

Case Study



A Leading Health System's
Proactive Revenue Integrity and EHR
Usability Improvement Journey



2023

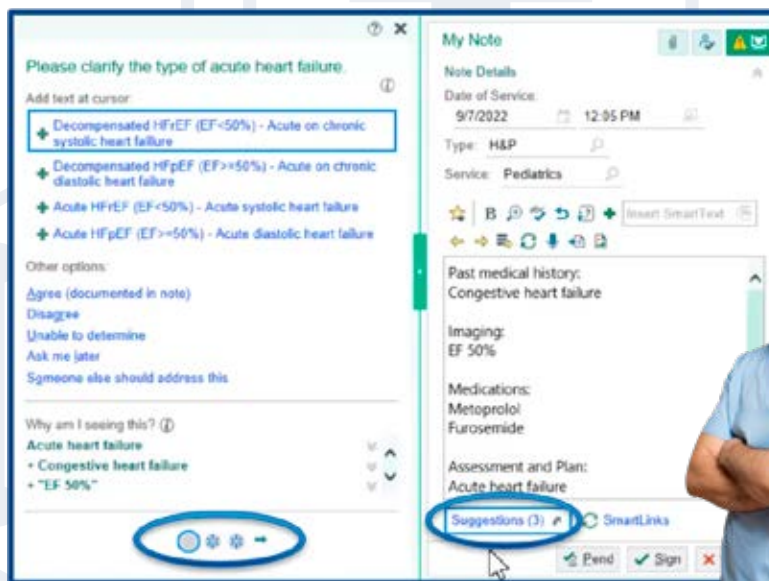
A Leading For-Profit Health System's Revenue Integrity and EHR Usability Improvement Journey

Health systems have recognized that to show high quality care, they need to have strong clinical documentation. Poor-quality documentation consists of gaps in the medical record which do not complete the requirements for showing complex patients. Without showing how sick the patients are, hospital systems get penalized when morbidity and mortality occur. It is also a major contributor to financial losses, and malpractice litigation.



A leading for-profit health system in the United States operating 45 hospitals in 14 states, and more than 300 outpatient locations has been delivering high-quality, personalized care to communities across the US since its founding.

Its primary operational challenges stemmed from pressures of improving patient care while reducing medical cost expenditures. The health system faced a complex problem, as it struggled to reduce its cost through reduced Medicare reimbursements and payer audits. Recognizing that these widespread documentation inefficiencies were preventing facilities from creating the revenue and operational excellence needed for success, they sought the **expertise of HITEKS**, the only embedded Epic EHR note editor focused on improving documentation quality, clinician time efficiency, & reimbursement.



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In this case study, we'll look at how a leading health system took a deep dive into two key challenges — usability and workflow inefficiencies — to realize both significant cost savings and significant improvements in patient care.

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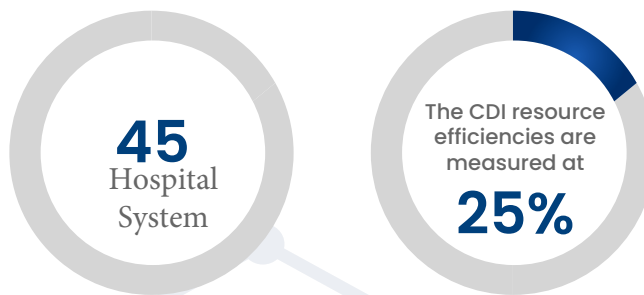
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Building Trust between Physicians, CDI Staff & Technology is Paramount

When it comes to implementing AI in clinical documentation, the relationship between CDI staff and physicians becomes even more important. AI can help automate some of the low-hanging fruit which is repetitive and doesn't require the critical thinking skills of a nurse or physician conducting CDI. AI can also guide providers and CDI Staff in the more complex clinical areas, such as Encephalopathy and Sepsis, which are amenable to a computerized algorithm to comprehensively and timely clarify the right cases.

However, if the CDI processes in an organization are weak prior to the introduction of the technology, such as by leveraging the knowledge of unskilled, inexperienced CDI Specialists or not having the buy-in of Providers to accurately address the queries, then the automation of CDI logic can cause problems which require corrective action.



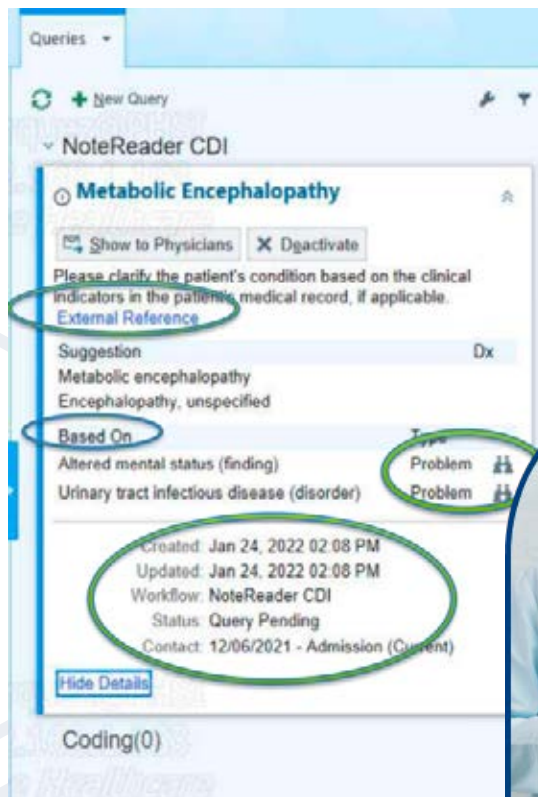
For organizations like the 45 hospital system in this case study, where the CDI resources are mature and the Providers are trained and buy into responding timely and accurately, the CDI resources efficiencies are measured at 25%. The before and after comparison of the workload for CDI Specialists was examined for 2019 compared with 2022 (after the effects of Covid had dissipated), and grouped into 4 areas:

CDI Workload Area	Before % Resources	After % Resources	Efficiency
Concurrent CDI focused on revenue sensitive diagnoses	40	20	+20
Retrospective CDI including quality diagnoses, procedures and clinical validation	40	40	0
2nd Level and Mortality Reviews	5	5	0
Denials Management	15	10	+5





The outcome of the analysis was that the biggest efficiency from the CAPD technology was in the concurrent CDI process, allowing a **50% reduction in resource time** required to support Concurrent Queries, and **33% reduction in denials management resource time**. As a result of CAPD, organizations have the opportunity to reduce staff, or focus the time of the existing staff on areas of growth, such as the new risk adjustment models for **quality, outpatient HCC and CDPS, procedure CDI, prior authorization and provider education**. Also, the analysis found that the nature of the retrospective CDI processes also changed even though the staffing for it was not changed. It included following up on concurrent query responses and non-responses to provide more targeted guidance to providers, and less time spent on primary chart reviews and query writing.



Workflow for CDIS: Reviewing Queries



To build trust with providers, organizations must ensure that they have access to their own data and can use it without restriction. In addition, they should invest in ongoing education around how AI technology works so that providers feel comfortable using it as a tool for improving quality care. To successfully use AI in clinical documentation, providers must be able to understand that with more timely notification of queries, they need to respond sooner and tolerate an acceptable amount of noise.

CAPD Technology will never be as accurate as human CDI Specialist Review

The technology is never perfect but helps the usability of responding within workflow while the patient's case details are still top of mind.

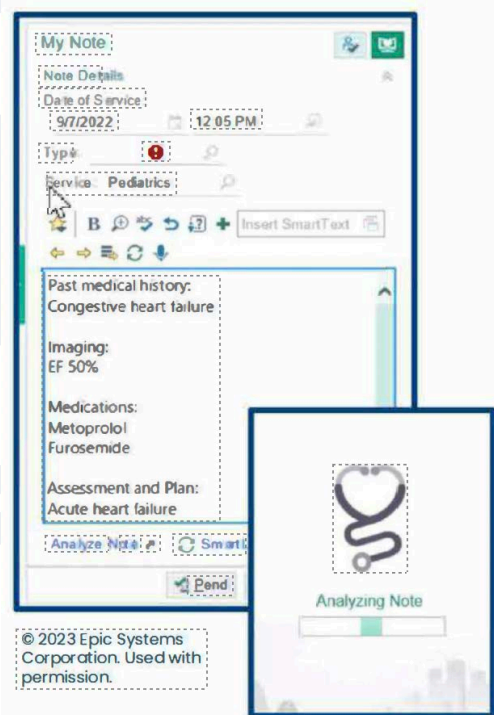
With some vendors like HITEKS, the technology improves based on usage and becomes more accurate and reliable, learning from CDI and provider responses. CDI staff play the key role in building this trust by working with providers at the point of care to ensure accurate clinical documentation is achieved through the careful monitoring of the technology and feeding back the logic improvements and usability features needed to keep the technology tailored to an organization's processes and policies.

Ultimately, the relationship between CDI staff and physicians is critical to ensuring that the medical record is an accurate reflection of the care provided to the patient, so that appropriate quality decision support and revenue-sensitive guidance reflects the services rendered.

Moving in a New Direction

The intent was to operationalize the Clinical Documentation Improvement System (CDI) as a **Computerized Decision Support Solution** that can improve compliance with clinical documentation requirements in a physician-centered fashion, learn from the clinician feedback to the automated queries, and catch the doctor before they sign their note so that corrected documentation is not denied by payers.

Embedded Editor



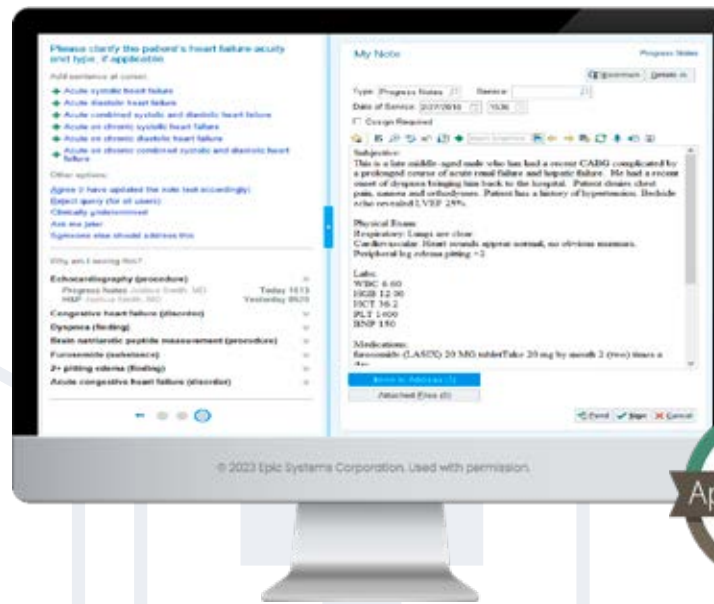
The newly introduced Preferred Workflow screens in Epic known as **“NoteReader CDI”** facilitated queries from **CAPD360** to be presented efficiently to physicians in their workflow, showing a significant and sustained response in the Preferred Workflow screens and also queries satisfied through subsequent documentation (after reading or seeing the query in the To-Do List) for a total query satisfaction rate of 70%.



The manual process was necessary to follow-up with charts which had outstanding, unanswered queries, and to generate queries where the technology did not catch.

Overall, a 70% split for satisfying automated, direct to Physician queries combined with 30% manual queries/follow-up created a huge organizational efficiency.

Human CDI Reviewers were able to focus their attention on denials management, clinical validation and mortality reviews. Physicians gained time because the per query response time with embedded **Epic NoteReader CDI** functionality was one tenth the amount of time compared to multiple minutes per query for the traditional, manual approach. Physicians saw a query as they were actively writing their note (prior to the note being saved or signed in the EHR), creating an additional CDI advantage because payers do not see the indication of documentation changes for those CDI queries, reducing the tendency of denials due to changed documentation.



CAPD360 Insight For NoteReader CDI

Computer-Assisted Physician Documentation

Present

- Present queries as soon as possible while case details are still top of mind

Remain

- Remain completely in Epic so providers don't need toggle between screens

Ensure

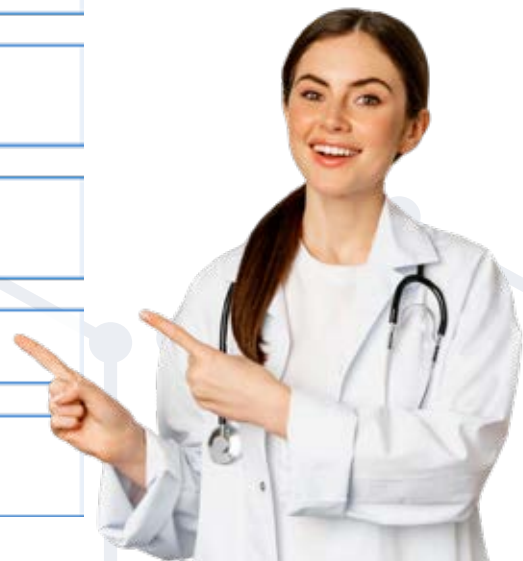
- Ensure queries are clinically justified and compliant without over-prompts

Allow

- Allow query logic & workflow to be customized

Cover

- Cover Revenue, Risk and Quality Sensitive Diagnoses



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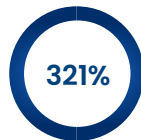


The Results Were Clear

Gaining efficiency and reducing waste: doctors saw and responded to most of the queries as they were actively writing their note (prior to the note being saved or signed in the EHR). Here's an attestation from one physician user:

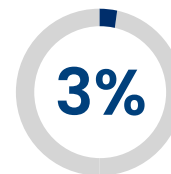
"In healthcare, we have become accustomed to technology being developed for the sake of technology, or for the sake of making money. It is rare to find evidence that technology truly improves patient care, and even rarer still to find evidence that someone has taken care to understand how physicians work and make their work lives easier. Grateful for what HITEKS is doing and how they're innovating."

The health system saw increased doctors' responses by



in relation to responses to queries before discharge.

Revenue increased by



for each HITEKS-queried account, equating to **\$10,000** per patient bed that ran through the HITEKS solution.

Interested in Learning More? Let's Talk.

Based in Madison, Wisconsin, HITEKS, was founded by physicians and is a medical informatics software company. They're committed to bringing the most advanced solutions to assist healthcare professionals at the point of care and provide proactive workflow assistance to physician workflow through **CAPD (Computer-Assisted Physician Documentation) and CDS (Clinical Decision Support)**. Hospital systems using Epic can collaborate more efficiently, generate additional revenue, and improve the capture of quality diagnoses.

The HITEKS Difference

- 70% Proactive Query satisfaction to Reduce Denials, Create CDI Efficiency
- Extensive, Customizable Query Library for Revenue and Quality Sensitive Diagnoses
- Compliant and Scalable
- Embedded in Provider Workflow in Epic
- Efficient Implementation, No Additional Software or Hardware



For more information and to schedule a call:

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