DRIVING QUALITY & ACCURATE REIMBURSEMENT THROUGH A BEST-PRACTICE CDI PROGRAM

Clinical documentation improvement (CDI) is no longer just a buzz-word but an essential component of most healthcare organizations given the focus on value-based care and quality. Yet, organizations have struggled to fully achieve the benefits of CDI. A strong CDI program can help your provider organization mitigate risk, improve the quality of patient care and ensure accurate reimbursement. But, for those healthcare organizations that have implemented a CDI program, are you getting the most out of it? Do your physicians understand the value and impact to their bottom line or are you still struggling with education and engagement? Does your C-suite leadership understand how your CDI program is improving overall clinical and financial outcomes? If not, it's time to re-evaluate and make sure you have established a best-practice CDI program.

Transforming your Clinical Documentation Improvement Program to a Mature, Best-Practice CDI Powerhouse

There are critical questions you should answer to determine if you have a best-practice CDI program.

Are you investing in your CDI staff education and retention?

Investing in your CDI team members' education lays the ground-work for building a strong foundation to a best-practice CDI program. Make sure that your new CDI staff undergoes the right CDI bootcamp training and structured onboarding. Mentorship is crucial. Your experienced CDI staff also needs continuing education and refreshers on updated clinical and coding guidelines. Develop a CDI ladder to promote professional growth and retention. Periodic CDI skills assessments and chart audits provide a continuous loop cycle of feedback, education and accountability to CDI team members.

Have you optimized your CDI workflow and processes?

You may have the most qualified and experienced CDI team members, but if your CDI workflow processes are not standardized and optimized, the desired outcome of best-practice state will not be achieved. Verify that your query templates are standardized for both CDI and coding staff

and physician-centric (i.e. physicians know where to find the queries, how to respond to queries and understand the clarification needed). Establish a clear and simple CDI case coverage and prioritization protocol. A concurrent second-level review (SLR) process adds an extra layer of quality assurance. And most importantly, once you have standardized and optimized the processes and workflow, document them in updated policies, procedures and job aids for quick reference and future new hires.

> "Building a best-practice CDI program takes a lot of time and energy, so it's important you sustain that momentum for the long term."

Are you collaborating with the Coding team and Quality teams in your organization?

A best-practice CDI program should include collaborating and partnering with other teams in the organization. Develop a DRG (Diagnosis Related Group) reconciliation and pre-bill second-level review process with your Coding team. Emphasis on quality, completeness and accuracy of documentation is essential for reimbursement. Partner with your Quality team to establish timely review of mortality and other quality initiatives. Take it to the next level by engaging your case management and utilization review team to review denial trends that are impacted by incomplete or inaccurate documentation. Establish a collaborative and streamlined approach to ensuring complete and accurate documentation no matter what metrics are impacted—MS-DRG, APR-DRG, HCC/RAF, HEDIS/MIPS, etc.

Most importantly, are your physicians engaged and adequately educated on CDI?

Always keep in mind that the reason CDI programs exist is to engage and educate physicians. The goal should not be how many queries to send to the provider, but rather sending the right queries when clinically relevant and appropriate to assist the provider with complete and accurate documentation. New hire orientation for new providers, including residents/

interns and ancillary staff, is critical and can help minimize "query fatigue" for attending physicians. Specialty-based CDI education tailored to specific documentation trends and based on CDI query data analysis can support meaningful provider education. Clinical case studies and documentation tipsheets engage the provider. It's also critical to engage your providers by connecting with them either through daily rounds on units or active participation in provider meetings or grand rounds. Ascertain that your organization has an engaged physician advisor or champion, not just in title but in action as well. Establish a query escalation protocol with physician/hospital leaders for timely resolution.

Are you leveraging the CDI technology/analytics and building your electronic health record (EHR) to help improve documentation at the point-of-care?

The use of CDI technology and electronic health records has led to efficiencies in CDI workflows and physician documentation. However, you must take it to the next level by making sure CDI technology is aligned with your CDI workflow and minimizes redundancies, which can in turn improve CDI productivity. Data accuracy in reporting CDI metrics is essential to establish cause-and-effect solutions. Electronic health record physician templates need to be up-to-date and leverage functionality that promotes point-of-care documentation alerts with physician validation.

Do you have your physician leaders and hospital leaders engaged as the "voice of CDI"?

Building a best-practice CDI program takes a lot of time and energy, so it's important you sustain that momentum for the long term. Establish a CDI governance structure. Regular CDI and Coding taskforce meetings allow for continuous education and engagement among CDI professionals, coders and quality teams. Physician Champion meetings help to engage your physician leaders on understanding documentation trends and becoming champions for CDI. Hospital leadership steering committee meetings boost the likelihood of success for your CDI Program as well as provide a forum for communicating and addressing any challenges.

CDI Best-Practice Self-Assessment

CDI Gap Analysis

- Interview the CDI stakeholders (CDI, Coding, Physician, and Hospital leadership) to identify current state and critical needs.
- Observe a "day in the life" of a CDI professional to identify non-value added tasks and broken CDI processes.
- Assess your CDI staffing and technology needs (CDI tool and EHR).

CDI Data Analytics

- Assess the CDI "process" key performance indicators (KPIs) such as clinical documentation specialist productivity and coverage rates, physician query trends, CDI-coding DRG reconciliation rate, etc. to identify those metrics falling below best-practice goals and probable causes.
- Compare the CDI "outcome" KPIs such case-mix index, comorbidity/complication capture rates, mortality ratios, etc. to industry benchmarking goals.
- Supplement your data analysis with a CDI chart review and query quality audit and correlate the findings.

CDI Action Plan

- Develop a CDI scorecard to document and define the CDI baseline based on current state.
- Establish a CDI best-practice action plan identifying the CDI focus areas with SMART goals (specific, measurable, actionable, reportable, and timely).
- Seek leadership approval and necessary funding to support these improvement initiatives.

Driving Quality & Accurate Reimbursement Through a Best-Practice CDI Program

How Conifer Health Supports Quality & Accurate Reimbursement through a Best-Practice CDI Program

Conifer Health offers CDI consulting and operational services to help hospitals, health systems and physician groups develop and manage a best-practice CDI program. The operational expertise that Conifer has gained through managing long-term outsourced CDI programs helps guide your new or mature CDI program to sustainable success and our process is straightforward and simple:

- We perform a "CDI Gap Analysis" to identify your current state and opportunities to improve.
- We leverage your "CDI Data Analytics" to develop an objective data-driven approach that correlates with a subjective workflow analysis.
- We define a CDI baseline and identify the CDI focus areas to build a smart "CDI Action Plan".

Succeeding at quality and accurate reimbursement requires a strategic partner who can work with you side-by-side to implement the right program in your organization or fully support your CDI program with CDI experts and best-practice operations.

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Dexter D'Costa is responsible for developing CDI best practices for Conifer Health CDI Programs. He has previously managed CDI programs at Stanford University Medical Center, Kaiser Permanente-Northern California, UCLA Health and John Muir Health. Recognized in India as a physician by training, he earned his medical degree from Goa Medical College and his master's degree in health administration from the University of Missouri-Columbia. He is a subject matter expert in the areas of electronic medical records optimization, physician education and CDI data analytics.

Your Partner in Care. We provide revenue cycle and value-based care solutions that optimize financial performance, improve business outcomes and elevate the healthcare experience

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