acdis

Association of **Clinical Documentation Integrity** Specialists

2023 MASTERMIND HOT TOPIC GUIDE: PART 1

SUPPORTED BY

M*Modal

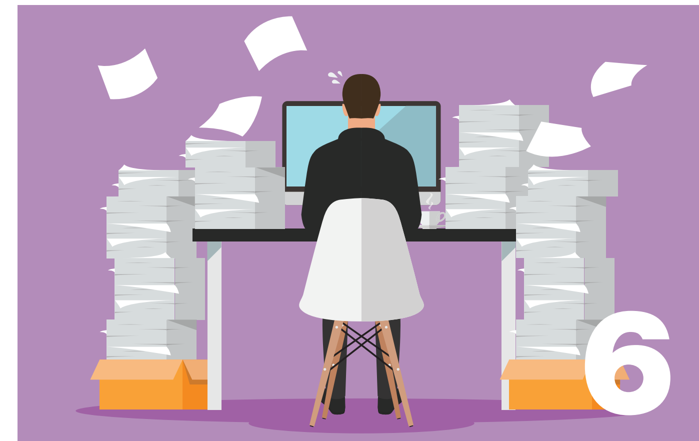
TABLE OF CONTENTS

3 **Intro**
This multitopic report, produced in partnership with 3M Health Information Systems, shares takeaways from the first half of the 2022/2023 CDI Leadership Council Mastermind term. These conversations cover a range of leadership topics, including metrics and monitoring staff performance, the ever-present threat of denials, and problem list management.

4 **Metrics, staff performance**
Understanding where the department stands and how individual staff members are performing is vital for the department's health. You must know where you stand to chart a path forward.

6 **Denials management**
It is a truth universally acknowledged that denials will always be a reality for healthcare organizations. Because of their intimate knowledge of documentation requirements, CDI departments can be well positioned to help combat those denials when they arrive.

8 **Problem list management**
It's become a CDI cliché to say that the problem list is a problem. In an EHR world, the problem list often becomes an elephant graveyard of all the conditions a patient has ever experienced, whether or not they have any bearing on the current encounter.



CR-7703

Stepping into a leadership role can be an exciting development in a CDI professional's career journey, but it can also be overwhelming and isolating. A leader's responsibilities are varied and far-reaching, and new leaders may feel lost at sea. Rather than treading water alone, leaders can get a much-needed rescue buoy by connecting with peers outside their organizations to collaborate, trade advice, and share challenges and successes. The ACDIS CDI Leadership Council connects leaders across the country for conversations about the hot topics and industry trends in CDI. But a smaller subset of the Council, the Mastermind group, gives participants an opportunity for focused brainstorming and problem solving.

This multitopic report, produced in partnership with 3M Health Information Systems, shares takeaways from the first half of the 2022/2023 CDI Leadership Council Mastermind term. These conversations cover a range of leadership topics, including metrics and monitoring staff performance, the ever-present threat of denials, and problem list management.

Understanding where the department stands and how individual staff members are performing is vital for the department's health, says **James (Jamie) Doster, MS, RN, CCDS,** CDI manager at Atrium Navicent Healthcare in Macon, Georgia. You must know where you stand to chart a path forward.

"[Query metrics are] one of those items that always comes up. It's the bread and butter of what we do, and it always takes you back to CDI 101," Doster says. "But it seems like the same issues keep coming up and coming up and coming up."

Not only do query metrics help leaders understand how their own staff members

"[Query metrics are] one of those items that always comes up. It's the bread and butter of what we do, and it always takes you back to CDI 101."

— James Doster, MS, RN, CCDS, CDI manager at Atrium Navicent Healthcare in Macon, Georgia

are performing, but they can illuminate potential education breakdowns at the facility, service line, or provider level. One of the most valuable things a leader can do with metrics is parse them, according to **Madelyn Rawls, RN, CCDS,** CDI director at FMOLHS in Baton Rouge, Louisiana. In addition to the query rate (measured as a percentage of the total accounts reviewed by CDI specialists with at least one query), Rawls says they also monitor query volume, type, response rate, agree rate, and the percentage of DRG impacting queries. They also do monthly query quality audits to identify and track potential missed query opportunities for each specialist.

"Considering different data points for overall analysis is essential. We track and trend several things related to CDI query activity by facility and/or by individual provider or individual CDI specialists," says Rawls.

"We also use 'average daily reviews' as one metric for CDI productivity but recognize that there are several considerations for true CDI productivity and efficiency."

Echoing Rawls' point, the productivity rate (i.e., how many charts a CDI specialist reviews each day) has long been an important metric for CDI departments. Because determining a specific productivity number can be difficult and dependent on a myriad of factors, some organizations have decided to forgo setting a number at all. Giving some guidelines, however, can be helpful for setting expectations and highlighting which of your staff members are outperforming those expectations and which may need additional education.

For **Keisha Downes, RN, CCDS, CCS,** senior director of middle revenue cycle at Tufts Medicine in Boston, setting productivity numbers came after studying what her staff members were already accomplishing during a standard day. From that benchmark, they were able to set a reasonable standard for the department.

Importantly, though the expectation is a daily productivity number, they look at it as an average over a period to acknowledge that not every day is going to be as productive as another and not every case will take the same amount of time to review.

"Our productivity expectations are straightforward. If they're working eight hours, they have a 20-case minimum. Then if they're working a 10-hour shift, they have to do 25 to 30 cases per day," says Downes. "Then it's the average per day. So, some days they do a little bit more, some days they do a little less."

"Monthly production metrics are built into our annual reviews. During our regular touch base meetings, if there are any concerns related to a team member's production, it can be discussed during the meeting."

— Lena Wilson, MHI, RHIA, CCS, CCDS, CDI manager at Indiana University Health in Indianapolis

No matter what expectations you set for your department, the most important thing is that you communicate those standards to your staff members up front. According to **Lena Wilson, MHI, RHIA, CCS, CCDS,** CDI manager at Indiana University Health in Indianapolis, working the metrics into your annual reviews can be a helpful mechanism to ensure staff and leaders have a built-in time to touch base on performance regularly.

"Monthly production metrics are built into our annual reviews. During our regular touch base meetings, if there are any concerns related to a team member's production, it can be discussed during the meeting," says Wilson. "There's no ambiguity. Everybody already knows what it's supposed to be and what you've been working toward for the year."

It is a truth universally acknowledged that denials will always be a reality for healthcare organizations. With payers using differing documentation, clinical criteria, and administrative requirements, it seems impossible to ever stop denials fully. Because of their intimate knowledge of documentation requirements, CDI departments can be well positioned to help combat those denials when they arrive. However, though their help can be invaluable, dealing with the sheer volume can present a major issue for CDI departments that are already operating on limited bandwidth.

"The way they were coming in, at first I didn't think much of it because it was like a couple here, a couple there," says **Amy Kratochvil, RHIT, CCDS, CDIP,** CDI director at UChicago Medicine in Illinois.

"But then very quickly, it added up to 35 denials that were all due within 30 days."

Despite the quantity, fighting denials aggressively is of vital importance. Unfortunately, in many cases it seems that payers are counting on an organization *not* fighting back and, if the defenses seem weak, they're likely to push harder, according to **Rebecca Greenberg, RN, BBA,** inpatient consultant at 3M Health Information Systems in Alpharetta, Georgia.

"The more denials you accept, the worse it is down the road," she says. "I always advise people to fight as many as they can."

Of course, to help in the denials battle, CDI teams need to be in the loop about the landscape in the first place. When embarking on a denials management project, CDI leaders may find that the current denials and appeals process at their organization is scattered at best. According to **Kaily Schmeling, RN, CCDS,** lead CDI auditor at Vanderbilt University Medical Center in

"The more denials you accept, the worse it is down the road. I always advise people to fight as many as they can."

— Rebecca Greenberg, RN, BBA, inpatient consultant at 3M Health Information Systems in Alpharetta, Georgia

Nashville, Tennessee, one of the hurdles is simply finding out *where* the denials are being sent. They may not even be routed through a single point of entry, and the person receiving them may not know what to do with them upon receipt. Figuring out the current state of play will set your denials management journey off on the right foot.

"I think the biggest challenge is getting them because some payers send it to a random finance person and some payers send it to a random rev cycle person," Schmeling says. "So, saying 'where are these coming to?' is probably the first step. Can they come to one person or one area? And then maybe have somebody that houses them all and makes sure they go to the right place."

> **"Nobody knows what's being denied right now. I don't think it's a leaky faucet anymore. I think it's a full-on shower going on with how much money we're losing."**
>
> — Madhu Subherwal, MBBS, MHA, CCDS, CDIP, CDI manager at Torrance Memorial Medical Center in California

Once you've discovered where the denials are being sent, the next step is to reach out to that individual or department and offer your assistance. CDI's involvement in denials management and appeals looks different at every organization, so you may need to have some discussions surrounding the best way to leverage CDI's expertise in this process before jumping in. Often, whatever department is handling the denials currently will be glad to have some help, particularly if they feel unequipped to handle a particular subset of denials (e.g., the HIM/coding folks may appreciate CDI's assistance on the clinical validation denials).

Ultimately, though not a "traditional" part of CDI's purview, denials management is about protecting the financial health of the organization to ensure they have the resources and funding available to serve their patient population. According to **Madhu Subherwal, MBBS, MHA, CCDS, CDIP,** CDI manager at Torrance Memorial Medical Center in California, it's time that CDI teams begin digging into their denials because their organization may be hemorrhaging money on the back end, making even the most robust CDI efforts on the front end fruitless.

"Nobody knows what's being denied right now," she says. "I don't think it's a leaky faucet anymore. I think it's a full-on shower going on with how much money we're losing."

PROBLEM LIST MANAGEMENT

It's become a CDI cliché to say that the problem list is a problem. In an EHR world, the problem list often becomes an elephant graveyard of all the conditions a patient has ever experienced, whether or not they have any bearing on the current encounter. Getting CDI involved in problem list management can be a tricky subject, however, and many programs are stuck at a standstill, knowing it's a problem but not sure where CDI can appropriately help.

According to **Erika Caez, RN, CCDS,** CDI educator at Texas Health Resources in the area of Dallas-Fort Worth, Texas, the first step should be to determine who currently can edit the problem list and then decide who should have that ability. In her experience, having too many cooks in the kitchen leads to a messy and unhelpful list.

"For us, the problem list became a hot topic because any clinicians who had privileges at that time or permission within the tech support side of things could change that list, and it very quickly became a huge issue. We had nurses—or whoever was doing the admission paperwork—on the floor at 2:00 a.m. and doctors all making changes to the problem list," she says. "Almost immediately, [...] IT got that changed so that our mid-level practitioners and providers—the ones who can make a medical diagnosis—are the only ones able to manage the problem list."

Once you've determined who is editing the problem list, it's time to educate those groups about appropriate documentation practices for the list. This, of course, is in CDI's wheelhouse. When approaching the problem list, you'll likely encounter misconceptions about its use for coding purposes, according to **Karen Elmore, RN, CCDS,** CDI manager at BJC HealthCare in St. Louis, Missouri. While your education will certainly help clear up the confusion, building templates to help providers document accurately will keep misconceptions from reappearing, she says.

"For us, the problem list became a hot topic because any clinicians who had privileges at that time or permission within the tech support side of things could change that list, and it very quickly became a huge issue."

— Erika Caez, RN, CCDS, CDI educator at Texas Health Resources in the area of Dallas-Fort Worth, Texas

"The docs think that if they document something one time in there, we should code it. But what year was that? Was it 1973? Was it 2023? When was that added?" she says. "Right now, we're trying to clean up the templates that the physicians use to help some of the issues. But boy, it's not an easy task."

Helping providers understand that the problem list isn't just for their personal reference can be another hurdle, according to Schmeling.

"In [our EHR] there are active and past medical history lists. In past experience, talking to physicians, not all of them use the lists the same way. Some people were using them as a reminder, for example, that that patient had sepsis. So, they're putting sepsis on there to remember that this person has a history of it. Well, now it looks like you're putting it on an active list," she says. "We did a lot of work talking about what those lists look like and what we want on them because not everybody uses them the same way."

At the end of the day, like many CDI projects, effectively tackling the problem list situation is a never-ending process. New technological solutions, workflow processes, and providers will throw a wrench into things. CDI leaders must be adaptive, collaborative, and creative with their approach—just like they are with every endeavor. The good news, according to Downes, is that this is built-in job security.

"When we went live with [our new EHR], I don't think there was as much collaboration between HIM and CDI with the folks who were building the templates to really know what needed to be in there and what should be pulled over [to the new system]," she says. "That may be an opportunity as well to break it down by service line, see what exactly is being pulled into that template, and how can we optimize it. Our work is never done." ■