



CDI IN BLOOM | **acdis 2023**

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## Watering the Seeds of Growth Through Collaboration

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## Presented By



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## Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
  - Outline why collaboration is crucial to CDI program development
  - Describe how to identify collaboration opportunities
  - Describe how to propose and implement a collaboration project
  - Define how growth through collaboration looks in practice

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## Benefits of Collaboration: A Key Factor for Growth



- Develop relationships
- Broadens perspective
- Leverage others expertise
- Fosters engagement
- **Waste prevention**
- **Financial Savings**

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## Why Is Collaboration Crucial?



- Waste prevention
  - Financial & time waste
    - Duplication of efforts
    - Reinventing the wheel
    - Rework that results from inconsistencies
- Cost effective growth (doing more with less money)
  - Note: Data analytics is critical to demonstrate baseline levels and outcomes of intervention
- Consistency in messaging

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## Consistency Created Through Collaboration

Have you ever had a physician say any of the following?

- That's not what Jane (your colleague) told me.
- That's not what coding said.
- That's not what we learned in huddle.
- If I document that, then it will be a fall out in XYZ quality program or will be a complication.

These responses may be heard when the target audience is receiving information from multiple difference sources. This leads others to wonder who is correct.

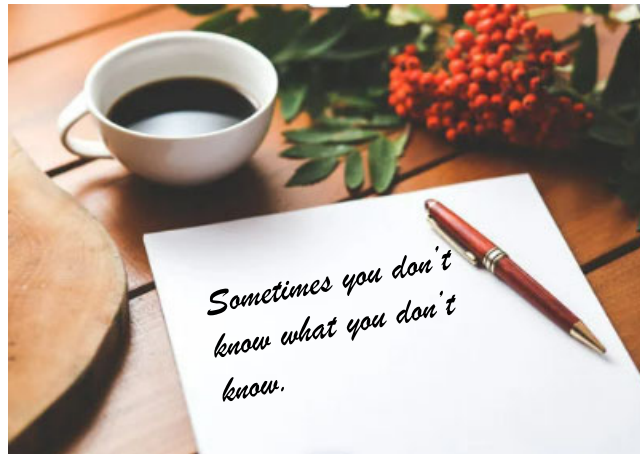
Collaboration ensures:

- ✓ Clear and consistent messaging
- ✓ Understanding that all parties agree
- ✓ Trustworthy information



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## Collaboration Creates Growth Opportunities: The “Background Work”



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## Identifying Growth Opportunities

- Your pain points are growth opportunities
- Each time you catch yourself saying “I wish that \_\_\_\_\_ fill in the blank \_\_\_\_\_” ... this is a growth opportunity.

**How can we turn our struggle into growth?**



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## Identifying Growth Opportunities By Asking Questions

- What isn't working?
- What are team members struggling with?
- What do you wish could be different?
- What doesn't make sense?
- What just doesn't seem right?
- What seems like a slow and painful process?
- What errors are you seeing over and over again?
- **Who can help me figure this out?**

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## Identifying Growth Opportunities Through Collaboration

- Investigate within your department
  - **Listen** for feedback
    - Identifies gaps/problems AKA opportunities
    - Allows your team to feel heard and valued
  - **Ask** for team feedback
    - Requires little extra time or money
    - View as a strength, not a limitation
    - Opportunity for feedback from less outspoken
  - **Seek** specific group members w/ additional knowledge/expertise
    - Hidden talent is all around us
    - Team member may provide personal insight or become an active participant in collaboration

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## Identifying Growth Opportunities Through Collaboration

- Investigate outside of your department
  - Identify where overlapping work is being done
  - Approach outside departments with an idea of how you can help each other
    - Everyone is busy. Spend time thinking about how to present your request in a way that highlights the win-win situation.
    - **Before** asking for outside help, ask yourself how the project can help both parties to make a collaboration worth the time for both sides
  - Be open to outside perspective
    - Embrace ideas that are different from yours to look for opportunity

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## Identifying Growth Opportunities:

### When To Say Yes and When To Say No

#### Collaboration Offered To You

- When to say yes
  - Aligned with system and program goals
  - Aligned with your expertise
- When to say no
  - Not aligned w/ program goals
  - Not aligned w/ system goals
- Maybe (if there is long term benefit)
  - Requires learning something new or large time commitment

#### Seeking Collaboration

- How can we insert ourselves into great growth opportunities?
  - Know your value
  - Have a seat at the table
  - Don't be afraid to share your voice
  - Know who to ask for help
  - Know where to offer your help
  - Find overlapping areas of interest

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## Bringing Collaboration to Life:



## How to Form a Collaborative Team

Summary of initial background work (that must be done first):

- Identify opportunities by asking questions
- Investigate within your team
- Investigate outside of your team

Four Steps to Develop a Collaboration:

1. Identify common goals & anticipate challenges
2. Design pilot
3. Launch & Reassess
4. Outcomes (Data)

## Step 1: Identify Common Goals and Anticipate Challenges

Identify **singular goal and well-defined problem** that the group is trying to resolve **before** getting started.

| Challenges  | Potential Solutions  |
|---|--|
| Another department not interested in collaboration  | <ul style="list-style-type: none"> <li>To foster passion for the project, each group must <b>understand</b> and <b>believe</b> in the benefit.</li> </ul>  |
| Social silos <ul style="list-style-type: none"> <li>Focusing on own roles &amp; goals</li> <li>Specialized jargon</li> <li>Uncomfortable speaking up and/or asking questions</li> </ul> | <ul style="list-style-type: none"> <li>Establish a cooperative vs competitive tone</li> <li>Avoid area specific jargon</li> <li>Provide designated time for all members to provide feedback or ask direct questions to engage all members</li> </ul> |
| Recognize competing priorities <ul style="list-style-type: none"> <li>Limited Time</li> <li>Budgetary Constraints</li> </ul>  | <ul style="list-style-type: none"> <li>Highlight time that each team is already spending</li> <li>Include appropriate executive sponsors to sign off on time and resources needed.</li> </ul>  |

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## Step 2: Design Pilot

- Identify stakeholders
  - Executive sponsors
  - Collaborative group
  - Operations leaders
- Establish data points (baseline, KPI\* metrics)
- Develop process utilizing resources from both teams
  - Align to existing process as much as possible
  - Determine what needs to be created/added
- Clear assignment of tasks
- Active/ongoing communications
- Flexibility based on results



\*KPI= Key Performance Indicators

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### Step 3: Launch & Reassess



- Identify areas that are not working
- Identify necessary changes/opportunities to improve
- Determine if additional resources/collaborators are needed

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### Step 4: Review Data & Outcomes

- Data trends
  - Update data points as needed
- Demonstrate how the project solves a problem or enhances system performance
- Provide data to stakeholders
- Examples to follow



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## Growth Through Collaboration in Practice:

### Baylor Scott & White Denials Project



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### Identify Growth Opportunities by Asking Questions (Within CDI Team: CDIS)

| Questions                              | Answers  |
|--|--|
| What isn't working?                    | Clinical validation queries were not being answered appropriately.   |
| What are team members struggling with? | <p>Incomplete/inappropriate responses from physicians</p> <ul style="list-style-type: none"> <li>• Responses did not include supporting diagnostic criteria or MEAT</li> <li>• Unable to determine</li> <li>• Not clinically significant</li> </ul> <p>Frustration from physicians over receiving queries.</p> |
| What do you wish could be different?   | Physicians/NPP to rule in <u>and</u> provide appropriate support <u>or</u> rule out  |
| What doesn't make sense?               | Am I wrong? Are these cases getting paid? Who knows.   |
| Who can help me figure this out?       | Data team, physician advisors, Denial Resource Center (DRC)  |

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## Identify Growth Opportunities by Asking MORE Questions (Within CDI Team: Data Analytics)

| Questions  | Answers |
|--|---------|
| What are the clinical validation query trends per diagnosis?     |         |
| What are the physician response trends for areas of concern?     |         |
| Are trends system wide or facility specific?                     |         |
| Are inappropriate responses widespread or just a few physicians? |         |
|  |         |

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## Identify Growth Opportunities by Asking MORE Questions (Outside CDI Team)

| Questions  | Answers   |
|--|---|
| <b>Physician advisors:</b><br>Does the team understand clinical validity queries?<br>Why do physicians answer in an undesirable way?                                 | <ul style="list-style-type: none"> <li>Query misunderstood (dx already documented)</li> <li>Too much to read</li> <li>Quite honestly... too busy (lack of engagement)</li> </ul>  |
| <b>Denial Resource Center (DRC)</b><br>What are the most common reasons denials?<br>What are the trends?<br>What is the reason for denials?                          | <ul style="list-style-type: none"> <li>Denial reasons: Inpatient/Obs, incorrect coding, physician documentation (volume not tracked)</li> <li><b>Physician documentation lacks:</b> Clinical validity, management, dx not in dc summary, conflicting documentation</li> </ul> |
| <b>Coding</b><br>Does coding have clinical validation concerns?<br>What is being done if a query is answered unfavorable and a potentially invalid dx is documented? | <ul style="list-style-type: none"> <li>Questionably invalid dx often not noticed by coding (they aren't clinical)</li> <li>Coding based on documentation</li> </ul>   |

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## Proposal to DRC

The DRC is working to overturn denials. CDI is trying to prevent the **denials related to physician documentation**.

Would you be interested in working together to figure out how CDI can help on the front end to either prevent the denial or at least give it the best chance of being appealed and overturned?

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## Step 1: Identify Common Goals and Anticipate Challenges

Identify **singular goal and well-defined problem** that the group is trying to resolve **before** getting started.

**Goal: Improve physician documentation to ensure clinical validity and decrease system denials.**

| Anticipated Challenges   | Solutions  |
|--|--|
| How do we get physician buy-in to improve documentation?   | Obtain leadership buy-in to prioritize.<br>Provide denial trends.<br>Provide denial specific education.  |
| DRC did not have baseline data trends  | Review workflow and identified “add in” process to start tracking.   |
| Recognize competing priorities <ul style="list-style-type: none"> <li>Limited time</li> <li>Budgetary constraints</li> </ul> | Limited time: <ul style="list-style-type: none"> <li>DRC already reviewing/appealing - added step did not require additional time.</li> <li>CDI time/manpower (executive sponsor approval)</li> </ul> Budgetary constraints: <ul style="list-style-type: none"> <li>CDI manpower (executive sponsor approval)</li> </ul> |

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## Step 2: Design and Implement Pilot

- Identify stakeholders
  - Executive sponsors (CDI VP, DRC Director)
  - Collaborative group (CDI physician lead, CDI data team, DRC review team)
  - Operations leaders (Facility leaders)
- Establish data points (CDI data team)



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## Step 2: Design and Implement Pilot

- Develop process utilizing resources from both teams
  - Align to existing process as much as possible.
    - CDI was not previously involved with denials.
      - ✓ Shadowed DRC to understand their process.
      - ✓ Asked lots of questions about pain points and what they would like to see differently. (Emphasizing that I was looking for ways to help them)
  - Determine what needs to be created/added
    - DRC
      - ✓ Added drop down option in Midas+ for DRC to start tracking physician denials.
      - ✓ Run monthly report & send to CDI team
    - CDI
      - ✓ Develop new process (ask yourself... what do I want?)



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CDI: Develop new process (ask yourself... what do I want to know?)

| CDI Excel Spreadsheet Data Points         |                                 |
|---|---------------------------------|
| Review date                               | Additional Education to Develop |
| Appeal status date                        | CDI Education                   |
| Admit date                                |                                 |
|   |                                 |
| Acct #                                    |                                 |
| Physician attribution (reason for denial) | Coding Education                |
| Responsible provider                      |                                 |
| Diagnosis denied                          |                                 |
|   |                                 |
|   |                                 |

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- Clear assignment of tasks
  - DRC: Flag denials related to physician documentation (physician attributions) & run monthly report for CDI
  - CDI: 1 - Review cases to look for CDI/physician education opportunities. 2 - Provide clinical insights to DRC for appeals
- Active/ongoing communications
  - Weekly touch point meeting
- Flexibility based on results
  - Weekly discussion to discuss areas of concern

- Clinical validity
- Lacks management
- Conflicting Documentation
- Dx not in d/c summary



## Step 3: Launch & Reassess


- Identify areas that are not working
  - Appeal opportunities identified by CDI
  - Need data for Sepsis 2 vs Sepsis 3
  - Denial specific physician education
- Identify necessary changes/opportunities to improve
  - Reporting evolved
  - CDI weekly review of select cases before closing case
  - Track CDI impact
  - Changed education format
- Determine if additional resources/collaborators are needed
  - Subject matter experts for system definitions
  - System council input for standardized definitions



**Disclaimer:**  
Many more edits and updates were made than are listed here.

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## Step 4: Review Data & Outcomes: Operational Reporting



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HEALTH

IP Denial Dashboard

Detail

Updated

Mar 3, 2022

Division Name

Division 1

Division 10

Division 11

Division 12

Division 13

Facility Name

Facility 1

Facility 10

Facility 11

Facility 12

Facility 13

Physician Name

Physician 1

Physician 10

Physician 11

Physician 12

Physician 13

Dx/Px Denied

ABLA

Acidosis

Acute cystitis with hematuria

Acute pulmonary insufficiency following surgery

AKI

| Admit Date | MRN    | Acct #    | Provider    | Facility   | Dx/Px Denied         | Denial Dollars |
|------------|--------|-----------|-------------|------------|----------------------|----------------|
| 1/7/2019   | 000000 | 111111111 | PROVIDER 1  | FACILITY 1 | AKI                  | \$ 1,249       |
|            | 000000 | 111111111 | PROVIDER 2  | FACILITY 2 | Pancytopenia         | \$ 7,072       |
| 1/9/2019   | 000000 | 111111111 | PROVIDER 2  | FACILITY 2 | Pancytopenia         | \$ 7,072       |
|            |        |           | PROVIDER 2  | FACILITY 2 | Pancytopenia         | \$ 7,072       |
|            |        |           | PROVIDER 5  | FACILITY 3 | Shock                | \$ 4,839       |
|            |        |           | PROVIDER 4  | FACILITY 4 | Sepsis 3             | \$ 2,815       |
| 1/10/2019  | 000000 | 111111111 | PROVIDER 3  | FACILITY 1 | ABLA                 | \$ 1,975       |
| 1/14/2019  | 000000 | 111111111 | PROVIDER 6  | FACILITY 5 | Sepsis 3             | \$ 3,120       |
| 1/23/2019  | 000000 | 111111111 | PROVIDER 10 | FACILITY 3 | Sepsis 3             | \$ 3,144       |
| 1/24/2019  | 000000 | 111111111 | PROVIDER 7  | FACILITY 6 | Respiratory Failure  | \$ 1,242       |
|            |        |           |             |            | Sepsis 3             | \$ 1,242       |
| 1/25/2019  | 000000 | 111111111 | PROVIDER 12 | FACILITY 7 | Sepsis               | \$ 1,382       |
| 1/29/2019  | 000000 | 111111111 | PROVIDER 13 | FACILITY 4 | Malnutrition - ASPEN | \$ 3,094       |
| 1/30/2019  | 000000 | 111111111 | PROVIDER 23 | FACILITY 8 | Sepsis 3             | \$ 3,699       |
|            | 000000 | 111111111 | PROVIDER 11 | FACILITY 3 | AKI                  | \$ 7,621       |
| 1/31/2019  | 000000 | 111111111 | PROVIDER 9  | FACILITY 1 | AKI                  | \$ 6,116       |

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## Step 4: Review Data & Outcomes: Executive Reporting



### IP CDI Dashboard Denial Summary

Date Range  
Aug 1, 2019 - Jan 29, 2023

☐ Region #1  
☐ Region #2  
☐ Region #3  
☐ Region #4

☐ Facility #1  
☐ Facility #2  
☐ Facility #3  
☐ Facility #4  
☐ Facility #5  
☐ Facility #6

☐ Provider #001  
☐ Provider #002  
☐ Provider #003  
☐ Provider #004  
☐ Provider #005  
☐ Provider #006

☐ Dx/Px Denied  
☐ ABLA  
☐ Acidosis  
☐ Acute cystitis with hematuria  
☐ Acute pulmonary insufficiency following surgery  
☐ AKI  
☐ Ascites

\*Below dollar amounts cannot be recovered and are representative of cases where the denied diagnosis was not valid or denial was not able to be overturned.

| Denial Provider      | Count        | Dollars             | Denial Counts by Diagnosis           | Total Count  | Total Dollars       | Attributed Count | Attributed Dollars | Denial Counts | Year         | CDI's Recovered  |
|----------------------|--------------|---------------------|--------------------------------------|--------------|---------------------|------------------|--------------------|---------------|--------------|------------------|
| Provider #843        | 137          | \$917,869           | Sepsis 3                             | 547          | \$3,524,578         | 24               | \$179,542          |               | 2020         | \$43,403         |
| Provider #283        | 21           | \$221,585           | Respiratory Failure                  | 250          | \$1,915,416         | 134              | \$1,063,147        |               | August       | \$15,482         |
| Provider #451        | 13           | \$70,619            | Sepsis                               | 204          | \$1,546,968         | 133              | \$1,102,806        |               | October      | \$11,247         |
| Provider #549        | 12           | \$83,376            | AKI                                  | 148          | \$768,891           | 91               | \$388,525          |               | November     | \$7,592          |
| Provider #664        | 12           | \$78,139            | Malnutrition - ASPEN                 | 76           | \$641,904           | 40               | \$280,278          |               | December     | \$9,082          |
| Provider #819        | 12           | \$70,468            | ABLA                                 | 53           | \$192,316           | 33               | \$130,598          |               | 2021         | \$430,578        |
| Provider #242        | 10           | \$59,467            | CHF                                  | 46           | \$615,581           | 31               | \$436,166          |               | January      | \$6,351          |
| Provider #585        | 9            | \$43,364            | ATN                                  | 44           | \$272,623           | 31               | \$195,816          |               | February     | \$22,466         |
| Provider #599        | 9            | \$37,838            | Respiratory failure occurring aft... | 42           | \$641,906           | 0                | \$0                |               | March        | \$22,121         |
| Provider #606        | 9            | \$44,440            | Type II MI                           | 30           | \$126,666           | 15               | \$62,978           |               | April        | \$23,392         |
| Provider #691        | 9            | \$100,275           | Encephalopathy                       | 29           | \$199,489           | 8                | \$43,146           |               | May          | \$33,602         |
| Provider #035        | 8            | \$42,155            | Hyponatremia                         | 23           | \$75,636            | 7                | \$25,309           |               | June         | \$10,814         |
| Provider #168        | 8            | \$44,561            | Pancytopenia                         | 22           | \$290,329           | 10               | \$200,452          |               | July         | \$19,820         |
| Provider #348        | 8            | \$59,760            | Shock                                | 21           | \$275,150           | 7                | \$90,455           |               | August       | \$57,155         |
| Provider #444        | 8            | \$45,981            | Pneumonia                            | 15           | \$103,039           | 2                | \$7,851            |               | September    | \$34,091         |
| Provider #465        | 8            | \$60,902            | Acidosis                             | 12           | \$58,425            | 5                | \$21,873           |               | October      | \$101,134        |
| Provider #777        | 8            | \$32,558            | UTI                                  | 12           | \$26,518            | 7                | \$11,171           |               | November     | \$38,234         |
| Provider #104        | 7            | \$48,593            | Pancreatitis                         | 11           | \$71,647            | 6                | \$51,409           |               | December     | \$49,577         |
| Provider #146        | 7            | \$40,238            | Acute pulmonary insufficiency L...   | 10           | \$148,324           | 7                | \$92,460           |               | 2022         | \$468,369        |
| Provider #183        | 7            | \$94,102            | MI                                   | 8            | \$45,371            | 5                | \$6,233            |               | January      | \$25,166         |
| Provider #248        | 7            | \$58,770            | Cerebral Edema                       | 7            | \$40,361            | 2                | \$18,144           |               | March        | \$24,370         |
| Provider #302        | 7            | \$72,674            | Procedure                            | 5            | \$59,535            | 1                | \$4,140            |               | April        | \$70,386         |
| Denial Provider #003 | 7            | \$10,407            |                                      |              |                     |                  |                    |               | May          | \$60,665         |
| <b>Total</b>         | <b>1,682</b> | <b>\$12,112,162</b> | <b>Total</b>                         | <b>1,682</b> | <b>\$12,112,162</b> | <b>631</b>       | <b>\$4,647,388</b> |               | <b>Total</b> | <b>\$942,350</b> |

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## Summary



Collaboration has many benefits that will allow you to see new opportunities and grow in new directions



The ability to collaborate allows you to accomplish more with less resources



Collaboration creates more cost-effective results

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## Thank you. Questions?

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