



CDI IN BLOOM | **acdis 2023**
MAY 8–11, 2023



Centralized Management of CDI: Coming Together and Functioning as One Team

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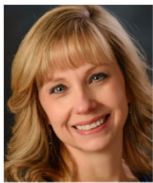
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Presented By



Judy Moreau, MBA, RN, BSN, is the vice president of mid-revenue cycle for Trinity Health headquartered in Livonia, Michigan. She is responsible for providing leadership for the organization in HIM, clinical documentation, and coding. Prior to joining Trinity Health, Moreau worked as a consultant for Deloitte and Touche performing revenue cycle, coding, compliance, and clinical trial engagements. She has also managed both private and academic physician practices. Moreau has published multiple articles on revenue cycle issues and presented at multiple national conferences on CDI.



Andrea J. Eastwood, MA, RHIA, system director for clinical encounter and documentation excellence at Trinity Health based in Livonia, Michigan, has more than 25 years' experience in both acute and ambulatory care settings. She has worked in various leadership roles, including CDI, HIM, care coordination, case management, and cancer program leadership. In her current role, she is responsible for program leadership and oversight across inpatient CDI.

One of the Largest Catholic Health Care Systems in the Nation

\$21.5B
In Revenue

26
States

1.3M*
Attributed Lives

\$1.4B*
Community Benefit Ministry

123K
Colleagues

8.3K
Employed Physicians
and Clinicians

26.6K
Affiliated Physicians

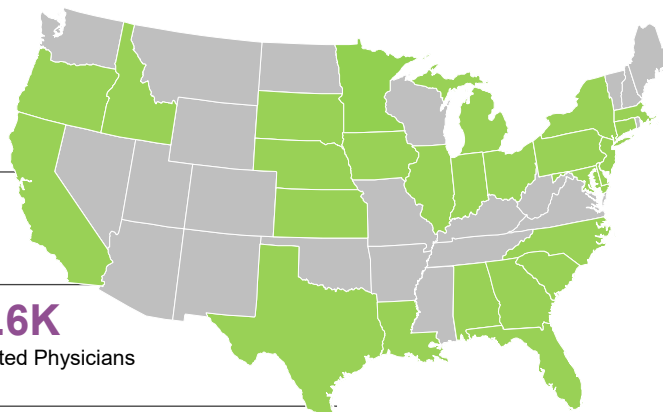
88
Hospitals**

17
Clinically Integrated
Networks

135
Continuing
Care Locations**

24
PACE Center
Locations**

136
Urgent Care
Locations**



FY22 data recast to include MercyOne 9.1.2022 acquisition, unless noted. *Trinity Health FY22 data. **Owned, managed or in JOAs or JVs.

Version: 11.1.22

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Trinity Health's Promise: What We Must Deliver

Trinity Health is a Catholic, **mission-driven health organization** that provides comprehensive and coordinated **health and well-being services** through a **network of organizations and partnerships** for our members – colleagues, physicians and people in communities – across the United States.

Trinity Health provides care for *all* in
body, mind and spirit, demonstrating that:

We Listen

We Partner in Achieving Health Goals

We Make It Easy



Our Culture



Our Mission

We, Trinity Health, serve together in the spirit of the Gospel, as a compassionate and transforming healing presence within our communities.



Our Core Values

- Reverence
- Commitment to Those Who are Poor
- Safety
- Justice
- Stewardship
- Integrity



Our Vision

We will be the most trusted health partner for life.



Our Actions

As a Trinity Health colleague, I will:

- Listen to understand.
- Learn continuously.
- Keep it simple.
- Create Solutions.
- Deliver outstanding service.
- Own and speak up for safety.
- Expect, embrace and initiate change.
- Demonstrate exceptional teamwork.
- Trust and assume goodness of intentions.
- Hold myself and others accountable for results.
- Communicate directly with respect and honesty.
- Serve every person with empathy, dignity and compassion.
- Champion diversity, equity and inclusion.



Our Promise

We Listen.

We Partner.

We Make it Easy.

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Learning Outcomes

Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
 - Outline the Trinity Health journey to centralizing the management of CDI.
 - List the numerous considerations, tasks, and approvals needed to implement centralize management.
 - Outline the challenges and methodologies to overcome them.
 - Identify the benefits of a centralized program and outcomes achieved.

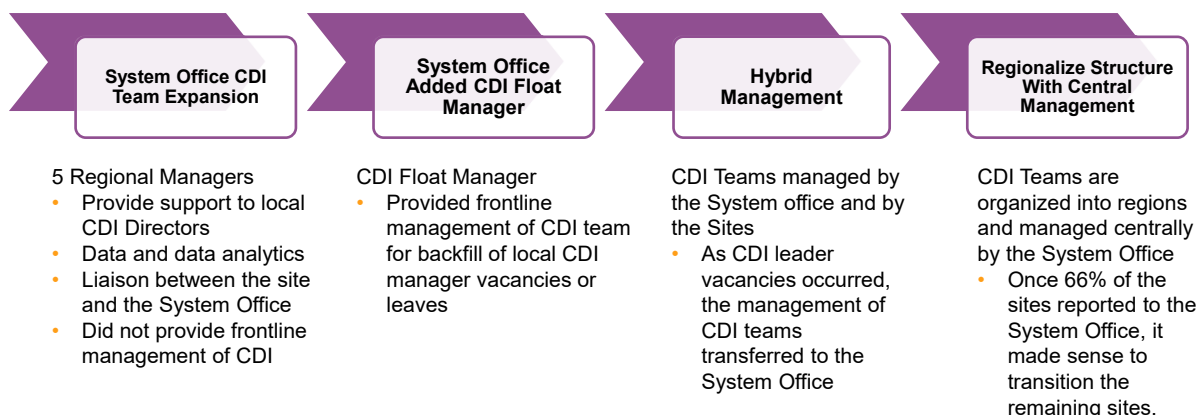
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Centralization Journey

Our Journey to Centralized Management of CDI Has Mostly Been Organic



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The System Office CDI Team Expanded in 2017

- Through an enterprise-wide Transforming Operations improvement initiative in 2017, it was determined there was a need to provide additional management and data support to the CDI leaders on site.
- The site CDI leaders wore numerous hats and had responsibility for either HIM or Case Management in addition to CDI.
- Five System Office regional CDI managers were added to the System Office CDI Team.
- Each regional CDI manager had 10-12 sites assigned to them.
- Frontline management of the CDI team remained with the local CDI leader.
- The System Office regional CDI manager provided key reports and data analysis for the local leaders who lacked the time to focus on CDI due to competing priorities.

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The System Office CDI Team Expanded Again in 2019 to Add a CDI Float Manager

- We found that when there were gaps in CDI leadership at the sites due to vacancies and leaves, the CDI Team did not have support and performance declined.
- To address gaps in CDI leadership, the System Office added a Float CDI Manager role.
 - This role assumed frontline management of the local CDI team.
 - The CDI float manager traveled on site to meet with the team as well as with executive and physician leaders.
 - The site visits would occur every other week to maintain the presence of a CDI manager on site.
 - With support of the CDI Float Manager, CDI Team performance remained stable or improved.

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Evolution of the CDI Float Manager Role

- The first CDI float manager assignments were for extended periods of time and lasted 6-9 months in duration.
- When a local CDI leader was hired, the CDI team was transitioned back to the site.
- In cases where the site CDI leader was new to managing CDI, the CDI float manager would continue to provide support to the new leader for 2-3 months as the new leader got acclimated to CDI management.
- The CDI float manager role was very successful in stepping in quickly when a vacancy occurred and providing expert CDI support to the local team and was the System Office's first experience in frontline managing a site.

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The Hybrid Model of CDI Management Started When the System Office was Requested to Manage a Local Team On an Ongoing Basis

- A Health Ministry that had previous CDI float manager support experienced a vacancy in both the HIM director and CDI manager roll at the same time.
- Executive leadership from the site reached out to the System Office to provide support.
 - It was mutually agreed the System Office would assume management of the CDI team on an ongoing basis.
- The float manager was already managing another site so the System Office regional CDI manager assumed frontline management for the team.
- The regional CDI manager managed the CDI team remotely.
 - This was our first experience in providing remote CDI management.
 - The regional CDI manager had regular meetings with the team and local leaders via WebEx.

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Regionalization of HIM Included Regionalized CDI

- Our seven sites in Michigan regionalized HIM and CDI in 2020.
- The regional CDI leadership structure consisted of a regional manager, supervisor and coordinator and reported to the regional HIM Director.
- The Michigan CDI manager role experienced turnover of two CDI managers within the first six months.
- To provide stability to the new regionalized CDI teams, the seven CDI teams were transitioned to the System Office regional manager.
- Our facilities in Indiana were then added to the Michigan region and two more CDI sites were transitioned to System Office CDI management.
- Eleven of the 42 (26%) CDI programs were being managed by the System Office adding to the expansion of the hybrid CDI management model with sites locally and System Office managed.

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Early Challenges With Centrally Managing a Region

- There was a period of adjustment for the seven Michigan and two Indiana CDI Teams to form as a region.
 - Not all sites had been adhering to the enterprise-wide CDI program standards
 - Schedules were very lax and did not support adequate coverage
 - Productivity had not been consistently shared with the CDSs
 - The CDSs were adjusting to a new management and turnover started the adjustment period over
- Although communication about the management transition to the System Office seemed clear, the local CDI teams expressed confusion about who they reported to and continuously asked when they were getting a permanent manager.
- To address confusion and improve communication and collaboration, one regional CDI daily huddle was implemented.
 - The MI and IN CDI daily huddle provided a forum to address questions, concerns and significantly improved communication.

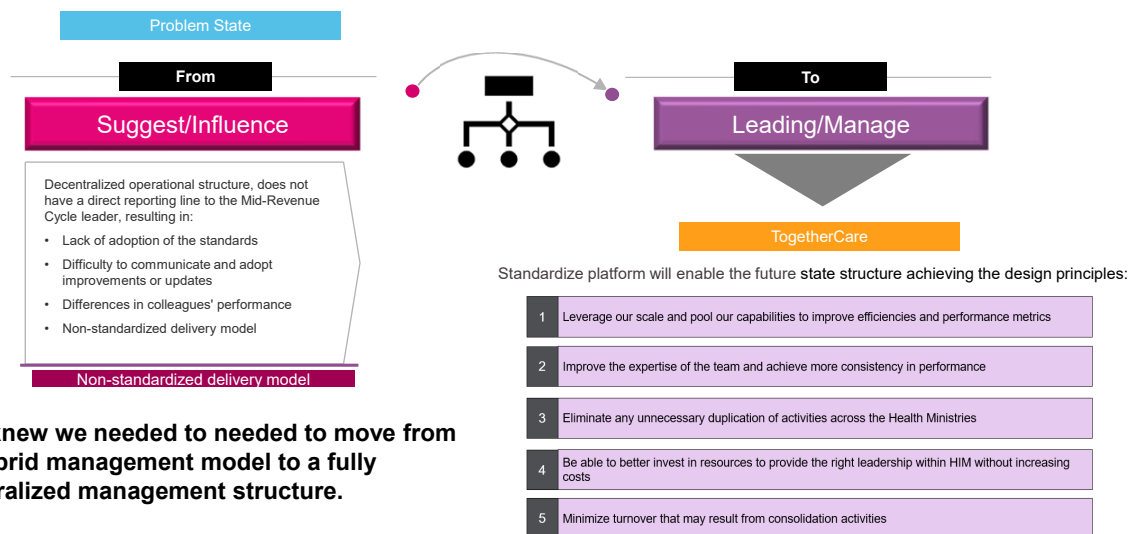
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The Hybrid Management Model Was Working but Was Not Optimal

- Over the years, Trinity has engaged in several initiatives to improve the performance of the sites' CDI programs.
- With each of these initiatives, we see improvement followed by a decline as local CDI leadership slips back into old habits and let their programs go back on "autopilot."
- General observations included the following:
 - Site visit/audit recommendations and Trinity CDI program standards were not fully implemented, followed, or maintained.
 - We have learned over the years that site leaders do always not share information with the CDSs such as productivity or query metrics. Even when the system office provides productivity/performance information, there is no follow up for poor performers.
 - Even after extensive training, CDSs did not always leverage technology to the fullest. The CDI system is powerful technology that enables the CDSs to be more efficient and effective if used appropriately.
 - Site CDI leaders did not consistently reinforce training and adherence to program standards.
 - Query support was needed and local leaders were not quipped to provide the support.

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Where We Were, Where We Need to Be



We knew we needed to move from a hybrid management model to a fully centralized management structure.

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The Pandemic Both Hindered and Helped Our Journey to Centralized Management of CDI

- Although we knew we needed to move to a centralized management model, the pandemic halted our work as we focused on the new challenges brought on by the pandemic.
 - CDSs supporting clinical and other COVID roles
 - Furloughs/staffing reductions
- Our CDSs migrated to remote work during the pandemic, and we were able to prove CDI teams can work effectively in a remote model.
- Throughout the pandemic, additional CDI teams transitioned to System Office management prompted by:
 - Additional CDI leader vacancies
 - Regionalization
 - Poor site performance

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In Early 2022, CDI Was Included in a Trinity Health-Wide Initiative

- In early 2022, Trinity Health launched a system wide initiative called Emergence Team 9 – with the primary focus on improving revenue and revenue optimization.
- CDI teams had specific performance targets outlined.
- By August 2022, the System Office CDI team was managing 66% of the sites' CDI Teams, which was the impetus to complete the plan to centrally manage CDI to ensure Emergence Team 9 CDI initiatives would be successful.
- We updated our plan, put it in SBAR format and started the process to obtain approval to transition the remaining locally managed CDI programs to the System Office.

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It Was Important to Outline the Goals of Centrally Managing the Remaining CDI Teams

- We utilized an SBAR format to present to executive leadership with the following goals:
 - Achieve Emergence Team 9 CDI Program Performance Targets
 - Eliminate redundancies in management duties at the sites and System Office
 - Ensure adoption of industry best practices
 - Leverage technology to achieve objectives
 - Achieve compliant, standard CDI practices
 - By removing CDI from the HIM director scope of work, it will allow HIM directors to focus on core HIM department functions

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Key Tasks Involved in Centralizing the Management of CDI

- Obtain approval/endorsement from the impacted CFOs.
- Obtain endorsement/support from the Human Resource leaders.
- Submit system level positions to Human Resources for approval and grading.
 - It was determined each regional CDI manager would need a regional supervisor and coordinator
- Partner with Human Resources to develop communication plan for impacted CDI leaders as well as clinical documentation specialists.
- Work with local and system office Human Resource teams to transfer CDSs in our management tool.
- System Office regional CDI managers obtain access to timekeeping systems.

Timeline

- It is said within our organization that implementing change is like moving a glacier.
- Most councils and approval bodies within our organization meet on a monthly or quarterly basis and our timelines for obtaining approval had to take into consideration when key approval groups met.
- Cascading communication also takes careful timeline planning.
 - Executives
 - CFOs
 - Human Resources
 - VPs Finance
 - Impacted leaders
 - CDI teams

The Importance of Communication Cannot Be Overemphasized

- It is important to include local leaders (CFOs, vice presidents of finance, human resources, site CDI leaders) in the communication to the CDI teams.
- Transition for the CDSs was easier when local leaders communicated the change to the local CDI team versus the CDSs hearing about the transition in a larger group meeting.
 - When local leaders shared the CDI team would have dedicated and expert management support, the local CDSs better understood the “why” behind the change
 - When local leaders supported the transition, it was easier for local team – getting local leader support is extremely helpful.
- It was important to provide updates to executive leaders to keep them aware of key dates and provide status updates.

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As We Onboard a Local Team We Follow a Process

- We obtain access to local time keeping systems.
- We immediately assume responsibility for all management functions and only engage the previous CDI leader when absolutely necessary.
- We participate in local meetings where CDI participation is needed.
- We schedule meet and greet calls with the chief medical office and physician champion/advisor for CDI.
- We schedule monthly calls with the CFOs and VPs of Finance to provide updated on CDI performance.
- We provide physician education.
- We conduct morning huddles with the CDI team(s).

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The System Office Regional CDI Managers Have Encountered Challenges as We Assume Leadership for a Local CDI Team

Observations

- **Scheduling** – CDSs setting their own schedule, flexing time so that by Friday afternoon no one was working. Letting multiple individuals off at the same time and not having a structured approach to cross coverage
 - **Productivity** – Productivity standards not met, some individuals not working a full day in the CDI software, query volumes low
 - **Standards** – Trinity best practices were not always followed, even after multiple training sessions, CDSs not leveraging technology to the fullest and following outlined processes for use of the technology
- We try to address any findings from an enterprise standard approach, while also evaluating any local considerations.
 - We want our CDI teams and CDSs to be successful and have found that additional education, training and support can help close any identified gaps and variance from expectations and standards.

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What Are the Logistic Changes for the CDSs?

- The primary change is their reporting relationship.
- Local Health Ministry continues to be the employer of record.
- CDSs remain on the local email.
- Timekeeping, schedules, time off are coordinated between the CDS and their system office CDI manager.

Change Management Considerations for the CDSs

- The CDSs need to get acquainted with their System Office CDI leader
 - Meet and greet calls with cameras
 - Daily team huddles
- Expect colleague engagement scores to reflect the difficulty colleagues have with change
 - Leverage colleague engagement feedback to address ongoing concerns
 - Ensuring timely follow up on concerns and questions
 - Important to provide support to the regional CDI manager as some of the feedback can be difficult to hear
- Share CDI program performance data with the CDSs
 - Transparency in CDI data as CDI teams had not always received updates on how their teams were performing

Change Management Considerations for the CDSs

- Allow time for the CDI teams to learn and implement the CDI program standards
 - Open communication about expectations
 - Consistent and sustained feedback
 - Keep in mind not all sites followed CDI program standards
- Provide support to the CDSs as they work to improve productivity
 - Open communication about expectations
 - Consistent and sustained feedback
 - Keep in mind not all sites shared productivity or expected the CDSs to meet expectations
- It is clear the CDSs identify with their local site
 - Regional huddle are effective, however site-specific huddles or meetings are needed

Methodology – Daily Huddle Structure

- The 15-20 minute daily huddles are structured as a region and are performance focused on leading indicators:
 - Number of new and ongoing cases by site
 - Staffing support needed for case load by site
 - Queries pending >48 hours – what support is needed
 - Escalated query support needed
- General updates are provided.
- Education topics are covered if they can fit within the 15-20 minute timeframe.
- Open discussion/questions.
- Reflection ends the huddle to send everyone off for the day with a positive message.
- We also have sites stay on after the regional huddle on a rotational basis to cover site specific challenges – this has been well received by the CDSs.

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Methodology – Implementing Monthly and Weekly Performance Calls with Local Leaders Has Been Key

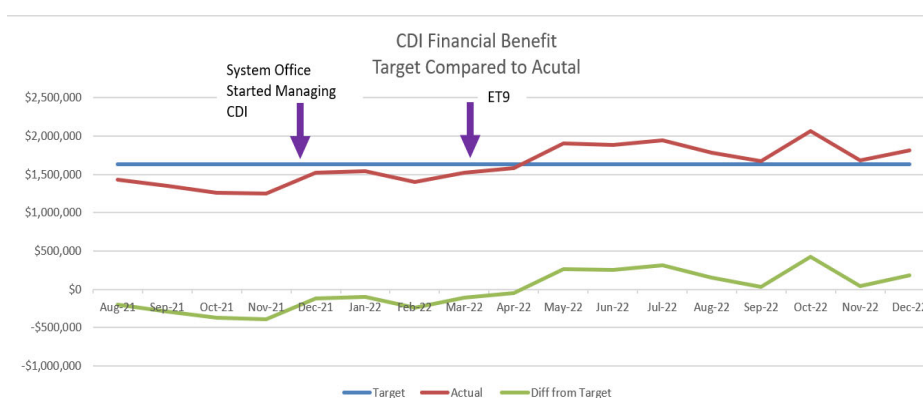
- The monthly performance calls cover:
 - CDI team highlights and successes
 - CDI key performance indicators
 - CDI financial impact performance
 - Provider education
 - Detailed query activity – including specific provider challenges
 - Executive Ask – items CDI needs executive support
- As part of Emergence Team 9 work, regional CDI managers provide weekly updates on CDI leading indicators.
 - Emergency Team 9 weekly calls allow for CDI leaders to engage with local leaders and request any needed support.

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Methodology – Overcoming the Challenges

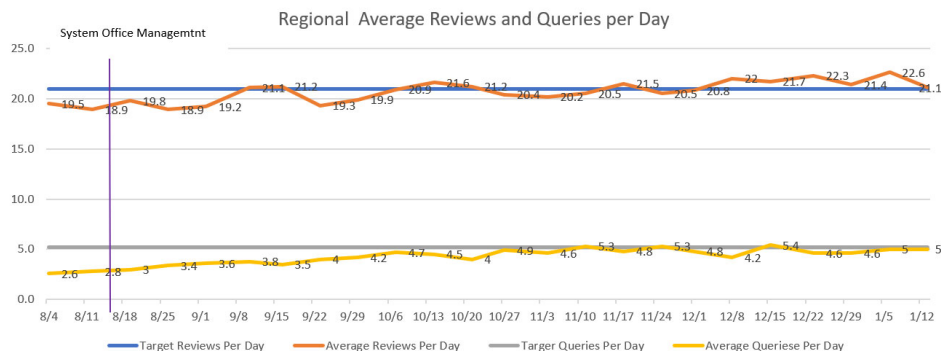
- Performance data has been critical in both promoting and supporting the change in CDI reporting structure.
- Sites that are managed by the System Office have improved performance over the previous year and have exceeded targets for many sites – performance data has been essential.
- The CFOs of sites currently managed by the System Office have been primary supporters of the change and in sharing the positive results.
- The CFOs highlight improve data and communication as an additional benefit of System Office management of CDI.

Central Management Has Shown Improvement in Performance



- We are seeing sustained improvement in several metrics including CDI Financial Benefit tracking

Productivity Has Also Improved

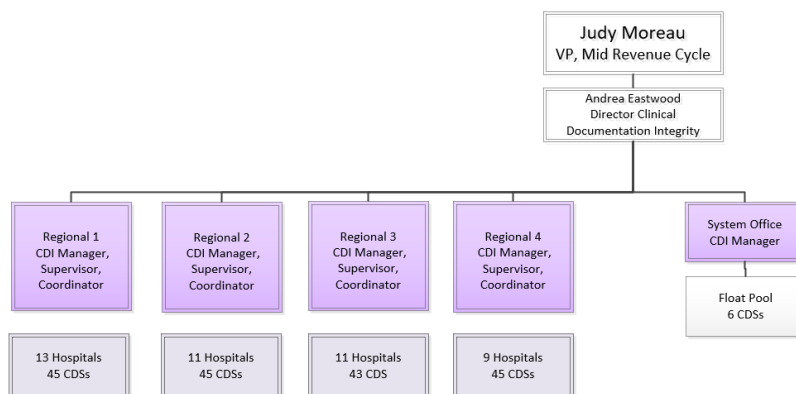


- We are seeing improve productivity for average number of reviews daily and average number of queries daily.

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Our CDI Organization Chart

- We modeled our regions after our Patient Financial Service regional structure.
- As we move forward, we will continue to evaluate the effectiveness of this model.



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Next Steps

- Continue to fine tune our central CDI management model and structure.
- Identify additional tools and support needed across the regions.
- Continue to connect locally with physicians, physician leaders and other key CDI contacts at the sites.
- Provide ongoing reports to CFOs and finance leaders on CDI program performance.
- Engage with our CDSs to provide support and remove barriers as they work to achieve our Emergence Team 9 targets for fiscal year 2023.

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Thank you. Questions?

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