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Association of Clinical Documentation Integrity Specialists

CDI Leadership Research Takeaways: Insight for CDI Professionals

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Today's clinical documentation integrity (CDI) leaders wear a lot of hats, at least according to the 2019 CDI Leadership Research Series. To name a few:

- Protector of revenue and revenue integrity
- Physician engagement specialist and guardian against burnout
- Department expander and outpatient expert

In collaboration with 3M Health Information Systems, ACDIS issued a survey in January to CDI supervisors, managers, and directors. Its purpose was to gather data on CDI's role in clinical denials and denials management, proactive physician engagement, and "CDI Beyond Hospital Walls."

The results bore out that CDI leaders of today are busy making a big impact.

After conducting the survey, ACDIS convened three 90-minute panel sessions with CDI leaders to review and interpret the survey results and share proven best practices from their own organizations. Following is a summary of the findings and highlights.

Denials

CLINICAL VALIDATION

> **"A good rule of thumb to consider when performing clinical validation is, if you had to write a letter today to support that diagnosis, what portions would you print, and what clinical indicators would you include to justify that it was appropriate for the physician to report that diagnosis?"**
>
> —Adelaide M. La Rosa, RN, BSN, CCDS, assistant vice president of HIM/CDI/EMPI/DRG appeals for Catholic Health Services of Long Island (New York)

85 PERCENT
reported that clinical validation is a core function of their CDI staff

3%
indicated that they don't perform any type of clinical validation

17%
will ultimately remove or downcode a non-validated diagnosis

APPEALS

> "Mary Bourland, MD, says her organization uses a select team of experienced CDI professionals and coders to perform appeals. "We take the data back to the CDI and the coding teams for education, and we look at targeted issues and problems with queries, etc., and go back and do targeted education with that individual."

—Mary Bourland, MD, vice president of medical documentation with Mercy in Chesterfield, Missouri

19% say a dedicated CDI staffer handles appeals

36% say appeals are performed by a separate department altogether

26% say most or all of their CDI staff are involved in appeals

DENIALS MANAGEMENT

53% review records for additional CCs/MCCs to "protect" cases from denials

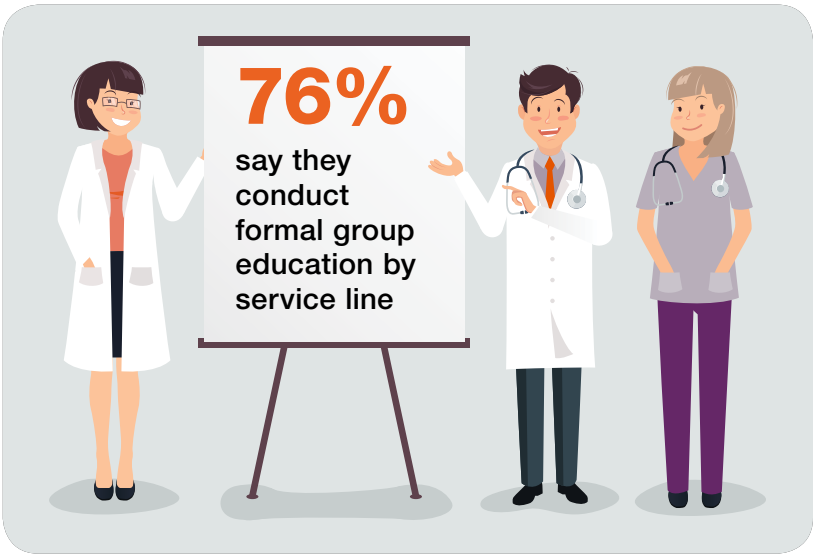
22% work with payers and/or organizational stakeholders to establish criteria for diagnoses

36% focus on high-risk DRGs and diagnoses

Provider Engagement

PHYSICIAN EDUCATION

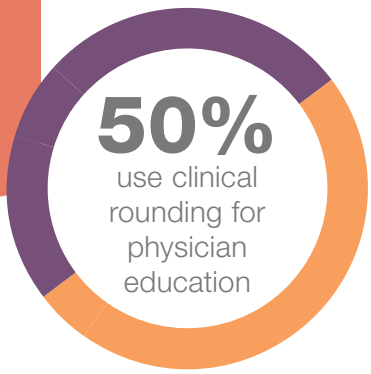
> **Truly, data speaks. We started seeing a big jump in our buy-in when we started sending monthly data to the docs. They really do care about patient quality and patient care concerns in the data. That's where CDI is moving to.**
>
> —Deanne Wilk, BSN, RN, CCDS, CCDS-O, CDIP, CCS, CDI Manager, Penn State Hershey Medical Center



73% engage in one-on-one CDI-to-physicians dialogue about individual cases

66% use newsletters/ emails/pocket cards as educational tools and daily reminders

20% use computer-assisted physician documentation software



45% review individual physician performance and use the data to support documentation habit changes

7% use only the query process for physician education

DOCUMENTATION BURDEN

33% use scribes to limit physicians' documentation burdens

37% use some form of computer-assisted physician documentation or automated physician-facing prompts

> **We've done a lot of work with quality to hone in on things that impact the mortality index. That's been very helpful because that's a language that is appealing to anyone who is clinical.**
>
> —Colleen Garry, RN, CDI director, Beth Israel Deaconness Medical Center in Boston

56% leverage hospitalists/residents/ other clinicians to document in the chart

33% said that geometric mean length of stay data had a significant impact on physician engagement

72% say observed/expected mortality data makes a significant or moderate impact on physician engagement

50% use regular educational sessions

58% said that publicly reported quality data has a significant or moderate impact on physician engagement

33% said that CC/MCC capture data had a significant impact on physician engagement

55% modified their EHR to help physicians' documentation burdens

CDI Beyond Hospital Walls

CDI PROFESSIONALS OF THE FUTURE

> **Our staff are in the office at least once every six weeks, all day, and do their work in the office that day. The office staff knows when they are coming, and they will sit with the physicians during time in between patient visits.**
>
> —Karen Frosch, CCS, CCDS, CRC, CPHQ, program manager, CDI, Christiana Care Health Services in Delaware

75% say that CDI staff will be asked to review outpatient settings and services in the future

66% say that CDI professionals in the future will need to have the ability to educate physicians

91% say that CDI professionals of the future will need to know the impact of diagnoses on quality care measures/hospital value-based purchasing

54% say that CDI staff will be asked to review organizational data trends and analytics in the future

77% say that future CDI professionals will need to have knowledge of outpatient codes/ coding guidelines

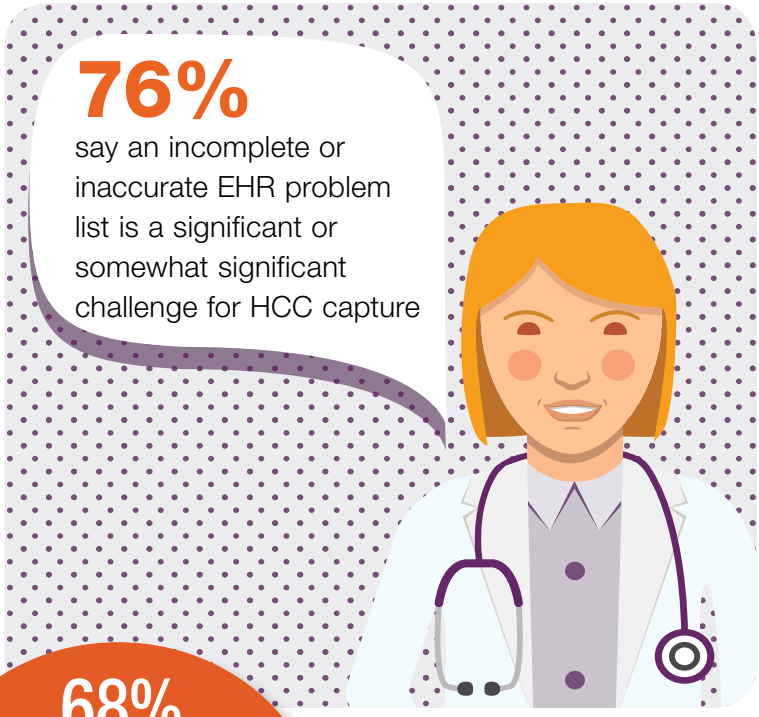
55% **say that future CDI professionals will need to be able to evaluate broad data trends and analytics**

56 PERCENT say that CDI professionals in the future will need to have a deeper clinical knowledge for resolving complex cases

54% say that CDI staff will be asked to audit cases prioritized by software in the future

> **"The true first year (calendar year 2018) resulted in significant improvement and probably doubled our return on our total cost of care contracts," Greenlee says. "We—CDI—share in the shared savings to the organization, between the work that we do with the work that is done either with care management or population health."**

—Kay Greenlee, MSN, RN, CNS, CPHQ, senior director performance improvement, value and analytics, at CentraCare in St. Cloud, Minnesota



76% say an incomplete or inaccurate EHR problem list is a significant or somewhat significant challenge for HCC capture

68% say they don't have the right data during documentation (e.g., patients' history of chronic conditions) for accurate HCC capture

70% say their physicians weren't adequately educated to document or redocument chronic conditions for HCC capture

Conclusion

CDI is no longer about revenue improvement, but revenue integrity—ensuring that clinical indicators support diagnoses and procedures, and medical necessity is met. When denials inevitably occur, organizations are increasingly finding that CDI specialists' unique blend of clinical acumen and coding expertise make them a natural fit for appeals. Of course, the best way to prevent denials from occurring is clear, consistent, and complete documentation accomplished through a healthy, front-end, proactive collaboration with providers.

With CDI achieving a state of maturity in acute-care hospitals, the next logical step is CDI beyond hospital walls. The challenges are great, but the opportunity limitless for leaders with the vision and tenacity to succeed.

We hope you enjoyed this collaboration. We recommend you download and read the complete three-part series on **www.acdis.org**.