



So, you think you want an OP Clinical Documentation Integrity (CDI) Program?

Presenters:

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RHIA, BS, CDIP

Reggie Ahlfield, MBA-HA,  
BSHI, RN-BC

An Overview of Strategies for  
Success



# Introductions



**Shirlivia Parker**

Shirlivia Parker is currently the CDI Unit Manager at University of California Medical Center at Davis in Sacramento, California. She has a master's degree in health administration from the University of Phoenix in Phoenix, Arizona, and a Bachelor of Science in health information management (HIM) from the University of Louisiana at Lafayette. Parker has 19 years of revenue cycle experience, which includes various roles, including HIM director, CDI physician educator, clinical coder/auditor, CDI specialist, and denial's management expert.



**Reggie Ahlfield**

Reggie was born in Missouri and began his nursing career there working primarily in the ICU. He currently works at University of California Medical Center at Davis. He began working in health informatics in 2011 when his prior hospital system began their journey of implementing an electronic medical record (EMR) and has worked both on design and implementation. He received board certification in nursing informatics in 2016 and has presented at the American Nursing Informatics Association (ANIA) Academy and other venues. His educational background is in Nursing, Health Informatics, and Business Administration.

# Learning Objectives

At the completion of this educational activity, the attendee will be able to:

- Understand the importance of OP CDI, and the impact beyond the OP Clinic environments
- Understand Hierarchical Condition Categories: What each category means and its impact
- Assess their organization's infrastructure & identify key stakeholders to ensure the success of your program
- Apply Workflow and Best Practices Recommendations
- Employ Strategies for Continued Success

# Disclaimer

We do NOT have any affiliation with the following companies' software that will be mentioned during this presentation:

- Epic
- Microsoft
  - Office
  - Teams
  - SharePoint
  - Excel
  - Access
  - Visio
- Tableau
- 3M-MModal



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# Abbreviations Used

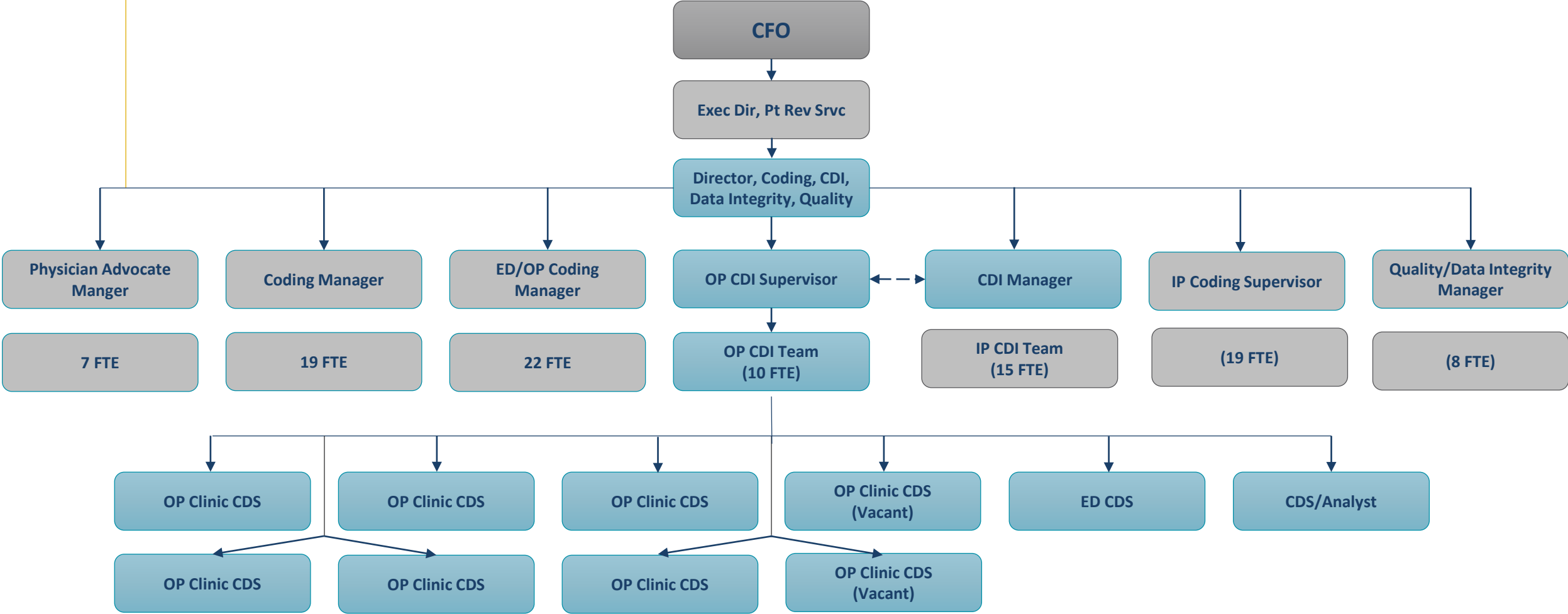
- ACO – Accountable Care Organizations
- CDI – Clinical Documentation Integrity
- CDS – Clinical Documentation Specialist
- EHR – Electronic Health Record
- EMR – Electronic Medical Record
- FFS – Fee For Service
- HCC – Hierarchical Condition Categories
- KPIs – Key Performance Indicators
- MSSP – Medicare Shared Savings Program
- MIPS – Merit-Based Incentive Payment System
- O/E – Observed / Expected
- RAF – Risk Adjustment Factor

# Introduction to UC-Davis



Let's start by introducing you to the UC-Davis Health Information Management organization, and outpatient patient volume.

# Organizational Chart : Health Information Management (Patient Revenue Cycle)



# Ambulatory Clinics : Monthly Scheduled Appointments: FY2021

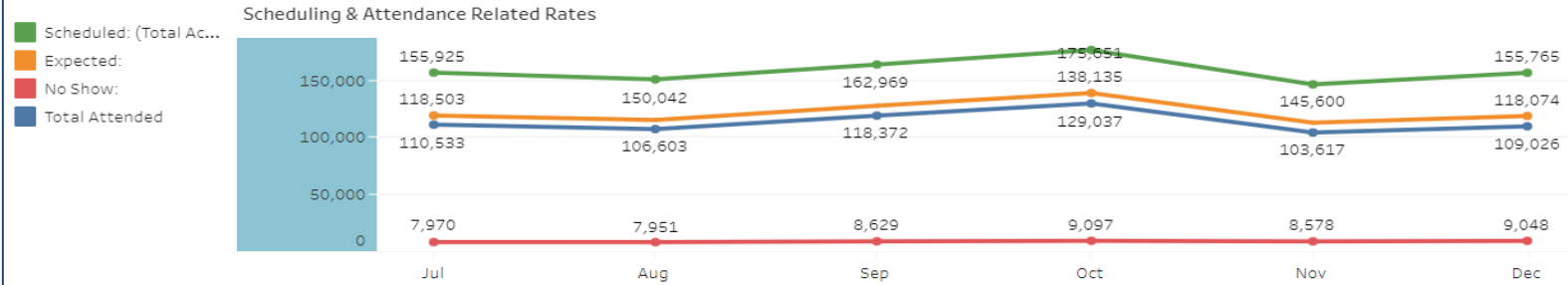
## Key Performance Indicators

Scheduled (All Activity)	Expected	Expected Rate	Attended	Attended Rate	No Show	No Show Rate	Active/Open	Active/Open Rate
945,952	728,451	77.01%	677,188	92.96%	51,273	7.04%	5	0.00%

### DATE & TIME FILTERS

Fiscal Year  Quarter  Month

The "Apply" button must be activated in order to view the selected results



### General Encounter Overview

	Jul	Q1 Aug	Sep	Oct	Q2 Nov	Dec
Scheduled: (Total Activity)	155,925	150,042	162,969	175,651	145,600	155,765
Expected:	118,503	114,555	127,003	138,135	112,196	118,074
Expected: Rate	76.00%	76.35%	77.93%	78.64%	77.06%	75.80%
Total Attended	110,533	106,603	118,372	129,037	103,617	109,026

### FILTERS

- Division
- Clinic
- Department Specialty
- Department Name
- Primary Care Department
- School Of Medicine
- Resource Type
- Resource Name

### PARAMETERS

KPI View



Ambulatory  
Clinics: Other  
Facts and  
Figures:  
CY2020

Total MSSP  
clinic visits :  
CDI Focus

Total  
telehealth  
visits

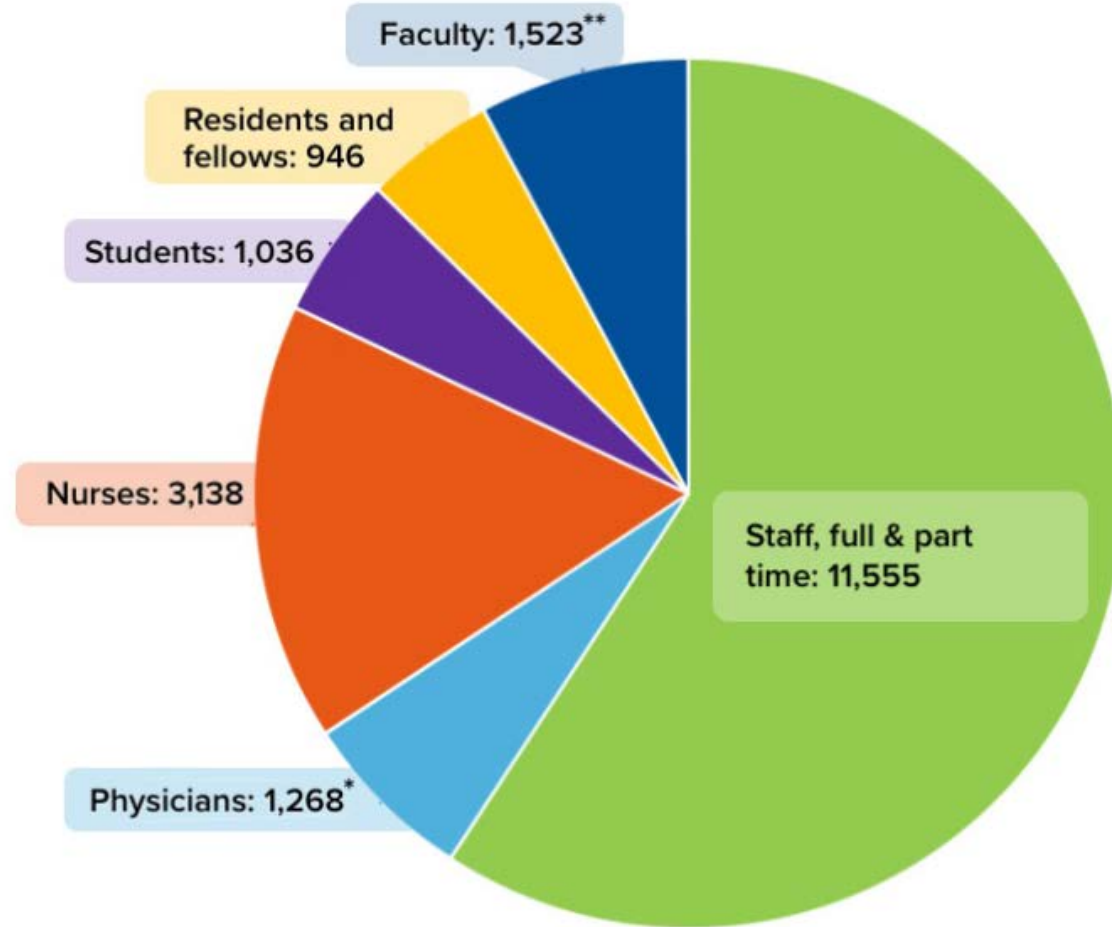
Total ASC  
visits

22,000+

156,000+

13,000+

# Faculty, Staff and Students



*\*Direct care providers  
\*\*Denotes faculty and other academic personnel, full & part time*

# Launching your Program



OP CDI Program: Establishing the Importance, Needs & Impact

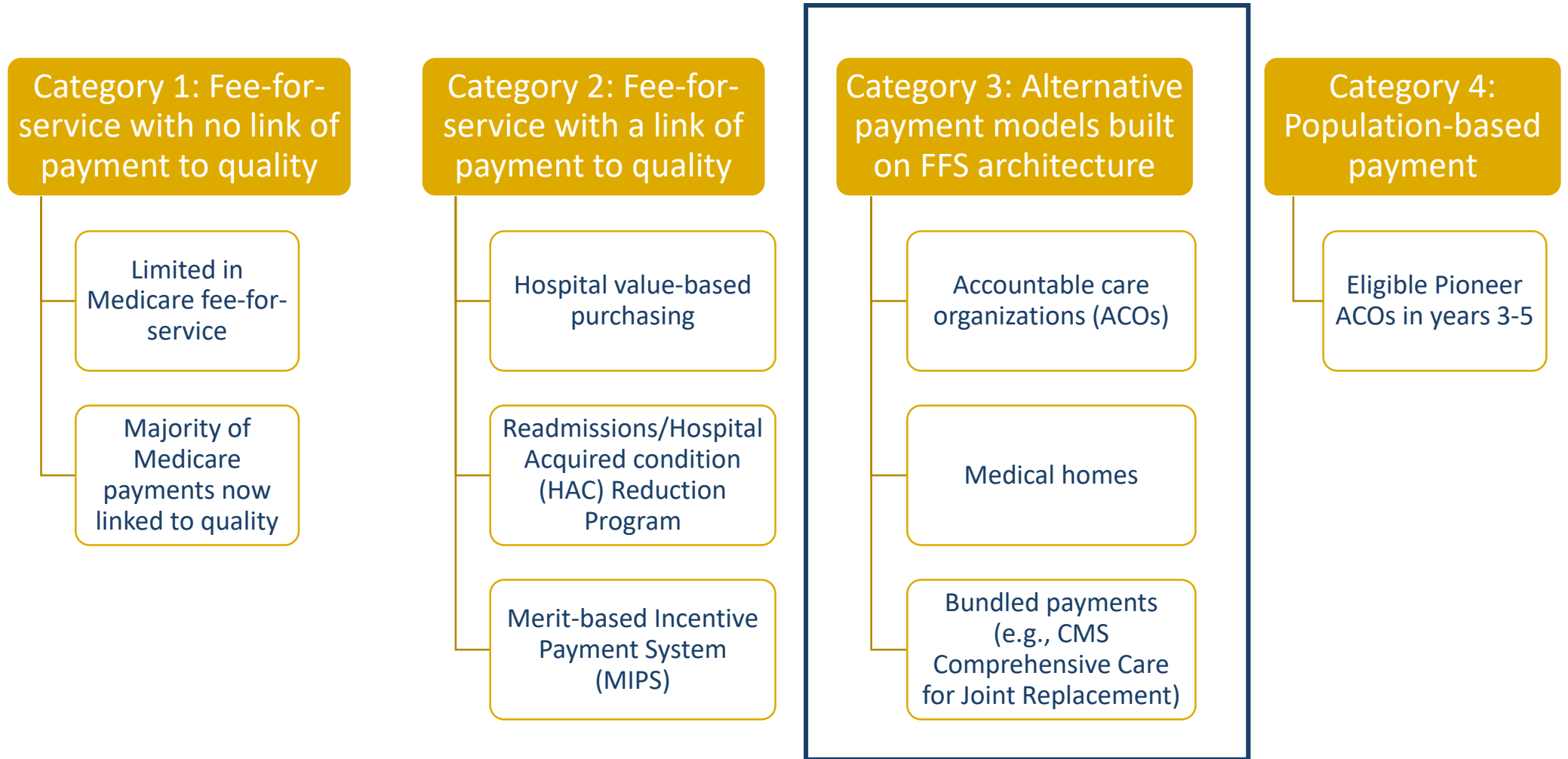
# HCC: Impacting Data Across the Continuum: Importance of OP CDI

- Documentation matters in any setting for risk adjustments on HCC impacts:
  - Emergency Departments
  - Clinic Visits/Physician Office Visits
  - Post-Acute Services
  - Inpatient Setting

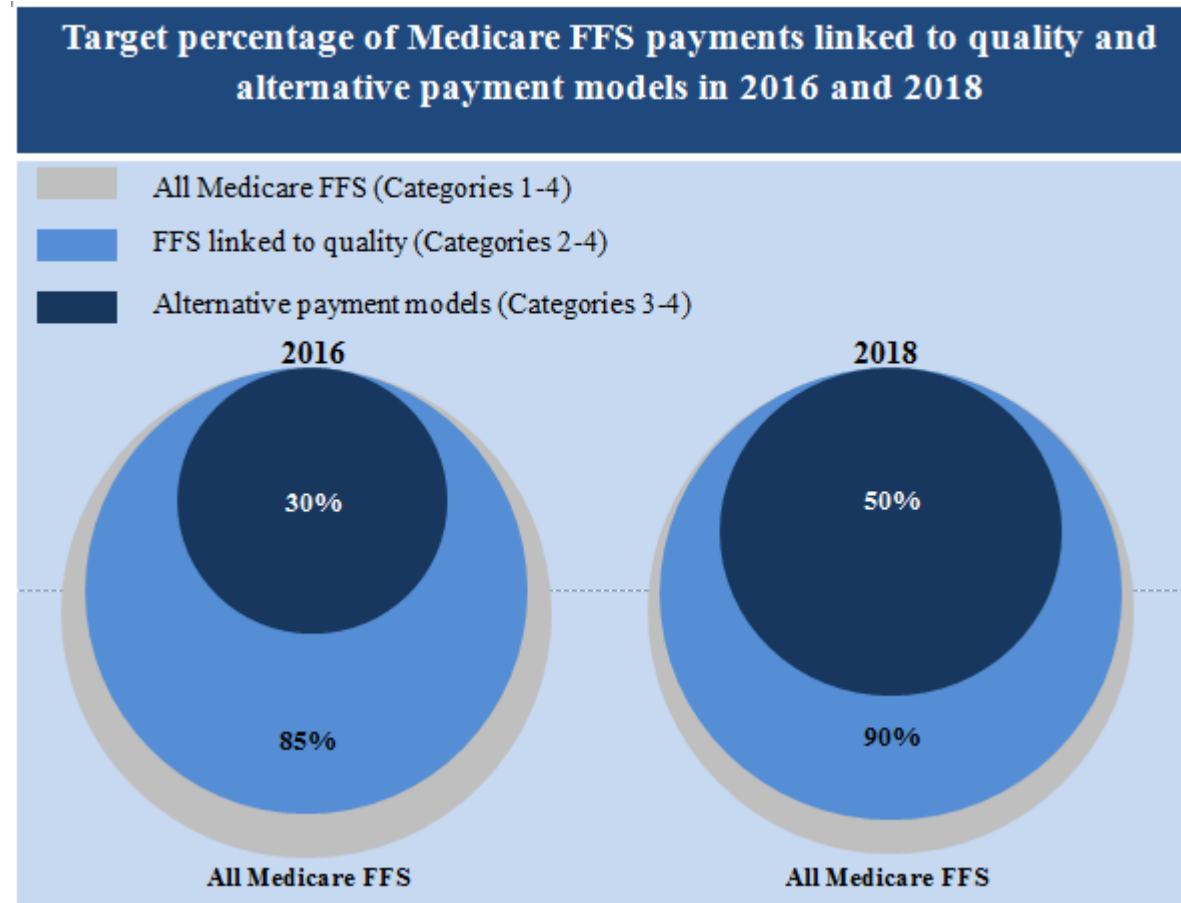


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# HCC Coding Category Descriptions: Impacting Administrative Data



# HCC Impacting Medicare FFS Payments : Linked to Quality/ HCCs

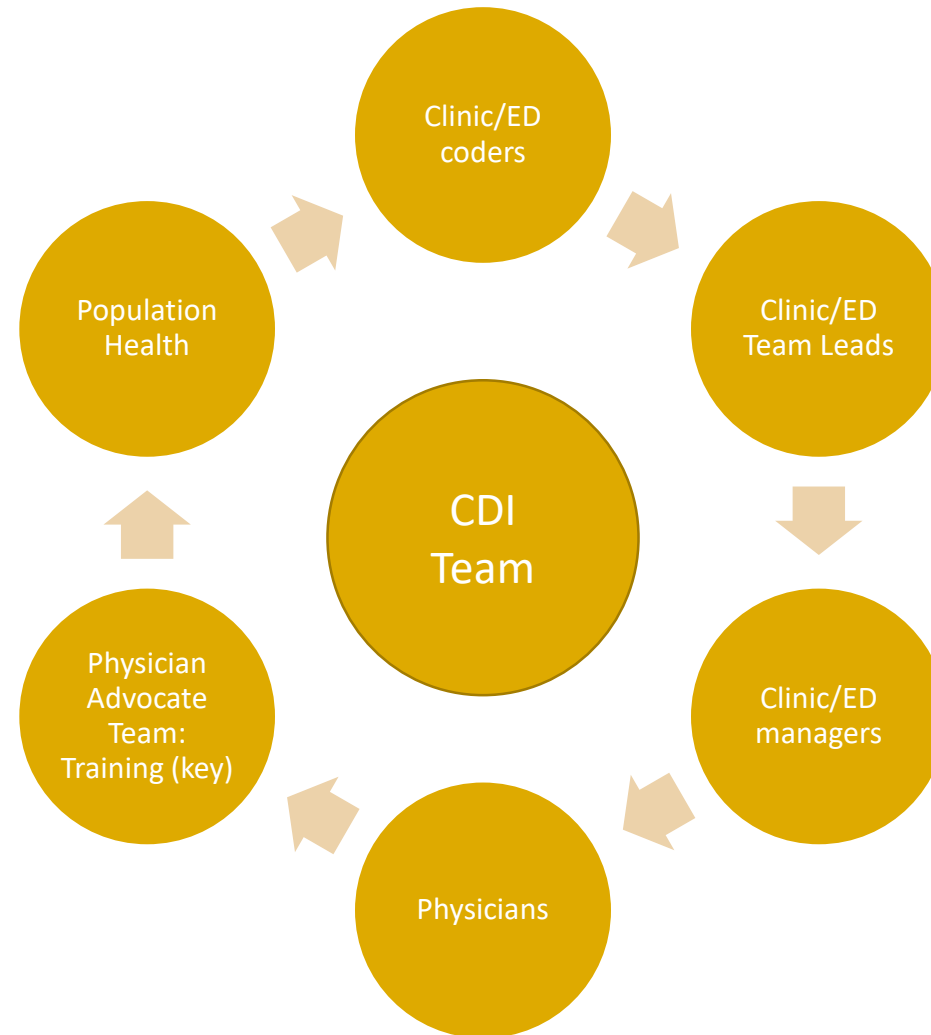


<https://www.cms.gov/newsroom/fact-sheets/better-care-smarter-spending-healthier-people-paying-providers-value-not-volume>

## Components of OP CDI Team



# OP CDI Team & Key Stakeholders to Launch Program



Always consider internal and external partners, connecting the important components with these stakeholders will reflect the success of your program



# CDI Team: Key Stakeholders

- Picking a team with a diverse skill set:
  - Understanding of coding and clinical reviews are the key components of your internal team
  - At UC-Davis we have coders, nurses, and even an MSW that are a part of our internal team

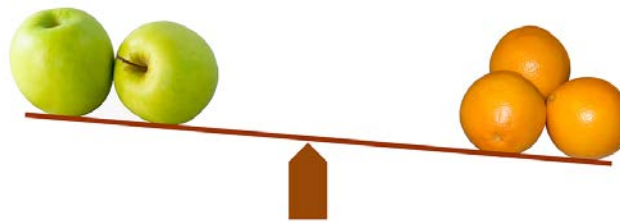


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# CDI Team Stakeholders: Pearls to success

- Clinic Setting:
  - Coders Capturing HCC -- when you query, coding HCC is important
  - Understanding Clinic Leaders/Providers Workflows and where they intersect with our workflows
- ED Setting:
  - Coders Capturing HCC -- when you query, coding HCC is important
  - Understanding ED Leaders/Providers Workflows and where they intersect with our workflows

**HCCs are being measured for all stakeholders—Don't assume they know your role when you reach out!**



# Physician Engagement: Pearls

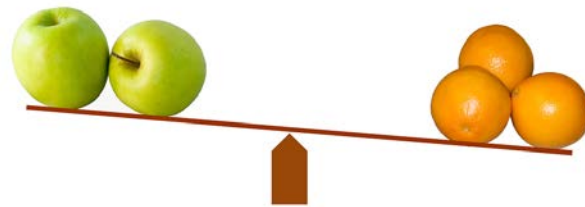
- As with inpatient CDI: success happens in the middle with physician engagement. Sending the query and getting the appropriate response is key
- Physicians Education/ Feedback: Engagement Pearls
  - Tip Sheets: One-pager
  - Videos could be used for ease of re-direction during communication with CDS team & clinic partnerships
  - Physician Advocates/CDI Educators (Trainers): on hand for roll-out and continuous education



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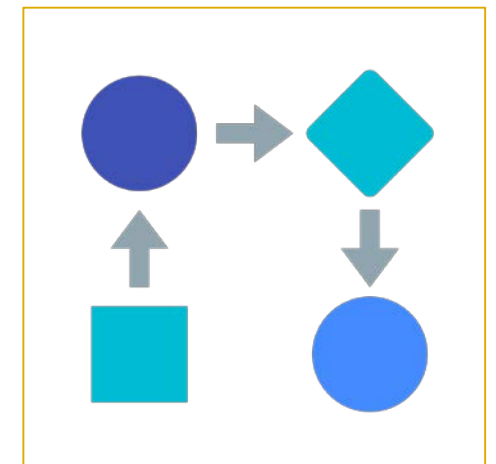
# CDI Team: Workflow (Pearls to Success)

- Clinic Setting
  - Visits Scheduled
  - Coding Time Window Longer
  - HCC Can Be Determined Ahead of Visit
- ED Setting
  - Visits Unplanned
  - Short Coding Time Window
  - Difficult (for provider) To Easily Determine if Pt has Hx of HCC



# CDI Team: Workflow

- Establishing a concise workflow is key to:
  - FTE allocation aligning to patient volume
  - Establishing productivity through time studies
    - Reviews and Queries per day total: (Depends on dynamic of workflow review for queries)
  - Ensuring all KPIs are monitored: implementing database/tool for data capture of key components to connect with external stakeholders
  - Ease of training new employees



# KPIs & Workflow: Data Review Slides

## Original State

- Initially, each team member received a list of several thousand patients from the MSSP list
- They took that list in an Excel Workbook format and opened each patient's chart and reviewed the schedule in the EMR and manually recorded when the next visit was coming
- Then, they would try to review that patient just before the visit
- We quickly identified that lots of visits would get missed because of cancellations/reschedules, etc.
- Opportunity! - Scalability



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# Outcomes of KPIs & Workflow: Data Review Slides

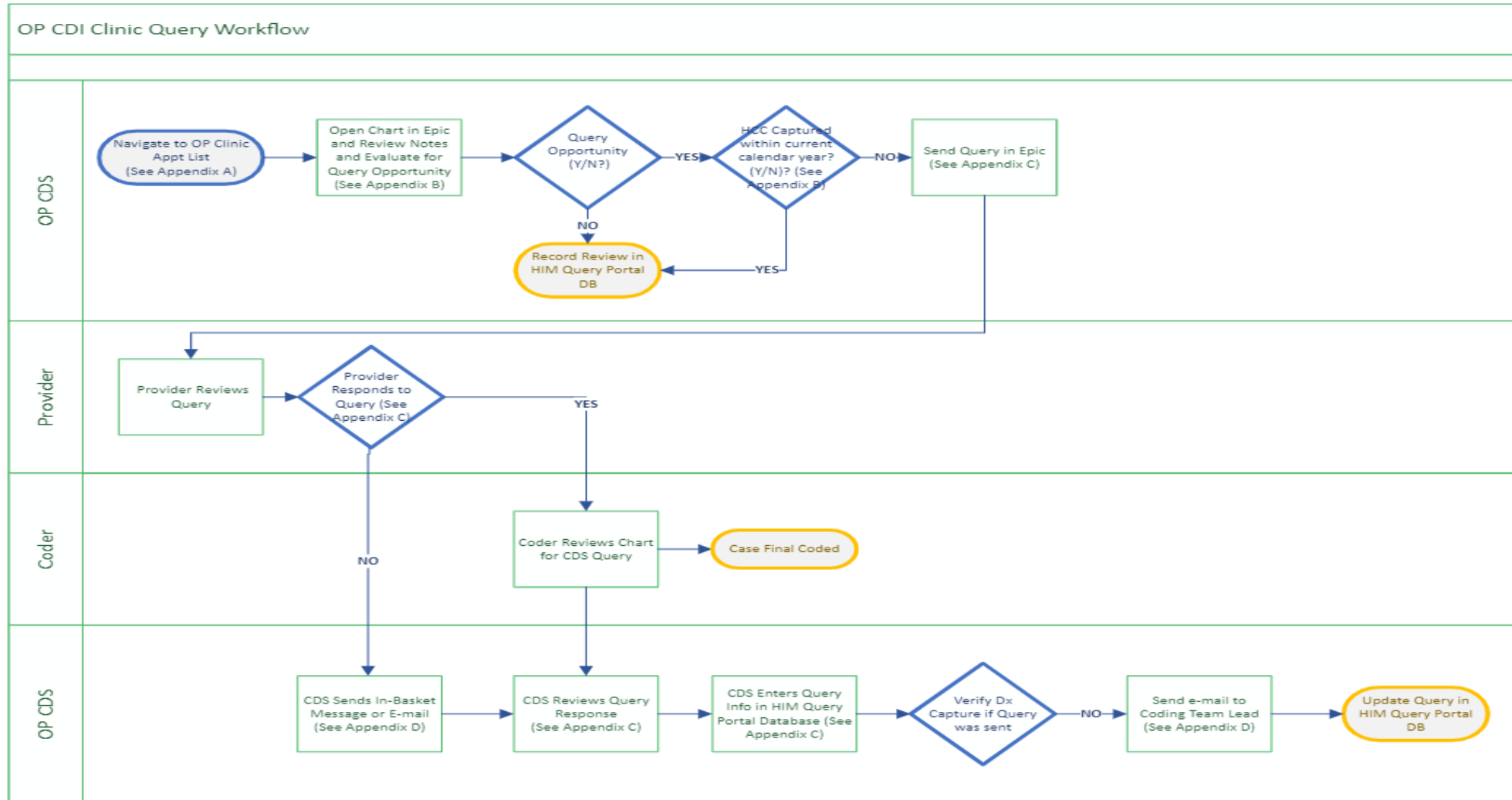
## New State

- Spreadsheet with all 20,000+ MSSP patients joined on MRN with scheduled visit list
  - Required partnership with SQL writer to get the query dialed in and published where join could take place (lots of validation)
- Patients divided among the team and a column called CDS Name added to the spreadsheet
  - Now, not only do we have a way to determine which MSSP patients have a visit upcoming, we have a column with which CDS is assigned to the patient



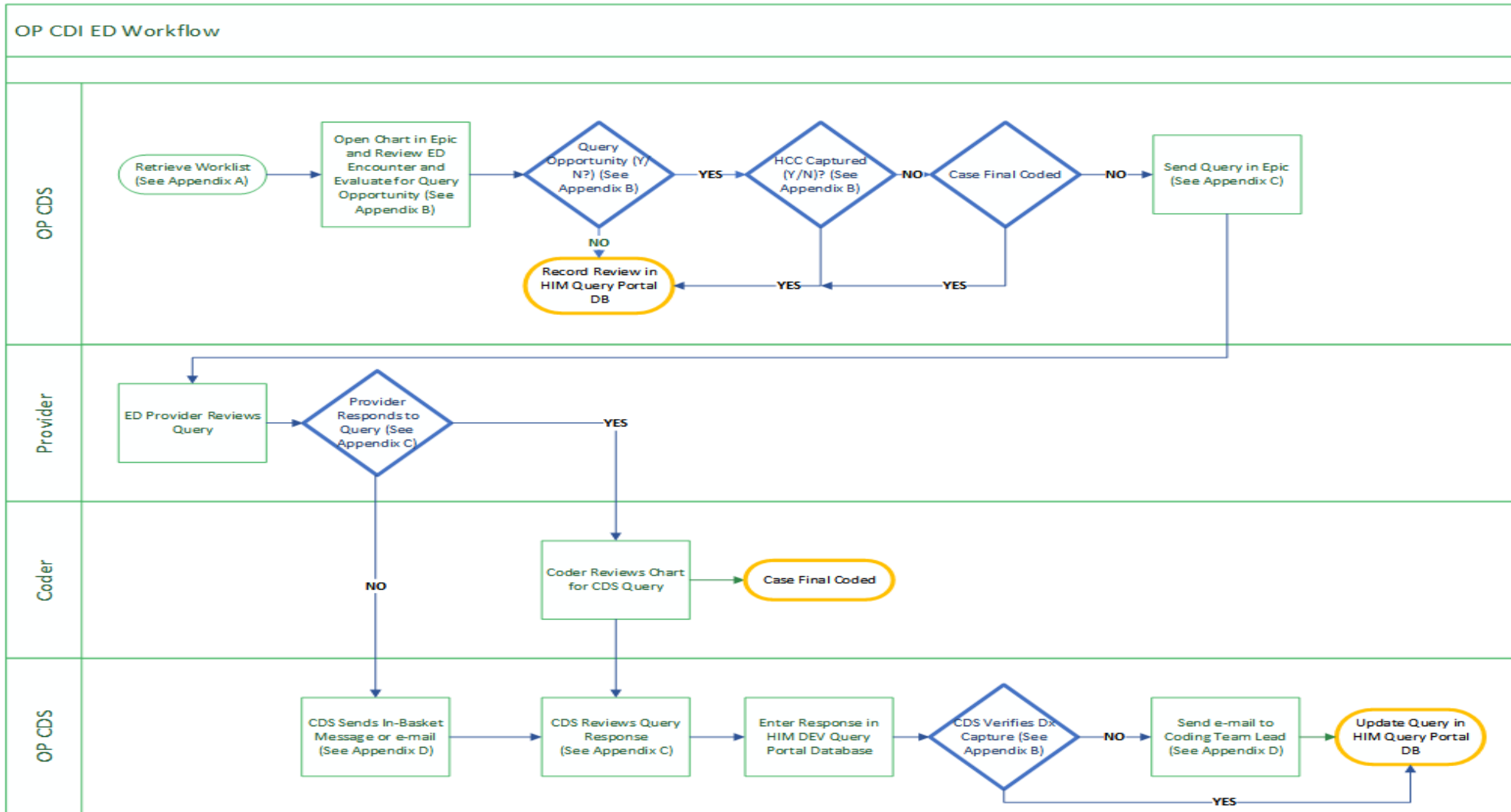
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# Clinic Workflow



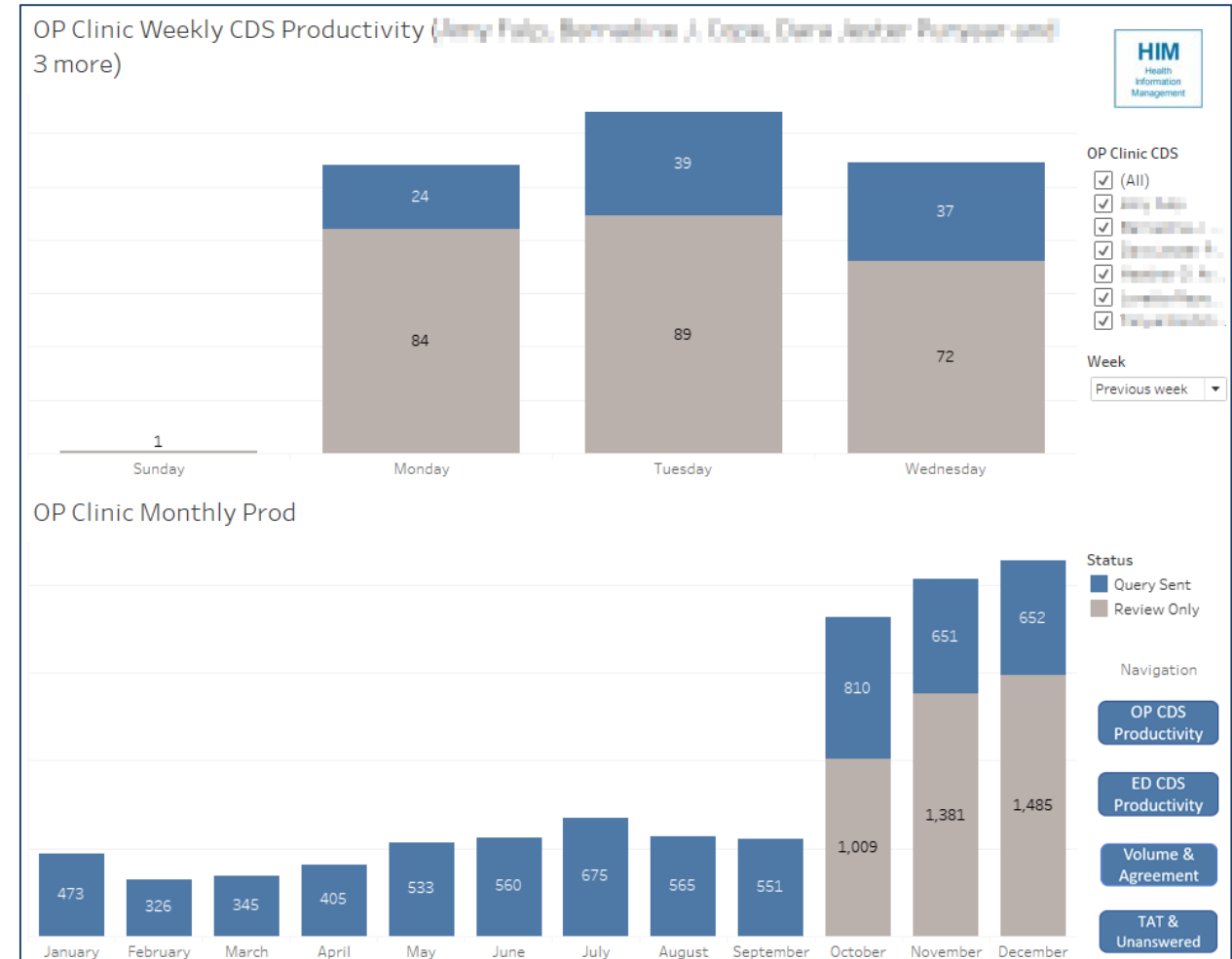


# ED Workflow



# Outcomes of KPIs & Workflow: Data Review Slides

- Productivity
  - Trade-offs to increase efficiency
  - Separate Excel files vs using one Tableau source and one in-house DB



# Outcomes of KPIs & Workflow: Data Review Slides

- In-House DB

**Add MD Query**

Patient MRN:

HAR:

Admit Date (mm/dd/yyyy):

MD: Unknown

Clinic: Unknown

CDS:

Review Type:

Query/Review Date (mm/dd/yyyy):

Topic:

Response:

Query Response Date (mm/dd/yyyy):

Dx Coded (Y/N):

Comments (max 150 characters):

*Note: In the 'Review Type' dropdown, '07. Review Only' is highlighted with a red box.*

**UC DAVIS HEALTH MEDICAL CENTER Health Information Management**  
Business Unit Services Portal - Outpatient CDI - MD Query (PROD) Welcome cahfield [Logout]

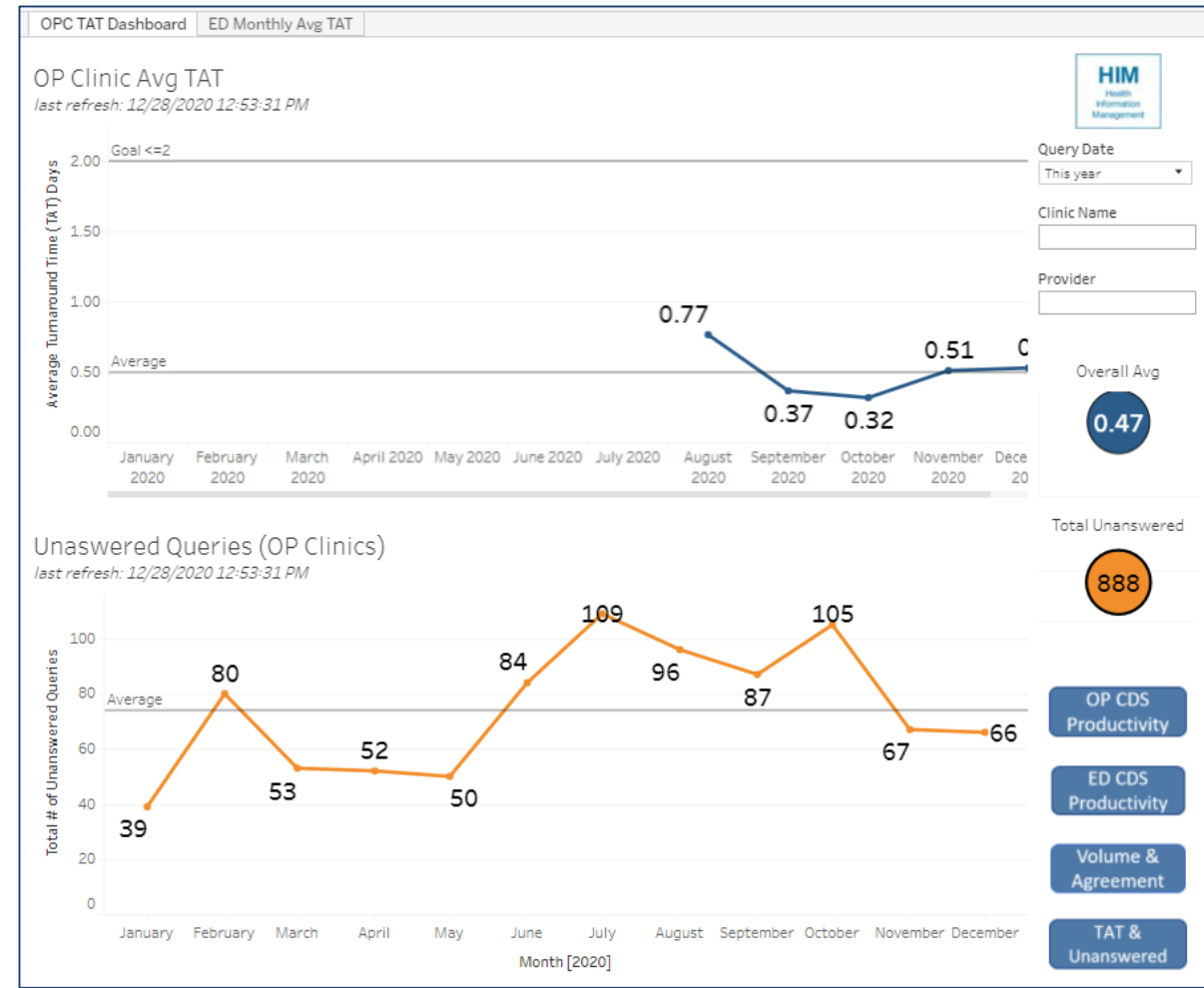
OME > Edit/View MD Query

| MRN:  | CDS:  AND Response:  | Dx Coded:

MRN	HAR	Admit Date	Query Type	CDS	Provider	Clinic	Query Date	Topic	Response
[REDACTED]	[REDACTED]	12/29/20	04, Outpatient CDI	[REDACTED]	[REDACTED]	FOL INTERNAL ME...	12/29/20	62, Diabetes with ...	12, Pending
[REDACTED]	[REDACTED]	12/29/20	04, Outpatient CDI	[REDACTED]	[REDACTED]	CARM INTERNAL ...	12/29/20	55, Mental Health ...	12, Pending
[REDACTED]	[REDACTED]	12/29/20	04, Outpatient CDI	[REDACTED]	[REDACTED]	MIDTOWN IM	12/29/20	46, Chronic Kidney...	12, Pending
[REDACTED]	[REDACTED]	12/29/20	04, Outpatient CDI	[REDACTED]	[REDACTED]	ROC FAM PRAC/IN...	12/29/20	60, RX HCC	12, Pending
[REDACTED]	[REDACTED]	12/29/20	04, Outpatient CDI	[REDACTED]	[REDACTED]	CARM INTERNAL ...	12/29/20	62, Diabetes with ...	12, Pending
[REDACTED]	[REDACTED]	12/29/20	04, Outpatient CDI	[REDACTED]	[REDACTED]	ROC FAM PRAC/IN...	12/29/20	55, Mental Health ...	12, Pending
[REDACTED]	[REDACTED]	12/29/20	04, Outpatient CDI	[REDACTED]	[REDACTED]	RNC FAM PRAC/IN...	12/29/20	49, Hepatitis	12, Pending
[REDACTED]	[REDACTED]	12/29/20	07, Review Only	[REDACTED]	[REDACTED]	Unknown	12/29/20		
[REDACTED]	[REDACTED]	12/29/20	04, Outpatient CDI	[REDACTED]	[REDACTED]	BELL INT MED	12/29/20	74, Atherosclerot...	12, Pending
[REDACTED]	[REDACTED]	12/29/20	07, Review Only	[REDACTED]	[REDACTED]	Unknown	12/29/20		
[REDACTED]	[REDACTED]	12/27/20	07, Review Only	[REDACTED]	[REDACTED]	Unknown	12/28/20		
[REDACTED]	[REDACTED]	12/29/20	07, Review Only	[REDACTED]	[REDACTED]	Unknown	12/29/20		
[REDACTED]	[REDACTED]	12/29/20	07, Review Only	[REDACTED]	[REDACTED]	Unknown	12/29/20		
[REDACTED]	[REDACTED]	12/29/20	07, Review Only	[REDACTED]	[REDACTED]	Unknown	12/29/20		
[REDACTED]	[REDACTED]	12/29/20	07, Review Only	[REDACTED]	[REDACTED]	Unknown	12/29/20		
[REDACTED]	[REDACTED]	12/29/20	07, Review Only	[REDACTED]	[REDACTED]	Unknown	12/29/20		
[REDACTED]	[REDACTED]	12/29/20	07, Review Only	[REDACTED]	[REDACTED]	Unknown	12/29/20		
[REDACTED]	[REDACTED]	12/29/20	07, Review Only	[REDACTED]	[REDACTED]	Unknown	12/29/20		
[REDACTED]	[REDACTED]	12/29/20	07, Review Only	[REDACTED]	[REDACTED]	Unknown	12/29/20		

# Outcomes of KPIs & Workflow: Data Review Slides

- Response
  - What was the answer
  - Did they answer
  - How often do they agree
  - How long did it take to answer
    - Maybe it was too hard to see the query, Maybe the provider need education, Maybe the CDS needs education to make query more applicable



# KPIs & Workflow: Data Review Slides

- Stakeholder Assistance – Office Staff
  - Is there a query?
  - Did your provider answer the query?

**Query Dashboard**

tabltest@ucdavis.edu  
To Reggie Ahlfield

**Queries Pending (This Week's Visits)**  
last refresh: 12/26/2020 6:07:56 AM

Q Response	Clinic Name	Patient Mrn	Monday	Tuesday	Wednesday
Pending	BELL INT MED				●
	CARDIOLOGY FACULTY ACC				●
	CARDIOLOGY GENERAL C.				●
	CARM INTERNAL MED				●
			●		●
	ELK FAMILY PRACTICE		●	●	●
					●
	ENDOCRINOLOGY ACC				●
	FAMILY GENERAL PRACTICE ACC			●	●
	FOL FAMILY PRACTICE				●
FOL INTERNAL MEDICINE		●			

**Queries Unanswered (Last Week)**  
last refresh: 12/26/2020 6:07:56 AM

Q Response	Clinic Name	Patient Mrn	December 14, 2020	December 16, 2020	December 17, 2020	December 18, 2020
No Response	ELK ENDOCRINOLOGY			● 1		
	ENDOCRINOLOGY ACC				● 1	
			● 1			
	FAMILY GENERAL PRACTICE ACC					● 2
						● 1
	FAMILY PRACTICE FACULT.			● 3		
	FOL INTERNAL MEDICINE					● 2
	FOL NEPHROLOGY			● 1		
	MIDTOWN IM		● 1			
	NATOMAS FAMILY PRACTI.			● 1		
ROS CARDIOLOGY					● 1	

HIM Health Information Management

Date of Visit 12/20/2020 12:00..

Date of Visit 12/13/2020 12:00..

# KPIs & Workflow: Data Review Slides

- Stakeholder Assistance – Coding Team
  - Is there a query?
  - Did your provider answer “yes” to the query?
  - Did it get captured in coding?
  - Eliminate manual processes wherever possible!

OP Clinic Dx Not Coded		last refresh: 12/28/2020 12:53:31 PM			HIM Health Information Management			
Q Response	Clinic Name	Prov Name	Patient Mrn	Q Topic	COMMENTS	December 21, 2020	December 22, 2020	December 23, 2020
Agreed	BELL FAMIL..	(...)	(...)	Heart Failu..	Answered in no..		1	
	DAV FAM P..	(...)	(...)	Other	M46.1 Degener..	1		
	ELK FAMILY..	(...)	(...)	Other	Answered on q..			1
	FOL CARDI..	(...)	(...)	Atheroscler..	Answered on q..		1	
	FOL ENDOC..	(...)	(...)	Diabetes wi..	Agreed on quer..	1		
	FOL FAMILY PRACTICE	(...)	(...)	Morbid/Sev..	Supports codin..	1		
	MIDTOWN IM	(...)	(...)	Chronic Kid..		1		
		(...)	(...)	Atheroscler..	Answer on que..		1	
		(...)	(...)	CVA/Stroke..	History of cere..		1	
		(...)	(...)	COPD, Asth..	Addressed in n..		1	
		(...)	(...)	Atrial Fibril..		1		
		(...)	(...)	CVA/Stroke..	agreed on quer..	1		
		(...)	(...)	Atrial Fibril..	Addressed in n..			1
		(...)	(...)	Dependenc..	Alcoholism rem..	1		
	NATOMAS F..	(...)	(...)	Heart Failu..	Answered in no..			1
	RNC FAM P..	(...)	(...)	Atheroscler..	Answered in no..			1
	ROS FAM P..	(...)	(...)	Atheroscler..	Answered on q..		1	

# EMR & Capturing the Right Information



**ELECTRONIC MEDICAL RECORDS (EMR)**

# EMR & Important Components Available: Workflow

- Clinic/Office Visit Schedules/Appointment
  - It is important to have access prospectively of all clinic appointments, cancellations and add-ons- rule time
    - Remember these are the patients you review daily
    - Typically, this is all housed in EMR - Key is asking the right questions to the right people
  - Prospective Reviews: When to complete?
    - At least 24 hours in advance of appointment (gives time to have query in chart prior to physician reviewing it)



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# EMR & Important Components Available: Workflow

- Confirm components in EMR needed for review:
  - Dx/HCC capture within current CY and previous CY to ensure to capture all HCCs
  - Review of coding and capture of HCC: (ex. Hospital Account Maintenance (HAM) and Guarantor Account Maintenance (GAM))



# EMR & Important Components Available: Workflow

- Billing/Coding: Understanding Differences and Similarities

*Important Questions to Ask:*

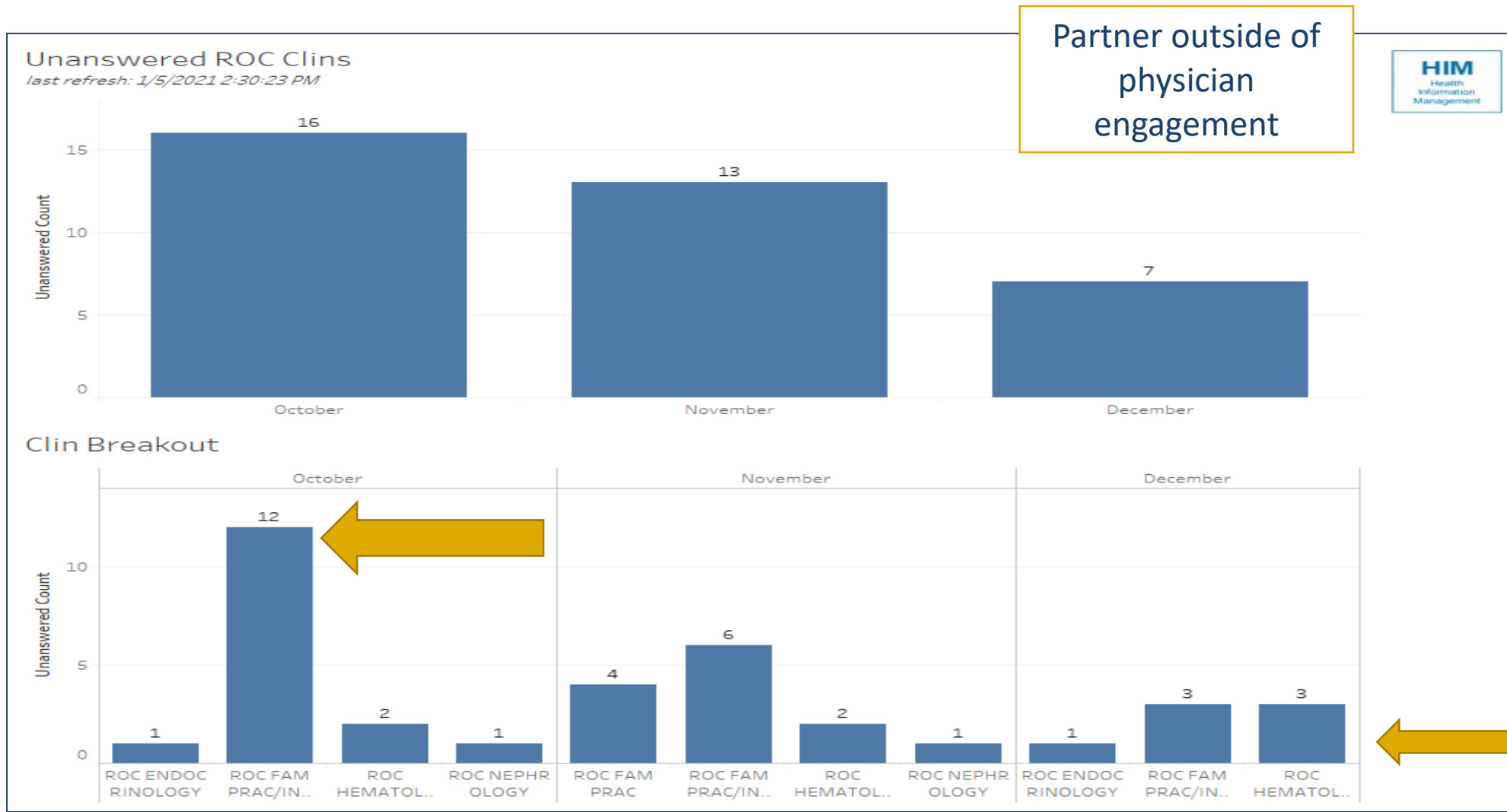
- Will coding see your query to capture in final coding process?
- If coding does not see your query, then implement a process to monitor
- Ensure continuous feedback and monitoring for success



# Escalation Policy: Important

- Inpatient and Outpatient CDS escalation is similar, no need to reinvent the wheel
  - In-Basket messaging: 1st level
  - Management notification
  - Physician Champion
  - Clinic management engagement—Your Bread & Butter  
The Secret Sauce (Ingredient)
- Data capture is key to improving and tweaking escalation
  - Agreement Rate
    - Establishing physician response definitions of agree, disagree, etc. is important
  - Unanswered queries

# Introducing the Secret Sauce



# Escalation Process: Deeper look in Data and Definitions

- Use standard CDI responses

- Agree
- Disagree
- Pending
- No response

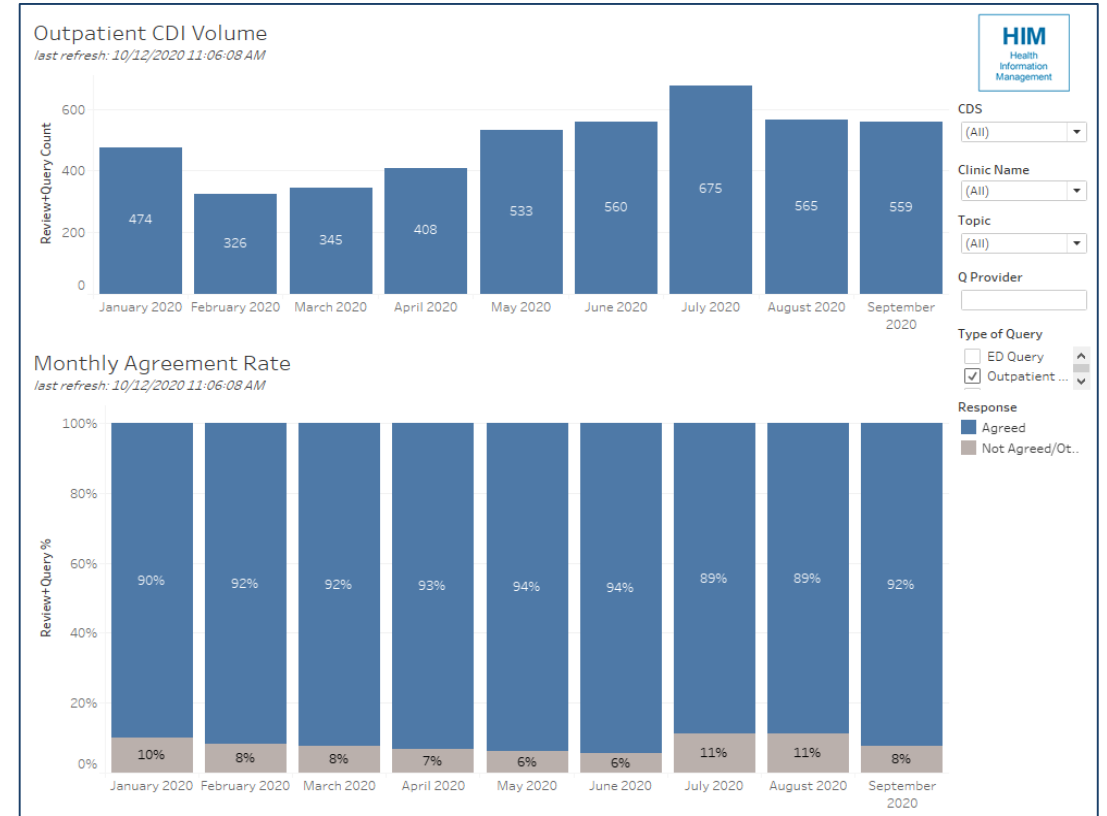
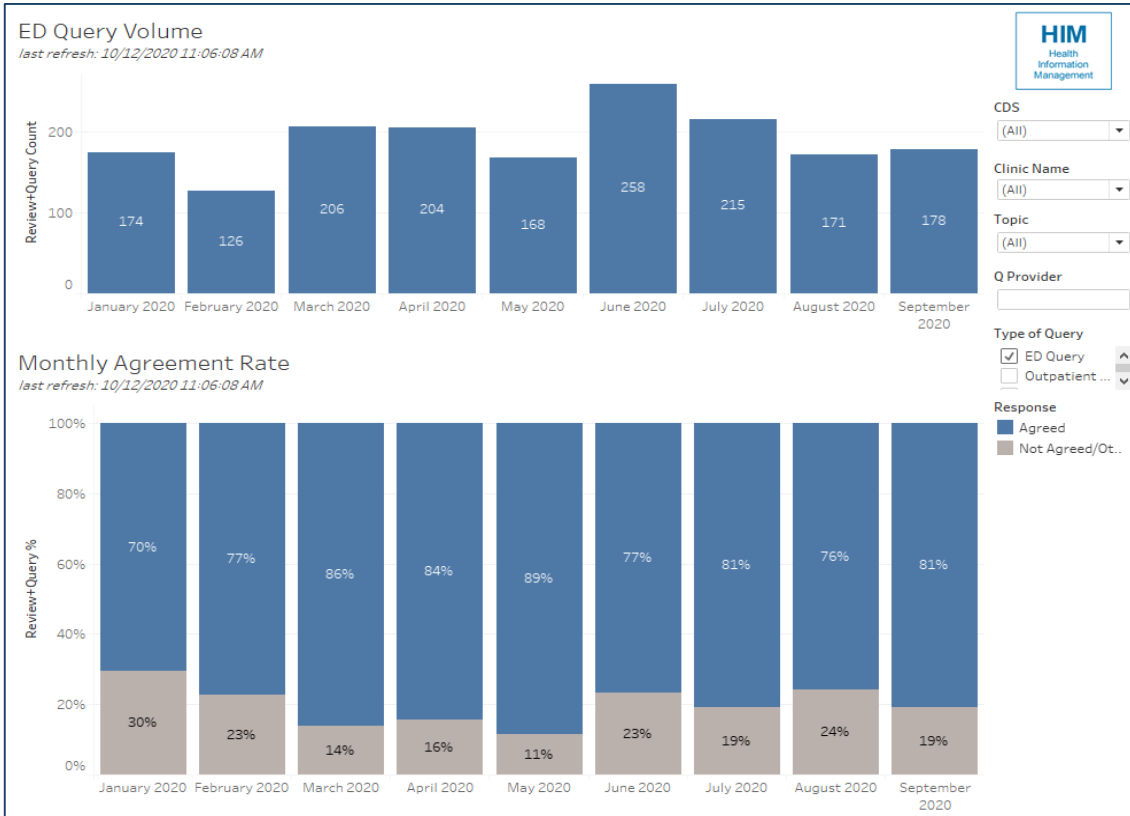
Set timeline as to when no response should be recorded

- Withdrawal/ not applicable

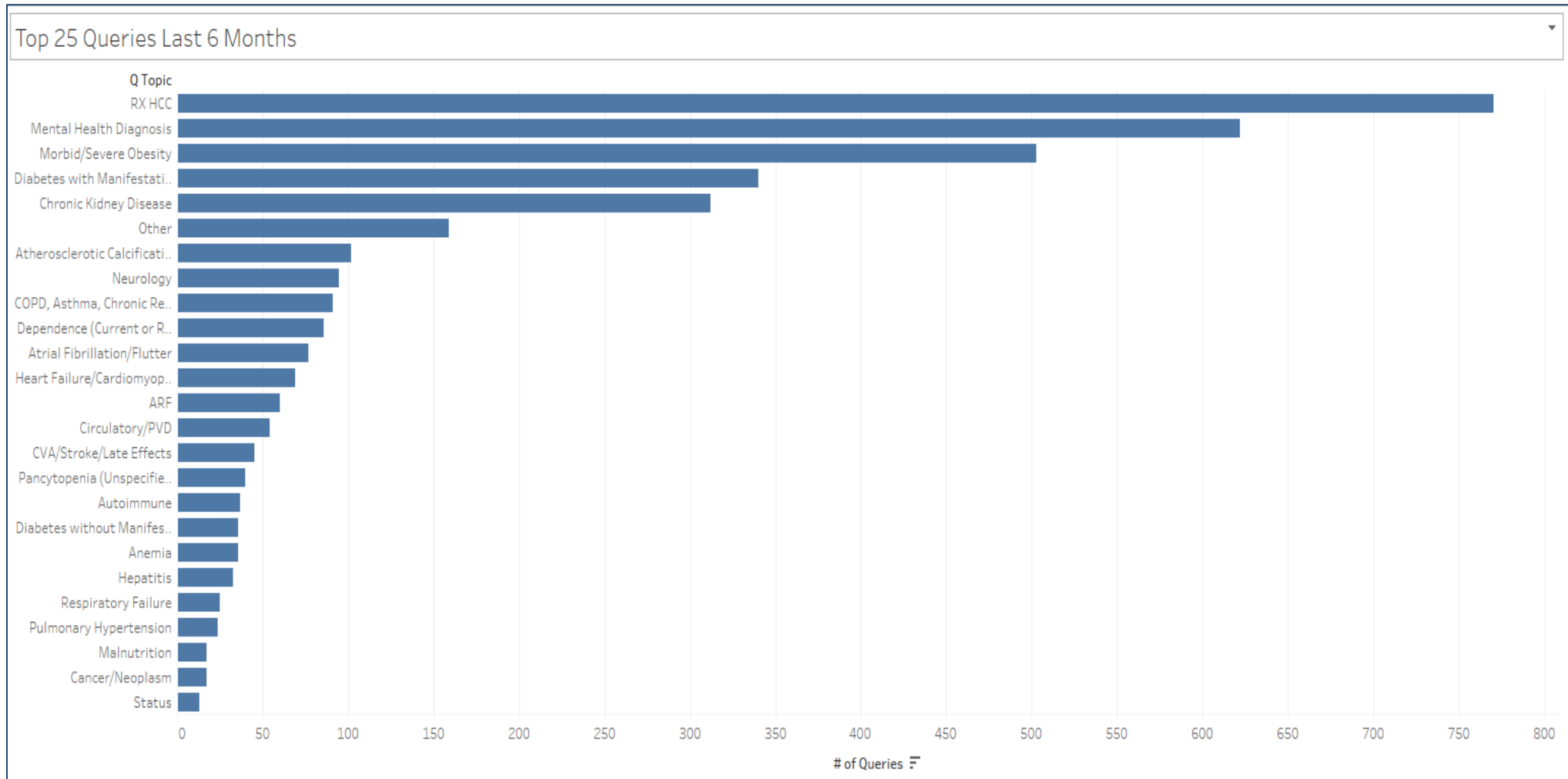
This option should be used if the query was placed in error or is not relevant because the circumstances of visit changed, such as no show

\*\* It is important not capture to eliminate a false - agreement rate on no shows in statistics

# Outpatient Clinical Documentation Integrity



# Top 25 Queries: CY 2020



# KPI -- RAF Score

Institutional Driver	CDI Aligned Indicator	CY19 Baseline	CY20 Current	Gap	Q1 CY20	Q2 CY20	Q3 CY20	Q4 CY20
Outpatient CDI	CY20 RAF Score MSSP	<b>1.338</b>	<b>1.336</b>	<b>.002</b>				

## Current State

- Daily reviews done to determine upcoming visits
- Queries sent daily to Clinic Providers
- Significant Improvement in RAF score
- Outpatient CDI Staff is reviewing all MSSP population
- Added Outpt CDI in ED & Ambulatory Surgery

## Barriers

- Learning Curve with new process
- Process varies amongst Clinics
- Providers deleting Queries

## Action Plan

- Continue to send Queries when documentation is insufficient
- Continue to educate providers on the important
- M\*Modal CAPD-CDI triage

CMS-HCC Score Timeframe	CMS-HCC Score Eligible Data Source	# Patients	Score - CMS-HCC Score Average
Rolling 12 Months	Claims	21,205	1.1337
	Claims, Billing	21,205	1.2714
	Claims, Billing, EMR	21,205	1.3356



# OP Clinical Documentation Integrity: Things We Did To Win the Race

- Improved Workflow to allow for standardization and physician response selection
- Implementation of standardized escalation process
- Updated tracking ability for data integrity (reviews/queries/volume)
- Added HCC capture preview to standard patient lists for ED and OP Clinic CDS
- Opportunities identified by escalation:
  - Physician education on query answer
  - Minimizing query size to decrease distraction
  - Standard Dot Phrases/Smart Phrase utilized for consistency with queries and follow up e-mail/In Basket messaging



# Next Steps – You Can Succeed!

- Pick your way of targeting a patient population
  - In our case we used MSSP but maybe you want to target all Medicare or maybe just certain offices. Do what works for you.
- Pick Your Team
  - Figure out the qualifications you want and start working on how you will find them with HR
- Identify Stakeholders
- Plan Your Data Capture Points
- Design A Preliminary Workflow and Focus on Automatization
- Be Flexible! - Data May Change, Workflow May Change, but keep working the plan

# Questions



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# Resources

- Centers for Medicare & Medicaid Services Newsroom:
  - <https://www.cms.gov/newsroom/fact-sheets/better-care-smarter-spending-healthier-people-paying-providers-value-not-volume>
- [Centers for Medicare & Medicaid Services](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs)
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs>
- Ambulatory Clinic Data
  - [https://tableau.ucdmc.ucdavis.edu/#/site/UCDHInformationTechnology/views/EncounterOverview/GeneralEncounter?:showAppBanner=false&:display\\_count=n&:showVizHome=n&:origin=viz\\_share\\_link&:iid=1](https://tableau.ucdmc.ucdavis.edu/#/site/UCDHInformationTechnology/views/EncounterOverview/GeneralEncounter?:showAppBanner=false&:display_count=n&:showVizHome=n&:origin=viz_share_link&:iid=1)
- UC-Davis: Facts and Figures
  - [https://health.ucdavis.edu/newsroom/facts\\_figures/](https://health.ucdavis.edu/newsroom/facts_figures/)