Q&A

Workflow Tools and Technology

As part of the 13th annual Clinical Documentation Integrity Week, ACDIS conducted a series of interviews with CDI professionals on a variety of emerging industry topics. **Maricus L. Gibbs, PhD, RN,** CDI specialist at Atrium Health Wake Forest Baptist in Winston-Salem, North Carolina, answered these questions. He is a member of the ACDIS Furthering Education Committee. For questions about the committee or the Q&A, contact ACDIS Associate Editor Jess Fluegel (*jfluegel@acdis.org*).

Q As the CDI profession grows, more workflow tools and technology options are becoming available for CDI departments to choose from. While that is an exciting development, it can also be overwhelming. Do you have any advice for those choosing from various tools and/or software on how to decide what's best for their department?

A With the merging of many healthcare organizations and increasing demands on the CDI profession, we must just agree that embracing technology changes is a requirement to be an efficient employee. The best advice (or most congruent to my experience in the field so far) is to consider your career as a great roller coaster ride. You know you are getting to the same destination, but you may take different paths. Provide input from your experience when allowed to help improve future choices in software or technology investments. The only sure way to gain the knowledge to give advice is through experience. Give it a try, because what we do reflects human experiences that are not strictly black and white. There is more than one way to do things. Embrace the technology that your company has spent so much time and effort to put in front of you and make what you do more efficient and beneficial to the broader team.

Q When asked what tools their CDI programs provide to help with job functions, "query templates" was the most selected by respondents at 80.44%, according to the 2023 CDI Industry Survey. How have query templates been developed at your organization in the past, and how is their creation and revision managed? For the 19.56% who aren't provided query templates yet, what advice would you give their CDI departments on finding and creating them?

A The immense helpfulness of a good query is not very surprising to me. As CDI specialists, most of the information provided to us depends on the communication we have with our providers and other teammates. The pressure to increase the number of records we can accurately and concisely review in a day is subtle only due to the politeness of management and third-party investors. Nonetheless, it is real. A strong query template that allows adjustment to situations and patients is extremely valuable. It helps ease the stress of maintaining efficiency and clarity of our communication to providers.

My advice to CDI departments planning to implement such helpful tools is to have experienced CDI specialists and coders share their queries and have someone to devote time to generalizing each and making them interchangeable

to multiple situations. The time you spend on this will be worth it. Getting coverage of cases for the CDI specialist who is out sick, increasing the number of cases that can be reviewed, and improving clarity of communication are only a few examples of how much query templates can aid our work. Also, using them can give familiarity to providers on what is being asked and increase the chance of the query being answered.

Q **Besides query templates, the next most popular educational tools reported by respondents were vendor-supplied educational resources/sessions (67.51%), online training modules (58.68%), and CDI books (59.62%). What tools are your CDI team provided with to promote education and better workflow, and which would you recommend? Have such resources switched to digital format over the last few years, and if so, how has that affected their efficacy in your opinion?**

A While the ACDIS website can be seen as the hub to begin educational searches, other resources such as vendor educational opportunities and CDI sources are great to look into. If you have a more robust budget, web-based coding software can also provide educational opportunities. Most resources have gone online to provide quicker updates and greater access to the CDI departmentt.

Q **The CDI software solution respondents reported using most often is electronic querying (75.88%), followed by electronic grouper software (75.55%) and computer-assisted coding (CAC) (71.61%). Also, of all solutions with planned implementation in 2024, computer-assisted physician documentation (CAPD) software was most selected at 12.78%. What kind of software solutions would you say have become common practice to use by CDI departments? What type have you found helpful for your own team? Which solutions, if any, have you noticed becoming more popular over the last few years in the CDI profession?**

A Electronic querying provides quicker response rates because the response can be interfaced with the record without providing tons of education to the provider or CDI specialist. The electronic grouper software with prioritization tools is now being provided

within Atrium organizations to help reach more cases with query opportunities. It eliminates the time spent searching through every single record before you get to the one that needs CDI services the most.

Q **When asked how much they trust these solutions, respondents rarely fully trusted CAPD (3.31%), CAC (8.36%), and natural language processing (4.89%) without exception. Given that all three of these solutions are components of artificial intelligence (AI), do you think there is a general distrust in AI software among CDI departments? Why or why not?**

A As with any field in which data mining or sorting is involved, there will be the fear of AI taking jobs or not providing the human intuition necessary to efficiently do the job. Although AI software has come a long way, the experienced CDI professional is more reluctant to share the enthusiasm of allowing the software in the daily workflow. The experienced CDI professional is aware of the necessity of developing relationships with providers and communicating with all members of the team to provide clear, concise, and accurate representation of a human experience during hospitalization. Less experienced CDI professionals may feel more comfortable embracing the great educational opportunities and help offered by the AI software for one beginning the CDI journey.

Q **About 61% of respondents report that the average full-time inpatient CDI specialist at their facility completes six to 10 new patient reviews per day in reality, level with respondents in 2022. Considering 57.57% of respondents reported the implementation of new technology has increased productivity, do you think the average number of daily patient reviews will rise in future years, or will that productivity go elsewhere?**

A I believe the productivity of the number of new cases will increase as more technology is embraced. It is slower at present because it is still being implemented in a field that is aging during the implementation. The trust that technology will fulfill everything promised without a CDI professional having to change what they believe is a set-in-stone workflow has still not quite flourished enough to affect significant

productivity rates. Efficiency rates are going to be affected first because CDI professionals can reach the records that are most in need of the services without having to completely disrupt their daily routine. Unfortunately, we are creatures of habit. The more we get used to the involvement of newer technology in the workflow, the sooner our productivity will begin to rise.

Q **Among different options of how technology may impact the role of CDI professionals and their work, 14.20% of respondents agreed that some perceive it has decreased the need for CDI specialists to use critical thinking skills. Do you think there should be concern about CDI professionals no longer using critical thinking skills after implementing technology? How are CDI staff in your department encouraged to use critical thinking?**

A There should not be a concern about eliminating critical thinking skills, because those skills are what separate the CDI professional from the AI software. Critical thinking is why CDI professionals should not fear decreased job security. As the profession evolves along with newer technology, our critical thinking will allow us to work closer with technology to reach the goals we were unable to reach in the past. Our critical thinking skills open the door to implementing new technology. If the product of the CDI profession is a clear reflection of human experience, critical thinking will exist by necessity.

Meet the AI power couple

by Deb Wagner, Nuance Communications

As technology continues to proliferate at unprecedented rates, many would say it's difficult to go through a week without hearing the words "artificial intelligence" or "AI." Within just months, AI has gone from a sophisticated tool used largely by corporations and enterprises to a ubiquitous resource now readily accessible to millions of consumers, used for everything from helping to solve algebra problems to editing emails. With new use cases emerging nearly every day, it seems that the potential applications of AI are almost limitless. While this new age opens the door to powerful change and progress, it can also make it difficult to assess which technologies and applications are worthy of your further investigation and investment. In this article, we will explore some of the most promising applications of AI for healthcare organizations looking to optimize the integrity of their clinical documentation.

While the applications of AI for healthcare organizations may be different from those of everyday consumers, they share many of the same benefits. AI can boost productivity and drive meaningful time savings. For healthcare professionals, this often means finding ways to optimize workflows—reducing clicks, surfacing the most important data, and curbing manual and time-consuming tasks. For CDI departments, a major pain point is identifying which cases CDI teams should dedicate their time to. One of the ways CDI departments can tackle this formidable challenge is with encounter prioritization technology. AI proactively scans cases to identify and prioritize those with the greatest potential for improvement based on clinical indicators, risk factors, and treatments. As a result, healthcare organizations can optimize their limited CDI resources, ensuring time is spent on cases with the greatest potential for improvement.

AI can also improve financial and quality outcomes. In healthcare, as all CDI professionals know, this often comes down to a simple question: Does the clinical documentation represent the quality of care delivered? While technology can't retrospectively impact the quality of care that was delivered, it can have a significant impact on how that care is represented within the patient record, a distinction that can have major implications on reimbursement and quality outcomes. Computer-assisted physician documentation (CAPD) applies workflow and knowledge automation to deliver point-of-care advice, helping clinicians capture complete and accurate documentation while the details of the patient encounter are still top of mind. This AI-powered tool supports various care settings and makes it easier to add specificity to existing diagnoses while also uncovering evidence of undocumented diagnoses or documented diagnoses lacking supporting clinical indicators, risk factors, or treatments.

Many CDI professionals are left wondering what impact CAPD technology will have on their departments. Rather than rendering CDI departments redundant, however, CAPD can elevate their programs, bolstering outcomes and impact. Because more documentation gaps are addressed at the point of care, CAPD frees CDI professionals to focus their clinical expertise on higher-value cases and allows them to expand case coverage. Moreover, as an automated tool, CAPD works 24/7/365, enabling healthcare organizations to address more opportunities than would have been feasible, even when equipped with a well-resourced CDI program.

Together, AI-powered CAPD and CDI technologies can create the ultimate AI "power couple," complementing each other with synergistic benefits. While technology will certainly continue to evolve, look for seasoned vendors that have pressure-tested these solutions over decades, combining the power of modern-day AI with long-standing clinical expertise.