Clinical Documentation Improvement Success Factors and Early Results from Leading Healthcare Organizations
Agenda

• Introductions – Panel Participants
• Overview of CDI
• Panel Discussion
• Key CDI Success Factors
• Q & A

The views expressed do not reflect the views of the American Hospital Association and Health Forum
Panelists

P. Geoffrey Nicholson Jr., MD
- Vice President and Chief Medical Information Officer
- WellSpan Health

Jeffrey Farber, MD, MBA
- Chief Medical Officer, VP Hospital Services Utilization
- Mount Sinai Care, LLC

Doug Smith, BA, MBA
- Chief Financial Officer & Compliance Officer
- Intermountain Health, Urban North Region

Moderator

Paul Weygandt, MD, JD, MPH, MBA, CCS
- Vice President Physician Services
- J. A. Thomas & Associates (now part of Nuance)
Introduction

What We Know About Clinical Documentation Improvement Programs
The Documentation Gap

- Impact of Documentation Improvement
  - Compliance
  - Revenue Cycle
Typical CDI Programs

– Early Success
  – Typical hospital revenue cycle impact 2-4%
  – Compliance
– A Revenue Cycle initiative
  – Managed by HIM under a strong coding influence
  – Little communication with quality
– Focus: DRG “optimization”
  – Specific focus only on those areas of documentation impacting hospital reimbursement

– Result:
  – Cynicism from medical leadership / medical staff
  – No fit with other physician / clinical initiatives
  – 1-2 year success cycle
  – Documentation specialists progressively disappeared into cubicles
A New Source of Physician Engagement

- Impact of CDI
  - Compliance
  - Revenue Cycle
  - Quality of Care

Hospital Inpatient Care
Physician Documentation
Coding Process
Revenue Cycle Processes

Quality / Outcome Measures
Evolving Quality Based Payment
Physician Engagement – The “Game Changer”

Typical CDI Programs

- **Success Metrics**
  - Compliance
  - CMI viewed as a revenue cycle metric
  - Typical hospital revenue cycle impact *2-4%

- **A Revenue Cycle Initiative**
  - Managed by HIM under a strong coding influence
  - Little communication with quality

“Physician-Engaged” CDI

- **Success Metrics**
  - Greater compliance
  - CMI improvement a metric of quality and revenue
  - Typical CMI improvement *4-8%

- **A Clinical Initiative**
  - Integrated with clinical quality
  - Clinical management, CMO accountability
Physician Engagement – The “Game Changer”

**Typical CDI Programs**

- **Focus:** DRG “optimization”
  - Specific focus only on those areas of documentation impacting hospital reimbursement

- **Result**
  - Cynicism from medical leadership/staff
  - No fit with other physician/clinical initiatives
  - 1-2 year success cycle
  - Documentation specialists progressively disappeared into cubicles

**“Physician-Engaged” CDI**

- **Focus:** Clinical accuracy
  - Accurate severity capture for every admission impacting reimbursement, clinical care, and quality metrics

- **Result**
  - “Ownership by the medical staff”
  - Response rates approaching 100%
  - Integrated with other physician/clinical initiatives
  - Sustained results
  - CDSs part of the clinical team
Organizational Issues
Panelist Questions

Organizational Issues

– What are your key upcoming initiatives to which will require a higher level of physician engagement (such as ACOs, shared risk, etc.)?

– Please describe your organization and some of the issues you are facing or have faced in attaining physician engagement?
Panelist Questions

Clinical Documentation Improvement Initiatives

– What are some of the tangible early results / ROI derived from CDI implementations?

– How are you integrating clinical documentation initiatives with clinical quality programing?
Panelist Questions

ICD-10

– Can you discuss how you are engaging your physicians in the transition to ICD-10?

– Any early “lessons learned”?
Panelist Questions

Technology

– Would you please discuss what you feel are critical necessary technologies and process innovations as we move toward quality-based payment?
  – Real-time documentation
  – Computer assisted physician documentation
  – Computer assisted CDI
  – ICD-10 technologies
Concluding Remarks
Key Success Factors

- **Metrics**
  - Query rates, response rates, CC/MCC capture
  - Clinical profiles, quality metrics, outcomes
  - Physician contact time
  - CMS-HCC metrics across the continuum

- **Operations**
  - CDI staff
    - (training, expertise, experience, personality)
  - Accountability (refocusing CDI programs)
    - Revenue cycle, quality, clinical leadership

- **Physician Engagement**
  - Buy in
  - Motivation
  - Barriers must be addressed

- **Alignment / Sustainability**
  - With outpatient, across facilities and department silos
  - CDI / Coder / Quality integration

- **Information Technologies**
  - Physician workflow integration
  - Computer assisted physician documentation
  - Computer assisted CDI
Questions?