

Q&A

Outpatient CDI



As part of the ninth annual Clinical Documentation Integrity Week, ACDIS conducted a series of interviews with CDI professionals on a variety of emerging industry topics. Ashley Chamberland, BSN, RN, CPN, who is the lead ambulatory CDI specialist at Northern Light Eastern Maine Medical Center in Bangor, and a member of the Maine ACDIS local chapter, answered these questions. Contact her at achamberland@northernlight.org.

For more information about outpatient CDI, read the [2019 CDI Week Industry Overview Survey Report](#) today.

Q According to the 2019 CDI Week Industry Survey results, more than 53% of respondents review outpatient records of some kind, which is more than double what it was in 2018. Does your CDI program include an outpatient program? Why was it the right time to implement an outpatient CDI program/begin conducting outpatient reviews?

A Northern Light Eastern Maine Medical Center implemented an outpatient CDI program in April of 2017. With the push of the Hierarchical Condition Category (HCC) model from payers, our facility knew it was crucial to review primary care office charts and educate the providers on this new model of payment.

We have a CDI specialist review surgical cases in our surgical services area. The focus of this position is on Status C cases and monitoring for appropriate orders. They also audit surgical documentation. We also have a CDI specialist in the emergency department who helps the providers with evaluation and management leveling, infusion times, and accurate documentation.

Q Which services do you review/not review? How did you decide which outpatient services to review/not review?

A Currently, we only review primary care offices, surgical services, and the emergency department. The main focus for all areas is the Medicare population and our accountable care organization (ACO) population at this time just due to their payment methodologies.

Q When it comes to review focus, most of the Industry Survey respondents (46.97%) focus their reviews on HCC capture. What's the primary focus of your program's outpatient reviews? How did you decide what to focus on?

A Our focus has also been the capture of HCC conditions. According to reports run by our ACO, we had a lot of opportunity with HCC capture and gap closures. We have expanded as well to educate and monitor Medicare wellness visits and transition-of-care visits. We also audit the coders to be sure what the provider is documenting is sent out on claims.

Q How is the outpatient program staffed? Do the same CDI specialists review both inpatient and outpatient records? If not, how often do the teams interact? How often does the outpatient team interact with coding/office staff?

A We have specific outpatient CDI specialists. We don't have inpatient specialists reviewing outpatient records or vice versa. We only interact with the inpatient team during staff meetings. Outpatient CDI specialists interact with coders and/or coding consultants daily.

Q What type of professional backgrounds do you employ as outpatient CDI specialists and why? What level of experience do they have?

A At the beginning, I started the program, and I have inpatient and primary care experience. I had a lot of experience with our EHR in many different settings. We then hired two registered nurses who both had inpatient experience, with their recent experience being in the post-anesthesia care unit. Now that our program is up and running, we will likely be recruiting individuals with more outpatient primary care experience.

Q What's been the biggest challenge with implementing an outpatient program?

A Provider and office management buy-in was by far our biggest challenge when we implemented the program. When the CDI program started, I didn't think there was a lot of communication to the primary care offices that this was going to be implemented, so when CDI specialists showed up in offices with the providers and the office management, we had to provide a lot of education on the benefit of having us there.

Q According to the Industry Survey, 14.85% of respondents review their outpatient records prospectively, 8.18% do so concurrently, and 14.85% do so retrospectively. When do your CDI specialists review outpatient records? Why did you choose that timing?

A We do prospective and retrospective reviews. I don't believe there is a lot of benefit in concurrent reviews in the outpatient setting as the window of the appointment is so small and the providers are so busy.

Q What does the query process look like for your outpatient CDI reviews? Do you have a separate query policy, or is it combined with the inpatient policy?

A We query the providers through the message center of Cerner. We have a policy in place for outpatient CDI that includes the query response times from

providers and the escalation policy. As far as query compliance from a CDI standpoint, we follow with the inpatient policy.

Q How has your outpatient CDI program dealt with physician engagement? What's been the most successful approach?

A Our CDI specialists are present in the office two days a week. We attend a bimonthly meeting where CDI is on the agenda to discuss educational topics and answer questions. We just recently implemented a mandatory meeting time with providers during their new provider orientation. I also prepare a monthly newsletter with hot topics.

I think just being present in person has been the most successful approach. At least be present during the implementation of CDI into the office so that the providers know who you are and what CDI can do for them.

Q In your opinion, why should CDI professionals review outpatient records? What's the danger in not doing so?

A I think reviewing outpatient records is beneficial for a couple reasons. First would be increasing the revenue by capturing HCC scores accurately and reflecting the acuity of your patients. Second, I feel like CDI can save the organization during an audit because we are doing first-level audits of the coders and avoiding potential false diagnoses or charges on claims.

Q For those expanding to outpatient reviews, what do you recommend as a first step?

A A first step should be data collection. We were able to look at data to see what primary care practices had the most opportunity in gap closures and also look at practices with the largest ACO population for our organization. We started with the four practices with the greatest opportunity.

Q How do you measure success? What's proved the most insightful in terms of metrics?

A Unfortunately, there aren't a lot of tracking tools out there for outpatient CDI yet. Currently, we manually track in spreadsheets the addition of HCC diagnoses, chart review numbers, coding audits, and provider education. The most insightful measure we see is the tracking of the increase in risk adjustment factor scores that the CDI specialist has added to the patient record.