Growing the Physician Advisor Role:
A Tale of Four Pediatric Physician Advisors

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Learning Objectives

• At the completion of this educational activity, the learner will be able to:
  – Understand additional roles physician advisors can have that will be synergistic to CDI goals
  – Adapt the EHR to optimize coding
  – Expand the educational repertoire to engage physicians and gain compliance
  – Incorporate case management and utilization review to enhance CDI outcomes
Introduction
“Raise Your Hands” Question

• Physician advisors
• CDI specialists
• Medical directors
• Other
“Raise Your Hands” Question

Any programs without a physician advisor?
Steps for Attendees to Answer/View POLLING QUESTIONS

1. Navigate to the event Agenda in the main menu
2. Tap the name of the current session to view the session details page
3. Tap Polls
4. Tap the name of the poll
5. Tap your answer choice and then tap Submit
Polling Question #1

• What department does your CDI program call home?
  – Information technology
  – Health information management
  – Case management
  – Patient care services
  – Other
Phoenix Children’s Hospital

• Medium freestanding children’s hospital
  – 433 licensed beds
  – ~14,000 inpatient admissions
  – ~86,000 ER visits

• Population metrics
  – All DRG payers with 60% Medicaid and 40% Commercial
  – Medicaid payers use APR-DRG
  – Commercial payers use MS-DRG
Phoenix Children’s Hospital

**CDI program**

- 1 medical director (physician), 1 coding manager, 4 CDI nurses
- Review all inpatient hospital stays (excluding NICU and psychiatry)
- CDI program is under the HIM (health info mgmt) department

**Medical director is a pediatric hospitalist**
Children’s Hospital of Philadelphia

- Large freestanding children’s hospital
  - 546 inpatient beds
  - > 29,500 admissions
  - > 170,000 inpatient days
  - > 96,000 ED visits
  - > 40,000 surgeries
  - > 1 million square feet of research space
- > 3,000 physicians, fellows, residents, & nurse practitioners
- Patient population metrics
  - 46% Medicaid
  - Patients from > 50 nations
Children’s Hospital of Philadelphia

• CDI program:
  – 1 physician advisor
  – 4 CDI nurses (3.5/4.5 FTE)
  – CDI is part of case management department

• Physician advisor is a pediatric hospitalist
Boston Children’s Hospital

• Medium freestanding children’s hospital
  – 404 beds
  – 25,000 inpatient admissions/year
  – 26,500 surgical procedures/year

• Population metrics
  – DRG: 31%
  – Medicaid: 21%
  – Medicare: 1%
Boston Children’s Hospital

CDI program:

- 1 physician advisor
- 1 manager
- 3 CDI specialists (2 RNs, 1 PA)
- Review all DRG payers
- CDI program is under the department of patient care services

Physician advisor is an intensivist
Children’s Hospital & Medical Center Omaha

- Small freestanding children’s hospital, tertiary care
  - 145 beds
  - 8,200 admissions
  - 48,300 ED/UC visits

- Population metrics
  - 50% Medicaid
  - NE Medicaid (77%) is APR-DRG and IA Medicaid (17%) is MS-DRG; private insurance is contracted based on MS-DRG
Children’s Hospital & Medical Center Omaha

CDI program
- 1 physician advisor (FTE 0.2), 2 RNs, 1 reconciler
- Review all inpatient stays and again weekly for long stays
- MD role in IT, CDI program, and RNs in revenue cycle
- Physician advisor is a pediatric hospitalist
Education
Polling Question #2

• How often do you conduct physician education?
  – Only as needed
  – Only during new physician orientation
  – Once or twice a year
  – Every month
  – At least every week
Common Practices Across All Four Institutions

• Resident education/fellow education
• New attending orientation
• Division-specific educational series focusing on the division’s most common queries or problem diagnoses
• Monthly documentation and billing tips at division meetings
References

• **Adult learning theory:**

  *Hitting Pause – 65 Lecture Breaks to Refresh and Reinforce Learning*
  
  by Gail Taylor Rice

• **Behavior change:**

  *Switch: How to Change Things When Change Is Hard*

  by Chip Heath & Dan Heath
Boston Children’s Hospital

• Innovative resident initiative
  – Note template with active problem list
  – Presented with challenge
    • Reviewed notes
      • 1 point if something on the “banned” list
  – Winner = resident with least number of points
  – Emphasized only trying to promote accurate, concise documentation—not “upcoding”
# Boston Children’s Hospital

<table>
<thead>
<tr>
<th>Descriptive term/Issue</th>
<th>Situation</th>
<th>Diagnostic term/proper procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic respiratory insufficiency</td>
<td>Baseline patient is mechanically ventilated</td>
<td>Chronic respiratory failure</td>
</tr>
<tr>
<td>Concern for (diagnosis), evidence of (diagnosis)</td>
<td>If you truly suspect a diagnosis</td>
<td>Suspected, probable, possible, likely</td>
</tr>
<tr>
<td>SIRS/sepsis physiology</td>
<td>The patient has SIRS, sepsis, severe sepsis, or septic shock</td>
<td>SIRS, sepsis, severe sepsis, septic shock</td>
</tr>
<tr>
<td>Only describing a lab abnormality or documenting the actual value</td>
<td>Lab value that is clinically significant</td>
<td>Hypo/hyperkalemia, anemia, acidosis, alkalosis</td>
</tr>
<tr>
<td>Urosepsis</td>
<td>Sepsis/septic shock in the setting of a UTI</td>
<td>Sepsis/septic shock due to UTI</td>
</tr>
<tr>
<td>Global developmental delay</td>
<td>A patient with HIE who is dependent on others for ADLs</td>
<td>Spastic quadriplegia &amp; intellectual disability</td>
</tr>
<tr>
<td>Medication abbreviations</td>
<td>CTX, TPA, DDAVP, TXA, etc.</td>
<td>Ceftriaxone, alteplase, desmopressin, tranexamic acid, etc.</td>
</tr>
<tr>
<td>Copy/paste without appropriate attribution</td>
<td>Medical history from previous record, radiology reports, etc.</td>
<td>Provide attribution per hospital manual</td>
</tr>
</tbody>
</table>
Boston Children’s Hospital

Results

- 64 notes reviewed (16 per resident)
- Points for each resident: 4, 9, 13, 17
  - 2 concern for
  - 26 lab abnormality
  - 15 medication abbreviation

Feedback

✓ Competition was really effective at incentivizing improvement
✓ Getting in the habit of naming all problems accurately in the notes led to sign-outs being more effective
Phoenix Children’s Hospital

• **Education:**
  – CDI tips in medical staff newsletter
  – CDI tips on the physician dining room digiboard
  – CDI tips posted to “Tools” in the EMR

• **Recognition of medical staff participation:**
  – Master Pen Award
  – *Fastest Pen Award*
## Malnutrition Severity

<table>
<thead>
<tr>
<th>Z score</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight for height</td>
<td>-1 to -1.9</td>
<td>-2 to -2.9</td>
<td>-3 or lower</td>
</tr>
<tr>
<td>BMI for age</td>
<td>-1 to -1.9</td>
<td>-2 to -2.9</td>
<td>-3 or lower</td>
</tr>
<tr>
<td>Height for age</td>
<td>n/a</td>
<td>-2 to -2.9</td>
<td>-3 or lower</td>
</tr>
</tbody>
</table>
Fastest Pen Award

This Award is given to

Dr. Jane Davidson
Pediatric Intensivist

in recognition of commitment to excellence in clinical documentation.

December 21, 2017

__________________________  ________________________
Medical Director, CDI        Chief Financial Officer
Documentation and the EHR
Common Practices Across All Four Institutions

Compliance with CDI goals and query requests

✓ CDI physician advisor has support from executive and departmental leadership

✓ CDI physician advisors have a designated subspecialist partner as resource
Reference

Influence Without Authority
How to Lead People Who Don’t Report to You
How to Build Effective Relationships and Create Allies
How to Influence Your Boss, Peers, Clients, and Other Partners

by Allan Cohen
Common Practices Across All Four Institutions

Clinical queries are sent to the attending of record

Queries are part of the EMR:
- Boston: Cerner
- Omaha: Epic
- Phoenix: Allscripts Sunrise Clinical Manager

Queries are not part of the EMR:
Philadelphia: Epic
(queries are emailed)
Children’s Hospital of Philadelphia

- >3,000 physicians, fellows, residents, and nurse practitioners to educate

Just-in-Time Education

- Filter for education opportunities
- Identify documentation epidemics
Epic workbench reports
Search all inpatient documentation for CDI terms and clinical indicators

Seek and find:
- Medical orders
- Medications
- Lab results
- Written text in all notes
**Children’s Hospital of Philadelphia**

**EPIC workbench reports**

**Clinical indicators:**

<table>
<thead>
<tr>
<th>Malnutrition</th>
<th>Anemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pancytopenia</td>
<td>Heart failure</td>
</tr>
<tr>
<td>Obesity</td>
<td>Sepsis</td>
</tr>
<tr>
<td>Thrombosis</td>
<td>Urosepsis</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Ketogenic diet</td>
</tr>
<tr>
<td>Global developmental delay</td>
<td>Respiratory insufficiency</td>
</tr>
</tbody>
</table>
Best Practice Advisory (BPA)

- BPA vs. in-basket message

- BPA
  - Links to problem list
  - Provider can change/add problem in real time
  - Notes are templated & include inpatient problem list

- Problem list is reviewed and updated in rounds every day

- Diagnosis repeated in more than one note
To Dr. Harper & the H-O Team:

has multiple medical problems which all lend themselves to her current nutritional status. The growth chart on (11/16/16) shows her to be in the **15.16% ile with a Z score of -1.03** which according to the Pediatric Nutrition Diagnostic Tool for ASPEN/WHO criteria, which has been attached, qualifies this patient for ‘Malnutrition.’ Also refer to the dietician’s progress note on 11/16 for additional supportive data.

In your clinical opinion, does Josianna meet your criteria for Mild, Moderate, or Severe malnutrition, and if so, would you consider this to be an acute or chronic process? Please document your answer in your next progress note, Epic problem list and Discharge Summary. Thank you.

---

**Pediatric Nutrition Diagnostic Tool**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Mild Malnutrition</th>
<th>Moderate Malnutrition</th>
<th>Severe Malnutrition</th>
<th>Obesity</th>
<th>Morbid Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Data</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree of Wasting (% IBW)</td>
<td>80-89%</td>
<td>70-79%</td>
<td>&lt; 70%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintentional Weight Loss</td>
<td>5-7% in 6 months</td>
<td>8-10% in 6 months</td>
<td>&gt; 10% in 6 months</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>2-3% in 1 month</td>
<td>5-10% in 1 month</td>
<td>&gt; 5% in 1 month</td>
<td></td>
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<tr>
<td></td>
<td>1% in 1 week</td>
<td>2-5% in 1 week</td>
<td>&gt; 2% in 1 week</td>
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<tr>
<td></td>
<td>2-5% from usual</td>
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<tr>
<td><strong>Secondary/Supportive Data</strong></td>
<td></td>
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<tr>
<td>Intake</td>
<td>Inadequate intake for 3-6 days</td>
<td>Inadequate intake for ≥ 7 days</td>
<td>Inadequate intake for ≥ 7 days and/or chronic poor intake</td>
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<td></td>
</tr>
<tr>
<td>BMI</td>
<td>&lt;5th %ile</td>
<td>&lt;1st %ile</td>
<td>≥ 95th %ile and &lt; 99th %ile</td>
<td></td>
<td>≥ 99th %ile</td>
</tr>
<tr>
<td>Z-Scores</td>
<td>&lt; -1</td>
<td>&lt; -2</td>
<td>&lt; -3</td>
<td></td>
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<tr>
<td>Albumin b</td>
<td>3-3.5 g/dL</td>
<td>2.4-3 g/dL</td>
<td>&lt; 2.4 g/dL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prealbumin b</td>
<td>14-20 mg/dL</td>
<td>10-14 mg/dL</td>
<td>&lt; 10 mg/dL</td>
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<td></td>
</tr>
<tr>
<td>Degree of Stunting (%Height-for-age)</td>
<td>90-95%</td>
<td>85-89%</td>
<td>&lt; 85%</td>
<td></td>
<td></td>
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<tr>
<td><em>Evaluate etiology</em></td>
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*See chart*
New Note Has Updated Specific Problem List

Progress note templates

- Reduce variation
- Help repeat diagnoses in documentation over time
- Keep a running list of active diagnoses to review on rounds and reconcile daily
Phoenix Children’s Hospital

“Gotta catch ‘em all”

Developing **continuous monitoring** within the EMR for pre-selected CDI queries
Placing the CDI Query in the Physician Workflow

- Query launches from inside the physician document
- After completion of the query, the diagnosis is added to the problem list
- All pertinent query information is added to the physician document
- Prompts physicians to consider and document treatment plans for the associated diagnosis
Influence on Revenue
Polling Question #3

• Do you measure your impact?
  – Yes
  – No
Common Practices Across All Four Institutions

✓ Participation in the institution’s billing and compliance committee

✓ Participation in utilization management
Boston Children’s Hospital

- Missed opportunities
  - Review queries at weekly staff meeting
    - Not answered
    - Not modified before signing
    - Not optimal diagnosis

- Track change in SOI, ROM, & reimbursement

- Collect missed opportunities for each specialty

- PA emails examples of missed opportunities to physician champions in different divisions
Children’s Hospital & Medical Center Omaha

- Outcomes data review:
  - Reviewing impact of intervention on charts
  - Change SOI & ROM
- CDI reconciler bridges the gap between CDI & HIM reviews
- Use a working DRG/SOI/ROM on all inpatient cases with CDI review and compare to final DRG assignment:
Children’s Omaha Focused Review

- CDI reconciler did a focused retrospective DRG review of Medicaid inpatients discharged with SOI 1, 2, or 3 with high charges or length of stay
  - 43 cases reviewed
  - 1/4 resulted in SOI or ROM change, no DRG change
  - Added diagnoses that increased SOI to a 3 or 4 or increased ROM: AKI, FTT, malnutrition, respiratory failure, pleural effusion, bronchopulmonary dysplasia
  - Significant financial impact
Phoenix Children’s Hospital

• Monitoring of diagnosis capture rates
  – Includes any time the diagnosis is included in the final billing
    • From direct provider documentation
    • From CDI query
  – More accurate reflection of overall CDI contribution
    • Demonstrates changes in diagnosis capture due to CDI educational sessions
Diagnosis Capture Rates Quarter to Quarter
Diagnosis Capture Rates Compared to Other Children’s Hospitals Year Over Year

2016 Respiratory Failure

2017Q1&2 Respiratory Failure

Percentage of All Hospital Cases with Resp Failure

De-identified PHIS Hospitals
Diagnosis Capture Rates Quarter to Quarter

Malnutrition

# of Cases

Provider Education

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<tr>
<td>PHIS Data for PCH</td>
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<tr>
<td>PCH Decision Support</td>
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<tr>
<td>CDI Queries</td>
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<tr>
<td>CDI Queries/Total Diagnosis Capture (%)</td>
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</table>
Diagnosis Capture Rates Compared to Other Children’s Hospitals Year Over Year

2016 Malnutrition

2017Q1&2 Malnutrition
Phoenix Children’s Hospital

PCH CMI by year

- 2015
- 2016

The graph shows the PCH CMI by year, comparing 2015 and 2016. The data is broken down by month from January to December.
Boston Children’s Hospital

Average Inpatient CMI by Calendar Year

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<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>1.87</td>
<td>1.88</td>
<td>1.98</td>
<td>1.93</td>
<td>1.83</td>
<td>2.12</td>
<td>2.32</td>
<td>2.12</td>
<td>1.94</td>
<td>1.86</td>
<td>2.01</td>
<td>2.01</td>
</tr>
<tr>
<td>2017</td>
<td>1.79</td>
<td>2.11</td>
<td>1.91</td>
<td>1.96</td>
<td>2.10</td>
<td>2.17</td>
<td>2.09</td>
<td>2.00</td>
<td>2.06</td>
<td>2.00</td>
<td>1.96</td>
<td>2.16</td>
</tr>
</tbody>
</table>
Boston Children’s Hospital

Inpatient CMI

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</thead>
<tbody>
<tr>
<td>1.63</td>
<td>1.74</td>
<td>1.85</td>
<td>1.95</td>
<td>1.90</td>
<td>1.99</td>
<td>2.03</td>
</tr>
</tbody>
</table>
Children’s Hospital of Philadelphia
In Closing

- Physician advisors leverage administrative roles to boost the goals of their CDI program
- Adaptation of your EHR will optimize documentation and coding of pertinent diagnoses
- Expanding your educational repertoire will engage physicians and improve compliance
- Incorporating case management and utilization review will enhance CDI outcomes
Thank you. Questions?

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shsnyder@childrensomaha.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 at the front of the program guide.