2020 CDI Leadership Council Research Series: Takeaways for All CDI Professionals

TODAY'S CLINICAL DOCUMENTATION INTEGRITY (CDI) leaders juggle many priorities at once, balancing CDI departmental needs and bandwidth against the needs and goals of the broader organization.

While traditional chart reviews and physician engagement remain central to CDI's work and leaders' concerns, CDI departments have expanded into other arenas such as quality reviews, alternative settings, and denials management. Leaders are tasked with the difficult challenge of monitoring and tracking the department's success in all of these new areas and balancing often competing priorities.

In collaboration with 3M Health Information Systems, ACDIS issued a survey in January 2020 to members of the ACDIS CDI Leadership Council. Its purpose was to gather data on the key performance indicators (KPI) CDI leaders monitor and put stock in, how CDI departments and professionals engage physicians, and the ways in which CDI programs impact quality measures.
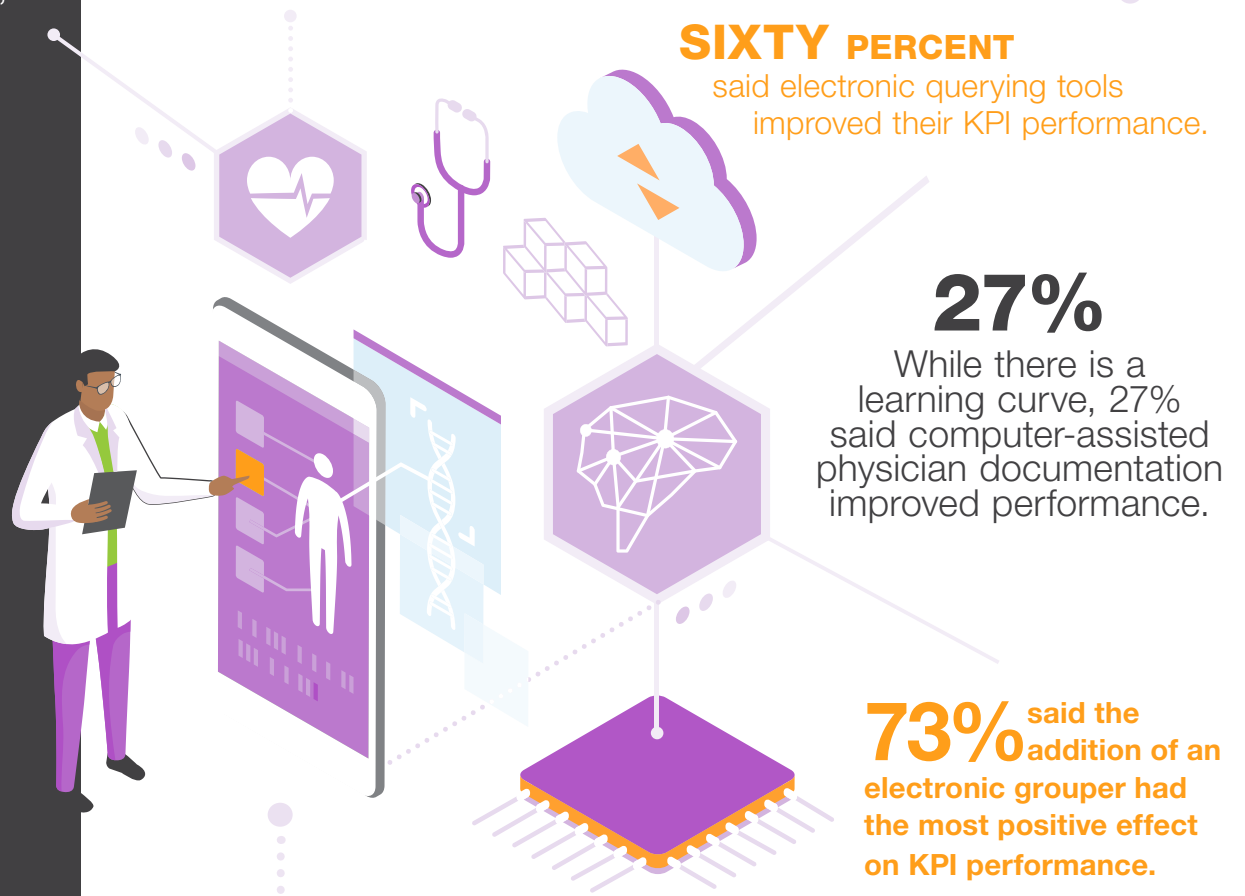
After conducting the survey, ACDIS convened three 70-minute panel sessions with Council members to review and interpret the survey results and share proven best practices from their own organizations. Following is a summary of the findings and highlights.

KPIs   TECHNOLOGY

" The learning curve is real, but within a week or two staff can become proficient. In the beginning, you're going to be slower, but then you'll be the same, and around the second month, you'll be quicker. Just make sure you're repeating the training. "

—Cheryl Manchenton, RN, a senior quality consultant at 3M in St. Paul, Minnesota

SIXTY PERCENT
said electronic querying tools improved their KPI performance.

27%
While there is a learning curve, 27% said computer-assisted physician documentation improved performance.

73% said the addition of an electronic grouper had the most positive effect on KPI performance.

"A large portion of any CDI leader's role is to track the success of the department, but the options for which metrics to track are seemingly endless. It's helpful to think of metrics as a continuum—what's important in a program's early stages, may not be as central later as the program matures. "Query response rate is your entry road. When you're sure that your numbers are optimized, then the next level is to see how your queries were answered. Then it goes to query concurrence rate. Then you can move on to your query timelines. "

—Pooria Jazy, MHA, RHIA, CCDS, CDIP, CCS, regional director of CDI at Alta Hospitals System in Norwalk, California

36% rated denial rate as an important KPI

50 PERCENT said their organization emphasizes financial and non-financial KPIs equally.

**96%** rated query response rate as an important KPI.

53% While traditionally a highly weighted CDI KPI, only 53% said CMI is an important metric for their department.

**23%** said their organization emphasizes non-financial KPIs above financial ones.

REPORTING

> As borne out in past surveys, the CDI industry has shifted away from strictly financial aims toward overall documentation integrity, but the organizational leadership may (understandably) still put emphasis on financial KPIs. We do track both [financial and non-financial KPIs]. They do have equal importance, but it depends on who's seeing the dashboard. The C-suite is still focused on CC/MCC capture rate, but they are seeing the impact CDI can have on other areas.

—Madhu Subherwal, MHA, MBBS, CCDS, CDIP, CDI manager at Torrance (California) Memorial Medical Center in Chesterfield, Missouri
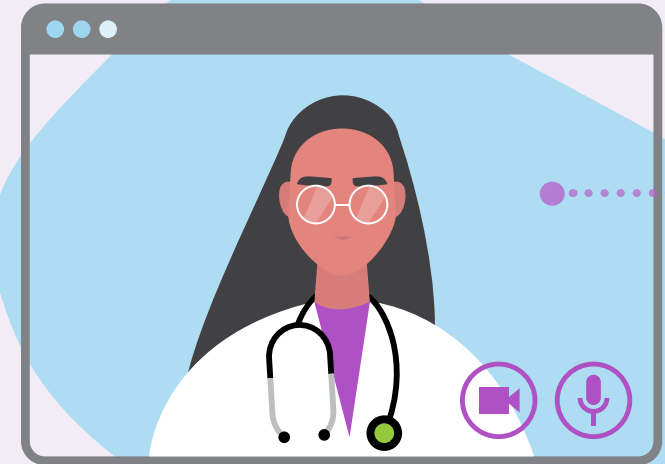
58% said they use a dashboard built into their software system, most instead favoring home-grown solutions such as Excel® spreadsheets and PowerPoints®.
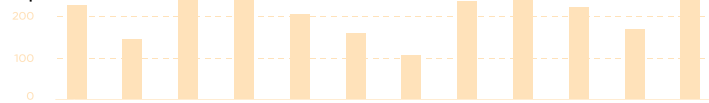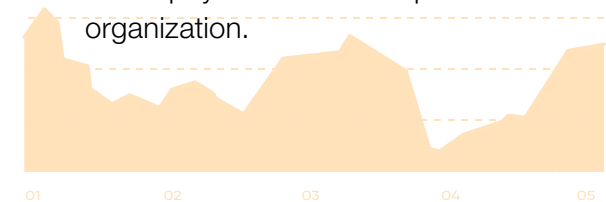
69% Despite the equal weight placed on non-financial KPIs and financial ones, still 69% report KPIs to the chief financial officer.

79% use in-person PowerPoint® or other presentation tools to share KPI data.

58% report their KPI data to the physician leadership at their organization.

Physician Engagement

"With physician burnout on the rise and documentation asks weighing heavily on physicians' already full plates, CDI leaders are constantly trying to find opportunities to limit those burdens. Ultimately, CDI isn't going to add time for the physician to provide care for the patient. All we can do is hope to reduce the amount we impact their care of the patient."

—Leif Laframboise, BSN, RN, CCS, CCDS, manager of CDI at Yale New Haven (Connecticut) Health System

60% said their physicians were very strongly or strongly engaged with the involvement of a physician champion or advisor.

35% said their physicians were very strongly or strongly engaged and willing to attend CDI training.

73% said their physicans were very strongly or strongly engaged in their willingness to answer queries.

31% are not involved in or aware of any initiatives to reduce physician workload.

41% have limited the number of queries on a given chart in order to reduce provider workload and create opportunities to spend time with patients.

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"If I'm in the context of the patient's chart and I'm thinking about that person and I see there's a notification about them, I can quickly review and see what the necessary elements are for me to call it one way or another, then you've served everything right up to me. You've made it really easy for me."

—L. Gordon Moore, MD, senior medical director, clinical strategy and value-based care, at 3M Health Information Systems in Washington, D.C.

51% said they've worked with their IT department or software vendor to reduce documentation burdens.

NINETEEN PERCENT have implemented computer-assisted physician documenation to ease provider workloads.

26% said they have no plans to work with IT/ their software vendor to limit burdens.

"The physician is our customer in a sense, and we can try to respond to their needs better. If we take the time and meet with them—even if it's only for 10 minutes or five minutes—it's really beneficial."

—Alba Kuqi, MD, CICA, CCS, CDIP, CCDS, CRCR, CSMC, CDI supervisor at Prime Healthcare in Philadelphia

81% hand out tip cards or flyers with documentation tips.

67% said they leverage of physician champion or advisor for physician education, despite that method's reported success.

93% said they conduct physician education through in-person group and one-on-one meetings

86% said their CDI manager or director provides the physician education, followed closely by those who utilize their CDI specialists (two percentage points less).

CDI and quality reviews

" The addition of quality-focused reviews, while introducing a new learning curve to the CDI equation, provides the opportunity for CDI to show their worth in a changing healthcare landscape. This is truly an evolution of the CDI department itself. We're moving away from just focusing on DRG-changing query outcomes and looking at a more holistic approach to the cases that we encounter. It also shows our true value and how our record review efforts bleed into other departments. "

—Alison Bowlick, BSN, RN, CCDS, CRCR, assistant vice president of CDI at Ensemble Health Partners in Toledo, Ohio

99% now review for quality measures in some capacity.

EIGHTY THREE PERCENT review for patient safety indicators (PSI).

13% Only 13% review for the Surgical Care Improvement Project or other quality specialty database.

94% review for present on admission (POA) indicators/hospital-acquired conditions (HAC).

QUALITY QUERIES AND STAFFING

" You can't boil the ocean with quality. While there's a lot your team could do with the resources you have, you have to consider what you actually can get done. As far as the business case to increase FTEs, it's probably good to focus on a couple particular measures and demonstrate success. "

—Diana Ortiz, JD, RN, CCDS, revenue cycle marketing manager and CDI product owner at 3M Health Information Systems in Murray, Utah

93% said they query when the outcome will only impact a quality measure, not reimbursement.

FIFTY FIVE PERCENT said their department has not increased its FTEs to optimize quality reviews/capture rates.

" **Physicians love the data. They want to know how they're performing when compared to their peers and then when compared to other services. The chiefs always have me submit data to them about everybody, all the providers in the department, so they can see who needs help and who doesn't. And then, in that case, I can provide one-on-one education for those physicians. "**

—Chinwe Anyika, PhD, RN-BC, CDIP, CCS, CCDS, CCDS-O, manager of CDI and data operations, HIM, at Memorial Sloan Kettering Cancer Center in New York City

54% use their CDI software to categorize the type of query impact, including quality impact.

Despite often being touted as a prime physician education tactic, only **SIXTEEN PERCENT** share publicly reported quality data with their physicians.

17% track quality-related query impact manually in a spreadsheet.

TWENTY PERCENT don't educate physicians on quality measures/data at all.

62% share high-level information about quality reporting with their physicians.

Though most respondents query for quality, **23%** don't track quality-related query impact.

CONCLUSION As the CDI industry has expanded over the last couple decades, CDI leaders have had to grow alongside it. Monitoring CDI's performance is no longer as simple as tracking CC/MCC capture rates and financial query impacts. Today's CDI leaders are putting greater emphasis on physician engagement in the CDI process, improving quality scores, and planning for the next CDI expansion on the horizon—whether that means denials management or outpatient reviews.

Much of a CDI leader's work revolves around benchmarking, data analysis, and leveraging the data available in their technological solutions, helping them build the case for additional staff members or budget allocations. In today's CDI landscape, data is a powerful tool in a leader's toolbelt. Without the data behind them, leaders will find growth challenging. We hope you enjoyed this collaboration. We recommend you download and read the complete three-part series on *www.acdis.org*.