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May 2–5, 2022 | Kissimmee, FL

Building an OP CDI Program: Where Do You Start?

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Presented By

Tamara A. Hicks, MHA, RN, ACM-RN, CCS, CCDS, CCDS-O, is director of clinical documentation excellence at Atrium Health Wake Forest Baptist in Winston-Salem, North Carolina, with more than 37 years' experience, including more than 22 years in CDI. A founding member of the CDI team at Wake Forest in 1999, she also served as a founding member of the ACDIS Advisory Board and was reelected to the board in 2016. Hicks helped to write the original CCDS exam, serves on the ACDIS CCDS-O Certification Board, is the social media coordinator of the NC-ACDIS board, and was named 2019 ACDIS Professional of the Year.

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Sandra Love, RN, CCDS, CCDS-O, CPC, is the senior manager of CDI at Norwood based in Austin, Texas. She has more than 17 years of nursing experience and 10 years in CDI, previously serving as the manager of outpatient clinical documentation excellence at Atrium Health Wake Forest Baptist in Winston-Salem, North Carolina, where she assisted with the implementation of an outpatient CDI program and developed two pediatric CDI programs. A past president of North Carolina ACDIS, she has spoken at a 2021 Georgia ACDIS chapter meeting, ACDIS' 2020 virtual conference, and past national ACDIS conferences. Love was also a member of the ACDIS Events Committee and ACDIS Leadership Council.

Presented By

Jessica M. Vaughn, DNP, RN, CCDS, CCDS-O, CRC, vice president of value-based CDI at Norwood in Austin, Texas, has more than 11 years of CDI experience and 25 years of nursing experience. In 2015, she led one of the nation's first outpatient CDI programs, focused on value-based care for population health. She is a leader in the industry, having spoken at multiple conferences, authored articles, received ACDIS's Professional Achievement Award in 2016, and contributed to the creation of the CCDS-O credential exam. Vaughn recently completed her doctorate in nursing, executive leadership from Duke University.

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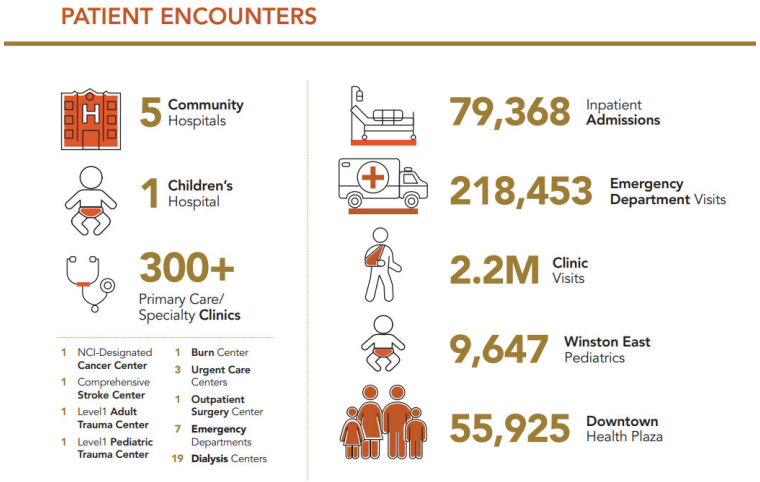
Learning Objectives

- At the completion of the educational activity, the learner will be able to:
  - List opportunities for CDI efforts in the outpatient setting
  - Explain how to develop an outpatient CDI workflow
  - Review data related to outpatient CDI and key performance indicators (KPIs)

Atrium Health Wake Forest Baptist Health 2021



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Clinical Documentation Excellence Overview

01
Manager of outpatient clinical documentation excellence
7 CDI RNs
1 Data analyst (RNs w/ coding certification)

02
Review physicians and APP documentation:
Prospective reviews
View 24-48 prior to scheduled visit

03
Covering all primary care and general medicine clinics and 7 specialties:
Endocrinology, Pulmonary, Nephrology, Neurology, Cardiology, Vascular, Behavioral Health

04
Focusing on risk adjustment (HCCs) and quality outcomes :
Clinician education, population health initiatives, risk-based contracts, regional coverage

Our History

2015 — OP CDE Began
FOCUS: ICD-10 and Value-Based Care Contracts
Purchased Vendor Tool: Improve HCC coding capture

2016 — WFBH Purchases CHESS
Healthcare Company Facilitates VBC Contracts

2017 — Vendor Tool Upgrade
Major initiative involving multiple resources

2018 — WFBH, CHESS, and Vendor Tool Alignment
Program integration across the organization for improved outcomes

2019 — Continued Improvement
Streamlined interdisciplinary processes to drive success!

2020 — Vendor Tool Upgrade and CDI Interaction
Improved administrative burden and problem list updates to drive success!

2021 — Population Health
Integrated CDI with population health Initiatives and expansion in specialty clinic

2022 — Merging with Atrium Health - AHWFB
Grow integrated network and improve Population health outcomes

Y1 Y2 Y3 Y4 Y5 Y6 Y7

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Where to Begin?

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Show of Hands!

- Do you have an outpatient CDI program at your organization?
  - Yes
  - No
  - Not Sure

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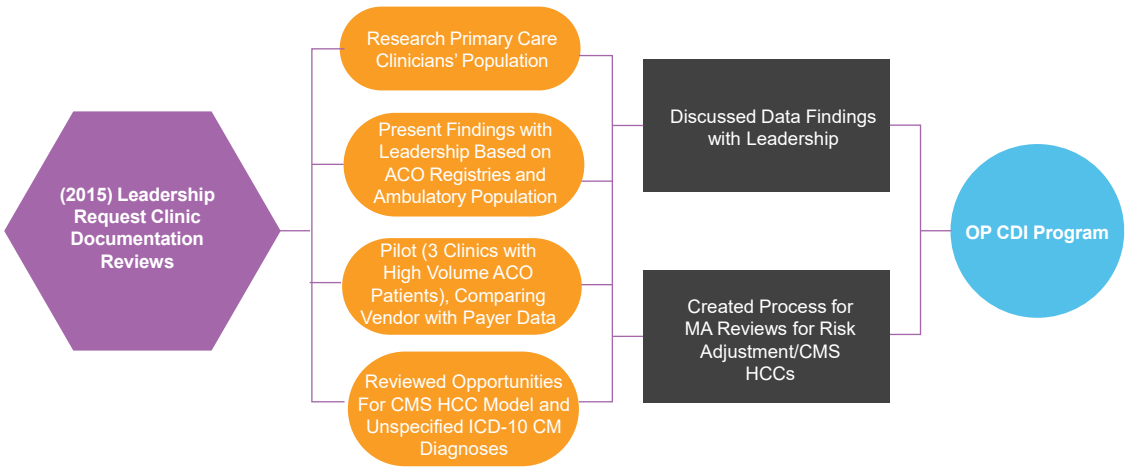
Show of Hands!

- For those who do not have an outpatient CDI program, is your medical center planning to start an outpatient program?
  - Yes
  - No, looking to start next year
  - No, do not plan to start a program
  - Don't know

Creating an Outpatient CDI Program



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Pilot Clinic

Situation: The CDI specialists have been asked to review documentation in the ambulatory setting to help better reflect the quality of patient care provided at Wake Forest Baptist Health.

Background: Since July, the CDI specialists have worked with physician and administrative leadership to make this process successful and as streamlined as possible, focusing on retrospective reviews and providing educational feedback.

Assessment: To provide the timeliest patient documentation, reflective of the most accurate ambulatory data, the **chart review process must begin to focus prospectively and collaboratively with clinic physicians and APPs -** evaluating documentation for greater specificity, clarity, and/or problem list updates.

Recommendation:

CDI will begin **reviewing charts prospectively** and **querying physicians and APPs**
Queries will be sent **only on selected accounts.**
Largest Population Clinic - Internal medicine has been identified as the pilot site for the new query process.

What Is Outpatient CDI?

Both **retrospective** and **prospective** review of records to identify gaps in documentation that may prevent the most accurate and complete patient record for quality data capture

- Incomplete or unclear documentation, i.e., unspecified codes, etc.

Ongoing education of clinicians to "bridge the gap" between their documentation and coding guidelines through the use of appropriate diagnostic terms for HCC optimization and ICD-10 specification.

- WFBH outpatient CDI **does not review CPT or HCPCS codes**

Interdisciplinary participation

- Quality incentive program
- Population health management

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Leadership Meetings Example

Outpatient CDI Updates

July 2015:

- **Chart Reviews:** (1 Inpatient CDSs – Wake Clinic: 150 charts) – Focus was general
  - ICD-9 codes (specificity needed for ICD-10 conversion) and HCC capture – supporting documentation compliance
  - Identified several documentation trends and needs
    - i.e., Diabetes specificity, CHF, COPD/asthma
- **Leadership Meeting Discussions:**
  - Introductions
  - Shadowing
  - New OP CDI set-up
  - ICD-10/HCCs/OP moving forward
- Clinic shadowing/clinicians shadowing at Wake clinics
- Defined team mission statement and goal setting

August 2015:

- **Chart Reviews:** (Wake Clinic: 446 charts) – Narrowed focus
  - ICD-10 specificity and HCC optimization
  - Identified trends and needs; compiled data for presentation and education
    - i.e., Diabetes specificity, morbid obesity/BMI, alcohol and drug dependence, Parkinson's, major depression, AKI, A-fib (specified as chronic or paroxysmal), CHF, COPD/asthma

Meetings:

- Weekly team meetings: further define goals and mission statement
- ICD-10 Steering Committee
- ICD-10 tech workstream
- HCC vendor tool - Training: 1 clinic - multiple meetings
- Vendor tool steering committee
- Advisory Board ICD-10: 2 clinics
- Ambulatory clinician system training for all OP CDI
- Coding administration
- Vendor – OP CDI workflow
- GIM ICD-10 CDI clinician training
- ICD-10/HCC adoption
- GIM Clinicians - OP CDI education
- Continued team education (multiple online meetings/seminars)

Retrospective Review Evaluation

September 2015 metrics
CDI 1 – worked 18 days and completed 477 total reviews = average 26.5 acct/day

HCC Opportunities	23
ICD-10 Opportunities	116
Both	60
No Opportunities	155

CDS 2 – worked 17 days and completed 451 total reviews = average 26.5 accts reviewed/day

HCC Opportunities	45
ICD-10 Opportunities	52
Both	55
No Opportunities	192

Proposed # of daily reviews will be re-evaluated in October 2015 and quality scores

Optimal	30
Target	26
Threshold	22

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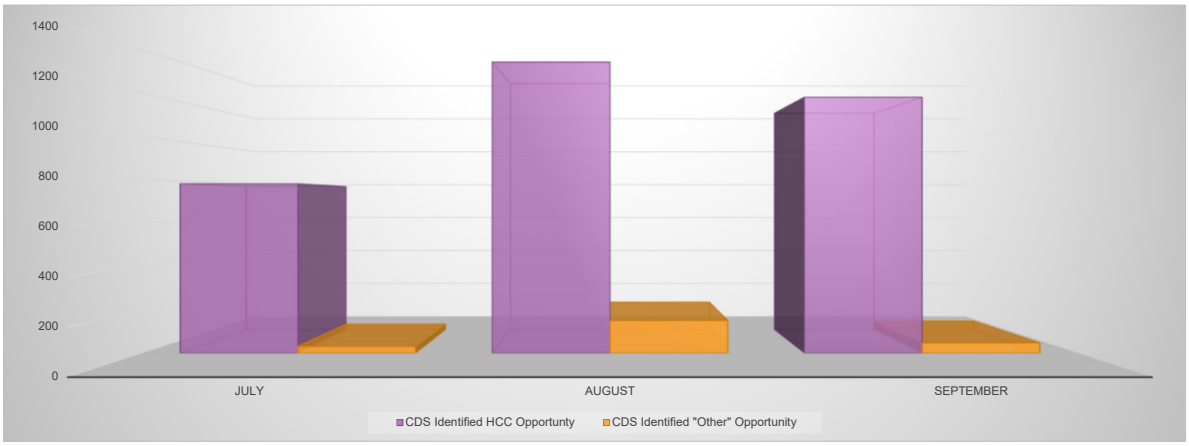
First Pilot Report

Opportunity	July	August	September	FYTD
CDS Identified HCC Opportunty	780	1341	1179	3300
CDS Identified "Other" Opportunity	31	150	47	228



Pilot Email Clinics Business or Nurse Manager

Outpatient CDI Physician/APP Query (PILOT) Process

Standardized interactions with Physicians and Advanced Practice Providers will occur to ensure accurate, complete, and compliant documentation within the medical record.

During the QUERY PILOT: Queries will be delivered by way of Colored Paper. The CDS will deliver to Clinic #1 no later than 4:30 PM the preceding day, to be placed in the patient folder by clinic staff on the corresponding visit day; **until at which time an EHR CDI query can be established.**

Queries will be documented in the appropriate query chapter in the appropriate software for tracking purposes by CDS.

The CDS will review the documentation/queries for physician/APPs response, **the day of the visit queried upon, and each additional business day until account closed**.

Each additional business day **without physician/APP response**, the CDS will f/u as appropriate:

24 hours (next business day) after visit: Reminder via In-basket

48 hours (2nd business day) after visit: Reminder page

Responses to queries will be clearly documented in the appropriate software to reflect date, time, and physician responses.

Queries that fail to receive a response or are removed from the EHR with no response will be followed up by report/e-mail to supervisor (phone or one-on-one physician interaction by the supervisor/designee will be initiated).

Cases with needed clarification discovered during coding of the medical record will continue to have a physician query initiated by the medical coder.

Cases with needed clarification discovered retrospectively or during second level review will be utilized as educational opportunities to both CDSs and clinicians by the supervisor or designee.

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Proposed Query Process

CDS will review prior patient records:
- **HCC** dx validation/capture
- Corresponding **ICD-10 CM** code
- **MEAT support**
- **Problem list** correlation

→ CDS will create **paper query** (until at which time an IT solution can be created)

→ CDS will deliver the paper query to clinic **48 hours before pt. scheduled visit**

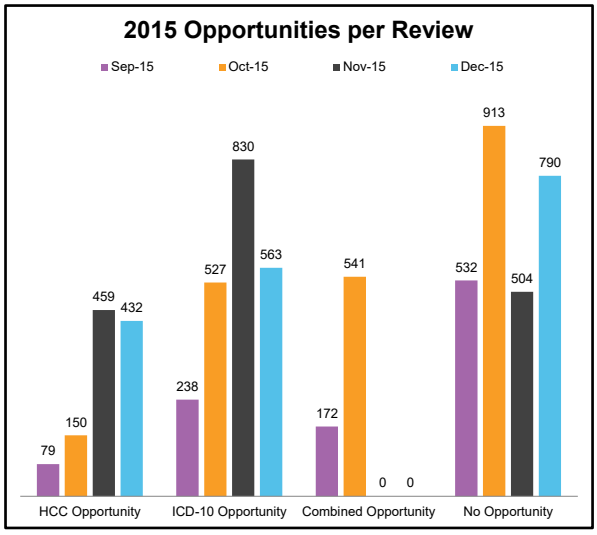
→ Physicians/APPs will **review query** (opening encounters in EHR prior to patient arrival is not recommended)

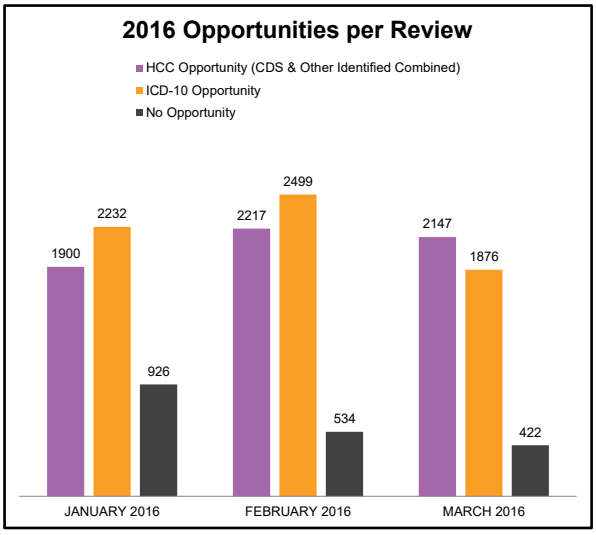
→ **Clinician or designee will update chart accordingly**, after patient visit, before closing encounter

→ Real-time volume: **patient visits** scheduled for week

→ CDS will work with clinic staff to determine best flow to facilitate the least amount of interruption to the clinic and patient care

2015 – 2016 Review Comparison





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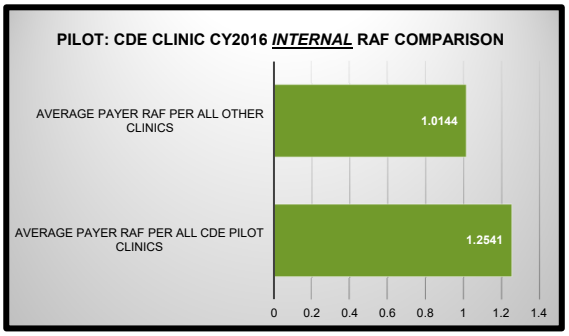
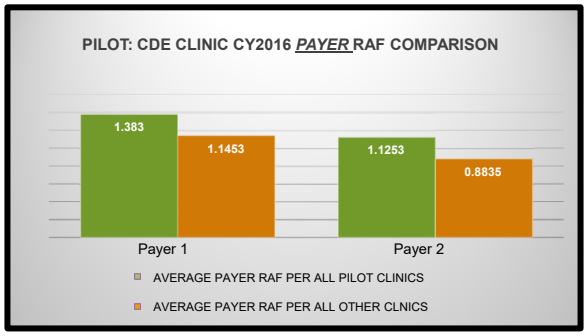
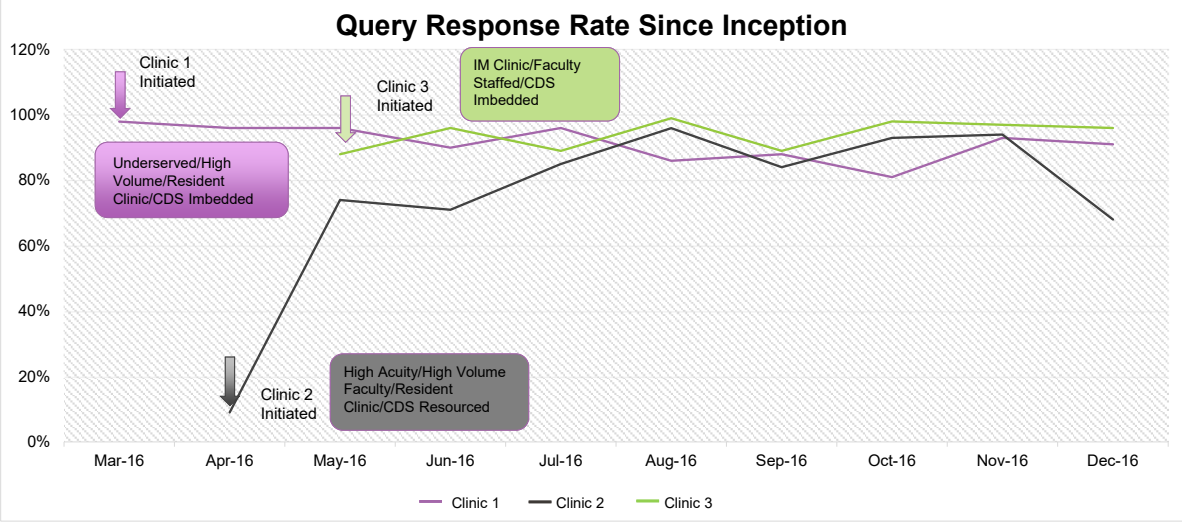
CY2016 Pilot RAF Data





Pilot Query Response Data



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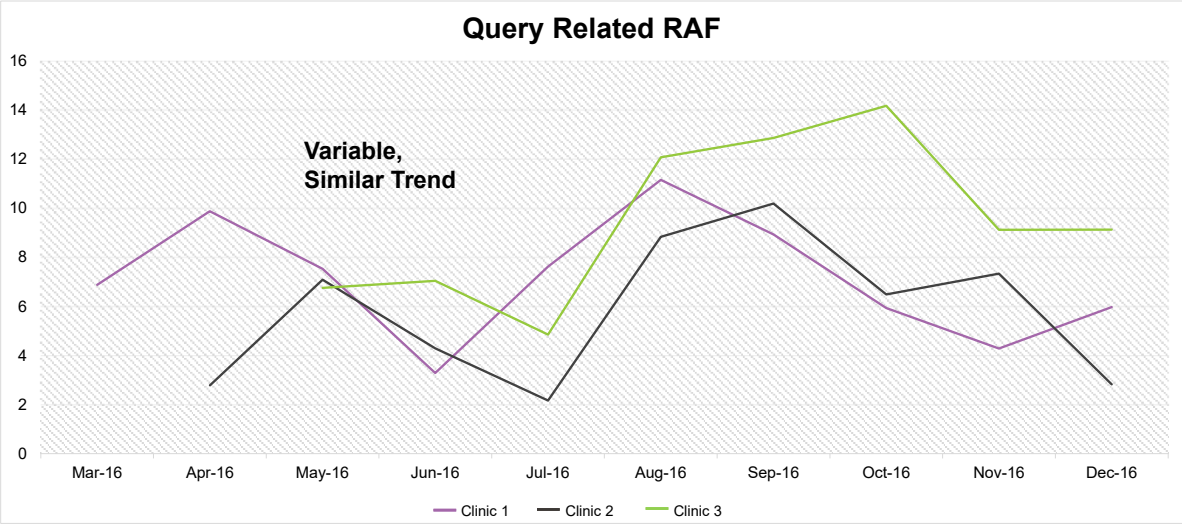
Pilot RAF Data



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Outpatient CDI Workflow

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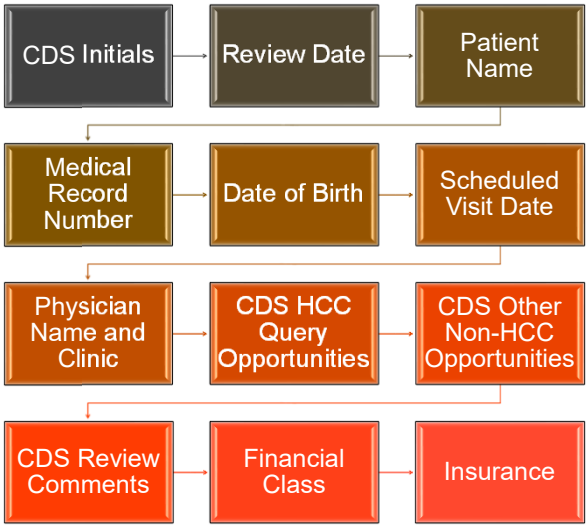
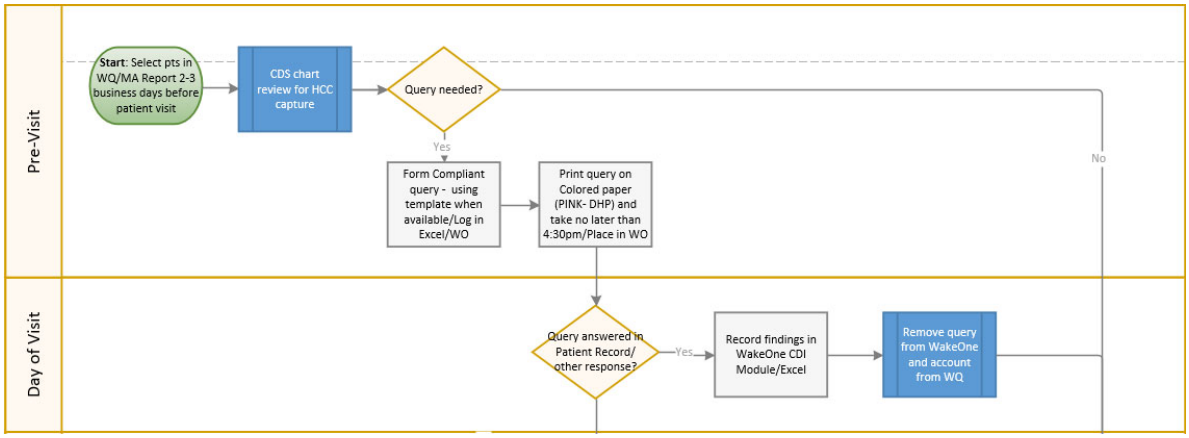
Report Structure Monitoring Reviews



Prospective Reviews With Query Process



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Continued…

ICD-10-CM Diagnoses Opportunities

CDS HCC Query Opportunities found	
E6601 - Morbid Obesity due to Excess Calories	38
Z794 Long term use of insulin	28
E1142 DM type 2 with diabetic polyneuropathy	18
E1165 Type 2 DM with hyperglycemia	16
E119 Type 2 DM without Complications	16
J449 COPD - Unspecified	13
I4891 Unspecified A-fib	10
E1122 Type 2 DM with diabetic CKD	8
G20 Parkinsons	8
Z6841 BMI 40-44.9	8
C50919 Malignant neoplasm of unspecified site of unspecified female breast	7
M461 Sacroiliitis not elsewhere specified	7

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Outpatient CDI Primary Focus

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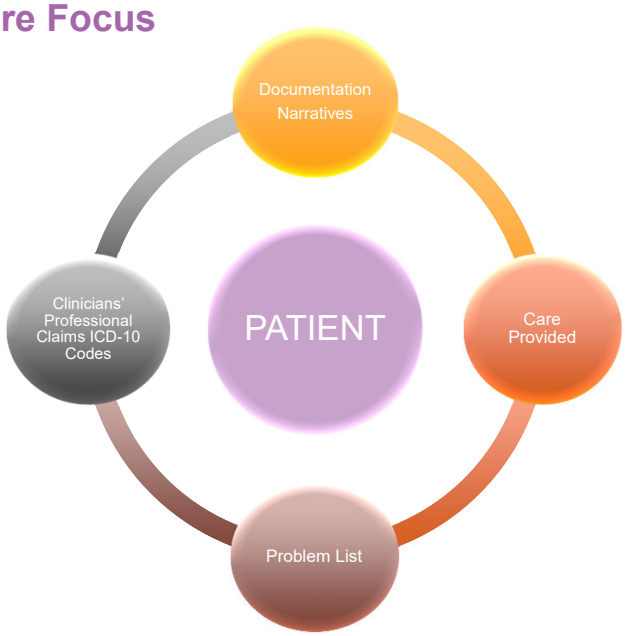
Value-Based Care Focus



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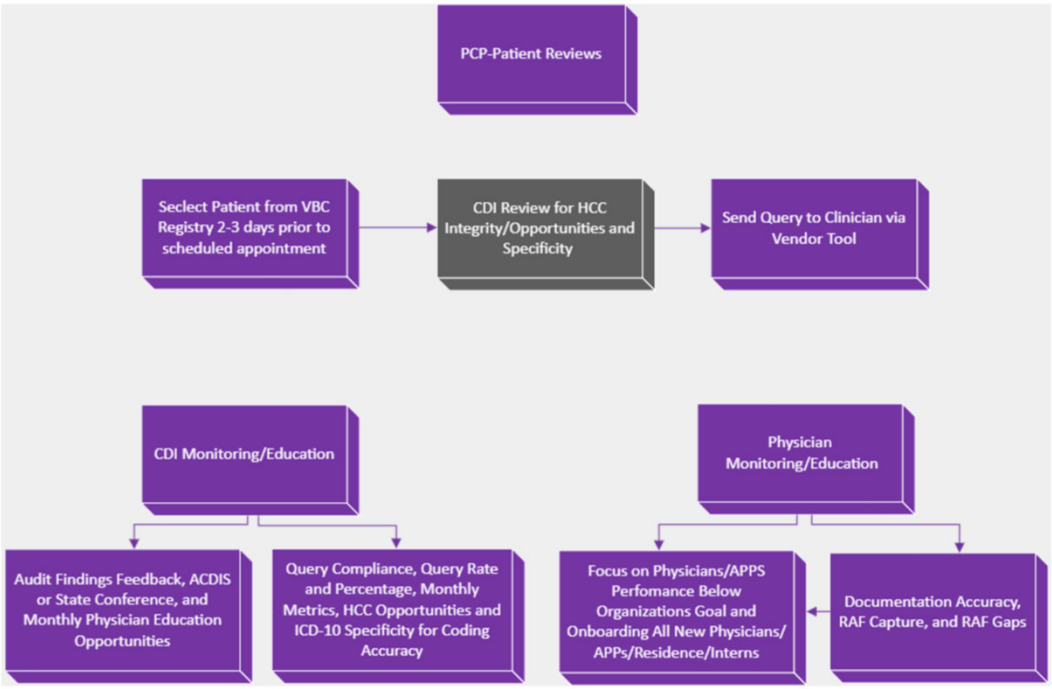
OP CDE Model



Outpatient CDI Monthly Metrics

Monthly metrics expected to continue working remotely

ALL four must be met

1. Maintain a query response of >80%.
2. Maintain an average daily initial review rate >11.
3. Maintain query average ≥30%.
4. Maintain audit score ≥ 90%.

# of initial daily reviews	
Optimal	≥17
Target	14-16
Threshold	11 - 14

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Quarterly Query Audits

CLINICAL FINDINGS

COMPLIANCE

MISSED OPPORTUNITIES

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Data Review

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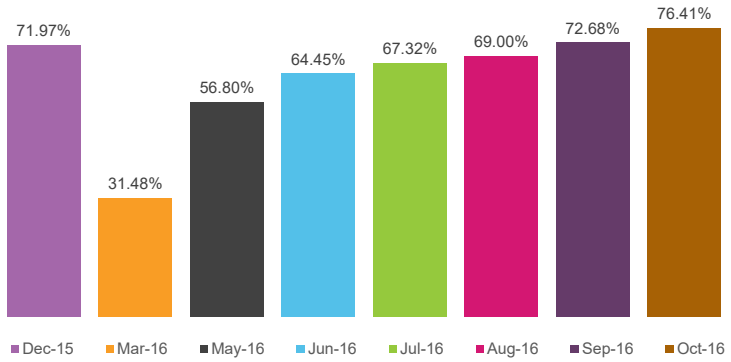
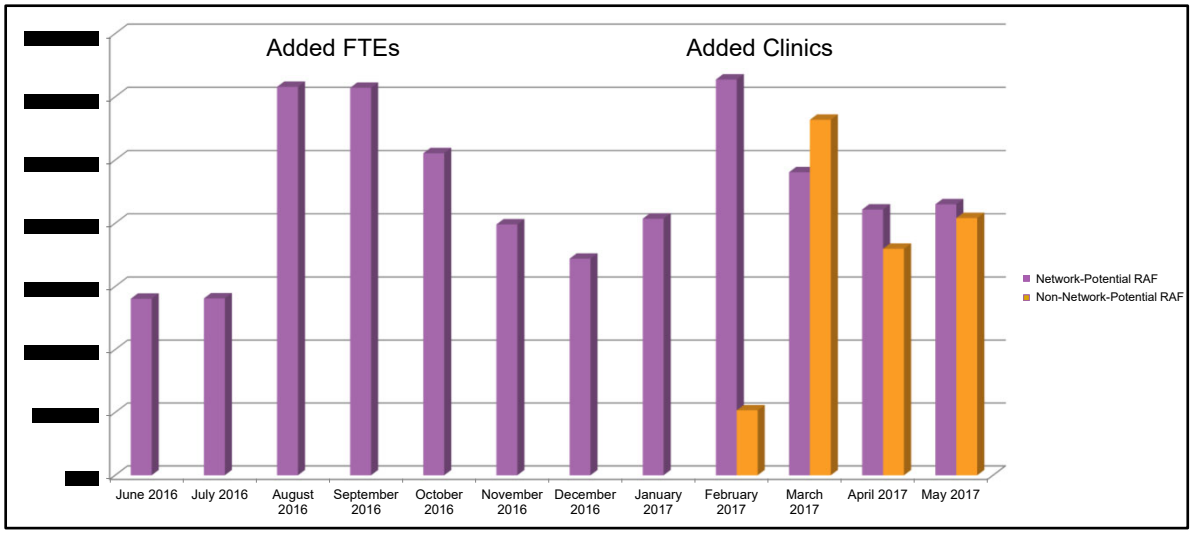
2016 Performance Report



- **Outperformed CY2015 chronic RAF Capture in September**
- Percentage of known chronic RAF billed **76.41%**
- Current trend line suggests **82%** Gap Closure by Dec. 31

Expansion of CDI Program/RAF



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Lessons Learned

- Clinicians LIKE paper
  - If using an IT tool, it must be simple and quick – like paper
- Process works best with face-to-face interaction
  - It is okay to have some remote staff, but an onsite point person is very helpful (remember the days of "my coder"…)
- Metrics are different
  - RAF does not always correlate to query volume, but may to query outcomes
- Clinic demographics and flow must be taken into consideration
  - Environment matters
  - Cancelled appointments happen
  - Mitigate change quickly
- OP CDSs must be nimble
  - Understand that what works in one area may not in another
  - Expect territorialism

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Thank you. Questions?

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