Learning Objectives

- Discuss Emory Healthcare’s seven methods for physician engagement
- Describe best practices to enlist support for CDI from administrative and physician leadership
- Develop appropriate education and metrics to ensure ongoing physician participation
- Market your CDI program to ensure ongoing physician participation

Emory Healthcare

- As the largest, most comprehensive healthcare system in Georgia, Emory Healthcare includes:
  - Emory University Hospital
  - Emory University Orthopedics and Spine Hospital
  - Emory University Hospital Midtown
  - Emory Johns Creek Hospital (new acquisition)
  - Saint Joseph’s Hospital of Atlanta (new acquisition)
  - The Emory Clinic
  - Emory Children’s Center
  - Wesley Woods Center of Emory University
  - Emory Adventist Hospital
  - Emory Specialty Associates
Emory University Hospital

- Emory University Hospital, acclaimed as one of America's Best Hospitals by U.S. News & World Report, specializes in the care of the acutely ill adult
- Among highest CMI in UHC
- Among lowest (best) mortality index in UHC

Emory University Hospital Midtown

- Emory University Hospital Midtown, a leading community-based and acute care teaching facility, top 11 in UHC's Quality and Accountability Scorecard 2011, top 10 in 2012
- Top 10 in mortality index in UHC

Scope of Emory's CDI Program

- 1,830 licensed beds; 50,000 discharges annually
- 28 specialties
- 1,750 physicians
- 1,156 residents and fellows
- 450 midlevels
- 19.5 FTEs (23 folks)

Emory CDI Program

- Jan 2008 – Started CDI program – 3M Consultants
- May 2008 – Started using 3M DocMS – without an ADT feed
- Jan 2009 – 3M DocMS – with an ADT feed
- May 2010 – Converted to 3M CDIS (encoder)
- Late 2011 to current – Paper to paperless (CDI queries integrated into Cerner Power Chart)
CDI Program

- Active integration for improvement of documentation to accurately describe the severity of illness (SOI) and risk of mortality (ROM) of the hospitals' inpatient population
- Focused approach involves concurrent review of the patient records to identify clues and cues of all conditions, which need to be stated in clear, diagnostic terms
- Total electronic process
  - (Anesthesia preop/certain ICUs – progress notes)

CDI Program Targets

- 85% of all eligible admissions
  - 86% – target met (34,603 initial reviews)
- 35% communications with MD to # of patients reviewed
  - 27.5% query rate – target not met (9,474 queries)
- 90% physician response rate
  - 95% response rate – target met
- 85% agree rate
  - 95% agreement rate – target met

Physician Engagement

I always answer my CDI queries!

Physician Engagement: Leadership

“As healthcare was moving towards more direct accountability for physicians and hospitals on overall quality, it immediately became clear that having the most accurate information about the clinical status of patients was essential to measuring our go-forward quality and safety metrics. Emory Healthcare made a decision to commit new and significant resources to our overall clinical documentation effort. We also made sure we had strong leadership engagement, both physician and nonphysician, in this issue to ensure maximum effectiveness. Again, our goal is simply to have the most accurate information we can have about the clinical conditions of our patients. Overall, our effort is going extremely well, but it is one of those things where the job is never done and being constantly refined.”

—John Fox, president and CEO of Emory Healthcare
Physician Engagement

Action plan: 7 key tools for success

- Administrative support
- Communication
- Education
- Publications
- Collaboration
- Post-discharge process
- Program/process

Physician Engagement Action Plan   5/31/09

Administrative Support

Full support from administrative and physician leadership

- President and CEO sent letters to chiefs of services introducing the CDI program and asking for their support
- COO sent personal handwritten thank-you notes to chiefs of services who scored 100% on response rate each month
- Top leaders and physician champions address poor-performing services and individual physicians
- Query response data is communicated widely and poor performers are held accountable for performance
- Response rate is tied to physician profile and incentive programs

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Administrative Support

Physician champions

- Advise and assist
- Physicians who hold high credibility among peers to ensure organizational cooperation
- Act as liaison between administration and medical staff
- Physician-to-physician communication and collaboration
- Focus on quality of care; the message to the medical staff is to improve the care, not the bottom line of the hospital

Clinical Documentation Improvement

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### Benefits of CDI

**But what’s in it for me!!!??**

- **Physician Benefits**
  - Improves quality of care by enhanced communication with healthcare team
  - Thorough documentation enhances profile accuracy
  - Establishes a collaborative approach to capture appropriate SOI and ROM
  - Supports patient LOS and resources utilized
  - Reduces potential compliance risks by documenting all patient conditions
  - Accurate and complete documentation supports physician professional billing and profiles – E/M

### Focus Is on Quality

*Most physicians believe they provide high quality of care to their patients. The CDI program is all about getting credit for this high-quality level of care done on a daily basis at bedside.*

—Dr. Valeri Akopov, MD

### Communication

- CIU update is standing agenda item at medical staff & administrative meetings
- Data reports to key administrative & medical leadership on a monthly basis and posted on our intranet website
  - CDI scorecard (monthly)
  - YTD summary
  - Response rate trend report by service (12 rolling months)
  - Response rate trend report by service by MD (12 rolling months)
  - Response rate trend report by MD (alpha) (12 rolling months)
- Ad hoc reports upon request
- Escalation for outstanding responses
CDI Metric Reports Are Posted on Our Intranet Site

Data Reports Are Communicated Widely

Trending Reports Are Published on the Intranet Site

Education

- Medical staff:
  - Have received over 60 educational sessions in staff meetings, service meetings, and one-on-one

- New physician:
  - CDI manager presents to new physician orientation every month

- Residents/fellows/midlevels:
  - Educate current residents by educational sessions, grand rounds, and one-on-one education by CDS
**Education**

- Incoming residents & fellows:
  - CDI manager developed Blackboard course for university Web-based learning on clinical documentation. All new residents & fellows must complete course and pass with 80% as a mandatory requirement for in-processing.
  - Chief quality officer introduces CDI at new resident orientation – given a packet of material.
  - Educational materials are given out at all educational meetings and posted in charting areas.

**New Residents Are Required to Complete Documentation Course**

- Clinical documentation module
- Present on admission module
- Dictation module

Modules to be added: Core measures
- Patient safety indicators
- Readmissions

**Educational Material Is Posted in Charting Areas**

- **Linking** in your Documentation denotes **Cause and Effect**
- In order to capture the Severity of illness and Risk of Mortality for your patients, you must link manifestations to the primary cause, indicating the relationship between the **cause** and the **effect**.
- **Example documentation:**
  - "PVD due to uncontrolled diabetes"
  - "Acute Kidney Failure due to Acute Tubular Necrosis"  
- "Hyperglycemia w/wo coma"
- "Diabetic coma w/wo coma"
- "Diabetic ketoacidosis"
- "Diabetic ketonemia"
- "Acute impotence"
- "Hypoglycemia w/wo coma"
- "DKA: w/wo coma"

**Cardiac Manifestations**

- Sinoatrial Dysfunction
- Paroxysmal Ventricular Tachycardia
- CHF

**Ophthalmic Manifestations**

- Retinopathy
- Blindness
- Cataracts
- Glaucoma

**Publication**

- Continued communication and education through **publication**
  - Quarterly medical staff update newsletter
  - Physician online hot tips
  - Staff news beat
  - Homepage of intranet
  - John Fox blog
  - Brochures
  - Be creative!

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Collaboration

Collaboration with any group that will listen! Market your service.
- Physician/service lines/midlevels
- Nursing
- Care coordination – UR, CM, quality, core measures, PSI/RAC
- Administration
- Others

Post-Discharge Action

Post-discharge action: A philosophical decision
- What are the overarching drivers of the program?
- Where is the emphasis placed?
- Who looks at the monthly stats and who cares? ($$$ vs. quality outcome or both)
- What targets are considered most important?
- What are you trying to achieve?

Program and Process

Program and process
- Develop your mission
- Develop your philosophy
- Develop your program
- Develop your process
- Implement and refine
- Continuously refine and redefine
  ... it is one of those things where the job is never done!

Post-Discharge Process

- Staff leaves all unanswered queries as “pending”
- All pending post-discharge queries are on “open query – discharged patients” work list
- Work all CDI post-discharge open queries
- Call, email, alpha-mate resident/midlevel/attending
  - Use as opportunity to educate
- Two attempts then refer to physician advisor
- Contact coding to add information to abstract (if appropriate)
So, Ask Yourself ...

- Do we have a relationship with and guidance from senior administrative and medical leadership?
- Do we have a relationship with and guidance from a physician champion?
- Do we have ways to communicate, educate, and publish our efforts?
- Do we collaborate/assist with other groups in the organization?
- Do we have a good solid program and processes that are standardized?
- And finally, Does our mission guide our purpose?

Physician Benefits of CDI

Now I understand!! CDI is really cool!

Thank you. Questions?

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