



## Building a Successful Outpatient Program: Steps for Success

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## Presented By



- **Jennifer A. Boles, BS, CPC, CRC, CCDS-O**, is the ambulatory CDI manager at Baptist Health Medical Group in Louisville, Kentucky. She graduated from Indiana University Southeast, where she earned a bachelor's in math and science with magna cum laude honors. She is currently working on her master's degree in health administration with a concentration in leadership. She received her CPC certification in 2010, her CRC certification in 2018, and her CCDS-O certification in 2022. Her coding experience includes primary care, orthopedic, and cardiology. Boles began working at Baptist Health in 2013 as a specialty coder and transitioned to CDI and coding auditor/educator in 2016. In 2018, she was promoted to the system manager, ambulatory CDI position where she developed the ambulatory CDI department. She works with and educates the coding department and ACO/CIN/population health departments. Baptist Health operates more than 420 locations, nine hospitals, and has more than 1,754 employed providers. She provides education and training to support service line/quality measurements for risk adjustment and documentation improvement. She presented for Healthcare Business Insights, AAPC, and at the 2018, 2019, and 2022 ACDIS CDI Outpatient Symposiums. She participated on the ACDIS Outpatient Symposium planning committee and continues to contribute on the ACDIS Leadership Outpatient Mastermind council. She is a published writer for the *CDI Journal* and the *Journal of AHIMA*. She is also a guest instructor for physician assistants at Sullivan University.

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## Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
  - Identify types of outpatient CDI programs
  - Describe the types of outpatient CDI specialists and credentials
  - Explain how to select outpatient CDI projects, focus resources, and track performance
  - Define approaches for outpatient CDI reporting and productivity expectations



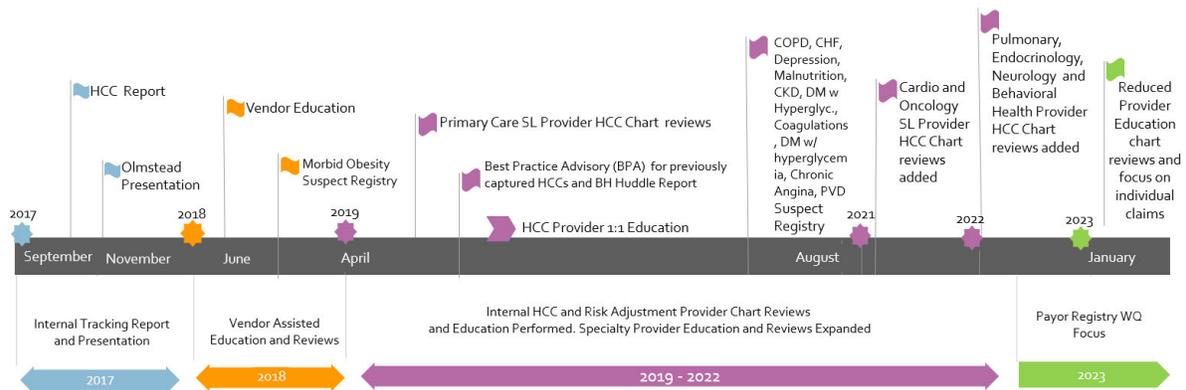
## Baptist Health Medical Group: Ambulatory CDI

## Baptist Health and Medical Group

- 420+ clinics and nine hospitals
  - 1,782 employed providers
    - 100 additional providers added each year
- Ambulatory CDI
  - Located within the ambulatory (professional billing) coding department
    - Reports up through the VP of revenue cycle and finance
    - Hospital CDI reports to the VP of revenue integrity/strategy
    - Both hospital CDI and ambulatory CDI leadership report to the chief financial officer
  - Six FTEs
  - Focus on hierarchical condition categories (HCC) and risk adjustment projects
    - HCC and total diagnosis chart reviews and one-on-one provider education
    - Payer risk adjustment audit reviews and provider education
    - HCC payer suspect condition projects
    - HCC diagnosis code position on claims
    - Three payer member focused chart reviews

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## Baptist Health HCC and Risk Adjustment Timeline



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## Types of Outpatient CDI Programs and Specialists

## Types of Outpatient Programs

1. HCCs (CMS-HCC, HHS-HCC, Rx HCC, ESRD HCC)
2. Evaluation and management levels
3. Emergency department
4. Observation
5. Denials
6. Mortalities impacted by ambulatory documentation
7. Annual wellness visits and PAFs
8. Social determinants of health (SDOH)
9. Payer/member specific reviews versus provider education
10. Prospective, concurrent, and/or retrospective reviews

## Outpatient Specialist Types

### Coder

- Trained in professional billing chart reviews
- Understands coding and compliance guidelines
  - Medical decision-making
  - Medical necessity
  - Note template and required elements
- Communication with provider
  - In-basket messages/queries
  - Verbal conversations

### Nurse

- Clinically trained
  - Clinical indicators
- Querying
  - Used to sending queries for hospital documentation
  - Understands compliant queries
- Communication with provider
  - Both are clinically trained but might not understand the coding verbiage needed for ICD-10/CPT/HCPCS coding

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## Types of Certificates/Degrees and Experience Needed

- ACDIS
  - CCDS-O
- Coding
  - AAPC
    - CPC
    - COC
    - CRC
    - CDEO
  - AHIMA
    - CCS-P
    - CDIP
    - RHIA
    - RHIT
- Experience Example
  - Career ladder
    - Level 1 outpatient CDI specialist
      - Two years experience as a certified coder
      - Certified Professional Coder (CPC or CCS-P)
      - Certified Risk Adjustment Coder (CRC)
    - Level 2 outpatient CDI specialist
      - Five years experience as certified coder (CPC, CCS-P)
      - Certified Risk Adjustment Coder (CRC)
      - Three years experience working in risk adjustment coding, provider queries, and reviews
      - Preferred:
        - » Certified Clinical Documentation Specialist-Outpatient (CCDS-O)
        - » Certified Documentation Expert Outpatient (CDEO)
        - » Clinical Documentation Improvement Professional (CDIP)

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## Selecting Projects and Focusing Resources

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## What Resources are Currently Available?

- People
  - Currently employed certified/trained personnel
    - Qualified staff who understand project focus
    - Shared resources
      - Analysts (divide FTE[s] among different departments)
        - » Reporting
        - » Custom work queues
        - » Best practice alerts
        - » Dashboards
- Process
  - Policies
    - Escalation
      - Disagreement
    - Query
- Technology
  - EHR
    - Foundation and custom builds
  - Software
    - Inpatient technology with outpatient options
  - External vendor assistance

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## Contracts

- What contracts are in place?
  - Impact
    - Financial
      - Suspect condition reviews
    - Metric
    - Patient Satisfaction
    - Mortality
      - Capturing conditions prior to admission or after discharge
    - Risk adjustment
  - Contract negotiations
    - Express clinical and coding common sense into guidance
      - e.g., contracts that want all HCC conditions captured before payment are not realistic



## Specialty Focus

- Primary care
- Cardiology
- Oncology
- Pulmonary
- Neurology
- Endocrinology
- Behavioral health
- Gastrology
- Wound care
- Nephrology



## Risk Adjustment Areas of Focus

Top CMS-HCC Categories Captured	Bottom CMS-HCC Categories Captured	Top Queries and Message Issues
Diabetes without complications	Monoplegia, paralysis	Conflicting information
Diabetes with complications	Paraplegia	Morbid (severe) obesity
Heart arrhythmias	Ulcer of skin necrosis	Missing diagnosis
Pulmonary disease	Quadriplegia	Diabetes specificity
Depression, bipolar, paranoid	Muscular dystrophy	CKD staging
Morbid (severe) obesity	Other motor neuron disease	Diabetes Type
Congestive heart failure	Respiratory arrest	History of versus active condition
Vascular disease	Cystic fibrosis	Chronic obstructive pulmonary disease
Breast, colon, other cancers	Severe skin burn	Diabetes "other" complication
Chronic kidney disease (CKD) stage 3	Severe head injury	Refresh note

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## Focusing Resources

- Pilot program
  - Volunteers are more likely to accept and implement training
  - Concentrating on one practice at a time helps gain small wins
  - Starting small assists in training newly hired staff and educating providers
  - Once one pilot is complete, share results with operations and leadership
    - Additional volunteers will come forward
- Publish and present
  - Share education, results, and builds each month/quarter in meetings
    - Service lines
    - POCs
    - Operations
    - Quality
    - Population health
    - Payer
    - Newsletters
    - Practice manager



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## Education Resources

- Specialty tip cards
  - Laminated cards
- EHR tools
  - HCC column on schedule
  - Best practice advisory
    - HCCs
    - Care gaps
    - Metrics
- System training videos
  - Develop You
    - Track for incentivization
- Education one-on-one and group meetings
  - Stewardship, citizenship, or CME credit



## Tracking and Performance

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## Reporting

- CMS-HCC performance
- HHS-HCC performance
- Query rate
- Coder error report
- Clean/dirty report
- Providers OFF 100% review
- AWV/PAF performance
- Provider diagnosis usage
- Provider score gap
- CDI specialist productivity
- Huddle report



## Performance

- New outpatient CDI specialist
  - Allow 2–3 months for training
  - Focus on strengths initially
  - Add more challenging projects in the second and third month of training
  - Shadow other departments for understanding and connections
    - Compliance
    - Hospital CDI
    - Hospital coding
    - Quality
    - IT
  - Advantage hiring from within who are familiar with EHR
  - Have employees who are interested in position shadow current specialist
    - Allows for understanding the workload and needs

## Productivity

- Experienced fully trained outpatient specialist
  - Normally one year of experience or more
  - EHR tools in place
    - Allows access to:
      - Work queues
      - Queries
      - Electronic tools
    - Reporting
      - General transaction reports
      - Provider schedule
  - Hourly performance expectation
    - Five chart reviews per hour/8,000-10,000 per year
      - Eight-hour shift 40 chart reviews
      - Nine-hour shift 45 chart reviews
      - 10-hour shift 50 chart reviews
  - 2022 team completed 54,000+ chart reviews (five FTEs)



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## World of Spreadsheets

- Specialty provider score sheets
  - Set benchmark
  - Formulate spreadsheets to populate in dashboard
- Provider recommendation sheet
  - Place providers back on 100% review
- Coder error sheet
  - Track:
    - Type of errors
    - Coders
    - Count by month
- Query sheet
  - Track: Provider, specialty, response, number of queries, HCC impact + -, type of query/category, and payer

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## Conclusion

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## Pieces of Advice for Success

- Start small
  - Baby bites
- Utilize current resources
  - Build from within
- Sell, Sell, Sell,
  - Continue to sell the message
  - As leadership changes more buy-in is needed
- Know your audience
  - Message needs to fit the audience and their needs
  - Provider versus C-suite
- Budget for future expansion
  - Link projects to ROI



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## Thank you. Questions?

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