



THE FUTURE OF OUTPATIENT CDI

How providers are leveraging CDI teams and technology to optimize HCC risk-adjusted coding and diagnosis capture



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As more organizations and physicians enter into risk-based compensation plans, they face the enormous responsibility of managing care for large patient populations with a range of complex medical conditions and diagnoses that must be documented to receive payment in the following calendar year. For busy medical practices, the complexity of this prospective payment system, which depends on proper documentation and capture of all Hierarchical Condition Categories (HCC), is a time-consuming and labor-intensive process. Without vigilant oversight, practices may leave undocumented diagnoses and payments on the table.

In short, managing risk-based populations takes a team effort supported by a robust outpatient CDI program. However, a recent ACDIS outpatient CDI survey reveals that nearly two-thirds of outpatient providers still do not have such a program. The survey, supported by Nuance Healthcare, polled 193 CDI directors, CDI managers, CDI specialists, and other related roles, most hailing from health systems with multiple sites and acute care hospitals. It also found that 28% of those who responded “no” are looking to implement an outpatient CDI program in the next one to three years.

Although Robert Budman, MD, MBA, CMIO at Nuance Healthcare, isn’t surprised by the tepid response, he says that “outpatient CDI is critical from a small-scale to a high-scale

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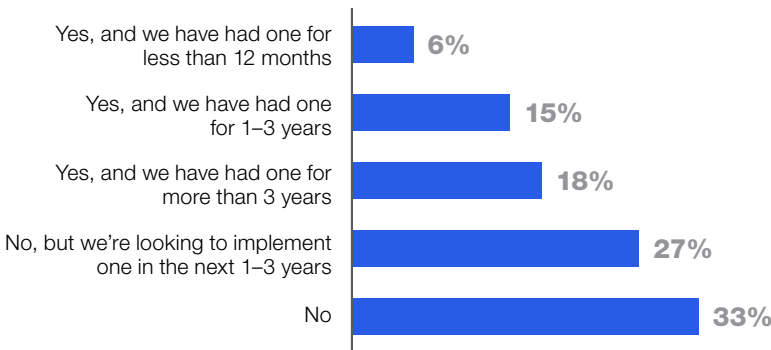
—Robert Budman, MD, MBA, CMIO
at Nuance Healthcare

organization in assisting the entire medical practice to surface and capture HCCs. As we move into the future, practices most successful in managing their payer-plan structure will be those who have invested in outpatient CDI.”

Outpatient CDI is vital for risk-adjusted populations

Why are providers still hesitant to commit full boots on the ground to outpatient CDI? More than 50% cited lack of staff as the chief barrier to implementing a CDI program, followed by competing priorities (48%) and financial considerations (39%). Survey respondents reported that those same barriers also reflect their top worries for the future. “The main challenges

DO YOU CURRENTLY HAVE AN OUTPATIENT CDI PROGRAM?

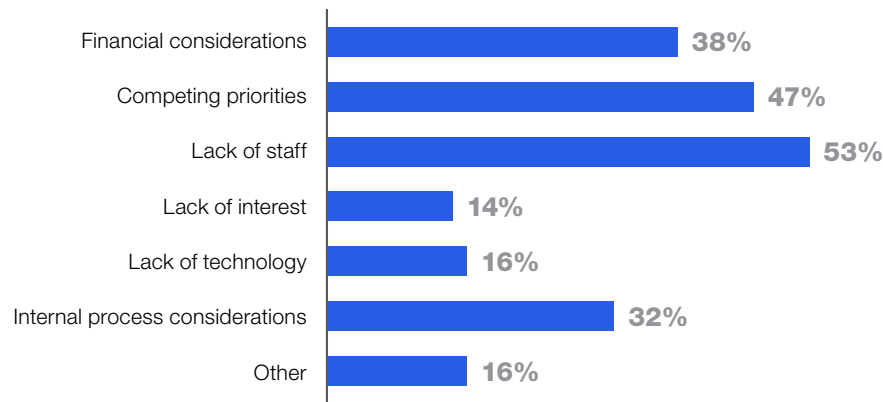


SOURCE: 2022 ACDIS State of Outpatient CDI Survey

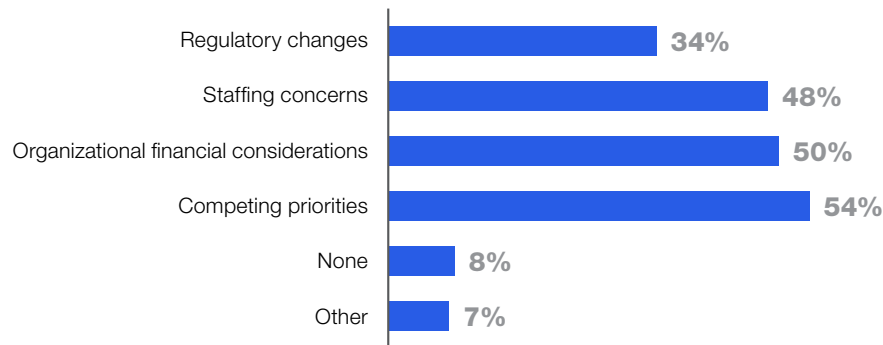
for almost everybody are a tight workforce, a limited budget, and competing priorities,” says Budman. “Also, there is always trepidation for organizations when it comes to hiring FTEs, because of the costs.”

However, adopting a CDI framework, including full-time CDI specialists and enabling technology, is essential for successfully managing high-risk populations, says Budman. “The concern with risk-based models is if you don’t document it, you cannot prove it, and this ultimately impacts your risk-adjustment factor (RAF) score, which is a numerical adjustment based on documenting disease burden.”

WHAT ARE YOUR ORGANIZATION’S BARRIERS TO IMPLEMENTING AN OUTPATIENT CDI PROGRAM? (Select all that apply.)



LOOKING INTO THE FUTURE, WHAT CONCERNS YOU THE MOST? (Select all that apply.)



SOURCE: 2022 ACDIS State of Outpatient CDI Survey

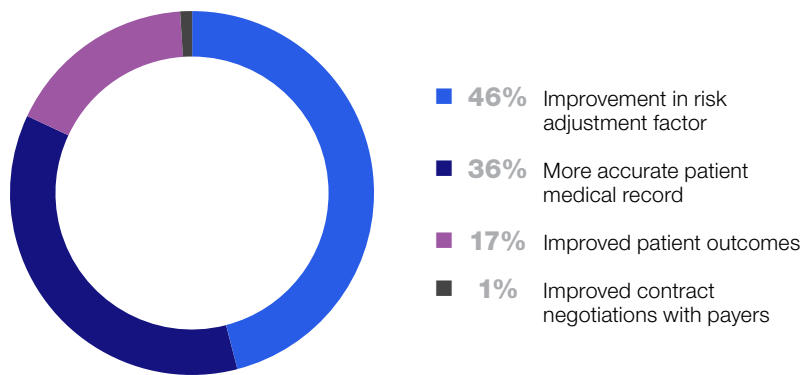
Indeed, RAF and HCCs are top priorities for most survey respondents—the majority (45%) cited RAF improvement as the biggest benefit of implementing an outpatient CDI program, followed by achieving a more accurate medical patient record (37%) and improving patient outcomes (17%). Additionally, respondents said their top areas of focus for an outpatient CDI program are recapture HCCs (80%), diagnosis specificity (64%), and suspecting HCC (62%).

“Knowing your RAF score is critical, as it impacts prospective payments for the care of patients in the following calendar year,” says Budman, noting that a high RAF depends on capturing all of a patient’s HCCs, which are the diagnoses that have the highest risk adjustment. “A high RAF score translates directly into a higher prospective payment, which is key for providers managing large at-risk populations,” he says. Leaving the more important diagnoses off a chart can lead to inadequate patient care and lower payment.

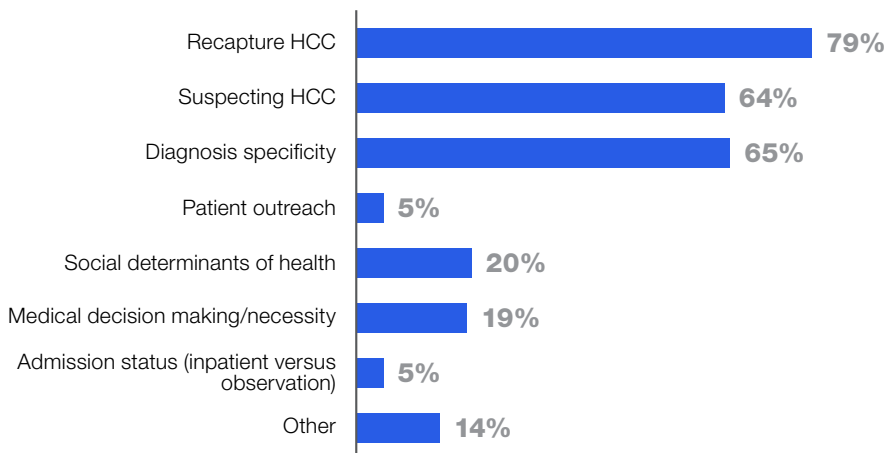
“Most respondents cited RAF improvement as the biggest benefit to implementing outpatient CDI because CDI programs can identify the

sickest patients who require visits related to their high-risk chronic conditions and ensure diagnoses are recaptured, new ones added, and most importantly documented,” says Budman. He adds that there is also a considerable delta in capturing additional suspecting HCCs that haven’t yet made it onto the medical chart. “Remember, the bottom line remains: If you’re going to take care of a population, the most important thing you can do is provide them great care, and that great care is contingent on knowing all their medical problems through their diagnoses,” he says.

IN YOUR OPINION, WHAT IS THE BIGGEST BENEFIT TO IMPLEMENTING AN OUTPATIENT CDI PROGRAM?



WHAT ARE THE MAIN AREAS OF FOCUS FOR YOUR OUTPATIENT CDI PROGRAM? (Select all that apply.)



SOURCE: 2022 ACDIS State of Outpatient CDI Survey

“It’s important to weigh the expense of creating a program against the risk and cost of not capturing and documenting all of the HCCs for each patient, thus not taking care of your sickest patients and achieving a lower RAF score.”

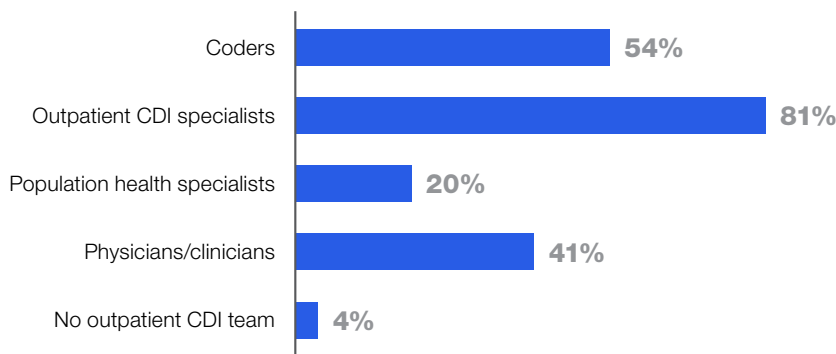
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CDI success factors

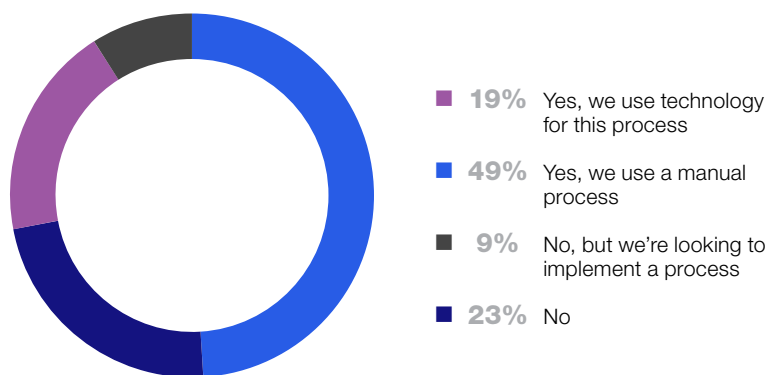
Gaining support for and launching an outpatient CDI program amid staffing shortages, competing priorities, and financial challenges first requires a close look at the risks and rewards and sharing those with leadership. “It’s important to weigh the expense of creating a program against the risk and cost of not capturing and documenting all of the HCCs for each patient, thus not taking care of your sickest patients and achieving a lower RAF score,” says Budman.

Start by calculating the number of risk-adjusted patients and projected diagnoses for each person. Then weigh the cost of starting a program, hiring outpatient CDI staff, and adding technology against potential payment losses for missed diagnoses. “Physicians start to see the bigger value in outpatient CDI when they understand the impact of missed diagnoses,” he says. “Missing one or two diagnoses per patient directly correlates to the risk adjustment factor used to determine the prospective payment for the following year.”

WHICH OUTPATIENT TEAM MEMBERS ARE USUALLY INVOLVED IN OUTPATIENT CDI AT YOUR ORGANIZATION? (Select all that apply.)



DO YOU HAVE AN OUTPATIENT POST-VISIT REVIEW PROCESS?



SOURCE: 2022 ACDIS State of Outpatient CDI Survey

For programs already operational, financial leaders, medical directors, and CDI team managers must learn as much as they can about leading and managing outpatient CDI programs, including how to build a team-based process. According to the survey, outpatient CDI specialists were the most cited team member involved in an outpatient CDI program (80%), followed by coders (50%) and physicians (42%). Interestingly, this suggests that despite staffing challenges (noted as the top barrier), programs are moving ahead with outpatient programs even without CDI roles. “The team-based process should ensure that the outpatient CDI program is working optimally—physicians should see as many patients as possible and use technology to recapture HCCs. They should also follow the evidence to document new suspected diagnoses compliantly,” says Budman.

Why technology is vital to closing HCC gaps

Half (50%) of respondents reported using a manual process for outpatient post-visit reviews, while only 20% handle these reviews through technology. “Having computer-assisted physician

documentation (CAPD) technology that can integrate seamlessly with the EHR and workflow processes is critical,” says Budman. In the case of outpatient CDI, manual processes are very time-intensive, requiring staff to comb through medical records, or even the EHR, to surface HCC opportunities that need to be claimed in the current calendar year, he adds. “CDI technology that uses artificial intelligence and natural language processing, on the other hand, is helpful for its speed, efficiency, and automation in reading thousands of notes in a millisecond to uncover HCC opportunities and present them easily within a busy physician’s workflow,” he says.

“It takes that partnership between people, processes, good technology, and analytics to track it and make the right changes,” he says. “You can’t be afraid to make a move. You will need a technology framework and have to hire FTEs to work these processes because you’re going to miss HCCs if you don’t.” ■

About Nuance:

Nuance is a technology pioneer with market leadership in conversational AI and ambient clinical intelligence that helps unburden clinicians, accurately capture and communicate patient care information, and drive better decision-making. As a trusted partner to 77 percent of U.S. hospitals and 85 percent of the Fortune 100 companies worldwide, Nuance provides industry-leading clinical speech recognition, virtual assistants, CAPD, CDI, diagnostic imaging, and patient engagement solutions.



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