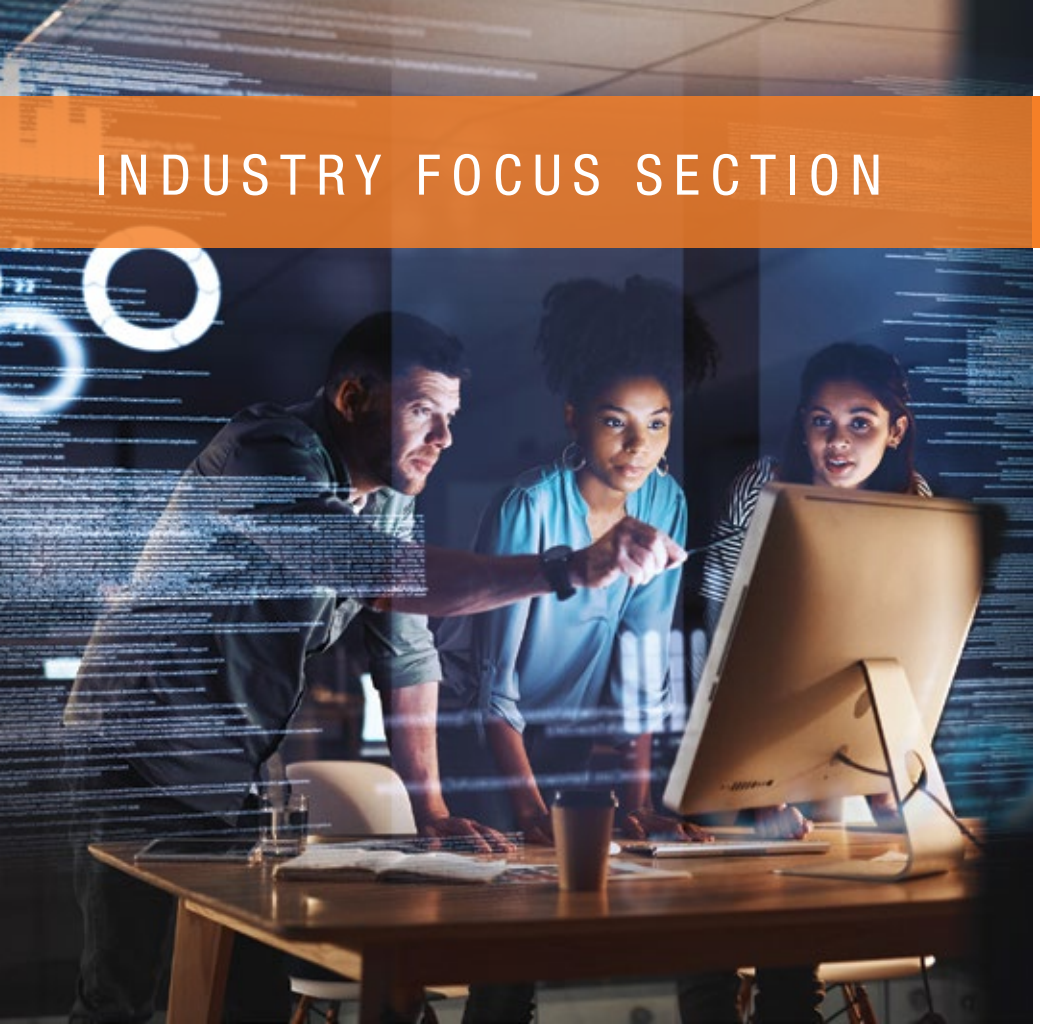

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CDI Leaders Reveal Top Key Performance Indicators

Changing payment models and the push for quality metrics and all-payer reviews are among the bigger shifts impacting clinical documentation integrity (CDI) programs in 2020. With such disruption, CDI leaders face an important question: What are the best key performance indicators (KPI) to track progress and measure success?

At the Mass General Brigham health system, this is a timely question, says Deb Jones, MSN, RN, CDI director of Brigham and Women's Hospital in Boston, where she oversees 19 CDI nurses across two campuses. "KPIs are top of mind for us here right now." While CDI programs, including Brigham and Women's Hospital, still report on traditional KPIs, such as chart review, query, and provider response and agree rates, it's also important to home in on metrics that supply critical information to specific audiences, says Jones.

With that in mind, the organization's CDI program, which performs reviews for Medicare and three commercial payers, is in the early stages of exploring and rolling out a new metric called chart impact rate that will report on narrowly defined CDI measures by leadership role. "For example, a chief quality officer might be interested in the chart impact rate for severity queries vs. a CFO, who wants to look at financially impacting queries," says Jones. "It gets to the bottom line of what really matters." She says the KPI is gaining interest among colleagues at other organizations who want to provide a metric that will particularly resonate with senior leaders.

Here, Jones and other CDI leaders share how they are successfully meeting performance benchmarks, what organizational and industry trends are driving KPI selection, and how CDI and physician relationships are evolving.

Selecting impactful KPIs

Jones says in addition to the new chart impact rate metric and a fiscal year financial goal set by the institution, Brigham and Women's Hospital is meeting or slightly exceeding set goals for the following KPIs:

- Chart review rate: 90%
- Query review rate: Financial impact 15%; severity impact, including severity of illness (SOI) and risk of mortality (ROM) 45%
- Provider response rate: 95%
- Provider agree rate: 80%
- Unable to determine rate: 5%

The CDI program also looks at major complication and comorbidity (MCC) capture rates and how CDI impacts case-mix index (CMI). "In the past, a lot more significance was placed on CMI than is today," says Jones. "That had to do with educating senior leadership to have them understand all of the different things that can impact CMI other than just CDI." She adds that while the financially impacting KPIs are critical to understanding how CDI affects the bottom line, CDI as a whole is starting to move away from finance as a primary focus and embrace quality measures. Jones says the CDI department is closely aligned with finance while reporting to the department of quality and safety.

Robin Jones, RN, BSN, MHA/Ed, CCDS, division director of clinical documentation integrity for the West Florida Division of AdventHealth in Tampa, agrees. "Back in the old days of CDI, reviews,

Q&A: Maximizing the wealth of data in KPIs

As CDI programs and capabilities expand, so do the opportunities to look at key performance indicators (KPIs) differently and to leverage that data in more impactful ways. Value-based reimbursement (VBR) models incentivize quality of care supported by comprehensive clinical documentation and coding. CDI leaders can use the bounty of information behind their KPIs to develop targeted processes that help their organizations thrive in this value-based world. Thinking strategically about the factors affecting KPIs empowers CDI leaders to make an impact beyond financial measures, says Krystal Haynes, strategic product manager for Optum360.

Q: What can you learn from analyzing physician queries and how can you use that data?

Krystal Haynes (KH): Start by looking at your top five query opportunities to identify trending problem areas. Examine the data from different angles. Review query rates by service line. This can reveal procedural issues, such as EMR template limitations or copy-and-paste misuse that can contribute to documentation discrepancies. Use this information to initiate targeted physician education and process improvements. Sending clinically relevant queries that address documentation integrity will lend more credence to your program and increase physician support and overall engagement.

Q: What are some of the other ways CDI can impact important measures across an organization?

KH: Document and share improvements with other teams to foster collaboration. Work with case management to examine length of stay metrics and how documentation changes may affect those numbers. Facilitate consistent communication and collaboration to increase efficiency and ensure effective use of resources. Monitor clinical validation metrics and look for opportunities to reduce or prevent those denials. Use technology that continuously reviews documentation and validates the clinical support for diagnoses. The right solution will help you improve both CDI and coding metrics, reduce denials and increase efficiency.

Q: In addition to financial impact, how does CDI support value-based reimbursement initiatives?

KH: The broad impact of a strong CDI program can't be strictly quantified in dollars. For example, you can affect quality measures if you can alert clinical staff about hospital-acquired conditions (HACs) and patient safety indicators (PSIs) in real time. Intelligent technology enables that capability. It can also identify hierarchical condition categories (HCCs) to help you accurately reflect patient complexity. You can monitor movement in HCCs, severity of illness (SOI) and risk of mortality (ROM) measures, and provide feedback to improve documentation strength. Look for correlations with CDI activity, and leverage that data to bolster additional collaboration and support continued accuracy.

SUMMARY: Support from your organization's leadership is a necessary foundation for a successful CDI program. To garner that support, it's important to share how your efforts deliver far-reaching benefits. Build a strategic task force with representatives from CDI, coding, case management, billing and denial management, as well as a physician liaison or advisor, and jointly track KPIs and monitor improvements. Determine which measures to report, agree to benchmarks and develop go-forward strategies for organizational improvement. Track the interaction of KPIs across departments. Present the metrics to administration as a unified front. Evidence of your contributions can help to instill greater confidence in the necessity of your program and open the door for greater collaboration.

KRYSTAL HAYNES
RHIA, CCS, CDIP
Strategic Product Manager
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clarifications, physician response rates, and reimbursement are what you looked at for CDI success. Now, it has changed by adding in that quality component," says Jones, who joined AdventHealth two years ago and oversees 10 facilities and a CDI team of 40+ associates. "If you are a high-functioning CDI program, you need to be able to navigate those changes."

In fact, Jones has spent much of her tenure at AdventHealth growing its West Florida Division CDI program, educating staff, building a leadership structure, and driving awareness of CDI's critical role in improving quality. She says the program has transitioned from focusing on reimbursement and reporting to the revenue cycle department to becoming a quality program that works closely with hospital quality directors. The majority of AdventHealth facilities also moved to an all-payer review model more than a year ago.

As such, there is a greater emphasis on quality metrics. "We have seen a huge dip from financial impacting metrics to ones that focus on severity," says Jones. For example, observed vs. expected mortalities (O/E) is a KPI that is closely tracked. CDI performance benchmarks have improved across the board during the first three quarters in 2019; average monthly review rates increased from 77.8% to 90.4%, query rates increased from 59.6% to 64%, and physician response rates increased from 90.9% to 98.5%. "Adding the quality component was the biggest change and how we evolved," says Jones.

Steve Griffin, DNP, RN, CCM, CCDS, who was appointed national leader of clinical documentation integrity in April 2019 for St. Louis-based Ascension Health, says the organization, which has inpatient CDI in 140 of its 150 hospitals and 270 FTEs, tracks chart review (85%), query (25% combined impact and severity), and physician response and agree rates (80%). He notes that the combined query rate goal is a departure from a previous industry standard of 15% for programs based on MS-DRGs, which only included queries with a financial impact, to 25% for programs based on APR-DRGs, which includes queries that impact SOI and ROM. Griffin says this change signals a move to expand CDI beyond the traditional Medicare population and focus more on quality. The program also measures "present on admission," another quality indicator, and "direct financial impact." However, Griffin says CMI is not considered a reliable KPI because it isn't a consistent indicator of success. "CDI can only directly impact one component of CMI," he adds.

Next-level physician partnerships

While physicians play a major role in meeting CDI performance benchmarks, building solid relationships continues to be a delicate dance. According to the ACDIS 2019 membership survey, 57.43% of respondents say physician engagement is one of their top three challenges.

Robin Jones, with AdventHealth, says improving physician engagement was a top request from the CDI team when she arrived. "Physicians were not answering clarifications and they didn't know that CDI was here or what it was." Today, hospitalists are 100% compliant with query response times. "When I arrived, the highest score at one of our facilities was 60%," she says.

"We collaborate with physicians so they can see the bigger picture," says Jones. This involves providing regular education to hospitalist groups, maintaining a strong presence on the nursing units, and participating in multidisciplinary rounds. "I also helped our team concentrate on building relationships with physicians and not always going to them with just a question," she says. Additionally, physician leadership plays an important role by providing hospitalists with performance scores on query response rates.

Griffin says providers traditionally have not been motivated by response and agree rates, due in part to lack of accountability. Physician leaders, on the other hand, tend to respond to the aggregated financial impact of queries without a response and physicians who default to "unable to determine" as a response, particularly when clinical indicators are clearly met. He says Ascension's CDI program offers physician education to improve response and agree rates. "Our goal is to be a regular item on the agenda at meetings as well as to provide personal metrics to each physician." Griffin ultimately hopes to have the majority of the query process performed through the EMR, so that CDI specialists (CDS) spend less time looking for physicians on inpatient floors.

Deb Jones, with Brigham and Women's Hospital, says the hospital's CDI program has done significant work regarding query escalation to keep its "unable to determine" rate (which has a 5% goal) below 3%—compared to a high of 7% only a few years ago. Implementing a leadership mandate, appealing to physicians to improve quality, and sharing results across physician peers and by service line all helped.

Expanding to outpatient CDI

All three leaders say outpatient CDI is gaining traction at their organizations. Griffin says Ascension has moved to outpatient CDI in two facilities and hopes to expand further. "There are challenges we are addressing, such as how to eliminate CDI bottlenecks that occur due to higher patient volumes in outpatient settings." The program reports on two KPIs: medical group level Hierarchical Condition Category risk adjustment factor (HCC RAF) year-over-year and medical group doctor panel level HCC RAF year-over-year. For the West Florida Division of AdventHealth, plans call for an outpatient CDI program within three years. Meanwhile, Brigham and Women's Hospital will go live with its outpatient CDI program in a few months. "We are starting in primary care where we hope to improve RAF scores," says Deb Jones. ■