HIM/DOCUMENTATION: ENDURANCE IN THE CLINICAL DOCUMENTATION IMPROVEMENT (CDI) RACE

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Developed by Annie Lee Sallee

Learning Outcomes:
• Recall how a clinical documentation improvement (CDI) program will impact key performance indicators for your hospital.
• Recognize the importance of a CDI program.
• Describe necessary components of formalizing a CDI program.

WHAT IS CDI?
• Clinical documentation improvement is the process to improve the provider’s documentation in order to accurately capture the complexity and severity of the patient encounter.
• CDI is an entire discipline focused on improving the clinical clarity and accurate depiction of patient severity and acuity measured by case mix index, severity of illness, and risk of mortality scores.
• CDI fuels correct reimbursement and accurate quality reporting.
GOALS OF A CDI PROGRAM

- Obtain clinical documentation that captures the patient severity of illness and risk of mortality.
- Identify and clarify missing, conflicting, or nonspecific physician documentation related to diagnoses and procedures.
- Support accurate diagnostic procedure coding and DRG assignment.
- Promote health record completion
- Improve communication between physicians and other members of the healthcare team.
- Provide awareness and education of requirements within documentation
- Improve documentation to reflect quality and outcome scores
- Improve coders' clinical knowledge.

KEY PERFORMANCE INDICATORS

- **Severity of Illness:**
  - How sick is the patient? It is meant to provide a basis for evaluating hospital resource use or to establish patient care guidelines.

- **Risk of mortality:**
  - Provides a medical classification to estimate the likelihood of in-hospital death for a patient. The ROM class is used for the evaluation of patient mortality.

KEY PERFORMANCE INDICATORS

- **Case Mix Index:**
  - Relative value assigned to a diagnosis-related group.
  - A hospital's CMI represents the average diagnosis-related group (DRG) relative weight for that hospital. It is calculated by summing the DRG weights for all discharges and dividing by the number of discharges for the same time period.
### STARTING A CDI PROGRAM

<table>
<thead>
<tr>
<th><strong>• What is in your budget?</strong></th>
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<tbody>
<tr>
<td><strong>• Who is considered the CDI staff?</strong></td>
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<td><strong>• What health records will be reviewed?</strong></td>
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<tr>
<td><strong>• What is the number and frequency of reviews?</strong></td>
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<td><strong>• Training. How will staff be trained?</strong></td>
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<td><strong>• Reports</strong></td>
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### DETERMINE OPPORTUNITY

| **• Determine potential benefits of a CDI program. (through data collection & analysis)** |
| **• Analyze 12 months of DRG data.** |
| **• Review the chart documentation of your top 10 DRGs (e.g. review a sample of 100 charts; 10 by each DRG).** |
| **• Identify DRG billed, determine the potential DRG with additional documentation, and apply a dollar amount to the records reviewed.** |
WHO IS CONSIDERED CDI STAFF?

- Essential Job Duties
  - Reviewer
  - Educator
  - Analyst
  - Collaborator
- Will this department report directly to your CFO or to your HIM Department Director/Manager?

PLAN OF ACTION

What records to review?
- Medicare
- Medicare HMOs
- Medicaid
- Other insurance
- Determined by DRG
- Determined by Service
- Determined by Patient type
- Determined by unit

Frequency of reviews?
- All new admissions
- Within 24 hours
- Within 48 hours
- Charts with queries
- Charts without CC or MCC
- Daily chart productivity goal (20-40)

START SIMPLE

- To group diagnoses into the proper DRG, CMS needs to capture a Present on Admission (POA) Indicator for all claims involving inpatient admissions to general acute care hospitals.

<table>
<thead>
<tr>
<th>POA Code</th>
<th>Reason for Code</th>
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<tbody>
<tr>
<td>Y</td>
<td>Diagnosis was present at time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as &quot;Y&quot; for the POA indicator.</td>
</tr>
<tr>
<td>N</td>
<td>Diagnosis was not present at time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as &quot;N&quot;.</td>
</tr>
<tr>
<td>U</td>
<td>Documentation insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as &quot;U&quot;.</td>
</tr>
<tr>
<td>W</td>
<td>Clinically undetermined. Provider unable to determine whether the condition was present at the time of inpatient admission. CMS will pay for the CC/MCC DRG for those selected HACs that are coded as &quot;W&quot;.</td>
</tr>
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SAMPLE PROCESS FLOW

- Obtain a hospital census after midnight, initiating a CDI worksheet on each patient.
- Begin performing chart reviews with high risk admit diagnoses and surgeries to review for complications.
- If opportunity is identified, the CDI professional should query the physician verbally, place a written query in the designated section of the health record with patient identifiers and CDI contact information, or submit the query electronically.
- Physician queries will be followed concurrently.

QUERIES

Develop a policy and procedure for your query process that determines:
- Will the query be a part of the permanent health record?
- Will the providers document on the query form, or will they be asked to document within the progress notes or as an addendum to the discharge summary?
- In deciding, determine if you’d want to submit the query document to an auditor?

ICD-10 QUERY TEMPLATES

- HCCS ICD-10 query templates
- Library of approximately 40 templates
- $500
- Contact: jecronin@hccscoding.com
PHYSICIAN INVOLVEMENT

▪ Round with the physician or communicate verbally.
▪ Maintain a standard query form in a consistent area of the health record.
▪ Engage nurse involvement if a physician has a good working relationship with a nurse.
▪ Educate the physician.
▪ Provide feedback to the physician.

STRATEGIES TO BUILD A STRONG CDI PROGRAM

▪ Tailor the program to fit your needs.
▪ Build rapport between physicians and coders.
▪ Use industry-standard querying formats.
▪ Engage physicians with technology.
▪ Determine what additional resources will be required for coders.
▪ Review a sample of charts periodically.

IMPACT OF A STRONG CDI PROGRAM

Harrington Memorial Hospital
114-bed community hospital in Southbridge, Massachusetts
▪ HIM leaders began meeting monthly with hospitalists to discuss specific queries and the querying process
▪ To accomplish goals, Harrington engaged outsourced coders who were trained to focus on coding quality rather than DRG accuracy.
▪ Utilized query formats that addressed quality measures and reimbursement. Delivered electronically to providers, with established reminders that are easily tracked.
▪ Case mix index increased 5% over 2-year span which equates to $1.8 million in increased reimbursement per year.
▪ Hospital utilizes hard data rather than anecdotal information to gain support and buy-in from physicians.
QUALITY PROGRAMS

- Claims-based measures originate from clinical documentation and have a vital role in quality initiatives. These programs include:
  - Inpatient Quality Reporting (IQR)
  - Value-Based Purchasing (VBP)
  - Hospital Readmission Reduction Program (HRRP)
  - Hospital-Acquired Conditions (HAC)
- Work closely with the organization’s quality department to better understand the role clinical documentation specialists play in helping meet these quality initiatives.

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QUESTIONS?

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CDI’s New Core Competencies

- Demonstrate knowledge of the significance of documentation and code assignment upon mortality index.
- Demonstrate knowledge of mortality reviews and interpreting observed/expected ratios.
- Define how quality data is acquired through both record abstraction and claims data.
- Explain the significance of these different types of quality metrics used by CMS: Hospital value-based purchasing; Hospital-acquired condition reduction programs; Hospital readmission reduction programs; 30-day mortality measures.
- Analyze the financial impact of the Hospital Inpatient Quality Reporting Program on an organization, and the role of CDI regarding this CMS quality initiative.
- Demonstrate an understanding of CDI impact on documentation and code assignment in relation to hospital value-based purchasing.
- Identify components of PSI 90 and its impact as a quality measure.
- Identify other patient safety indicators beyond or in addition to PSI 90 and their impact as a quality measure.
- Identify coded data elements that can impact the reporting of patient safety indicators in regards to Medicare claims.
- Compare and contrast hospital-acquired infections (HAI) from documentation that supports the assignment of a “complication code.”

References & Resources

- AHIMA CDI Toolkit; found in AHIMA Body of Knowledge