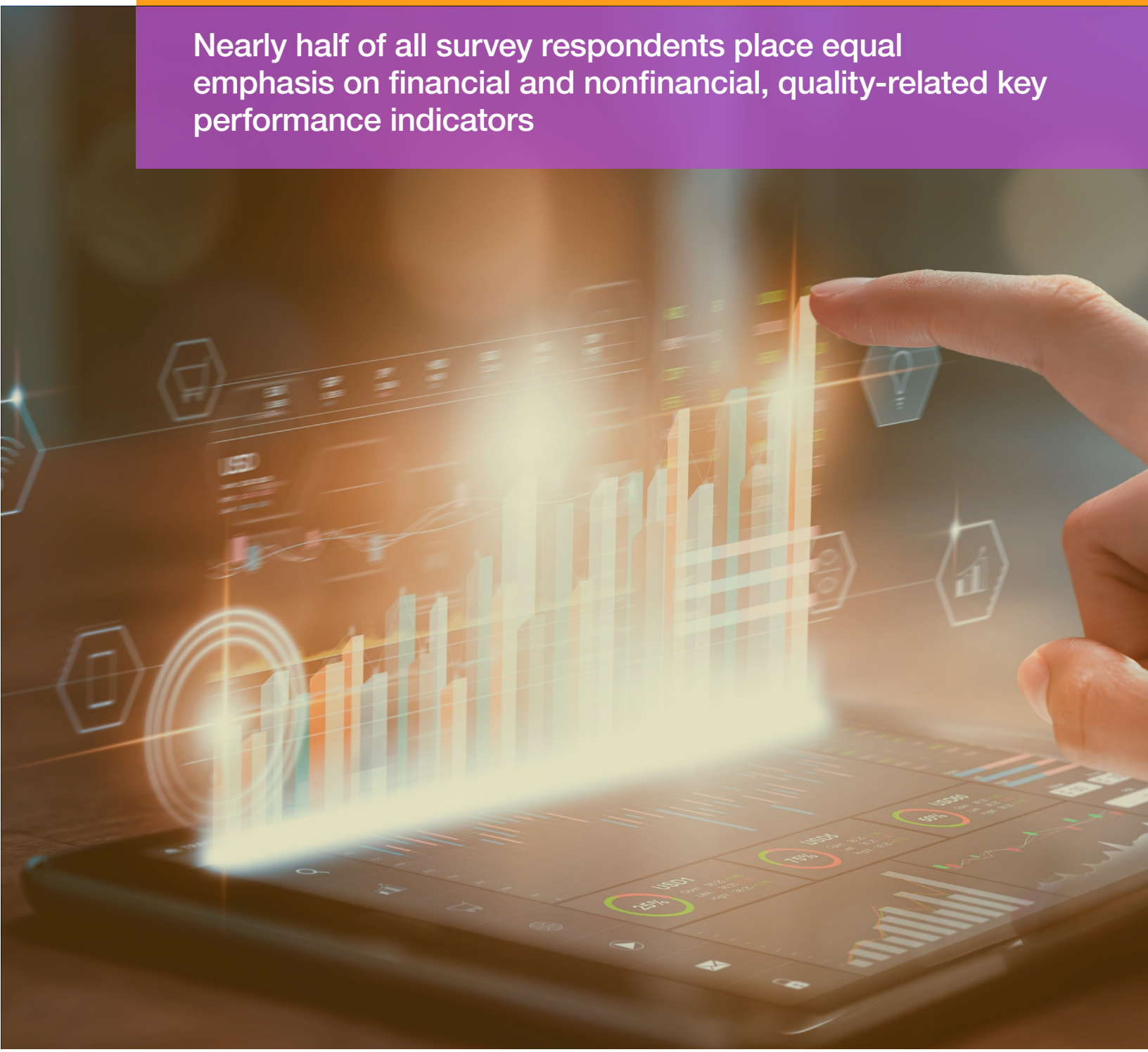
acdis
Association of **Clinical Documentation Integrity** Specialists

MEASURING AND VALUING QUALITY

Nearly half of all survey respondents place equal emphasis on financial and nonfinancial, quality-related key performance indicators



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The Participants

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CDI Regional Manager

Ensemble Health Partners Supporting Bon Secours Mercy Health
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Lucia Skipwith Lilien, RN, CCDS, CDIP, C-CDI, CP-DAM

CDI Manager

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Cheryl Manchenton, RN

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In the early days of the clinical documentation integrity (CDI) industry, the focus was overwhelmingly financial in nature. CDI professionals reviewed records focused simply on capturing comorbid complicating conditions (CC) and major CCs (MCC) for accurate code assignment and reimbursement. With the advent of value-based purchasing programs and other pay-for-performance measures, many CDI teams have shifted their focus to a more holistic review process for accurate quality reporting.

In partnership with 3M, the Association of Clinical Documentation Integrity Specialists (ACDIS) CDI Leadership Council asked several of its members to evaluate the results of a nationwide survey on the quality measures CDI teams most often review, the priority placed on financial and non-financial key performance indicators (KPI), quality measure benchmarking and measuring impact and collaboration with the quality department. The Council members were then asked to discuss their organizational approach to this topic. The following is a review of the survey results and a summary of the discussion.

Quality measures reviewed

When it comes to reviewing quality measures, most survey respondents put the most weight on concurrent severity of illness (SOI)/risk of mortality (ROM) and listed it as a primary metric (59.83%). Other highly rated metrics included:

- Retrospective SOI/ROM (53.28% rated it as primary)
- Present on admission (POA) indicators/hospital-acquired conditions (HAC) (51.09% rated it as primary)
- The HAC Reduction Program (44.54% rated it as primary)

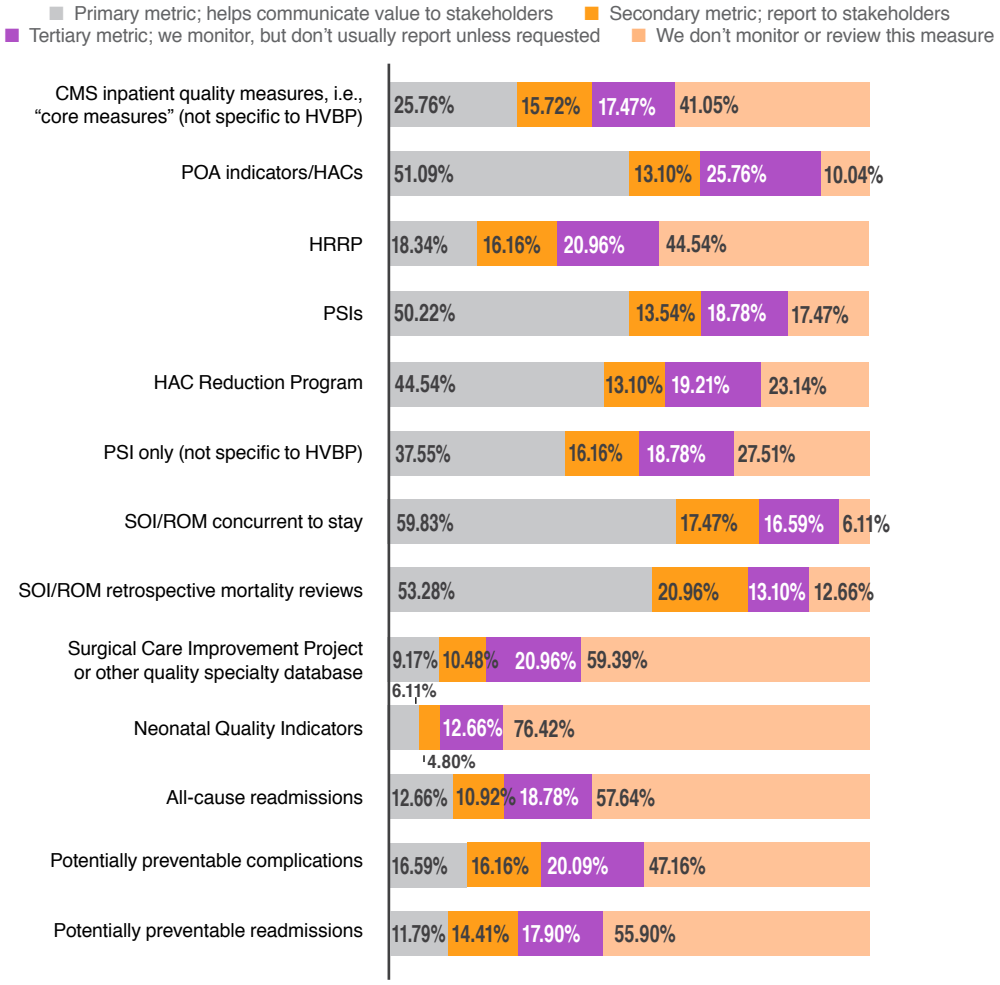
On the other end of the spectrum, the least utilized and monitored quality measures were the Neonatal Quality Indicators, which is likely due to the smaller percentage of Council members who review neonatal or pediatric charts. (See Figure 1.)

In general, more and more CDI programs are reviewing for quality measures simply because quality initiatives are increasingly tied to reimbursement, making quality measurement top of mind for executive leadership.

"We've been having a lot of conversations with our site leadership team about the quality metrics," says **Amy Kirk, RHIT, CCDS, CRCR,** CDI regional manager with Ensemble Health Partners supporting Bon Secours Mercy Health in Youngstown, Ohio. "As we all know, value-based purchasing is here to stay, and CDI can make a difference."

With any new CDI endeavor, however, CDI leaders need to assess their team members' bandwidth and any potential negative productivity

Figure 1. Quality measures and/or quality-related items reviewed



Selected other responses:

- We have a system quality team that we work with, and they monitor and report out on the majority of the metrics.
- We also use Elixhauser/Vizient measures.
- We only review quality measures when specifically requested from the quality department.
- We didn't have any collaboration with quality, but we're in the process of changing that in 2021.
- We're on the outpatient side and look at outpatient specific measures such as QPP reporting.
- VA SAIL measures.
- We only review specific, high risk PSIs.

impacts. To limit the impact on her team, **Lucia Skipwith Lilien, RN, CCDS, CDIP, C-CDI, CP-DAM,** CDI manager at Health First, Inc. in Malabar, Florida, says that while her CDI team will query for a quality concern, the quality department owns quality measure performance and monitoring.

"My team is extremely productive, and I really don't worry about factoring in any kind of quality measures that they may have to query for," she says.

"We have a separation of quality and CDI. […] Quality is their own deal, although we're very involved with them."

If your CDI team needs to take on more ownership of the quality piece, CDI leaders should investigate whether software can ease some of the workload. Your technological solutions may be able to take some of the easiest opportunities off your plate, freeing up time for more complex quality-related reviews.

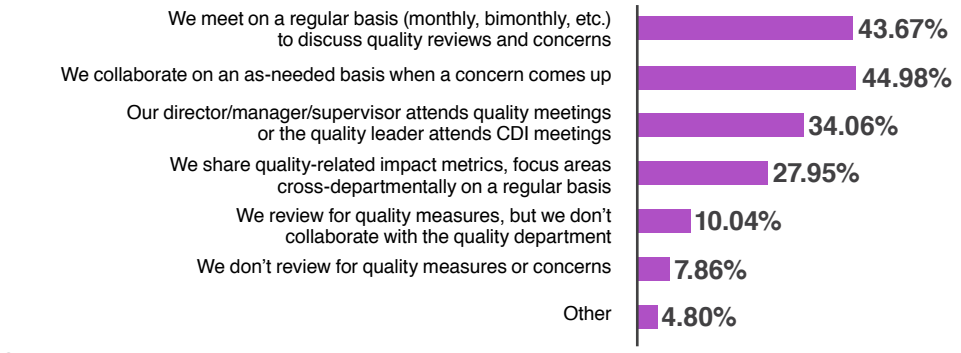
"Yes, it does take you more time to look at [quality measures]," says **Cheryl Manchenton, RN**, senior quality consultant, project manager, and quality services lead at 3M Health Information Systems in Murray, Utah. "With my clients, we do give them a bit more staff for this work, but usually the software helps to balance it out. In other words, you can do more because you have time to do it because you're using technology."

Collaborating with the quality department

As CDI departments increasingly review for quality-related concerns, it's important that they lean on the expertise of their peers in the quality department and ensure that both teams are on the same page so they can work in concert. According to survey respondents, the most common collaboration method with the quality department is working together on an as-needed basis (44.98%), followed by regular meetings (43.67%) and having management attend cross-departmental meetings (34.06%). Perhaps concerningly, 10.04% said that though they review for quality measures, they don't collaborate with the quality department. (See Figure 2.)

For those interested in fostering a better (or any) relationship with their quality colleagues, Kirk suggests simply starting by getting to know each

Figure 2. Collaborating with the quality department



Selected other responses:

- We're just beginning to collaborate monthly in 2021.
- It varies from facility to facility across our system.
- We're structured within the corporate quality and/or safety department.
- The quality team reaches out if they need to, but CDI rarely starts the conversation.

other and seeing how the other department operates. This will help to assuage any misunderstandings or miscommunications down the line.

"I think a good first step would be sitting down together and understanding what each other's roles are," she says. "Deep dive into some cases together and seeing how it all works."

"Meet and share the data. All of us should hear the data at the same time," adds Manchenton. "Work globally. Have everyone hear the same education because we're all coming at the chart in different ways."

In addition to formal scheduled meetings, Lilien also advocates for as-needed communication. Whether you choose to funnel communications through the leaders of each department, set departmental representatives, or open lines of communication for all team members, ensure that all parties feel they can ask questions and reach out freely. This open communication will help ensure the teams foster a lasting and amicable relationship through the years.

"We have to be available to one another and have a direct line of communication in some way," says Lilien. "It takes a little patience, so don't let it get to a point where you're fighting. We all have a common goal, so work toward that."

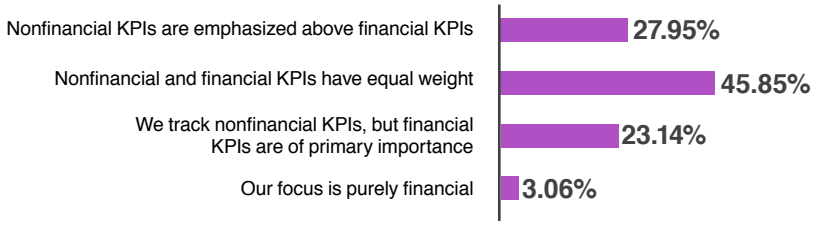
Regardless of the chosen communication method or the frequency of CDI/quality collaboration, Manchenton says to remember the true goal of your efforts. While reviewing for quality measures is a worthwhile pursuit, CDI's goal is an accurate and complete medical record in its entirety. During your quality journey, keep that goal front and center and check in periodically on your relationships both with the quality department and within the CDI department itself, she says.

"You set your mission, your vision, develop some workflows, educate everybody. Then you do quarterly check-ins to see how the flow is working, whether people are engaged, what we need to change," says Manchenton. "Once a year, I think you have to look at your mission and vision and make sure that it's still accurate."

Tracking, monitoring, and reporting nonfinancial KPIs

A year ago, just under 11% of respondents to *ACDIS' 2020 CDI Week Industry Survey* said that their focus was purely financial. In contrast, an even smaller percentage of respondents (3.06%) to the new survey said their focus is purely financial. Most respondents (45.85%) said they put nonfinancial and financial KPIs on equal footing, and about a quarter each said although they track both, either financial or nonfinancial KPIs are of primary importance. (See Figure 3.)

Figure 3. Validating electronically prompted/auto-suggested diagnoses



This shift, according to Manchenton, is largely because organizational leadership has come to see the importance of quality measures, thanks to more and more managed care contracts including a quality component.

"You can't put your head in the sand," she says. "There are just too many pain points. It's coming down from the top finally for the programs that were saying they didn't want to do this."

If your leadership team is reticent to accept the importance of quality measures and is pushing the CDI department to maintain a purely financial focus, Lilien suggests demonstrating how quality impacts *are* financial impacts. In a pay-for-performance world, quality measures simply can't be ignored and should be given their proper weight.

"We want to treat everything equally across the board," says Lilien. "We have convinced our upper-level C-suite that everything, even if it may not be measurable, is ultimately a financial benefit."

Outside of the financial implications, including and prioritizing quality reviews also serves the true purpose of CDI work: the integrity of the medical record. Though it may be more difficult to tie these efforts directly to a financial impact, tracking is well worth the time, Kirk says, and it will help organizational leadership understand all the benefits of a robust CDI program.

"We were fortunate enough to be able to have staffing when we started our program to be able to query for both impacting and non-impacting. It really supports the quality record," she says. "I've definitely seen a huge shift in the site leadership and their focus on what CDI is doing and how documentation impacts so many of their KPIs."

When presenting the quality-focused KPIs, Manchenton suggests modifying the language CDI leaders use to ensure that organizational leadership grasps the implications of these efforts.

"I think maybe our language needs to change a little because I think all of them are really now financial," she says. "It might not be a current financial impact, but then down the road, it's financial. It's definitely easier to report

out that financial KPI because it's right now and you can see that, and it's more challenging to track down those 'nonfinancial' KPIs."

External databases for quality benchmarking

While tracking your own quality measure performance is valuable, it's important to understand how you compare to your peers for benchmarking purposes. Fortunately, a number of external databases are available that may help direct CDI review efforts. More than 85% of respondents said they use Program for Evaluating Payment Patterns Electronic Report (PEPPER) reports for benchmarking, followed by:

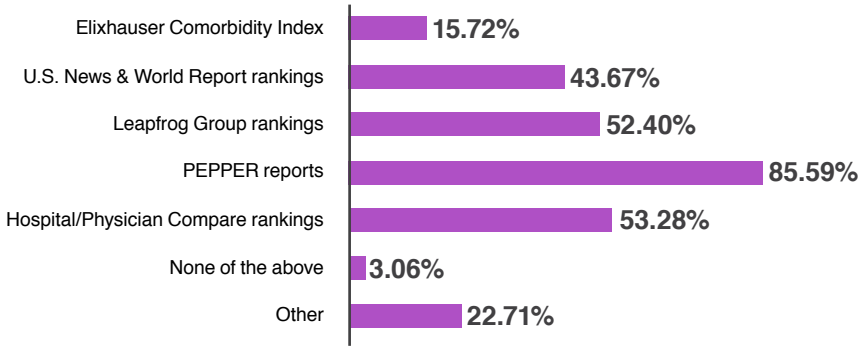
- 53.28% who use Hospital or Physician Compare rankings
- 52.40% who use Leapfrog Group rankings
- 43.67% who use *U.S. News & World Report* rankings

Just 3.06% said they don't use any of the listed databases/reports, which aligns with the percentage of respondents whose focuses are purely financial in nature. (See Figure 4.)

Not only do these external reports allow you to benchmark against your peers, but they can also help you hone your focus on specific quality concerns based on the individual database's rating methodology. For example, a certain methodology may place high importance on POA indicators while another may emphasize SOI/ROM scores.

"You have to pick your pain points. You have to decide where you're going to focus," says Manchenton. "That's one of the questions I'll ask my clients because then I know based on the methodology how to best help them.

Figure 4. External databases/reports for quality measure benchmarking



Selected other responses:

- Vizient
- MedPar
- Healthgrades
- Premier
- VA-specific reports
- Nisquip
- STS
- Mosaic Data Science
- PHIS data (children's hospitals)
- IBM Watson
- CMS reports

[…] You have to pick your battles because you can't meet all these metrics at the same time."

Even if you're not the one pulling the reports and actively reviewing the data, Lilien suggests leaning on your quality department peers because they will certainly have the data and know which reports hold priority for your organization.

"We're not involved in crunching the data for quality and aren't as involved in the ranking reports, but we do hear from quality when we fail something or if we did something wonderfully," says Lilien. "I talk to them on a weekly basis at our quality meetings and they let me know where there's room for improvement."

In addition to helping you focus your quality reviews, the data gleaned from these external databases can also be a boon for physician engagement, Manchenton says, but make sure you find out which reports are most important to the physicians themselves. For example, the surgeons may be particularly interested in ratings focused on their specialty.

"It has to be something meaningful for the providers to get physician engagement," she says. "You have to know which metrics they respect and believe in."

"When it's their data, and they can see that it does make a difference, they kind of get an 'Aha!' moment," agrees Kirk. "Finding what particular thing will work with that provider or that group is really important."

Tracking, measuring quality-related impact

Outside of using external databases for benchmarking, CDI leaders also need to track and monitor their CDI staff's impact on quality concerns. The largest percentage of respondents said that they track this impact by categorizing types of impact in their software (38.43%), followed by those who use a spreadsheet (21.40%). Surprisingly, given that roughly 97% of respondents review for quality measures, 17.47% said they don't track quality-related impacts at all. This is likely because tracking quality impacts is notoriously difficult. (See Figure 5.)

"The data is challenging to track," says Kirk. "We do show the shifts, the impacts we've had when we can, but outside of that we rely on the quality department to report out using their software."

Those with access to tracking within their software system will likely have an easier time getting to the bottom of their quality-related impact. Software-based tracking is still an evolving technology, but it's getting much better at tracking and showing the fruit of your quality efforts.

Understanding what data you *do* have access to will save you time and show you when you may need to reach out to the quality department for support, Manchenton says.

"All of the review tools are really getting better," she says. "One of the big challenges is that typically, the measurement tools use two or three years of data. What I'm doing today, I'm not going to see the fruit of that for one to three years later. […] You can do a lot of process KPIs versus outcome KPIs. The outcomes need to come from the quality department after they spit out everything in the tool."

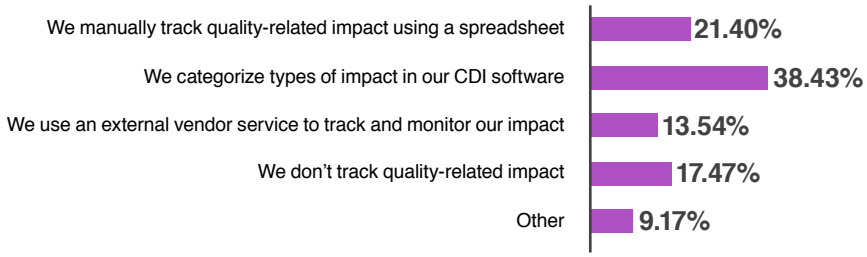
Even if you can't parse out every single aspect of your quality-related impact just yet, Manchenton says it's still helpful to lean on your technology solution simply because it will save you time and effort in the long run.

"Look into what your tool can do for you because spreadsheets are a pain," she says. "The more automated you can make things, the easier it is to get the buy-in on the back end from your frontline staff and the easier it is for us as leaders to analyze the data."

Ultimately, regardless of whether you can get the full data picture from your tool, spreadsheet, or quality department, Lilien says that when you focus on the overall integrity of the record, those other impacts will fall into place. When the record is accurate, complete, and clear, the reimbursement and quality scores will follow.

"We want to perfect those patient records so they read like a good novel from front to back, so that everything is very understandable and there are no questions," she says. "If there are no questions and everything is the way it should be, everything should be taken care of."

Figure 5. Tracking and measuring quality-related impact



Selected other responses:

- All charts that have a query left on them are reviewed for financial and quality impacts. We also track HCC capture and even coding changes.
- Our quality team tracks these impacts and shares with the CDI team.
- We use Vizient CDB.
- We use a combination of manual tracking and our CDI software.
- We pull data from our EHR.
- Tableau for system-level data and customized quality tracker in Meditech.