



STARTING THE JOURNEY TO CAPD

CDI experts share how enabling technology is transforming CDI quality and addressing organizational goals

How Healthcare Is Rising up to Meet Consumer Expectations

Provider leadership survey reveals expanding digital health strategies amid changing patient perceptions



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As CDI programs face increasing pressure to address multiple top-line goals, from improving quality and physician support to juggling staffing pressures, they are looking at enabling technologies such as computer-assisted physician documentation (CAPD).

In a recent ACDIS-Nuance webinar, “Challenge Accepted: How CAPD Can Help CDI Programs Impact Quality,” Nuance Communications’ Anthony Oliva, DO, MMM, FACPE, vice president and chief medical officer, and Angie Curry, BSN, RN, CCDS, account executive, presented key data and predictions on industry trends impacting CDI, as well as illuminating questions and statements from CFOs, revenue cycle, and clinical leaders that signal the time for CAPD adoption is close at hand. “Now is the time to plan for the future, especially with the challenges we all face with resources and support for our CDI programs,” said Oliva.

CDI trend watch

Oliva and Curry noted that CDI programs will want to pay special attention to three trends: shifts in KPI, case-mix index (CMI) fluctuations, and staffing pressures. Starting with KPIs, CDI operational focus is shifting as quality and nonfinancial KPIs become top priorities. An overwhelming majority (74%) of CDI programs report that quality/nonfinancial outcomes equal or exceed the importance of financial outcomes, according to the September 2021 ACDIS Leadership Council survey on measuring and valuing quality. “This has become a bigger deal over the last several years,” said Curry.

When it comes to CMI improvement, COVID-19 is “the elephant in the room,” said Oliva, noting that CMI has been inflated during the pandemic following year-over-year flatline growth the previous decade. MedPAR data shows that volume-adjusted CMI (adjusted for surgical changes) averaged around 1% a year between 2008 and 2019. During the 2019–2020 federal fiscal year, CMI increased by 4%, even with a steep drop in overall surgery volumes. Oliva attributed this to the fact that significant cases were still being performed as elective surgeries

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decreased. However, programs that think they are doing fine at their current CMI may not be safe as healthcare returns to a more normalized pre-pandemic pattern. “2023 is when I think we will see the biggest drop-off,” said Oliva.

CDI programs are also struggling to find skilled professionals, with half of the organizations participating in a 2021 ACDIS Salary Survey indicating they expect to hire in the next 12 months. Since most CDI specialists are registered nurses, this struggle will likely continue into the foreseeable future as the nursing shortage persists. Retention issues will also continue; data shows a greater percentage of CDI specialists planning to leave CDI than those who have achieved retirement age or will achieve it over the next 10 years.

“This is where CAPD can be that enabling tool for the CDI department,” said Curry. CAPD is one of the most effective ways to combat issues of attrition and flatlining or falling CMI improvement. According to data, more than half of CDI directors report that enabling technology allows CDI specialists to review more charts per day. Importantly, CAPD is a useful physician-facing tool that allows CDI specialists to focus on the cases that most strongly leverage their clinical expertise and skills.

You might be ready for CAPD if...

Oliva and Curry said common questions and statements from organization leaders help determine if the organization is ready for enabling technology like CAPD. Leaders will typically comment on doing more with less, increasing staffing costs, or reducing the documentation burden on physicians.

For example, the CFO may be looking to balance resources and say, “I know CDI is important, but my struggle is that we need to figure out how to add resources to CDI without additional pressures on direct care staffing.” The director of revenue cycle may say, “I have all of these open positions that I have to fill in my CDI team,” or, “I have a contract for interim staffing, and the pricing is getting more expensive.” They may also ask how they can maintain optimal revenue if there are open positions. The CMIO may have questions about provider efficiency, asking, “How do I make it easier for my providers to better their documentation in workflow rather than adding questions on the back end?”

The bottom line: With CMI improvement expected to drop, CFOs and revenue cycle leaders are struggling with the rise in staffing costs and looking to capture lost revenue that came with COVID-19 without pulling nurses out of direct care. This scenario presents “an opportunity to utilize enabling technology,” said Oliva.

Insightful vendor questions

As CDI departments start their CAPD journey, they must consider critical vendor questions when looking at different options, including “how does the tool show quality and financial improvement?” Oliva said, “The challenge here is that we know that if we move a DRG with a financial impact, we will get a quality impact.” However, it is important to know the overall impact: Is the tool also capturing

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second, third, and fourth diagnoses that drive expected mortality outcomes? “You have to show both together; one alone only tells part of the story,” he added.

Other essential questions include “how quickly will you be able to see the impact of the tool in your analytics?” and “how will the technology provide insight to you across your organization?” Oliva said operational leaders must have access to immediate and insightful analytics to improve adoption and performance. The technology should also connect CDI goals to organizational strategy. For example, if the organization wants to improve cardiovascular outcomes, CAPD can help the CDI program target cardiovascular surgeries by capturing secondary diagnoses and providing insight on quality progress.

Implementing CAPD

Oliva and Curry also shared several best practices when starting the journey to CAPD. First, it’s important to understand what CAPD is designed to do and what it will not do. Customers with successful implementations have made it clear that “it’s not a replacement for CDI,” said Curry. At the same time, it is important to reinforce that CAPD is a tool that supports physician workflows, driving efficiency while allowing CDI to focus more on complex cases.

Also, consider whiteboarding how processes, information pathways, and clinical workflows may need to change for physicians and other stakeholders due to CAPD. “As you start to have conversations about their process, you’ll hear these friction points,” said Curry. Use the data and analytics to make workflow and training adjustments.

Physician engagement from the start is essential and should center around patient outcomes and reducing administrative burdens. Analytics are key to demonstrating the impact of CAPD to physicians and the organization. Financial and service line data (including LOS) will show documentation improvements and inform physician leadership of opportunities that would have been missed without the enabling technology.

Final takeaways

It is vital to remember the CAPD tool enhances rather than replaces human intelligence, stressed Oliva and Curry. “We still need the critical thinking and knowledge sharing that comes with the collaboration between colleagues in different departments,” said Curry. Also, change management is imperative, especially in the first year—workflow processes will likely shift. System analytics will show progress, including how CAPD has improved provider documentation. The right CAPD technology will also provide a strong understanding of what is happening in all parts of the organization and how to use CDI to drive broader strategies. ■

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