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Expansion of **clinical documentation improvement** to outpatient and physician services: A growing trend

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Broadening the scope of clinical documentation improvement (CDI) into the outpatient arena has been a growing topic of discussion in recent years. As the overall healthcare industry shifts its focus from volume of services delivered to overall quality of care, the need for complete and accurate documentation across the continuum of care is also on the rise.

According to a survey released in partnership by ACDIS and 3M Health Information Systems, nearly 90% of respondents indicated that they do not have an existing outpatient and/or physician services CDI program or do not know if they did, and 59% say their top priority is expanding their existing inpatient CDI program in the next 12 months. However nearly 23% plan to expand the reach of their CDI program to cover outpatient and/or physician services in the next 6-12 months.

The survey polled approximately 500 CDI, revenue cycle, health information management, and coding professionals from health systems, physician practice groups, community hospitals, academic medical centers, and accountable care organizations. The majority of respondents were CDI professionals (85%, including directors, managers, supervisors, and specialists) working in an organization that is part of a health system (63%).

Lisa Lanier, BS, CCS, outpatient and physician consulting services senior manager for 3M, says the survey results indicate the industry is ready to start the conversation on expanding CDI into the outpatient arena.

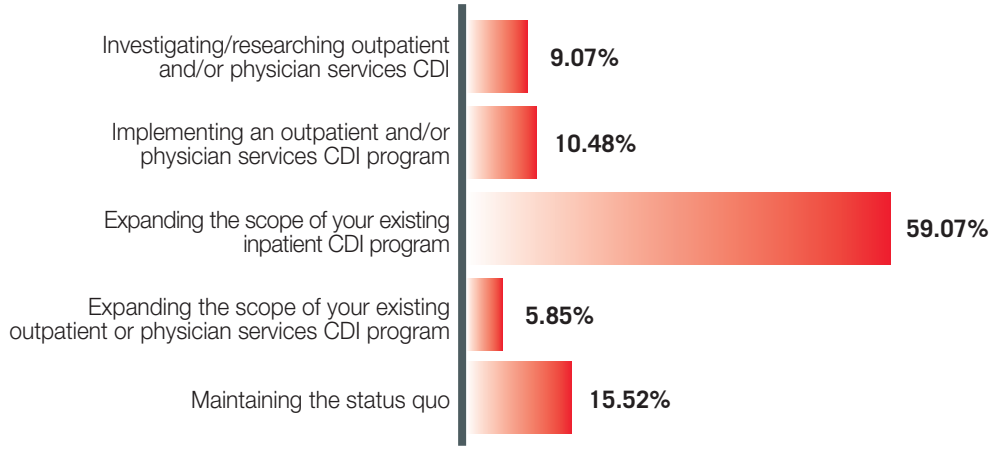
"Hospitals and health systems are finally looking for information to help them identify opportunities and get started in outpatient record reviews," says Lanier. "Outpatient CDI, though different and challenging, is the next logical step for a CDI program. Many facilities are currently discussing expanding into outpatient, but are not sure what that means or where to start."

LISA LANIER, BS, CCS
Outpatient and Physician Consulting Services Senior Manager
3M

Identifying opportunities

Perhaps the most compelling results of the survey are the anticipated objectives of respondents' outpatient CDI programs. Over half (60%) say they will focus on improving documentation accuracy, while 51% say they will focus on obtaining documentation to support the proper level of care (i.e. inpatient, outpatient, or observation).

What is the TOP priority for your CDI program over the next 12 months?



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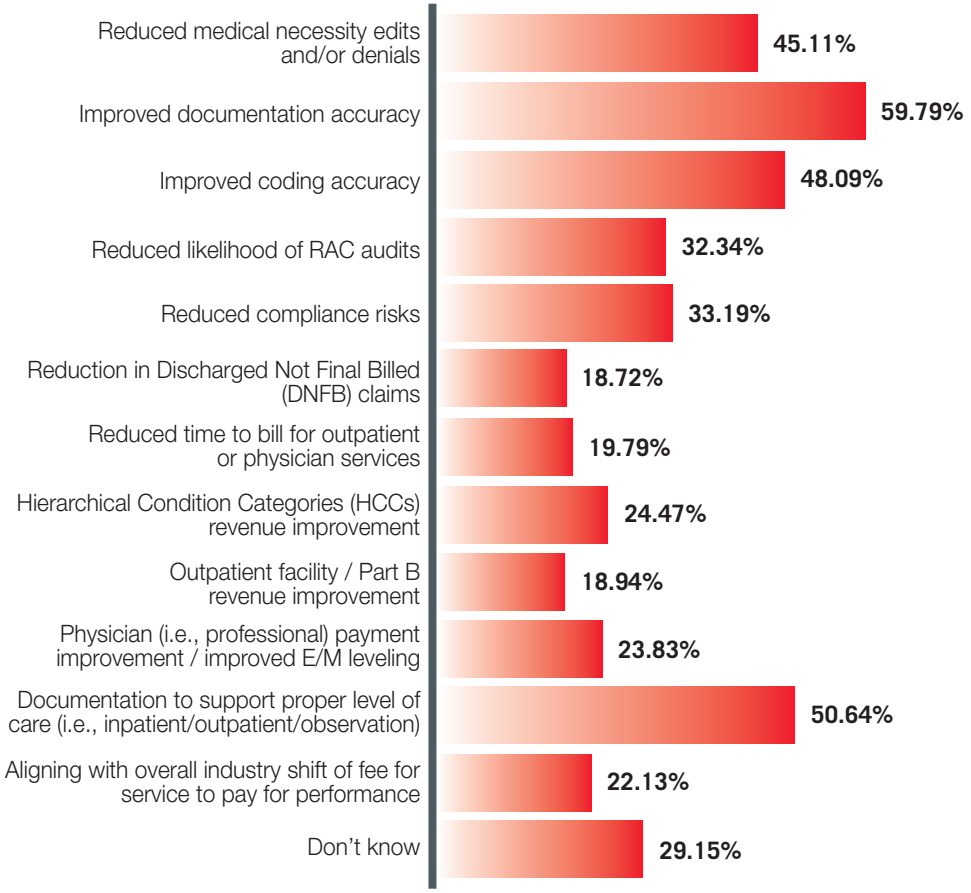
What are the primary objectives of your organization's outpatient or physician services CDI program, or if implemented what you would expect these programs to deliver? Check all that apply.



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Lanier says she isn't surprised that the focus is on reducing denials—about 45% of respondents indicated reduced medical necessity edits and/or denials as a primary objective of their organization's outpatient or physician services CDI program. Denials management is, after all, the goal of many existing CDI programs. By improving documentation across the continuum of care, reimbursement may not change significantly. But the process will be easier, and may even require less staff, because documentation issues will be addressed up front. And patients that are ultimately admitted or billed as observation will be less prone to costly denials.

DEBORAH SQUATRIGLIA, BSN, MS, MBA, CDIP
Director of CDI
Duke University Health

Related to denials and up-front documentation clarification, 40% say their outpatient reviews will include the emergency department, followed by 34% for same day surgery, 33% for specialty departments (such as cardiology or orthopedics), and 30% for observation services. At Duke University Health, a multi-hospital system based in Durham, North Carolina, **Deborah Squatriglia, BSN, MS, MBA, CDIP,** director of CDI, is currently working with 3M to analyze outpatient professional services claims data to identify review opportunities. Based on intuition and feedback from coding staff, she has an idea of how this expansion will take place.

"The most logical sequential expansion for existing CDI programs is to begin their reviews on day one, perhaps in observation and then pushing to the emergency department," says Squatriglia.

The emergency department is a good first step for existing CDI programs, says Lanier, because CDI specialists can work with providers to improve documentation and address the outpatient learning curve. In addition to medical necessity, outpatient CDI specialists in the emergency department must become familiar with:

- Outpatient diagnoses and outpatient coding guidelines
- Charges and charge capture
- National and Local Coverage Determinations (NCDs/LCDs)
- Outpatient Code Editor (OCE) edits

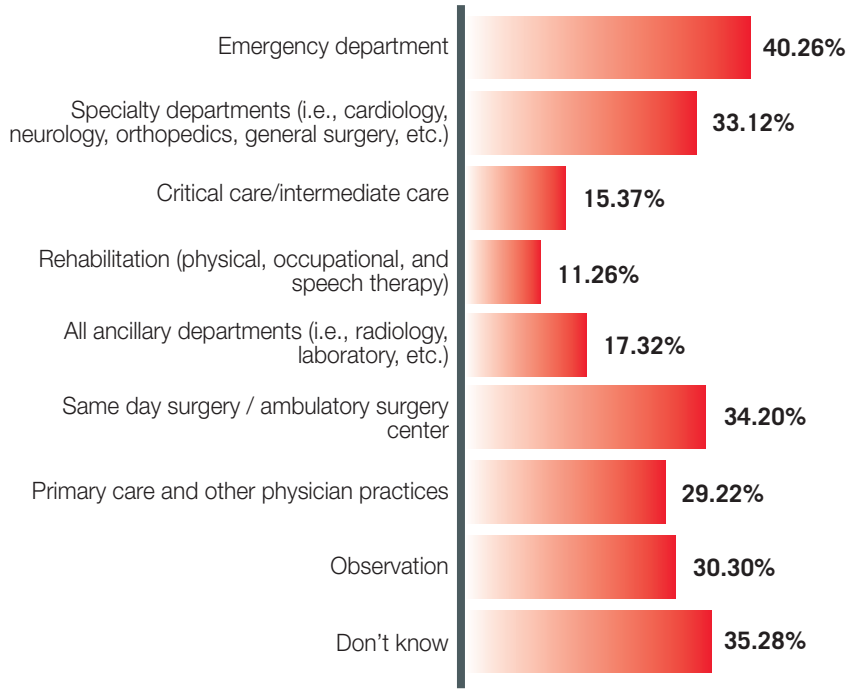
"It's time in the industry that we start looking at documentation as a holistic approach to the patient experience from point of entry to point of discharge."

—Deborah Squatriglia, BSN, MS, MBA, CDIP

Employing the right professionals

The majority of respondents (57%) intend to use RN-credentialed CDI specialists in their outpatient program. Lanier says an ideal candidate for the outpatient CDI role will be a "Jack of all trades," with equal experience and expertise in clinical, coding, and efficiency with process.

Which of the following areas within your organization are currently reviewed by the outpatient/physician services CDI program, or which would you expect to include?



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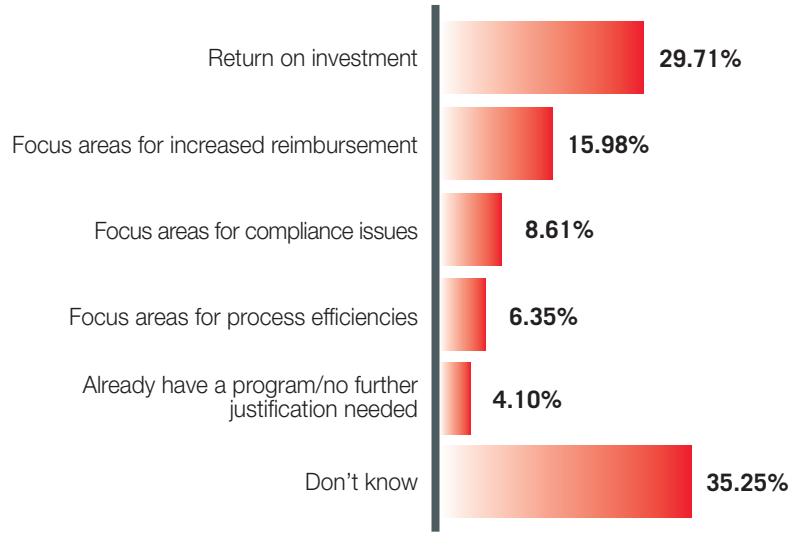
What metrics or data reporting would you need to help justify the need for or initiate an outpatient or physician services CDI program?



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"The clinical knowledge is a key piece," she says, "but, in outpatient, the coding piece is equally if not more important. It's more about the edits and processes—how do the charges, documentation, and codes fall into the claim. The [outpatient CDI specialist] must understand how the codes work and what edits work in more detail than an inpatient environment."

Squatriglia believes there is room for both nursing and coding backgrounds. An ideal outpatient CDI staff will be comprised of a variety of healthcare professionals, which can include nurses and coders, but may also extend to physicians and hospitalists. A balanced clinical and coding background, and a willingness to learn, are critical, she says.

"We cannot separate the two," Squatriglia says. "We need the nursing and HIM/coding professional collaboration to be successful."

The question remains whether an inpatient CDI program can simply expand into outpatient reviews, or if an entirely new staff or program will be needed. This decision depends on existing staffing, budget, anticipated focus, and other concerns, says Lanier. Currently, most facilities are not ready to or able to develop an entirely new program, and instead are taking baby steps by expanding their existing CDI efforts into smaller areas, like observation or the emergency department.

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>
> —Lisa Lanier, BS, CCS

"The industry is all over the place right now because it is so big and incorporates so many different arenas," says Lanier. "Over the next few years, it will be difficult

to compare programs because everyone is targeting a different aspect of outpatient CDI."

Utilizing data and metrics

Return on investment seems to be required by the highest number of respondents (30%) to justify the need for an outpatient CDI program. Lanier says the challenge for many CDI programs will be helping executive staff understand the values of efficiencies gained by an outpatient program beyond reimbursement.

"By reviewing documentation from the beginning—before a patient is admitted—we make the process more efficient," says Lanier. "Efficiency may not show the money, but it opens up all sorts of doors, including opportunities to review other things that affect reimbursement, like denials. When we make the process cleaner and more efficient, we can start looking at things like population health and quality benchmarks that we haven't had time to look at in the past."

Confronting potential barriers

For those facilities who do not currently have an outpatient program in place, the biggest barriers are insufficient resources (36%), competing priorities (27%), and lack of staff expertise (25%). In order to initiate an outpatient CDI program most respondents indicated that they would have to provide administration with a clear return on investment (approximately 30%) or clearly defined focus areas for increased reimbursement (approximately 16%).

"We need to define where we want to start. It truly is a knowledge barrier—what does an outpatient CDI program look like, and what are our goals and expectations."

—Deborah Squatriglia, BSN, MS, MBA, CDIP

"Nobody has a ton of resources right now and it's very difficult to get chief financial officers to sign off on anything," says Lanier. "They want [CDI] to do more with what they already have. Directors already have inpatient teams, and they're being asked to assume other outpatient departments with existing staff. This is the reality everywhere—we want people to be more efficient and do more, but with no additional resources."

At Duke Health, Squatriglia says not knowing where to begin or focus is their biggest struggle. 19% of the survey respondents agree with this sentiment. One respondent said they were not sure where their program would have the most impact in outpatient CDI, and would likely not expand their program.

"We need to define where we want to start," says Squatriglia. "It truly is a knowledge barrier—what does an outpatient CDI program look like, and what are our goals and expectations. Once we know where we're going, we can figure out who we need on board."

Physician and executive buy-in is also an issue for 13% of respondents. One respondent said they could not expand because of lack of outpatient physician and leadership buy-in. Another said their outpatient coders did not want them to expand their CDI efforts. Another respondent said they were frustrated with their chief financial officer, who remains focused on reimbursement rather than quality of care or documentation.

However, the experiences Squatriglia has with her physicians at Duke Health are very different. A top concern for her providers, she says, is why the documentation is so different for inpatient versus outpatient records. The goal for expanding CDI into outpatient at the physician level is the ability to speak to providers about their documentation across the patient

care continuum. CDI specialists can explain why the documentation looks one way in an outpatient setting (with the focus on service area, medical necessity, and denials), and another in an inpatient setting (with the focus on severity of illness and risk of mortality) and be able to improve both without sending mixed messages to the provider.

"It's time in the industry that we start looking at documentation as a holistic approach to the patient experience from point of entry to point of discharge," says Squatriglia. "By expanding into the outpatient arena, we can initiate these conversations and become a link not just between physicians and coders but between [inpatient and outpatient] departments." ■

About 3M Health Information Systems

3M Health Information Systems works with providers, payers and government agencies to anticipate and navigate a changing healthcare landscape. 3M provides healthcare data aggregation, analysis and strategic services that help clients move from volume to value-based health care, resulting in millions of dollars in savings, improved provider performance and higher quality care. 3M's innovative software is designed to raise the bar for computer-assisted coding, clinical documentation improvement, performance monitoring, quality outcomes reporting and terminology management.

3M's Advanced CDI Transformation program helps providers prepare for value-based reimbursement while optimizing fee-for-service reimbursement. We help organizations expand CDI programs to cover all payers, all care settings, and all lengths of stay; driven by physicians and enhanced by computer-assisted CDI technology.

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