



What's in a Review?

Fran Jurcak, MSN, RN, CCDS, CCDS-O
Chief Clinical Officer
Iodine Software
Austin, Texas

With appreciation to Shelley Dietz, RN, MBA, CCM, NEA-BC, for her contributions to this presentation.



Presented By



Fran Jurcak, MSN, RN, CCDS, CCDS-O, is the chief clinical strategist at Iodine Software based in Austin, Texas. She has more than 30 years in healthcare practice, education, consulting, and technology, leveraging her clinical and coding knowledge to support process improvement in the mid-revenue cycle, particularly in the CDI space. She has focused on employing innovative AI and machine learning technology to improve workflow efficiency and effectiveness. Jurcak is an accomplished speaker and is active in ACDIS, having served on its Advisory Board and CCDS Certification Committee, authoring its *CCDS Exam Study Guide*, and earning the 2017 Professional Achievement Award.

Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
 - Explain why increasing staffing isn't a solution to the problem of reviewing every case every day
 - Describe how CDI professionals can leverage technology and clinical expertise to find hidden opportunities
 - Define metrics that focus on tracking progress and improving performance
 - Identify appropriate data to monitor and track
 - Discuss barriers to CDI specialist job satisfaction

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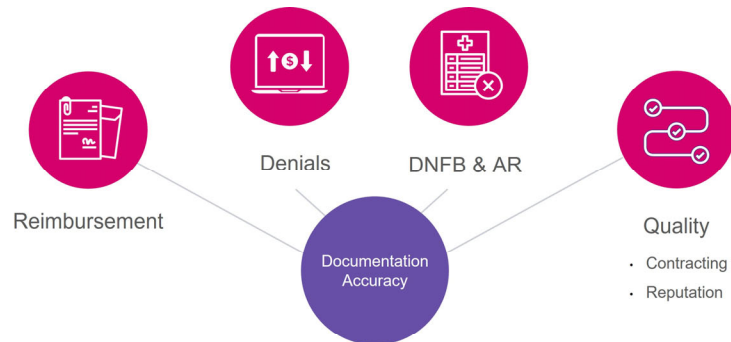
Purpose of a Review

- Goal of a CDI program:
 - Purpose of achieving accurate and thorough medical record documentation



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Documentation Accuracy Is Imperative



Why

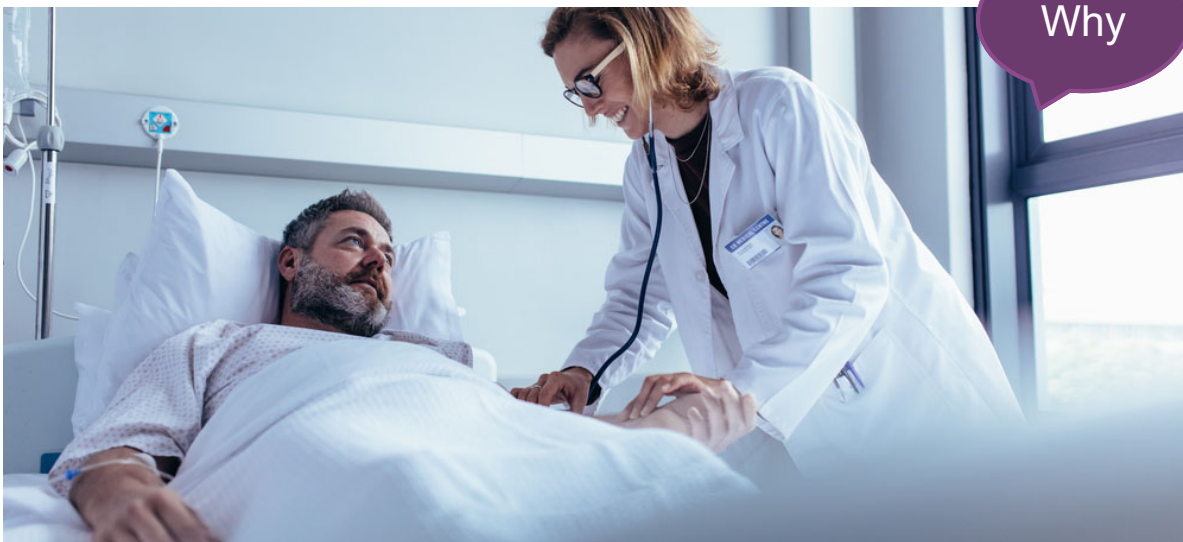
Necessity to Account for the Full Scope of a Patient's Medical Record



- Lab results
- Vital signs
- Orders
- Medications
- Patient history
- Radiology results
- Cardiology results
- Documentation
- Demographic info
- Working, target, and final codes

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This Patient?



Why

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Or This Patient?



Why

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Effective Workflow to Capture Documentation Accuracy

- People
- Process
- Technology

- KEY: Measuring the success of the above

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Location Still Matters

Where

Work location	Pros	Cons
Onsite	<ul style="list-style-type: none"> Increased collaboration Increased quality Increased innovation 	<ul style="list-style-type: none"> Lack of flexibility Cost of space
Remote	<ul style="list-style-type: none"> Flexibility Short term productivity increased 	<ul style="list-style-type: none"> Work in silos Decreased collaboration Long term productivity decreased Long term quality decreased Decreased innovation
Hybrid	<ul style="list-style-type: none"> Flexibility Short term productivity increased 	<ul style="list-style-type: none"> Work in silos Decreased collaboration Long term quality decreased Decreased innovation

<https://www.forbes.com/sites/forbestechcouncil/2022/01/14/the-impact-of-remote-work-on-productivity-and-creativity/?sh=52a798853957>

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Influence of Location in CDI

Where

- Subjectivity in CDI influences query generation
 - “I know this doctor, he’ll document tomorrow”
 - “I know these patients” leads to certain queries
- Objectivity increases query volumes
 - Takes away the relationship and focuses on clinical evidence
 - Distance increases objectivity
- Allows for assignment flexibility

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Deciding Which Cases to Review

Who

Rules-based examples	AI-ML based examples
<ul style="list-style-type: none"> • All cases with a specified working DRG <ul style="list-style-type: none"> – Signs and symptoms – No CC/MCC – Principal diagnosis of chest pain • All cases where a PSI has been final coded • All mortalities 	<p>High statistical likelihood that a medical condition is being monitored and treated but statistically unlikely to code due to lack of specific and consistent documentation</p>

Prioritization should assist in the identification of the right case to review to minimize wasted effort in reviewing cases without opportunity

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Initial Review

When

- How early is too early?
 - Clinical data needs to be available
 - Initial labs, vital signs and test results
 - H&P
 - Progress notes
 - Consults
- “Contain applicable clinical indicators from the health record”*
- “There is no required number of clinical indicator(s) that must accompany a query because what is a “relevant” clinical indicator will vary by diagnosis, patient, and clinical scenario.”*
- Waiting too long creates different concerns
 - Accuracy of POA status
 - Consistency

*Guidelines for Achieving a Compliant Query Practice © 2022 AHIMA and ACDIS

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Moving the Intervention Upstream

- Provider education does not seem to work
- Early intervention results in clarity and consistency in documentation
- Physician Prompts/Alerts
 - Accuracy concerns
 - Unnecessary alerts
 - Increased CDI clinical validation queries

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Re-review

- When should I review next?
 - Likelihood that something will change
 - Expected results or procedures
 - DRG specificity
 - Signs/symptoms
 - No cc/mcc
 - Length of stay



When

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Review Detail

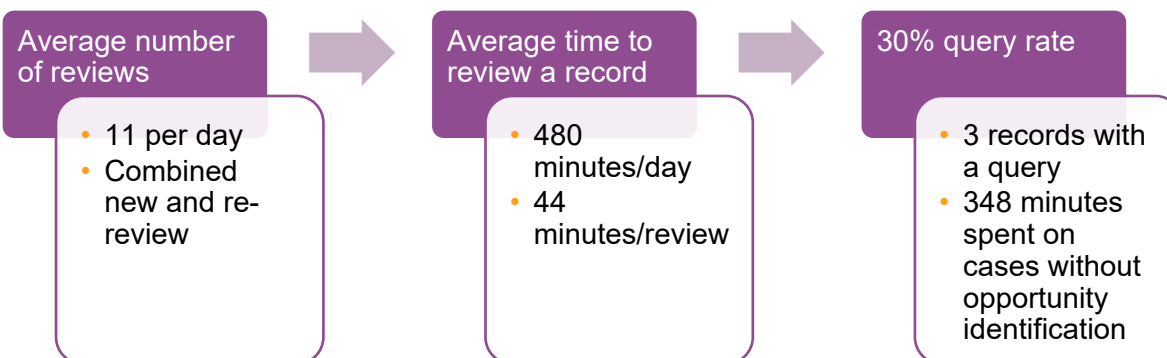
What

- Goal: Quickly identify the conditions being monitored and treated
- Identify what's missing in the documentation
 - Find the clinical indicators of conditions being monitored and treated that are NOT accurately and specifically documented
- Chronological order of entire record
- Condition focused review
- Review the entire record and create a summary of the admission

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Review Data

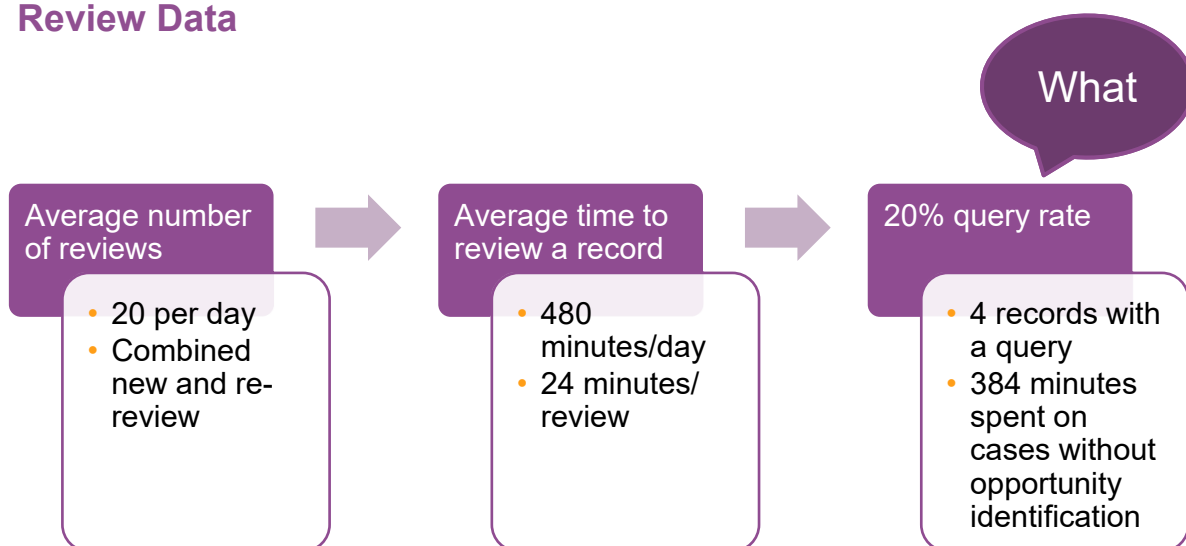
What



Review data averages obtained from: ACDIS White Paper, 2016 Set CDI productivity expectations but don't look for a national standard.

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Review Data



Review data averages obtained from: ACDIS White Paper, 2016 Set CDI productivity expectations but don't look for a national standard.

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Focus on the Details

- Timing
 - How long should it take?
- Details
 - How thorough do you need to be?

How

Recommended Best Practice Review Workflow

- Electronic note taking
- Read what's there, note what's missing
- Minimized notes to query content
- Reverse chronological review for long length of stay

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The Next Step



- Identifying the documentation opportunity
- Queries must be supported by appropriate clinical indicators

How many do I need?

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What Does It Take to Query?

- Queries must be supported by appropriate clinical indicators
- Subjective by CDS as to knowledge base, experience and confidence

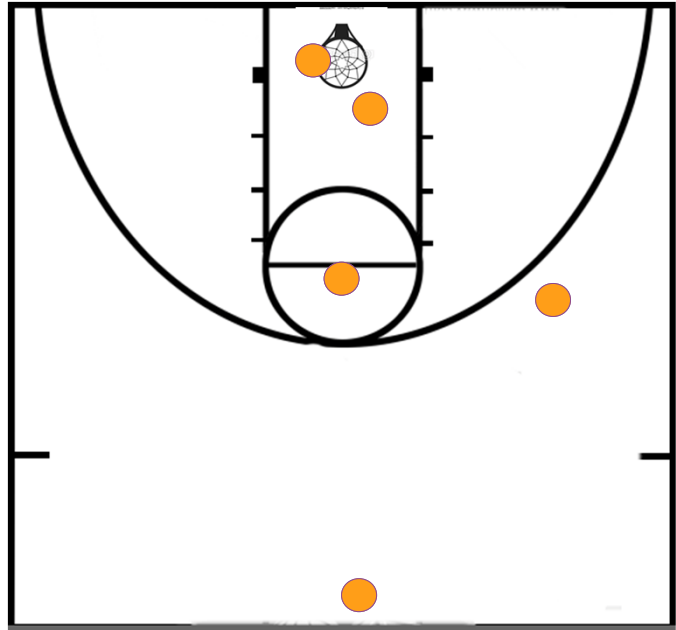


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Basketball Analogy

Statistical likelihood (NBA stats)

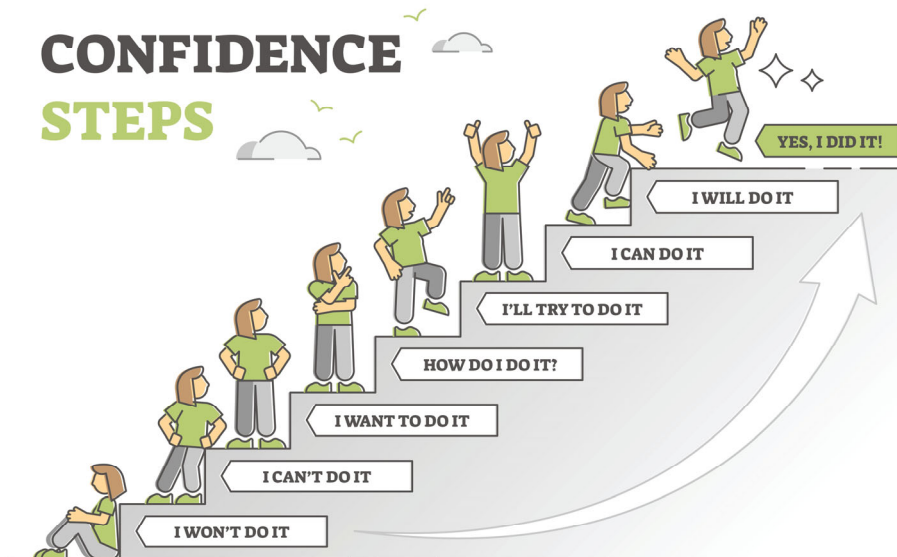
- Slam dunk 87%
- Layup 55%
- Free throw 73%
- 3 pointer 46%
- Half court 10%



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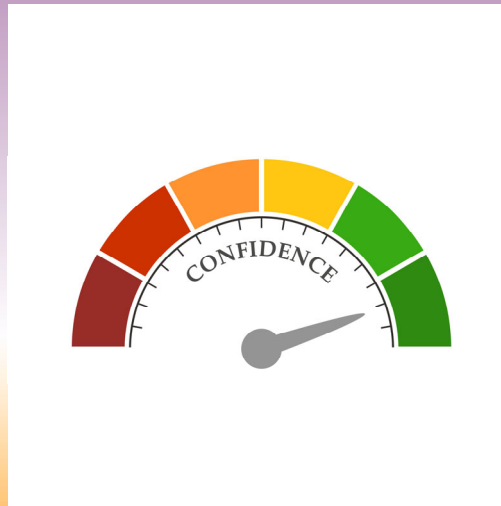


CONFIDENCE STEPS



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How Confident Do You Need to Be?



flourish
CDI IN BLOOM | **accis 2023**



Case Study

hcpro

Case Study

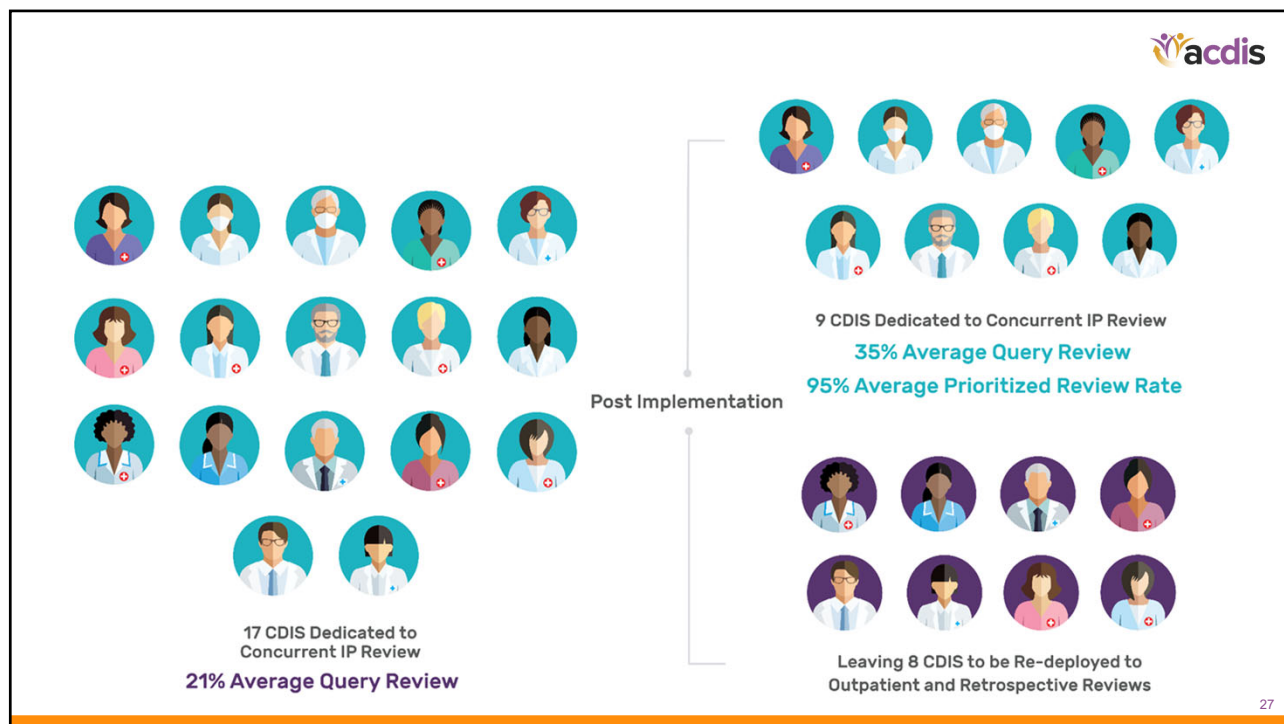
- Academic medical center with 4 facilities
- 20 CDI staff
- 6.4 hours/day spent in record review
- Averaging around 20 minutes per review
- Resulting in 18-20 reviews /day
 - 6-8 initial
 - 12-14 re-reviews
- Query rate across all facilities
 - 20%

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Additional Data

- CDI team requested to expand program without additional staff
 - Second level review process
 - Outpatient CDI
 - Mortality, HAC and PSI review
- To meet these requests
 - Implemented in April 2022
 - New single EMR for all facilities (previously 4 different platforms)
 - New CDI platform
 - New Coding platform
 - New computer assisted physician documentation platform

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Post Program Changes

- Within 3 months of workflow changes:
 - Reviewing 95% of prioritized records
 - 11% reduction in initial review time
 - 16% reduction in re-review time
 - Electronic note taking with minimal entry
 - Clinical evidence for queries
 - Decision making
 - Query volume increased by 15%
 - Query rate increased to 10 percentage points
 - MCC capture rate increased by over 4%

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Summary

- Without increasing staff
 - Concurrent staff
 - Increase query volume and query rate
 - Improved MCC capture rate
 - Decreased overall review volume
 - Minimized unnecessary reviews
 - Ability to expand to
 - Outpatient reviews
 - Post discharge review process
 - Mortality
 - PSI/HAC

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Reflection

- Who to review
- When to review
 - How early is too early?
- What to review
 - What data is necessary?
- How to review
 - Timing
 - Detail
- When to re-review

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What's in a Review?



- Utilize your prioritization
 - Configured to identify cases with a discrepancy between clinical evidence and documentation
- Minimize note taking
 - Only document what's needed for a query, not a summary of the patient encounter
- Stay focused on what's missing, not what's already there
- Documentation accuracy takes precedence over time

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References

- AHIMA and ACDIS Compliant clinical documentation integrity technology standards. (AHIMA). 2022
- Guidelines for Achieving a Compliant Query Practice © 2022 AHIMA and ACDIS
- <https://www.aapc.com/clinical-documentation-improvement/>
- <https://www.forbes.com/sites/forbestechcouncil/2022/01/14/the-impact-of-remote-work-on-productivity-and-creativity/?sh=52a798853957>

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Thank you. Questions?

fran@iodinesoftware.com

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