Two Worlds Collide: Integrating Inpatient and Outpatient CDI

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Learning Objectives

• At the completion of this educational activity, the learner will be able to:
  – Describe the overall framework of integrating a CDI department to meet best organizational outcomes
  – Recognize the differences in the CDI specialist’s role in the outpatient versus inpatient environment
  – Define expectations and how they relate to the department and the organization's overall mission and vision
  – Define and understand key characteristics of outpatient and inpatient CDI specialists
  – Identify strategies to align outpatient CDI with inpatient CDI
Who Is Wake Forest Baptist Health?

• Located in Winston-Salem, NC
• The largest employer in Winston-Salem and Forsyth County and one of the largest in the Piedmont Triad region
• Provides adult and pediatric healthcare services to 24 counties in central and northwest North Carolina and southwest Virginia

About Us

• **Inpatient:** Wake Forest Baptist Health's network encompasses Wake Forest Baptist Medical Center, Brenner Children’s Hospital, the Comprehensive Cancer Center, and 4 community hospitals

• **Outpatient:** Wake Forest Baptist Health also operates 3 urgent care centers, 5 emergency departments, and more than 250 primary and specialty clinics

$3.4 billion enterprise
2,800 providers
Polling Question (Show of Hands)

How many currently have or are scoping an OP CDI program?

Of those, how many are planning to cover both IP and OP?

Our Inpatient CDI History

• Began in 1999 with 8 CDI specialists
  – June 2016: Became an independent department
  – Reporting to the CMO

• Traditional CDI
  – Defined industry processes
  – DRGs
  – Query for clarification
    • Comorbid conditions and POA
  – Length of stay
  – ICD codes
  – Educate

• Focus
  – Quality
    • PSIs, HACs, readmissions, mortality
What Does the IP CDI Team Look Like?

- 29 RNs
- At least five years of acute care experience
- Maintain intricate metrics
  - Daily reviews
  - Follow-up reviews
  - Query average
  - Query compliance
  - Query response

Our Outpatient CDI History

- Began in 2015 with 1.5 CDSs (homegrown)
  - January 2018: 8 CDI specialists
  - 1 CDE data analyst

- NON-traditional CDI
  - Lack of defined industry processes and metrics
  - ICD codes?
  - Query for clarification
    - Comorbid conditions?
  - Educate?

- Focus
  - Quality
    - MIPS, MACRA, ACO ... MSSP, Next Gen, ...?
What Does the OP CDI Team Look Like?

• 8 RNs
• At least five years of clinical care experience, with emphasis on OP experience as well
  – Coding certification recommended
• Maintain metrics
  – Daily reviews
  – Follow-up reviews
  – Query average ... well, sort of?
  – Query response ... well, kind of?
  – Query compliance ... definitely!
Unity in Diversity

Integrating inpatient and outpatient CDI

Departmental Structure
What Are the Expectations?

Wake Forest Baptist Health’s mission is to improve the health of our region, state, and nation by:

- **Generating and translating knowledge** to prevent, diagnose, and treat disease
- **Training leaders** in healthcare and biomedical science
- Serving as the **premier health system in our region**, with specific centers of excellence recognized as national and international care destinations
- **VALUES**: Excellence, collegiality, and innovation!

Organizational Outcomes Goals

![Organizational Outcomes Goals Diagram](image-url)
Key Leadership Strategies

- Interprofessional collaboration
  - Coding—monthly leadership meetings
  - Quality—regular meetings
  - Compliance
  - Physician leadership—regular meetings
- Departmental leadership
  - Weekly meetings
  - Biannual retreats
  - Geographic proximity

Commitment to Business Excellence

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Clinical Dashboard

Bridging the CDI Gap

• The entire CDI team should follow the same rules.
  – Work ethics
    • Remote vs. on-site
  – Teamwork
    • Collaboration is not an option!
  – Education
    • EVERYONE educates
  – Compliant practice
    • Queries are placed in EHR

Accurate, Complete, and Compliant documentation
Provider View of Outpatient Query

Provider View of Inpatient Query

CDI Provider Query

1. Please clarify in the progress notes if code sepsis is an active diagnosis currently being treated, resolved, rules out, other, or unable to determine.

Clinical Findings: 8/27 Trauma ICU states code sepsis 8/18, vancomycin/cefepime, was d/c 8/22 due to negative cultures on f/u at 4 days. 8/23 Vancomycin and Zosyn in the setting of necrotic afa stump.

Abx discontinued 8/26, blood cultures NGTD, febrile with Tmax 102.8.

2. Debridement performed on right leg muscle. Please clarify if the debridement was: excisional, non-excisional, or other form of debridement.

Clinical Findings: 8/26 Operative note states used ronguers to debride any devitalized muscle and subcutaneous tissue and the edge of necrotic skin with a definitive tidemark that we debrided away with a scalpel.

Last edited by Sandra H Love, RN on 08/30/18 at 2150

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Key Team Strategies

• All CDI specialists have team leaders
• All CDI specialists have the same educational opportunities
  – DRGs
  – Risk adjustment
  – Monthly educational sessions
• All CDI specialists take part in collaborative monthly staff meetings
  – Individual team meetings
• Required provider education
• Yearly gathering—JUST FOR FUN!

Key Barriers

• Tools!
• Thought processes related to
  – Codes
    • DRGs (HB) vs. RVUs (PB)
    • Risk adjustment/HCCs
    • Who is performing the coding?
• Provider comprehension
  – How do we integrate into the care team ... or do we?
  – What is needed for IP documentation vs. clinic documentation?
• C-suite buy-in/understanding
  – ROI
  – Contracts
What the Future Holds

• Narrow scope:
  – Acquiring more facilities
  – Expansion of OP
  – Clinical tiers
  – Work smarter with fewer resources

• Broad scope:
  – Integration of risk adjustment
  – Shift to value-based healthcare
  – Freestanding “one fee” ambulatory services
  – Governmental regulation – ACA? Medicare?

Thank you. Questions?

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