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Association of Clinical Documentation Integrity Specialists

Optimized Comprehensive CDI Programs

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Years of growth have allowed CDI programs to put down deep roots and establish themselves as an indispensable part of an organization's overall health. That maturity, however, does not mean CDI programs can rest on their laurels and become stagnant. Many professionals are drawn to CDI as a career because of its constant room for learning. But all those opportunities can make it difficult to determine when a program has truly optimized its processes and reach. One of the roles of a CDI leader is to monitor the success of their program and present its status to organizational leadership. Without an understanding of the goal, they cannot effectively show the program's impact.

In partnership with 3M, the Association of Clinical Documentation Integrity Specialists (ACDIS) CDI Leadership Council asked several of its members to evaluate the results of a nationwide survey detailing the current state of CDI mission statements, metrics used internally to CDI departments and externally with organizational stakeholders, the expansion of reviews, productivity standards, and what it means to have an "optimized" CDI program. The Council members were then asked to discuss how they see optimized comprehensive CDI programs and what it means to have a comprehensive approach to CDI. The following is a review of the survey results and a summary of the discussion.

CDI department mission statements

Generally, healthcare organizations have a mission statement to guide their efforts to care for their patient population. While not necessarily a requirement, many CDI programs find that having their own departmental mission statement helps guide the program and choose from a seemingly infinite number of options for where CDI *could* make an impact.

According to survey respondents, just under 33% have a mission statement specifically for their CDI department. Most of those who left comments on the survey described mission statements that focus on the overall integrity of the medical record and how it impacts reimbursement, quality measure outcomes, patient care, and the health of the organization. (See Figure 1.)

The first step in developing a mission statement should be to review the broader organization's goals to see how the CDI department can further those ends. When the CDI team at Banner Health began working on codifying a mission statement, they started with Banner's mission of making healthcare easier so life can be better, according to **Denice**

Figure 1. CDI mission statements

Piwowar, BSN, RN, CCDS, CDIP, enterprise director for the CDI program at Banner Health in Arizona, Colorado, and Wyoming.

"We used that as a launching point to further examine how our departments support the organizational mission," says Piwowar. "We achieve this through facilitating concise documentation that supports patient acuity, risk of mortality, and resource utilization to reflect the caregiving. Ultimately, all the great work we accomplish in CDI behind the scenes contributes to optimizing the organizational goals and mission."

Focusing on the end goal of excellent and straightforward patient care also answers the common physician concern that CDI is "all about the money." Though CDI is indeed a department that contributes to the financial health of the organization, it's ultimately about providing top-tier patient care. That stated mission can not only boost provider engagement, but also help CDI staff take more pride in their work, adds **Chana Feinberg, RHIA,** CDI product specialist at 3M Health Information Systems, which is based in Silver Springs, Maryland.

"I think a mission statement really helps with staff morale in terms of being able to see how their work and their department play into the overall mission of an organization. […] It helps the department feel like they're part of a bigger goal," she says. "It also helps CDI departments identify focuses and those areas that are priorities, which in turn translates into overall planning and budgeting, etc."

The broadness of a mission statement can also have an impact on a department's direction. While a narrower statement can protect CDI departments from the dreaded scope creep, a broader statement can illuminate areas where CDI can have a real effect. Leaders can ensure that their staff doesn't become stretched too thin by insisting that their department supports those project areas rather than owning them.

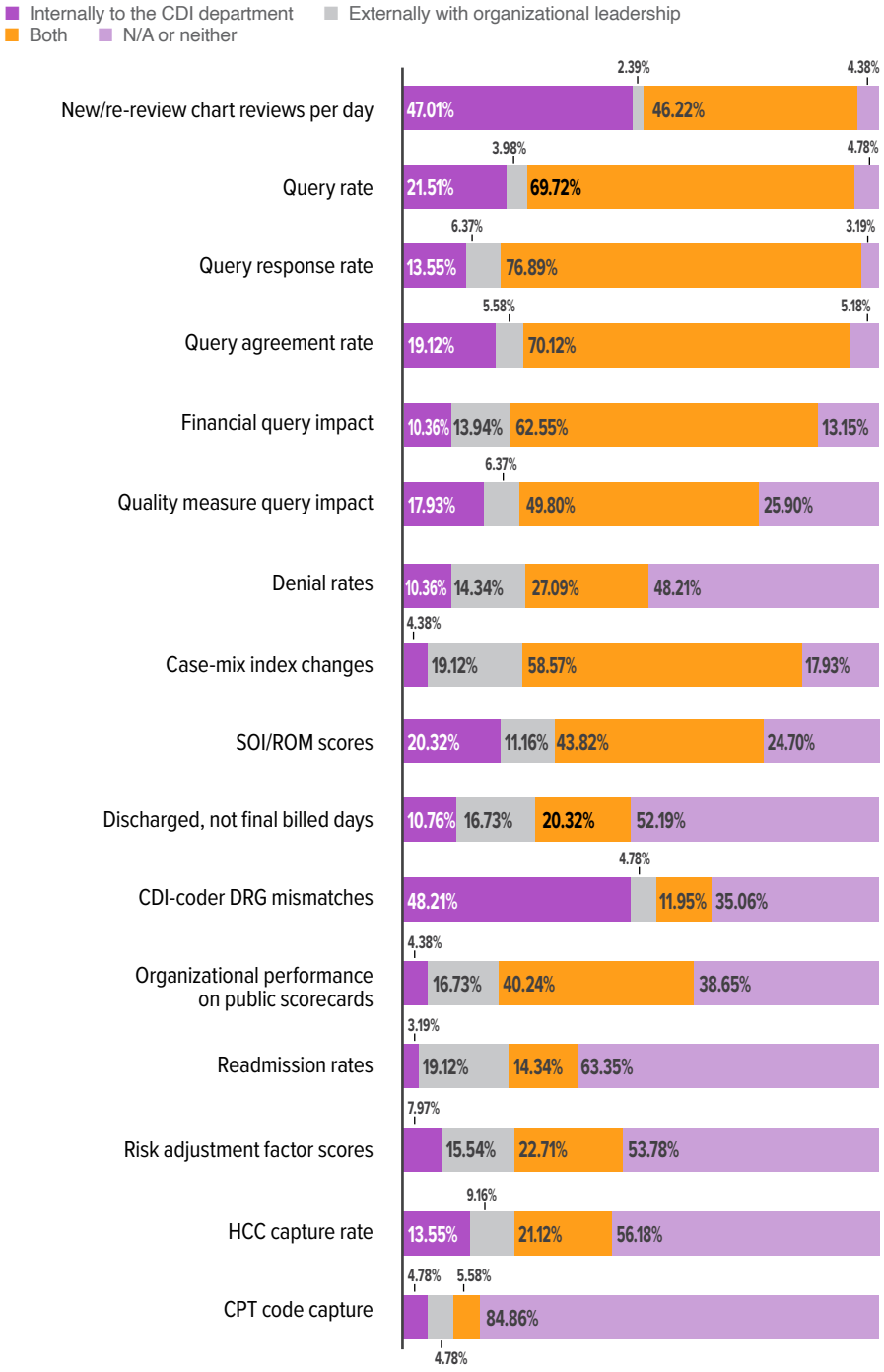
According to **Lee Anne Landon, BSN, CCMC, CCDS,** network director of CDI at HonorHealth in Scottsdale, Arizona, denials management and appeals provides a good example of a way CDI can assist without taking full responsibility. Instead of CDI owning the entire process, Landon says that her staff instead provide support and a second set of eyes on clinical validation concerns when asked by the denials management team. If your mission statement is broad, discuss your department's boundaries and limitations candidly with the relevant departments and set up processes that support the mission without overwhelming CDI staff.

"You have to look at different ways where you can be involved and all the different areas that clinical documentation touches, without completely overwhelming your own internal resources," says Landon. "You can get involved in some of the activities with other departments without taking on the whole burden of those activities. These areas are important to your organization, they are important to your mission, statement of quality, resource consumption, and all those other things, but they don't have to be your primary responsibility."

Internal and external metrics

One of the central pieces of any leader's role is to monitor the success of the department through data and key performance indicators (KPI) and then present that data to stakeholders to communicate the program's viability and opportunities. The metrics a leader tracks have different purposes, however. Some metrics (e.g., chart review productivity) may be helpful internally for team performance monitoring, whereas other metrics (e.g., financial or quality impact) may be more helpful for communicating with organizational leadership.

Figure 2. Internal versus external metrics



According to the survey respondents, the most common metric that leaders use solely as an internal CDI department metric is CDI-coder DRG mismatches (48.21%), followed by new/re-review chart reviews per day (47.01%). The most common metrics that are used solely as *external*-facing metrics with organizational leadership are case-mix index (CMI) changes (19.12%) and readmission rates (19.12%). Most metrics included in the survey are either used both internally and with organizational leadership or are not used at all. (See Figure 2.)

There are seemingly endless options for which metrics to track within CDI, partly because CDI *can* and *does* impact so many areas within an organization. Understanding the value of each metric and how to use those data points with different audiences is a crucial skill for a CDI leader. Not every person or group will find every data point helpful, and some data simply serves to build out

the overall picture of the department's impact more than driving the conversation with stakeholders, Landon says.

"Fortunately, or unfortunately, we have tons of metrics," she says. "I think you can look at all your metrics and report them out in different places for different impacts. Some things you want to just report out and say, 'Hey, we're doing great things. This is where we're doing well, and this is where we could use a little more education to be provided.' You can utilize them in a lot of different settings."

Because CDI's scope is always expanding and programs change over time, Piwowar suggests that leaders continually evaluate what they're tracking and how they can perhaps change those KPIs to better tell CDI's story. Tracking data alone isn't enough. That data needs to help you communicate how CDI's efforts are paying off and where you're headed.

"We're very data-driven, but we don't want to collect data for the sake of collecting data. It has to have some value," says Piwowar. "We'll add data points to our KPIs and things that we track based on requests from stakeholders, if there's new technology that provides newer, refined data points […] and if there are shifts in industry practice or standard that show us that we need to start looking at different areas."

Although those department metric reports will shift (and likely expand) over time, some metrics will be perennially important for communicating with organizational leadership. CMI, for example, has been a focus for many organizations' C-suites for as long as CDI departments have existed (which is why 19% still say they use it externally with leadership and more than 58% use it both internally and externally). CDI departments, however, may have a fraught experience with this metric because so many factors beyond CDI's control can influence it.

It's still important to share CMI data with leadership, however complicated the relationship may be. According to Feinberg, the best method for using CMI appropriately is to paint the whole picture for your leadership team. For example, address the organization's patient volumes during the period under discussion as that will have an impact on CMI changes.

"Being proactive and doing some analysis beforehand really gives that big picture to the executive leadership team and helps them understand the breakdown of CMI," says Feinberg. "When it is the CDI department's success, it can be shown easily. And when it's unrelated to CDI, it can be shown as well."

Expansion plans

A healthy CDI program brings value to multiple areas within the healthcare organization. After several years of stagnated expansion due to pandemic-related budget cuts, many CDI leaders have their sights set on new adventures in the near future.

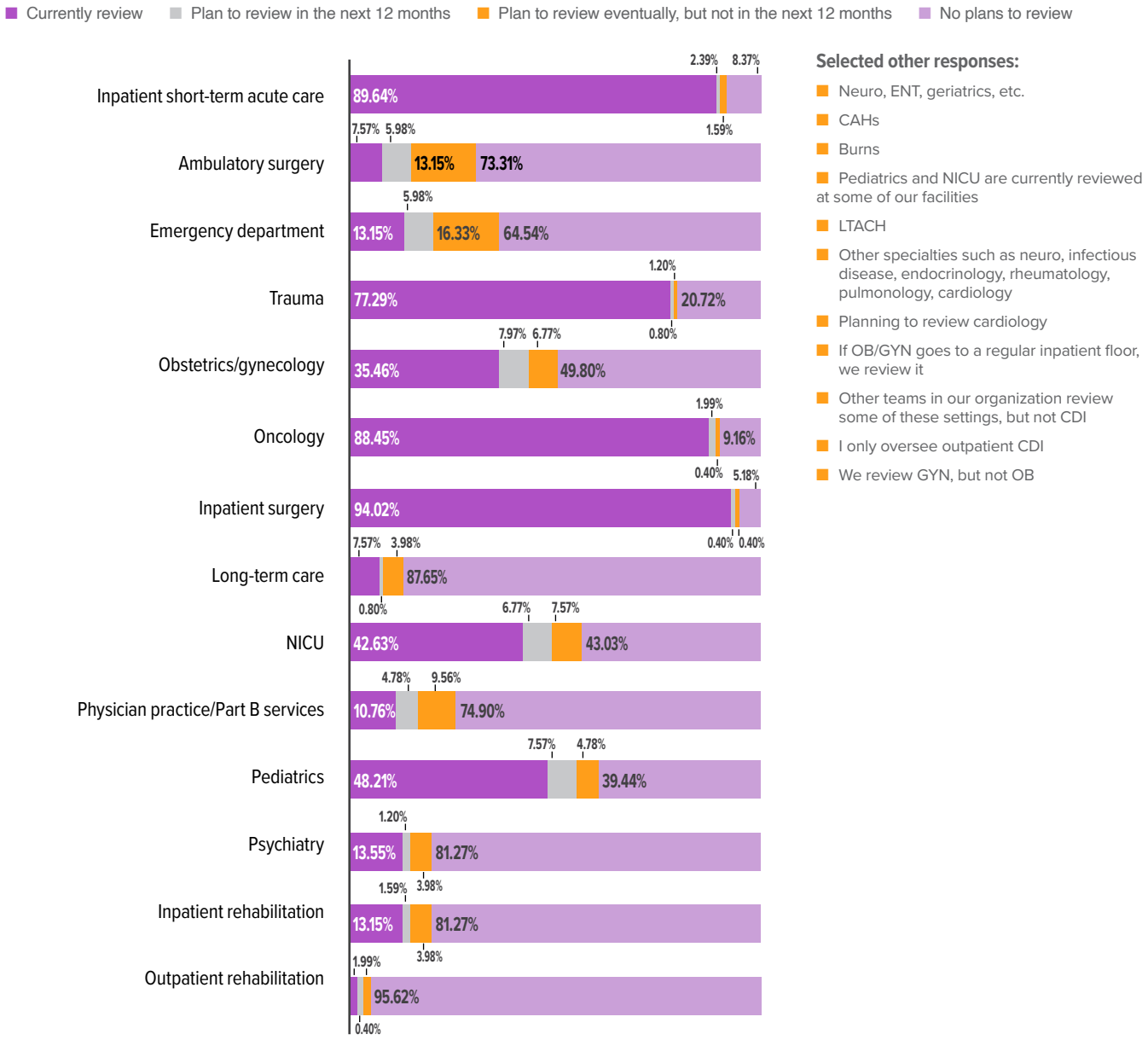
As it stands right now, most survey respondents (94.02%) said they review inpatient surgery, followed by 89.64% who said they review inpatient short-term acute care cases, 88.45% who said they review oncology, and 77.29% who said they review trauma. The area with the most potential growth in the next 12 months was obstetrics/gynecology (OB/GYN), with 7.97% saying they plan to expand in the next year. (See Figure 3.)

While not the most buzzworthy expansion area, according to Piwowar, OB/GYN is on leaders' radar because stakeholders see it as an area ripe with opportunities to improve documentation for accurate reimbursement and quality reporting. Even CDI teams that don't undertake this area as part of their "normal" reviews can support documentation improvement through education and focused audits, she says.

"There can be principal diagnosis shifts and DRG shifts with CC/MCCs, pathology, length of stay, SOI and mortality, etc.," says Piwowar. "Even though we don't complete these routine case reviews, we do support our OB service lines with documentation education tailored to their DRGs. From time to time, we get requests from stakeholders to do some post-bill, retrospective case reviews too. Our education and audit team will partner with acute care coding to complete those reviews and provide feedback and recommendations to the stakeholders on opportunities that exist there."

Unlike the less talked-about OB/GYN, it seems that almost everyone is interested in discussing outpatient reviews. According to survey respondents, hospital-based outpatient services offer the most attractive expansion area further down the line: Just over 16% of respondents said that

Figure 3. Settings reviewed, expansion plans



they plan to expand to the emergency department, and 13.15% said they plan to expand to review ambulatory surgery eventually.

According to Feinberg, this focus on hospital-based outpatient services instead of, say, physician practices may be simply because it offers an easier transition for CDI teams used to reviewing inpatient services only. No matter which areas your department chooses for expansion, it's important to follow where the data is pointing you, she adds.

"I think there's a lot of buzz about outpatient CDI, and certainly starting to expand into hospital-based outpatient ambulatory areas is an easier expansion, […] and it's therefore usually those areas that are chosen first," says Feinberg. "Choosing areas for expansion is about looking at the opportunities in the documentation, which you can identify through looking at your metrics."

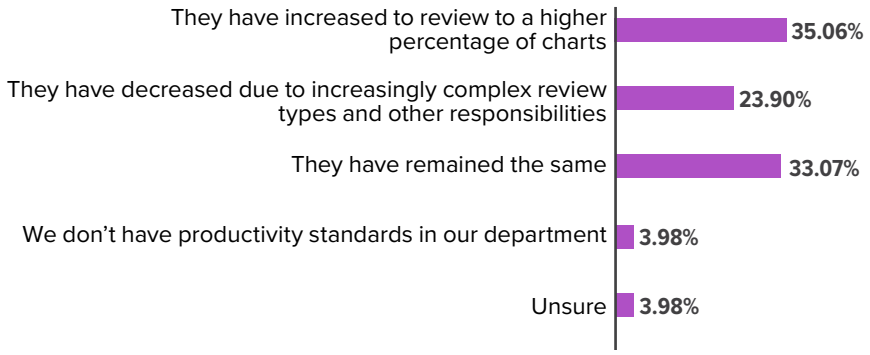
Even though outpatient CDI is often perceived as an "easier" expansion target, CDI staff will still require education to undertake reviews in hospital-based outpatient areas. Even beyond the regulatory components, the workflows differ and will likely require a mindset shift for staff used to traditional inpatient acute care reviews, according to Landon.

"The problem is, if you're going into other areas, you really need to be thinking about a different skill set for your staff if it's an outpatient area," she says. "Like the ED [emergency department], for example, you need to have somebody in the ED that understands inpatient and outpatient, and that's a challenge."

Productivity expectations

Some of the most common questions ACDIS receives from members surround CDI productivity. Over the years, CDI reviews have undeniably become more complicated with the advent of quality reviews, clinical validation, and more, but according to survey respondents, that increased complexity hasn't necessarily lowered productivity standards. According to 35.06% of respondents, their productivity standards have actually *increased* in the last five years, while 33.07% said they have remained the same. Just under 24% said they have decreased productivity standards due to increasingly complex review types and other responsibilities. (See Figure 4.)

Figure 4. Productivity standards



While productivity is certainly a valuable metric for CDI leaders to track to ensure their staff members are performing at their highest level of excellence, the conversation around setting expected review rates needs to be a nuanced one, according to Feinberg. Just because your department is hitting high productivity numbers doesn't mean they're maximizing their impact. To ensure you're reviewing the *right* cases, Feinberg suggests asking yourself some probing questions and leveraging your technology to direct your efforts.

"We really need to say, 'OK, does it really matter if we review every single account if that review didn't really bring

value to the organization?' We should look at ways to proactively prioritize cases to identify areas within the record, through either artificial intelligence or natural language understanding and processing," she says. "The constant ask is to do more with less. It's really important to be able to prioritize your cases to ensure that the cases that your team is looking at are providing an impact."

Even with the most reasonable expectations and technology to help further CDI's reach, there may be instances where a staff member fails to meet their productivity expectations. Though confronting performance issues isn't the most fun leadership duty, according to Landon it's a way to support your staff and increase their job satisfaction.

"If they consistently are not meeting their goals, we have the educator or someone in leadership work with them, develop some kind of plan with their input, and then apply that plan to see how productive it can be," she says. "If we get an effective plan, they do better. They're actually a much happier employee. It doesn't feel good to be an outlier."

Before you can determine how best to support a staff member who is falling short of productivity expectations, it's important to understand *why* they are struggling. Good leaders need to know their staff members' needs to provide adequate support. According to Piwowar, taking the time to listen and do a bit of a root cause analysis when productivity issues arise is part of retaining your staff members and preventing them from fizzling out in their roles.

"You're going to have to look at where their challenges are and why they might be falling short—is it a lack of knowledge in their CDI foundation, or are they just struggling with the technology, or is it behavioral? You really have to get to the root cause of what that is," says Piwowar. "Based on that, we'll develop a support plan. […] We put a lot of time and effort into training our staff. CDI is not an easy job to learn, and retaining our staff is of the utmost importance."

Meaning of an "optimized" program

Defining what it means to have an "optimized" program is perhaps even more fraught than determining what someone means when they use the term "outpatient CDI." For three-quarters of the survey respondents, having an optimized CDI program means the program is fully staffed and able to reach target chart review percentages, followed by 73.31% who said it means physicians are engaged and the CDI education "sticks" and 66.93% who said it means they have the latest technology to increase their reach and efficiency. (See Figure 5.)

When determining the success of their program, however, CDI leaders must use a variety of metrics to paint the picture. In fact, for most survey respondents, an optimized CDI program is a combination of all the response options offered on the survey. According to Piwowar, determining whether your department is optimized comes down to looking at both your metrics and more relational factors surrounding how your team functions.

"You can look outward at all this great data and all that external data that we provide to our stakeholders," she says. "But I think you also have to look inward at your team, at your foundations. Have we optimized our team internally? Are they reaching their potential? Is there an opportunity for growth? Do you have a career ladder? Until your team is internally optimized, can you really be outwardly optimized? You can't have one without the other."

Setting your team up for success and ensuring they are thriving is one of the key roles a

leader serves, Landon says. Leadership isn't just about numerical measures of success; it's about providing an environment for your staff members to flourish.

"One of your primary functions as a leader within your department is making sure you have happy and engaged CDI staff. Do they have what they need? Are they communicating the way they need to? Are you communicating with them? That's something you can always work on," says Landon.

When a CDI team is functioning in a healthy way and staff members feel empowered to do their jobs excellently, it enables the department to operate flexibly and continue to grow, Feinberg says. This is the true measure of an optimized program beyond the metrics. A CDI program will never fully arrive at an optimized state, and that's what makes the industry such an exciting one.

According to Feinberg, true optimization is about "the ability to shift things quickly and have a good pulse on things from your CDI tools. You can never be fully optimized. […] You're always working towards making changes," she says. "An optimized program is a program that can shift when priorities in an organization are shifting, and that has a leader who is agile and is using the tools and really being able to identify where things need to change at different points in time." ■

Figure 5. Meaning of an "optimized" CDI program

Selected other responses:

- Reduced overall query rate (burden) due to physician understanding of documentation education/goals.
- We are able to meet our quality outcomes goals and maintain CMI consistent with the acuity of our patient population.
- Optimized program means expected outcomes with highest efficiencies without adding staff. Prioritization for both inpatient and outpatient is a game changer.
- Cross departmental collaboration with quality, CM, UR, patient status.
- Other areas of the organization look to CDI as a resource and engage us to work on various quality initiatives where clinical documentation is a key driver/component that impacts metrics.
- Multifaceted approach across inpatient and ambulatory and achieving outcome metrics.
- Query and denial rates decrease as physicians incorporate best practice documentation elements into their own practice.
- Continual expertise development with CDI staff. Building on successes and collaboration with coding, quality, physicians, rev cycle, etc.
- CDI is an integral part of denial mitigation efforts and quality improvement metrics.
- CDI is being used to its fullest capabilities.
- Our program has a fully developed prebill, denial, education section.
- There is demonstrated accuracy in the records—CC/MCC capture rates at or above 80th percentile, quality measures are accurate description of patient condition.
- Our program has expanded into all mortality reviews, targeted PSI focused reviews, and Vizient Mortality Risk Model Variable reviews.
- CDI program that is involved in order to improve quality and finance.
- Able to assist in template building and smart phrase construction.