



A New Documentation Frontier: Expanding CDI to the Outpatient Observation Setting

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Program Notes for CDI Outpatient Workshop Series



- Workshop materials and recordings
 - Copies of the slides for all programs in this workshop series can be downloaded at the link below. The workshop recordings will be posted to the same location on a rolling basis within a few days of a program:
 - <https://acdis.org/2017-outpatient-cdi-workshop>
- Continuing education information
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Learning Objectives

- At the completion of this educational activity, the learner will be able to:
 - Explain how observation CDI can support appropriate patient status and level of care
 - Describe how observation CDI can clarify documentation deficiencies to support medical necessity for inpatient or observation status
 - Describe how observation CDI can accurately reflect patient acuity for those who ultimately become inpatients
 - Explain how observation CDI can support the reasonable expectation of a hospital stay lasting two midnights and other benefits to the provider and patient
 - Discuss the importance and key building blocks of a collaborative effort with utilization review/case management (UR/CM) to implement and support a strong observation CDI program and process

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Mount Carmel Health System

- Second-largest healthcare system in central Ohio
 - Four hospitals: Three med/surg acute care facilities and one specialty orthopedic surgical hospital
 - Numerous outpatient facilities
 - We serve more than 1 million patients each year
 - Part of Trinity Health, one of the largest multi-institutional Catholic healthcare delivery systems in the nation
 - It serves people and communities in 22 states from coast to coast with 93 hospitals and 120 continuing care locations
- Located in a very competitive market
 - Ohio State University Hospitals
 - OhioHealth Hospitals

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Background of Inpatient CDI at MCHS

- Original CDI program implemented in 1999
 - Consecutively had two of the worst observed vs. expected (O/E) mortality ratios in the state
 - Significant opportunity compared to national and state benchmarks
 - As of August 2014, there were 13 CDSs across the four hospitals and no formal physician advisors

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Background of Inpatient CDI at MCHS

- Fall 2014: MCHS hires dedicated CDI director and partners with Claro Healthcare
 - Implementation of expanded, enhanced CDI program
 - Hired 11 additional CDSs
 - Implemented hospital-specific leads
 - Conducted extensive physician education
 - Implemented physician champion program (29 champions)
 - Enhanced process incorporating current technology
- To date, MCHS has achieved between 24% and 33% increase in expected mortality and over \$64M in net revenue

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How Many Have Implemented Observation CDI?



Birth of MCHS Observation CDI

- During the fall 2014 assessment, data analysis showed that 28% of all observation patients were staying over 48 hours
 - Targeted record review confirmed that some observation patients should have been discharged as an inpatient
 - CDI process at the point of entry could have helped support inpatient status
 - Initial focus was on building up inpatient CDI program to review all Medicare and DRG commercial payers
- An updated analysis conducted in December 2015 as part of the outpatient CDI assessment indicated that a significant percentage of observation patients were still staying greater than 36–48 hours
 - Decision was made to implement a pilot observation CDI program at Mount Carmel East and expand to other hospitals if successful

Birth of MCHS Observation CDI

Mount Carmel Health System	Volume	Average LOS (Hrs)
Observation Cases (Medicare)	1,466	37.1

Diagnosis Code	Description	Total Volume	0-24 Hours		25-36 Hours		37-48 Hours		49-72 Hours		73-96 Hours		>96 Hours	
			Volume	%	Volume	%	Volume	%	Volume	%	Volume	%	Volume	%
78659	Chest pain NEC	150	57	38.00%	53	35.33%	18	12.00%	18	12.00%	3	2.00%	1	0.67%
78650	Chest pain NOS	82	29	35.37%	35	42.68%	6	7.32%	10	12.20%	2	2.44%	0	0.00%
7802	Syncope and collapse	69	25	36.23%	21	30.43%	12	17.39%	8	11.59%	2	2.90%	1	1.45%
42731	Atrial fibrillation	31	7	22.58%	13	41.94%	4	12.90%	5	16.13%	2	6.45%	0	0.00%
49121	Obs chr bronc w(ac) exac	31	8	25.81%	7	22.58%	8	25.81%	7	22.58%	0	0.00%	1	3.23%
7804	Dizziness and giddiness	22	9	40.91%	6	27.27%	4	18.18%	3	13.64%	0	0.00%	0	0.00%
5990	Urin tract infection NOS	22	3	13.64%	11	50.00%	6	27.27%	1	4.55%	1	4.55%	0	0.00%
4359	Trans cereb ischemia NOS	20	5	25.00%	8	40.00%	2	10.00%	4	20.00%	1	5.00%	0	0.00%
41401	Crrny athrscl natve vssl	17	1	5.88%	7	41.18%	2	11.76%	5	29.41%	1	5.88%	1	5.88%
78097	Altered mental status	16	5	31.25%	4	25.00%	1	6.25%	5	31.25%	1	6.25%	0	0.00%
71536	Loc osteoarth NOS-l/leg	14	4	28.57%	10	71.43%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
72252	Lumb/lumbosac disc degen	14	2	14.29%	10	71.43%	0	0.00%	2	14.29%	0	0.00%	0	0.00%
M4806	Spinal stenosis, lumbar region	13	1	7.69%	7	53.85%	0	0.00%	4	30.77%	1	7.69%	0	0.00%
5849	Acute kidney failure NOS	12	4	33.33%	3	25.00%	2	16.67%	1	8.33%	2	16.67%	0	0.00%
49122	Obs chr bronc w ac bronc	11	2	18.18%	4	36.36%	1	9.09%	2	18.18%	1	9.09%	1	9.09%
28262	Hb-SS disease w crisis	10	1	10.00%	5	50.00%	2	20.00%	2	20.00%	0	0.00%	0	0.00%
486	Pneumonia, organism NOS	10	1	10.00%	2	20.00%	5	50.00%	2	20.00%	0	0.00%	0	0.00%
All Others		922	235	25.49%	272	29.50%	171	18.55%	180	19.52%	40	4.34%	24	2.60%
Total		1,466	399	27.22%	478	32.61%	244	16.64%	259	17.67%	57	3.89%	29	1.98%

Source: MCHS' Medicare Discharge Data for the period 6/1/15–11/30/15

40.2%

Potential opportunity for IP admission. Observation CDI reviews can assist in obtaining the appropriate documentation.

The Growing Need for Observation CDI

- Increasing observation population
 - Healthcare continues to transition from volume-based and hospital-centric to value-based and patient-centric
 - Technological advances mean that more services and surgical procedures are being provided on an outpatient basis
 - For this reason, hospitals need to ensure that UR plans are followed closely and that documentation is both complete and accurate to support inpatient admission, when appropriate

The Growing Need for Observation CDI

- Changes to CMS' 2-midnight rule
 - Effective 1/1/2016, CMS eased the restrictions on its 2-midnight rule to allow more deference to the physician's medical judgment
 - Previously, if a physician anticipated that the patient would need fewer than two midnights of hospital care, the services would generally be billable for outpatient payment only
 - Now, even if the physician anticipated a stay of less than two midnights, the services may be payable under Part A on a case-by-case basis
 - **However, the documentation in the medical record must support that an inpatient admission is medically necessary**

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The Growing Need for Observation CDI

- The following excerpt is from a CMS release on 11/9/2015 regarding justification of short-stay inpatient cases and clearly emphasizes the importance of documentation:

“Both the decision to keep the beneficiary at the hospital and the expectation of needed duration of the stay are based on such complex medical factors as beneficiary medical history and comorbidities, the severity of signs and symptoms, current medical needs, and the risk (probability) of an adverse event occurring during the time period for which hospitalization is considered. **In other words, if the reviewer determines, based on documentation in the medical record, that it was reasonable for the admitting physician to expect the beneficiary to require medically necessary hospital care lasting 2 midnights, the inpatient admission is generally appropriate for payment under Medicare Part A; this is regardless of whether the anticipated length of stay did not transpire due to unforeseen circumstances (See section B1.)**”

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How Can Observation CDI Benefit The Patient?



Observation CDI Benefits

- Benefits to the patient
 - Reduces the financial burden on the patient if billed as inpatient (Part A) instead of outpatient observation (Part B)
 - Because observation care is considered an outpatient service, Medicare patients are responsible for Part B's 20% coinsurance *after* paying the Part B deductible
 - During observation visits, Medicare does not cover some services, such as medications that patients receive from the hospital but that are considered eligible for self-administration
 - Time spent in observation does not qualify toward the three days of hospitalization needed to trigger Medicare's skilled nursing facility (SNF) benefit



How Can Observation CDI Benefit Your Hospital?



Observation CDI Benefits

- Benefits to the hospital
 - Incremental financial benefit between the inpatient payment less what the hospital would have received if the patient had remained and been discharged from observation status
 - Clarification of documentation deficiencies to support medical necessity for the assigned status of inpatient or observation
 - Accurate reflection of patient acuity for those who ultimately become inpatients
 - Accurate risk profile for future contract discussions



Implementing an Observation CDI Program



Implementing an Observation CDI Program *People*



People

- Observation CDS(s)
 - Strong clinical background
 - Clinical critical thinking
 - Ability to effectively and compliantly query
 - Ability to collaborate with case management
 - Working knowledge of admission criteria (MCG/Interqual)



By goodcatmum - originally posted to Flickr as Staff Nurse Andrea writing up her notes., CC BY-SA 2.0, <https://commons.wikimedia.org/w/index.php?curid=4595591>

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People

- Collaborative team of UR/CM nurses
 - Strong understanding of the observation CDI program and its purpose
 - Working relationship and open communication channels with the observation CDS(s)
- Engaged CDI *and* UR/CM manager or director
 - Ability to partner with each other to champion the program and convey the importance of working together as a team
 - Capable of quickly solving any issues or disagreements that might arise from the observation CDI process

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Implementing an Observation CDI Program *Process*



Process

- Training
 - Comprehensive weeklong training for seasoned CDS
 - Observation CDI foundations
 - Opportunities for common observation patient diagnoses
 - Clinical application
 - Reviewing live observation charts
 - Seeking UR/CM input and feedback
 - Process development
 - In conjunction with UR/CM team
 - Decision points and communication channels

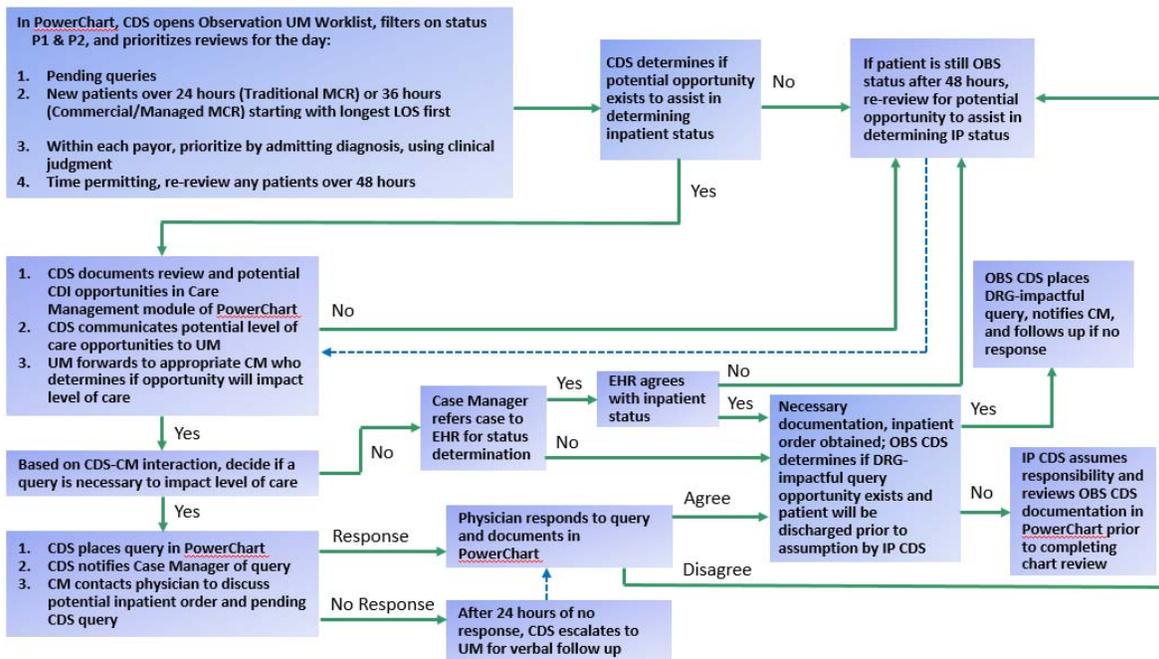
Process

- Prioritization
 - LOS considerations
 - Payer considerations
 - Inpatient criteria as defined by payer contract
 - DRG reimbursement in the inpatient setting
- Record review approach
 - ED notes (if available)
 - Presenting/admission diagnosis
 - Past medical history
 - Treatment
 - Labs

Process

- Types of opportunity identified
 - Query for additional documentation
 - Process-related opportunity
- Escalation
 - EHR
 - Physician advisor

Process—MCHS Flowchart



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Case Example #1

• Query opportunity (Medicare patient)

- 6/14 @ 2145 – patient triaged in ED; physician notes abdominal pain and dysuria; ED CM notes dizziness, LLQ abdominal pain, UTI
- 6/15 @ 0113 – placed in OBS status w/ Dx of acute pyelonephritis
- 6/16 @ 1233 – OBS CDS: started on Cipro – Gram-negative bacteremia – AKI/CKD stage III – DC pending final culture results – either later today or AM on 6/17
- 6/16 @ 1300 – OBS CDS: Query sent to physician for bacteremia clarification – patient may meet the criteria for sepsis – it is documented that she had WBC 13.5, RR up to 30, BP 93/64, and temp up to 101.3 – email sent to UR/CM @ 1302
- 6/16 @ 1800 – converted to inpatient – meets IP for sepsis
 - Approximately \$3,300 increase in revenue for MCHS

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CDI/CM Communication

- Email sent from CDI to CM/UM group outlining
 - CDI working DRG with GMLOS, as well as SOI and ROM
 - Share if sending a query and the type of query being sent
 - Brief synopsis of CDI findings
 - Email ends with “Does the above information and any response to the query assist with IP determination?”

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Case Example #2

- **Process opportunity (commercial ins. patient)**
 - 12/16 @ 1155 – patient triaged in ED; physician notes SOB w/ Hx of cardiac transplant, headache, Hx of acute renal failure, left upper extremity swelling; upon CM review, patient placed in OBS status, “appropriate for renal failure; chronic”
 - 12/18 – CM notes: chronic DVT LUE, started on hep drip, “remains in OBS status per Interqual”
 - 12/19 @ 0945 – OBS CDS: sent email to physician advisor asking if DVT as primary would make a difference in OBS vs inpatient given that both were POA; UR/CM used renal failure as primary
 - 12/19 @ 1011 – received email from physician advisor 0953 advising that IP status is appropriate
 - Approximately \$10,000 increase in revenue for MCHS

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Case Example #3

- **Query opportunity (Medicare patient)**
 - 11/6 @ 1155 – presented to ED with SOB and chest discomfort. Enzymes negative. Sats at 90% in ED on 3L O2. Admit to observation status with the diagnosis of COPD.
 - 11/7 @ 1215 – CDI review noted obs status with DX COPD exacerbation. CDI review revealed ambulance transport sheet reported tachypnea and sat of 72% in the field. Treated with nebulizer and high-flow O2. Chest x-ray shows cardiomegaly and BNP dated 11/7 is 487.
 - Two queries placed for acute respiratory failure and possible diagnosis causing cardiomegaly and elevated pro BNP (CHF?). Email to CM department advising of query placement.
 - 11/8 @ 0851 – query response of acute on chronic respiratory failure, acute systolic CHF and inpatient order placed.
 - Approximately \$6,400 increase in revenue for MCHS

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Case Example #4

- **Process opportunity (Medicare patient)**
 - 7/3 – elderly female presents to the ED with increased weakness and abdominal pain. History of acute cholecystitis. Per case management, patient met MCG criteria for gallbladder or bile duct inflammation, observation care.
 - 7/3 @ 1540 – order to place patient in observation status.
 - 7/4 – Case management reviews and notes that there are no plans for cholecystectomy. CXR negative. CT chest shows lung mass. Remains in observation status per MCG.
 - 7/5 – CDI reviews and notes that patient was diagnosed with lung cancer in 2017. CT of chest shows new lung mass and surgery consulted for possible biopsy. Email from CDI to case management asking if that information would assist with IP determination.
 - 7/5 @ 1615 – order to change status to inpatient.
 - Final DRG: 180 Respiratory Neoplasms w/ MCC – impact \$8,941.

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Case Example #5

- **Process opportunity (Medicare patient)**
 - 7/4 – patient presented to ED with acute DVT and acute PE. Case management noted @ 1055 on 7/4 that patient met criteria for inpatient per Interqual.
 - 7/5 @ 0900 – CM reviewed and patient remains appropriate for IP.
 - 7/5 @ 1335 – CDI reviewed – patient remained in observation status with no IP order. CDI emails CM to share that this patient is reflected as being in observation status and asks if an IP order will be placed per the CM note on 7/4.
 - 7/5 @ 1430 – CM responds to CDI sharing that patient has now been converted to IP and order was placed. Admission date 7/5 and DC 7/6.
 - Final DRG: 299 Peripheral Vascular Disorders with MCC – impact \$7,754.

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Implementing an Observation CDI Program *Technology/Workflow*

Technology/Workflow

- Effective and efficient chart review
 - Tracking review activity and prioritizing re-reviews
 - Many existing CDI software platforms are not equipped for review of observation patients
 - Status opportunity
 - Type of opportunity
 - Escalation to EHR/UR physician advisor
 - CDI impact
 - Admission to inpatient status
 - Payer-specific financial impact if admitted as a result of observation CDS intervention

Technology/Workflow

Status	Opp ID'd?	Opportunity Type	CDI Impact?	Physician Queried	EHR?	MS-DRG	MS-DRG Description	Impact	Admitted to IP?
No									
No									
Yes		Documented	No		Yes	69	Transient Ischemia		No
No									
Yes		Documented	Yes			181	Respiratory Neoplasms w/ CC	\$ 6,060	Yes
No					Yes				
No									
Yes		Documented	Yes			683	Renal Failure w/ CC	\$ 4,960	Yes
Yes		Documented	No						Yes
No			No		Yes				
Yes		Documented	No			193	Simple Pneumonia & Pleurisy w/ MCC		No
No									
Yes		Query	Yes	Dr. Yogeesh Prabhu		872	Septicemia Or Severe Sepsis w/o Mv 96+ Hours w/o MCC	\$ 5,117	Yes
Yes		Documented	Yes		Yes	872	Septicemia Or Severe Sepsis w/o Mv 96+ Hours w/o MCC	\$ 5,117	Yes
No									
No									
Yes		Documented	No		Yes				Yes
No			No						Yes
No									
Yes		Query	Yes	Dr. George Shu		417	Laparoscopic Cholecystectomy w/o C.D.E. w/ MCC	\$ 22,046	Yes
No									
No									
No									
No									
Yes		Documented	No		Yes	755	Malignancy, Female Reproductive System w/ CC		No

Technology/Workflow

- Effective and timely communication
 - Communication channel with UR/CM
 - Placing queries
 - Notifying UR/CM of query
 - Importance of timely physician response
 - Escalating to UR physician advisor/EHR
 - Ensuring potential query opportunities are communicated to the inpatient CDS once patient is admitted



Implementing an Observation CDI Program *Monitoring*



Given How New Observation CDI Is, What Metrics Would You Track To Monitor Effectiveness And Measure Success?



Monitoring

- Measuring program effectiveness
 - CDS productivity
 - Coverage
 - Reviews per day
 - CDS effectiveness
 - Query rate
 - Touchpoints with UR/CM
 - Program impact
 - Financial benefit
 - Average observation LOS
 - Excessively long LOS frequency
 - Observation/inpatient ratio

Monitoring

Mt. Carmel East	Year 1 4/16 - 3/17		Current Period 4/17 - 5/17	
Target Observation Population				
Review Statistics				
Total Reviews	4,126		992	
# Patients Reviewed	1,777		437	
# Observation Patients	4,054		876	
LOS > 24 hours	2,849	70%	580	66%
Coverage for LOS >24 Hours	62%		75%	
Opportunity Overview				
Charts Reviewed	1,777		437	
Total Potential Opportunities Identified (Touchpoints with Case Management)	324	18%	30	7%
Cases with OBS CDI Impact	164	51%	22	73%
OBS CDI Financial Benefit	\$1,237,692		\$95,379	
Average Benefit per Case (CDI Impact)	\$7,547		\$8,634	

- The tables show process and outcomes metrics for the first 14 months of the observation CDI program at East and 3 months at West

- The current process calls for CDSs to target Medicare observation cases with a LOS > 24 hours and commercial observation cases with a LOS > 36 hours

Mt. Carmel West	Current Period 3/17 - 5/17	
Target Observation Population		
Review Statistics		
Total Reviews	1,136	
# Patients Reviewed	487	
# Observation Patients	897	
LOS > 24 hours	537	60%
Coverage for LOS >24 Hours	91%	
Opportunity Overview		
Charts Reviewed	487	
Total Potential Opportunities Identified (Touchpoints with Case Management)	95	20%
Cases with OBS CDI Impact	65	68%
OBS CDI Financial Benefit	\$414,583	
Average Benefit per Case (CDI Impact)	\$6,378	

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Monitoring

Mt. Carmel East	Baseline 4/15 - 3/16		Year 1 4/16 - 3/17		Current Period 4/17 - 5/17		Shift from Baseline
Target Observation Population							
Avg. Observation LOS (hours)	40.5		38.9		36.1		-4.4 Hours
% Cases over 36 hours	2,073	46.0%	1,762	43.5%	339	38.7%	-7.3%
% Cases over 48 hours	1,249	27.7%	1,033	25.5%	168	19.2%	-8.5%
% Cases over 72 hours	419	9.3%	343	8.5%	54	6.2%	-3.1%
Total Observation Volume	4,507		4,054		876		N/A
Total Inpatient Volume	13,620		13,506		2,742		N/A
Observation/Inpatient Ratio	24.9%		23.1%		24.2%		-0.7%

- The tables show the average observation length of stay prior to and after the pilot implementation, as well as the percentage of all patients in the target payer groups that were discharged from observation status

Mt. Carmel West	Baseline 3/16 - 2/17		Current Period 3/17 - 5/17		Shift
Target Observation Population					
Avg. Observation LOS (hours)	37.3		34.9		-2.5 Hours
% Cases over 36 hours	1,533	40.1%	316	35.2%	-4.9%
% Cases over 48 hours	894	23.4%	176	19.6%	-3.8%
% Cases over 72 hours	305	8.0%	58	6.5%	-1.5%
Total Observation Volume	3,822		897		N/A
Total Inpatient Volume	10,818		2,720		N/A
Observation/Inpatient Ratio	26.1%		24.8%		-1.3%

- As observation patients with opportunity are appropriately classified as inpatient due to more complete documentation, this percentage may decline

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Challenges & Lessons Learned



What Challenges Would You Foresee Or Anticipate In Rolling Out An Observation CDI Program?



Challenges & Lessons Learned

- Communication challenges: Time is of the essence
 - In the infancy of the pilot, the UR/CM manager served as the “point person” to triage potential opportunities to reviewing nurses, resulting in delayed communication relays
 - As the process evolved, it was necessary to contact the reviewing nurse to ensure any potential opportunity was addressed in a timely manner
 - Quickly learned that when working with observation patients, physician response must be measured in hours, not days

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Challenges & Lessons Learned

- Technology: Effective tracking and data collection
 - After exploring potential workarounds and options, it was determined that MCHS’ existing CDI software was not well equipped for observation reviews owing to their unique nature
 - Additionally, the existing software could not effectively collect the necessary review and outcomes data to report on the progress of the program
 - A flexible, customizable Microsoft Excel–based review and reporting tool was created to bridge the technology “gap”

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Challenges & Lessons Learned

- Organization buy-in: Avoiding the “us vs. them” mentality
 - Opportunities identified, especially those related to UR/CM process, must be dealt with sensitively to avoid defensiveness and barriers
 - Importance of proactively communicating the purpose of the program – to ensure that the hospital receives fair and accurate reimbursement for the treatment provided and that both CDI and UR/CM are on the same team
 - Imperative that UR/CM nurses understand that CDSs are not auditing their work, but rather approaching the record from a CDI perspective

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The Future of Observation CDI

The Future of Observation CDI

- Expand observation CDI to all payers that reimburse on DRG in the inpatient setting
- Adapt current technology to facilitate observation CDI reviews and report on observation CDI process and outcome metrics
- Increase physician education regarding accurate and complete documentation in the context of supporting appropriate patient status

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Thank you. Questions?

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To submit a question, go to the questions window located on the right side of your screen. Type your question into the box at the bottom then click the "Send" button.

Conclusion

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Thank You!

The next program in the
Outpatient CDI Workshop series,

Lightning Round,

will be broadcast live on
Wednesday, November 15 at 1 p.m. ET.

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