

ACDIS Leadership Council May Bonus Meeting Agenda

Date: Wednesday, May 12, 2-3 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 chatpod 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:

- Janice Cromer, RN, BSN, CCDS, system director of CDI at AdventHealth in Altamonte Springs,
- Anthony Oliva, DO, MMM, FACPE, vice president and chief medical officer at Nuance Communications in Boca Raton, Florida
- Shirlivia Parker, RHIA, CDIP, CDI manager at UC Davis Medical Center in Sacramento, California

Agenda:

- Item 1: Council updates and opportunities
- Item 2: Council member panel discussion on Council survey findings on advancing CDI practice
- Item 3: Wrap up, on-demand material instructions, and CEU information.

Agenda and speakers subject to change.

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Discussion synopsis:

CDI is a different industry than it was even five years ago. From the advent of pay-for-performance programs to the proliferation of new technology and software solutions, CDI leaders must constantly adjust to a changing landscape to keep their programs relevant and effective.

While each change offers a host of challenges, whether that means adopting new never-beforeseen software and artificial intelligence (AI) solutions or expanding to a new review area, each change also offers CDI the opportunity to advance its practice. CDI programs are making an impact within their organizations, improving quality scores and reimbursement accuracy, preventing denials, and improving patient care through consistent documentation.

In our recent CDI Leadership Council survey, sponsored by Nuance, we delve into CDI departmental priorities, key performance indicators, the role of AI in CDI, the impact of prioritization and computer-assisted physician documentation (CAPD), and expected program changes in a post-COVID world. During today's panel discussion, we'll take a closer look at the survey data and discuss how real-life CDI leaders advance their CDI programs through technology and amidst changing priorities.

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
 - o Number of CDI professionals in department/department structure
 - Subset of patients reviewed
- Survey respondent demographics
- Panel discussion:
 - CDI program objectives
 - Adding and removing KPIs
 - Understanding AI technology
 - Technology's impact on CDI
 - Program changes post COVID-19
- Panelist Q&A

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

- According to survey respondents, the top priority for their CDI department, as they understand
 it from organizational leadership, is to ensure the overall integrity of the medical record,
 followed by improving quality scores, accurate reimbursement, or improving patient care in the
 #2 spot. The least important objective was preventing backend denials, with nearly 46% rating it
 as #5 and 0% rating it as #1.
 - Over the years, we've seen an increasing focus on non-financial ROI (e.g., quality score improvement, overall record accuracy) take priority for many organizations, but it's important not to neglect the financial picture either, especially when discussing CDI impact with members of the C-suite. In your opinion, how can CDI professionals get involved in strategic quality initiatives and prove their value in this area? Does your CDI

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program have a defined mission statement that lays out your priorities in order of importance? If so, how did you land on those priorities?

- Denials management seems to be an increasingly important focus for many CDI programs, yet it still rates the lowest on leaders' priority lists. Why do you think this is the case? How can leaders leverage denials data to show CDI's impact and work with other organizational stakeholders/providers to prevent denials in the first place?
- Roughly half of all respondents said that they have not changed their metrics in the last year, followed by those who have added metrics based on shifting departmental/organizational goals, and those who've added metrics based on program expansion into new review areas. Only just over 10% removed metrics for any reason.
 - As CDI programs expand their footprint within their organizations, CDI leaders are tasked with the important and challenging task of monitoring and evaluating the data for any new endeavors to prove efficacy. How do you decide what new metrics to track and report? How do you manage the added time commitment associated with adding metrics?
 - While it's a relatively low percentage of respondents, still 10% have removed metrics over the last year. How do you know when it's time to stop tracking a particular metrics? Are there any instances when more data isn't a good thing, and a parred back report is preferable?
 - o Do you report different types of metrics to different groups within your organization?
- Overall, the respondents rated themselves as having the greatest understanding of the role of AI in CDI with 57% saying they have a good understanding and 38% saying they have a growing understanding. The group with the lowest understanding, according to respondents, was the executive leadership with nearly 38% having a limited or very limited understanding.
 - While it makes sense that CDI leaders would have a better working knowledge about the role of AI in CDI since they're closer to the department, those in executive leadership roles are the ones writing the checks for any big software purchases. As a CDI leader, what do you see as the role of AI in CDI? How can leaders effectively communicate this information to organizational leadership and make the case for expanded/new solutions?
 - The majority of respondents said their CDI staff had a growing understanding of AI. As we all know, much of new technology rollout hinges on effective change management. In your opinion, what are some of the best ways to present the new technology to staff members and successfully change their behavior and workflows?
- When it comes to prioritization software, the biggest impact has been on productivity with nearly 36% saying it's improved those metrics, followed by 24% who said it improved financial metrics. About 20% said that it's too soon to tell the impact of either CAPD or prioritization software. Overall, very few respondents said they discontinued use of either prioritization

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software or CAPD once they'd implemented it, but fewer respondents overall use CAPD than prioritization software.

- If you've implemented any of these technologies, what impacts have you seen? Were they different from or the same as you expected? How are you monitoring and adjusting expectations based on your findings? For example, have you changed your productivity metrics based on freed up CDI staff time after implementing a solution?
- In your opinion, what are the biggest barriers to adopting these technologies, particularly the less-adopted CAPD solutions? What assumptions do CDI professionals bring to the discussion and how can leaders address them?
- Nearly 58% of respondents said that they expect CDI will become more critical within their
 organization post-pandemic, followed by nearly 47% who said they anticipate remaining
 partially remote, 32% who expect their focus will expand, and 29% who believe their
 department will remain 100% remote.
 - Given the reports of furloughs, layoffs, and budget cuts in 2020, it's encouraging to see how many respondents believe CDI will become more critical within their organizations. Why do you think this perception exists? For leaders who may feel their organization doesn't see CDI as critical, how can they communicate CDI's value and importance for the organization's health?
 - If you're planning to expand your focus to new review areas, what areas are you adding?
 How did you decide on the expansion area to pursue and how are you launching that expansion?
 - When making the decision to stay partially or fully remote, what questions should leaders consider? What challenges will they need to overcome should they choose to remain 100% remote going forward?