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Association of **Clinical Documentation Integrity** Specialists

CREATING A HIGH-PERFORMING CDI PROGRAM

ACDIS CDI LEADERSHIP COUNCIL PANEL REVEALS TOP METRICS AND PRIORITIES FOR INCREASING PROGRAM IMPACT AND STRENGTHENING PHYSICIAN AND TEAM ENGAGEMENT

SUPPORTED BY iodine

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Ensuring accurate documentation, capturing a true clinical picture, and pushing quality objectives are always front of mind for CDI teams. Yet CDI leaders also can't ignore that revenue is becoming a more critical component as hospitals face bottom-line losses due to COVID-19. As leaders strive to balance competing goals, they are examining everything from CDI metrics and physician engagement strategies to new technology solutions.

In the 2022 ACDIS CDI Leadership Council CDI Programmatics survey, sponsored by Iodine Software, Council members weighed in on these topics, including the top metrics they use to measure CDI process effectiveness. Respondents overwhelmingly indicated financial impact was the most important consideration when measuring overall department impact. They also cited lack of staffing as one of the biggest obstacles to reaching peak performance.

CDI leaders explored the survey findings during a recent Council member panel discussion, diving more deeply into hot topics such as moving beyond traditional productivity metrics, identifying the best uses of technology, and rethinking staff retention. The following is a review of the survey results and a summary of the discussion.

MEASURING THE EFFECTIVENESS OF CDI PROCESSES

Establishing impactful metrics and staying ahead of key trends is critical to building an effective CDI program. According to survey respondents, the three most popular measures to show CDI process effectiveness are query rate (81%), response rate (79%), and review rate (77%). (See Figure 1.)

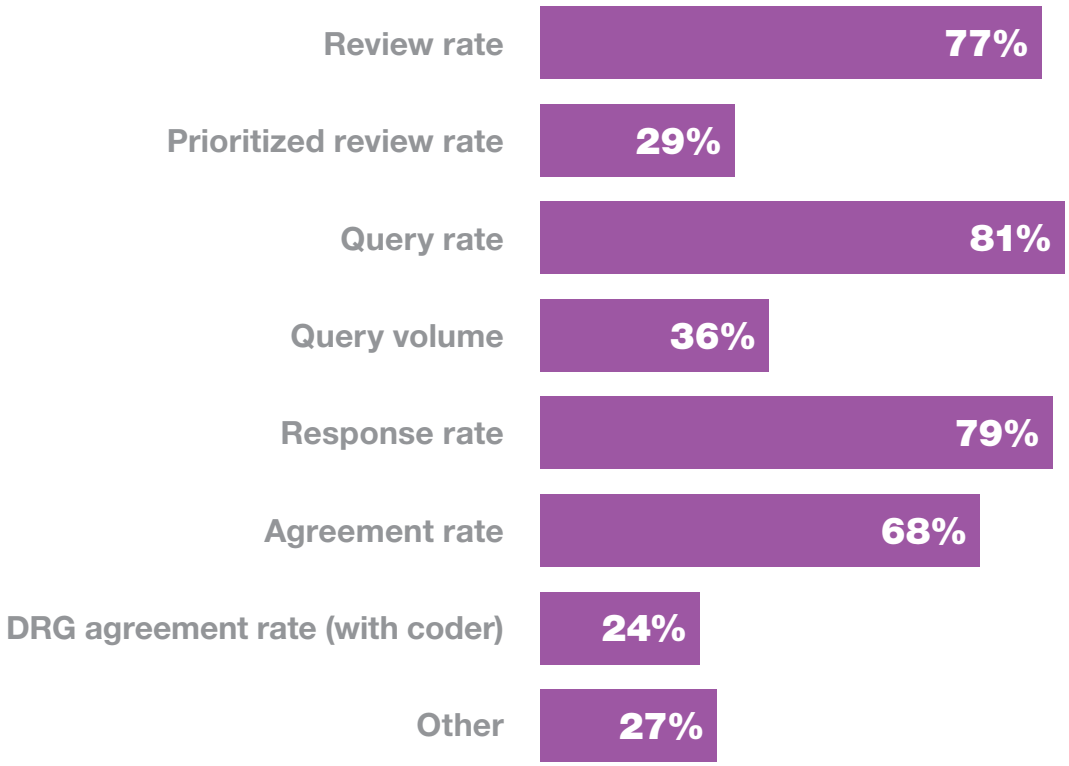
No matter the particular metrics, CDI leaders share common strategies for creating and responding to them. **Elisa Sninchak, M.Ed, BSN, RN, CCDS, CDIP, CCS,** director of clinical documentation excellence at Novant Health in Winston-Salem, North Carolina, says her department recently developed a chart impact rate that focuses more on quality query and reconciliation impacts during the CDI workflow and less on traditional productivity metrics.

"We wanted to shift our metrics approach from how busy the team is to the impact of their work," she says. For this reason, physician metrics were also removed from the chart impact rate, adds Sninchak. "Our goal was to have an impact for the final coded record. We also want to show that strong provider education is increasing engagement and reducing queries."

Regarding trending metrics, **Susan Sweeney, RN, BSN, CCS, CCDS, CDIP,** associate CDI director of quality and education at Emory Healthcare in Atlanta, Georgia, says her department watches the physician response rate closely and drills down into the data when it dips. "For example, we are working with a particular facility's providers to get their buy-in—so we wouldn't let that go very long." Sweeney adds that if the problem persists month over month, CDI reaches out to medical directors for education and troubleshooting.

"I think you also have to watch things over time and not jump to a conclusion on a single month or a single data

FIGURE 1: Measuring CDI process effectiveness



point—validate it before you move on to next steps and recommendations," says **Fran Jurcak, MSN, RN, CCDS, CCDS-O,** chief clinical strategist at Iodine Software in Austin, Texas.

Having a follow-up plan for positive trends is also essential, adds Sninchak. "To move our outcomes, we look at those high performers and move them out of a frequent cycle of auditing and chart impact rate scoring. You have to make it personalized for your team and your group," she says.

Moving forward, says Jurcak, "there needs to be a better separation between metrics that measure the effectiveness of people doing their work and metrics for outcomes." She adds that when people are held accountable for the impact of their queries, they start to get "very picky" and choose only those queries that are going to have some level of impact. "Regardless of the impact, if it's not clear, specific, or accurate in the documentation, the query should go out, and we'll let the program identify the outcomes for all of those queries," she says.

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Understanding program impact

Survey respondents indicated that financial impact is the most critical metric for proving CDI success despite the overall shift to documentation integrity and quality capture. Nearly all the respondents (91%) said they use financial impact as a measure of departmental success, followed by 68% who use severity of illness (SOI)/risk of mortality (ROM) impact and 53% who look at observed to expected mortality rate. (See Figure 2.)

"I'm not surprised to see these results," says Jurcak. "COVID hit organizations hard, and those financial repercussions are coming to evidence now."

"[Financial impact] is a compelling metric because it's a traditional way of viewing CDI impact," adds Sninchak. "Case mix index report-outs and the return on investment for your program's budget is a necessary conversation that's not going away." Still, she says that quality programs are highly regarded because of Novant Health's organizationwide goal to improve patient outcomes. "Even the most revenue-focused leaders are seeing that value that CDI brings in terms of reliable quality performance data."

Sweeney agrees that financials will always be important and notes that her organization's CDI staff also reviews every case for SOI/ROM. She adds that a specific CDI staff member reviews expected mortality rates for any death that occurs with an SOI/ROM of less than 4/4 due to the complexity of mortality impacts. "Interestingly, we have another facility we've just brought on board that doesn't look at SOI/ROM, and we've noticed that difference with the CDI."

Jurcak says that as payers continue to change scoring methodologies, it's essential to stay focused on the end goal: "Rather than fight the metric, let's get documentation accuracy and the true clinical picture articulated in the medical record, and we'll all be in a much better place."

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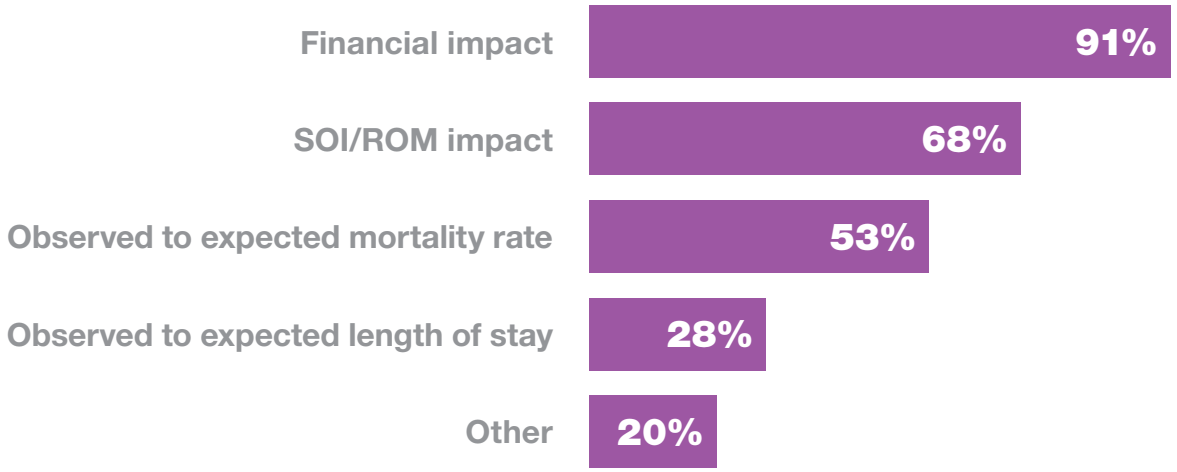
>
> —Elisa Sninchak, M.Ed, BSN, RN, CCDS, CDIP, CCS, director of clinical documentation excellence at Novant Health in Winston-Salem, North Carolina

FIGURE 2: **Measuring CDI department impact**



THE VALUE OF CDI AS A CONTRIBUTOR TO FINANCIAL PERFORMANCE

When asked how valued their CDI department is for contributing to financial performance, more than half (58%) of respondents said they feel extremely valued, while 26% feel somewhat valued. Only 10% feel somewhat undervalued. (See Figure 3.)

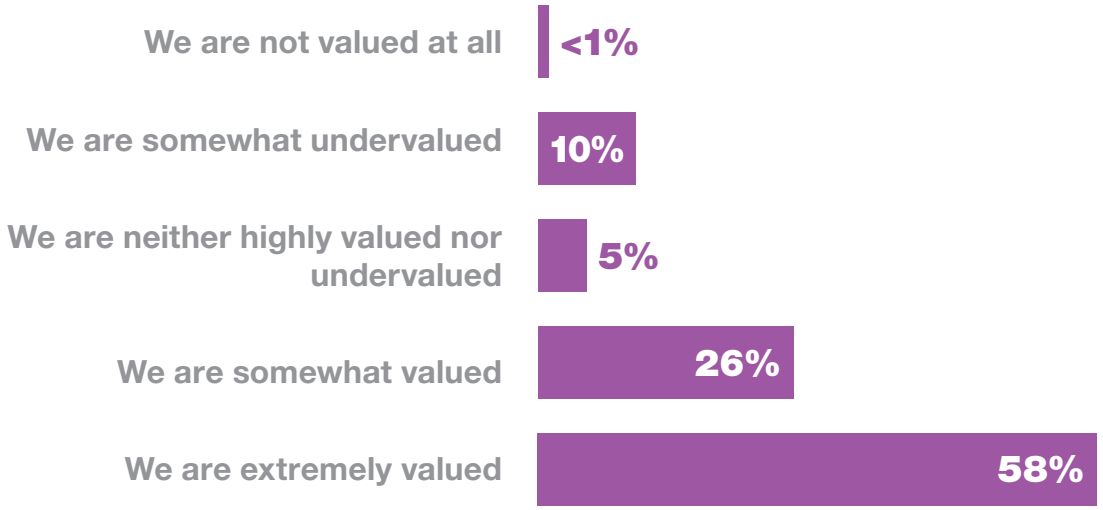
Communicating value to the CDI team is important to the panelists, who say they do everything from providing personal feedback and department score cards to including staff in collaborative activities. “People feel valued when they understand the impact of their work,” says Jurcak, adding that it is crucial to include CDI in more significant conversations with CDI leadership and to assign them to committees that facilitate collaborative communication.

Sninchak echoes these thoughts, adding that the CDI staff need feedback on how they have impacted specific measures. “We have two mortality reviewers […] and it’s been nice to show each one of them where they’re really strong,” she says.

Sweeney says after her CDI staff gave decreased marks for “feeling valued” on a CDI survey, the department began including staff in more decision-making processes. “We made sure that our CDS were included on our policy and procedure team. They do those workflows every day, so having their input goes a long way,” she says, noting that the department also publishes a metrics score card. “Everything is very open.” The department also created a social committee and launched a newsletter for the CDI team. “That increased our scores, and the CDIs are starting to feel like they’re heard at our organization,” says Sweeney.

The panelists agree it’s also key to communicate the impact of quality and other contributions. “When you’re a quality program, you are very closely tied to your performance, metrics, and outcomes,” says Sninchak. “There are daily report-outs that service line leaders can see. We celebrate when we make shifts in improvements, which varies per facility.”

FIGURE 3: **Value of CDI department based on financial performance**



Respondents reported that the biggest barrier to their CDI team reaching peak performance is a lack of staffing resources (36%), followed by a lack of physician engagement (22%) and a lack of technology resources (18%). Given the large number of CDI programs currently hiring new staff and the centrality of physician engagement to CDI work, these are not necessarily surprising percentages. (See Figure 4.)

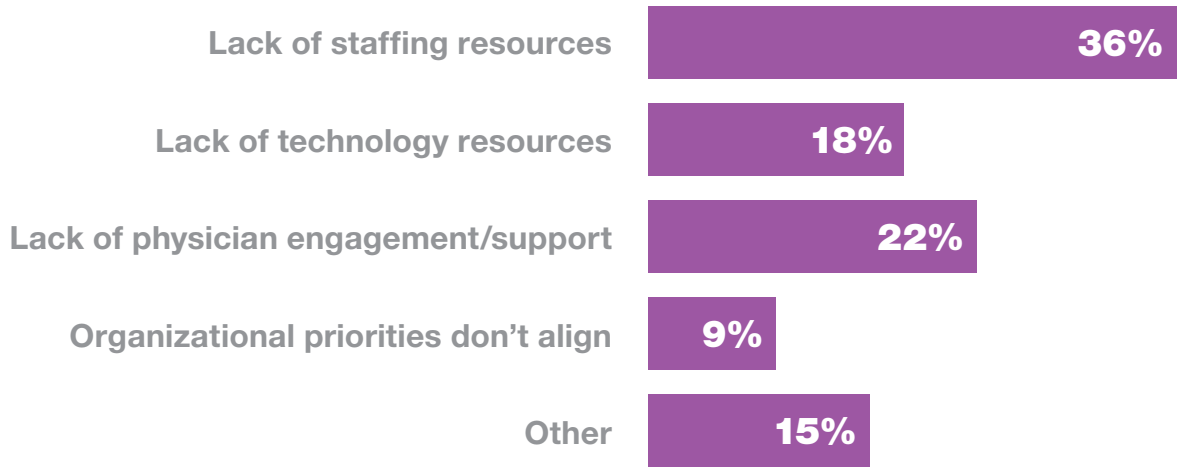
The panelists say having an interview process and questions that focus specifically on candidates who are a long-term fit is key. "We have worked hard over the past several years to look at retention because it's such a complex role," says Sninchak. "We have several great behavioral-based questions during the evaluation process to give clues as to whether CDI is going to be a good fit for them."

"We make sure that we're hiring the right candidates from the start and look at our question banks to see if they're in alignment with our culture," adds Sweeney. She says that as her organization struggled to find experienced candidates, it adapted by creating a 12-week orientation program for new CDI specialists. "We're finding that they're coming out and meeting our department expectations better than some of our older staff who didn't have that advantage," she says.

Lack of provider engagement can also be a common challenge, requiring new tactics to improve buy-in. Sninchak says that effort starts with physician leaders. "You've got to have good knowledge of how the leadership team is solving problems for the provider," she says, adding that CDI needs to attend physician meetings and communicate how it can support physicians and provide education. "We have a CDI physician champion, and that's improved how we address concerns, especially with any barriers or pushback. That peer-to-peer relationship is without a doubt effective, and it's unlike any other approach."

She notes that CDI leaders also need to address unique barriers on their own teams, such as team members who may not want to follow up with a physician when they get a problematic query response. "We have an on-call group for when we've gotten a pushback. It doesn't have to be a formal meeting—it can be a phone call or working as a team with a leadership group," says Sninchak.

FIGURE 4: **Obstacles to peak CDI team performance**



Nearly half (48.65%) of respondents agreed that wasting time reviewing cases without opportunity is the number one aspect of the CDI role they would eliminate, followed by 20% who said their highest priority would be to eliminate tracking down physician responses. Quality/mortality reviews and CC/MCC capture were the two aspects ranked last most frequently, perhaps due to respondents' strong attention to demonstrating the impact of CDI. (See Figure 5.)

Sninchak and Sweeney say they would decrease the number of cases sent back to be recoded or corrected because of time spent on rework, reviewing, and reconciliation. "Without any budget constraint, a product that would allow concurrent coding and predictive information would be ideal," says Sninchak.

Prioritizing CDI cases is another vital topic for the panelists, who note that they use both homegrown solutions and prioritization tools to ensure CDI staff are reviewing cases with opportunities. Emory Healthcare uses a homegrown solution to help prioritize cases based on CC/MCC capture, SOI/ROM impact, and length of stay, says Sweeney, adding that the organization is moving to a new tool. "We are

FIGURE 5: **CDI role aspects to eliminate** (#1 being the highest priority)

Option	1	2	3	4	5	6	7	8
Tracking down physician responses	20%	20%	20%	15%	8%	8%	6%	4%
Wasting time reviewing cases without opportunity	49%	24%	9%	5%	4%	2%	3%	5%
Re-reviews	1%	7%	13%	23%	22%	16%	12%	8%
Working DRG prediction	9%	17%	22%	17%	18%	10%	4%	4%
Digging through medical records for relevant query information	5%	13%	15%	18%	19%	14%	9%	8%
CC and MCC capture	7%	5%	5%	4%	9%	20%	23%	27%
Reconciliation/post-discharge reviews	5%	10%	12%	9%	14%	20%	22%	7%
Quality/mortality reviews	5%	4%	5%	8%	7%	10%	23%	38%

very excited about having a better system to prioritize cases," she says.

"This is an area where technology does help and can make a significant difference," says Jurcak. It's also important to figure out how to best leverage your technology, she adds. "I'm often surprised at organizations that have technology and aren't using its full capability. By ensuring that you're doing that, you can minimize this perceived waste of time."

Sninchak adds that in addition to established work queues and homegrown processes, Novant Health has service line-specific areas of responsibility. Over time, these staff members become experts in identifying critical gaps.

Additionally, as remote work has become the norm, CDI teams are looking at new ways to engage physicians and track down responses promptly. "One of our most simple things is asking the team to document their query follow-up and responses in their notes and share that with their one-up leaders so that we can help support them," says Sninchak.

"Another key factor is looking to make sure that you're sending [a query] to the right provider on a case," says Sweeney, adding that physicians with outstanding queries receive a reminder followed by an escalation process that involves a one-on-one conversation with the provider by phone or at a section meeting.

"I still believe that face-to-face interaction is key. It's how do you do that, and what is the frequency?" says Jurcak, noting hybrid solutions that allow some face-to-face interactions are working well as organizations recover from the pandemic and allow remote employees to return to the office. Queries can be conducted in person on the days the staff member is at the organization or by a centralized team member. "The good news is that we're over the hump of physicians having to understand the value of the query and why they should be responding." ■

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