



ACDIS Leadership Council June Meeting Agenda

Date: Friday, June 11, 2-3:10 p.m. eastern

Location: GoToWebinar virtual meeting. Claim your spot:

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In addition to submitting questions and comments in advance at the above link, meeting participants can contribute to the conversation in real time via the GoToWebinar chat pod. We'll pause to address chat-pod feedback after each major agenda item.

Unable to attend? Register anyway to share your agenda questions and comments for potential inclusion in the discussion. Following the live meeting, on-demand materials, including the recording and slide deck, will be published to the "[Council Resources](#)" area of ACDIS site. Members will be alerted by email once materials are available.

Moderator:

- Linnea Archibald, ACDIS associate editorial director and Council membership manager

Panelists:

- Amy Kirk, RHIT, CCDS, CRCR, CDI manager at Mercy Health Lorain, Springfield, and Youngstown Market, Ensemble Health Partners, in Youngstown, Ohio
- Lucia Skipwith Lilien, RN, CCDS, CDIP, C-CDI, CP-DAM, CDI manager at Health First Inc. in Malabar, Florida
- Cheryl Manchenton, RN, senior quality consultant, project manager, and quality services lead at 3M Health Information Systems headquartered in St. Paul, Minnesota

Agenda:

- **Item 1:** Council updates and opportunities
- **Item 2:** Council member panel discussion on Council survey findings on measuring and valuing quality
- **Item 3:** Wrap up, on-demand material instructions, and CEU information.

Agenda and speakers subject to change.

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Discussion synopsis:

- In the early days of the CDI industry, the focus was overwhelmingly financial in nature. CDI professionals reviewed records focused simply on CC/MCC capture for accurate code assignment and reimbursement. With the advent of Value-based Purchasing programs and other pay-for-performance measures, many CDI teams have shifted their focus to a more holistic review process for accurate quality reporting.

In our recent CDI Leadership Council survey, sponsored by 3M, we delve into the quality measures CDI teams most often review, the priority placed on financial and non-financial key performance indicators (KPI), quality measure benchmarking and measuring impact, and collaboration with the quality department. During today's panel discussion, we'll take a closer look at the survey data and discuss how real-life CDI leaders balance both financial and non-financial priorities and prove their impact.

In this session, the ACDIS Leadership Council panelists will explore the following topic areas:

- Introduction of panelists:
 - Organization size/bed number
 - Health system or standalone facility
 - Number of CDI professionals in department/department structure
 - Subset of patients reviewed
- Panel discussion:
 - Quality measures and items under review
 - Tracking and reporting non-financial KPIs
 - Quality measure benchmarking
 - Tracking and measuring quality-related impact
 - Collaborating with the quality department
- Panelist Q&A

In this session, the ACDIS Leadership Council panelists will explore the following questions:

- When it comes to reviewing quality measures, the majority of respondents put the most weight on severity of illness (SOI)/risk of mortality (ROM) concurrent to stay and listed it as a primary metric, followed by SOI/ROM retrospectively, present on admission indicators/hospital-acquired conditions (HAC), and the HAC reduction program. On the other end of the spectrum, the least utilized and monitored quality measure was the Neonatal Quality Indicators, which is likely due to the smaller percentage of Council members who review neonatal or pediatric charts.
 - *What quality measures or quality-related items does your CDI team review? How did you decide on these measures? Are there any data points that surprise you here or any metrics you would expect to carry more weight for CDI departments?*
 - *Obviously, any new review area/focus adds to an already full CDI workload. How have you balanced the additional workload and ensured that your CDI specialists are continuing to meet their productivity metrics while conducting more in-depth quality reviews? How are these reviews different from more "traditional" CDI reviews focused on CC/MCC capture?*
- Most respondents (46%) said they put non-financial and financial KPIs on equal footing and about a quarter each said either financial or non-financial KPIs are of primary importance. Only a

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very small percentage (3%) said they only track financial KPIs, which is down significantly from ACDIS' 2020 CDI Week Industry Survey, when just under 11% said their focus was purely financial.

- *How have you seen CDI priorities shift over time? Why do you think we're seeing this shift toward quality metrics as primary or at least on equal footing with the financial KPIs?*
- *How do you define a "financial" KPI versus a "non-financial" one? If your organizational leadership isn't prioritizing quality measures and impact, how can you as a CDI leader approach leadership with the value of this enterprise?*
- More than 85% of respondents said they use Program for Evaluating Payment Patterns Electronic Report (PEPPER) reports for benchmarking, followed by 53% who use *Hospital or Physician Compare* rankings, 52% who use *Leapfrog Group* rankings, and 44% who use *U.S. News & World Report*. The 3% who don't use any of the listed databases/reports aligns with the percentage of respondents whose focuses are purely financial in nature.
 - *What reports or databases do you use for quality benchmarking at your organization? How did you decide which reports to use? Do you think it would vary depending on which quality measure(s) your CDI team reviews?*
 - *Several of the reports/databases listed in this question show publicly reported quality data. How can these rankings help CDI professionals gain leadership and physician support for CDI efforts in the quality space?*
- The largest percentage of respondents said that they track quality-related impact by categorizing types of impact in their software (38%), followed by those who use a spreadsheet (21%). Surprisingly, given that roughly 97% of respondents review for quality measures, still more than 17% say they don't track quality-related impacts at all.
 - *Tracking quality impact is notoriously difficult due to lack of a one-to-one proof to show CDI's direct effect. How are you tracking quality impact and presenting it to your leadership? What difficulties have you run into when trying to get the data you need?*
 - *If you are reviewing for quality measures, but fall into that 17% that doesn't track quality-related impact, what's the risk there? What specific obstacles or circumstances are preventing your organization from reviewing quality measures? For those just starting to track their impact in this area, what first step would you recommend?*
- The most common collaboration method with the quality department, according to respondents, is to collaborate on an as-needed basis (45%), followed by regular meetings (44%), and having management attend cross-departmental meetings (34%). Perhaps a bit concerning: 10% said that though they review for quality measures, they don't collaborate with the quality department.
 - *What collaboration method, or methods, have you used to connect with your quality peers? What do those meetings or interactions look like? What's the benefit of these collaborations?*

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- *If someone is starting to build a collaborative relationship with their quality peers, what first step should they take to get off on the right foot? What topics offer the easiest conversation starters?*