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Association of **Clinical Documentation**
Integrity Specialists

ACDIS CDI Survey:

Collaboration, AI and Achieving Revenue Integrity

As health care enters the post-pandemic phase and health care providers look to ensure accurate reimbursement, clinical documentation improvement (CDI) is feeling the pressure to improve and use resources more judiciously.

CDI departments are responding by building more collaborative ecosystems that center around technologies that allow them to:

- Touch more patient records
- Provide better support to CDI specialists
- Drive quality documentation
- Optimize workflows
- Improve revenue integrity

In a new Optum-supported survey by ACDIS conducted in February 2022, 186 respondents open the door to these trends with a closer look at strategic partnerships, AI investments, top priorities and staffing-level impacts. Survey respondents include CDI managers, directors, supervisors and leads, most of whom report to finance, quality, health information management (HIM) and coding.

Overwhelming consensus is that increased collaboration and clinically intelligent AI are key to achieving revenue integrity.

"The survey results and our own customer insights reveal a new direction for CDI as it becomes even more complex," says Krystal Haynes, RHIA, CCS, CDIP, director of product management at Optum. "With COVID-19 impacting everything from staffing levels to denials management, CDI departments are starting to prioritize reviews further, improve staffing models and simplify communications. All of which points to a need for supportive technologies, including a shared CDI coding platform that can consolidate everything in one place, thus creating efficiencies," she says.

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> **Krystal Haynes,** RHIA, CCS, CDIP
> Director of Product Management, Optum

The value of deeper partnerships

An overwhelming majority of respondents (72%) say their organizations have increased collaboration with the quality department (or planned to do so in 2022), followed by denials (59%) and case management (31%). Haynes says the strategic pairing of CDI and quality is a logical move, given health care organizations are trying to recover lost revenue. "Quality plays a big role in risk adjustment models and ensuring that organizations meet value-based care goals. Partnering with quality upfront can facilitate real-time chart reviews in which quality issues can be identified and addressed early on."

For Mary Alice Dewees, BSN, RN, CCDS, CRC, system manager of CDI at Hartford HealthCare, Connecticut, forming a tighter relationship with the quality department a few years ago was an essential step. It helped close related to harm events and mortality reviews while reducing unnecessary and confusing provider messaging. After the organization rolled out the Optum CDI 3D and computer-assisted coding (CAC) technology platform, including a quality module, "CDI, coding and quality management formed a more robust partnership," she says. "This provided the ability to identify concurrent clinical documentation opportunities for possible patient safety indicators (PSI), hospital-acquired conditions (HAC), risk adjustment and observed-to-expected (O:E) mortality ratio, and to standardize physician messaging across all departments."

Today, the CDI, coding and quality teams meet with physician leaders weekly at the facility and system level to discuss harm and mortality events. "We've worked to streamline our processes and make it as automated as possible with the right people having eyes on the case before final billing," says Dewees.

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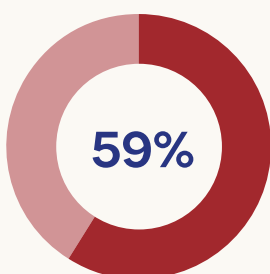>
> **Krystal Haynes,** RHIA, CCS, CDIP
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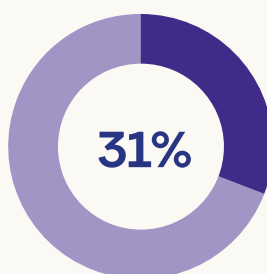## Collaboration increasing between CDI and key departments

186 respondents including CDI managers, directors, supervisors and leads

72%
Quality department

59%
Denials
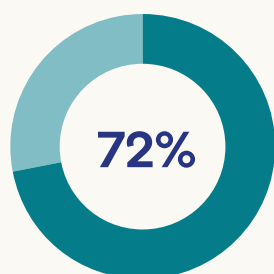
31%
Case management

AI and single-platform technologies drive revenue integrity

Technology tools and artificial intelligence (AI) are helping facilitate these successful partnerships, says Haynes. "As CDI collaborations with partner departments continue to grow, the technology is changing, too, to include more collaborative communication features that allow a single touch point when reaching out to physicians. Additionally, having CAC can ensure accurate coding from the start. "This in turn drives consistent length-of-stay projections, creating a comprehensive picture from the beginning," she says.

"This is where it is vital to have a single platform that can link all the pieces together, including CDI and coding, and ensure everybody is utilizing the same data. It also allows the health care provider to maintain a smaller vendor footprint," says Haynes.

At the same time, survey respondents also indicate they are using or planning to invest in AI to support greater revenue integrity and to do the following:

- Enable CDI specialists to work more efficiently (74%)
- Help support risk adjustment (37%)
- Track and prevent denials (18%)

"The administrative cost of denials is growing with a single denial averaging $118," says Haynes. "With so much on the line, we're seeing an uptick in CDI and coding being pulled into these denial reviews as organizations are aggressively appealing them in an effort to maintain their financial picture. Single platform technology supported by AI can reduce denials by allowing CDI to quickly pull together a picture that traces queries and codes back to chart documentation, validating medical necessity and why you coded it a certain way."

Dewees says Hartford HealthCare is also leveraging AI and natural language processing to support new CDI goals and processes. A key feature of the technology is "markers" that indicate when there is a potential need for documentation clarity and specificity. "We don't do 100% case review for CDI, but we review based on markers, which have been helpful," says Dewees, adding that markers have also been effective in addressing denials. "There was a slight back-off during the first year of COVID-19, but the denials industry is again very aggressive," she says. "Clinical validation markers are a valuable tool helping us with denials prevention on the front end."

Still, like other CDI leaders, Dewees wants to find the right balance between AI investments and allocating full-time employee (FTE) resources to achieve greater revenue integrity. "That's a challenge, but it's not necessarily an either-or situation because the role of CDI has expanded so quickly and into so many different areas over the last several years, including quality, denials, patient safety and outpatient," she says. "Because there are so many different asks on CDI, I'm looking for AI to help us to be as efficient as possible. I also would like to have more people because the job has grown and expanded every year. So, if the budget doesn't allow for more people, my only choice is operating more efficiently."

AI offers support in key areas

186 respondents including CDI managers, directors, supervisors and leads

Enable CDI specialists to work more efficiently	74%
Help support risk adjustment	37%
Track and prevent denials	18%

Recognizing CDI's potential

Not surprisingly, respondents say diagnosis-related groups (DRG) accuracy (53%), clinical validation reviews (33%), and complication or comorbidity (CC) and major complication or comorbidity (MCC) capture (27%) are among their top priorities.

"Both of these top two priorities make sense, as they are proactive measures compared to the rest of the list," says Haynes. "By getting clinical validation and reviews correct upfront as well as accurate DRGs, you ensure the bill doesn't put you at risk for a costly denial on the back end."

When asked which priorities failed to receive attention, the top responses were hospital outpatient CDI reviews (38%), denial reviews (37%) and quality reviews (28%).

"Regarding hospital outpatient CDI challenges, there's really been a lot of questions around resources — who's going to be able to do this work, and where does it make the most sense," says Dewees.

"In the short term, we are trying to help educate outpatient providers about risk adjustment, but education only goes so far. We really need a process by which we're able to query, and I strongly believe clinical documentation specialists have the skill set, knowledge and ability to expand into the professional and outpatient spaces," says Dewees. While there has been an audit

and education program in place for the physician office setting, "there is still great opportunity for CDI," she adds.
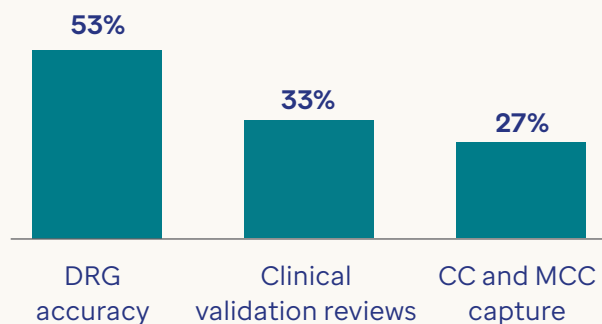
For example, Dewees says best practice advisories (BPA) may call for giving physicians a prompt in Epic about diabetes with specified complications, but providers may not respond to the BPA. In another example, CDI is now embedded in the Hartford HealthCare Bone and Joint Institute's preoperative testing center. The day after the patient's physical visit, the CDI reviews records and the patient's history for any opportunities to capture documentation of appropriate chronic conditions. "However, the tool that I have for Epic CDI queries in the ambulatory setting and does not allow me to send it easily to that group of providers," says Dewees. "If we're building something that's not going to fit in with provider workflows, we're building a recipe for failure."
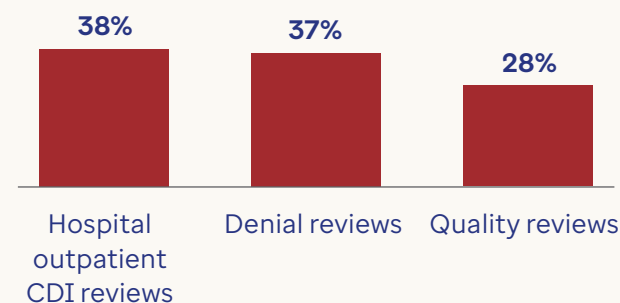
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> **Mary Alice Dewees,** BSN, RN, CCDS, CRC
> System Manager of CDI, Hartford HealthCare

Top CDI priorities

| DRG accuracy | Clinical validation reviews | CC and MCC capture |
| 53% | 33% | 27% |

Priorities failed to receive attention

| Hospital outpatient CDI reviews | Denial reviews | Quality reviews |
| 38% | 37% | 28% |

186 respondents including CDI managers, directors, supervisors and leads

Staffing levels signal more change ahead

In a separate survey, 158 ACDIS CDI Leadership Council members — most of whom hold CDI director or manager roles — shared their perspectives on how staffing levels impact CDI, quality documentation and revenue integrity objectives.[1] More than 63% say staffing levels are lower than required (or recently had been). Of that number, 30% say they are hiring or have hired staff to address it, while 5% are leveraging outsourced CDI resources. Another 28% say it is challenging revenue integrity goals. Less than one-third of respondents say their staffing level is appropriate with no major disruptions.

"As the role of the CDI has ramped up, we did not increase our staffing," says Dewees, noting that she has only added new staff for new outpatient roles. "In today's environment, it is a challenge to obtain the appropriate level of staffing to do all of the work that CDI is expected to do for accurate DRG assignment, clinical validation, harm and mortality, denial prevention, risk adjustment, and to leverage the team's expertise and respond to all the expanding areas where CDI is needed."

Haynes says, "Today's health care industry has more demands than ever, with provider organizations taking on multiple high-priority goals while not adding resources as freely as in previous years." Health care organizations will need to find new ways to get the most value from staffing and technology resources. "AI has the potential to make up some of the difference by picking up the low-hanging fruit, tying together clinical pictures, and allowing CDI specialists to work at the top of their license and focus on charts that require critical thinking. CDI is an investment in the future and one that will lead to greater revenue integrity."

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Krystal Haynes, RHIA, CCS, CDIP
Director of Product Management, Optum

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1. ACDIS. Supplemental question sent to ACDIS CDI Leadership Council members: Staffing impact on CDI, quality documentation, and revenue integrity objectives. Feb. 18, 2022.

Krystal Haynes, RHIA, CDIP, CCS
Director of Strategic Product, Optum

Krystal works with eCAC and CDI products team. Their vision is "Better Together" and their goal is to create and grow a transformative product solution that helps break down the multidisciplinary barriers within organizations. With a background strongly rooted in the HIM field, Haynes started out in coding and quickly progressed into management, starting as a system HIM manager before becoming an HIM director. She joined Mission Health and worked with a diverse team of nurses, coders and educators as the system CDI and education manager. She led the efforts in utilizing emerging technology to further grow the CDI program. This experience spurred her deep interest in technology and its unbelievable potential, and led her to Optum.

Mary Alice Dewees, BSN, RN, CCDS, CRC
CDI System Manager, Hartford HealthCare

Mary Alice started her CDI journey at Hartford HealthCare in 2009 and has brought the CDI program into all of its acute care facilities, now working as one centralized team. She leads 36 CDI nurses across seven hospitals, recently expanding into home care and orthopedic ambulatory and inpatient surgery. Her prior clinical experience includes adult critical care, newborn critical care and NICU care management.