



**Moderated by Brian Murphy**  
*Director*  
ACDIS  
Middleton, MA

## 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
  - Please note: In order to receive your continuing education certificate(s) for this workshop series, you must complete the online evaluation, which can be found in the CE instructions file on the download page. The evaluation will open after the last event in the *entire* series on November 17, 2017.

# Lightning Round: Agenda



## 1. Outpatient CDI Tracking and Querying Platform

- Tamara A. Hicks, RN, BSN, MHA, CCS, CCDS, ACM-RN, Director, Clinical Documentation Excellence
- Jessica M. Vaughn, RN, BSN, CCDS, Manager, Outpatient Clinical Documentation Excellence
- Wake Forest Baptist Health, Winston-Salem, NC

## 2. Ambulatory CDI On a Poor Man's Budget

- Rita Fields, BSN, RN, CCDS, Regional Manager CDI
- Lori Ganote, MSN, RN, CCDS, System CDI Auditor/Educator
- Baptist Health, Louisville, Kentucky

## 3. Launching a New Program

- Tracy Boldt, RN, BSN, CCDS, CDIP, System Manager Clinical Documentation Improvement
- Essentia Health, Duluth, Minnesota

## 4. Ambulatory CDI at Asante Health System

- Ellen Jantzer, RN, MSN, CCDS, CCS, Clinical Documentation Integrity Manager
- Asante Health System, Medford, Oregon

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## Outpatient CDI Tracking and Querying Platform

**Tamara A. Hicks, RN, BSN, MHA, CCS, CCDS, ACM-RN**  
*Director, Clinical Documentation Excellence*

**Jessica M. Vaughn RN, BSN, CCDS**  
*Manager, Outpatient Clinical Documentation Excellence*  
Wake Forest Baptist Health, Winston-Salem, NC



## Daily Electronic Workflow

- Select patient from “Upcoming Appointment” Workbench Report
  - Primary Payer – Roster/Registry
  - Clinic Location
  - Risk Score
- Select from two possible CDI flowsheets
  - CDI Communication – form pre-visit query utilizing Best Practice Advisory (BPA)
    - Located in the Quality Measures section
  - CDI Review Only
- Review accounts on “Open Query” Workbench Report
  - 3 business days follow-up

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## Discoveries

- Building from scratch was *not* an easy process!
  - Took over a year to complete ... and still tweaking
  - Compliance approval
  - HIM approval
  - Primary Care Service Line approval
- Language barriers between Clinical Documentation Department and IT
- Workflow glitches
- Provider feedback
  - Inconsistent results

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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.



## Ambulatory CDI On a Poor Man's Budget

**Rita Fields, BSN, RN, CCDS**  
*Regional Manager CDI*

**Lori Ganote, MSN, RN, CCDS**  
*System CDI Auditor/Educator*  
Baptist Health, Louisville, KY



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## How Did It All Begin?

- Resource Council Meeting
  - Goal was to establish outpatient CDI
  - Move from financial CDI program to quality-based CDI program
- Recognition of need
  - Attending meetings related to ambulatory CDI
  - Collaboration with insurance company
  - Risk adjustment audits
  - HCC concept discussed at local meeting
  - ACDIS conference kept hearing outpatient CDI
  - HCCs, VBP, risk adjustment became familiar terms

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## Outpatient CDI vs. Ambulatory CDI

- Executive director separates the two
  - Ambulatory CDI: physician practice side
  - Outpatient CDI: hospital side
- Decision made to begin with ambulatory CDI
  - Audits showed some physician practices had low RAF scores
  - Documentation was not capturing HCCs
  - Chronic conditions requiring yearly documentation
- How could inpatient CDI help?

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## HCCs: Why Do They Matter?

- Hierarchical Condition Categories (HCC)
  - Risk adjustment model
  - Used to determine reimbursement for various Medicare plans
  - Addresses predominately elderly population (65 and over)
  - Captured by claims submitted inpatient and outpatient
  
- HCC Impact
  - Risk Adjustment Factor (RAF) scores to predict future healthcare costs for plan enrollees
  - Adjust payment based on the health status and demographic characteristics of the enrollee

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## Comparison Heart Failure and Diabetes

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Enrollee, 65 years old, male no disability = 0.295           <ul style="list-style-type: none"> <li>– Factor 1: Chronic diastolic HF, HCC 85 = .0317</li> <li>– Factor 2: AKI with tubular necrosis, HCC 135 = 0.415</li> <li>– Factor 3: Disease interaction HCC 85 and renal = 0.266</li> </ul> </li> <br/> <li>• Risk score = 0.295 + 0.317 + 0.415 + 0.266</li> <br/> <li>• Total risk score: 1.293</li> </ul> | <ul style="list-style-type: none"> <li>• Enrollee, 66 years old, male, no disability = 0.295           <ul style="list-style-type: none"> <li>– Factor 1: Diabetes without complications, HCC 19 = 0.102</li> <li>– Factor 2: Heart failure, NOS, HCC 85 = 0.317</li> <li>– Factor 2: Alcoholic cardiomyopathy, HCC 85</li> <li>– Factor 3: Disease interaction DM*CHF = 0.151</li> </ul> </li> <br/> <li>• Risk score = 0.295 + 0.102 + 0.317 + 0.151</li> <br/> <li>• Total risk score: 0.865</li> </ul> |
|---|--|

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## Development of Process

- Education
  - Management team
  - Auditor/educators
  - CDI staff
  - Coding staff (task force meeting)
  - Physicians advisors
- Operating with limited budget
  - Staff
  - Education
  - Software for outpatient

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## Education On HCC Impact

- 8 hospital system
  - 350-400 employed physician practices
- Specialty groups
  - Hospitalist
  - Cardiology
- Peer-to-peer education
- Ancillary departments
  - Wound care nurses
  - Dieticians

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## HCCs Familiar to Cardiology

HCC #	Description
HCC 17	Diabetes with Acute Complications
HCC 18	Diabetes with Chronic Complication
HCC 19	Diabetes without Complication
HCC 83	Respiratory Arrest
HCC 84	Cardio-Respiratory Failure and Shock
HCC 85	Congestive Heart Failure
HCC 86	Acute Myocardial Infarction
HCC 87	Unstable Angina and Other Acute Ischemic Heart Disease
HCC 88	Angina Pectoris

## HCCs Familiar to Cardiology

HCC #	Description
HCC 96	Specified Heart Arrhythmias
HCC 100	Ischemic or Unspecified Stroke
HCC 106	Atherosclerosis of the Extremities with Ulceration or Gangrene
HCC 107	Vascular Disease with Complication
HCC 108	Vascular Disease
HCC 111	COPD
HCC 135	Acute Renal Failure
HCC 136	Chronic Kidney Disease (Stage 5)
HCC 137	Chronic Kidney Disease, Severe (Stage 4)



## Thank you. Questions?

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## Launching a New Program



**Tracy Boldt, RN, BSN, CCDS, CDIP**  
*System Manager Clinical Documentation Improvement*  
Essentia Health, Duluth, MN

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## Essentia Health

- 6 months prior to go-live date:
  - Business plan, gap analysis, budget
  - Train inpatient clinical documentation team (CDI) on risk adjustment methodology- CMS
  - Reach out to peers in the industry to glean advice
- Develop training manual
- Hiring process:
  - HIM coders
  - Main question asked: “how do you like change?”
  - Years of experience
- Collaborate and plan with established coding education team
  - Inpatient CDI physician advisor
    - Establish clinic education sessions
      - Internal Medicine
      - Family Practice

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## Essentia Health

- 1 month prior to go-live date:
  - Inpatient RNs interested in expanding to outpatient clinical documentation improvement (CDI)
  - Time study (5-10 hours per week)
  - Outpatient CDI team reviewing
- Develop spreadsheets, EMR work-ques, reports, outpatient query templates (discuss with compliance)
- Determine medical practitioners to target
  - Risk score <1.0 with a member population of >500
- Train newly hired coding team on risk adjustment methodology-CMS
  - Wearing a CDI hat
- Teams:
  - Jera & Sydna □ Jane
  - Pam & Theresa □ Paula
  - Axel, Faye & Tracy □ Tera & Kari
- Inpatient CDI RNs collaborate with outpatient CDI coders
  - Problem list
  - Clinical scenarios
  - Query assistance

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## Essentia Health

### Continued work

- Are we moving the needle?
  - Compare risk scores with prior months
- Policy and procedures
  - Work in process
- Benchmarking
  - CDI reviews, quality, query data
- Query and chart audit
- Expand education to west market
  - Schedule, collaborate with physician advisor
- Provide feedback to medical practitioners

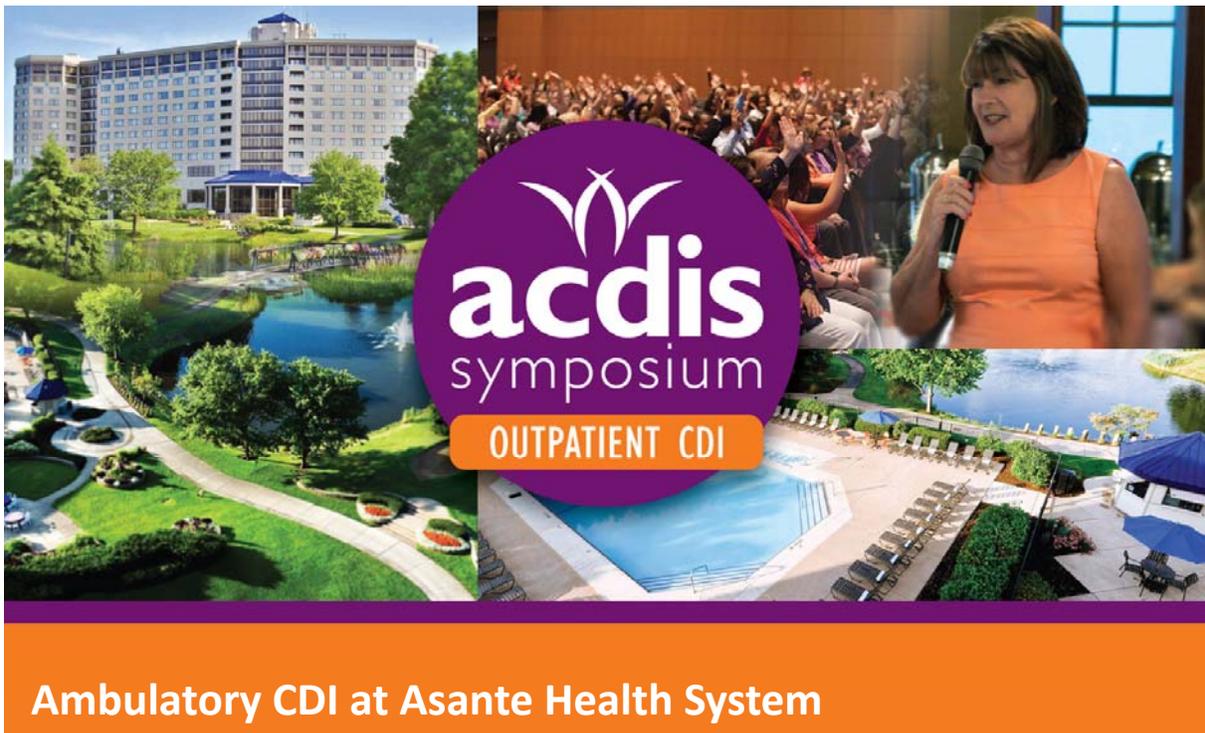
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**Thank you. Questions?**

*[Tracy.boldt@EssentiaHealth.org](mailto:Tracy.boldt@EssentiaHealth.org)*

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## Ambulatory CDI at Asante Health System



**Ellen Jantzer, RN, MSN, CCDS, CCS**  
*Clinical Documentation Integrity Manager*  
Asante Health System, Medford, OR



## Inpatient CDI—Overview

- Approx. 500+ beds (all three hospitals)
- Cardiac Surgery (CABG, Open valve, TAVR, LAAC)
- Stroke Center
- General Surgery, Vascular Surgery, Bariatric Surgery
- 7.5 FTEs, all RN staff
- Focus:
  - Concurrent review
    - Working DRG (correct PDX, CC/MCC, clinical validation)
  - Post coding prior to claim submission
    - Coder Queries
    - PSI/HAC
    - Mortality Review

## Primary Care Clinics-- Ambulatory CDI

- Asante Physician Partners includes approximately 75 primary care providers in eight clinics across Jackson and Josephine Counties in Southern Oregon.
- Approximately 18,000 Medicare Lives
- Launched Ambulatory CDI program in January, 2017. Goal: appropriately risk-adjust our patient population by assisting providers to accurately document and code patients' chronic conditions.

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## Ambulatory CDI - Overview

- 2 inpatient CDI RNs moved to Ambulatory Clinics
- Recently added 2 more RNs (with no CDI experience)
- Focus:
  - Comprehensive Primary Care Plus (CPC+) is a national advanced primary care medical home model that aims to strengthen primary care through payment reform and care delivery transformation
  - Risk Adjustment Factor (RAF) used to determine a Care Management Fee (CMF)
  - Approx. 8,000 lives enrolled in CPC+

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## What Have We Done?

- First step--MD champions!!
- Identified our top performing MDs. Introduced ourselves; explained our mission. “Here is we can do for you”. Solicited them for input regarding workflow, query process, clinical criteria, etc
- Retrospective chart review to identify trends.
  - Three “D”s (depression, diabetes, dependence)
- Education– boots on the ground!!

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## What Are We Working On Now?

- CDI training–CDS are working to attain Certified Risk-adj Coder (CRC)
- Query Process in EPIC
- Obtaining a list of CPC+ patients who have visits each month.
- Week or < before scheduled visit
  - conduct retrospective chart review (2-3 years back)
  - Query provider with opportunities to accurately document/code HCC
- Feedback to the provider.
  - Ongoing Education: face-to-face
  - Query response rates
  - HCC score increases

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# Tracking Tool in Excel

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Black Oak Second Floor																		
2	*	R= Retrospective P= Prospective QA= Quality X= Additional query (same pt)	Month/Day	Last name only/first initial last name for same name	Month/Day				Free text, include all....	Single Dx per line or "none" Secondary query needs its own line, complete all columns including "X"	Free text	Y=Yes N=No NS= No show W=w/d	Y=Yes N=No NS= No show W=w/d	Y=Yes N=No NS= No show W=w/d	Y=Yes N=No NS= No show W=w/d	Current score/added score or D=Dementia NS=No show	Score or N/A	F=Financial N=No NS=No show A=Accuracy	
3	Status	Type of Review (R, P, QA, X)	Review date	CDI RN	Provider	Visit date	Med	Pt name	Record #	Chart Review- Clinical Findings	Query Dx	Comments	Response to Query? (Adressed in any way)	Problem list updated?	M.E.A.T. in visit note?	Dx on claim?	HCC Score	Missed HCC Score	Impact?
4																			
5																			
6																			

## Barriers

- Difficult (impossible??) to get data
  - How do we determine actual changes to HCC scores?
  - How to prove ROI?
- Technology– What ?? When ?? Who ??
- Training CDI staff– no play book
  - New list of acronyms (HCC, RAF, RADV, MACRA, E/M, MIPS, APM)
- Access– Annual face-to face visit for every CPC+ patient
- Culture change
  - Shift from E/M, fee for service world to HCC world
  - PCPs have never heard about CDI, query, etc
  - Minimal coding support compared to hospital side



## Thank you. Questions?

[Ellen.jantzer@asante.org](mailto:Ellen.jantzer@asante.org)

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## Conclusion

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**Thank You!**

The next program in the  
**Outpatient CDI Workshop** series,

***Networking Call:  
All Your Questions Answered!***

with our expert panel will be broadcast live on  
Friday, November 17 at 1 p.m. ET.