Implementing Outpatient CDI in the Acute Care Hospital Setting

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Learning Objectives

• At the completion of this educational activity, the learner will be able to:
  – Describe the various outpatient CDI initiatives that can occur in the acute care setting
  – Understand how a multidisciplinary approach can bring together departments and invigorate collaboration
  – Recognize the tools being used by the various hospitals within the Trinity Health System for outpatient CDI initiatives
  – Discuss how to determine the benefit of outpatient CDI in the acute care setting
  – Explain how to use metrics to measure and monitor outpatient CDI in the acute care setting
Trinity Health’s 22-State Diversified System Today

- 94 hospitals in 22 states (owned, managed, or in JOAs or JVs)
- $18.3B in revenue
- 1.5M attributed lives
- $1.1B community benefit ministry
- 133,000 colleagues
- 7,800 employed physicians and clinicians
- 28,000 affiliated physicians
- 23 clinically integrated networks
- 109 continuing care locations
- 43 inpatient clinical documentation improvement programs

Trinity Health’s Mission, Vision, and Core Values

Our mission
We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our vision
As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

Our core values
- Reverence
- Commitment to those who are poor
- Justice
- Stewardship
- Integrity
Outpatient CDI Initiatives in the Acute Care Setting

A Phased Approach Strategy for Implementation

- Phase I(a): Hospital-based outpatient services
  - Begin analysis phase July 1, 2018 to identify departments with greatest opportunities or quick wins
  - All sites to implement at least 1–2 outpatient CDI initiative(s) by the end of FY19
  - Implement across multiple departments in FY20

- Phase I(b): Trinity Health provider network
  - Work currently underway to develop program for better capture of comorbid conditions in limited populations that are part of an ACO or integrated clinical network
  - Managed by different leadership team

- Phase II: Trinity-owned outpatient surgery centers and clinics (non-provider based)
  - Targeted implementation date – TBD
Outpatient Focus: Hospital Outpatient Departments

- Emergency department/urgent care
- Observation
- Outpatient surgery/procedures
- Diagnostic and interventional cardiology (including cath lab)
- Radiology and interventional radiology
- Laboratory
- Infusion clinics/areas within the hospital
- Wound care
- Clinics (including pain clinic, coagulation clinic, neuro, dietary, OB)
- Radiation oncology clinic

Areas of Potential Opportunity

- Consider high revenue, high volume, high rejection rates, high unbilled and bill hold rates
- Medical necessity
- Review of outpatient national coverage determination (NCD) and local coverage determination (LCD) edits
- Review of Ambulatory Payment Classification (APC) errors
- Charge capture errors
- Reimbursement opportunity
- Review of denials
- Areas of compliance risk
Emergency Department/Urgent Care: CDI Focus Areas

- ED to inpatient conversions
- ED to observation status conversions
- Medical necessity of tests ordered, or services provided
- Review of tools used to determine ED E/M level and documentation to support level assignments
- Inconsistencies in documentation of nursing assessments and interventions performed
- Inconsistencies in complete nursing assessments
- Documentation of chief complaint and all complaints and diagnoses treated
- Documentation of procedures done in the ED
- Medicare packaging (lab, x-ray, and EKGs)
- Injections and infusion start and stop times
- Charges that are areas of focus for auditors (CT head, PET scans, etc.)

Observation: CDI Focus Areas

- Observation patients with stays longer than 36–48 hours
  - Do these patients meet inpatient criteria?
- Observation status record content
  - Clarification of documentation and diagnosis specificity
- Failing to convert observation status to inpatient admission due to lack of documented medical necessity and/or lack of order for inpatient admission
Observation: CDI Focus Areas (cont.)

• Direct placement to observation status
  – Admit source documentation
  – Capture G code (G0379) for direct placement to observation from physician office
  – Capture G code (G0463) for direct placement to observation from an external site or ED
  – Fiscal intermediary guidance on billing for direct placement to observation

• Observation charging in hours
  – Capture of carve-out hours, time away in an ancillary department, time observation status starts and ends

• Clear definitions of extended recovery vs. observation status

• Documenting injections and start and stop times for infusions

Outpatient Surgery/Procedures: CDI Focus Areas

• Surgery/procedure level charging
• Ensure chargemaster/charging is up to date with new technology
• Pre-approvals/authorizations
  – Ensure procedure performed is consistent with the procedure authorized (process is in place to obtain authorizations when the procedure changes)
• Inpatient-only Medicare procedure list
  – Consider procedures that change from what was scheduled/planned
• Medical necessity: NCD and LCD requirements
• Ambulatory surgery/procedure record content
  – Ensure documentation contains enough documentation and specificity
Cardiac Cath Lab, Interventional Cardiology, and Diagnostic Cardiology: CDI Focus Areas

• Pre-approvals/authorizations
  – Ensure procedure performed is consistent with the procedure authorized (process is in place to obtain authorizations when the procedure changes)

• Order diagnosis specificity

• Medical necessity: NCD and LCD requirements

• Documentation supports services and procedures provided including catheter placements and devices used

Infusion and Injection: CDI Focus Areas

• Medical necessity: NCD and LCD requirements
  – LCDs: MACs and other payers have specific guidelines regarding which drugs are billed with chemotherapy and non-chemotherapy administration

• Record content
  – Substance administered, including amount given
  – Route of administration
  – Access site
  – Start and stop time(s) for all infusions and IV piggybacks
  – Chronological order of the infusions
  – Documentation of drugs wasted or not administered
Infusion and Injection: CDI Focus Areas Specific to Denials

- Units of service for injections and infusions
- Excessive units of chemotherapy and non-chemotherapy medications
- Correct reporting of IV hydration (use of modifier -59)
- Use of multiple initial service codes
- Missing or invalid NCD codes

Other Hospital-Based OP: CDI Focus Areas

<table>
<thead>
<tr>
<th>Hospital-based ancillary departments</th>
<th>Areas of OP CDI focus</th>
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<tbody>
<tr>
<td>Radiology*</td>
<td>• Medical necessity: NCD and LCD requirements</td>
</tr>
<tr>
<td>Laboratory</td>
<td>• Pre-approval/authorizations</td>
</tr>
<tr>
<td>Wound care**</td>
<td>• Order diagnosis specificity</td>
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<tr>
<td>Clinics***</td>
<td>• Templated documentation content</td>
</tr>
<tr>
<td>Radiation oncology</td>
<td>• Denial challenges</td>
</tr>
</tbody>
</table>

*Advanced diagnostic imaging appropriate use criteria and consultation and collection/reporting of the corresponding G codes and modifiers

**Separately reportable E/M codes

***Includes pain management, coagulation, bariatric services, neuro, cancer, dietary, OB, etc.
Multidisciplinary Approach

Who Has the Skills Needed?
It Takes a Multidisciplinary Team!

- Consideration should be given to where the best skills reside within the organization to achieve optimal improvements
- Clearly outline roles, responsibilities, and commitments of team members
- Keep in mind that flexibility and agility are essential as OP CDI initiatives unfold
- Designate an executive champion and a CDI director/leader to coordinate the activities of the multidisciplinary team
Multidisciplinary Roles Support Hospital-Based Outpatient CDI

- Charge entry (charge capture auditors)
- Outpatient coding/edit review
- Chargemaster or CDM coordinator
- Denials coordinator
- Clinical documentation integrity specialists
  - Especially for observation and ED

Multidisciplinary Team Focus

- Serve as subject matter experts for their areas of responsibility
- Share role-specific challenges with the team (process, technology, reimbursement, denial, etc.)
  - It is recommended that the sites document the processes they will follow for the initiatives identified to ensure any gaps have been closed and areas of overlap have been eliminated
- Most of the individuals in the key roles have been performing their tasks or functions for a long time, and it is most important for team members to look at processes and challenges with a new set of eyes to invigorate collaboration
- It is important to note how key roles in the process will collaborate on a daily and ongoing basis
Hospital-Based Outpatient CDI Tools

Tools to Support Implementation

• Sample Data Collection Tool
• Sample Implementation Plan
• Outline of Trinity Health OP CDI Playbook
• Sample of Emergency Room Nursing Documentation Tool
• Outpatient CDI Implementation Checklist
### Sample Observation Data/Benefit Collection Tool

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>FY 2018</th>
<th>FYTD 2019</th>
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<tr>
<td>Financial Class</td>
<td>Medicare</td>
<td>All Payer</td>
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**Observation Volume:**
- Total # OP OBS Patients w/LOS > 2 Days
- Number of Observation patients converted (admitted) to Inpatient
- Percentile range of Observation to Inpatient Setting Comparison (Possible Data Source: Midas Data Vision Comparative Data)
- One Day Stay Volume
- One Day Stay Denial Volume
- One Day Stay Denial Dollar Amount
- Medical Necessity Denial Volume
- Lost Revenue due to downgrades
- Lost Revenue due to auditor recoupment
- Number of inpatient stays flipped to outpatient

### Sample Outpatient CDI Implementation Plan

<table>
<thead>
<tr>
<th>OUTPATIENT CDI IMPLEMENTATION PLAN</th>
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<tr>
<td>AREA</td>
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Outpatient CDI Playbook Assists With Implementation

- The playbook contains an introductory overview of outpatient CDI that includes:
  - List of items to investigate to determine the areas that would benefit most from improved documentation
  - Outline of outpatient CDI program roles and responsibilities
- The playbook is then structured in chapters for each of the outpatient areas addressed and includes:
  - Outline of the OP CDI scope for the areas (e.g., ED, observation, ancillary areas, etc.)
  - List of potential areas of focus to prioritize initiatives
  - Guidance on collecting baseline data and estimating potential financial benefit
  - Outline of key roles and list of specific skill sets needed
  - Reminder to document the workflow and collaboration that will occur amongst the team
  - Identification of metrics that will be monitored and how they will be collected
  - Tracking metrics and financial benefit

Sample ER Nursing Documentation Training Tools

**HOW YOU CAN HELP:**

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<table>
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<tr>
<td><strong>1</strong></td>
<td>Document the most precise chief complaint, including multiple complaints, if indicated</td>
</tr>
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<td><strong>2</strong></td>
<td>Document all assessments, particularly those associated with hourly rounding, changes in patient status and follow-up to pain medication administration</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Document accurate stop times and do not default to the patient discharge time</td>
</tr>
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**IV Administrations**

- An IV infusion for purposes of providing IV medication or fluids is a separately reportable procedure.
- All IV infusions must have a documented start and stop time to be accurately coded and billed.
- When medical infusion stop times are not documented, the code/charge can only be billed as an IVP.
FY20 Outpatient CDI Program Implementation Checklist

- The implementation checklist provides a high-level outline of key activities that can help start the work effort of outlining an OP CDI program. These can be modified to fit the RHM needs.
- Starts with local discussions to determine RHM executive champion and who will have responsibility to oversee OP CDI program (OP CDI director or leader).
- Data analysis and identification of financial opportunity has to be done at the RHM level. Regional CDI managers can support data analysis and estimate potential financial benefit, but they will need help with local data resources.
- Need to identify additional resource requirements required for FY20 early in CY19 so that resources can be appropriately budgeted.

<table>
<thead>
<tr>
<th>Outpatient CDI Program Implementation Checklist</th>
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<tbody>
<tr>
<td>Determine OP CDI program structure, roles, and responsibilities:</td>
</tr>
<tr>
<td>- Executive champion</td>
</tr>
<tr>
<td>- OP CDI director/leader</td>
</tr>
<tr>
<td>- OP CDI oversight committee</td>
</tr>
<tr>
<td>Key stakeholders</td>
</tr>
<tr>
<td>Pick the hospital-based outpatient area(s) to investigate for potential opportunity and focus:</td>
</tr>
<tr>
<td>- Run baseline data</td>
</tr>
<tr>
<td>- Identify priority initiatives</td>
</tr>
<tr>
<td>- Outline goals and objectives for improvements</td>
</tr>
<tr>
<td>- Determine financial and other benefits</td>
</tr>
<tr>
<td>Determine outpatient CDI staffing resources and skill set(s) needed for initiatives identified. Provide role-specific education if applicable.</td>
</tr>
<tr>
<td>Outline reporting structure for outpatient CDI roles.</td>
</tr>
<tr>
<td>Educate outpatient CDI team on outpatient CDI scope and the objectives identified.</td>
</tr>
<tr>
<td>Determine technology, tools, and reports available that will support the team in achieving the objectives.</td>
</tr>
<tr>
<td>Outline metrics that will be tracked and monitored as well as the frequency of monitoring.</td>
</tr>
<tr>
<td>Outline proposed workflow and collaboration touch points amongst team and communicate to all key stakeholders. Include how reviews and/or work will be tracked.</td>
</tr>
<tr>
<td>Begin initiatives/new processes.</td>
</tr>
<tr>
<td>Track and monitor metrics and progress towards goals.</td>
</tr>
<tr>
<td>Provide updates to the oversight committee and all key stakeholders.</td>
</tr>
<tr>
<td>Continue to revisit data analysis to identify new/additional opportunities and initiatives.</td>
</tr>
</tbody>
</table>

Outpatient CDI Financial Benefit
Observation CDI Financial Benefit for Cases Converted to Inpatient Due to CDI

• Determine average observation case reimbursement for a set period of time
• For cases converted to inpatient, calculate the difference between the average observation reimbursement and the Inpatient DRG
• Example:
  - $3,572  Inpatient DRG reimbursement for case converted from OBV to IP due to CDI
  - $1,500  Average observation reimbursement for RHM
  - $2,072  Case-specific observation CDI benefit

Financial Benefit for Reducing Hours in Observation Status

• Determine a base line for average hours in observation status for a set period of time
• Determine the dollar value per hour a patient is in observation status
• Determine the change in hours of observation status due to CDI and multiple by the dollar value per hour to determine the cost savings for the reduction in observation hours

<table>
<thead>
<tr>
<th>Target Observation Population</th>
<th>Baseline 4/15 - 3/16</th>
<th>Current Period 4/16 - 12/16</th>
<th>Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Cases over 36 hours</td>
<td>2,073 46.0%</td>
<td>1,383 43.6%</td>
<td>-2.4%</td>
</tr>
<tr>
<td>% Cases over 48 hours</td>
<td>1,249 27.7%</td>
<td>812 25.6%</td>
<td>-2.1%</td>
</tr>
<tr>
<td>% Cases over 72 hours</td>
<td>419  9.3%</td>
<td>257  8.1%</td>
<td>-1.2%</td>
</tr>
<tr>
<td>Total Observation Volume</td>
<td>4,507</td>
<td>3,171</td>
<td>N/A</td>
</tr>
<tr>
<td>Total Inpatient Volume</td>
<td>13,620</td>
<td>9,716</td>
<td>N/A</td>
</tr>
<tr>
<td>Observation/Inpatient Ratio</td>
<td>24.9%</td>
<td>24.6%</td>
<td>-0.3%</td>
</tr>
</tbody>
</table>
Denial Reduction Financial Benefit Calculation

• Determine the number of denials for a period of time and the associated lost revenue
• Track the number of denials reduced for a period of time after OP CDI initiatives have been implemented
• Calculate the financial benefit using the below formula:
  
  $ \text{Baseline denials for period} - \text{(minus)} \text{Current denial for period} = \text{$ Improved revenue}

Enterprise OP CDI Financial Benefit Calculations

• Currently working with the finance department at Trinity Health to develop enterprise OP CDI financial benefit tracking
  – Volume and associated dollars related to infusion/injection codes
  – Shifts in emergency department E/M codes

• Have set up the ability to track query impact for observation and emergency department queries from the CDI software tool
  – Observation – Query w/Impact – query response prompted inpatient admit
  – Observation – Query w/o Impact
  – ED – Query w/Impact – query response impacted placement in observation status or E/M level
  – ED – Query w/o Impact
OP CDI Metrics

Observation and ED CDI Metrics and Tracking

- CDI software includes an observation and ED CDI worklist
- Tracking the following metrics:
  - Total CDI reviews and review rate
  - Total CDI queries and query rate
  - Total query responses and response rate
  - Types of queries
  - Query impact
Other OP CDI Metrics

- Reduction in denials (dollars and volume)
- Shifts in E/M levels, surgical case levels, procedure codes
- Capture of infusion start and stop times
- Charge capture
- Observation to inpatient conversions

Trinity Health’s OP CDI Implementation
Trinity Health Sites Are in Various Stages

• Sites are required to identify 1–2 areas in which they will implement outpatient CDI in FY19
  – 20 hospitals are implementing observation CDI
    • 3 have had observation CDI in place since 2016
  – 4 hospitals are implementing ED CDI
  – 5 hospitals are implementing OP CDI in the outpatient surgery/surgery charging
  – 2 hospitals are implementing OP CDI in the pro fee coding area as the HIM/CDI director has responsibility for pro fee coding
  – 1 hospital is implementing OP CDI in the cardiac cath lab area
  – 1 hospital is implementing in the OP CDI in the clinic area
  – 1 hospital is implementing in OP CDI in cancer center
  – 9 hospitals are still undecided, in the data analysis phase, or have not yet begun

Challenges in Outpatient CDI Change Quickly

• Sites in varying phases of implementation
• Challenged with enough resources to provide the level of support as inpatient CDI has
• The few sites that have not started outpatient CDI programs are at various stages of readiness to begin this task
• Still working on ways to determine the overall potential benefit
• The absence of industry best practices such as outpatient CDI standards and metrics are a challenge
• Sites have not fully embraced the system tools that have been available to them for many years
• The learning curve of what OP CDI is and how to do it is still steep
Any Work in Outpatient CDI Is Better Than No Work

- Our outpatient strategy and tools may not be perfect, and we will have to be flexible and agile in order to provide support to our sites
- We will need to continue to educate all levels of the organization on what outpatient CDI is and how it differs from inpatient CDI
- We plan to start small and continue to build and learn from each other – sharing best practices and early successes
- An eye toward continuous process improvement will be required if we are to be successful in this endeavor

References

Thank you. Questions?

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