



CONCURRENT CODING EFFORTS OFFER NEW OPPORTUNITIES FOR CDI PROGRAM INNOVATIONS

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The impetus behind concurrent coding efforts at a large Ohio healthcare system was to refocus clinical documentation improvement (CDI) specialists on the clinical interrogation of medical record information in real time, says **Nick Judd, MBA, RHIA**, the CDI director there.

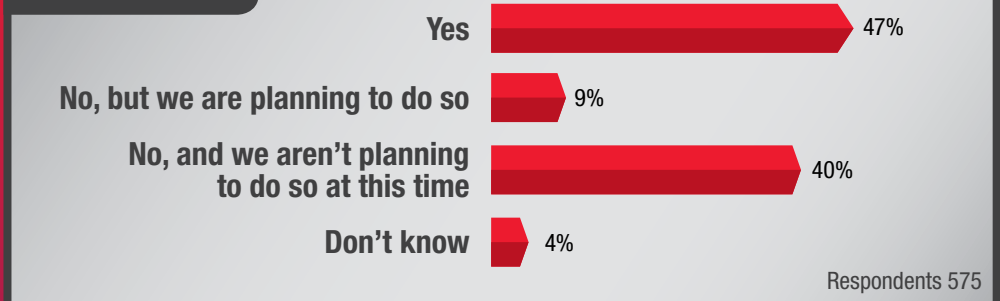
“We wanted to get CDI back at the provider’s elbow,” says Judd. He adds that over time, CDI efforts have been “somewhat inhibited” by technologies such as CDI-embedded encoders, dual-monitor workflows that shifted program priorities to productivity related to CC/MCC capture, and DRG assignment, which traditionally belong with coding departments.

“We were really interested in being more efficient,” says **Indra D. Osi, RHIA, CHP**, director of coding and reimbursement, who is working with Judd on the system’s concurrent coding program rollout.

According to a recent survey conducted jointly by the Association of Clinical Documentation Improvement Specialists (ACDIS) and its partner 3M, 47% of 575 total respondents indicated they have a concurrent program in which CDI specialists and coders work together on cases prior to discharge, 9% indicated they’re planning to create one, and another 40% are not planning to at this time.

Q Does your organization have a concurrent program in which CDI specialists and coders work together on cases prior to discharge?

Answer Choices



CDI specialists review medical record documentation concurrently to clarify diagnoses and treatments and ensure the most accurate code assignment and depiction of care. They help physicians translate the medical record into language coders can use for code assignment.

What, then, is concurrent coding? What purpose does it serve alongside CDI efforts?

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As CDI professionals increasingly interrogate the medical record for documentation regarding a host of complicated measures (think patient safety indicators, mortality, and clinical validity) along with DRG assignment, concurrent coding efforts aim to more closely align CDI and coding in real time, allowing each member of the team to focus their distinctive skill sets and work together on difficult cases, says **Diana Ortiz, JD, RN, CCDS**, CDI product owner at 3M Health Information Systems in Murray, Utah.

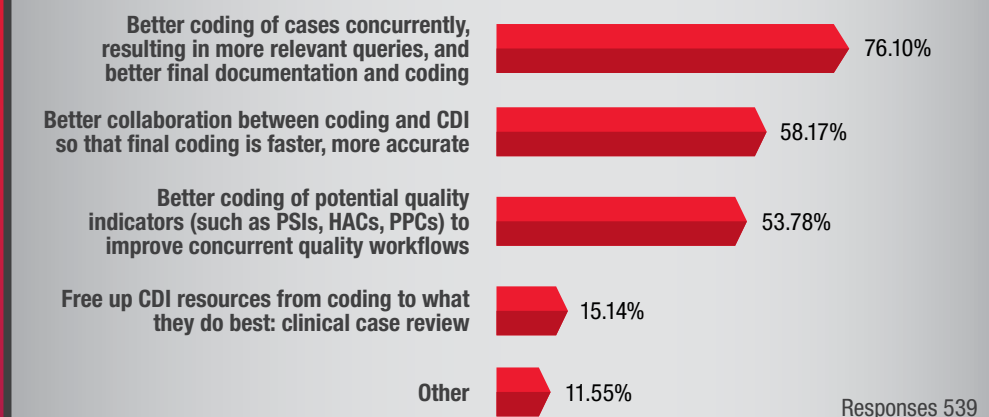
“CDI is being asked to take on more, to review more cases, and to review more cases for more things,” says Ortiz, and facilities need to determine the best way to handle these demands.

“We re-envisioned the coder as the person who establishes the DRG,” says Osi. “In doing so, we were allowing the coders to be the coders and the CDI staff to be the CDI staff. We built up that communication flow so coding is partnering with CDI and CDI is partnering with the clinical staff. Within the concurrent coding system, we let each professional type rise to the level of their expertise and collaborate more closely.”

As the survey shows, not all survey respondents have full-blown concurrent coding efforts, but results show increasing collaboration and an interest in improving code assignment. In fact, when the data was sorted by those who either do have a concurrent coding program in place or were planning to do so, 76% of respondents listed “better coding of cases concurrently, resulting in more relevant queries, and better final documentation and coding” as a goal, followed by 58% who listed “better collaboration between coding and CDI so that final coding is faster, [and] more accurate” and 53% who listed “better coding of potential quality indicators (such as PSIs, HACs, PPCs) to improve concurrent quality workflows.”

Q What are the goals of your organization’s concurrent coding plans? Select all that apply.

Answer Choices





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Concurrent coding systems can help reduce back-end rework related to DRG mismatches. It can also reduce post-discharge queries. While some say these queries are the true measure of a successful CDI program, every program establishes some level of record review prioritization. Moving to a concurrent coding system aligned with CDI can help in that regard, according to Ortiz.

Software and workflow shifts improve communication, increase transparency, and illuminate the thought processes of those involved in record review, she adds. In the short term, facilities may experience some lag in discharge-not-final-billed (DNFB) cases, which is to be expected during any rollout period, says Ortiz. So, CDI programs need to monitor ongoing metrics and ensure any areas for improvement are quickly identified to align with long-term goals. Similarly, Ortiz encourages programs to maintain traditional key performance indicators (KPI) such as CC/MCC capture, case-mix index levels, and productivity.

Judd says the team monitored coverage rates, productivity, case-mix index, DRG reconciliation, and retrospective query volume to make sure they weren't causing any adverse effects.

"That regular KPI doesn't go away, but implementing concurrent coding does provide room for a shift in focus to supporting the medical record and preventing denials," says Ortiz.

Implementing a concurrent coding process comes with challenges, of course. Support from administrative leadership is required no matter the program advancement. "You have to get buy-in," says Ortiz, "obviously from the leadership but also all the way down to the staff."

Physicians and other stakeholders need to understand the reasons behind the shift, especially since some may have experienced attempts (or failures) at concurrent coding in the past.

"Times change. Things change. Technology now isn't the technology of five years ago. Systems and CDI programs aren't the same as they were five years ago. The expectations of coding and CDI staff are not the same as they were five years ago," says Ortiz. "Organizations need to prioritize, collect feedback from the staff, and understand what will work best for the rollout of this new effort. Everyone needs to understand that this is a long-term decision and that the organization is committed to taking this path."

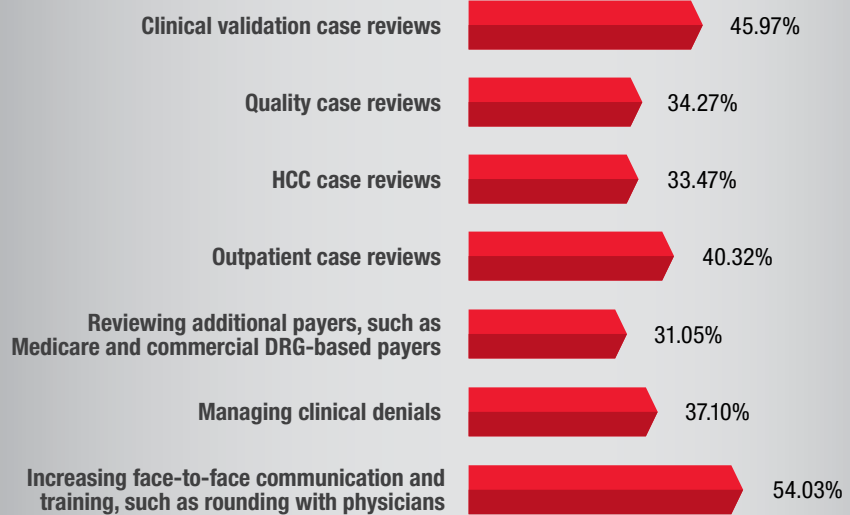
Prioritization represents another challenge, but one most CDI programs are familiar with. "It might not make sense to do concurrent coding on 100% of records, but prioritize," Ortiz says. "Look at the really complicated surgical cases, look at those cases with the extremely long length of stay. Determine what the goals of the program are, what you're trying to do with your population and your coverage."

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Survey respondents overwhelmingly indicated that if they had more CDI resources thanks to concurrent coding, they'd expand into new focus areas such as clinical validation, denials management, and quality reviews.

Q If you had more CDI resources (time or people) as a result of concurrent coding, which of the following areas would you expand into? Select all that apply.

Answer Choices



Responses 685

“With increased capacity, you can get back into the physician education piece and specialty piece and take on these complex scenarios dealing with quality, clinical validity, and denials,” says Ortiz. “Concurrent coding allows the coder to do that piece of the process where their skill set is more inclined and allows the CDI professionals the ability to focus their skills as well, so you can resolve more cases in more real-time.”

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