flourish

CDI IN BLOOM | acdis 2023
MAY 8–11, 2023

What's in a Review?

Fran Jurcak, MSN, RN, CCDS, CCDS-O
Chief Clinical Officer
Iodine Software
Austin, Texas

With appreciation to Shelley Dietz, RN, MBA, CCM, NEA-BC, for her contributions to this presentation.

hcpro

Presented By

Fran Jurcak, MSN, RN, CCDS, CCDS-O, is the chief clinical strategist at Iodine Software based in Austin, Texas. She has more than 30 years in healthcare practice, education, consulting, and technology, leveraging her clinical and coding knowledge to support process improvement in the mid-revenue cycle, particularly in the CDI space. She has focused on employing innovative AI and machine learning technology to improve workflow efficiency and effectiveness. Jurcak is an accomplished speaker and is active in ACDIS, having served on its Advisory Board and CCDS Certification Committee, authoring its *CCDS Exam Study Guide,* and earning the 2017 Professional Achievement Award.

Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
    - Explain why increasing staffing isn't a solution to the problem of reviewing every case every day
    - Describe how CDI professionals can leverage technology and clinical expertise to find hidden opportunities
    - Define metrics that focus on tracking progress and improving performance
    - Identify appropriate data to monitor and track
    - Discuss barriers to CDI specialist job satisfaction
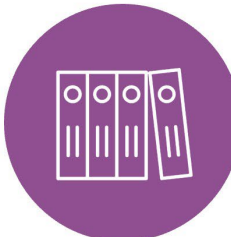
Purpose of a Review

- Goal of a CDI program:
  - Purpose of achieving accurate and thorough medical record documentation

Documentation Accuracy Is Imperative

Why

Reimbursement

Denials

DNFB & AR

Quality

- Contracting
- Reputation
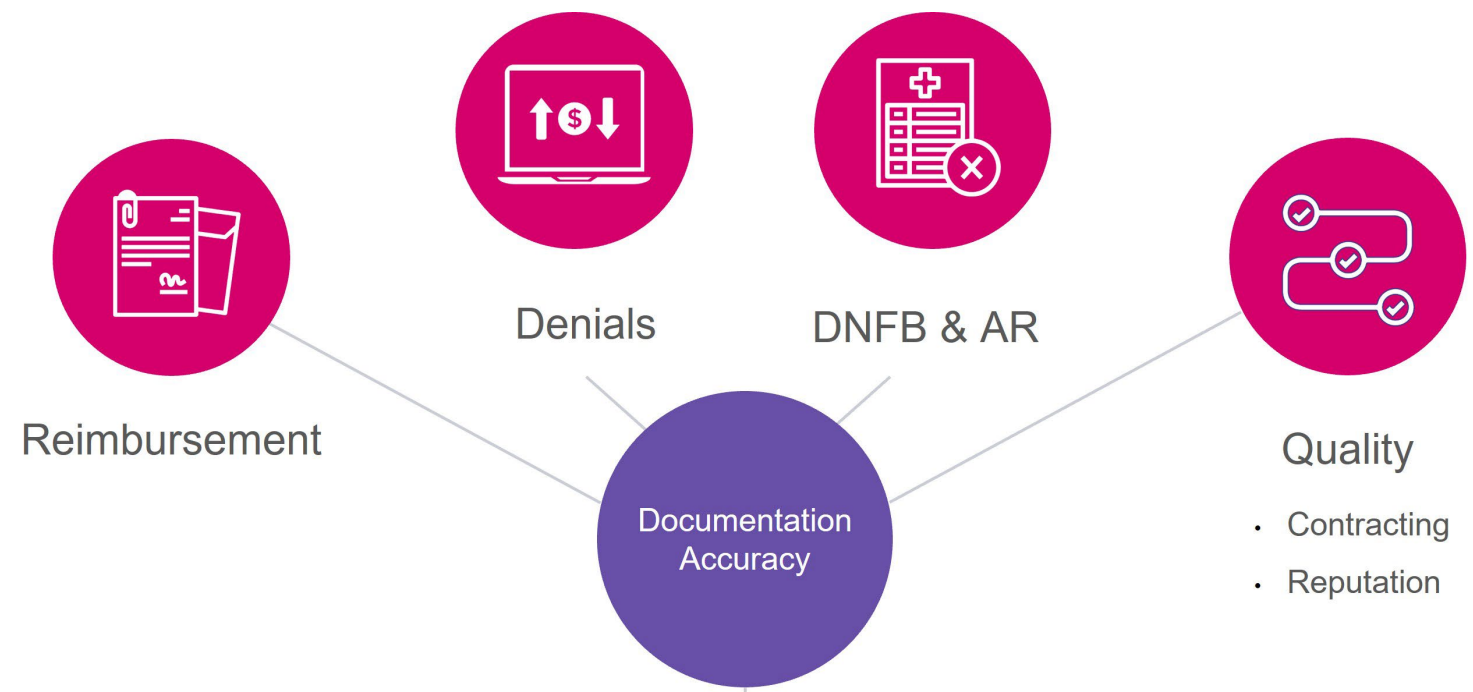
Documentation Accuracy

Necessity to Account for the Full Scope of a Patient's Medical Record

- Lab results
- Vital signs
- Orders

- Medications
- Patient history
- Radiology results

- Cardiology results
- Documentation
- Demographic info

- Working, target, and final codes

5

This Patient?

Why

Or This Patient?

Why

Effective Workflow to Capture Documentation Accuracy

- People

- Process

- Technology

- KEY: Measuring the success of the above

Location Still Matters

Where

Work location	Pros	Cons
Onsite	• Increased collaboration • Increased quality • Increased innovation	• Lack of flexibility • Cost of space
Remote	• Flexibility • Short term productivity increased	• Work in silos • Decreased collaboration • Long term productivity decreased • Long term quality decreased • Decreased innovation
Hybrid	• Flexibility • Short term productivity increased	• Work in silos • Decreased collaboration • Long term quality decreased • Decreased innovation

https://www.forbes.com/sites/forbestechcouncil/2022/01/14/the-impact-of-remote-work-on-productivity-and-creativity/?sh=52a798853957

Influence of Location in CDI

Where

- Subjectivity in CDI influences query generation
  - "I know this doctor, he'll document tomorrow"
  - "I know these patients" leads to certain queries

- Objectivity increases query volumes
  - Takes away the relationship and focuses on clinical evidence
  - Distance increases objectivity

- Allows for assignment flexibility

Deciding Which Cases to Review

Who

Rules-based examples	AI-ML based examples

• All cases with a specified working DRG
   – Signs and symptoms
   – No CC/MCC
   – Principal diagnosis of chest pain
• All cases where a PSI has been final coded
• All mortalities
	High statistical likelihood that a medical condition is being monitored and treated but statistically unlikely to code due to lack of specific and consistent documentation

Prioritization should assist in the identification of the right case to review to <u>minimize</u> wasted effort in reviewing cases without opportunity

Initial Review

- How early is too early?
  - Clinical data needs to be available
  - Initial labs, vital signs and test results
  - H&P
  - Progress notes
  - Consults

- Waiting too long creates different concerns
  - Accuracy of POA status
  - Consistency

- "Contain applicable clinical indicators from the health record"*
- "There is no required number of clinical indicator(s) that must accompany a query because what is a "relevant" clinical indicator will vary by diagnosis, patient, and clinical scenario."*

When

*Guidelines for Achieving a Compliant Query Practice © 2022 AHIMA and ACDIS

Moving the Intervention Upstream

- Provider education does not seem to work

- Early intervention results in clarity and consistency in documentation

- Physician Prompts/Alerts
  – Accuracy concerns
  – Unnecessary alerts
  – Increased CDI clinical validation queries

Re-review

- When should I review next?
  - Likelihood that something will change
  - Expected results or procedures
  - DRG specificity
    - Signs/symptoms
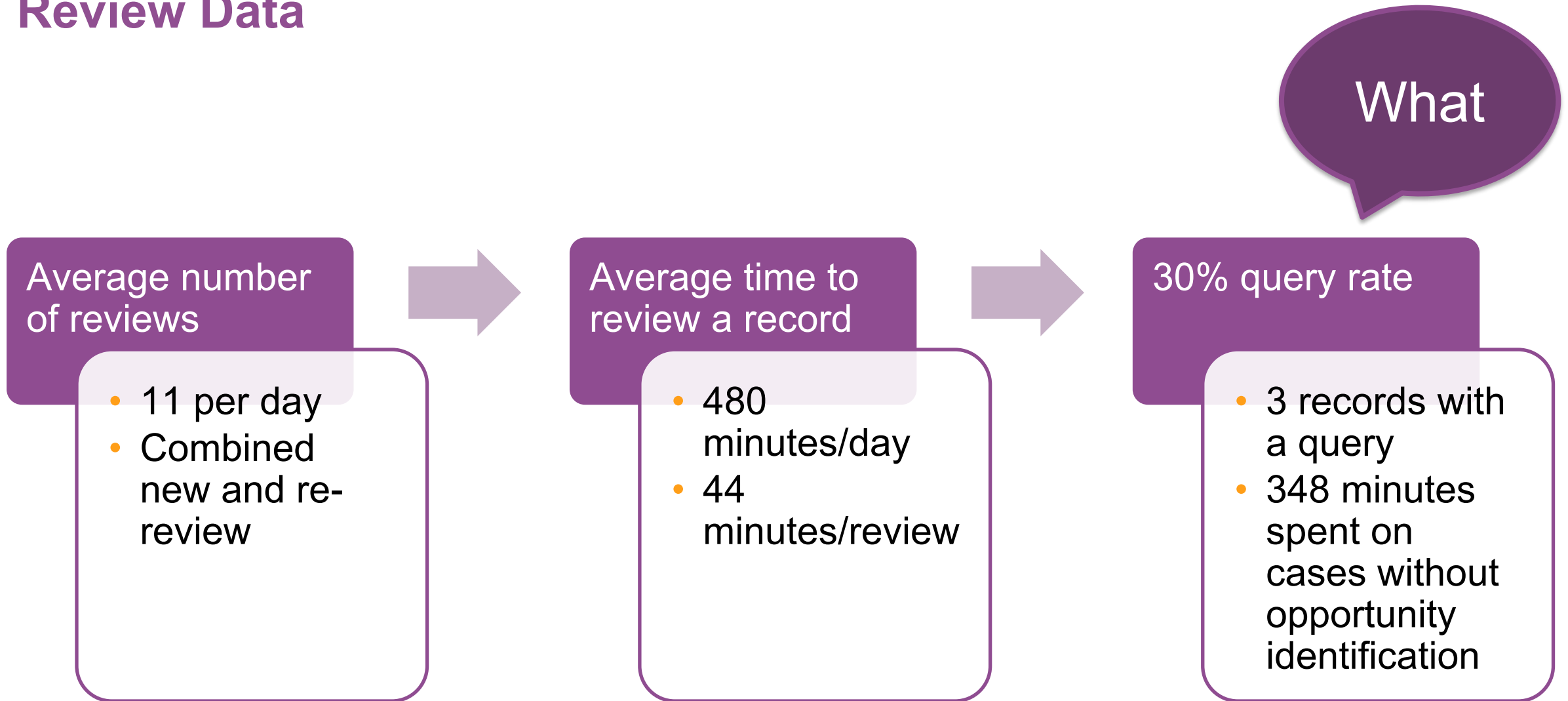   - No cc/mcc
  - Length of stay

When

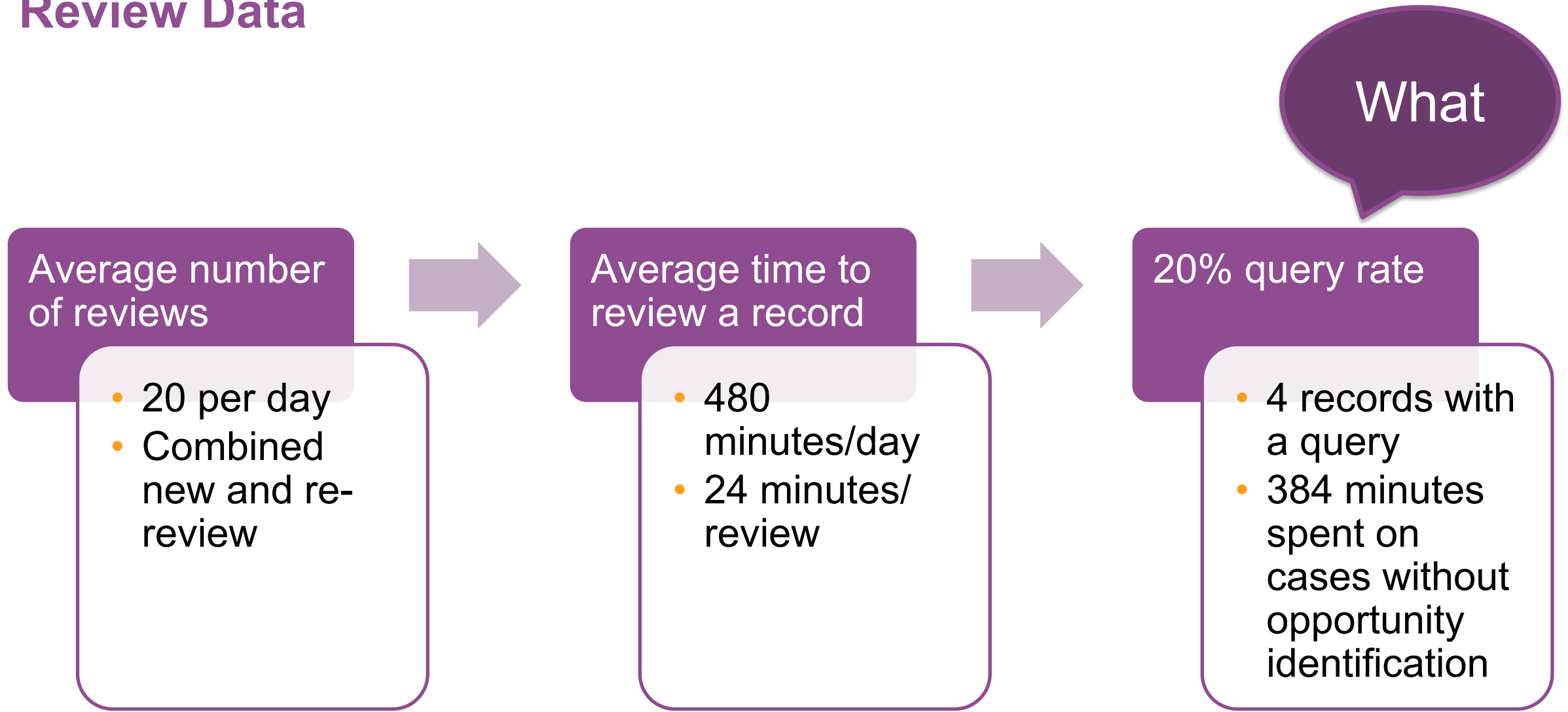# Review Detail

What

- Goal: Quickly identify the conditions being monitored and treated
- Identify what's missing in the documentation
  - Find the clinical indicators of conditions being monitored and treated that are NOT accurately and specifically documented

- Chronological order of entire record
- Condition focused review

- Review the entire record and create a summary of the admission

Review Data

What

Average number of reviews	Average time to review a record	30% query rate
• 11 per day • Combined new and re-review	• 480 minutes/day • 44 minutes/review	• 3 records with a query • 348 minutes spent on cases without opportunity identification

Review data averages obtained from: ACDIS White Paper, 2016 Set CDI productivity expectations but don't look for a national standard.

Review Data

What

Average number of reviews
- 20 per day
- Combined new and re-review

→

Average time to review a record
- 480 minutes/day
- 24 minutes/review

→

20% query rate
- 4 records with a query
- 384 minutes spent on cases without opportunity identification

Review data averages obtained from: ACDIS White Paper, 2016 Set CDI productivity expectations but don't look for a national standard.

Focus on the Details

- Timing
  - How long should it take?
- Details
  - How thorough do you need to be?

How

Recommended Best Practice Review Workflow
- Electronic note taking
- Read what's there, note what's missing
- Minimized notes to query content
- Reverse chronological review for long length of stay

18

The Next Step

- Identifying the documentation opportunity
- Queries must be supported by appropriate clinical indictors
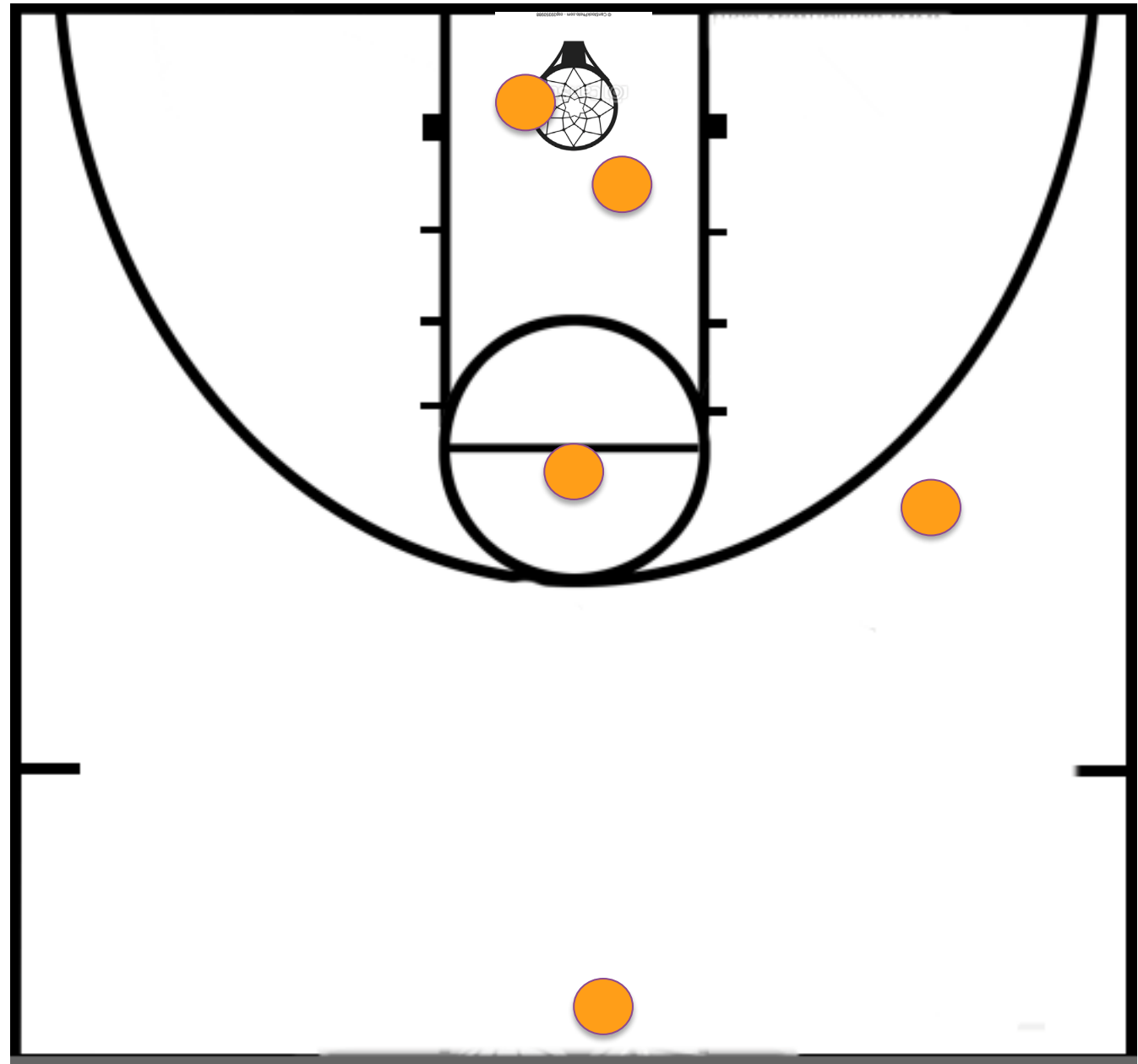
How many do I need?

What Does It Take to Query?

- Queries must be supported by appropriate clinical indictors
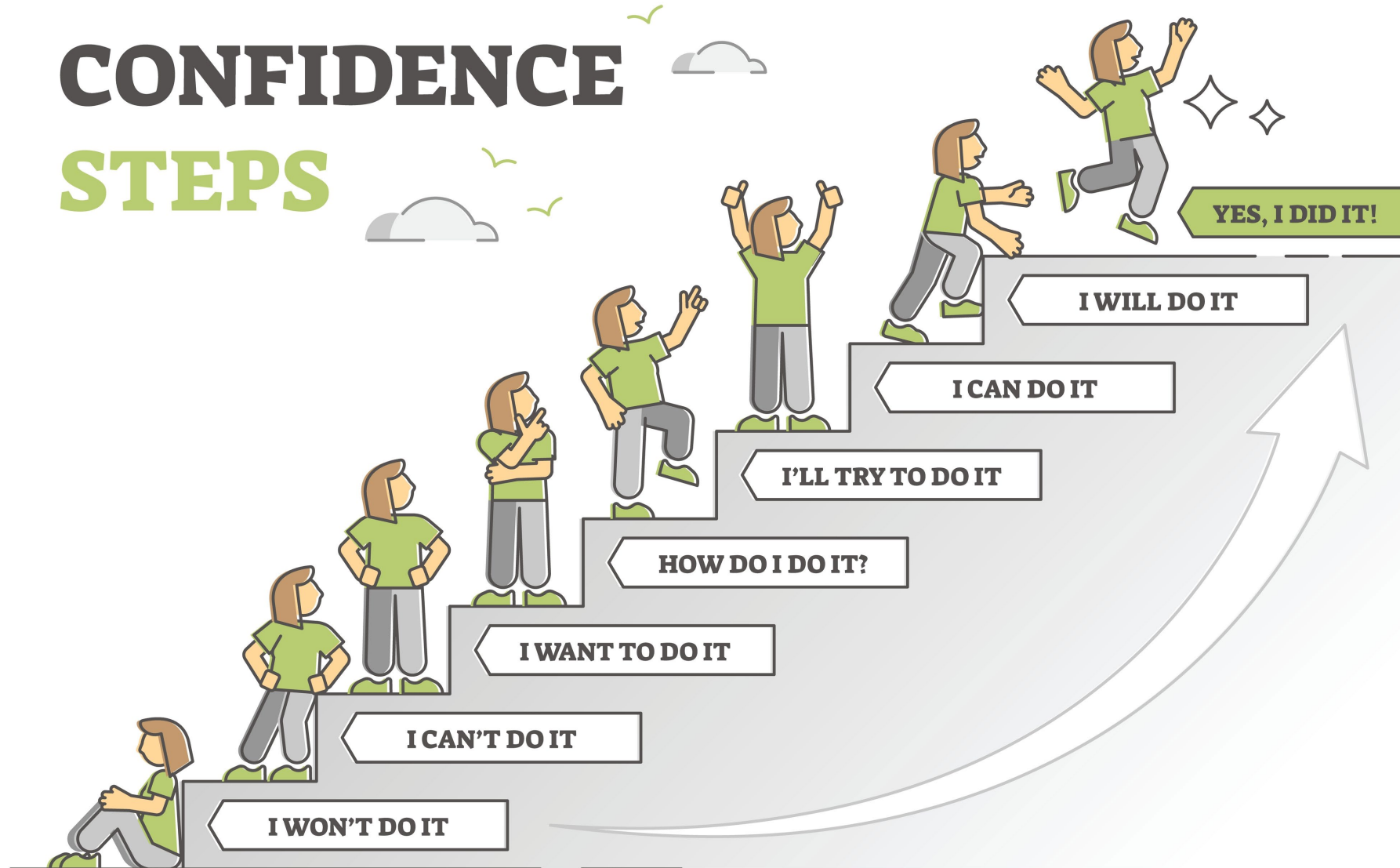- Subjective by CDS as to knowledge base, experience and confidence

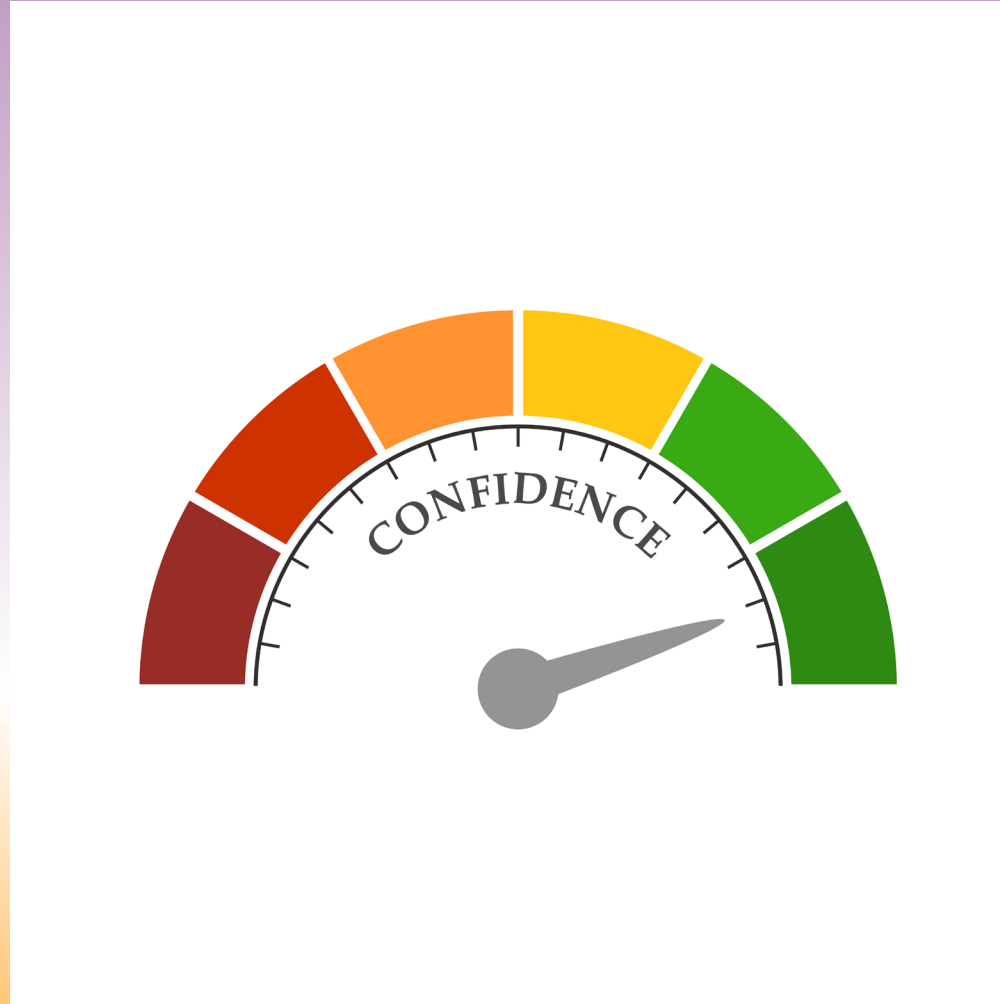# **Basketball Analogy**

Statistical likelihood (NBA stats)

- Slam dunk   87%

- Layup   55%

- Free throw   73%

- 3 pointer   46%

- Half court   10%

CONFIDENCE STEPS

YES, I DID IT!

I WILL DO IT

I CAN DO IT

I'LL TRY TO DO IT

HOW DO I DO IT?

I WANT TO DO IT

I CAN'T DO IT

I WON'T DO IT

How Confident Do You Need to Be?

Case Study

Case Study

- Academic medical center with 4 facilities

- 20 CDI staff

- 6.4 hours/day spent in record review

- Averaging around 20 minutes per review

- Resulting in 18-20 reviews /day
  - 6-8 initial
  - 12-14 re-reviews

- Query rate across all facilities
  - 20%

Additional Data

- CDI team requested to expand program without additional staff
  - Second level review process
  - Outpatient CDI
  - Mortality, HAC and PSI review

- To meet these requests
  - Implemented in April 2022
    - New single EMR for all facilities (previously 4 different platforms)
    - New CDI platform
    - New Coding platform
    - New computer assisted physician documentation platform

Post Implementation

17 CDIS Dedicated to Concurrent IP Review
21% Average Query Review

9 CDIS Dedicated to Concurrent IP Review
35% Average Query Review
95% Average Prioritized Review Rate

Leaving 8 CDIS to be Re-deployed to Outpatient and Retrospective Reviews

Post Program Changes

- Within 3 months of workflow changes:
  - Reviewing 95% of prioritized records
    - 11% reduction in initial review time
    - 16% reduction in re-review time
  - Electronic note taking with minimal entry
    - Clinical evidence for queries
    - Decision making
  - Query volume increased by 15%
  - Query rate increased to 10 percentage points
  - MCC capture rate increased by over 4%

Summary

- Without increasing staff
  - Concurrent staff
    - Increase query volume and query rate
    - Improved MCC capture rate
    - Decreased overall review volume
      - Minimized unnecessary reviews
  - Ability to expand to
    - Outpatient reviews
    - Post discharge review process
      - Mortality
      - PSI/HAC

Reflection

- Who to review
- When to review
    - How early is too early?
- What to review
    - What data is necessary?
- How to review
    - Timing
    - Detail
- When to re-review

What's in a Review?

- Utilize your prioritization
  - Configured to identify cases with a discrepancy between clinical evidence and documentation
- Minimize note taking
  - Only document what's needed for a query, not a summary of the patient encounter
- Stay focused on what's missing, not what's already there
- Documentation accuracy takes precedence over time

References

- AHIMA and ACDIS Compliant clinical documentation integrity technology standards. (AHIMA). 2022
- Guidelines for Achieving a Compliant Query Practice © 2022 AHIMA and ACDIS
- https://www.aapc.com/clinical-documentation-improvement/
- https://www.forbes.com/sites/forbestechcouncil/2022/01/14/the-impact-of-remote-work-on-productivity-and-creativity/?sh=52a798853957

flourish
CDI IN BLOOM | acdis 2023

Thank you. Questions?

fran@iodinesoftware.com

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.

hcpro