Ordering takeout: Outpatient CDI

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

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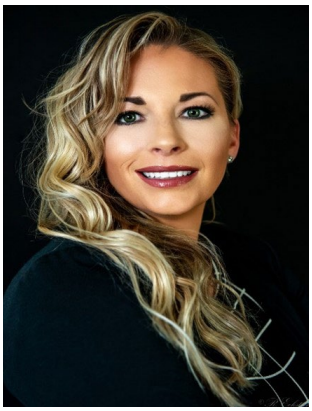

Q Can you define what "outpatient CDI" means to you/your organization?

A At West Virginia University Medicine (WVUM), the outpatient CDI program began in 2015 as a fact-finding mission with regard to a division of CDI that, at that time, had minimal industry information or guidance. After research was complete, in collaboration with the WVUM population health department, and given the fact that WVUM was becoming its own accountable care organization (ACO), it was determined that WVUM's greatest opportunity rested with the capture of Hierarchical Condition Categories (HCC). HCCs are chronic conditions that are most often monitored and treated in primary care settings and clinics. HCCs are part of a risk adjustment payment model that adjusts for capitation payments to Medicare Advantage (MA) health plans by projecting cost for the following year based on true severity of illness or risk. The sicker the patient, the more medical resources they consume, the higher the cost of care. Once captured and calculated, HCCs culminate into a risk adjustment factor score (RAF), which is used to project that yearly cost. HCCs and the RAF ultimately impact quality outcomes and value-based contracts. While HCCs are our main focus, we also collaborate with population health to determine quality impacts captured in the outpatient settings and the Department of Health and Human Services HCCs (HHS-HCC) for commercial patients.

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

A Currently, we have two fully remote outpatient CDI specialists who solely review outpatient cases in specifically selected primary care settings. The outpatient CDI specialists meet weekly with the inpatient team on our "touch base" virtual Teams® calls, are included in our monthly "town halls" with the inpatient CDI staff, and they attend education sessions with the inpatient team. In addition to the weekly meetings with the inpatient CDI staff, we also have ambulatory meetings with our outpatient physician advisors and outpatient coding. We also coordinate physician orientation education for introducing outpatient CDI and documentation-focused education for the ambulatory setting and their specific practice focus. These meetings are done virtually and use presentations and tip cards for providers/coders.

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

A Each outpatient CDI specialist rotates between primary care settings based on the current HCC capture rates/RAF scores of each site and the gap analysis of those HCC capture rates/RAF scores from previous years. Currently, we review cases of patients with scheduled office visits, including annual wellness visits (AWV) for Medicare patients, within the assigned primary care office or clinic. The outpatient CDI document content-clarification of documentation and diagnosis specificity for accurate documentation and appropriately increase HCC capture, determine if MEET/MEAT criteria match the diagnosis captured, quality assurance for referrals including, but not limited to, diabetic yearly foot/retinal exams, and medical necessity criteria are met.

Q According to the 2021 CDI Week Industry Survey results, 24% of respondents either have a dedicated outpatient program or have inpatient CDI also reviewing some outpatient records—up from 2020 by roughly 4%. Do you think this data illustrates a notable trend? Should inpatient CDI programs be looking to expand to outpatient reviews in your opinion?

A In a word, absolutely. The overall positive impact on patient care and outcomes comes from outpatient CDI ensuring accurate reflection of services provided and active diagnoses are documented. Management of chronic conditions, along with acute processes, are tracked through outpatient CDI documentation reviews. Revenue preservation, correct charge capture, medical necessity, and appropriate reimbursement with revenue improvement help ACOs safeguard their accountability to the patient and the system. Problem list clean-ups protect the patient's condition management during transitions in care and preserve appropriate admission status by allowing new providers to trust the patient's data of conditions and treatments.

Q Still 22% said that they do not have an outpatient CDI program but plan to expand into outpatient in the future. What advice do you have for those looking to expand into outpatient reviews?

A Start small, educate yourself, educate others, and get as many contacts as possible. Building an outpatient CDI program is not much different than the early days of inpatient CDI teams. Identify key stakeholders for the organization, and collaborate to determine the structure, roles, and responsibilities of each stakeholder. Run baseline data to determine SMART goals and objectives, identify priority initiatives, and establish benefits of the program. Propose a plan of action and implementation checklist, as having a strategy outlook is vital to getting buy-in from leadership. Determine current staff resources and skill sets that will help meet the outlined objectives and develop a strong workflow that will set you up for success. Continue to educate outpatient CDI, leadership, and providers and use data as reinforcements for education. Break down silos with other departments, i.e., coding, population health, denials teams, AWV nurses. Re-validate and monitor the progress you make as you go—what were your wins? What were your losses? Be adaptable and malleable; have leadership and outpatient CDI attend as many education sessions on outpatient CDI as possible to further initiatives and learn from others' experiences. Use your resources; browse through organizations like ACDIS, AHIMA, CMS, HHS, and AHRQ. Leverage technology for the benefit of the outpatient CDI team through data mining, developing workflow, performing reviews, and writing queries.

Q Given that the number of respondents who are involved in outpatient CDI grew since 2020, and those who said they were going to become involved in outpatient shrunk by about the same amount, it can be assumed those who said in 2020 that they were going to expand actually did so by 2021. What are your thoughts on respondents' ability to expand into outpatient during the difficult year with COVID-19?

A This past year, every organization and individual experienced changes in their daily operations. Expanding during a time where healthcare has been in an unknown whirlwind is extremely difficult due to multiple factors. Overcoming the unknown landscape of CDI, especially a new frontier of outpatient CDI, represents the demand for new ideas to further benefit patients and the wherewithal of CDI programs. The progress of outpatient CDI in the past year signifies the

resilience of healthcare systems to move forward and examine how we can contribute more for our patients and their health.

Q According to the survey, 33% of respondents review their outpatient records prospectively, 16% do so concurrently, and 31% do so retrospectively. Just over 5% of respondents do not perform chart reviews and instead focus on education. When do your CDI specialists review outpatient records? Why did you choose that timing? In your opinion, what benefits can an outpatient CDI program have by focusing on education instead of performing chart reviews?

A The outpatient CDI team reviews records prospectively, based on the scheduled office visits for patients. This type of review helps get a jump-start on the patient before the provider documents on the patient's visit and/or sees the patient for this visit to address the diagnosis being monitored, evaluated, assessed, or treated. The review is completed, entered into the encounter history as a note, and queries are written. Providers and AWV nurses are able to see CDI notes and queries to address any outstanding issues with documentation and focus on the whole patient in real time.

Education is critical to getting buy-in from providers, increasing their knowledge base of the CDI role, and collaboration. We use a multistep method for education for our outpatient providers. First is an introduction to the CDI world, our outpatient CDI team, and fundamentals of documentation in the outpatient setting. We usually tailor that education to the specific population being treated; e.g., psychiatric/mental health providers will have a different focus than those with mostly pediatric patients. We run baseline data for that organization in the background to get an idea of what types of documentation issues there may be in their setting. The next step is a review of the type of queries we have sent over a certain amount of time (usually four to six weeks) and a follow-up education session on the top diagnoses/top queries sent in further detail. Education is beneficial to providers; however, performing chart reviews offers a unique perspective as to the specific population they are treating and provides correlative data to reinforce the education.

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

A CDI professionals should review outpatient records to facilitate accurate reporting of diagnoses to promote and achieve clinical documentation that best serves to reflect the complexity of care, clinical medical judgment, medical decision-making, thought processes, and medical necessity. The purpose of complete and accurate patient record documentation is to foster quality and continuity of care. It is created as a means of communication among providers and between providers and patients, focusing on health status, preventive health services, treatment, planning, and delivery of care. The mission of an outpatient CDI program should be to facilitate clear, concise, consistent, contextually correct, and consensus-driven documentation supportive of quality-focused, patient-centered, fully informed, and coordinated care, all while clearly establishing medical necessity with optimal net patient revenue and holistic-approach care. The primary purpose of clinical documentation should be to support patient care and improve clinical outcomes through enhanced communication. Without outpatient CDI reviews, we fall short of seeing the whole picture of the patient. Acute inpatient setting reviews only capture a small piece of the patient's transitions in care, overall condition management, and review of the provider's documentation who knows the patient and their baselines best.

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Outpatient CDI: Future proofing your practice

by Crystal R. Stalter, CPC, CCS-P, CDIP, 3M HIS, Senior Product Owner

The increasing demand for outpatient CDI specialists

The healthcare industry continues to undergo a change in focus. This process is evolving with the ongoing shift from fee-for-service to value-based payment programs, and the introduction of regulations that transition inpatient surgeries into procedures covered only in outpatient settings. Inpatient stays are down, and more patients are being admitted to observation status.

Medicare Advantage plans and other insurers offering risk-adjusted reimbursement continue to increase, requiring providers caring for patients with long-term chronic conditions to place focus on Hierarchical Condition Categories (HCC). Documentation needs to be more robust than ever before, ensuring correct capture of the most appropriate diagnosis codes.

Providers are beginning to understand the importance of having a CDI specialist in their practice to ensure documentation fulfills reporting regulations for the Merit-based Incentive Payment System (MIPS), HCCs, and overall quality of patient care across the healthcare continuum. Of course, appropriate documentation has a direct tie to reimbursement as well, and providers want to ensure their documentation meets the requirements for positive payment adjustments as they move into a system where reimbursement is focused on quality over quantity.

How outpatient CDI makes an impact

Documentation must become more robust to meet reporting guidelines for key quality measures, HCCs, and ICD-10-CM specificity. This requires a strong understanding of rules and regulations associated with these categories. Although providers know what information is needed, their top priority is patient care—not coding and billing. Employing a CDI specialist who has unique expertise within this space can fill the gap required for optimal documentation.

An outpatient CDI specialist can be effective across many areas:

- Capture of ancillary services in the emergency department. Often this documentation does not support start and stop times, medication and dosages for injection/infusion, or evaluation and management (E/M) levels. These things may be overlooked in the urgency of patient care, causing missed or incomplete documentation and ultimately coding issues.
- Outpatient surgeries. Here an outpatient CDI specialist can ensure complete documentation for procedures, medical necessity, screening vs. diagnostic/surgical procedures, and identifying bundled services. The CDI specialist can verify

the documentation supports the procedure performed by the surgeon.

- Provider offices and/or clinics. The need for emphasis on documentation supporting reported quality measures, as well as ensuring documentation of improvement activities and advancing care information, is enough to keep a CDI specialist busy on a full-time basis. In addition, HCC reporting, with documentation supportive of chronic conditions that are monitored, evaluated, assessed, and treated by the provider, is a large undertaking that requires focus and awareness of longitudinal patient information. An outpatient CDI specialist could be a valuable addition to the documentation capture for HCCs.

Outpatient CDI: Providing checks and balances for the future

Although CDI specialists have traditionally concentrated on complex patient care associated with inpatient settings, the shift to outpatient care requires focused expertise to satisfy the continued need for accuracy and complete documentation. An outpatient CDI specialist can provide the proficiency and dedication required for complicated and changing documentation needs, including quality measures, HCCs, and other documentation of patient care. Investing in an outpatient CDI program can deliver the results needed to accurately represent the care delivered.