



Essential Elements of a Successful Clinical Documentation Improvement (CDI) Program

Tuesday, November 5, 2019, 11:00-12:00pm

[Recording Link](#)

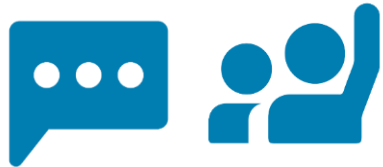
Agenda

Time	Topic	Lead(s)
3 min	Welcome & Roll-Call	Kristina Mody
45 min	Essential Elements of a Successful Clinical Documentation Improvement (CDI) Program	Tammy Combs
10 min	Q&A	ALL
2 min	Wrap Up	Kristina

Housekeeping



Lines are muted automatically



Please use Q&A to submit questions



Webinar will be recorded and saved on

[SNI Link/Data](#)

Intros



Kristina Mody

*Sr. Program
Associate, SNI*

kmody@caph.org



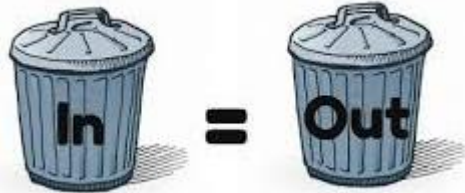
Tammy Combs

*Director and Lead Nurse
Planner*

HIM Practice Excellence for
AHIMA

Tammy.Combs@ahima.org

Why improve coding?



Improves
data integrity
and accuracy



Supports
current and
future
payment
structures



Facilitates
quality
reporting



Improves
patient care

Webinar series:

Clinical Documentation Improvement

This fall, SNI is partnering with the American Health Information Management Association ([AHIMA](#)) to present three webinars on improving clinical documentation. Click each webinar to read a description and register, or find full information [here](#). Webinars will be available on [SNI Link/Data](#).



Webinar 1: Essential Elements of a Successful Clinical Documentation Improvement (CDI) Program

Tuesday 11/5 11-12 PST;

Webinar 2: Deep Dive into Inpatient and Outpatient CDI Wednesday 11/20 11-12 PST;

[Registration Link](#)

Webinar 3: Key Takeaways for Continual CDI

Success Thursday 12/12 1-2pm PST; [Registration Link](#)



Essential Elements of a Successful Clinical Documentation Improvement (CDI) Program

Tammy Combs RN, MSN, CDIP, CCS, CCDS

AHIMA

ahima.org


American Health Information
Management Association®

Objectives

1

Assess the elements of a successful CDI program

2

Identify key performance indicators used to measure CDI success

3

Recognize effective components of a CDI program

Elements of Success

- Clearly established organization structure
- Detailed policies and procedures
- Defined record review process
- Compliant query process
- Physician engagement

Organizational Structure

Determine the reporting structure

- CDI department
- CDI part of another department
 - Health Information Management (HIM)
 - Case Management
 - Finance
 - Quality

Staffing structure

- Single discipline (HIM or nursing trained CDI professionals)
- Hybrid approach (Both HIM and nursing trained CDI professionals)

Polling Question

- What department does your CDI program report to?
 - Independent department
 - HIM
 - Case management
 - Finance
 - Quality
 - Other
 - Do not have a CDI program

Select one



Governance and Sponsorship

- Steering Committee
 - Chief medical officer
 - Chief information officer
 - Chief nursing officer
 - CDI director
 - Quality director
 - Compliance officer
 - HIM director
 - Physician advisor

Centralized versus Decentralized Reporting Models

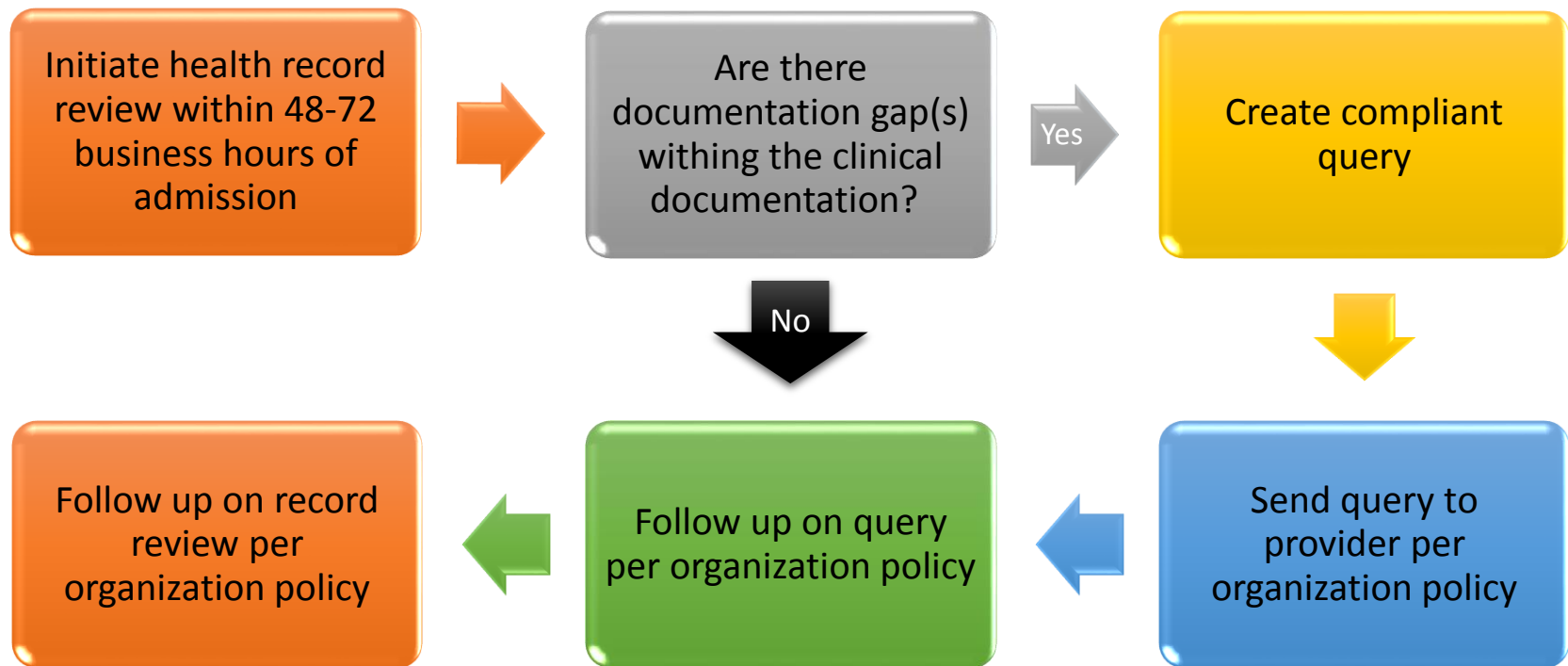
- Centralized
 - Decisions, analytics, and reports goes through one group or person
 - Centralized information to help make decisions
 - Reports and data accessible from different areas to identify multiple trends
 - Small size organizations
- Decentralized
 - Decision makers work directly in departments
 - Can focus on the needs of the specific department
 - Domain specific trends
 - Large size organization

Policies and Procedures



- Record Review
 - Productivity expectations
 - Review process
 - Clinical Validation
- Compliant Query Process
- Escalation process
- Communication Process

Record Review-Process Flow Example





Compliant Query Development

- Clear question
- Statement of issue
- Clinical information
- Non-leading

Query Process

- Process

- Written paper
- Verbal
- Electronic

- Follow same compliance guidelines
- Should be memorialized
- May be:
 - Open-ended
 - Multiple choice
 - Other explanation
 - Unable to determine
 - Yes/No
 - Determine present on admission (POA)
 - Substantiating a diagnosis already documented
 - Establish a cause and effect relationship
 - Resolve conflicting documentation

Multiple Choice Options

- Include all relevant diagnosis/procedure options
 - Clinically significant
 - Reasonable
- May be times when there is only one reasonable option
 - Hypo/hyponatremia
 - Hypo/hyperkalemia
 - Clinically insignificant

Do NOT include Impacting Information on Queries

- Revenue impact
 - Complication or comorbidity (CC)
 - Major complication or comorbidity (MCC)
 - Hierarchical condition category (HCC)
- Quality impact
 - Patient Safety Indicator (PSI)
 - Hospital Acquired Condition (HAC)
 - Physician Quality Reporting System (PQRS)



Previous Encounter Information on Queries

- Used to support the query NOT generate a query
- Timeframes will vary depending on the scenario
- Appropriate use examples:
 - Clarifying for specificity or presence of a currently documented diagnosis
 - Evidence or diagnosis that is relevant to the current encounter
 - Determine baseline allowing for comparison to the current presentation
 - Establish cause and effect relationship
 - Determine the etiology, when only signs, symptoms, or treatment are documented
 - POA indicator status
 - Clarify a prior history of a disease that may no longer present



Polling Question

- Have you started to include previous encounter information in you queries?
 - Yes
 - No
 - Developing a process
 - Unknown

Select one

Example

Dear doctor,

Based on your professional medical judgment and review of the clinical indicators, can the acuity and type of CHF be further specified? Please complete by selecting one of the options below.

- Acute systolic (congestive) heart failure
 - Chronic systolic (congestive) heart failure
 - Acute on chronic systolic (congestive) heart failure
 - Other explanation of clinical findings
-
- Unable to determine
 - No further clarification needed

HFrEF was documented on the H&P dated xx/xx.
Clinical Indicators: Echo from last month indicated and EF of 35%, dyspnea on exertion, shortness of breath, diaphoretic, coronary artery disease, elevated BNP, Lasix, and Coreg

Clinical Validation Process

- Clinical validation clarification review
 - Reviewing for potential gaps in the clinical evidence
 - May be performed by coding professional, RN, HIM professional, MD/DO, foreign medical graduate.
- Clinical validation query
 - Sent to confirm a diagnosis
 - May be performed by coding professional, RN, HIM professional, MD/DO, foreign medical graduate.
- Clinical validation
 - The process of confirming or ruling out a diagnosis
 - Performed by the treating provider



Denials Management

- Collaboration
 - CDI
 - Coding
 - Case management
 - Denials team
- Define roles and duties
- Develop communication processes
- Create a workflow
- Create and escalation process

Polling Question

- Is your CDI team part of the denials process at your organization?
 - Yes
 - No
 - Unknown

Select one

Physician Engagement



Reduces query rate



Increases query responses



Accurate physician profiles



Appropriate reimbursement



Accurate quality measures

Organization Key Performance Indicators (KPIs)

Case Mix Index



Risk Adjustment Factor (RAF)



Denial rate



Patient Safety Indicators (PSIs)



Hospital Acquired Conditions (HACs)



CDI Program Key Performance Indicators

Review Rate



Query Rate



Response Rate



Agreement Rate



Quality Audits



Productivity Goals



Productivity Standards

- Qualitative

- Observations

- Quality audit score
 - Missed query opportunities

- Measurable Audit Tool

- Nominal scales
 - No Inferred order
 - Ordinal scales
 - Natural/inferred order

- Quantitative

- Naturally Numeric

- Review Rate
 - Query Rate
 - Response Rate
 - Agreement Rate



Effective Components of a CDI Team



Effective
Communication



Leadership
Skills



Technology



Ongoing
Training



Ongoing Audits

Effective Communication



CDI to CDI



CDI to Coding



CDI to Physician



CDI to Other
Departments

Leadership Traits

- Autonomy and Team Focus
- Comfortable with uncomfortable conversations
- Prioritizing
- Organization
- Reliability



Utilize Technology to Effectively Advance CDI Efforts

- Computer-Assisted Coding and CDI
- Artificial Intelligence
- Query Technology
- Streamline Communication Pathways



Quality Audits

Internal

- Manager
- Supervisor
- Senior Staff

External

- Consultants

May be included in productivity expectations

Polling Question

- Do you perform quality audits for your CDI team?
 - Yes, internal only
 - Yes, external only
 - Yes, both internal and external audits
 - No

Select one

Take-A-Ways

- The essential elements of a successful CDI program include:
 - Clearly established organization structure
 - Detailed policies and procedures
 - Defined record review process
 - Compliant query process
 - Physician engagement

- Key performance indicators used to measure CDI success include:
 - Organization
 - Case Mix Index
 - Risk Adjustment Factor (RAF)
 - Denial rate
 - Patient Safety Indicators (PSIs)
 - Hospital Acquired Conditions (HACs)
 - CDI Program
 - Review Rate
 - Query Rate
 - Response Rate
 - Agreement Rate
 - Quality Audits
 - Productivity Goals

- The effective components of a CDI program include:
 - Effective Communication
 - Leadership Skills
 - Technology
 - Ongoing Training
 - Ongoing Audits

References

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Questions



WRAP UP



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Upcoming Dates

	M	T	W	Th	F
	November				
	4	5	6	7	8
Nov 7 (12-1): PRIME Disparity Reduction – Progress to Date [link]	11	12	13	14	15
Nov 14(12-1): PRIME/QIP OH	18	19	20	21	22
Nov 18 (12-1): Hardwiring & Scaling PRIME QI Projects [here]	25	26	27	28	29
Nov 20 (11-12): Deep Dive into Inpatient and Outpatient CDI [here]	December				
	2	3	4	5	6
Dec 3 (12-1): PRIME/QIP OH	9	10	11	12	13
Dec 4-6: CAPH/SNI Annual Conference	16	17	18	19	20
Dec 12 (1-2): Key Takeaways for Continual CDI Success [here]					
Dec 16 (1-2) PRIME External Webinar [here]					

Register Now!

Member early bird rate until Nov 8!



Registration open now!



Nadine Burke Harris, MD
Surgeon General of California



Adam Schickedanz
Pediatrician & researcher, UCLA



Michelle Rhone-Collins
Founding LIFT-Los Angeles Executive Director



Len Nichols
Policy professor, George Mason University



Ai-Jen Poo
ED, National Domestic Workers Alliance



Celinda Lake
Pollster & political strategist



Stacey Chang
Founder & ED, Design Institute of Health



Robin Wittenstein
CEO, Denver Health



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Share Your Feedback



How did we do?

What did you learn?

**Do you have
suggestions for future
topics or content?**

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