Leading Your CDI Program to Become a Strategic Force Within Your Organization

Ann Kashmanian, MBA, CPA
Senior Vice President, Financial Operations and Care Management
Karen DiMeglio, RN, MS, CPC, CCDS
Director, Clinical Documentation and Appeals
Lifespan Corporate Services
Providence, Rhode Island

Lifespan Facts & Statistics ‘14 Fiscal Year

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees</td>
<td>15,000</td>
</tr>
<tr>
<td>Licensed beds</td>
<td>1,155</td>
</tr>
<tr>
<td>Patient discharges</td>
<td>56,119</td>
</tr>
<tr>
<td>Emergency department visits</td>
<td>239,117</td>
</tr>
<tr>
<td>Net patient service revenue</td>
<td>$1.550 billion</td>
</tr>
<tr>
<td>Total assets</td>
<td>$2.453 billion</td>
</tr>
<tr>
<td>Research funding</td>
<td>$81.6 million</td>
</tr>
<tr>
<td>Charity care</td>
<td>$45.4 million</td>
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</table>
Learning Objectives

• At the completion of this educational activity, the learner will be able to:
  – Identify strategies to develop a high-performing team
  – Illustrate a multifaceted approach to communicating the mission and vision of clinical documentation integrity (CDI)
  – Identify and translate data into actionable reports to improve provider documentation
  – Discuss selecting initiatives focused on improving hospital metrics to facilitate recognition for high-quality care and accurate reimbursement
  – Describe opportunities to collaborate with providers and other healthcare departments, emphasizing the benefits of building strategic relationships with physician leadership, coding, case management, contracting, and other healthcare departments to drive change

Lifespan CDI Department

2009

2015

Developing a High-Performing Team

• Identify necessary skills and hire the right staff to build a cohesive team
• Involve staff in developing goals, expectations, and department priorities
• Professional opportunities for growth:
  – Ongoing education
  – CDI clinical ladder
  – Certification: All staff who meet the requirement are certified
Department Development for Success

- All RN staff
- Development of relationship with providers
- Focus on quality of documentation
- Executive and physician leadership support
- Committee structure
- Ongoing education
- CDI-coder relationship
- Technology

Multifaceted Approach to Communication

- CDI staff – first point of contact
- CDI steering committee
- Monthly meetings with key physician leadership
  - CMOs
  - Director of GME and program directors
  - Hospitalists
- Physician engagement/education
  - Provide benchmark data specific to specialty
  - Specialty-specific CDI education

Key Performance Indicators

- CDI data
  - Program
  - Physician
  - Staff
- University HealthSystem Consortium (UHC) data
### Key Performance Indicators: CDI Program

**Total cases available, per CAC:** 3,226

**Total cases identified, per CDI:** 2,193

**Total initial cases reviewed, per CAC:** 1,678

**% done using CDI identified cases:** 77%

**Total Medicare cases identified in CAC:** 828

**Percent of Medicare cases seen per CAC:** 76%

**Total reviews initial and follow-ups, per CAC:** 2,794

**Total queries, per CAC:** 384

**Response rate, per CAC:** 94%

**Agree rate, per CAC:** 93%

**Impact visits, per CAC:** 115

**Financial, per CAC:**
- **Baseline to working X**
- **Baseline to final X**

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### Key Performance Indicators: Program

**Weekly Query Rates**

<table>
<thead>
<tr>
<th># of queries</th>
<th>Response rate (goal &gt; 95%)</th>
<th>Agree rate (goal &gt; 90%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>TMH</td>
<td>37</td>
<td>93%</td>
</tr>
<tr>
<td>RIH</td>
<td>71</td>
<td>91%</td>
</tr>
</tbody>
</table>

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### Key Performance Indicators: Program

**AHRQ CC Capture: 65-74 yrs.**

<table>
<thead>
<tr>
<th>Discharge Quarter</th>
<th>Total Cases</th>
<th>AHRQ CC/POA+</th>
<th>% Capture</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-3</td>
<td>150</td>
<td>140</td>
<td>93.3%</td>
</tr>
<tr>
<td>2012-4</td>
<td>153</td>
<td>141</td>
<td>92.2%</td>
</tr>
<tr>
<td>2013-1</td>
<td>103</td>
<td>105</td>
<td>92.3%</td>
</tr>
<tr>
<td>2013-2</td>
<td>104</td>
<td>100</td>
<td>98.0%</td>
</tr>
<tr>
<td>2013-3</td>
<td>154</td>
<td>149</td>
<td>96.6%</td>
</tr>
<tr>
<td>2013-4</td>
<td>105</td>
<td>104</td>
<td>99.3%</td>
</tr>
<tr>
<td>2014-1</td>
<td>154</td>
<td>148</td>
<td>96.1%</td>
</tr>
<tr>
<td>2014-2</td>
<td>154</td>
<td>172</td>
<td>99.5%</td>
</tr>
<tr>
<td>2014-3</td>
<td>103</td>
<td>105</td>
<td>99.1%</td>
</tr>
</tbody>
</table>

Data from the AHRQ Clinical Data Base/Resource Manager® used by permission of AHRQ. All rights reserved.
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Key Performance Indicators: Physicians

Rhode Island Hospital

Complication and Morbidity (CC and Major CC) Capture Rate

[Diagram showing data points with error bars and percentages]

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Key Performance Indicators: Physicians

[Table showing query types and response rates]

<table>
<thead>
<tr>
<th>Query Name</th>
<th>Total Qs</th>
<th>Response Rate</th>
<th>Agree Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal clinical findings</td>
<td>175</td>
<td>94%</td>
<td>93%</td>
</tr>
<tr>
<td>Clarification of clinical findings</td>
<td>118</td>
<td>89%</td>
<td>97%</td>
</tr>
<tr>
<td>Documentation clarification</td>
<td>40</td>
<td>98%</td>
<td>90%</td>
</tr>
<tr>
<td>Heart failure specificity</td>
<td>31</td>
<td>100%</td>
<td>97%</td>
</tr>
<tr>
<td>Nutritional deficiencies</td>
<td>31</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Grand total</td>
<td>571</td>
<td>93%</td>
<td>95%</td>
</tr>
</tbody>
</table>

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Key Performance Indicators: Staff

CDI Scorecard

<table>
<thead>
<tr>
<th>CDI</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1/10</td>
</tr>
</tbody>
</table>

- Total initial reviews: 260
- Total reviews: 607
- Total days worked: 18.5
- Response rate: 92%
- Agree rate: 89%
- Total cases: 91
- Denial rate: 32%
- Reopen rate: 92%
- Early 80%: 92%
- Late 80%: 93%
Improving Hospital Quality Metrics

- All payer review
- All cases are analyzed utilizing MS-DRG & APR-DRG systems
- Query to impact both DRG systems and risk adjustment
- Each CDS is assigned by service line responsible for analyzing documentation and providing education to residents and attendings

Initiatives for Improving Hospital Quality Metrics

- CDI can have a significant impact on hospital's quality metrics by adding risk adjustment methodology
  - CMS pay for performance
    - PSI #90
    - Concurrent and retrospective CDI review of mortality

CMS Pay for Performance

- CMS includes PSI #90 into two pay-for-performance programs:
  - FY 2013 – Hospital Value Based Purchasing Program (HVBP)
  - FY 2015 – Hospital Acquired Condition Reduction Program (HACRP)
- CMS evaluates hospital risk-adjusted performance using AHRQ methodology
  - Expected performance is determined by the risk adjustment methodology – sicker patients have a higher expected rate
PSI 90 Review Process

- Coding/CDI & quality pre-billing review for PSI 90
- Add subject matter experts such as infection control to the team
- Concentrate on inclusions, exclusions, and risk adjustment utilizing AHRQ’s methodology
- Incorporate diagnoses that increase risk adjustment into CDI education tools

PSI #90

Audit Checklist

- AHRQ Methodology
- PSI 90
- PSI 90v45a
- CDI Vulnerability Checklist PDF

Risk Adjustment Methodology

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Large Degree of Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSI 63</td>
<td>0.05</td>
</tr>
</tbody>
</table>
Mortality Review

- Utilize UHC's mortality models
- Incorporate variables specific to service line into physician education
- Coding reviews every patient for the top five variables
- CDI reviews patients who fall “below” or “well below” the expected mortality level per UHC models
- Pre-billing review of all expired cases now done by one CDS

Numerator: Number of deaths observed
Denominator: Number of deaths expected according to UHC 2014 AMC Risk Adjustment Model

Quarterly volume represented as sample size
Collaborate to Drive Change

- CDI-coding relationship critical to documentation integrity
- Build strategic relationships systemwide
  - Hospital leaders
  - Physician leaders
  - Case management
  - Contracting
  - Other healthcare departments

CDI-Coding Relationship

- Development of mutual respect and trust
- Partnership and collaboration
  - Education
  - POA and DNR capture
  - CDI-coding newsletter
  - New technology
- Monthly CDI-coding meeting run by staff

New Initiatives for FY 2016

- Outpatient CDI
  - AHRQ Hierarchical Condition Categories
  - AHRQ risk adjustment methodology to impact CMS Hospital Readmission Reduction Program (HRRP)
- ICD-10
Thank you. Questions?
AKashmanian@Lifespan.org
KDimeglio@lifespan.org

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