

Navigating Today's CDI Landscape: 10 Strategies for Success



Hospitals and health systems have always had to strive for accurate clinical documentation. But clinical documentation improvement (CDI) is an even greater organizational imperative these days, demanding engagement from leadership across the organization like never before. With this in mind, the following HFMA Educational Update, sponsored by Nuance Communications, focuses on senior finance executives' perspectives on the changing nature of CDI and 10 key strategies they are using to help their organizations succeed.

Perspectives on CDI

Focus on CDI is growing, as emerging payment models demand more detail from providers about the care episode and quality of care provided. Also, in an environment of increased performance transparency, comprehensive documentation helps justify the care an organization provides, and it supports a more accurate depiction of performance that will be communicated to payers and the public.

Perhaps the most time-sensitive impetus for wading into the CDI waters right now, however, is the upcoming move to ICD-10. Transitioning to the new code set is healthcare finance leaders' highest priority related to clinical documentation, according to *HFMA's Executive Survey: Clinical Documentation Meets Financial Performance*, sponsored by Nuance Communications.¹ Of the 126 hospital and health system CFOs and revenue cycle executives surveyed, more than 90 percent rate it as a high or very high priority for their organization.

Opportunities. The survey further shows finance leaders' focus when it comes to CDI, revealing that financial improvement through enhanced accuracy is the greatest area of opportunity. (See Exhibit 1.) Eighty-seven percent of healthcare finance leaders say opportunity is high or

very high in this regard. Also cited as areas with high or very high opportunity are decreasing denials (72 percent), capturing appropriate case mix (62 percent), and protecting against RAC audits (62 percent).

Barriers. Although healthcare finance leaders accept and embrace the reasons for putting a CDI program in place, they readily note there are challenges. Respondents to the HFMA survey cite several barriers to improving clinical documentation. The most frequent clinical documentation challenge is the disruption of clinical workflow stemming from new documentation processes. More than half (56 percent) of respondents indicate they are significantly challenged by this issue. (See Exhibit 2.)

The second most frequently cited challenge relates to the difficulties clinicians have in working with technology, including electronic health records (EHRs). Fifty-four percent of those surveyed indicate that physicians' struggles with technology present a high or very high challenge. This finding is troubling because if physicians are too hassled by technology, it could lead to poor user adoption and delay improvements.

Another key barrier is getting the right staff to fill the CDI function. "When we started our CDI program, we found that experienced CDI nurses were hard to find," says Susan Turley, CPA, CFO for Doctors Hospital at Renaissance in Edinburg, Texas. "As a result, developing a competent and effective CDI workforce was a big hurdle for us. We were looking for people with good clinical knowledge, IT savviness, and an appreciation for the financial advantage of detailed documentation. These individuals also needed to have strong communication skills. We found that the best way to get all that we wanted in a CDI staff person was to develop talent from within our organization."

Adding to resource challenges, the organization's revenue cycle, HIM, and IT staff may be overburdened with system conversions, cross-system coordination

efforts, and projects around Meaningful Use. With all the competing priorities, leaders may struggle getting the support and financial backing for a strong CDI program.

The good news? Despite these potential roadblocks, improvement is not as insurmountable as one might think. In fact, HFMA survey respondents indicate that the opportunities associated with improving documentation outweigh the challenges, suggesting that supporting a CDI program is well worth the effort.

10 Strategies for Successful CDI

The details of a well-designed CDI program may vary from organization to organization, but several common approaches prove successful regardless of the setting.

1. Enlist a physician champion. Physician input and support of CDI are fundamental to a program's success. "We integrated our CDI with our physician advisor program," Turley says. "We have four physician advisors who help guide some of the more administrative work of the organization. CDI falls under the purview of one of these advisors, who has significantly helped with designing a CDI training program, gaining physician buy-in, and being an overall cheerleader for the effort."

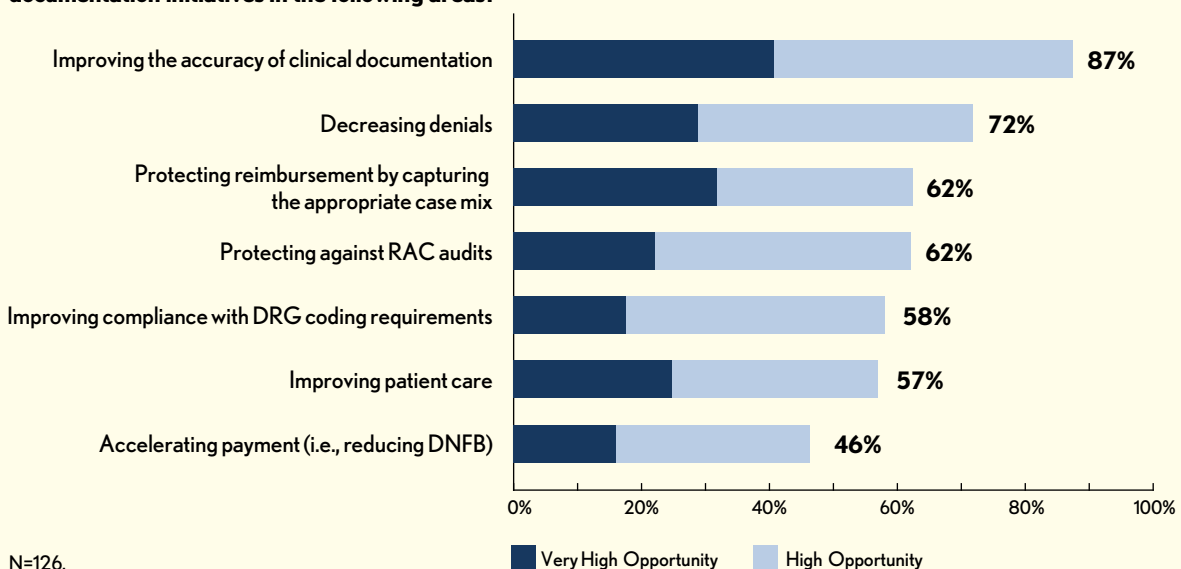
Physicians can even be the primary driver of a CDI program. "Our CDI work started with physicians,"

says Michael Curren, MD, MS, cardiovascular disease fellow and work group co-lead for the physician documentation improvement program at University of Pittsburgh Medical Center (UPMC) in western Pennsylvania. "We wanted to figure out what was relevant to document in order to make physicians' jobs easier and communicate our patients' stories more accurately and completely. We created a physician documentation workgroup that developed a set of standards for clinical documentation and established metrics for measuring performance. Once the physicians took an initial pass at developing the standards, we brought in representatives from quality, compliance, and reimbursement areas to refine the standards and make sure they would help us meet ICD-10 and other regulatory requirements. By getting physicians on board early, we made sure they were invested in improving documentation and had a direct say in how it was done. Taking a physician-driven approach, we were able to uncover and debunk a few myths about what needs to be documented and enhance our processes from both a clinical and financial perspective."

Organizations may find that physicians are eager participants in CDI. "Physicians are frustrated with the current state of clinical documentation, and when given a voice, they want to be heard," Curren says. "We

Exhibit 1: Improving Accuracy Is the Greatest Area of Opportunity for Financial Improvement

What level of opportunity do you anticipate for improving financial performance through clinical documentation initiatives in the following areas?



Source: HFMA's Executive Survey: Clinical Documentation Meets Financial Performance, sponsored by Nuance Communications.

found that they would rather lead improvement and fix issues up front than receive queries two months after the patient has left the hospital, when memory of the visit is sketchy at best. By starting our process with physicians and then adding regulatory and quality input, we feel we have created a CDI program that truly reflects the care we provide.”

2. Cultivate the right CDI talent. As mentioned earlier, the ideal CDI professional must have a diverse skill set. “The clinical documentation team serves as translators between physicians and coders, so you need people who can straddle both worlds,” says Beth Heinz, vice president of operations for Regions Hospital in Saint Paul, Minn. “Physician language doesn’t naturally align with billing language, and if you don’t bridge this gap, there can be substantial shortfalls in payment. You need someone who can look at the documentation and understand the clinical intent and also appreciate what information is necessary to ensure payment. You also want to hire individuals who are confident in their abilities and comfortable approaching physicians. The nurse-physician dynamic can be challenging, and we look for people who feel at ease with this interaction. We want someone who can balance the need to be persistent with the importance of being respectful and professional.”

Although nurses typically serve on or lead the CDI team, it is not a requirement. “Our CDI staff mainly

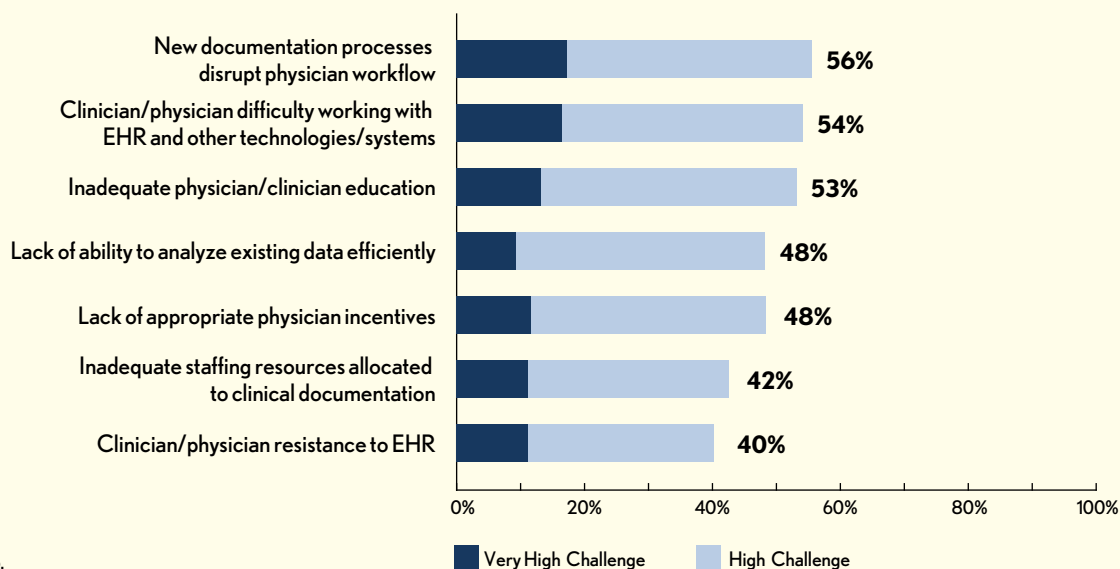
consists of registered nurses, but we do have a few physicians,” says Jaime James, MHA, RHIA, senior director of health information management services for Banner Health, headquartered in Phoenix. “These individuals were trained as physicians in other countries but are not licensed to practice medicine in the United States. However, they have the skill set we need to perform the CDI function, and they interact well with other physicians, since they come from a similar background.”

3. Monitor documentation concurrently. To keep a CDI program nimble and responsive, more and more organizations are choosing to monitor documentation as it occurs. “Our CDI staff is able to look at a physician’s documentation with great timeliness, while the patients are still in-house, identifying potential areas for clarification and querying the physician,” James says. “Such turnaround allows us to get the specificity we require while the physician is treating the patient and limits the need to query physicians during the coding process, post-discharge.”

4. Leverage technology. New technologies and emerging tools can assist with CDI. “By taking advantage of available software, you can seek out documentation enrichment opportunities,” James says. “For instance, we are in the process of implementing software that employs natural language processing to find specific

Exhibit 2: Disruption of Physician Workflow Is the Top Barrier

Please indicate the level of challenge associated with the following barriers to improved clinical documentation.



Source: HFMA’s Executive Survey: Clinical Documentation Meets Financial Performance, sponsored by Nuance Communications.

cases and bring forward opportunities for documentation clarification. This tool also helps the CDI staff to connect with coders on the back end, so coders can see the CDI queries to the physician, what information the physician adds, and exactly what's been done to improve the documentation."

Technology can be particularly beneficial when it comes to making the transition to ICD-10. "We use a tool that analyzes charts, showing the increased specificity needed to assign ICD-10 codes," says Danny R. Loosemore, Jr., MT (ASCP), MBA, CPHQ, system director for clinical documentation improvement at Ministry Health Care in Milwaukee, Wis. "Our CDI team can then query physicians based on the information the software provides to make sure the documentation includes all we need to properly code the record. The sooner you get physicians familiar and comfortable with the increased specificity of ICD-10, the better. Having them document thoroughly right now (before the ICD-10 deadline) won't harm anything, and having physicians start to include the detail will help it become a natural part of their everyday practice."

5. Focus on transcription-related opportunities.

Although many organizations are using their EHRs to house clinical documentation, they still may capture at least some information, such as progress notes, consultations, and discharge summaries, outside of the EHR. In some instances, organizations rely on transcription software or outsourcing services to capture clinical documentation. As such, an organization may want to have a process in place that ensures CDI staff can review and seek clarifications on transcribed documentation.

"A low-tech, no-cost option would be to leverage the 'message to author' function found in some transcription software," says Paula E. Dascher, RHIA, manager for transcription services and HIM technology for Seattle Children's Hospitals in Seattle. "When reviewing a transcribed document, a CDI staff person can insert a message that opens a 'yellow sticky note' when the provider goes to sign the document. The comment can be a 'canned' or free-text message that the provider must address and clear before the system will let the provider sign the document. Such an approach is useful to communicate questions in the dictation that should be reviewed before signing. In our environment, the average turnaround time for signing a transcribed progress note is greater than 10 hours, which would make it possible for a CDI specialist to monitor the completed transcription in a near real-time manner and get questions answered before the provider signs the document."

Another option is to train transcriptionists to be familiar with CDI priorities, the need for detailed coding for particular procedures, and so forth. "If a transcriptionist is trained in ICD-10, he or she can leave a blank line or enter a query message on the transcribed reports when the documentation does not support ICD-10 coding," Dascher says. "This approach can help organizations catch ICD-10 opportunities earlier and assist with the CDI effort."

6. Offer quality-focused, comprehensive physician training.

To set the stage for improvement, physician education should clearly outline how physicians stand to benefit from CDI and should not lead with financial impact. "Remember that as far as physicians are concerned, CDI is more about accurately reflecting the severity of the patient's condition and supporting quality care than the financial piece," says Regions' Heinz. "Increasing revenue and financial performance should be a secondary message, as that result will come automatically if documentation is more exact."

Training should also get down to the specifics of how physicians can improve documentation accuracy. Organizations may want to offer diverse venues and formats for training, including didactic sessions, real-world scenarios, and web-based training. "We are developing a training module for all of our physicians and residents that covers a wide range of CDI issues," says Anne Robertucci, director, corporate hospital coding operations/project director for ICD-10 at UPMC. "The goal of this education effort is to provide consistent and comprehensive training to everyone across all entities. ICD-10 training is a critical element in the program. We use a tool to identify our top risks from an ICD-10 standpoint. Doing so reveals areas where we need to focus our education to get providers completely up to speed."

Training should be customized to the needs of the organization. "We look at acute care diagnoses that should be categorized as observation, such as chest pain, for example, and discuss how different documentation could result in more appropriate categorization," Heinz says. "We talk with physicians about the need to document what could be causing the chest pain and teach them to focus on fully describing the episode to reflect the appropriate severity of illness and care provided."

In addition to general training, organizations may want to contemplate doing on-the-spot awareness building. "Our CDI staff has done some creative things in offering one-on-one reminders about the need for good documentation," says Heinz. "For example, they ordered chocolate bars with a customized wrapper that

Realizing the Benefits of Accurate Documentation

Robin Lloyd, vice president and general manager of clinical documentation solutions for Nuance Communications, discusses key considerations for reducing denials and ensuring appropriate payment through accurate clinical documentation.

Q: How can hospitals and health systems reduce denials through clinical documentation?

Four key actions are particularly important:

(1) Educate physicians on the documentation necessary to ensure every submission is complete and defensible. An essential first step is a clinically focused CDI program in collaboration with clinical and HIM leadership. (2) Evaluate the technology that will support your physicians' workflow. Provide multiple options to capture high-quality documentation, each tightly integrated with the EHR. (3) Move all handwritten progress notes to electronic form. Consider utilizing speech recognition technologies to simplify capturing progress notes. (4) Prompt physicians with CDI clarifications while they are documenting, within their workflow, using computer-assisted physician documentation (CAPD) technology.

Q: What can organizational leaders do to encourage physicians to document with the specificity required in ICD-10 to accelerate payment?

Clinicians are understandably skeptical about traditional CDI and the associated requests to document for payment purposes. Instead of using the traditional "hammer" approach related to payment, leaders should demonstrate that quality and outcomes are

driven by improved documentation. More accurate clinical impressions result in better care and communication among providers. Complete and accurate documentation positively impacts core measures, quality measures, and physician scorecards, too.

Q: How can an end-to-end solution for documentation, coding, CDI, and quality reduce RAC financial risk?

Today's clinical documentation process is fragmented and labor-intensive. Physicians spend significant time in the EHR documenting patient care. Coding, CDI, and quality are traditionally downstream processes, with documentation coming from multiple sources. This results in physicians being asked to provide clarifications retrospectively and outside of their traditional workflow. The impact is delayed documentation, clinician disruption, and potentially increased denials if physicians ignore queries or provide incomplete or inaccurate information regarding patients.

In contrast, an end-to-end "documentation chain" addresses CDI, coding, and quality problems up front with a consistent, clinically focused approach to documentation improvement. Coding, billing, quality reporting, and compliance are a natural artifact of the clinical documentation process. This clinically driven approach creates complete and compliant documentation that is accurately coded for payment, compliance, and quality reporting on a real-time basis. It also minimizes clinician disruption hours or days after patient care and initial documentation.

Source: Nuance Communications.

had a catchy quote promoting what CDI is and why it is important to respond to CDI staff queries. If a physician didn't answer a query, the CDI staff sought out the physician, made introductions, reiterated any questions, and gave the physician the candy bar. This approach helped build awareness and offered a bit of peer pressure in a nonconfrontational and fun way."

7. Consider outsourcing. Outsourcing can often be used to access CDI expertise that is lacking, relieve pressures on overburdened staff, or provide a level of focus that

isn't well-suited to use of internal resources. According to the 2013 HFMA survey results, 51 percent of respondents are currently outsourcing transcription services. Similarly, ICD-10 education and staff training are logical activities for seeking external support. "We use a third-party physician training tool that is online," says Ministry's Loosemore. "Physicians log-in and can complete the training in their own time and at their own pace. Once they finish, they receive a certificate of completion, which is useful to them and can be placed in their credential file as proof of completion."

8. Measure success. Progress isn't a "once and done" effort. Organizations need to measure whether they are consistently meeting established goals for CDI and then follow up on areas where efforts are falling short. Some possible items to track include:

- Percentage of charts reviewed by CDI staff. This measure points to staff productivity and the scope of the CDI program.
- Number of clarifications CDI staff seek. This measure demonstrates documentation accuracy and how far the organization still has to go to achieve consistent, thorough documentation.
- Timeframe in which the physician responds to queries and alignment between the physician and CDI staff on the need for query. Measuring these items helps the organization gauge physician buy-in to the program.
- Number of retrospective clarifications needed. This measure illustrates the organization's level of success in performing concurrent CDI.
- Revenue impact of CDI. Reports may compare potential revenue associated with the initial DRG with that of the post-query change to quantify the dollars that came as a result of CDI work.

9. Audit the process. Organizations should plan to conduct an audit at least once a year. "We have a third party perform our audit to ensure it is unbiased and thorough," says Regions' Heinz. "Also, this company is often more up to date on changes coming from the Centers for Medicare & Medicaid Services (CMS) that might affect documentation and payment. When performing the audit, the company reviews a sample of our charts and provides feedback about where we could make adjustments. They also help us design continuing education to address issues that surface as a result of the audit."

Internal audits also can be valuable. "We are starting to use physician peer review to assess documentation quality," says UPMC's Curren. "A few of the physicians in our physician documentation workgroup are serving as reviewers, examining a pilot set of anonymous physician notes to see how they compare with the standards we developed. The reviewers look at whether the documentation accurately reflects the patient encounter and is thorough enough to effectively support clinical care, billing, and compliance. Basically, we are using the peer review process to check if the CDI steps we've taken so far are working and uncover areas where we missed the mark, which will help when we are developing additional education and reassessing standards."

10. Advocate for CDI at the senior level. As mentioned throughout this report, CDI is inherently a clinical issue, but the impact of strong documentation is certainly felt on the financial side. For this reason, finance executives should be involved in, and support, the CDI process.

"Along with the chief medical officer, the CFO or other senior finance leader should be the primary advocate for the CDI program," says Banner's James. "Encouraging the effort could take the form of allocating resources to get the right staff, technology, and tools in place. Senior finance leaders also should regularly review metrics to determine the impact of the program and identify areas for further investment."

Finance leaders should have a seat on any steering committees or other planning entities. "We found it beneficial to have all of our stakeholder groups — financial and clinical — involved right from the beginning," says Loosemore. "If the clinical and financial sides can each see the priorities of the other and understand how the CDI program can benefit both, then there is more unified support. Everyone hears the same message and can appreciate the different questions and input, creating a transparent window into the CDI program's aims and goals."

Endnote

- 1 *HFMA's Executive Survey: Clinical Documentation Meets Financial Performance*, sponsored by Nuance Communications, November 2013, hfma.org/clindocopportunities.



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