Clinical integration of CDI

Provider Engagement Series

Series introduction: Provider engagement is a core function of the CDI profession. In addition to record review, CDI specialists also teach the why behind the need for accurate, complete, and specific documentation, and assist providers in their day-to-day charting and EHR workflow. But there is no one-size-fits-all model. This series provides case studies of organizations at all ranges of the engagement spectrum, including full clinical integration, remote CDI, and hybrid models. Its objective is to offer models of success from which ACDIS members can consider new ideas to implement, and offer best practices for provider engagement that work regardless of organizational size, type, and budget.

FEATURES

Essentia Health

Essentia Health has had a CDI department for more than 10 years, but the introduction of a computer-assisted coding (CAC) tool three years ago made it clear to then-new CDI manager **Tracy Boldt, RN, BSN, CCDS, CDIP,** that a closer level of provider engagement was needed.

"With [CAC] came a lot more challenges with provider engagement. You're really at a screen," she says. "I feel that CDI does need to be a partner at the table with physicians. Not to be there to practice medicine, but to be the partner to help them ensure that the full clinical picture of how ill our patients are is well defined."

Although it takes a clinically integrated approach to CDI, Essentia Health has a work-at-home option and permits staff who are not comfortable working side-by-side with providers to perform record review via computer. But at least two CDI specialists in each of its three markets work directly at the elbow of providers.

For example, in Essentia's East market, a CDI specialist works at the bedside with the attending physician and the rest of the ancillary support team on Tuesday through Thursday each week. The CDI specialist listens to patients' clinical updates and refrains from any questions regarding DRGs, CCs, or MCCs. The system also employs a dedicated CDI educator in one market whose job is to educate providers in a variety of cadences and settings (daily formal groups, informal 1:1 sessions, etc.). The educator position has been so successful that Boldt plans to expand the model to the system's other two markets.

This strong CDI bedside presence has led to the development of close provider relationships across all three markets, which now enjoy the presence of a "go-to provider" (often the chief of the respective service line) in each of Essentia's physician specialties. Boldt, for example, can call the chief of the neurosurgery unit with a specific question or frank discussion that will make its way down to the provider team.

"I feel confident this information will be disseminated with whoever needs to hear it, or we can attend their meetings on a regular basis," says Boldt, who notes that

the "I" in her department's CDI acronym stands for integrity. "We [CDI] are really part of each of the departments' teams. We are a service to providers. At the end of the day, I want to reduce queries, and I don't want to sit in front of a screen just to get that next MCC. That isn't the purpose, in my opinion, of CDI. Building relationships, trust, and doing the right thing is why I feel we needed a change from Improvement to Integrity."

In turn, providers reach out to CDI for help when they need it; for example, they recently asked for assistance with reducing hospital length of stay for pneumonia patients. Essentia does have two dedicated systemwide physician advisors, one each for inpatient and outpatient services, but "I count all those individual providers in each specialty as equal to our physician advisors," Boldt says. "It's about being creative with everyone's budgets."

Strengthening the relationship between CDI and providers has simultaneously strengthened relationships with the coding staff. The two departments now collaborate closely on DRG mismatches and denials, for example, and attend the same quarterly educational sessions.

Vidant Health

Ten years ago, Vidant Health's physician engagement in CDI was at its nadir, with physicians not keen on participating in CDI initiatives. In fact, the CDI program was viewed as a nuisance. But with increased physician advisor support and a confluence of external pressures (Healthgrades, peer-to-peer comparisons), there was an eventual sea change.

"The partnership now is better than it ever has been in the past, and I think it's because of the change of landscape in medicine," says **Vaughn Matacale, MD, CCDS,** director of the clinical documentation advisor program at Vidant Health.

While its CDI efforts started as a traditional CC/MCC capture and query-driven program, Vidant's focus today is on getting the documentation right at the front end, reducing the need for repetitive queries. Like Essentia, the CDI team sees itself in a customer service role, with physicians as its customers.

"You can send a clarification for congestive heart failure forever, but wouldn't it be better to get the providers documenting congestive heart failure the right way so that you can move on to more difficult, challenging, and more important topics?" Matacale asks. "We want to help the providers, make sure we're meeting their needs, and view them as a customer."

"When they [physicians] have questions or concerns, you want to address those quickly in order to have a happy customer," he adds. "If they have some tangible return for their investment of time and energy, you're much more likely to move forward at a rapid pace to risk of mortality and deeper topics."

Vidant recognizes providers who have excellent documentation through a professional documentation improvement board, which is a large display

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prominently placed in the physician lounge. The providers are nominated by the CDI and coding team, who then votes to determine the month's most outstanding documenter. The winner gets his or her photo placed on the board and also receives a pair of movie passes. "The winners are always thankful for being recognized for their work and efforts on documentation," Matacale says.

CDI staff in Vidant's smaller facilities are typically nurses with track records of successful provider relationships during their time at the bedside. Today, these relationships are leveraged for CDI needs; they allow for more face-to-face interactions and discussions about CDI topics.

Given Vidant's wide range of hospitals and hospital sizes (from a 1,000-bed tertiary hospital all the way down to a 20-bed critical access hospital), and the different cultures of each, it has taken a less uniform approach to provider engagement than Essentia. But the two systems share an underlying principle: close, at-the-elbow support. Vidant's flagship 1,000-bed facility, Vidant Medical Center, employs a CDI specialist who spends a full day each week in the hospitalists' office working on chart reviews as well as educating using a case-based approach. At the regional centers, CDI specialists with long-standing relationships seek out physicians during rounds or at their offices to discuss individual cases.

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Vidant also employs a team of four MD physician advisors (three full time, one part time) and a PA. The physician team spends approximately 50% of its time reviewing cases post-discharge, pre-bill. The rest of their time is spent on education, special projects, new developments, and addressing immediate provider needs, including assistance with complex cases that have been escalated.

NP and PA education and needs are addressed by the CDI PA. The CDI specialists and physician advisors have a close partnership, and they often work together on provider education and strengthening relationships with the medical staff.

Physician advisors divide up their projects by region but also by interest. One physician advisor specializes in risk adjustment and mortality, for example, while Matacale enjoys focusing on HCCs and PSIs. A third focuses on UR and E/M coding.

"We're variable across the system, but we try to leverage the relationships that are already in place and customize things as to what will be most effective," Matacale says. "We try to be dynamic in terms of our engagement, and we try not to say no."

Being so close to the provider has resulted in CDI moving closer to the point of clinical care, which can lead to CDI staff recognizing potential quality-of-care issues. Even though peer review is beyond their scope and role, the extra attention is another benefit of clinical integration, Matacale points out. "Anytime you are looking at a record, things will jump out at you—culture results from an outside record, for example. From a physician perspective, when you're looking at clinical care, you're looking at clinical care. We see it occasionally and have

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developed a pathway where we can send those cases over to the appropriate clinical staff for analysis and review."

Impact on CDI productivity

If there's a drawback to clinical integration, it's that each hour CDI specialists spend with physicians (1:1 education, special projects, etc.), is one less hour for actual chart reviews.

Essentia Health requires CDI staff to review 18–22 charts per day, on average, for a given month. To demonstrate the value of their time at the bedside, CDI specialists document the time not spent in chart review in a spreadsheet. This includes time with physicians as well as time spent on self-education (webinars, etc.).

Tracking this time allows Boldt to provide a tally by department and/or specialty and share the time spent with leadership. "It is important for CDI to shift to the front end and make a case for the value behind it," she says. "If I don't have a way to track it, I can't prove we're actually doing it."

Vidant also tracks its time with providers, but Matacale notes that as record reviews have become increasingly holistic and comprehensive, the emphasis has shifted from quantity to quality. "They are tracked, and we do know productivity and financial impact, but unless there is a serious outlier, what is more closely monitored is the quality of a review: How good are you? Are you recognizing SOI, ROM, clinical validity, PSI exclusions? How are your queries structured? Where are the areas that may need work?"

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The rewards of clinical integration

A clinically integrated CDI program brings many rewards, but in particular, it fosters:

- **Unparalleled physician buy-in.** Once physicians come to rely on CDI for additional help, buy-in and trust are established. Note that this dependency is often accompanied by more work! "As the relationship, understanding, and trust builds, you are requested for assistance more often," Matacale says. "But this just helps to build the relationship."

- **Broader and more rewarding CDI work.** Now that Essentia's CDI program has physicians' attention on documentation of comorbid conditions and the like, the specialists have moved on to other documentation projects, including building preference lists and smart phrases and reducing clicks in the EMR. CDI specialists have also partnered with nurses and providers on a systemwide sepsis core measures project, reviewing sepsis cases concurrently through the EHR. "There's so much to do to help the providers beyond capturing the CCs and MCCs," Boldt says. "It's definitely a new way to look at CDI and how we can be a better partner to our providers."

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About Vidant Health

Vidant Health includes its flagship academic/private hybrid Vidant Medical Center, community hospitals, and physician practices in eastern North Carolina. The system covers more than 1,700 licensed beds, ranging from a 20-bed critical access hospital to a 1,000-bed tertiary care center. It has 18 CDI staff across its system.

About Essentia Health

Essentia Health is an integrated health system serving patients in Minnesota, Wisconsin, and North Dakota. It includes 15 hospitals (six acute), 77 clinics, six long-term care facilities, three assisted living facilities, three independent living facilities, five ambulance services, and one research institute. It employs 13 RNs for its inpatient CDI reviews, nine HIM/coding professionals to cover its outpatient clinics, one analyst, and two part-time physician advisors to support both inpatient and outpatient services.

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