Industry Overview Survey

With a theme of "Physicians and CDI: Joining Forces in Clinical Documentation Excellence," CDI Week 2012 underscores the critical importance of the partnership of CDI and physician staff. So how is that relationship working on a national basis, as reflected in this year's CDI Week Industry Overview Survey? Clinical Documentation Improvement Week survey advisor ***Dee Schad, RN, BSN, CCDS, CDIP,*** *director of care coordination and CDI for Clark Memorial Hospital in Jeffersonville, Ind., views the glass as half full.*

"The vision of highly engaged physicians in CDI may be a bit unrealistic with the current demands in healthcare, but I'm pleased with the results [of the survey]," Schad says.

In other survey developments, CDI specialists are well aware of the financial impact they make within their organizations, but are relatively split on the subject of adequate compensation; work in facilities that mirror the slow but steady incorporation of electronic health records (EHR) into their work flow, but report mixed benefits; and have begun at least some level of ICD-10 preparation and training, even though an uncertain compliance deadline looms.

Following is an overview of the survey results beginning on p. 4 and Schad's commentary.

Survey says: Physicians are involved in CDI efforts, but improvements can be made

Physician engagement

While the overwhelming majority of respondents (84%) stated that their physician advisor was either very effective, reasonably effective, or somewhat effective, the fact that 42% of respondents don't use a physician advisor at all indicates to Schad that they need to get with the program.

Clark Memorial Hospital, Schad's facility, currently employs a physician advisor and she agrees that they can be very effective, if deployed and used properly.

"If you combine the top three responses, the overall statement is that physician advisors are effective," Schad says. "So what that should say to the 42% that don't have one is that they need to get busy and get one."

Schad says the role of a physician advisor is not necessarily to "turn up the heat" with noncooperative physicians, but to engage them in peer-to-peer conversations about difficult cases or coding concepts. "Often these interactions shed a different light on a topic that the CDI specialist has been struggling with," she says. "I have seen this type of interaction change the uncooperative physician's behavior."

CDI specialists can also make use of physician advisors by asking them to assist with complex cases, Schad says. "Sometimes it helps just to have a physician advisor to consult with."

Schad was encouraged with most of the remainder of the results in the physician engagement portion of the survey. Only 13% of

respondents indicated that their medical staff was "mostly disengaged and unmotivated" in CDI efforts, for example. And she liked the fact that 84% of respondents indicated that one-on-one conversations with physicians on the floor was the most effective strategy to ensure their collaboration and participation in CDI.

"I encourage one-on-one physician interaction on the floor all the time; 84% is great," she says. "Physicians need to put a face to the queries and a face to the program."

If a physician refuses to answer queries, the physician advisor intervenes, and that typically is the extent of their involvement. The more effective physician advisor takes that role a step further and explains to the noncompliant physician how the lack of documentation affects not only hospital reimbursement, but his own quality and financial outcomes as well.

—Steven Robinson, MS, PA-O, RN, CPUR, senior director of CDI at Maxim Health Information Services in Cleveland

MAXIM HEALTH INFORMATION SERVICES

Career advancement

Eighty-seven percent of respondents indicated that the opportunities for career advancement within their CDI department were nonexistent or minimal, with small salary increases and/or no promotional opportunities. That's up 9% from last year's survey, perhaps indicative of a weakened economy.

"I believe this is simply reflective of today's healthcare and the current economy," Schad says.

Schad says that the results of question 13 ("Were you working in another department at your hospital before entering CDI?"—64% of respondents said yes) seem to indicate that enlisting someone familiar with the medical staff and with established relationships is more effective than hiring an outsider. She's also very happy with the results of question 14 ("Do you understand the financial impact you make within your organization?") with 97% of respondents stating that they do.

Electronic health records

Schad notes that the overwhelming majority of hospitals use a hybrid health record, with only 6% of respondents still using paper, and 17% with a truly complete, digitalized EHR. Of those with an EHR, only 41% have an EHR that allows for electronic queries/prompts to the physician.

Both of these data points support the need to determine how to best transition your CDI program to an electronic record, Schad says. Unfortunately, not enough CDI specialists are at the table when discussing the choice of EHR vendors or their functionality, she notes.

"We have a hybrid record here at Clark, and we will have the opportunity to electronically query the physician. Currently the system is in the early building stages and CDI will be included as the documentation plans move forward," she says.

Schad says that responses to questions 20 and 21 reflect the relative newness of electronic querying systems—38% of respondents are not sure whether electronic querying has made life easier for CDI specialists, and 45% stated that electronic queries are no more or less likely to be answered by a physician than a standard paper/verbal query.

Schad did find the remote CDI questions telling. The fact that 89% of hospitals either don't have the ability for staff to work remotely or don't allow this option, and that more respondents believe that their remote CDI specialists are less effective as those working on-site (21% said not as effective vs. 18% who believed they were as effective), indicates to her that CDI specialists are at their best in a concurrent, face-to-face setting.

One of the ways to evolve the clarification process is to query not just for the diagnosis, but also the clinical support for that diagnosis. The Recovery Auditors and others are denying claims because the clinical support for those efforts was not documented.

—Mel Tully, MSN, CCDS, senior vice president of clinical services and education at J.A. Thomas & Associates in Atlanta

JATA j.a.thomas & Associates

By September 2012, facilities should have been well past the initial institutional reviews and educational efforts, but it turns out many have not completed these basic tasks yet. If CMS had pushed forward with its original implementation date, those facilities would have been way behind instead of just behind at this point.

META Powerful HIM Solutions

—Barbara Hinkle-Azzara, RHIA, vice president of operations at Meta Health Technology in New York

CDI role in RAC defense /compliance

Of all the sections in the survey, Schad says the RAC-related questions surprised her the most. More than half of respondents indicated that they have a RAC defense team but are not a part of it (57%); another 12% don't have a RAC defense team at all.

"I feel that CDI is an important piece of a good RAC defense team," Schad says. "It is also a great opportunity for the CDI specialist to discover potential areas where stronger documentation can have yet another impact within their facility."

For example, denied inpatient admissions/lack of medical necessity rated as the biggest challenge respondents faced with the RAC program, but medical necessity often boils down to a lack of documentation, Schad says. CDI specialists can help in this regard. How can you get involved? Ask the leader of your RAC team to invite you to the next meeting, she suggests.

"This may be yet another area in which to grow your CDI program," she says.

I appreciate a CDI specialist who goes the extra mile to show me how my documentation could improve and how that will help me take better care of my patients. Physicians respond to professional pride. They love showing that they take care of sick patients. They want to show they are taking good care of people. CDI specialists can help them do that by helping them capture the appropriate documentation.

—Jon Elion, MD, FACC, president and CEO of ChartWise Medical Systems, Inc., in Wakefield, R.I.

ChartWise CDI

ICD-10 preparation

With nearly 80% of respondents indicating that ICD-10 represents a major industry change, and 72% of respondents having either begun formal or informal training, CDI specialists are getting ready for the impending switch to ICD-10.

Schad anticipates that the additional specificity will be of benefit to hospitals and an opportunity for CDI specialists to make an impact. Most respondents indicated physician apathy/lack of response and interest as the biggest obstacle to ICD-10 implementation in their facility, meaning that the need for CDI specialists to provide education won't be going away anytime soon.

CDI Week

About the Clinical Documentation Improvement Week survey advisor

Dee Schad, RN, BSN, CCDS, CDIP

With more than 17 years of nursing experience and more than 12 years specializing in CDI, Dee Schad, RN, BSN, CCDS, CDIP, currently serves as the director of care coordination and CDI at Clark Memorial Hospital in Jeffersonville, Ind. She is actively involved in the hospital's ICD-10 assessment and preparation, integrating physician education and CDI efforts into the process. She also is a member of her facility's RAC and utilization review committees.

Schad's CDI experience includes implementation of new CDI programs, managing a multifacility program, and CDI software implementation. Her area of focus is staff and physician education with an emphasis on engagement. Schad was recognized with a 2012 Recognition of CDI Professional Achievement award at the 2012 ACDIS conference in San Diego. She currently serves as a member of the ACDIS advisory board.

Industry overview survey: Emerging Topics in CDI

Physician Engagement

1. Do you have a physician advisor to CDI?

Yes, in a full-time capacity	73	14%
Yes, in a part-time capacity	226	43%
No	222	42%
Don't know	2	0%
Total	***523***	***100%***

2. If you answered yes to the above question, please rate the effectiveness of your physician advisor.

Very effective	54	18%
Reasonably effective	101	33%
Somewhat effective	101	33%
Ineffective	48	16%
Total	***304***	***100%***

3. Please rate the engagement and collaboration of your medical staff in CDI.

Highly engaged and motivated	27	5%
Mostly engaged and motivated, with some exceptions	183	35%
Somewhat engaged and motivated	240	46%
Mostly disengaged and unmotivated	69	13%
Total	***519***	***100%***

4. What are the most effective strategies you use to ensure physician participation and collaboration? Choose up to three.

Posters and other visual elements	116	22%
One-on-one conversations on floor	438	84%
Email alerts	54	10%
CDI newsletter	52	10%
Tip of the week	35	7%
Candy/other small handouts	71	14%
Educational presentations conducted in med staff meetings	251	48%
Rewarding top physician performer of the month	24	5%
Clear CDI policies and procedures	33	6%
Directives from hospital administration	119	23%
Other, please specify	49	9%

5. What is your physician query response rate (i.e., % of queries meaningfully acknowledged by the physician)?

0%–10%	2	0%
11%–20%	5	1%
21%–30%	11	2%
31%–40%	12	2%
41%–50%	20	4%
51%–60%	21	4%
61%–70%	34	7%
71%–80%	105	20%
81%–90%	131	25%
91%–100%	118	23%
Don't know	45	9%
We don't track this metric	18	3%
Total	***522***	***100%***

6. What is your physician query agree rate (i.e., written response on a query form or in the record that results in a new or more specific ICD-9 code)?

0%–10%	4	1%
11%–20%	6	1%
21%–30%	22	4%
31%–40%	13	3%
41%–50%	14	3%
51%–60%	28	5%
61%–70%	48	9%
71%–80%	96	19%
81%–90%	115	22%
91%–100%	75	14%
Don't know	60	12%
We don't track this metric	37	7%
Total	***518***	***100%***

7. Does your medical executive committee have a policy or policies requiring CDI participation?

Yes	69	13%
No	293	56%
Don't know	142	27%
Other, please specify	15	3%
Total	***519***	***100%***

8. Does an unanswered query count as a medical records deficiency at your hospital?

Yes, and it helps with our physician query response rate	103	20%
Yes, but it does not help with query response rate	46	9%
No	332	64%
Other, please specify	38	7%
Total	***519***	***100%***

9. Please describe the opportunities for career advancement within your CDI department.

None/minimal (small salary increases and/or no promotion opportunities)	452	87%
Moderate (moderate salary increases and/or opportunity for promotion to CDI manager)	61	12%
Very good (large salary increases and/or multiple levels of promotion opportunities in CDI dept.)	7	1%
Total	***520***	***100%***

10. Do you have opportunity for career advancement in your hospital/facility, outside the CDI department?

Yes	223	43%
No	173	33%
Not sure	126	24%
Total	***522***	***100%***

11. Please describe your impression of career advancement opportunities in the broader CDI industry (e.g., with other hospitals, consulting, auditors, vendors, etc.).

None/very little	160	31%
Moderate	261	50%
Very good	100	19%
Total	***521***	***100%***

12. Do you think that you are compensated adequately for your work?

Yes	288	55%
No	232	45%
Total	***520***	***100%***

13. Before assuming your current role in CDI, were you working in another department at your hospital (i.e., did you move into CDI through an internal transfer/promotion)?

Yes	337	64%
No	168	32%
Other, please specify	20	4%
Total	***525***	***100%***

14. Do you understand the financial impact you make within your organization?

Yes	506	97%
No	8	2%
Unsure	8	2%
Total	***522***	***100%***

15. If you had the opportunity to permanently move into another CDI specialist position for a higher salary, would you consider doing so?

Yes	149	29%
Yes, but only under certain circumstances (performing similar role, min. relocation, etc.)	260	50%
No	52	10%
Not sure	58	11%
Total	***519***	***100%***

16. What is your opinion on the growth outlook of the CDI industry?

Very good—high-growth industry due to changes/new regs/need for CDI programs	340	66%
Mixed—depends on state/location, etc.	174	34%
Poor—restrictive regulations and other limitations diminished growth potential	5	1%
Total	***519***	***100%***

17. Which review area(s) is your hospital considering expanding its CDI program into? Check all that apply.

All payers	242	47%
Pediatrics	42	8%
Quality measures	118	23%
Severity of illness/mortality risk (SOI/ROM)	175	34%
Present-on-admission (POA) indicators	128	25%
Patient Safety Indicators (PSI)	71	14%
Outpatient services and procedures	72	14%
Medical necessity of inpatient admissions	92	18%
Dedicated review of targeted RAC DRGs	83	16%
We are not planning on expanding our review duties at this time	130	25%
Other, please specify	47	9%

Electronic Health Records

18. Where does your facility stand regarding implementation of an electronic health record (EHR)?

All paper medical record with no immediate plans to implement an EHR	2	0%
All paper medical record, but defined plan/process to be totally electronic by 2015 or sooner	31	6%
A hybrid medical record (electronic and paper) with no immediate plans to be fully electronic	69	13%
A hybrid medical record and we plan to be totally electronic by 2015 or sooner	224	43%
Complete EHR after discharge, but some records are scanned	95	18%
Complete, digitalized EHR concurrently and after discharge	91	17%
Not applicable/I don't work in a facility or hospital	5	1%
Other, please specify	5	1%
Total	**522**	**100%**

19. Does your EHR allow for electronic queries/prompts to the physician?

Yes	209	41%
No, we don't have this capability	274	54%
No, we have this capability but choose not to use it	22	4%
Total	**505**	**100%**

20. If you answered yes to question 19, has electronic querying made life easier for CDI specialists?

Yes	97	39%
No	57	23%
Not sure yet	94	38%
Total	**248**	**100%**

21. Do you find physicians more likely to answer an electronic query, or less so?

More likely	113	35%
Less likely	64	20%
About the same as other types of queries	146	45%
Total	***323***	***100%***

22. Do electronic query systems enhance or hamper physician education efforts?

Enhance	75	23%
Hamper	62	19%
Neutral	196	59%
Total	***333***	***100%***

23. What is your opinion of technological advances like computer-assisted coding, natural language recognition, and computer-generated documentation queries?

Coders will evolve into code technicians	26	5%
CDI specialists will become query validators/verifiers	101	20%
No change, CDI specialists and coders will always be needed for CDI	332	67%
Other, please specify	36	7%
Total	***495***	***100%***

24. If you have a completely digitized EHR, approximately what percentage of your CDI specialists work remotely?

None, our facility does not allow this option	324	89%
10%	12	3%
25%	6	2%
50%	10	3%
75%	5	1%
100%	6	2%
Total	***363***	***100%***

25. Are your remote CDI specialists as effective as those working on-site?

Yes	28	18%
No	33	21%
Not sure	95	61%
Total	***156***	***100%***

26. Are CDI specialists a part of your RAC defense/response team?

Yes, we're a part of the team	163	31%
No, we have a team but we're not a part	298	57%
We don't have a RAC defense/response team	60	12%
Total	***521***	***100%***

27. Are your CDI staff or managers involved in writing RAC appeals?

Yes	146	28%
No	328	63%
Don't know	45	9%
Total	***519***	***100%***

28. What have been your biggest challenges with the RAC program? Choose up to three answers.

Denied/downcoded MS-DRGs	133	27%
Denied inpatient admissions/lack of medical necessity	209	43%
Fear/overcaution in reporting certain diagnoses by physicians	36	7%
Fear/overcaution in reporting certain diagnoses by coding staff	89	18%
CDI not being involved or getting overlooked in RAC defense/denials	135	28%
Don't know	147	30%
Other, please specify	24	5%

29. Has the permanent RAC program changed the way your CDI department operates?

No, it's business as usual	309	62%
Yes, we're more cautious about physician queries as a result	120	24%
Yes, it has increased our workload as a result	52	10%
Yes, we've had to add additional CDI staff members	15	3%
Total	***496***	***100%***

30. Do you track revenue losses caused by RAC denials/downcoding?

Yes	225	44%
No	104	20%
Don't know	185	36%
Total	***514***	***100%***

31. If you see clinical evidence of substandard care by a treating physician while conducting a review of a medical record, how would you handle the situation?

Identify issue with treating physician to ensure his/her documentation accurately reflects actual situation	183	35%
Contact the CMO, VPMA, or department chair to report your concern	28	5%
Bring the matter to a representative in quality management or performance improvement	178	34%
Nothing, this is not an appropriate role or intervention for a clinical documentation specialist	63	12%
Other, please specify	64	12%
Total	***516***	***100%***

32. Have you begun ICD-10 preparation/training?

Yes, we've begun formal training	133	26%
Yes, but informally/at a superficial level	238	46%
No, but we have a plan in place	104	20%
No, and we have no plans in place	43	8%
Total	***518***	***100%***

33. Does your facility plan to extend ICD-10-PCS (procedure coding) training to its outpatient coders and CDI specialists?

Yes, we plan to train outpatient coders and outpatient CDI specialists in PCS	204	40%
Yes, but we plan to train coders only	65	13%
Yes, but we plan to train outpatient CDI specialists only	6	1%
No	30	6%
Don't know	210	41%
Total	***515***	***100%***

34. What's your overall take on ICD-10: major industry change, or merely a little additional specificity needed in the record?

It's a major change for everyone	407	79%
It's a major change, but primarily for CDI/documentation	10	2%
It's a major change, but primarily for HIM/coding	43	8%
It's a moderate change	33	6%
It's a minor change	1	0%
Unsure at this time	22	4%
Total	***516***	***100%***

35. When should physician education efforts start, given the likelihood of a new go-live date of October 2014?

Immediately	205	40%
By the end of 2012	60	12%
In the first half of 2013	60	12%
One year out (October 1, 2013)	111	21%
Six months prior	57	11%
Three months prior	14	3%
A few weeks prior	1	0%
After projected start date	1	0%
Other, please specify	9	2%
Total	***518***	***100%***

36. Which of the following is the biggest obstacle to ICD-10 implementation in your facility?

Physician apathy/lack of response/interest	182	35%
Foreign appearance of codes and new coding rules	22	4%
IT/technical issues	31	6%
Inadequate plan/support for physician education	38	7%
Inadequate budget to prepare staff	28	5%
Inadequate time to prepare staff	12	2%
Lack of internal knowledge on ICD-10	27	5%
Lack of leadership/someone taking the initiative	43	8%
Don't know	112	22%
Other, please specify	24	5%
Total	***519***	***100%***

Open-ended responses

Following are some representative open-ended responses from survey takers.

Question: What are the most effective strategies you use to ensure physician participation and collaboration? *Choose up to three.*

- Our hands are tied basically—we have been able to attend only one medical meeting and were given less than 10 minutes.
- Letter sent to physician by physician advisor explaining the necessity of the query response. After the third letter of no response, the physician is fined.
- Fax progress notes to MD office with clarification for response
- Personal thank-yous from CDI staff
- Rounding with attending and residents
- Taping a second copy of questions to the front of the patient's chart; also putting Post-it note flags with the doctor's name on second day if not answered
- Taking them to lunch
- Quarterly report cards for responsiveness
- Data now available on SOI and ROM on dean's dashboard—services are now asking for our help in improvement
- Monthly feedback letters

Question: Does your medical executive committee have a policy or policies requiring CDI participation?

- It's strongly supported by administration, but there's no policy
- No, but we're taking this idea to the medical executive committee this month
- The PI committee oversees the queries that are not answered
- No policy, but the hospitalists and intensivists have a medical director that will approach them if there are issues
- No written policy, but our CMO has stated that not answering queries is not an option
- Incentives to respond in timely manner only for our hospitalists

Question: Does an unanswered query count as a medical records deficiency at your hospital?

- Concurrent CDI queries do not, but retrospective coding queries do count as deficiencies
- It will as we transition to the EHR
- Yes, but they aren't required to answer, just required to acknowledge
- It only counts as a deficiency if it is issued retrospectively by the HIM/coding department, post patient discharge; does not count if issued concurrently by CDS
- Only if it moves the DRG, POA, or HAC status

Question: Which review area(s) is your hospital considering expanding its CDI program into? *Check all that apply.*

- Possibly adding one more payer; we already review Medicare/HMO and BC/BS
- The CDS program was disassembled at our facility
- Critical access hospital in our system
- Leveraging EMR/EHR technology for CDI and ICD-10 documentation improvement
- I have been asked to expand my reviews and to keep the Medicare review at 80%–90%; however, I am only a one-person team—a lose-lose proposition!
- Medical clinics
- Managed Medicare coverage
- We already do all DRG payers. Having done CDI eight years, I totally disagree with all payers (which my manager wants to branch out to soon). Yes, improved documentation would improve the hospital profile, but there is no financial impact on non-DRG payers. Why spend time on capitated accounts, etc., when DRG payer accounts need lots of clarification? We already do pediatrics, SOI/ROM, POA, and pay close attention to review targeted RAC DRGs/audits extra well.
- Emergency department. Currently we already do all payers, peds, and POA.

Open-ended responses *(Continued)*

Question: What is your opinion of technological advances like computer-assisted coding, natural language recognition, and computer-generated documentation queries?

- Will probably lead to people being laid off, but the software is doing subpar, inaccurate work
- The physicians will become more engaged and the CDI/coder roles will evolve
- A combination of the above—there will be "some" technicians and validators, but there will be a need to continue person-to-person education and queries that clarify confusing issues, not just a missing piece of info
- Recently, a staff of eight CDI specialists were laid off because of the purchase of a [vendor] product
- It takes human clinical intuition out of the review process
- RNs will be phased out and only coders will be used
- No electronic system will ever be able to understand, interpret, and interact with a doctor the way someone trained to understand coding, clinical indicators, and human nature can
- Coders will become editors; CDI will remain in the same capacity
- Computer programs do not have a clinical mind. A diagnosis is sometimes treated, but not noted. As an experienced ICU nurse, I can note the pieces and ask the clinical significance.
- CDI specialists will likely become all nurses and be more heavily involved in the rounding clinical team. I do think coders will become more like coding technicians, especially with a fully automated electronic record with standardized IMOs/MLMs.

Question: If you see clinical evidence of substandard care by a treating physician that is not well documented while conducting a review of a medical record, how would you handle the situation?

- Talk with nursing and the MD first and then go up the ladder, if needed
- Query for abnormal test results, monitoring, evaluation, etc. Sometimes they miss abnormal labs or ancillary staff's documentation of abnormal conditions. They are human. For example, they may miss the positive urine culture for a patient admitted with another condition. I may query for the abnormal test results and then often they prescribe antibiotics. We also try to engage direct care nursing staff. They will often contact the doctor if told about abnormal conditions.
- Perhaps discuss with floor nurse or case manager and get her input as well
- Depends on whether or not a physician is approachable
- Would bring it to my manager and discuss options
- We contact our physician advisor, who reviews the case and then progresses to CMO
- As an RN, I feel this is my responsibility to follow up
- This is not a currently approved CDI function
- For concurrent patients, I discuss the problems/untreated issue with the nurse taking care of the patient. She can then page the MD and request orders, etc.

Question: Which of the following is the biggest obstacle to ICD-10 implementation in your facility?

- Our CDI team only went to one seminar for ICD-10 and no further planning sessions. They keep getting pushed back. Sound familiar?
- Not involving all affected departments (i.e., quality)
- Have no idea where this facility stands on the implementation of ICD-10. That information stays at an administrative level and is not shared with the CDI team. Education of the physicians has always been an issue, even at the start of the CDI program in this facility, and it has been an ongoing issue.
- Lack of time/too many tasks
- I don't think we have any obstacles; the project plan is being implemented and it seems to be moving ahead
- No date is set. Many feel it is not going to happen.
- All of the above

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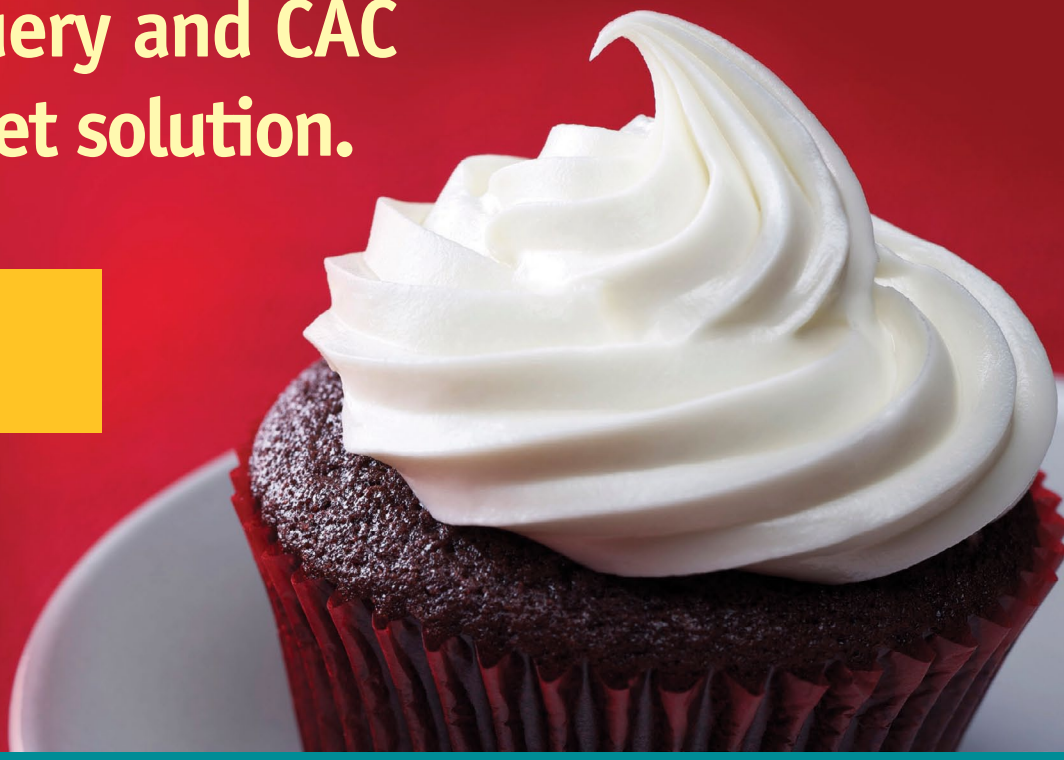

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