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CDI IN BLOOM | **acdis 2023**

MAY 8–11, 2023



Leverage Technology to Improve Mortality Scores and Provide "Best-in-Class" End-Of-Life Care

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hcpro

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Presented By



- **Kory Anderson, MD, CHCQM, FACP**, is the medical director for Intermountain Healthcare's physician advisor services (IPAS) and CDI team. He also functions as the interim quality medical director. His accountability in these roles includes physician utilization review, CDI, physician education, denials and appeals work, and quality oversight. Anderson has worked at Intermountain Healthcare for 14 years and continues to practice as a hospitalist at one of Intermountain's trauma facilities. He has been involved with the IPAS program since 2012, helping build the program to its current state of 30 physicians and 45 nurses.

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Presented By



- **Takiko May, MD, CHCQM, FACP**, is a practicing hospitalist with 20 years' experience and is currently a part-time nocturnist at Logan Regional Hospital in Logan, Utah. She joined the Intermountain physician advisor services team as a CDI physician educator in 2015 and currently leads the education team of 10 physicians in the Canyons region of Intermountain Healthcare, supporting documentation education needs for physicians and APPs in 24 hospitals. This work dovetails with her concurrent work in appeals and denials, as accurate documentation is critical in reducing medical necessity denials. She is passionate about creating an accurate patient record that reflects the acuity of the individual's health.

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Learning Outcomes



- At the completion of this educational activity, the learner will be able to:
 - Understand why quality outcomes data is important in the marketplace
 - Explain what the observed and expected metrics are in mortality risk adjustment
 - Illustrate Intermountain Health's use of technology to improve mortality

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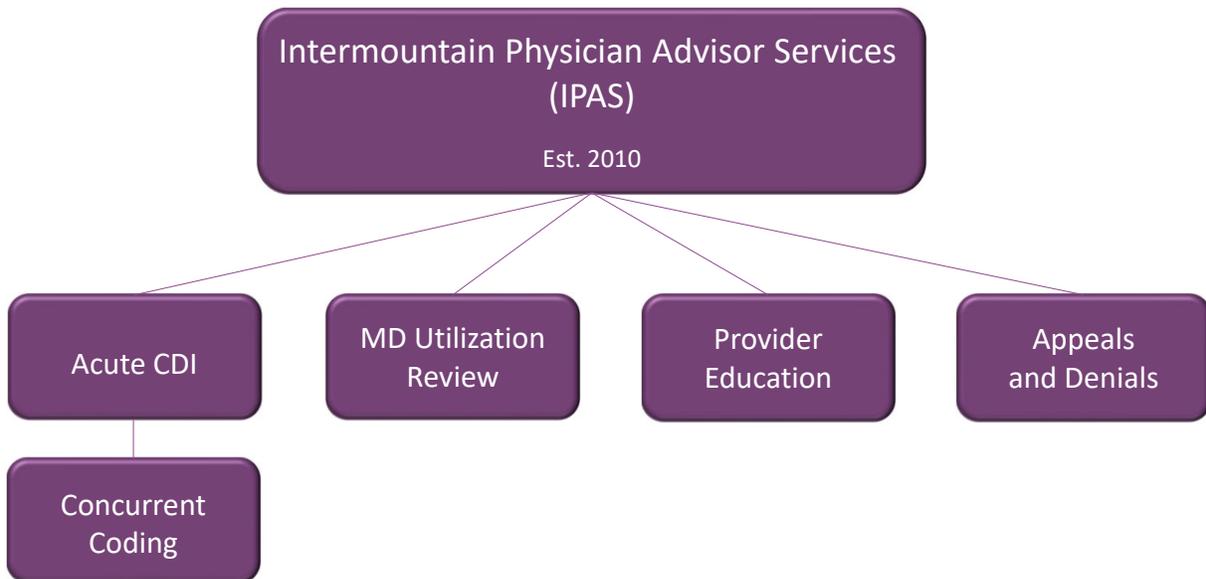
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Intermountain Health



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Intermountain Health



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Intermountain Health – Office of Patient Experience

SYSTEM FUNCTIONS



Safety and CRM



Quality



External reporting



Patient advocacy



Experience of care



Physician & APC experience



Infection prevention



Antibiotic stewardship



Clinical Data management



Regulatory affairs



Physician advisory services

System functions are locally and centrally deployed



Physician advisory services



Four Divisions:

- Appeals and Denials
- Utilization Review
- Provider Education
- Clinical Documentation Integrity

Physician Advisor Impact on Patient Experience



Measures



LEAPFROG
HOSPITAL
SAFETY GRADE



vizient.



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Rankings



System 2018

Overall Percentile Ranking



Domain Percentile Ranking

Selected Percentile Rankings

Domain (Q&A We..)	Percentile Ranking	Top Decile	Domain	Measure	Percentile Ranking	Top Decile
Efficiency (10%)	41st		Safety	PSI-09 O/E*	0th	
Mortality (25%)	47th	←	Mortality	Mortality O/E - Cardiology	19th	
Patient Centeredness (15%)	56th		Patient Centeredness	Pain	20th	
Safety (25%)	60th	←	Mortality	Mortality O/E - Surgery General	50th	
Effectiveness (20%)	92nd		Mortality	Mortality O/E - Gastroenterol.	44th	

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IPAS Journey



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Rankings

System 2023

Overall Percentile Ranking



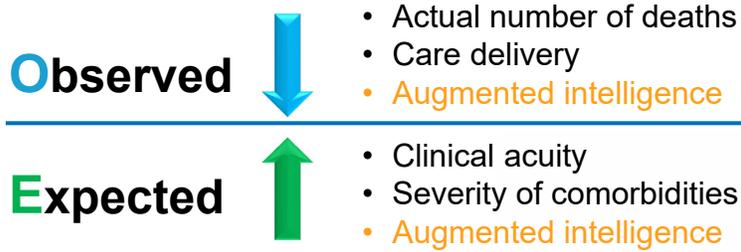
Domain Percentile Ranking

Selected Percentile Rankings

Domain (Q&A We..)	Domain Percentile Ranking	Domain	Measure	Selected Percentile Rankings
→ Safety (25%)	71st (Top Decile)	Safety	NHSN-CAUTI SIR	37th (Top Decile)
Patient Centeredness (15%)	79th	Patient Centeredness	Medications	56th
→ Mortality (25%)	86th	Safety	PSI-03 O/E	53rd
Effectiveness (20%)	89th	Safety	THK Complication	52nd
Efficiency (10%)	94th	Mortality	Mortality O/E - CT Surgery	43rd

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Mortality Risk Adjustment

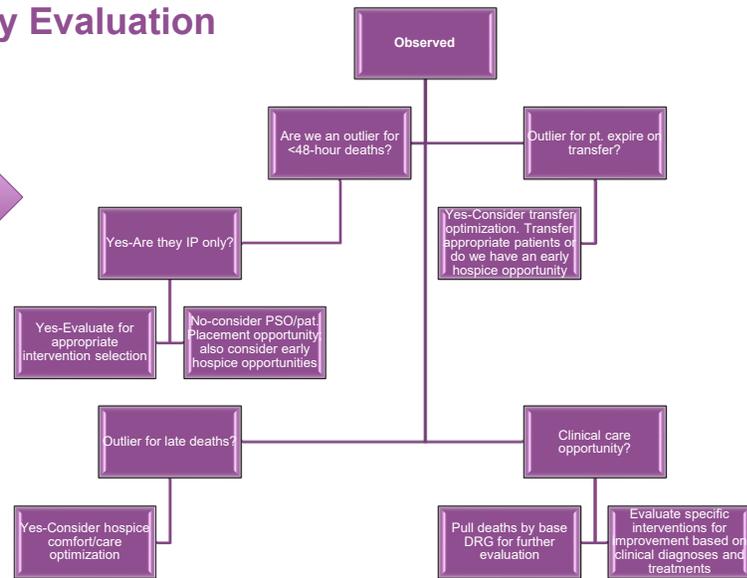


Mortality Opportunity Evaluation



Mortality Opportunity Evaluation

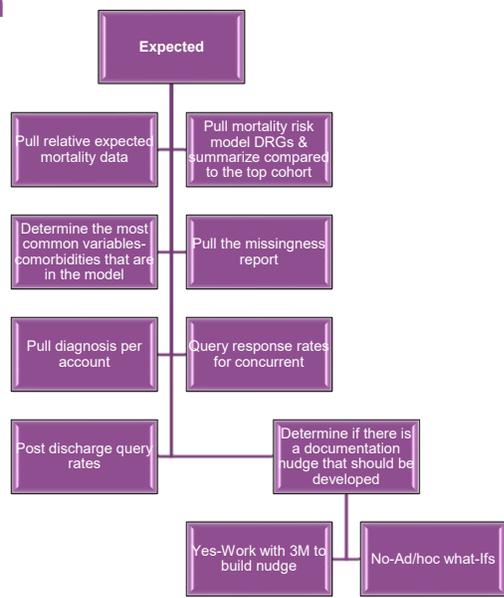
Determine if the metric is an O or E opportunity based on benchmarking



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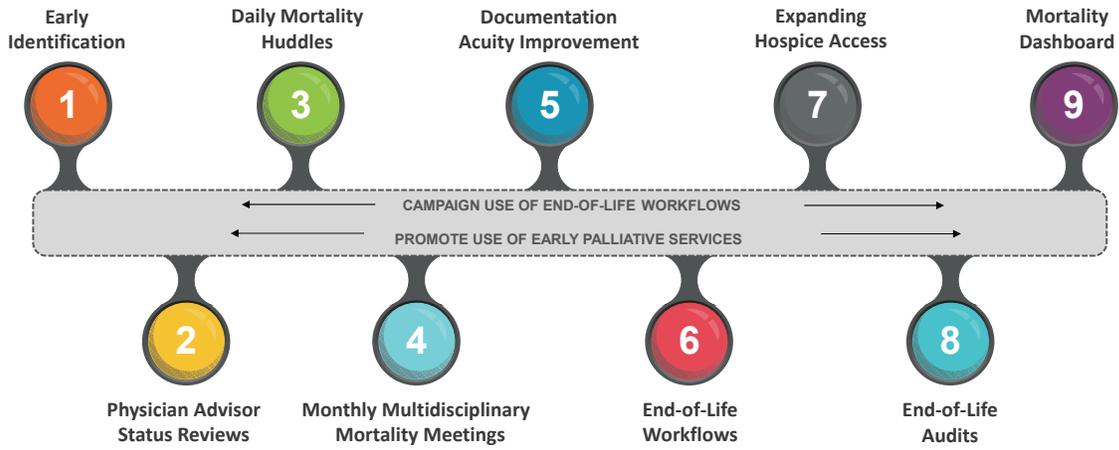
Mortality Opportunity Evaluation

Determine if the metric is an O or E opportunity based on benchmarking



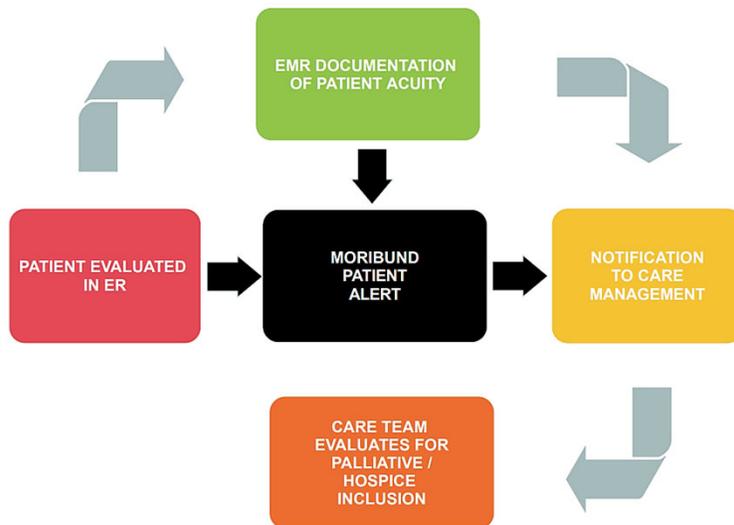
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Mortality Strategy – Enhanced by Technology



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Early Identification



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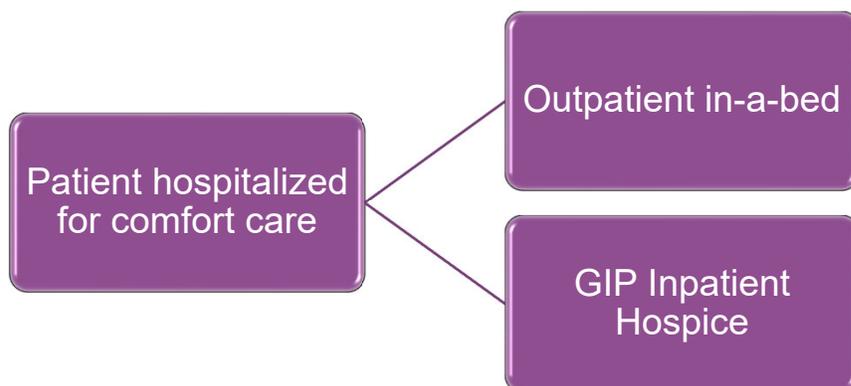
Future Direction

- AI derived scores to predict early mortality
- Helping drive appropriate levels of care



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Physician Advisor Status Reviews



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Daily Mortality Huddles

- Technology Triggers
 - Moribund
 - Poor prognosis
 - Terminal care
 - Comfort measures
 - Comfort care only status
 - Comfort care management
 - Allow natural death
 - Do not resuscitate-do not intubate
 - End stage
 - Look at trends of hospice referrals



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Monthly Mortality Meetings

- Look at trends of hospice referrals
- What improvements can be made
- Education needs
- Are the patients being looked in a timely manner?



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Documentation Acuity Improvement – Physician Leader Champion



Documentation Acuity Improvement – Physician Leader Champion



- Functions:
 - Promotes the importance of the program
 - Hosts regular meetings with service lines and facility medical directors
 - Advocate for engagement in CDI workflows



Documentation Acuity Improvement – Physician Leader Champion



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Documentation Technology Tools

- E-query delivery
- Remote query
- Physician Digital Experience (PDE)
- Provider Nudges
- CDI Priority Score/Evidence Sheets
- Tip cards
 - Printed
 - Electronic
 - QR Code

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Documentation Acuity Improvement - Nudges

Nudge Concept	Medicine	APPs	Cardiology	Intensivists	CV Surgery	Surgery	Neurology	Neurosurgery	Trauma	Orthopedics
Fluid and Electrolytes Disorders	Y	Y		Y					Y	
Brain Hemorrhage	Y	Y		Y			Y	Y	Y	
Atrial Fibrillation	Y	Y	Y	Y			Y		Y	
COPD	Y	Y	Y	Y	Y	Y				
Encephalopathy	Y	Y		Y	Y		Y	Y		
Heart Failure Etiology	Y	Y	Y	Y	Y					
CKD	Y	Y	Y	Y	Y					
Malnutrition	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Respiratory Failure	Y	Y	Y	Y			Y			
MRSA/MSSA	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Metastatic Disease	Y	Y	Y	Y			Y			
Debridement						Y				
Leak						Y				
Diabetes	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Hypertension									Y	

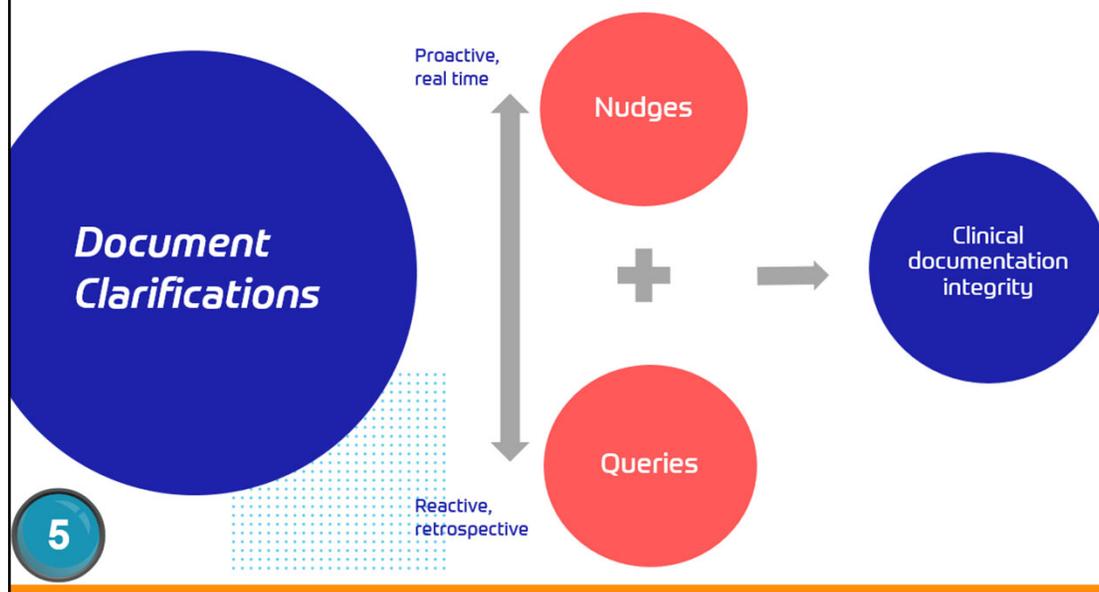
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Similar benefit to 5 manual review FTEs!!!

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Documentation Acuity Improvement - Nudges



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76 y/o female w/ endometrial cancer comes to ED w/ N/V associated with chemotherapy and chronic cough. WBC 0.6, Neutrophil 400, Hgb. , Plt. 63, Na⁺ 150, K⁺3, UA 4⁺bacteria, CXR multifocal infiltrates. PSO for Inpatient. Becomes tachycardia, tachypneic, requiring O₂ via NC, decrease LOC, CT shows saddle PE. While returning from her CT she became acutely hypoxemic then hypotensive. Consultation with family who requests no further interventions and comfort care only.



Initial H&P

Endometrial cancer
Vomiting
Dehydration
Pneumonia
Pulmonary Embolism
Low platelets

Potential Impact

Endometrial cancer with metastatic Adenocarcinoma to lungs
Nausea and vomiting
Dehydration
Cachexia
Hypernatremia
Hypokalemia
Severe malnutrition
Bacterial sepsis due to aspiration pneumonia
Saddle PE with acute Cor Pulmonale
Hypercoagulable state d/t cancer
Acute hypoxemic respiratory failure
High anion gap metabolic acidosis
Pancytopenia d/t chemo
Admit from Care Center



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Initial H&P

LOS
Expected: 3.7 Days
Actual: 1 Day

SOI/ROM
2/2 (Moderate)

Observed/Expected
Healthier appearing patient expired under our care in the hospital

Potential Impact

LOS
Expected: 4.2 Days
Actual: 1 Day

SOI/ROM
4/4 (Extreme)

Observed/Expected
Complicated patient with metastatic cancer expired; hopefully, at home with family

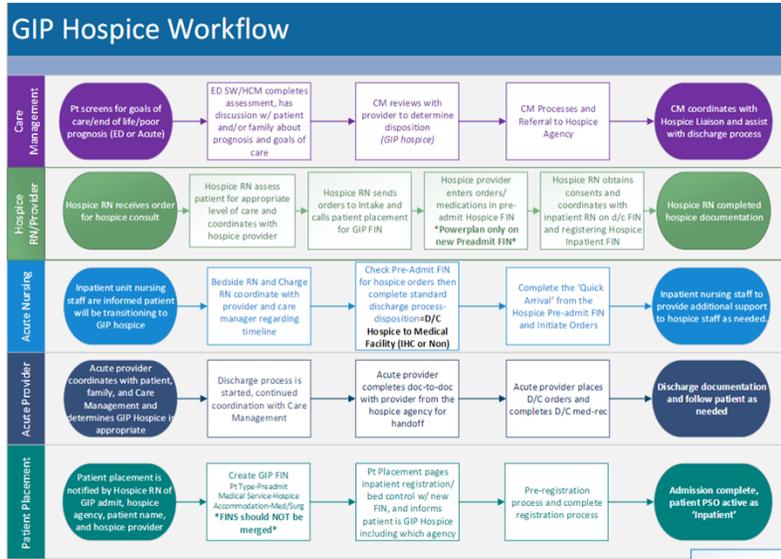


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End-of-Life Workflows

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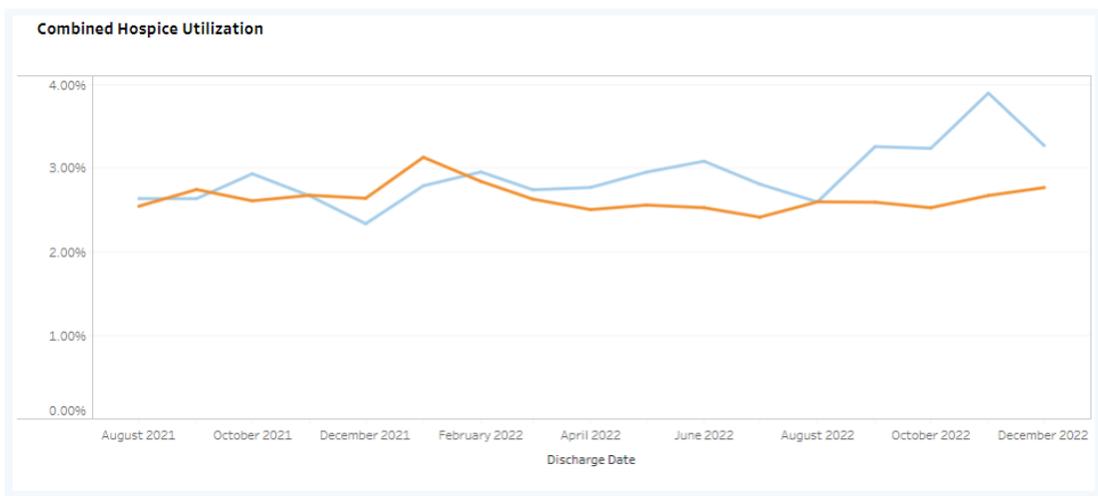


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Expanding Hospice Access

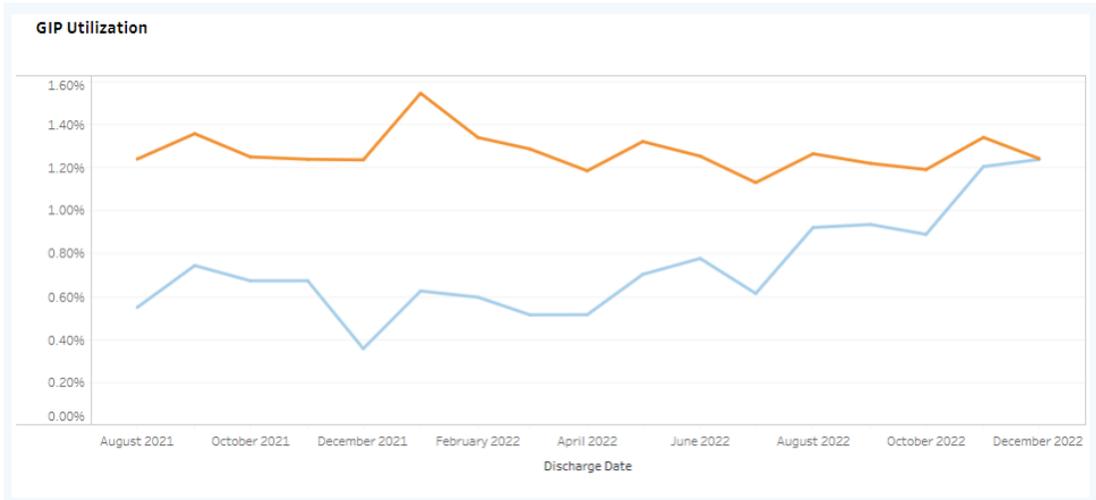
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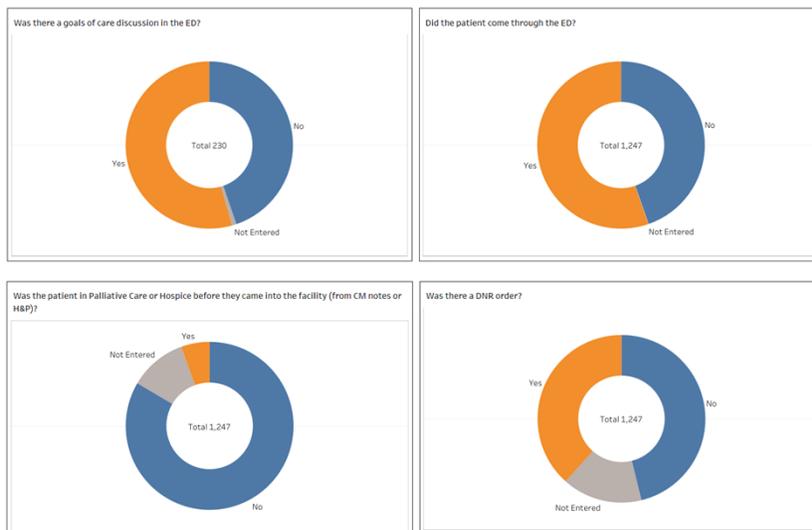
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Expanding Hospice Access



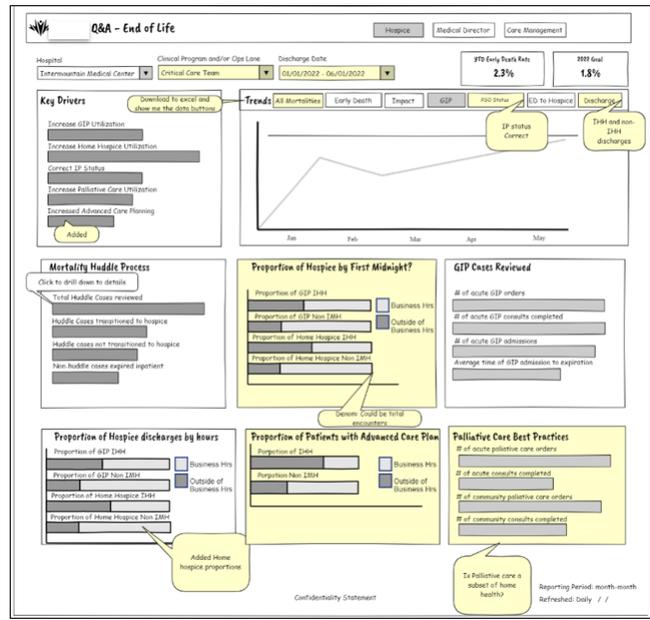
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End-of-Life Audits

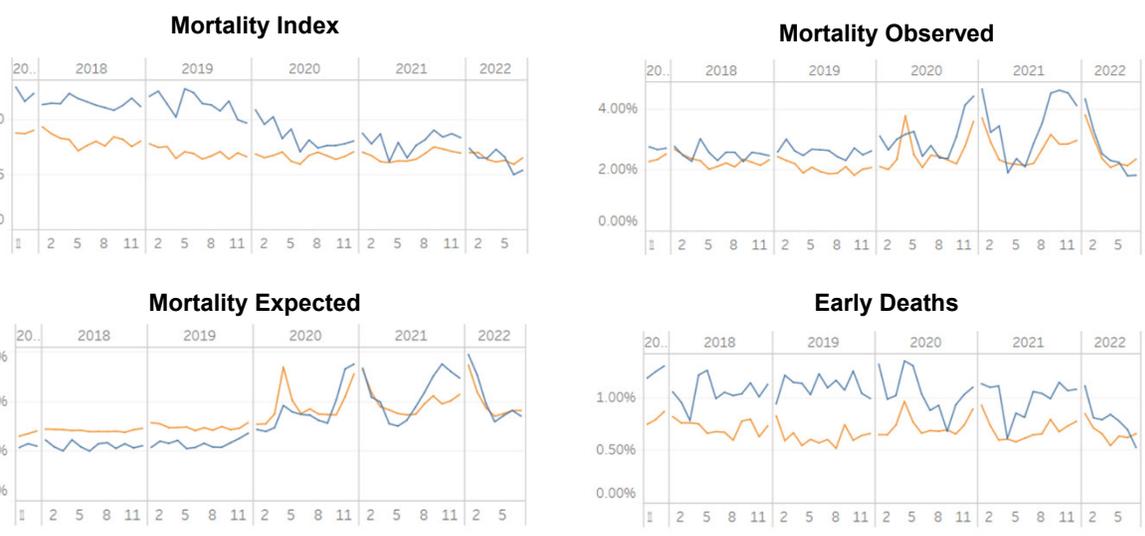


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End-of-Life Dashboard



Tracking Success



Provide the **Right Care** for the **Right Patient** at the **Right Time** in the **Right Location**



- Use data to define the problem
- Create a structure to support the work
- Use technology to simplify the workflow
- Track, trend, and share data

Shifting a culture takes time and effort

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Thank you!

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