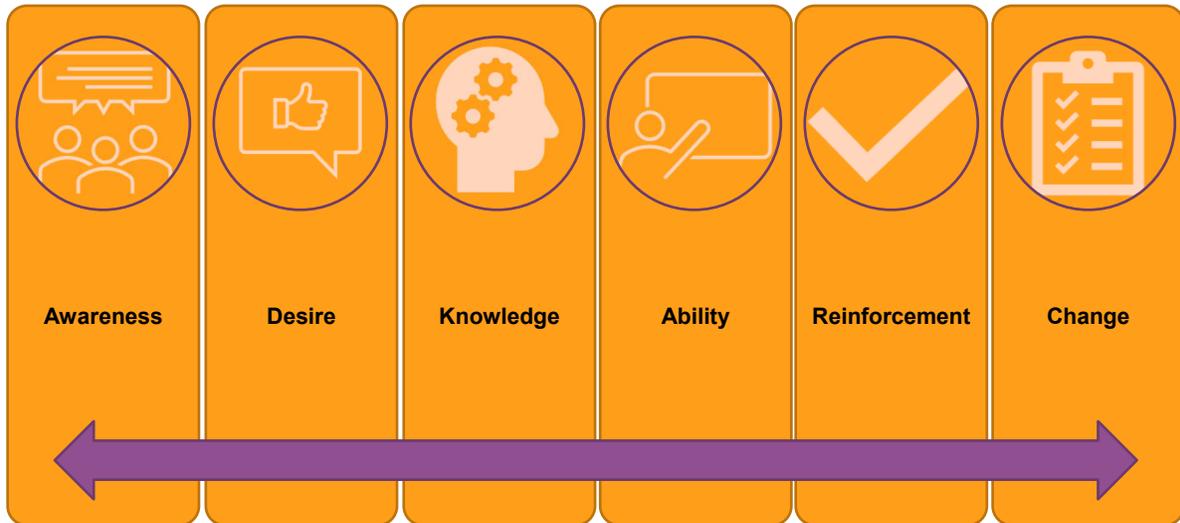
## Ability



## Reinforcement



## Successful Change Management



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## Thank you. Questions?

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