

Q&A

CDI and quality



As part of the 10th annual Clinical Documentation Integrity Week, ACDIS conducted a series of interviews with CDI professionals on a variety of emerging industry topics.

Brian Simpson, MS, RRT, CCDS, CCDS-O, CDIP, CCS, CCS-P, CRC, a CDI specialist at Penn Highlands Healthcare in DuBois, Pennsylvania, a member of the Central Pennsylvania ACDIS chapter, and a member of the 2020 CDI Week Committee, answered these questions. Contact him at blsimpson@phhealthcare.org

Q Can you describe the relationship of CDI to quality initiatives, and how CDI professionals can make a difference?

A I think one of the biggest areas that CDI impacts quality measures is through looking at the observed to expected (O:E) ratio. When this ratio exceeds 1.0 in areas such as complications and mortality, the observed rate is greater than the expected. This can result from poor and incomplete documentation of comorbidities. By increasing capture of these comorbidities, we can directly impact the observed rate, which will in turn decrease the O:E ratio. We can also have a significant impact on the outpatient setting through capturing Hierarchical Condition Categories (HCC) on the inpatient side.

Q What quality measures does your CDI team review? How is the work divided among the team members?

A We typically review for Patient Safety Indicators and length of stay. We are just now beginning to be more involved in mortality reviews. I work in a

small department, and we all do our best to contribute equally.

Q According to the 2020 CDI Week Industry Survey results, a quarter of respondents feel that reviewing for quality measures has hindered their productivity, and under 20% said their staffing increased with the increased responsibility. Has your team seen a hit to productivity? If so, how have you dealt with it?

A I think with such an emphasis on value-based purchasing initiatives, we really had no choice but to [add] quality reviews into our daily workflow. We began increasing our reviews from Medicare to include all payers in the same time frame as adding quality reviews. I don't think it was as noticeable to us as we were already increasing our overall workload. I initially started focusing on HCCs and then went from there.

Perhaps by properly explaining the financial impact the addition of quality reviews can have on the entire health system (and not just the inpatient setting), it might

be easier to convince leadership to address increasing staff.

Q Does your CDI department still query if the response will only affect a quality measure rather than reimbursement? Why or why not?

A Yes, we do. I think that even if a query only impacts quality and may not involve a CC/MCC, it can still have a great impact on value-based purchasing measures. Even though many HCCs such as chronic atrial fibrillation and chronic kidney disease stage 3 don't affect the DRG assignment, they impact the risk adjustment factor, which plays an important role in providing proper financial resources in the care of higher-risk individuals.

These queries also impact the hospital or health system's overall quality scores, which can affect the way a community regards the care provided locally.

Q What first steps do you think CDI program managers and/or staff members can take to expand into quality?

A To me, adding HCC capture to CDI specialists' workflow can have a big impact on quality. This is another area to help gather data and information that reflects the level of care needed to treat each patient differently on an individual basis. A higher burden of illness requires a higher level of care.

Q What relationship do you have with the quality department (formal versus informal)? How do you see that relationship changing in the future?

A We don't currently have a formal relationship with the quality department. As we come across potential hospital-acquired conditions or Patient Safety Indicators, we notify the quality team. In the near future, though, we are hoping to have a structured partnership with our quality department that would include some regular meetings and collaboration.

Q How do you see quality in the greater health-care industry evolving, and what can CDI professionals do to prepare?

A As quality has a direct effect on value-based purchasing, the CDI team can play an active role in an aggressive denials prevention and management program, having a great impact on reimbursement in the healthcare industry.

Clinical validation certainly is the best tool we have in our arsenal of denials prevention. CDI can also have an impact on the appeals process and should be considered a member in denials management. In addition, risk adjustment (and HCC capture) can always begin in the inpatient setting, impacting the healthcare system through quality scores.