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Association of Clinical Documentation Integrity Specialists

CDI DEPARTMENT INVESTMENTS AND COMMUNICATING VALUE

More than 98% of organizations see the value of CDI, data shows quality measures

April 2021

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Clinical documentation integrity (CDI) programs offer immense value to their organizations, including more accurate financial reimbursement and improved quality scores. When organizational leaders understand this value, they invest in the CDI program—from funding new staff positions, to expanding the scope of CDI reviews, to securing technological solutions and consultant services.

In partnership with 3M, the Association of Clinical Documentation Integrity Specialists (ACDIS) CDI Leadership Council asked several of its members to evaluate the results of a nationwide survey on CDI program investments and communicating value, and to discuss their organizational approach to these topics. Following is a review of the survey results and a summary of that discussion.

2021 budget plans and CDI value

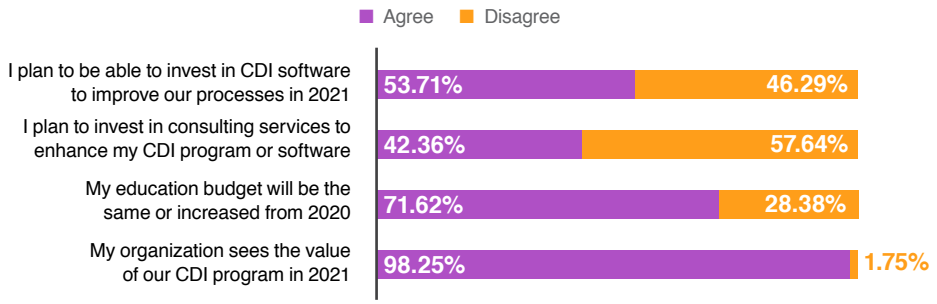
After the year the world collectively experienced in 2020, healthcare organizations necessarily had to tighten their budgets; in some cases, this involved cutting CDI educational funding or furloughing and laying off staff.

According to nearly all survey respondents (98.25%), however, their organizations see the value in a CDI program as we move into 2021. As a result of this perceived value, more than 71% said they believe their educational budget will either remain the same as it was in 2020 or be increased. (See Figure 1.)

While organizations value their CDI programs and educational budgets are making a comeback, nearly half of respondents (46.29%) believe they will not be able to invest in any CDI software in 2021, and 57.64% believe they will not be investing in consulting services this year.

For those looking to increase their investments in education, software, or consulting services, the first step is to build trust with the organization's leadership and ensure they understand the true value CDI offers and *can potentially offer* with further investments, according to **Suma Chacko,**

Figure 1. Investments and perceived value



MBA, RHIA, CCS, system director of CDI at Baylor Scott & White in Frisco, Texas.

"In my opinion, communication and the accuracy of data shared with the leadership team is the key to building trust," she says. "It's obviously very challenging, especially right now, but our leadership created a five-year investment plan based on the projects we'd like to focus on each fiscal year. […] Presenting our data to leadership and getting their buy-in has really helped us."

When creating those plans with organizational leadership, CDI leaders should focus on showing leadership the data that most effectively makes their case. This doesn't mean excluding data or information; rather, it means paying careful attention to building your case strategically, which also ensures CDI leaders' time is well spent rather than being consumed by unhelpful data collection.

> **"In my opinion, communication and the accuracy of data shared with the leadership team is the key to building trust."**
> —Suma Chacko, MBA, RHIA, CCS

"You want to make sure it's not just busy work. You want to make sure that you're looking at strategic data," says **Michael Rant, RHIA,** manager, industry relations for United States and Canada at 3M Health Information Systems in Murray, Utah. "I feel the best is to look at a 12-month rolling period to show the benefit of your CDI department."

In addition to showing leaders the return on investment (ROI) the CDI program has provided or is providing to the organization, **Hailey Ryfinski, RN,** CDI manager at ThedaCare in Neenah, Wisconsin, suggests researching the impact your suggested investments would have. For example, ask what problem the solution or consulting service would solve for the CDI department and how it would help increase the department's impact on the organization's goals.

"Whenever we can, we stick to the foundation of our EHR and really highlight those things that additional software programs can provide and what value they'd add to our CDI program and providers," she says. "It's really about highlighting the impact that those specialized tools can provide."

Communicating value to decision-makers

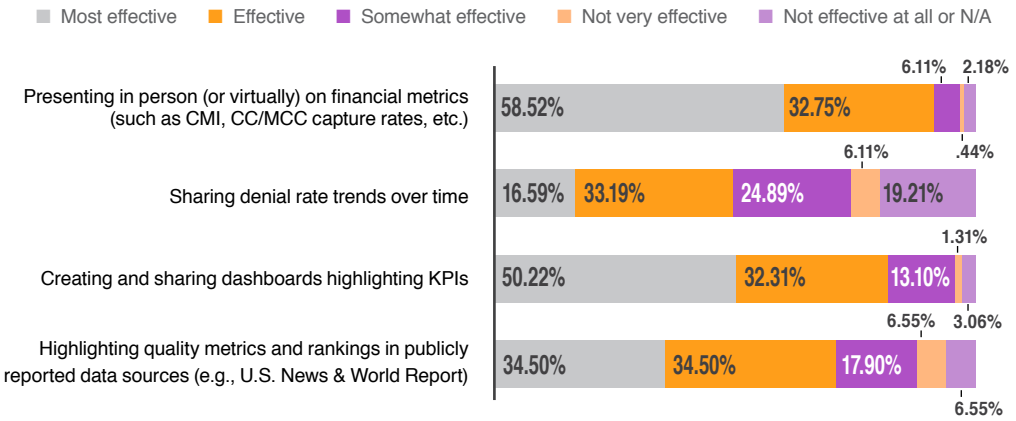
When it comes to communicating the CDI department's value, the majority of survey respondents (58.52%) rated presenting financial metrics a most effective method, followed by sharing key performance indicator dashboards (50.22%). More than a third of respondents (34.50%) rated highlighting quality metrics and rankings in publicly reported data sources as a most effective method. (See Figure 2.)

Despite the growing number of CDI professionals involved in the denials management process, almost 20% said they thought sharing denial trends over time was an ineffective communication method. Those who answered "other" wrote that they present other nonfinancial metrics, physician engagement and education efforts, clinical validation, mortality review data, and even COVID-19 review data.

In addition to the data itself—whether it's financial, quality, or denial trends—Ryfinski suggests that leaders put targets on the data so that stakeholders can see at a glance how the department has fared during the previous month, year, etc.

"When I'm presenting this data, I'm presenting to leaders that don't live and breathe this work every day, and they don't know what's a good number," she says. "It can be something really simple like having the spreadsheet cell turn green or red based on if it is or isn't meeting the target. It provides a really good, easy visual."

Figure 2. Communicating value to organization leadership



Selected other responses:

- Presenting other metrics such as length of stay impacts, mortality index, denial prevention, etc.
- Data on top 10 queries to leverage for physician education
- Dashboards related to risk score adjustment
- CDI metrics and key performance indicators such as query, agreement, response, and review rates
- COVID review data, clinical validation, and mortality data

Be flexible about the data you provide, adds Chacko. If a stakeholder has a particular concern or interest, make sure to address that in the data presented. Don't be afraid to add metrics to better tell the complete story of your department. It's likely your dashboards will need to evolve as your program grows and matures.

"We have a data analytics team who collects a lot of our data, and we develop key metrics based on the decisions that our CDI leadership felt were important to track," says Chacko. "It has evolved over time. When we reach out to the facility leadership or the C-suite, they give us feedback each time, and we try to collect that information and be consistent across the board as to what we present."

> **I think in order to have positive outcomes for the health systems, it has to be a true partnership, and it's not a one-size-fits-all.**
> —Michael Rant, RHIA

While set targets and additional data points help tell the story to organizational stakeholders, Rant says that CDI leaders need to ensure they educate the stakeholders about the data they're looking at and what it actually means for the program's success. This understanding starts with the CDI professional giving the presentation (or sharing the dashboard, spreadsheet, etc.). Before meeting with stakeholders, make sure you understand the story the data is telling you and why your audience should care about it.

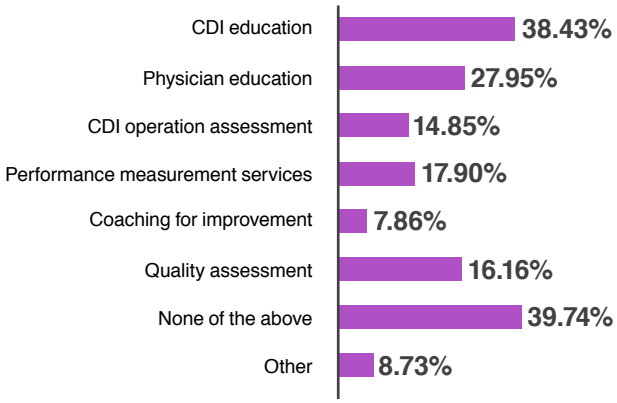
"It's really important that whoever is presenting internally understands the data they're presenting," Rant says. "Your CFO is going to want one set of data; your CDI managers and directors and leaders throughout the chain are going to want another. They all have their own approach to how they're going to do things."

Consulting service use

More than half of survey respondents said they plan to invest in some form of consulting service in 2021. The most popular option was CDI education (38.43%), followed by physician education (27.95%) and performance measurement services (17.90%). Additionally, many of those who answered "other" said that they were already contracted with a consulting service and would continue with that service through 2021. (See Figure 3.)

Those looking to contract with a consulting service in 2021 should be prepared to ask questions of potential consultants to ensure a good fit before making the investment, Rant says. Not every service will work perfectly for every organization, and it's very rare that an out-of-the-box solution will

Figure 3. Consulting service investments



Selected other responses:

- CDI audit services
- Value-based purchasing service
- We're already contracted for consulting services
- Coding assessment
- We're using internal resources
- Physician advisor services
- Prioritization software
- DRG validation and diagnosis reviews
- Boot camps for new hires
- Outpatient/ambulatory CDI software and/or consultants
- Mortality reviews

address all your unique needs. When you do find a good match, however, the outside perspective can be a huge boon for the program.

"I think in order to have positive outcomes for the health systems, it has to be a true partnership, and it's not a one-size-fits-all," says Rant. "I think the one good thing about bringing an external source into education is that brings a nonbiased perspective to that overall initiative that you're doing."

When you're looking into physician education consulting services, Rant adds, make sure that your consultant partner has physicians on staff so that they can interact with your organization's medical staff on a peer-to-peer basis.

It's helpful to take a long view of your goals as a CDI program and a broader organization when choosing a consulting partner, Ryfinski adds. Before signing a contract—especially if it's a multiyear engagement—have some honest conversations internally about what you want to achieve by hiring a consulting service.

"We do have a consultant helping us with our CDI program, and we have a five-year agreement with them. The goal is to help ensure we sustain and optimize our program," she says. "It's really about knowing your priorities as a system and how a consulting service can help you meet those initiatives."

If you're investing in short-term services, such as performance improvement services and quality assessments, make a plan for how you'll address any opportunities the consultants identify or suggestions they offer.

"We try to budget for an external audit each year in order to provide staff an unbiased quality audit," Chacko says. "The goal of the audit is to identify how great the staff are performing, catch any query opportunities, and identify where we have an opportunity to educate our staff. […] We also hope to provide staff with a one-day boot camp this year. Customization will really come into play with this boot camp, as we will build [our] agenda on opportunities identified from the quality audit."

When choosing a longer-term contract with a vendor or consultant, Rant adds that it's not just the upfront customization that's important. The partner must be willing and able to adjust throughout the life of your contract as needs and goals shift.

> **Virtual education really increased our flexibility, and it was something we probably didn't leverage as much as we could or should have prior to COVID," says Ryfinski. "It allowed us to meet with more providers and be able to meet with them where they're at. With the video conferencing capabilities, you can sit and actually see the provider.**
> —Hailey Ryfinski, RN

"Your vendor needs to be able to switch priorities based on the findings that they have discovered and pivot, because what your goal may have been in 2021 may not be the same priority that the health system sets in 2022," Rant says. "In order to reach your goals, you need a vendor that doesn't come in with a cookie-cutter approach."

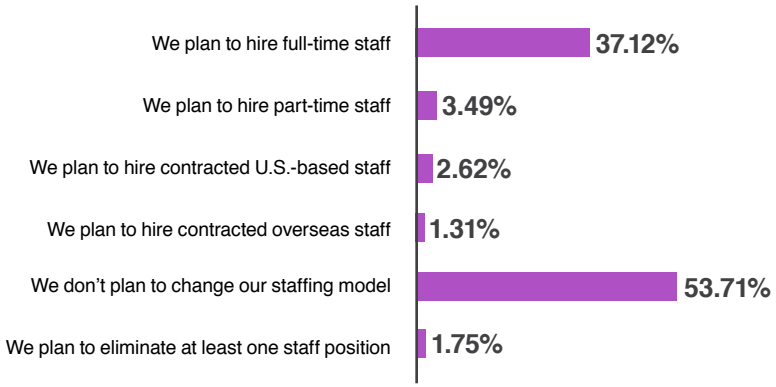
Staffing in 2021

Despite COVID-19-related budget restrictions, staff furloughs, and layoffs in 2020, 37.12% of survey respondents believe they will hire full-time staff in 2021, and another 3.49% say they'll hire part-time help. Most of those who aren't planning to hire say they'll at the very least keep their existing staff members (53.71%), and under 2% anticipate additional layoffs in 2021. (See Figure 4.)

For those looking to hire additional full-time equivalents (FTE), the first step should be to identify whether your current CDI team is able to hit its organizational and departmental goals.

"We do pay close attention to our staff productivity and our coverage rates—not only number of cases we're able to cover, but how often are we able to do our reviews. We monitor that to make sure that [we're] meeting our goals and our target," says Ryfinski.

Figure 4. Supplemental staffing in 2021



If, when looking at the data, it becomes clear that the CDI staff isn't able to meet the goals due to staffing issues (for example, if your goal is to review 100% of admissions and staff are consistently only able to review 75% due to census increases or more complex reviews), then it's time to take your staffing request to organizational leadership.

"On at least an annual basis, I will do a staffing analysis," Ryfinski says. "If there's a gap between what I'm able to achieve with the FTEs I have and what we need to hit our goals, I'll bring that to our CDI steering meeting, and we'll decide whether we need to add an FTE to our program or adjust our target. There's only so far you can squeeze productivity."

While CDI leaders can gather the data and make the case for extra staffing themselves, there are also companies that can come in and review the program for inefficiencies and opportunities to make staffing suggestions.

"We contracted with a company to assess how many FTEs we needed based on the discharges for the organization. At that time, it was pointed out that we were short staffed and needed almost three times what we currently have," Chacko says. "We were able to justify the additional staff due to the recommendations from that external consultant. We did have to put a halt to that due to this past fiscal year, but we're hoping that next fiscal year we can move forward."

Despite the relatively high percentage of respondents who plan to hire staff in 2021, only a small percentage (3.93%) said they plan to hire overseas or U.S.-based contracted staff this year. According to Rant, this may be because CDI leaders aren't quite sure of the value contracted staff can bring to the organization.

Contracted staff can offer a flexible or semipermanent solution to a short-term staffing issue (e.g., staff members out on medical or family leave) while leaders make decisions about the value of program expansion. For example, if a CDI program is considering adding OB-GYN reviews, they

might employ a contracted CDI professional for a time to see what opportunities the contractor can glean from those reviews. If, at the end of the trial period, the ROI isn't there, you can simply end the contract.

"It allows you to determine if you want to expand your services without actually hiring staff to do that," Rant says. "It also allows you to find those people who can work well within your organization and you're not having to do the work of hiring them. If you hire someone who then doesn't work out and leaves, you have to start over."

Physician education methods

No matter the stage or age of the CDI program, physician education is often the center point around which the success of the program hinges. Without engaged physicians who understand the CDI process and importance of accurate documentation, a CDI program won't make many gains. While physician education tactics vary depending on an organization's preferences—ranging from traditional classroom education to advanced Computer-Assisted Physician Documentation (CAPD)—the survey results did prove some commonalities.

Most respondents (89.04%) are expecting to offer more virtual physician education options in 2021, continuing the remote work trends started in 2020 among CDI professionals in response to COVID-19. (See Figure 5.)

"Virtual education really increased our flexibility, and it was something we probably didn't leverage as much as we could or should have prior to COVID," says Ryfinski. "It allowed us to meet with more providers and be able to meet with them where they're at. With the video conferencing capabilities, you can sit and actually see the provider. I think it helps with effectiveness that we were concerned we would lose in that virtual environment."

While virtual education may have opened new doors for some CDI professionals, others are eager to get back on-site for face-to-face education. According to the survey results, just under three-quarters of respondents (70.97%) plan to return to on-site education like what they provided before COVID-19. Chacko says that while the virtual education served its purpose during a crisis, it was hard to balance competing priorities and get quite as much time with the physicians in 2020 than it had been when the team was on-site.

"We do hope sometime this year we can start going to the facility and actually presenting again. I think it's still very important, although the video calls were a nice option when we needed them," she says.

Despite eagerness to return to on-site work, many of those who wrote in "other" responses unsurprisingly said that they weren't sure of their 2021 educational plans due to COVID-19.

While few respondents reported using solely external sources for physician education in 2021, a large portion of respondents said they're likely to use a combination of internal and external services. More than a quarter (26.32%) said they'll use internal and external services for virtual education options, 15.74% said they will tap the combination for other educational avenues (through organizational intranet, phone apps, etc.), and 11.98% said they'll do so for on-site education.

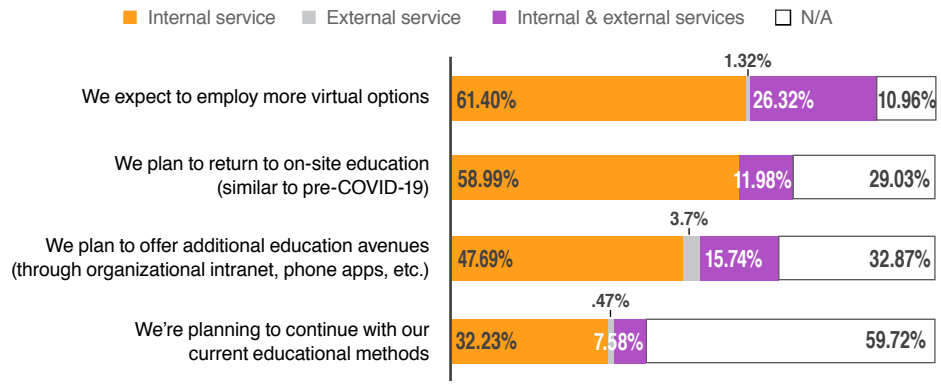
At ThedaCare, the CDI team leverages both internal and external physician education offerings, and Ryfinski says it's been helpful to divide up the labor between the two services.

"We really utilize our consultant MD advisor for doing more formal education on an annual basis. […] Our internal medical director works more real-time hip-to-hip with us," she says. "Our consultant does a little bit more of the high-level education, and our internal provider helps support us with some more of those real-time efforts throughout the year."

When choosing or developing a physician education service, Rant says to put quality documentation at the center of your goals. While financial ROI is important—especially when hiring an outside consultant—compliance should always be the main objective.

"When choosing an external partner to work with, you need to make sure that that's also what they believe in," Rant says. "If you do that, you're going to have a compliant program. If you have quality documentation, as we all know, appropriate reimbursement is going to follow."

Figure 5. Technology's effect on KPI performance



Selected other responses:

- We need to start from square one with our education
- Unsure at the moment; depends on the COVID pandemic resolution and safety issues
- We're adding a CDI educator to support our internal needs
- We've developed an education workgroup to deploy multiple avenues for education internally
- We're planning to bring in external help and continue our internal efforts