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SYMPOSIUM
OUTPATIENT CDI
MAY 7–8, 2023

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

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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 heath. Loretta started in CDI/population health in 2018 and has been with UC Davis HIM since 2020.

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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.

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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
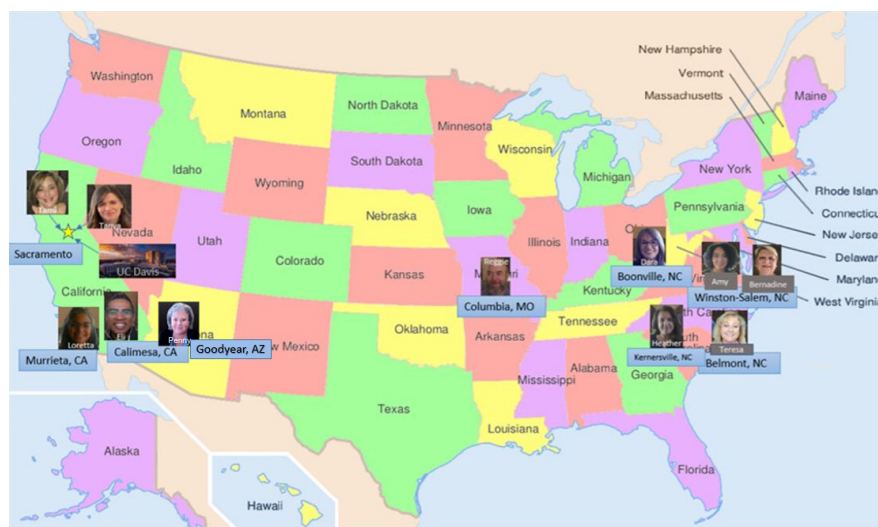

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Learning Outcomes

- 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
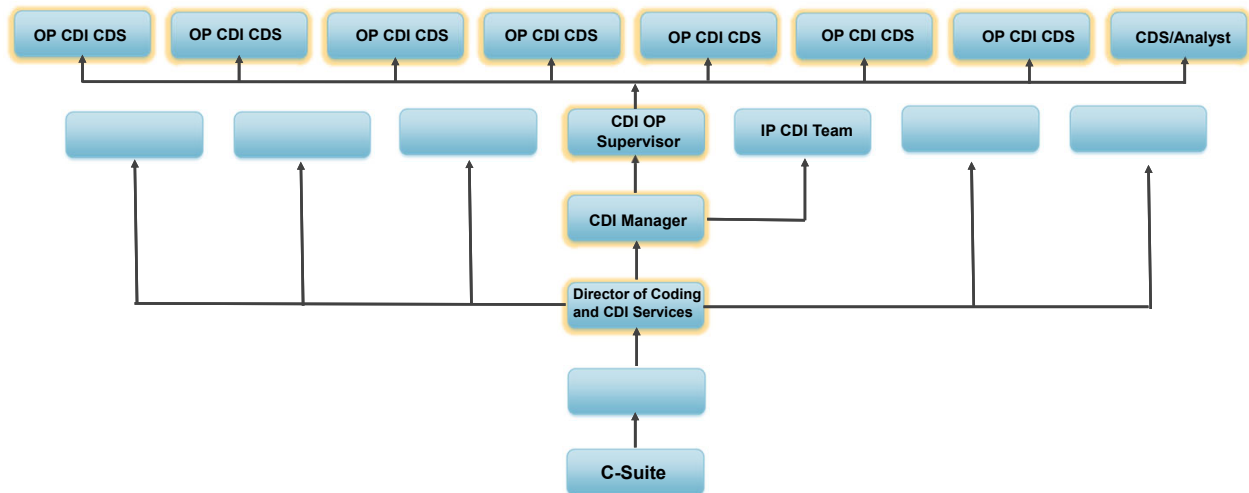 - Explain the benefits to standardizing an outpatient CDI program

UC Davis Health OP CDI Team

Organizational Chart: HIM (Patient Revenue Cycle)

OP CDI CDS | OP CDI CDS | OP CDI CDS | OP CDI CDS | OP CDI CDS | OP CDI CDS | OP CDI CDS | CDS/Analyst

CDI OP Supervisor

IP CDI Team

CDI Manager

Director of Coding and CDI Services

C-Suite

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Disclosure

- We do not have any affiliation with the following companies' software that may be mentioned during this presentation:
  - Microsoft Office (Word, Excel, Outlook, Access, Teams, OneNote, Visio, PowerPoint, Edge, SharePoint)
  - Tableau
  - SAP Business Objects
  - Cold Fusion
  - Google Chrome (or any other Google products)
  - Mozilla Firefox
  - Greenshot
  - 3M - mModal (3M/360, HCC Collaborate, HCC Engage)
  - Optum
  - Vizient

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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

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Outpatient CDI Evolution

How it all began…

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Evolution of Outpatient CDI

Step 1: Creating a Plan

Step 2: Data Recording and Reconciliation

Step 3: Refinement

Step 4: Evaluate and Improve

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Step 1: Creating a Plan

Identify the stakeholders	Determine the needs and goals	Choose the population
Choose the Outpatient CDI team	Standardize the process	Track the data
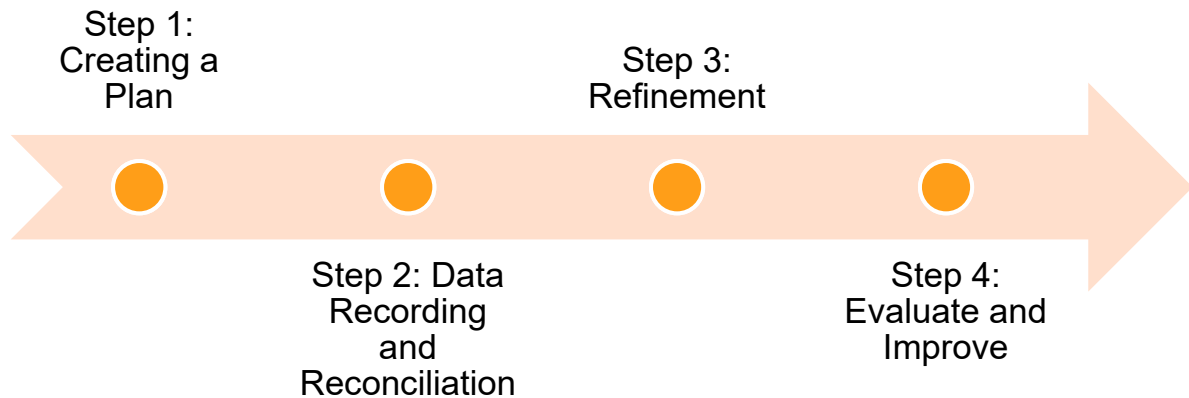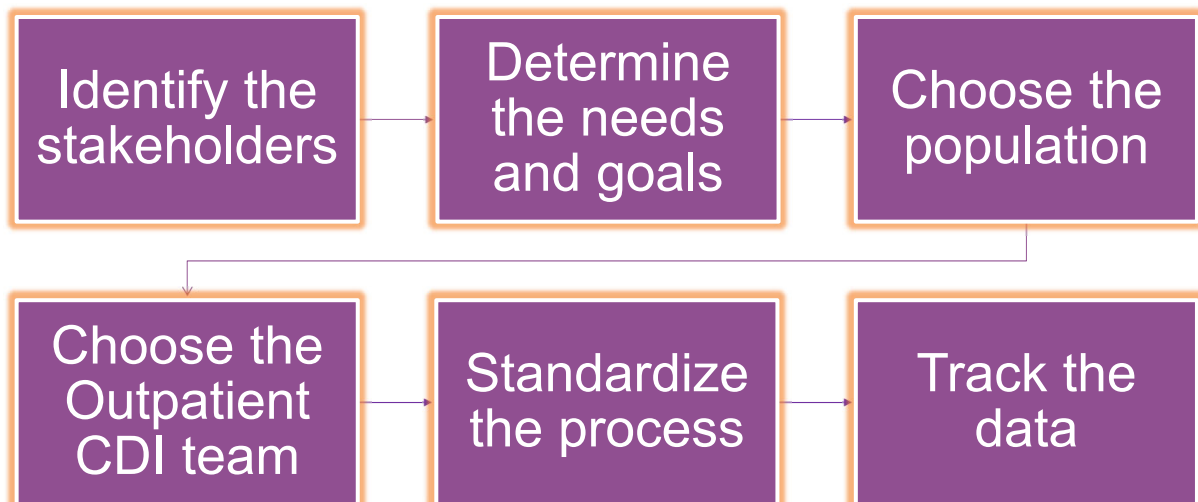
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Step 2: Data Recording and Reconciliation

- 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

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Step 3: Refinement

Update MSSP list to an upcoming visit list

Added options to the QP database

Performed time studies

Outpatient CDI coding notification

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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

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Outpatient CDI Queries Impact and Improve

Quality
- Medical necessity of care
- Documentation
- Professional billing
- Patient care
- Charge capture
- Risk adjustment
- Quality data

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Engagement and Workflow

Program "Champions"

Physician and Clinic Engagement
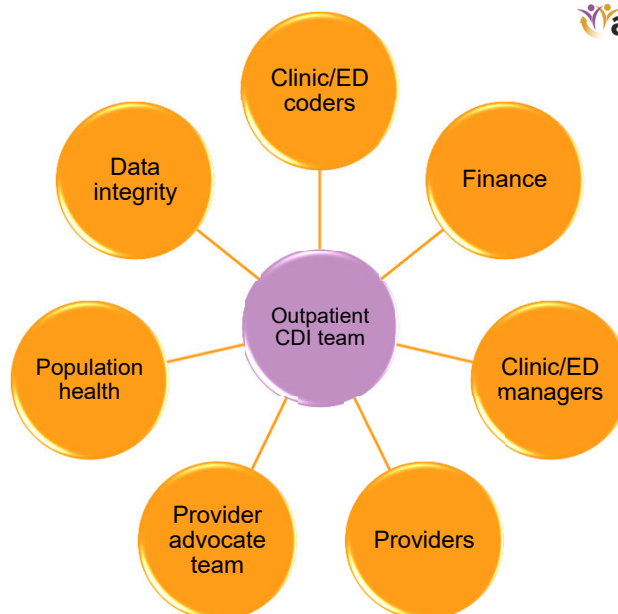
Goals

- 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)

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Workflow Diagrams and Appendices

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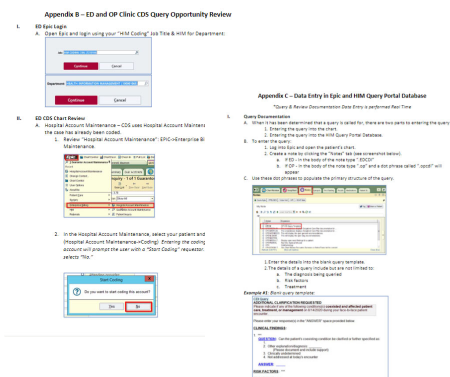
Future

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

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Utilizing Technology

Ways to Get Useful Data

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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

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Outpatient CDI Cycle
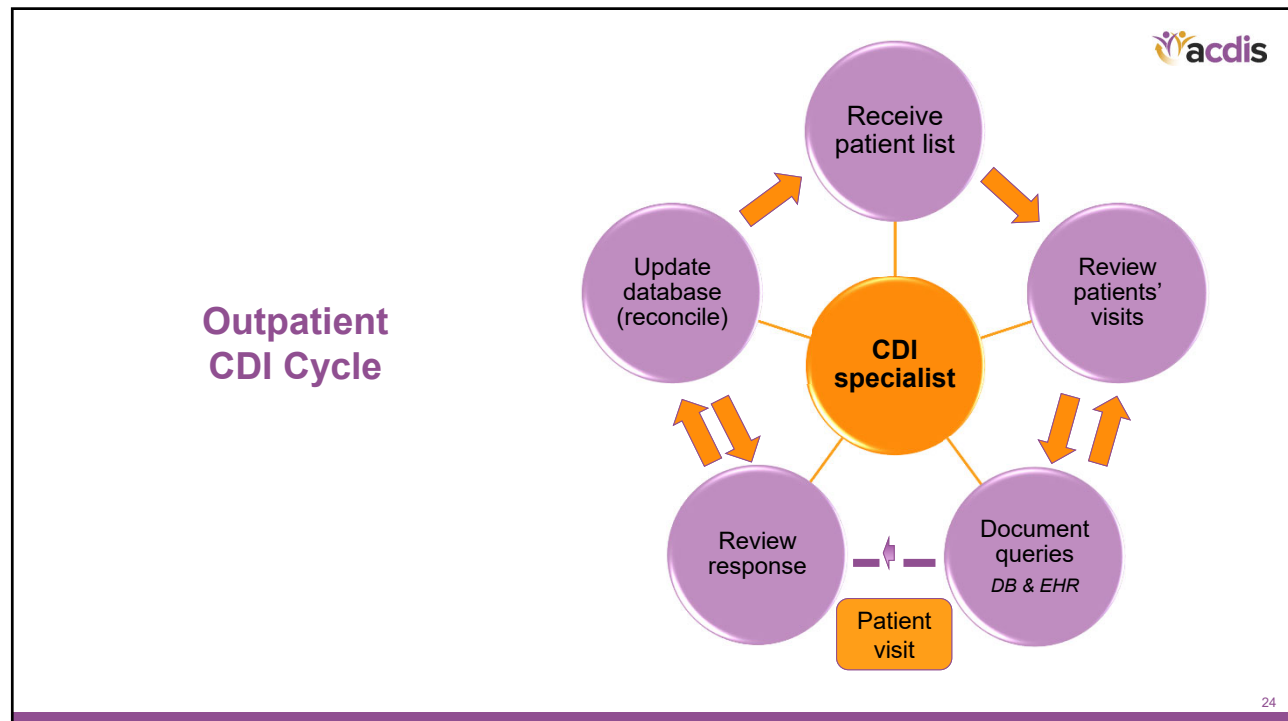
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Step 1: Creating a Plan—Workflows
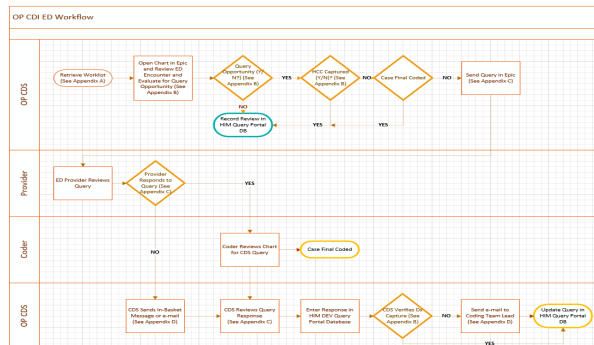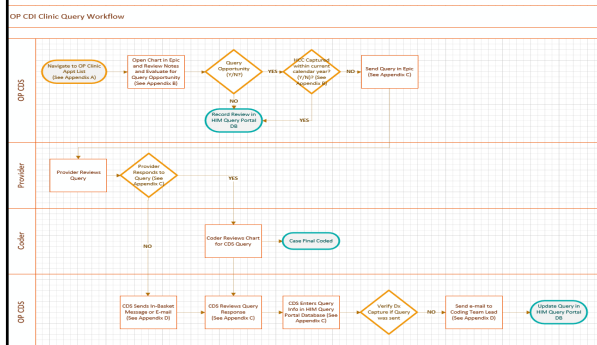
- Standardized workflows:
  - Optimize training
  - Provide a resource for reference

Institutional Goal Alignment

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

Institutional Driver	CDI Aligned Indicator	CY21 Baseline	CY22	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 MSSP and PCF 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

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

Step 2: Using Technology—Data Recording and Reconciling

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Step 3: Refinement

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Step 4: Evaluate and Improve—Individual and Leadership Dashboards

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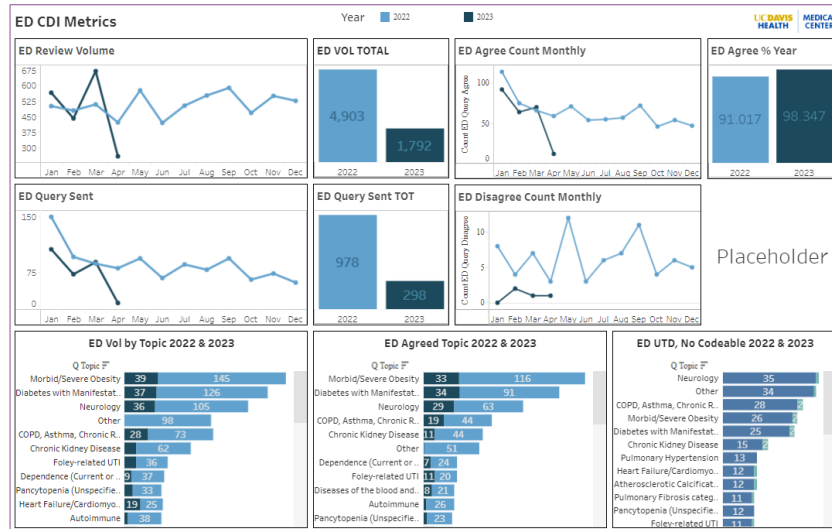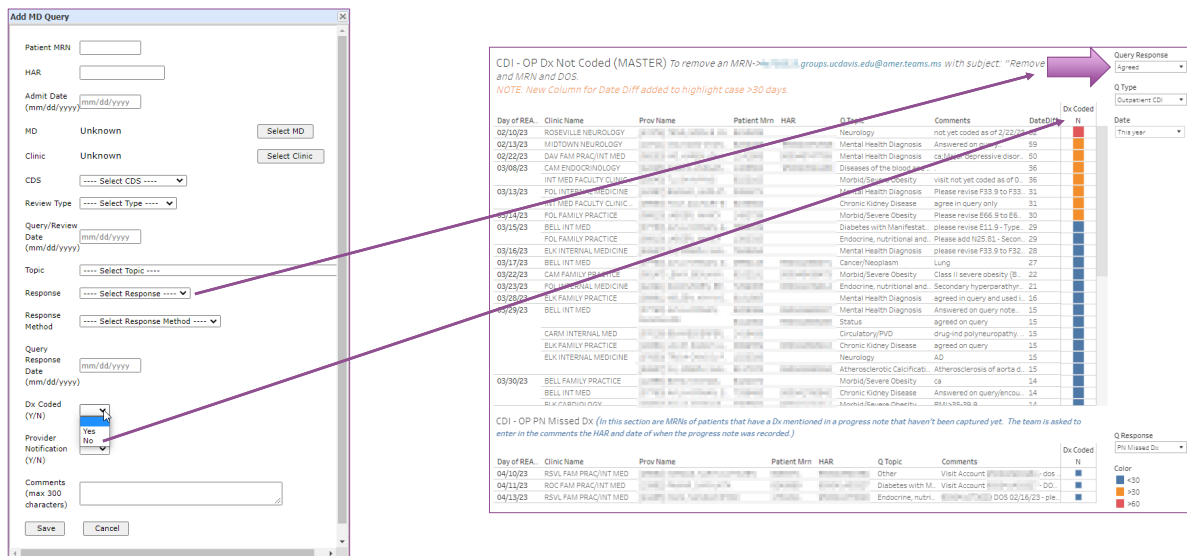Step 4: Evaluate and Improve—Individual and Leadership Dashboards

Outpatient CDI View

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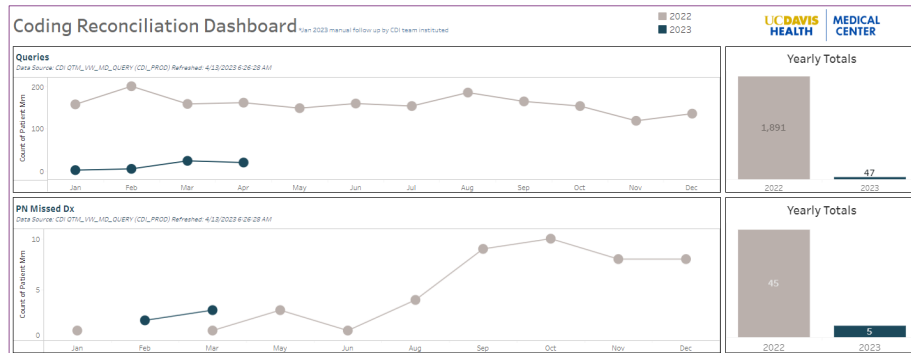

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Using Technology: Closing the Data Loop With Coding (Cont.)

Coding Reconciliation Dashboard *Jan 2023 manual follow up by CDI team instituted*

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

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Using Technology: Custom Tools

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Engagement

Using Our Data to Engage Our Stakeholders

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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*
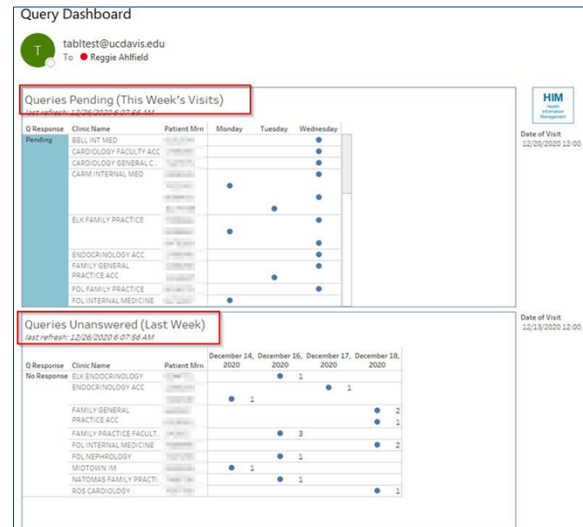
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Clinic Engagement

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ED Engagement

2022 ED Response Breakout

Q Response

Category	
Agreed	
Unable to Determine	
Disagreed	
No Codable	
No Response	
Withdrawn	
Pending	

Count

2022 Top 10 ED Query Topics

Q Topic

- Morbid/Severe Obesity
- Diabetes with Manifestations
- Neurology
- Other
- COPD, Asthma, Chronic Resp
- Chronic Kidney Disease
- Dependence (Current or Re...
- Atherosclerotic Calcification ...
- Circulatory/PVD
- Mental Health Diagnosis

Count
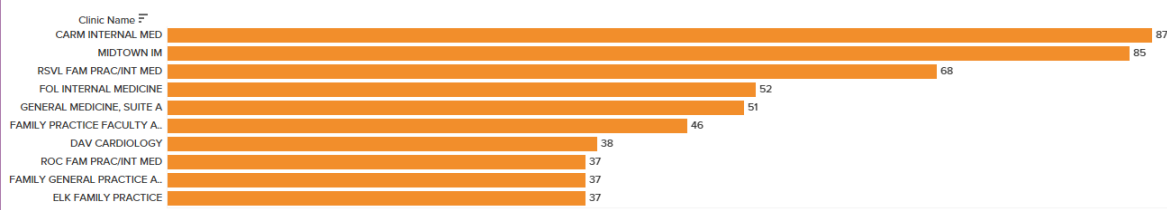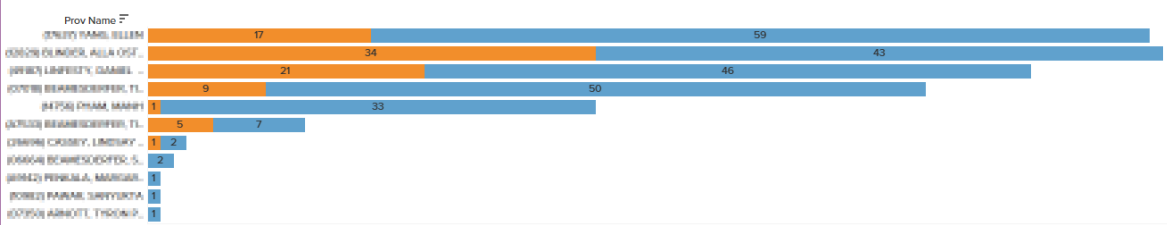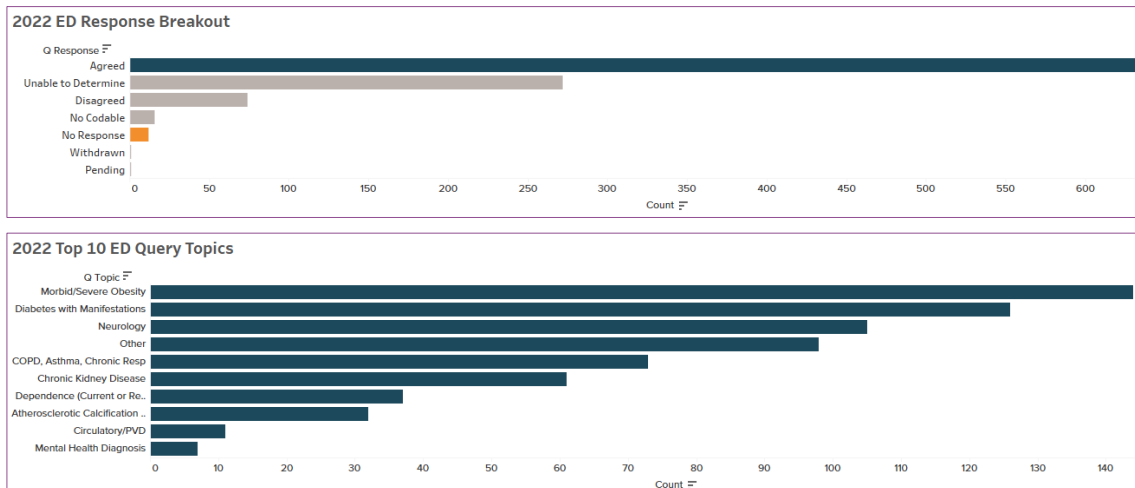
Team Engagement

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

PARTICIPATION

Other Stakeholder Engagement

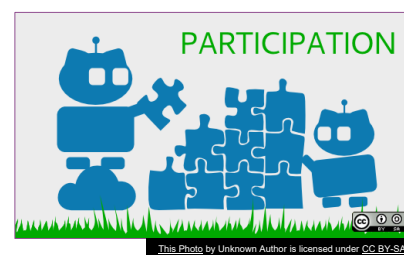| Stakeholder	Means to Engage	Frequency
Coding	Data*	Min biweekly
ED and clinic management	Data*	As needed
Providers	Data*	As needed and rep at quarterly steering committee
Provider advocate	Data**	Biweekly
Population health	Data**	As needed
Data integrity	Data**	Biweekly

*Specific to them   **Needs based*

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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

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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)

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Thank you. Questions?

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