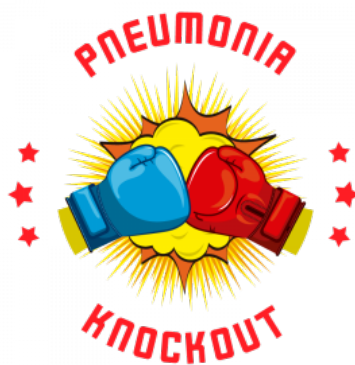




Clinical Documentation Improvement Playbook



Clinical documentation improvement (CDI) programs play a vital role in today's healthcare environment. The growth of the U.S. healthcare industry has resulted in increasingly demanding regulatory initiatives designed to promote improved quality of care while controlling future healthcare costs. Many of the new demands are tied to facility and provider profiling, patient care outcomes, and ultimately healthcare reimbursement – all of which are dependent on high-quality clinical documentation. The role of the CDI team is therefore critical to the financial well-being of healthcare facilities and patient care providers, but more importantly it's critical to the health of patients. Specifically, CDI programs focused on improving clinical outcomes, reducing costs, and improving coordination of care across the healthcare continuum can significantly improve 30-day pneumonia mortality rates. This playbook provides a framework for creating and sustaining a robust CDI program.

Four-Phased Approach to Establish and Maintain a Successful CDI Program

Using a four-phased approach to establish and maintain a successful CDI program provides focus on identifying documentation practice and workflow inefficiencies and then developing a plan to rectify these, thereby avoiding delays in coding and billing of claims.

Assessment Phase

This is the initial phase of the CDI program development and is a key critical success factor to assess the accuracy, specificity and completeness of provider clinical documentation as well as to ensure that the documentation explicitly identifies all clinical findings and conditions present at the time of service.

Design Phase

This phase centers around defining a plan after the completion of the Assessment Phase. In this phase, the CDI project team will determine the elements needed for a successful CDI program.

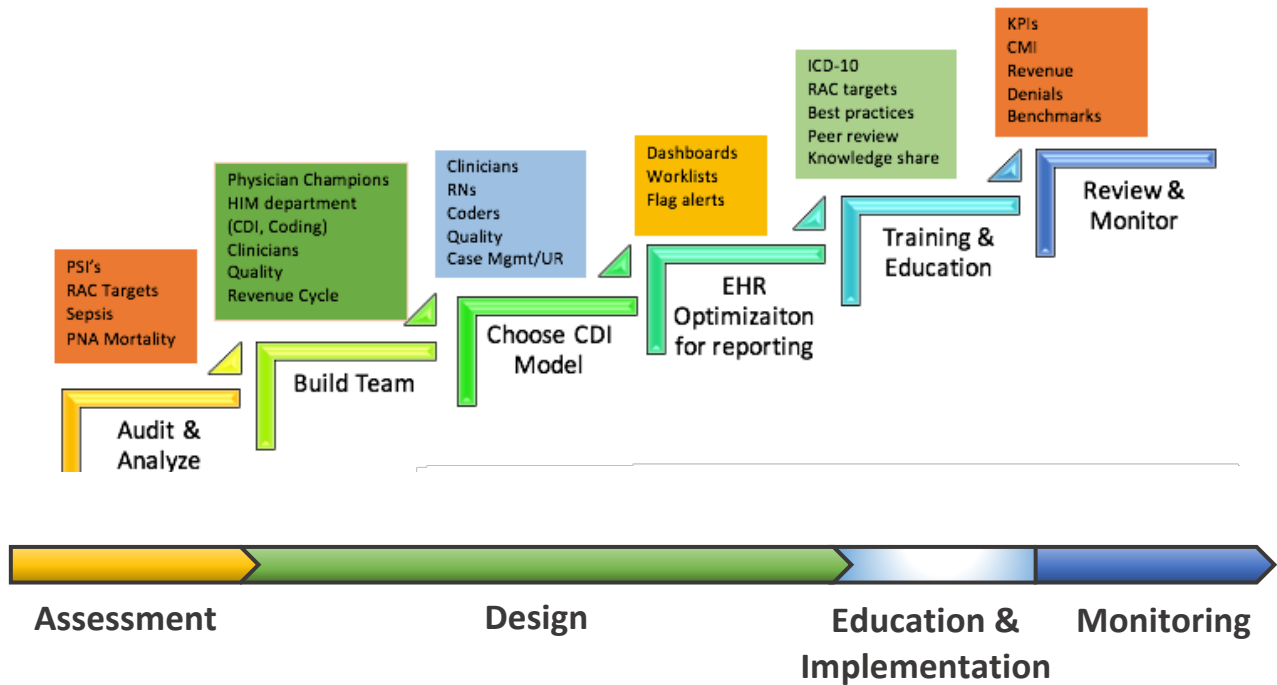
Education & Implementation Phase

This phase focuses on educating providers based on audit findings and defined organizational metrics defined during the Design Phase.

Monitoring Phase

This phase is the ongoing auditing and maintenance of the CDI program. It requires some level of project oversight at least monthly by the appropriate assigned staff. The key goal is to monitor and manage the program to ensure it meets the objectives your organization has established during the Design Phase.

Essential Elements of the Four-Phased Approach



Assessment		
		Tasks
Audit & Analyze	Take time to analyze current clinical documentation, coding and revenue cycle performance. This can help hospital leaders target cash leakage, problematic quality reporting or insufficient clinical documentation	<ul style="list-style-type: none"> Assess documentation workflow practices
		<ul style="list-style-type: none"> Perform initial medical record audit or provider notes: validate against ICD-10 code(s) on claims, identify documentation deficiencies, identify existing HCC chronic conditions not captured within 12 months
		<ul style="list-style-type: none"> Identify risks and missed opportunities due to undercoding
		<ul style="list-style-type: none"> Prepare written strategy plan to address documentation deficiencies
		<ul style="list-style-type: none"> Schedule meeting to review audit findings and strategy plan
		<ul style="list-style-type: none"> Focus on PSI's, Sepsis, Pneumonia Mortality, RAC targets

Design		
Build Team	Effective clinical documentation improvement programs employ a variety of specialists and staff members to influence meaningful change.	Tasks <ul style="list-style-type: none"> • Develop governance structure, identify team members, define role requirements, and quantify measures of success. Consider recruiting a CDI specialist to lead the team, select a physician champion, assemble a cross-functional team (HIT, revenue cycle, clinical, administrative, case management, utilization review)
		<ul style="list-style-type: none"> • Create written policies and procedures.
Choose CDI Model	Different CDI models target different parts of a hospital's documentation life cycle. Hospitals can incorporate multiple models within their CDI initiatives depending on those areas that merit attention. Hospitals should develop and establish CDI programs that focus on health information management and coding, case management and continuity of care and quality reporting issues.	<ul style="list-style-type: none"> • Develop and work plan
		<ul style="list-style-type: none"> • Create an ongoing audit process and corrective action plans
		<ul style="list-style-type: none"> • Establish core operational measures. Examples include: concurrent record review rate, concurrent query rate, query response rate, top query trends, CDS productivity
EHR Optimization for Reporting	Hospitals can choose from a myriad of software platforms geared toward clinical documentation improvement, case management and computer-assisted coding to support CDI program efforts.	<ul style="list-style-type: none"> • Configure EHR structured fields, alerts, and reminders that can contribute to ease and accuracy of documentation • Develop documentation query process

Education & Implementation		
Training & Education	<p>CDI Leaders and staff members should develop education programs to introduce hospital employees to best practices in documentation and coding. Physician training programs should include mandatory CDI orientation for new clinical staff, encourage ICD-10 coding knowledge and share data on problematic diagnosis-related groups.</p>	<p>Tasks</p> <ul style="list-style-type: none"> • Implement work plan
		<ul style="list-style-type: none"> • Educate providers on their audit findings related to documentation, coding and billing requirements
		<ul style="list-style-type: none"> • Use a combination of formal classroom education and hands-on training
		<ul style="list-style-type: none"> • Customize specialty education for large and small groups
		<ul style="list-style-type: none"> • Educate providers on clinical documentation needs, changes to clinical documentation guidelines, coding and reimbursement issues

Monitoring		
Review & Monitor	<p>Sharing data on performance metrics with clinical, HIM and coding staff can help motivate employees to embrace change. By monitoring key performance trends, CDI leaders can also demonstrate the measurable value of CDI investment to hospital administrators. Helpful benchmarks to monitor include case mix index, number of days not final billed accounts, claims denials, targeted DRG rates and present on admission indicators</p>	<p>Tasks</p> <ul style="list-style-type: none"> • Process assessment
		<ul style="list-style-type: none"> • Audit monthly patient encounters
		<ul style="list-style-type: none"> • Conduct follow-up review of clinical documentation to ensure proper clinical information is recorded in the patient's record
		<ul style="list-style-type: none"> • Identify any CDI workflow optimizations of care plan templates
		<ul style="list-style-type: none"> • Provide monthly/quarterly leadership reports based on benchmark criteria determined earlier
		<ul style="list-style-type: none"> • Provide follow-up training to reinforce CDI objectives

Resources for Better Performance

Hierarchical Condition Category - Tied to Finance

The Hierarchical Condition Category (HCC) risk-adjustment model is becoming both increasingly more important and challenging to healthcare organizations as it is progressively being applied to not just Medicare Advantage (MA) plans but also Accountable Care Organizations (ACOs) and Hospital Value-Based Purchasing (HVBP) Programs. With the HCC framework, providers assume greater accountability and risk, and while HCCs are irretrievably tied to revenue, they also provide an opportunity for better patient care management by rewarding higher-quality clinical information.

THE CHALLENGE

For accurate HCC coding, providers need to capture the complete diagnostic profile of every patient, including all information that impacts a patient's evaluation, care and treatment to ensure appropriate payment. HCCs use a risk-adjustment factor (RAF) score that includes patient diagnoses and demographic information. In this model, chart documentation is the key to risk-adjustment payment integrity and accuracy as well as a holistic understanding of the patient to drive better care quality and outcomes.

IMPROVING RISK-ADJUSTMENT DOCUMENTATION WITH A COMPREHENSIVE HIERARCHICAL CONDITION CATEGORY (HCC) MANAGEMENT SOLUTION

- Providers must document that the patient's conditions were monitored, evaluated, assessed and treated.
- The highest disease categories for each patient's condition/s must be documented by the provider.
- The severity and stage of clinical conditions (e.g., stage IV chronic kidney disease) must be captured because such diagnoses could serve as predictors for future healthcare needs.
- HCCs must be captured every 12 months for each patient to get MA plan reimbursement.
- It is difficult for providers to know or even identify which HCCs they are missing before claims are submitted, by which time it is usually too late.
- A problem list that includes information from narrative documentation needs to be kept updated.

White Papers- *Excellent resources and references for a CDI Program*

Cornerstone of CDI Success: Build a Strong Foundation

<http://www.hcpro.com/content/316244.pdf>

Roll Out an Engaging CDI Program

<http://www.hcpro.com/content/232094.pdf>

Finding the Right Vendor for Your CDI Program

https://acdis.org/system/files/resources/CR-437_ACDIS_White_Paper_Selecting%20A%20Vendor_final.pdf

Audit Your CDI Program to Avoid Pitfalls

https://acdis.org/system/files/resources/CR-437_ACDIS_White_Paper_Selecting%20A%20Vendor_final.pdf

Measuring the Real Impact of CDI on Value-based Reimbursement

https://www.nuance.com/content/dam/nuance/en_us/collateral/healthcare/insights/white-paper/measuring-the-real-impact-of-clinical-documentation-improvement.pdf

Clinical Validation and the Role of the CDI Professional

<http://prismhealthcare.com/wp-content/uploads/2017/07/ACDIS-Clinical-validation-and-the-role-of-the-CDI-professional.pdf>