Establishing a Retrospective Review Process

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Presented By

Suma Chacko, MBA, RHIA, CCS, is the system inpatient CDI director at Baylor Scott & White Health (BSWH) where she oversees 60 CDI specialists and supports 20 acute care facilities with approximately 3,700 licensed beds. Four years ago, in her current role, she assisted with merging staff to a corporate physician-led department. Chacko has 25 years of healthcare experience, including 13 years leading and directing an HIM department and 12 years overseeing a CDI program. She has also facilitated the implementation of the CDI program at three facilities. Chacko has been actively involved and presented at several ACDIS Leadership Council sessions.

Presented By

Amanda Hughes, BSN, RN, CCDS, CIC, is the CDI supervisor over the retrospective review process at Baylor Scott & White Health in Temple, Texas. She has 14 years of healthcare experience with eight years in CDI.
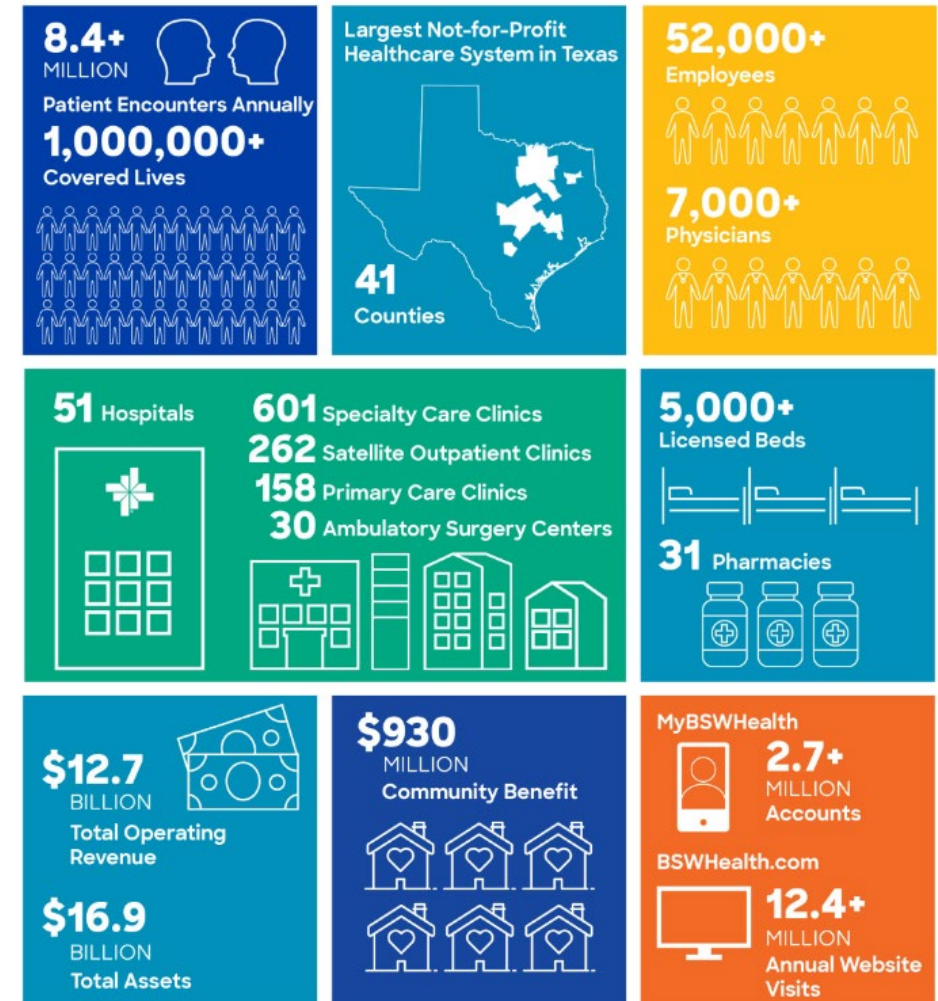
Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
    - Define retrospective review
    - Identify opportunities for a retrospect program
    - Examine the pilot/implementation phase
    - Evaluate pre & post implementation data
    - Recognize the benefits of implementing a retrospective review process
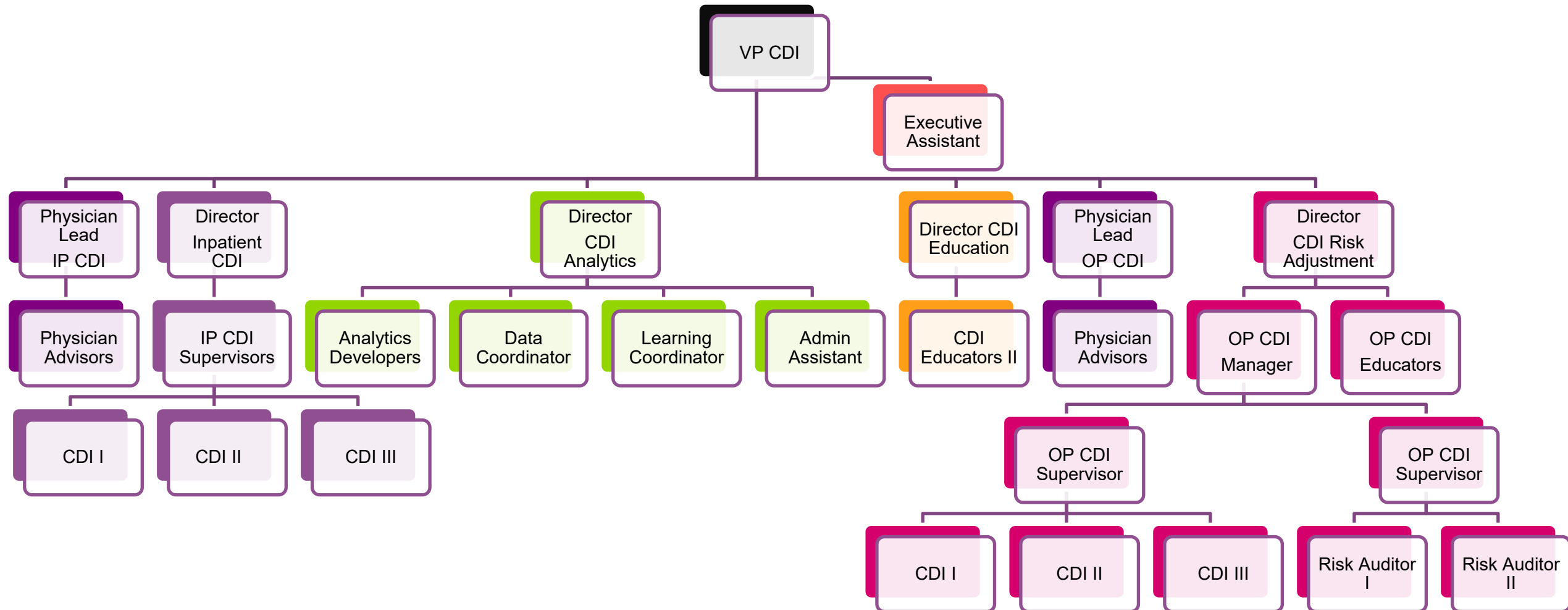
Baylor Scott & White: Who We Are

- Our team of over 52,000 employees serving in 41 Texas counties is committed to the well-being of every individual, family and community we serve.

- Through innovation, education and care delivery, we strive to provide an exceptional customer experience, while working to make healthcare more convenient and more affordable.

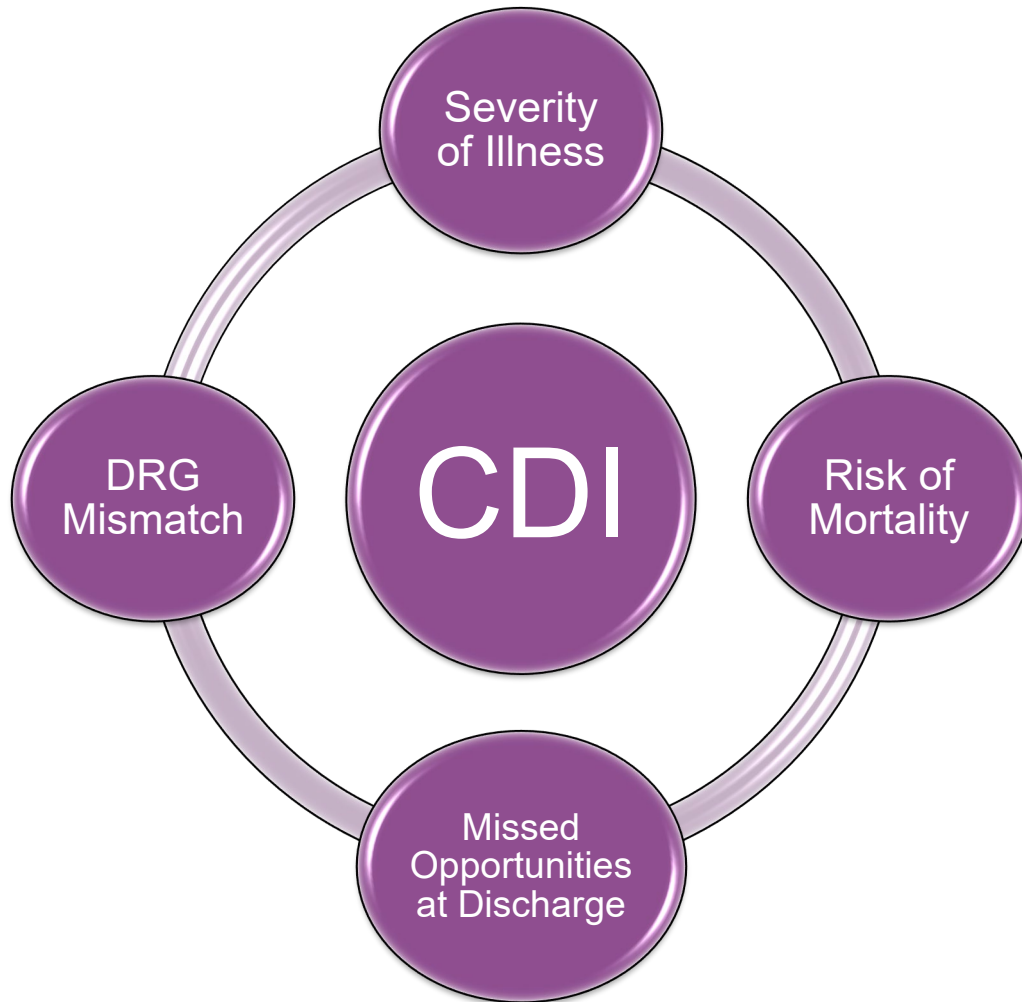BaylorScott&White HEALTH — By the numbers

8.4+ MILLION Patient Encounters Annually
1,000,000+ Covered Lives

Largest Not-for-Profit Healthcare System in Texas
41 Counties

52,000+ Employees
7,000+ Physicians

51 Hospitals
601 Specialty Care Clinics
262 Satellite Outpatient Clinics
158 Primary Care Clinics
30 Ambulatory Surgery Centers

5,000+ Licensed Beds
31 Pharmacies

$12.7 BILLION Total Operating Revenue
$16.9 BILLION Total Assets

$930 MILLION Community Benefit

MyBSWHealth 2.7+ MILLION Accounts
BSWHealth.com 12.4+ MILLION Annual Website Visits

5

CDI Organizational Chart

- VP CDI
  - Executive Assistant
  - Physician Lead IP CDI
    - Physician Advisors
  - Director Inpatient CDI
    - IP CDI Supervisors
      - CDI I
      - CDI II
      - CDI III
  - Director CDI Analytics
    - Analytics Developers
    - Data Coordinator
    - Learning Coordinator
    - Admin Assistant
  - Director CDI Education
    - CDI Educators II
  - Physician Lead OP CDI
    - Physician Advisors
  - Director CDI Risk Adjustment
    - OP CDI Manager
      - OP CDI Supervisor
        - CDI I
        - CDI II
        - CDI III
    - OP CDI Educators
      - OP CDI Supervisor
        - Risk Auditor I
        - Risk Auditor II

Defining Retrospective Review

Defining Retrospective Review

- Retrospective review – the process of reviewing a record to identify documentation opportunities post-discharge.
  - Final coded/post-discharge
  - Review of clinical documentation, lab results, diagnostic findings
  - Evaluates record for missing, unclear, conflicting documentation and/or clinical validity

Diagram labels:
- Severity of Illness
- DRG Mismatch
- CDI
- Risk of Mortality
- Missed Opportunities at Discharge

The Retrospective Review Process

Retrospective reviews are the last opportunity to resolve documentation and coding issues for billing and quality reporting purposes.

Quality & Reimbursement:

- Reviews of reimbursement for care provided
- Avoiding potentially imperfect quality reporting
- Medicare and Medicaid underpayments reached $75.8 billion in 2019

Opportunities:

- Opportunities identified for inaccurate and vague documentation
- Opportunities identified for inaccurate coding of conditions being monitored and treated during the patient's encounter

Sources of Opportunities

- Key focus areas for potential impact
  - Quality measures
  - Mortality scores
  - Coding Accuracy
 - Clarification of documentation
  - Clinical Validity
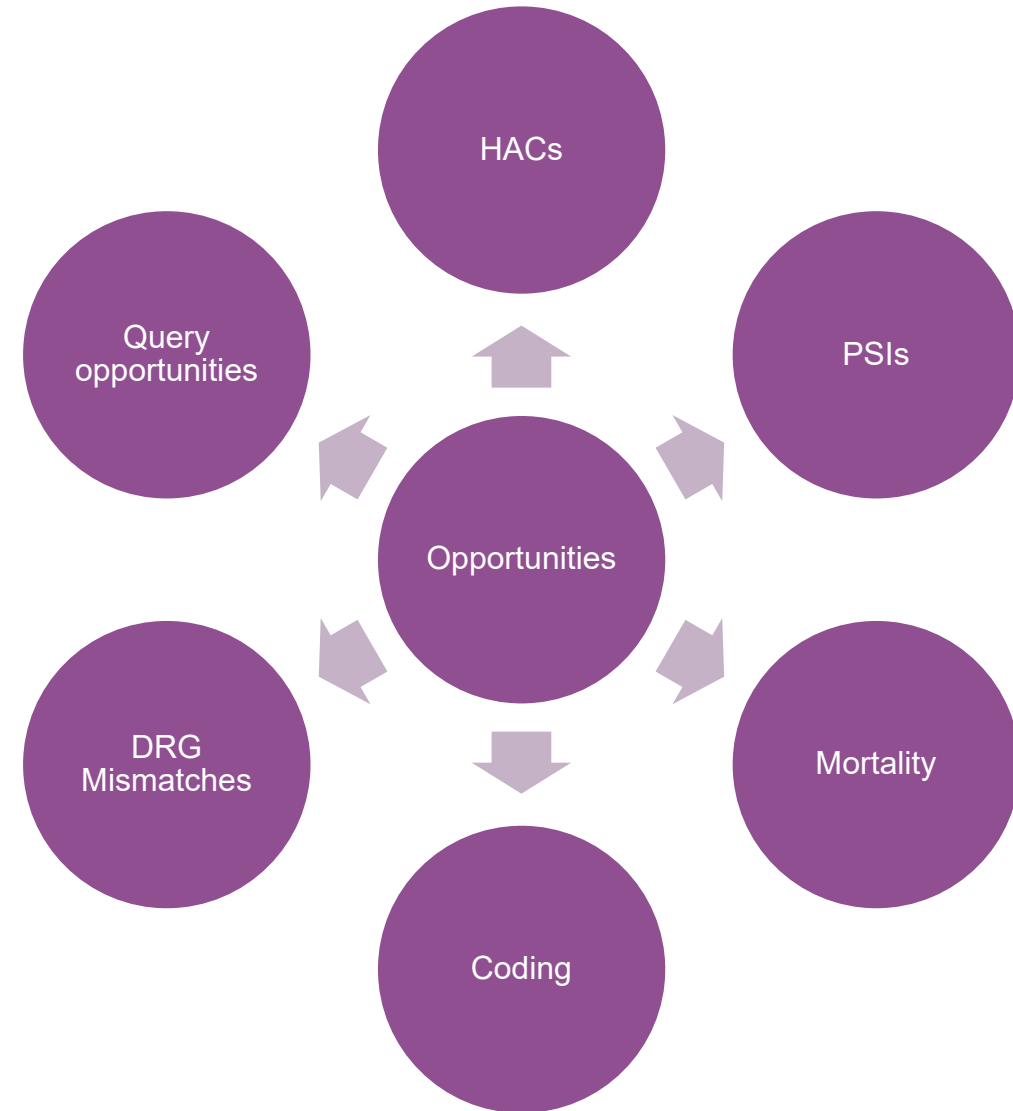
Query Process: HIM Retrospective Queries

Retrospect Query Request: HIM vs. CDI

Query Type	HIM	CDI
New Diagnosis		✓
Clinical Validation		✓
HAC/PSI/PPC	✓	
Diagnosis specificity	✓	
Linkage of condition	✓	
Etiology	✓	
Surgical instruments utilized	✓	
Depth of Surgery	✓	
Pathology	✓	
Diagnosis not in discharge summary	✓	
POA status	✓	
Conflicting documentation	✓	
Query sent but new info may change the dx: change in acuity	✓	
Query sent but new info may change the dx: new diagnosis	✓	

HIM Retro Query Request
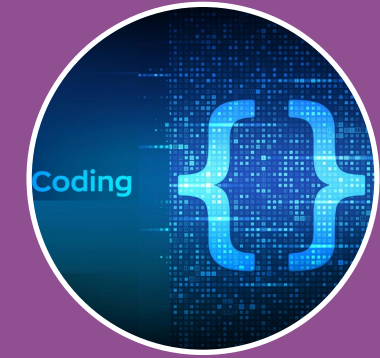
⬇

CDI Team
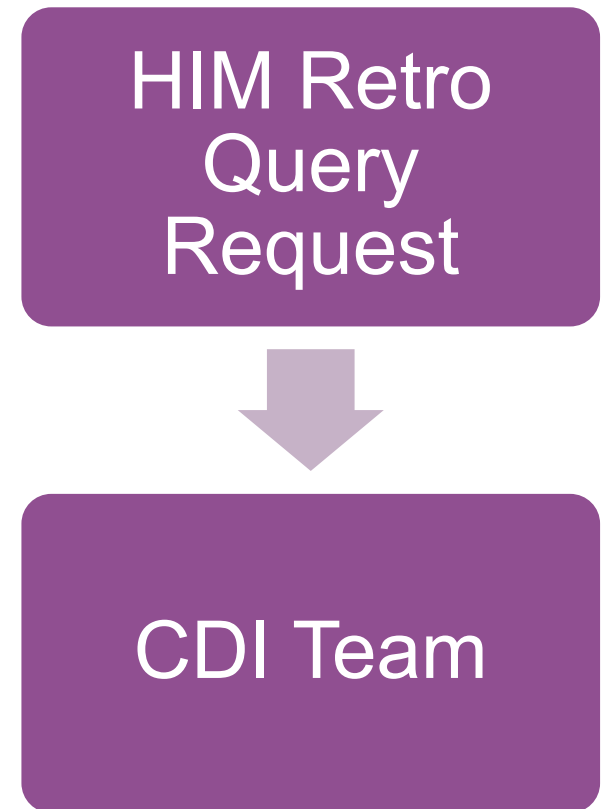
Retro Query Requests

Monthly schedule with designated staff each week

HIM retrospective queries sent to concurrent CDI staff

HIM submitted majority of these retro queries during final coding

Query Alignment Committee

Query committee meets on a monthly basis

Query request submitted to committee

Committee reviews and approves/rejects

BSWH Query Template Change Request

Date

Requested by

Department   Contact Number

☐ Template Change Requested
☐ New Template Requested

Query Topic – Include Current Template Name if this is a Revision

Suggested Change (i.e., suggested answer option[s])

Purpose/Expected Outcome/Benefit

Example Accounts

SAMPLE

Query Committee

- Query submitted to compliance
- Query approved and added for staff to utilize
- Query added to reference guide

INPATIENT QUERY – Admit Date: ***

Dr. ***

The following clinical indicators are present:
Documentation:
Exam:
Lab:
Studies:
Monitoring:
Treatment:

Please specify the acuity.
- Acute *** [[Acute *** :: The patient has Acute ***]]
- Chronic *** [[Chronic *** :: The patient has Chronic ***]]
- Acute on chronic *** [[Acute on chronic *** :: The patient has Acute on chronic ***]]
- Subacute *** [[Subacute *** :: The patient has Subacute ***]]
- Other (Respond - Create new note now and type your alternate diagnosis)
- Clinically unable to determine [[Clinically unable to determine :: Clinically unable to determine]]
- Not applicable/Not valid

Thank you,

SAMPLE

BSW ALIGNED QUERY TEMPLATE REFERENCE GUIDE

Template Name	Definition/Uses	Possible Clinical Indicators	Possible Additional Query Responses
BSW_Clarification of Lab Findings – Abnormal CBC	Patients with clinical indicators present without a diagnosis of Pancytopenia. OR Patients with a diagnosis of Pancytopenia where specificity is needed. OR Patients with clinical indicators present without a diagnosis of Anemia.	• Serum Lactate monitoring • Decrease/Reduction in WBCs • Decrease/Reduction in RBCs • Decrease/Reduction in platelet count • Significant drop in Hgb/Hct	Pancytopenia due to/with: - aplastic anemia - bone marrow infiltration - congenital red cell aplasia - hairy cell leukemia - human immunodeficiency virus disease (AIDS/HIV) - leukoerythroblastic anemia - myelodysplastic syndrome - myeloproliferative disease Anemia diagnoses as listed under the Anemia template. The query author should insert the possible underlying cause(s) in the wildcard place (***) as applicable.

SAMPLE

Pilot Phase

Pilot Phase: Key Factors

Technology Selection

- Collaborate with vendor for optimization of product
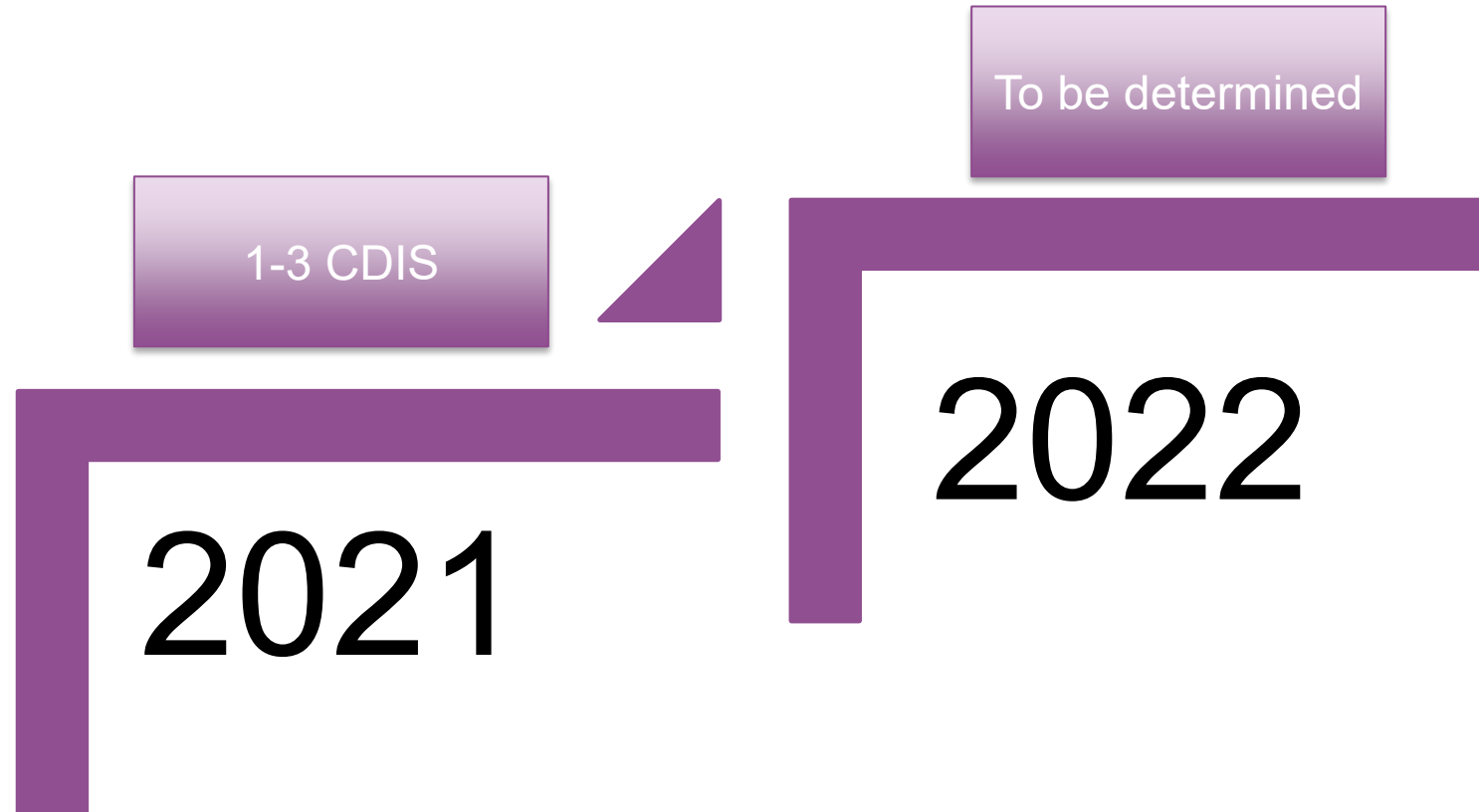
- Efficient workflow

- Comparison of data

Staff

- Expectations for workflow

- Chart production expectation

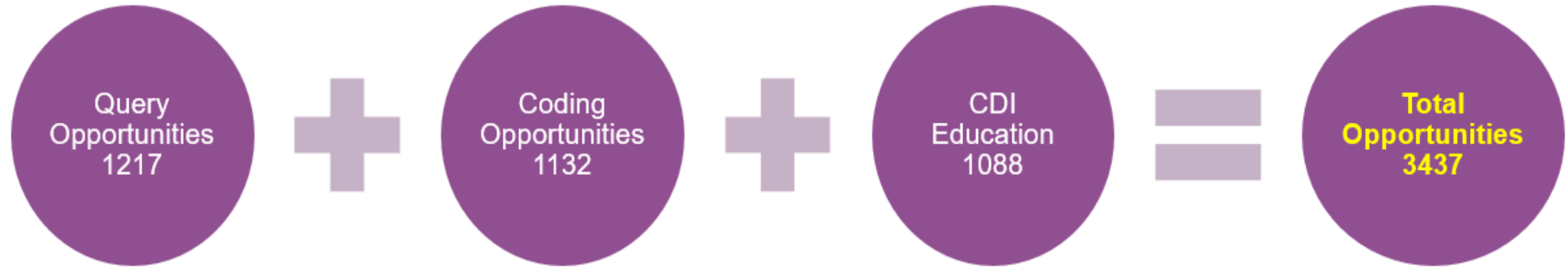- Experience with post-discharge reviews and reconciliation

Workflow

- Create a workflow for staff to pilot

- Modify workflow for efficiency

- Capture opportunities for impact

Pilot Phase: Staffing

To be determined

1-3 CDIS

2021

2022

Pilot Phase: Retrospect Opportunities Identified

Pilot 2021

Query Opportunities 1217 **+** Coding Opportunities 1132 **+** CDI Education 1088 **=** Total Opportunities 3437

Implementation Phase

Implementation

Chart Selection

Review Process

Reporting and Education

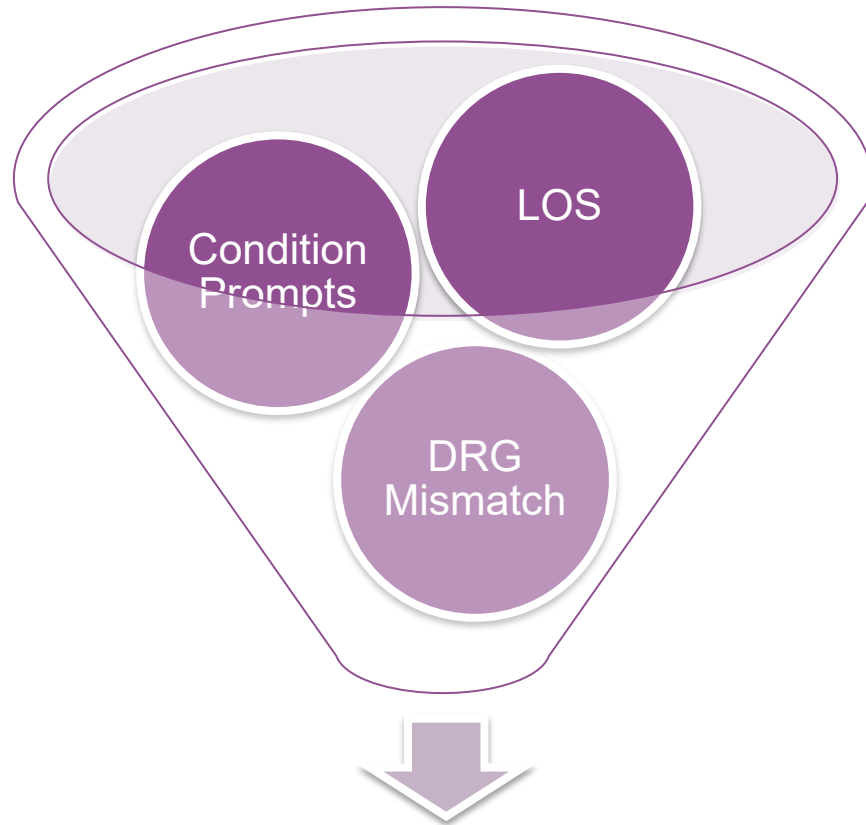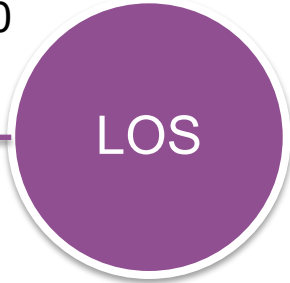Retrospective Audits

Chart Selection

Chart Selection

Condition Prompts

LOS

DRG Mismatch

Chart Selection

Length of Stay: Greater than 1 day LOS and less than 10 days

LOS

DRG Mismatch: The CDI has obtained a different DRG than the coder has at final coding

DRG Mismatch

Condition Prompts: Diagnoses with possible opportunity prompted by prioritization software

Condition Prompts

Chart Selection

LOS
- LOS is <u>8</u> days

DRG Mismatch
- DRG Mismatch
  - Final DRG: 071 w <u>CC</u>
  - CDI Working DRG: 070 w <u>MCC</u>

Condition Prompts
- 3 conditions with possible opportunity
- <u>Pressure ulcer</u> and <u>sepsis</u> were supported by evidence but not documented
- <u>Acidosis</u> was final coded but not supported by evidence

Chart Selection – Condition Prompts

- Diagnosis was supported by <u>evidence</u> but <u>not</u> documented
  - Query opportunity

- Diagnosis was supported by <u>evidence</u> and <u>documentation</u> but <u>not</u> final coded
  - Coding opportunity

- Diagnosis was final coded but <u>not</u> supported by evidence
  - Clinical validation opportunity

> Malnutrition, stroke were supported by evidence but not documented

> Chronic renal failure was supported by evidence and documentation but was not final coded

> UTI was final coded but not supported by evidence

Chart Selection Filters

Possible PSI	Concurrently Reviewed	Not Concurrently Reviewed
Single CC or MCC	Expired	Possible HAC

Review Process

Initial Review Process

Workflow → Created Structure → Removed Inconsistencies → Clarified What Was Most Important

Software Tool → Worked with Vendor → Improved Functionality → Better Fits Our Needs

Waste Walk → Overproduction Identified → Template Design
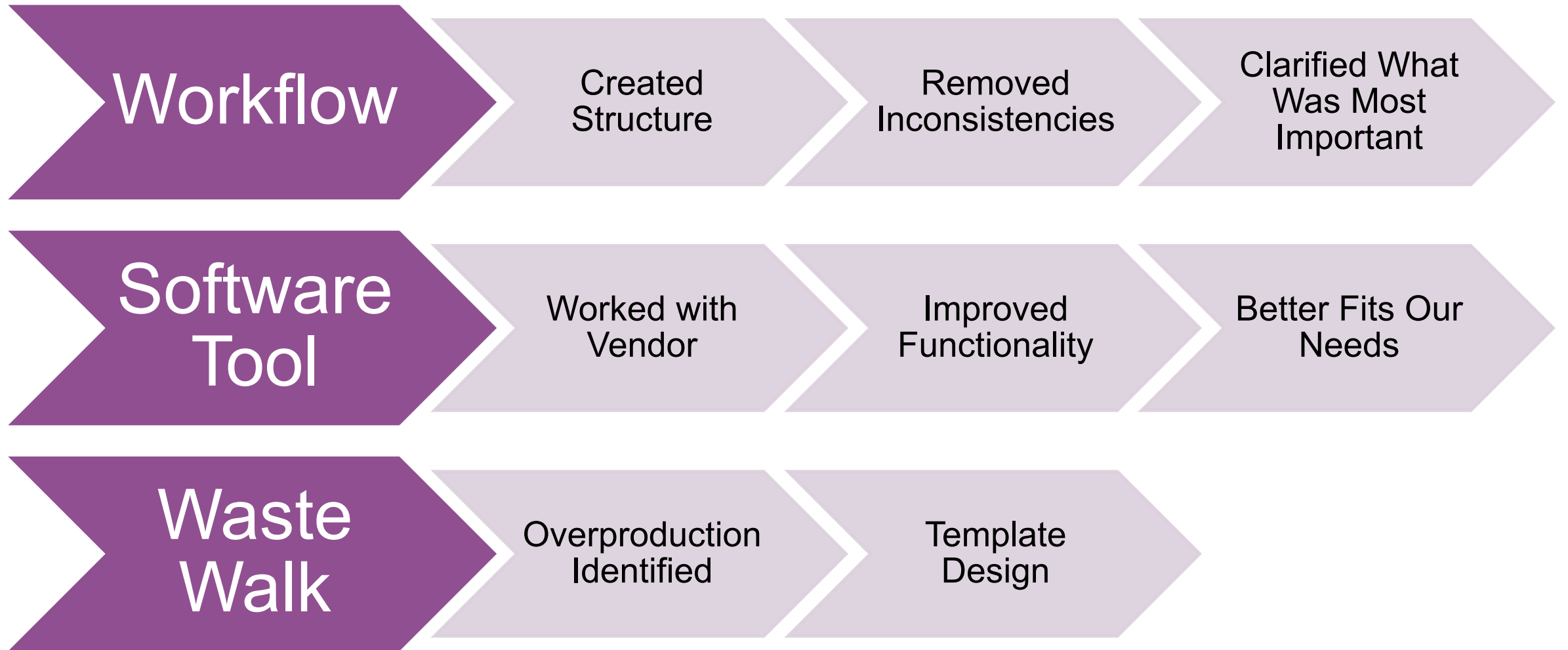
Workflow Template

DRG mismatch

Condition prompts

Notes/Findings by Date

Action Items

Retro DRG Review, Suggestions:

CDI DRG [list CDI DRG]

Coding DRG [list coder DRG]

DRGmm: [Explain the reason for mismatch and address if needed]

[List condition prompts and why you agree/disagree, provide evidence]

Resp failure- patient on 4L, + e/o distress. Retro Q

AKI- Cr 2.1-2.2, baseline line unknown; does not meet criteria for AKI

BMI- BMI 32, does not meet criteria for morbid obesity

Notes/Findings: [Date, "Findings"]

6/18, 'patient on 4L NC, respiratory distress"

6/19, "placed on BIPAP"

Labs: WBC 18, Lactate 2.1, Cr 2.1

Questions:

- Retro Q resp. failure [send retro Q, add a f/u, place retro Q in pending in software tool]

- Ask coder to change PDX to COPD [notification message to coder, place coding notification in pending in software]

Established Review Process
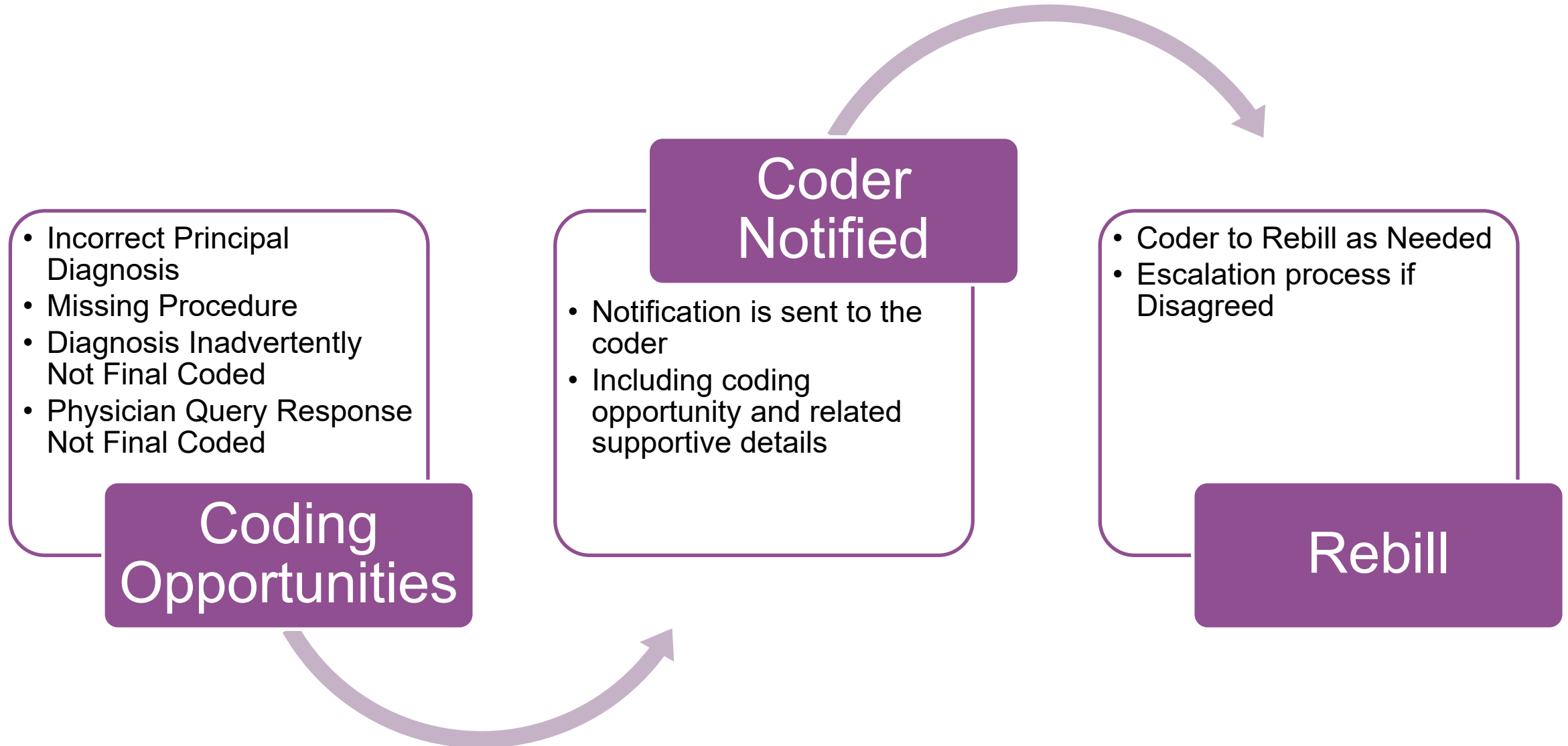
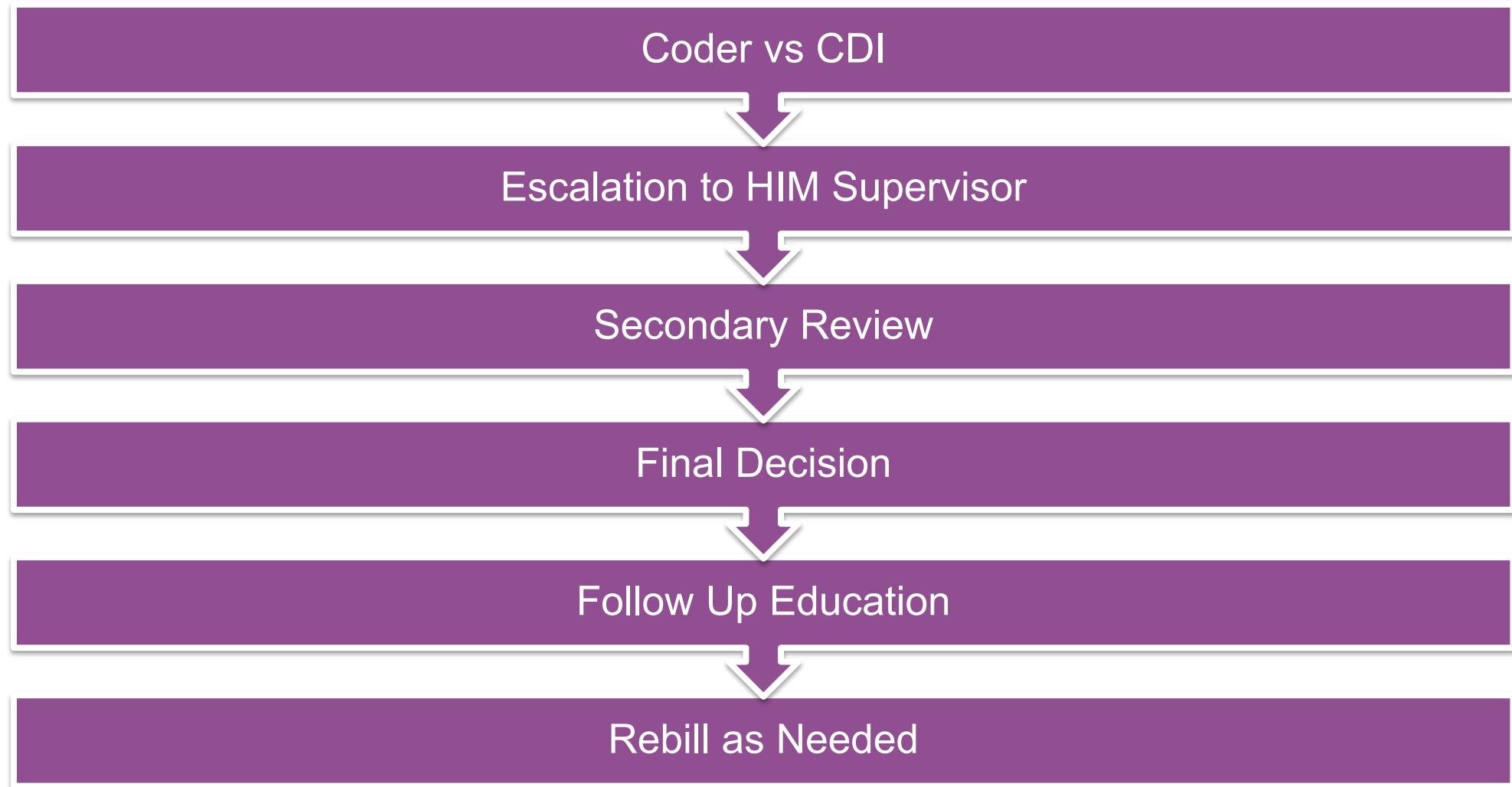| Condition Prompts	DRG Mismatch	Coding Opportunities	Query Opportunities	CDI Education

Focused Retrospective Review

Review Process: Coding Opportunities Identified

- Incorrect Principal Diagnosis
- Missing Procedure
- Diagnosis Inadvertently Not Final Coded
- Physician Query Response Not Final Coded

Coding Opportunities

Coder Notified

- Notification is sent to the coder
- Including coding opportunity and related supportive details

- Coder to Rebill as Needed
- Escalation process if Disagreed

Rebill

Escalation Policy

Coder vs CDI

↓

Escalation to HIM Supervisor

↓

Secondary Review

↓

Final Decision

↓

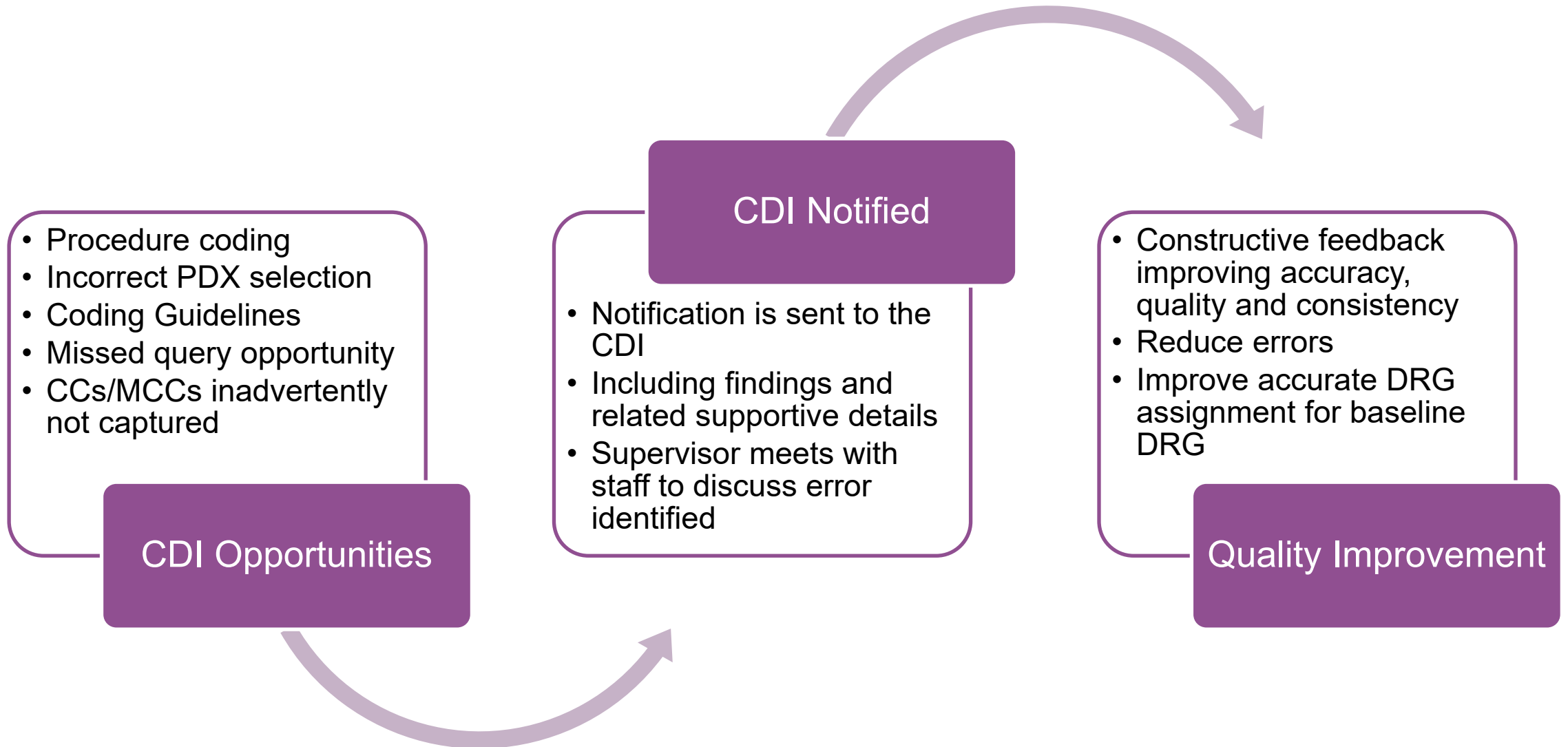Follow Up Education

↓

Rebill as Needed
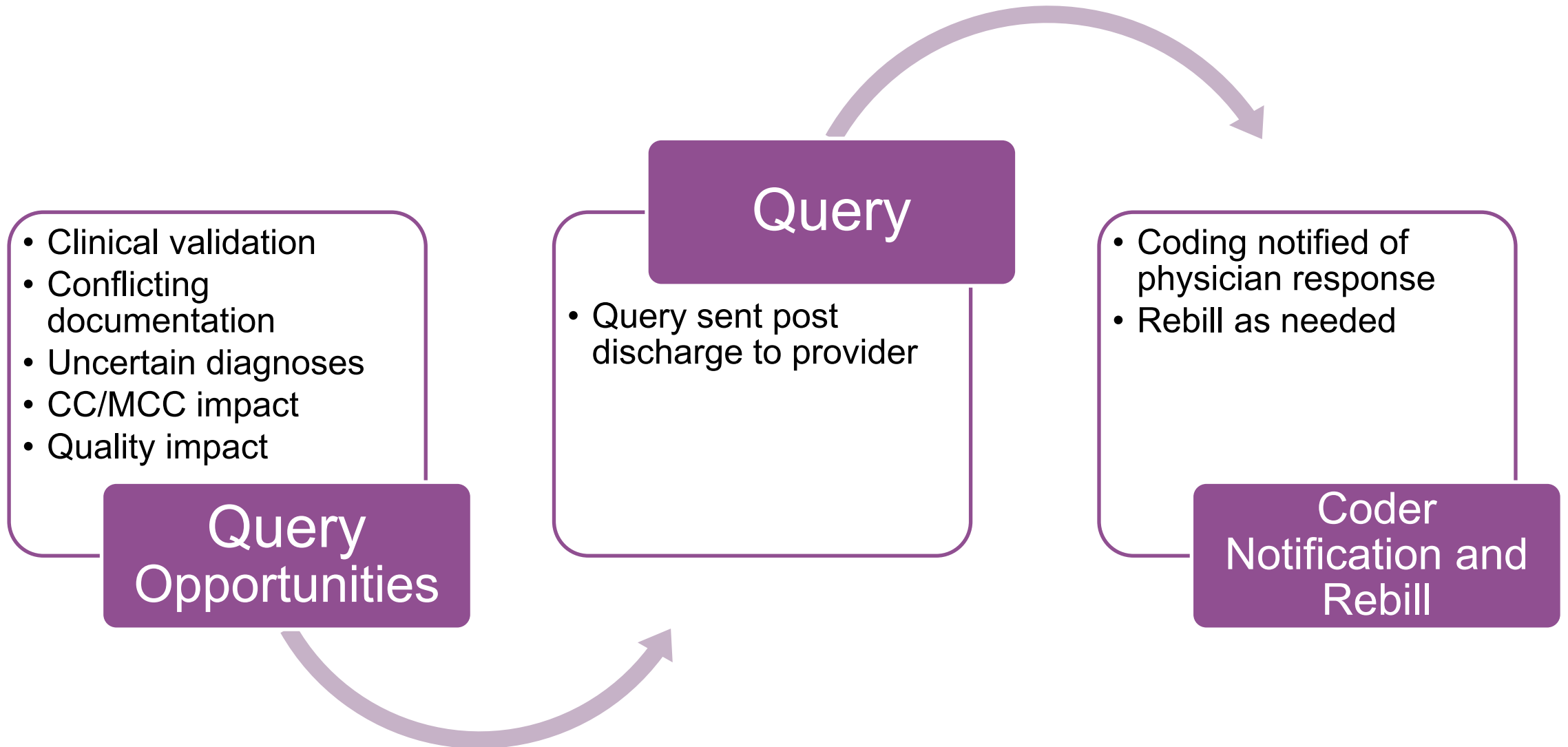
Escalation: Coding

Unanswered Coding Notifications Escalation Process

- 3 days - Email coder a reminder message
- 4 days - Escalate notification to HIM manager
- 6 days - Escalate to retro CDI supervisor

Review Process: Concurrent CDI Opportunities Identified

CDI Opportunities

- Procedure coding
- Incorrect PDX selection
- Coding Guidelines
- Missed query opportunity
- CCs/MCCs inadvertently not captured

CDI Notified

- Notification is sent to the CDI
- Including findings and related supportive details
- Supervisor meets with staff to discuss error identified

Quality Improvement

- Constructive feedback improving accuracy, quality and consistency
- Reduce errors
- Improve accurate DRG assignment for baseline DRG

Review Process: Query Opportunities Identified

Query Opportunities
- Clinical validation
- Conflicting documentation
- Uncertain diagnoses
- CC/MCC impact
- Quality impact

Query
- Query sent post discharge to provider

Coder Notification and Rebill
- Coding notified of physician response
- Rebill as needed

Query Impacts

CC/MCC
- Adding a CC/MCC to a single CC/MCC record

DRG Shift
- Previous DRG
- Updated DRG

SOI/ROM
- Any change in SOI/ROM
- Negative or positive

Query Compliance

Withdrawal of a pending CDI query?

Noncompliant

Insufficient Indicators

Query No Longer Indicated
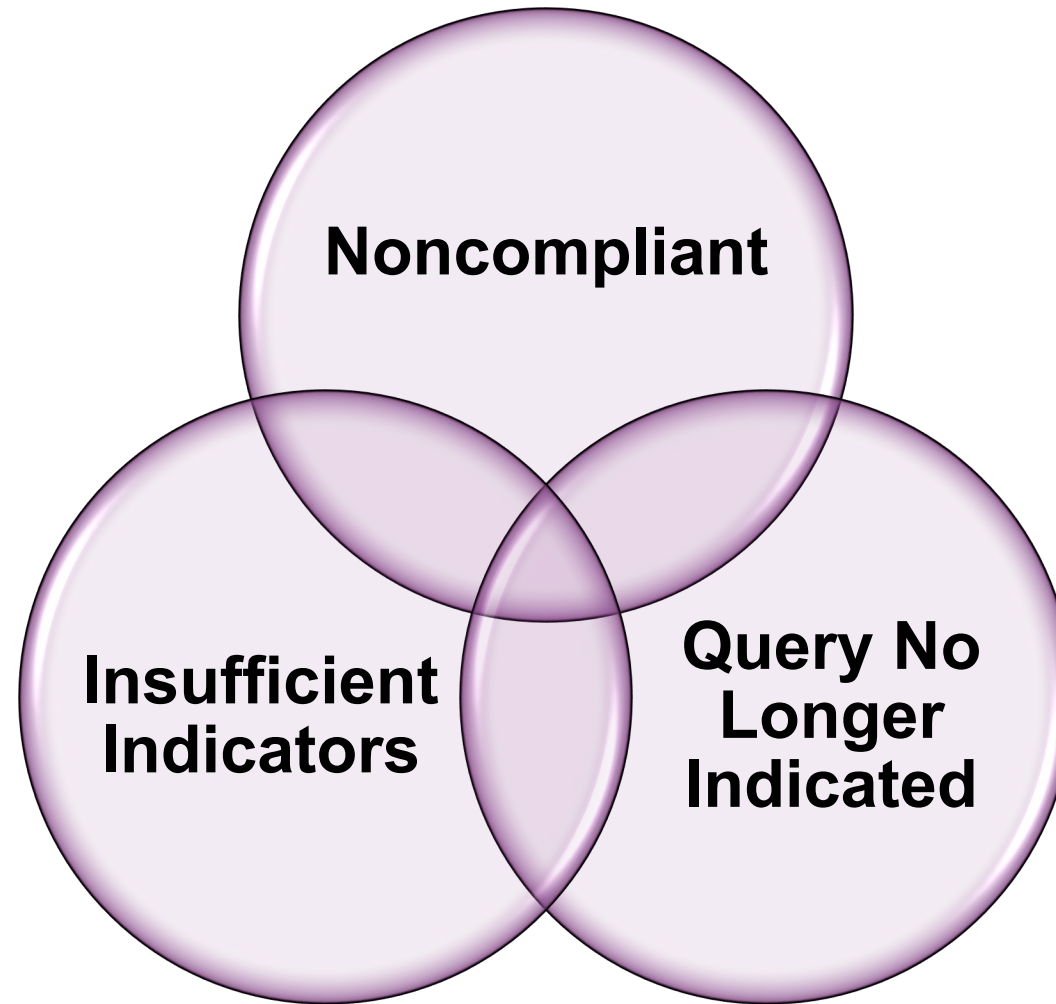
Reconciliation

Retro
- Coder interactions
- Pending queries
- Physician responses
- CDI education
- Impacts

Concurrent
- Baseline DRG can not be changed
- Query impact can not be changed

Case Example

Final Coded DRG 571(Surg) Skin Debridement w/CC

- Concurrently reviewed by CDI
- Prioritized for DRG mismatch and possible sepsis opportunity
- Weight 1.8846
- PDX: DM with foot ulcer

Case reviewed and patient was found to have had a necrotizing soft tissue infection of LLE with surrounding skin necrosis and was treated with excisional debridement and IV antibiotics.

Recommendation for coding to change PDX to DM with gangrene

- Weight 3.3097

Reporting & Education

Education– Concurrent and Retrospect CDI

Concurrent Education

• MQO Report
  • Weekly report reviewed by supervisors
  • Supervisors review with their staff weekly
• Coding Education
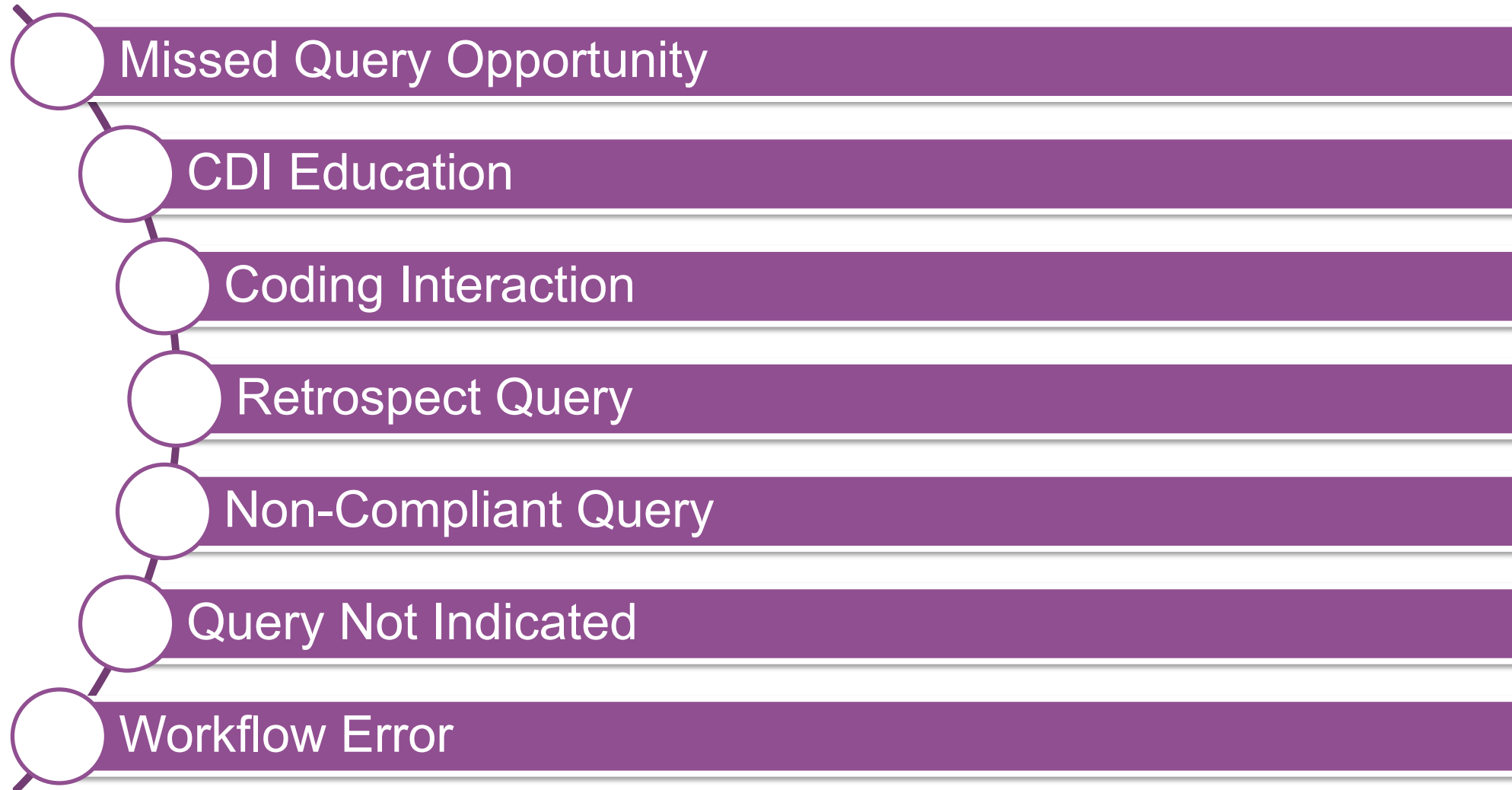 • Education collected for future huddles presentations

Retro Education

• Rebuttals
  • Reviewed by supervisors
  • Retrospect reviewer is provided with education by supervisor as needed

Quality Audit: Staff

Quality Audit: Retrospective Team

- Missed Query Opportunity
- CDI Education
- Coding Interaction
- Retrospect Query
- Non-Compliant Query
- Query Not Indicated
- Workflow Error

Retro Audit Form

Retrospect CDI Audit Form- Mini Audit

CDI Name:	Date Reviewed:	
Total Charts Reviewed	5	
Supervisor Name		
Missed Query Opportunity Rate		Target:
Workflow Error Rate		Target:
Non-compliant Queries		
Queries Not Indicated		
Chart Dates Covered by Audit		
Summary of Audit Findings		
Recommendations		

Account: ** Date: **

Missed Q Opportunity	
CDI Education	•
Coding Interaction	•
Retrospect Query	
Non- Compliant Query	
Query Not Indicated	
Workflow Error	•
Additional Education/Suggestions	•

Comments: *Please let me know if you have any rebuttals or questions.*

5-10 charts reviewed

Overall recommendations are provided

Each chart is reviewed for key focus areas

Retro Chart Review Expectations

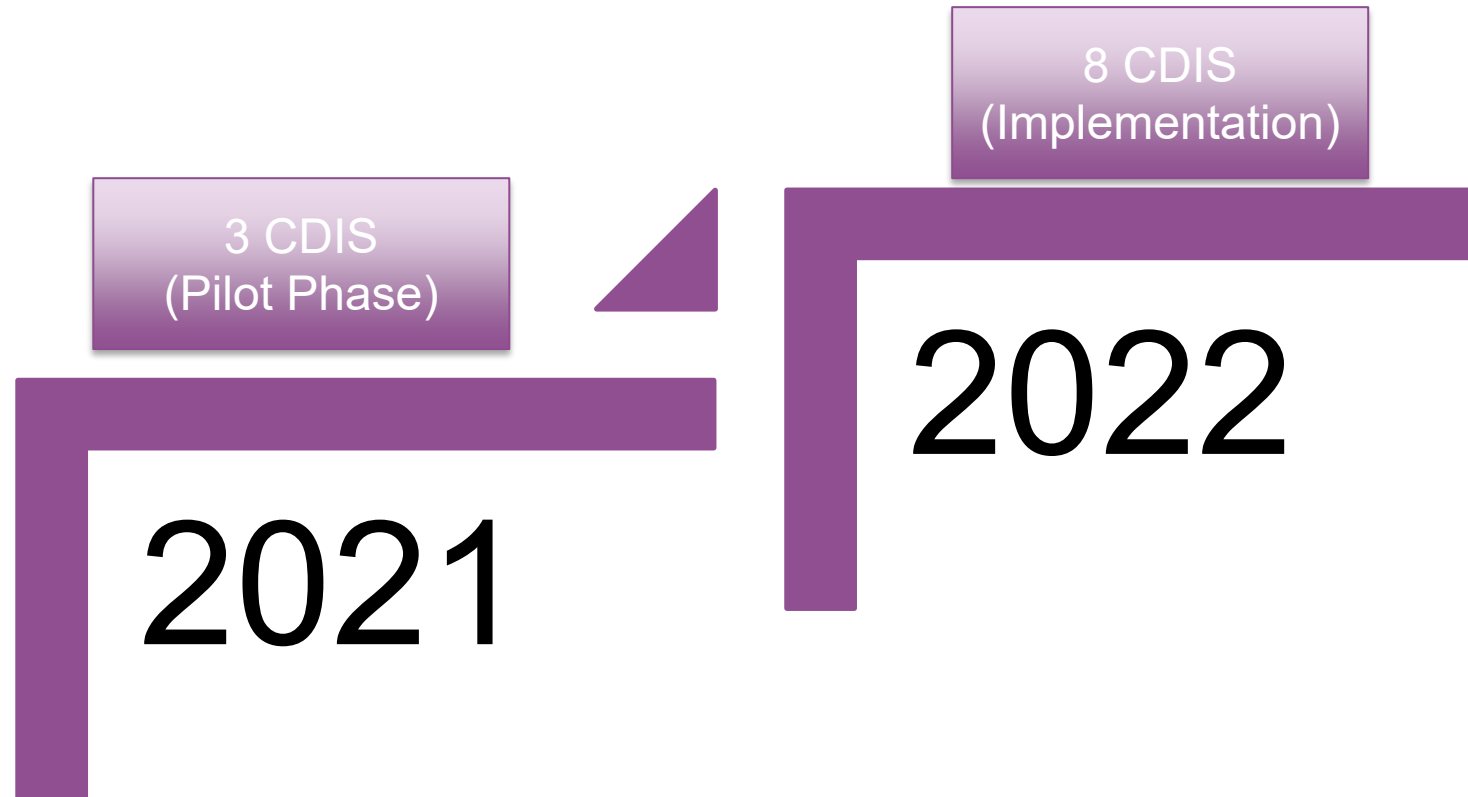| 0-3 months- 1 chart/hr	3-6 months- 1.5 chart/hr	>6 months- 1.8 chart/hr	2 charts/hr

CDI with <1 Year of Retro Experience	CDI with > 1 Year of Retro Experience

Pre & Post Implementation

Staffing Model for Retrospect Team

3 CDIS
(Pilot Phase)

8 CDIS
(Implementation)

2021

2022

Retrospect Opportunities Identified: Pre & Post Implementation

Pilot 2021

Query Opportunities 1217 **+** Coding Opportunities 1132 **+** CDI Education 1088 **=** **Total Opportunities 3437**

GO-LIVE 2022

Query Opportunities 1994 **+** Coding Opportunities 1670 **+** CDI Education 2230 **=** **Total Opportunities 5894**
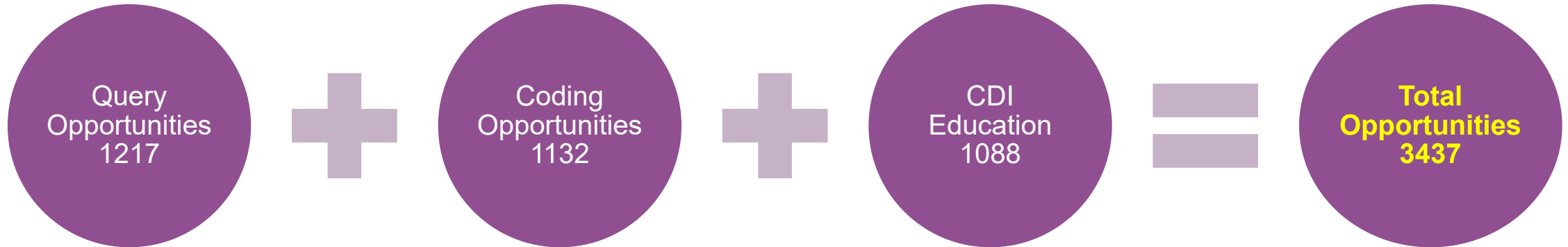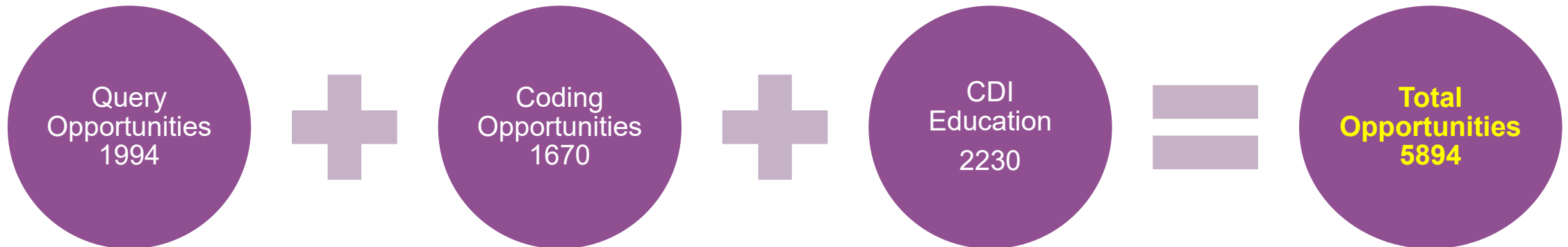
CDI Retro Query Impact

Retro Query Top 5 Impacts

Category	Value
DRG Shift	1,206
CC	562
Coding	558
SOI/ROM	437
Clinical validation	282
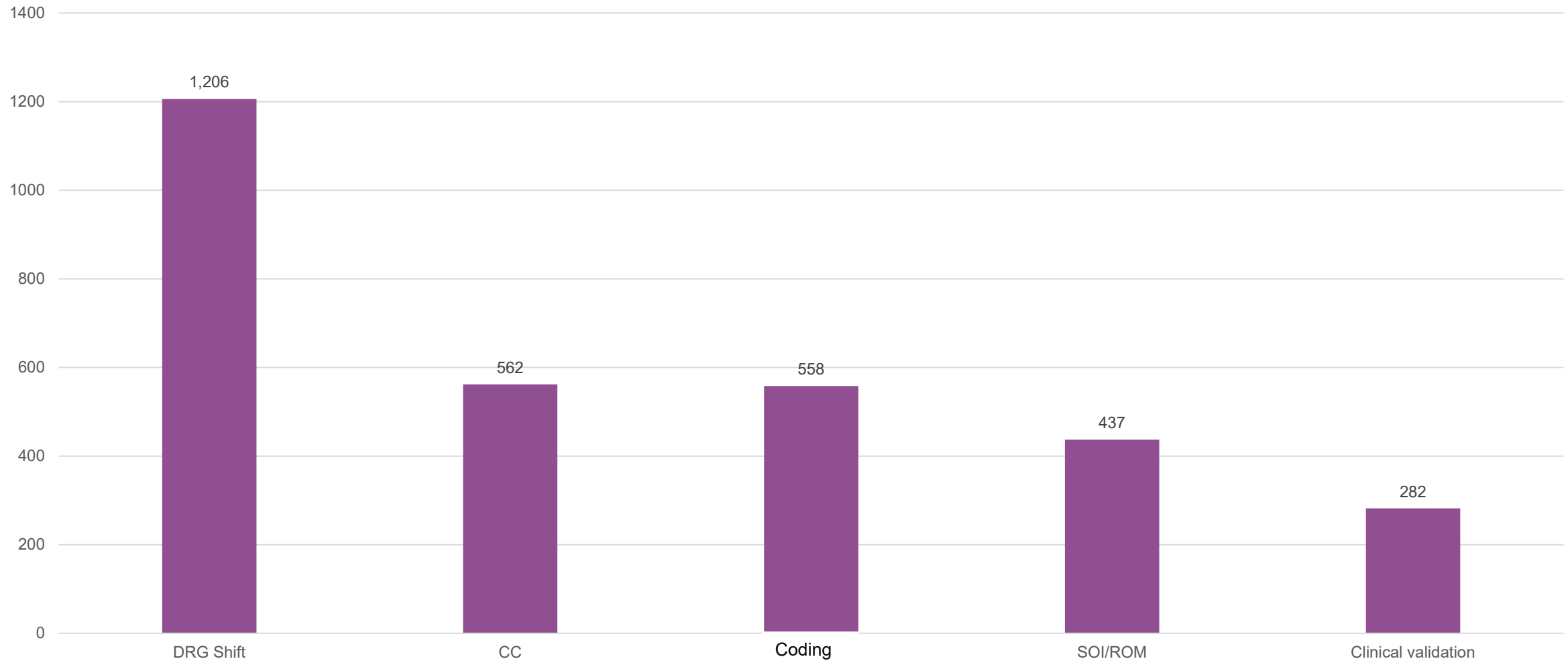
CDI Education Opportunities

2022 CDI Education Counts by Top 5 Queried Conditions

Condition	Count
Acute kidney injury	174
Acidosis	149
Sepsis	107
Heart failure	104
Encephalopathy	85
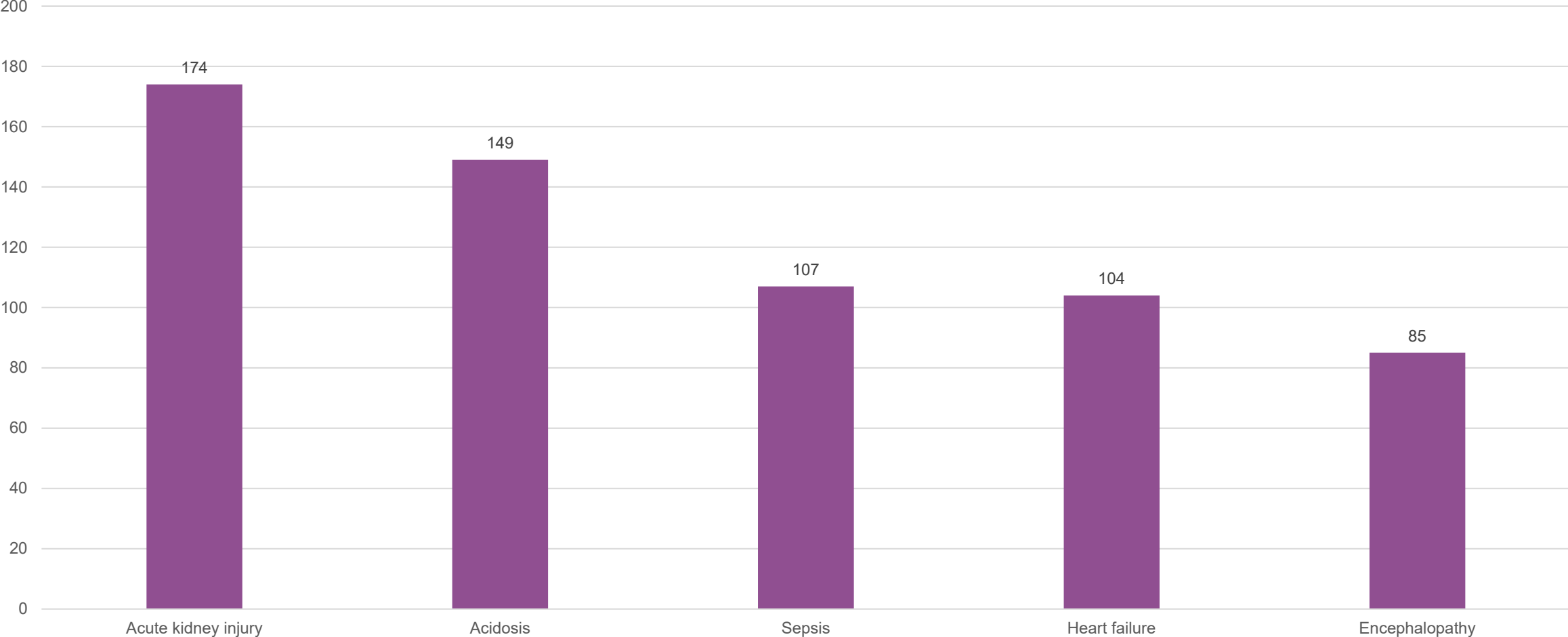
Education

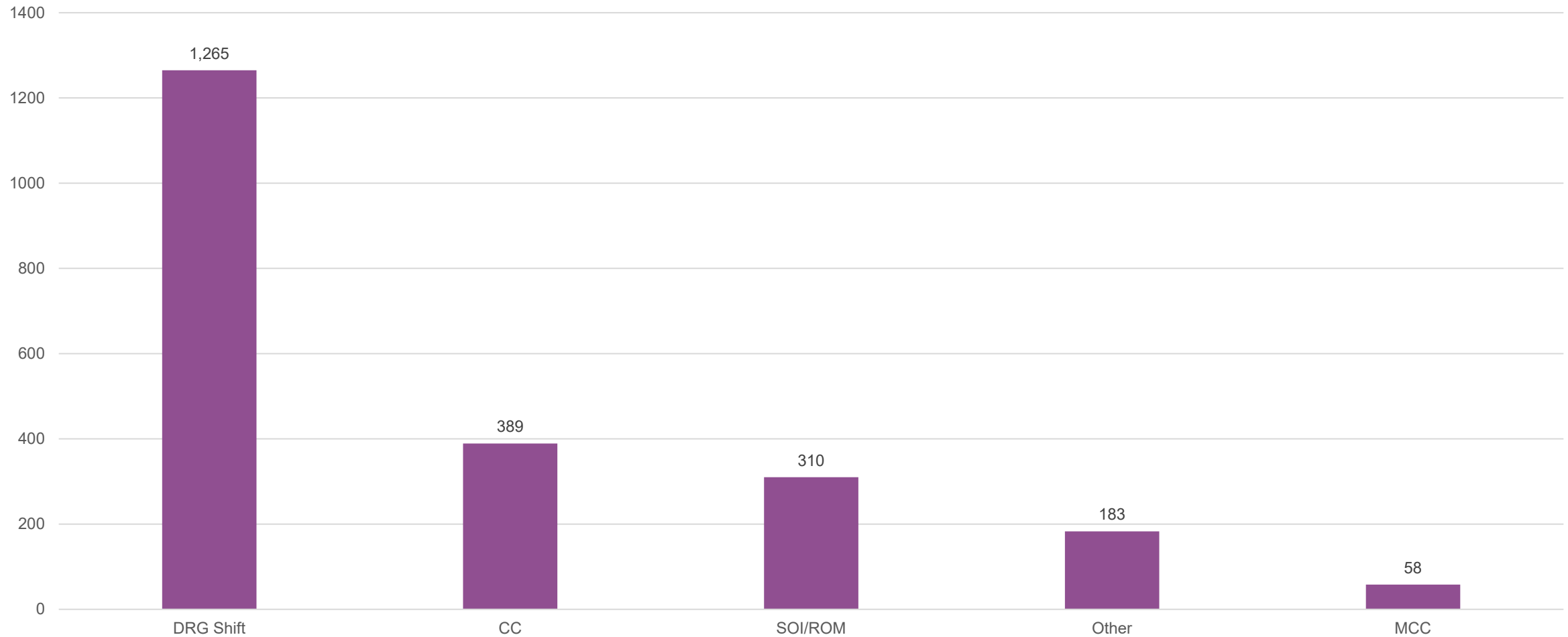| Learning Modules	CDI Council	Huddles	Physician Modules	Physician Advisor
• Self-pace • Hot topics	• Provided by physician lead	• Management education to staff	• Provider modules created by physician lead	• Facility physician advisors presents education

Coding Opportunities

Coding Education Top 5 Impacts
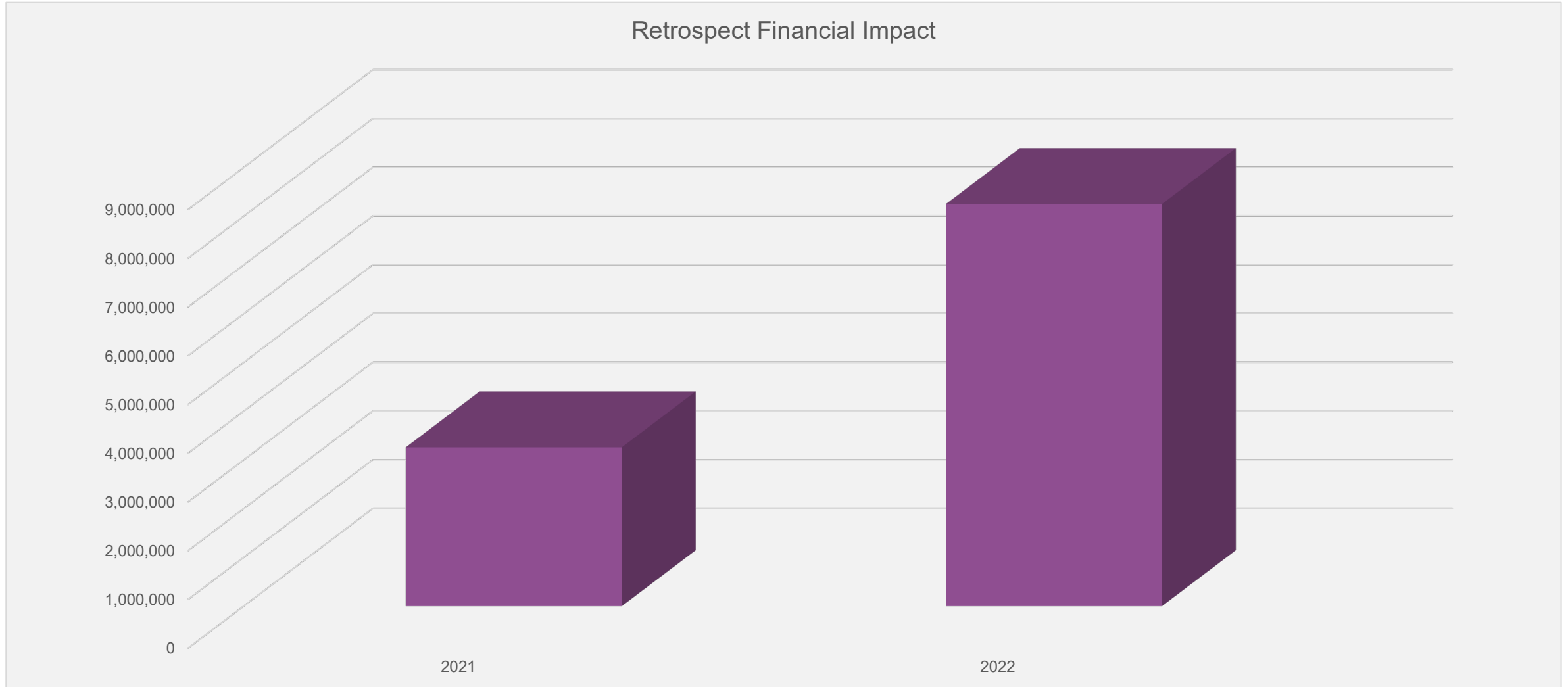
Category	Value
DRG Shift	1,265
CC	389
SOI/ROM	310
Other	183
MCC	58

Retrospect Chart Coverage

Retrospect Prioritized Charts

- **Prioritized Chart Count**: 2021 = 53,183; 2022 = 64,985
- **Prioritized Charts Reviewed**: 2021 = 2,993; 2022 = 11,165
- **Review Rate**: 2021 = 6%; 2022 = 17%

Legend: Prioritized Chart Count | Prioritized Charts Reviewed | Review Rate

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Quality

Retrospect Quality Metrics

2021: SOI Change 293, ROM Change 291
2022: SOI Change 679, ROM Change 709

Legend: SOI Change, ROM Change

54

Financial Impact

Retrospect Financial Impact

Query Impact: Financial Discrepancies

Weekly discrepancy report **Quality Check**

- Validate there is no under reporting of impact
- Validate there is no over reporting of impact.
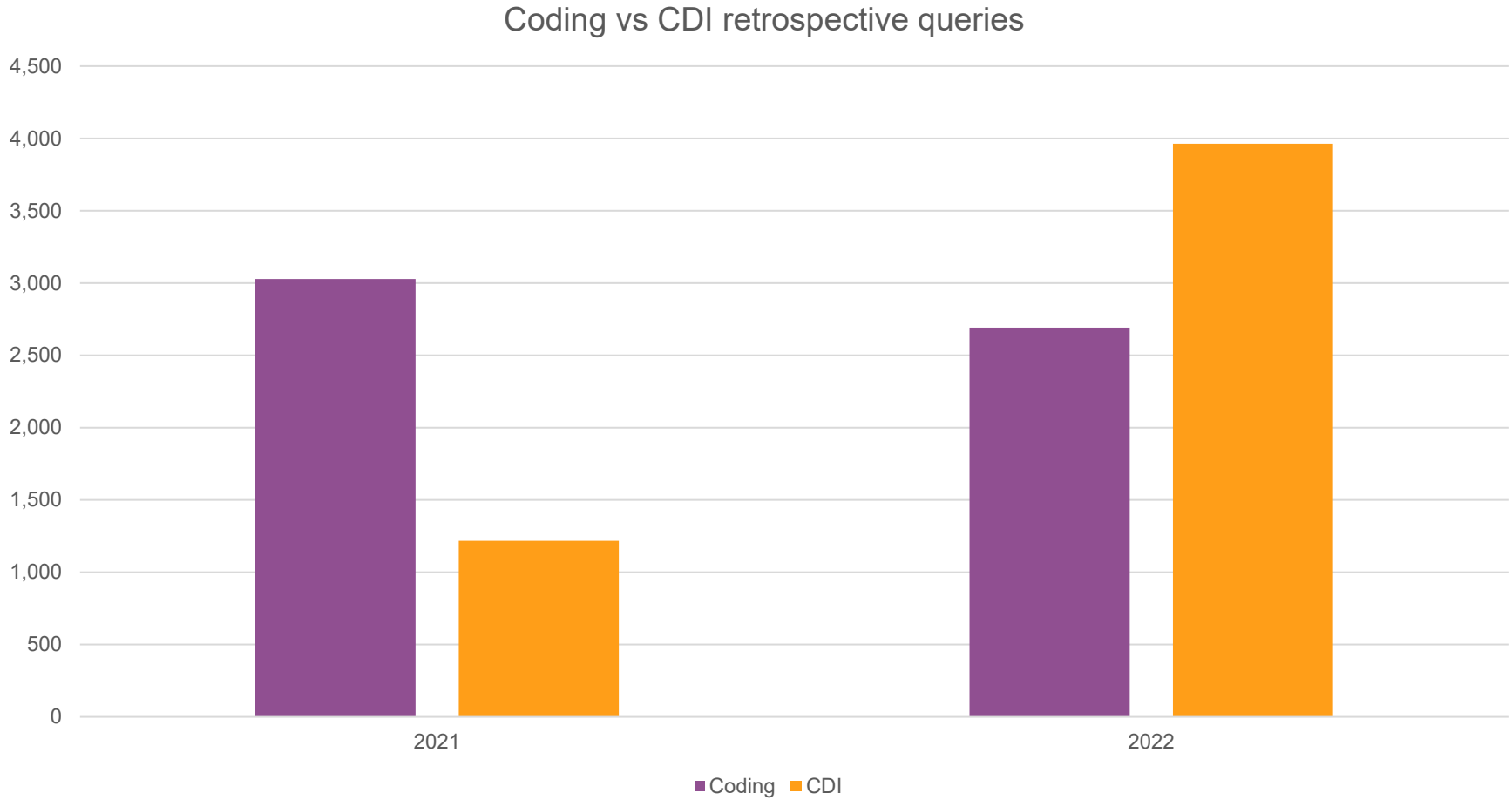
Review impact data **CDI Review**

- If report states impact but software indicates $0 Baseline to Working DRG
- Negative Baseline to Working DRG
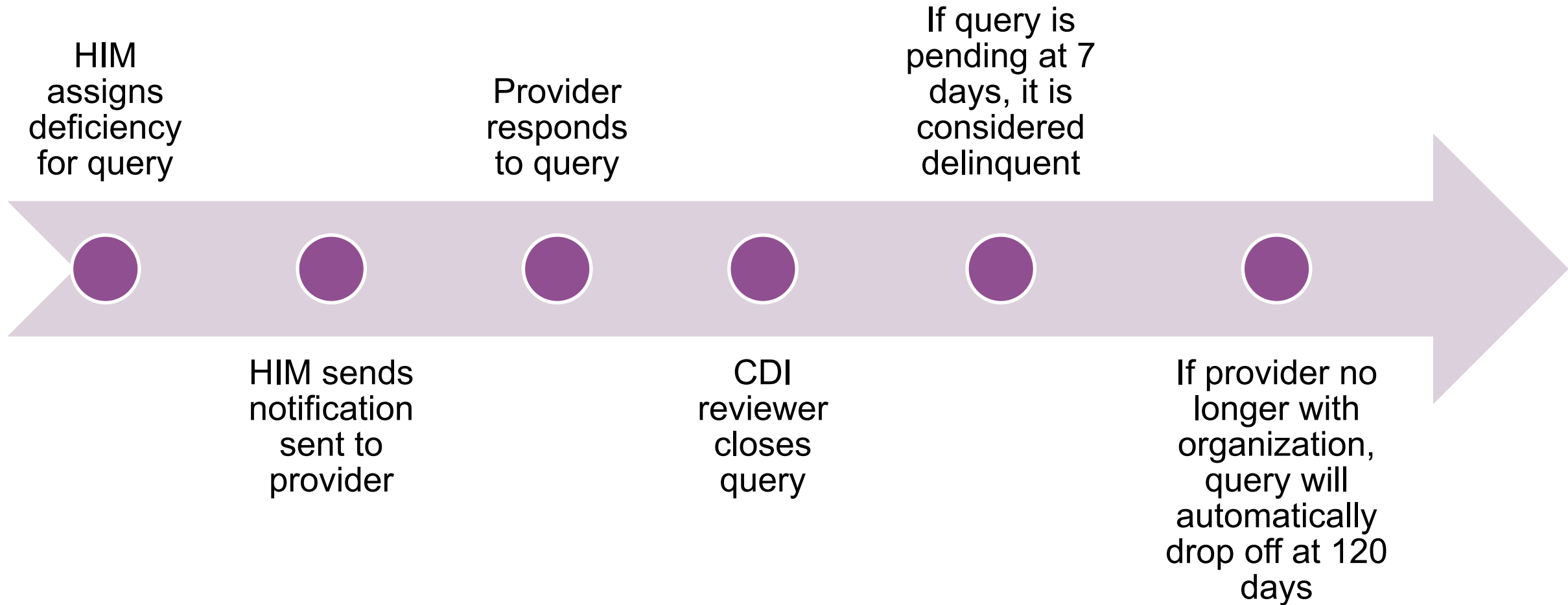- Baseline to Working DRG is greater than $10K

Correction process **Accurate capture**

- Error counts are collected and trended by error type
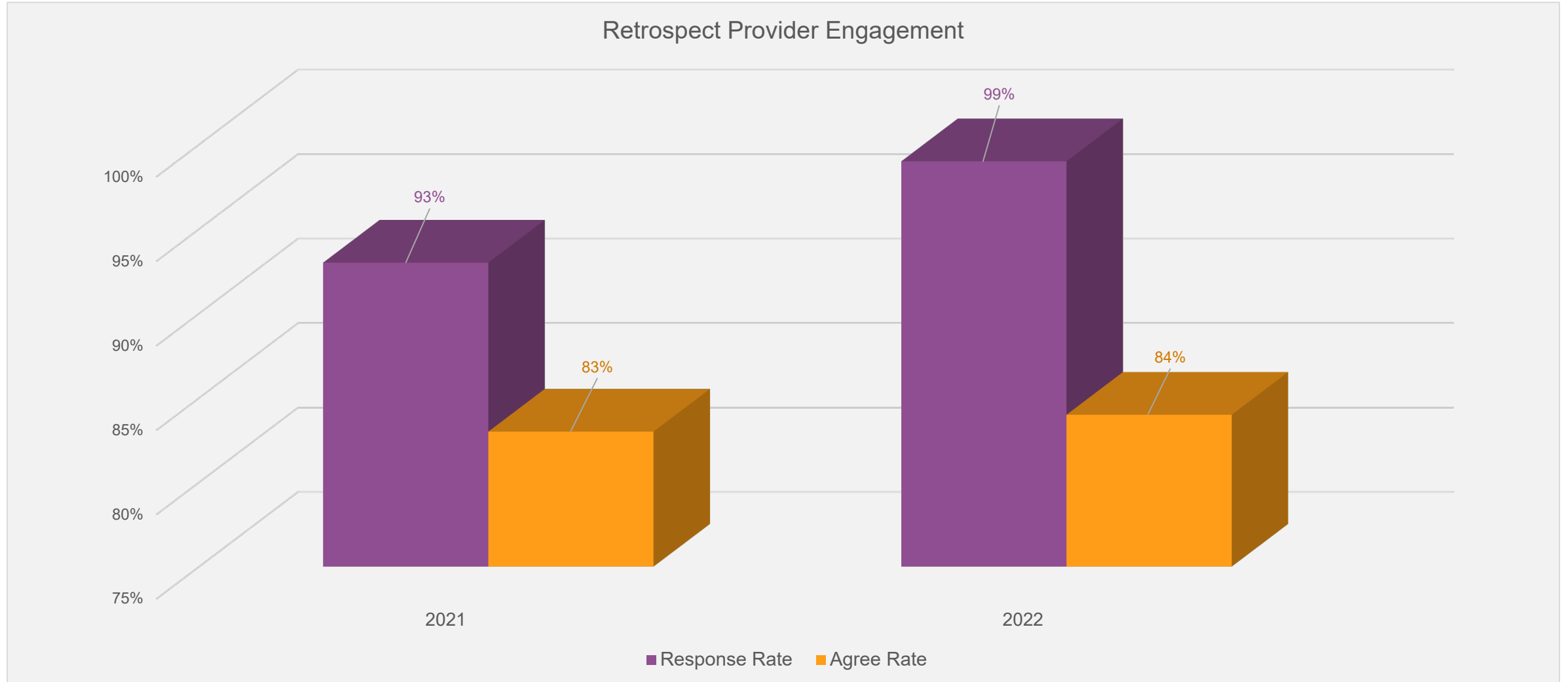- Supervisor provided education to staff

Retrospect Query

Coding vs CDI retrospective queries

Query Deficiency

HIM assigns deficiency for query

Provider responds to query

If query is pending at 7 days, it is considered delinquent

HIM sends notification sent to provider

CDI reviewer closes query

If provider no longer with organization, query will automatically drop off at 120 days

Provider Engagement

Retrospect Provider Engagement

Legend: ■ Response Rate ■ Agree Rate

2021: Response Rate 93%, Agree Rate 83%
2022: Response Rate 99%, Agree Rate 84%

Future State

Technology Enhancements

Staffing For Chart Reviews

Collaboration With Coding

Continuous Education

Summary

Significant opportunities exist with retrospect reviews

Data identified a strong need to expand staffing model

Collaboration with concurrent CDI reviewers and coding demonstrated a need for additional education

Overall results provided positive outcomes: quality and financial impact

Resources

- Retrospective Reviews: The last line of defense? Iodine informs Fran Jurcak, Dee Banet February 17, 2021

Thank you. Questions?

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Amanda.Hughes@BSWHealth.org

In order to receive your continuing education certificate(s) for this program, you must complete the online evaluation. The link can be found in the continuing education section of the program guide.

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