

Clinical Documentation Integrity (CDI) Best Practices

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CPAs & Advisors



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Objectives

- › Identify CDI Goals
- › Classify the structure of a successful CDI program
- › Define quality documentation
- › Examine collaboration
- › Discuss physician education

Agenda

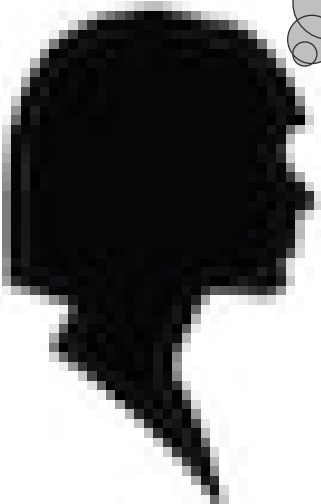
- › CDI Goals
- › CDI structure
- › CDI staff skills
- › Staffing models
- › Medical staff
- › Workflow
- › Quality documentation
- › Collaboration
- › Education

Clinical Documentation Integrity (CDI) Goals

Successful CDI Programs enable accurate representation of a patient's clinical status in the patient health record

- Accurate and comprehensive **patient health records**...if it isn't documented, it wasn't done and can't be coded
- Accurate and specific **coding**
- Supports patient **acuity**, severity of illness (**SOI**) and risk of mortality (**ROM**)
- Documents and supports services provided
- Support **medical necessity** and **quality** of care
- Appropriate length of stay (**LOS**) and care management
- Minimizes **clinical denials**
- Timely and accurate **reimbursements**
- Maintain **compliance** with regulatory and governmental agencies
- Utilize clinical terms recognized by physician/providers and necessary by Medicare, Medicaid and other payors for coding, billing and reimbursement accuracy
- Translation of clinical terms into numeric terms (Dx, Px, DRG) for reimbursement

Clinical Documentation Integrity (CDI) Common Symptoms to Address



We're providing quality care; outcomes are good but clinical documentation is like a puzzle:

Missing and/or Inaccurate

Cut and paste

Non-specific

Conflicting

Unclear

Not organized

Clinical Documentation Integrity (CDI) Common Symptoms to Address

CMI is all over the place or deteriorating

Query fatigue

EHR opportunity

Process flows & prioritization

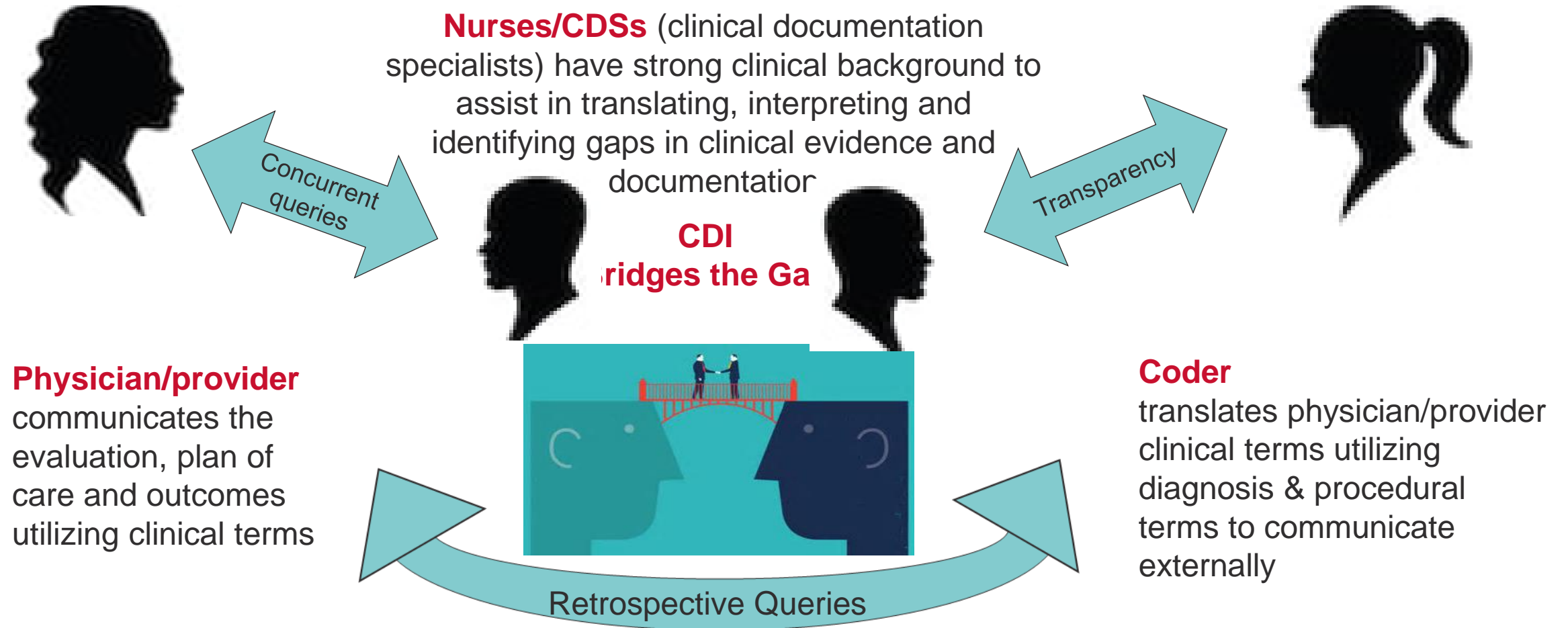
Communication gaps & duplication of efforts

LOS is longer than expected or desired

- Reimbursements are diminishing;
- Moving from volume to value;
- Mortality – expected vs. actual; not to mention:

CDI Bridges the Gap

CDI programs facilitate accurate representation of patient's clinical status



CDI Structure

Steering committee

- › Medical staff support
- › Funding
- › Key metrics
- › Communication

Program committee

- › Staffing, management and staff, structure
- › Training of medical staff and organization communication
- › CDI functions
- › Report key metrics to steering committee

CDI Structure

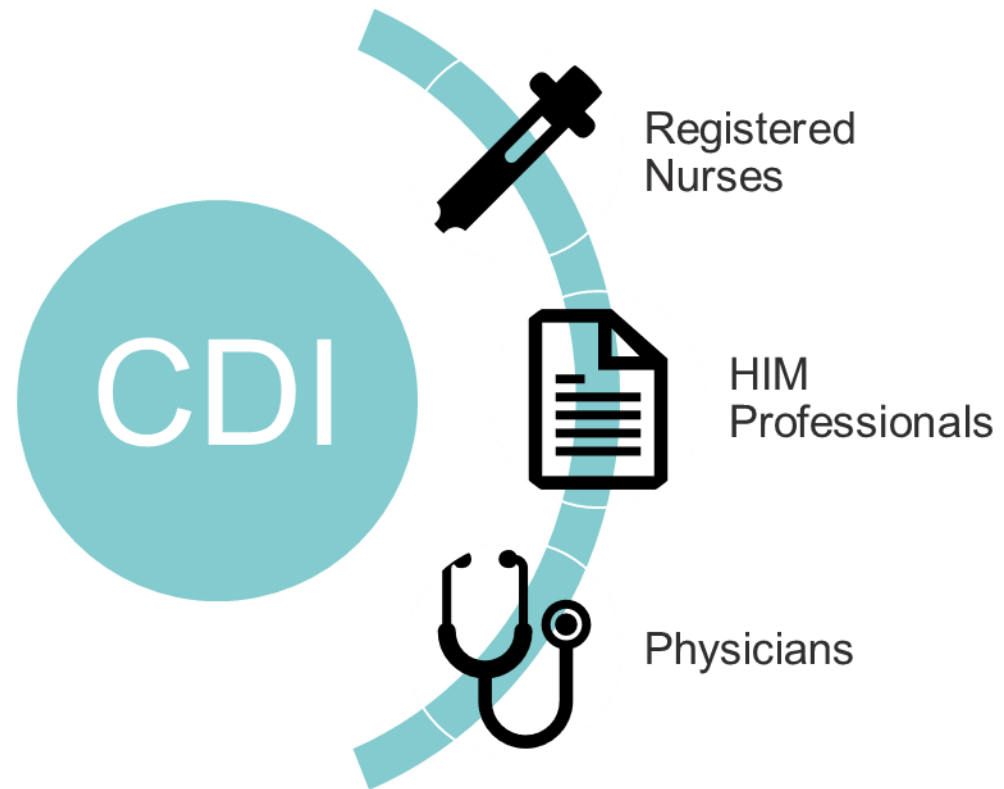
› Departments

- Inpatient
- Rehab
- Psych
- Skilled nursing facilities
- Outpatient/ambulatory

CDI staff skills

- › Social
- › Communication style
- › Clinical knowledge
- › Coding knowledge
- › Computer skills

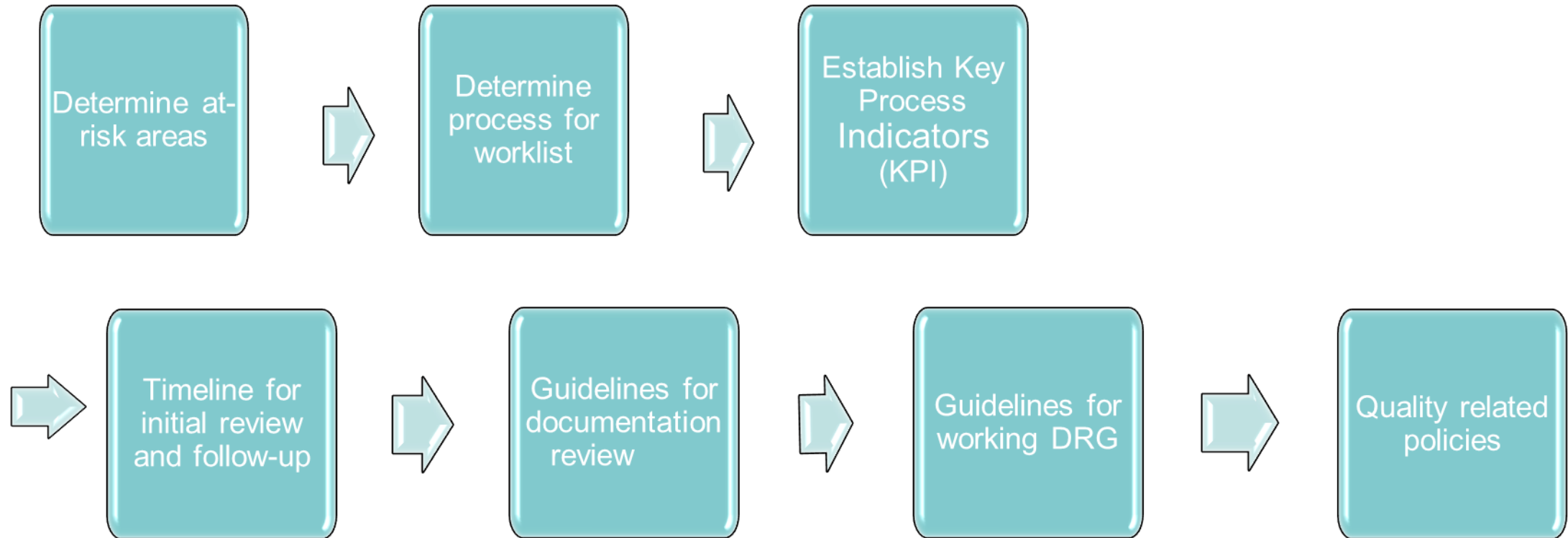
Staffing Models



Medical Staff

- › Physician leader, advisor, champion role:
 - Educate medical staff
 - Support CDI staff
 - Peer-to-peer interactions
 - Policies and procedures
 - Escalation policy

Workflow



Workflow, Continued

- › At-Risk areas
 - Diagnoses
 - › Sepsis, pneumonia, altered mental status
 - Specialty
 - › Ortho, Neuro, surgical
 - Quality
 - › PSI, readmissions
 - Case management/UR
 - › Covered days

Workflow, Once More

› Workflow process

- Payor
- Department
- Specialty
- Floor

› KPIs

- Review rate
- Query rate
- Query response rate
- Query response time
- Query agreement rate
- DRG reconciliation rate
- Case mix index (CMI)
- Denials

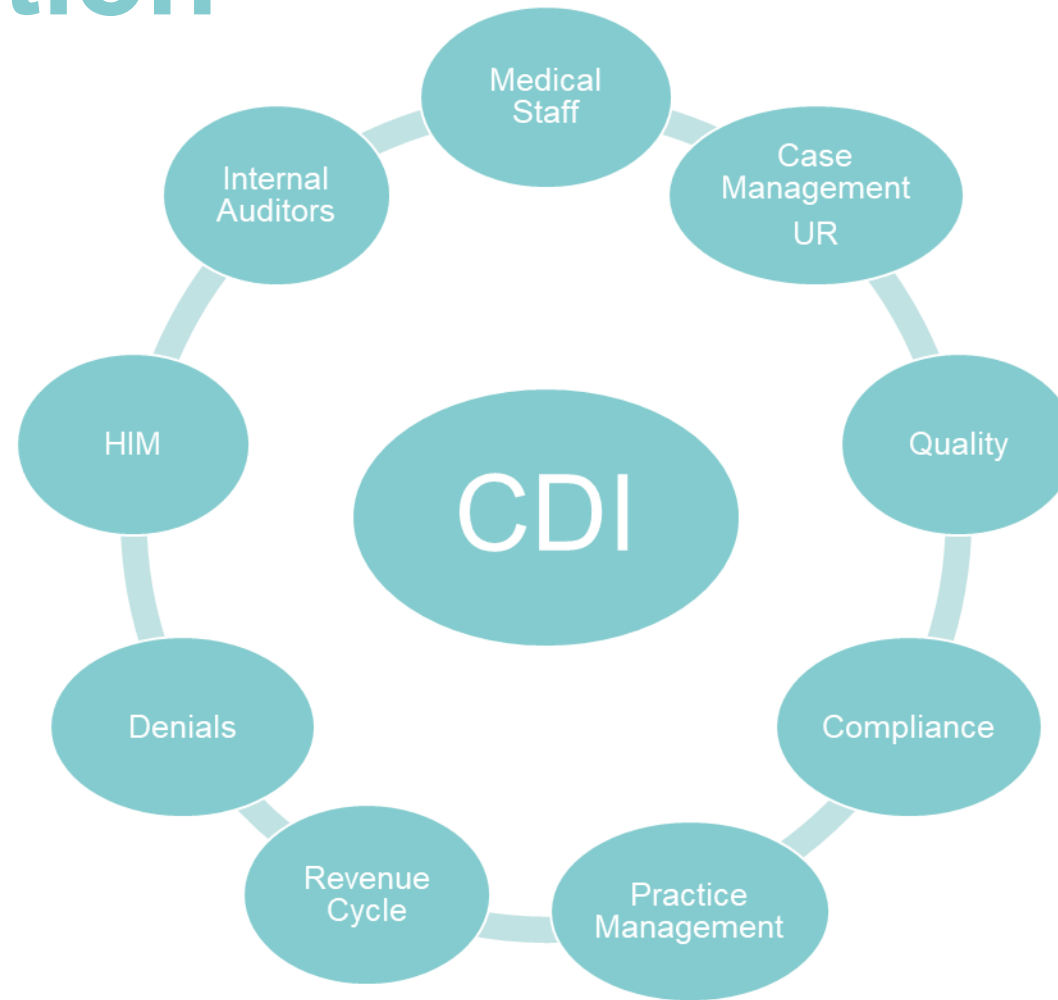
Workflow, Final

- › Review Time
 - Initial (within 24 hours)
 - Follow up (every 48 hours)
- › Guidelines for documentation review
 - Defining the process
- › Working DRGs
 - How to use these
- › Quality policies
 - What should CDI review

High Quality Clinical Documentation

- › Legible
 - Easy to decipher and comprehend
- › Reliable
 - Diagnoses and treatment are consistent
 - There is a diagnosis for treatment given
- › Precise
 - Accurate and exact
 - Complete
- › All concerns are addressed
 - Authenticated
- › Consistent
 - No contradictions
 - Any discrepancies are addressed
- › Clear
 - No ambiguity
 - Think with ink
- › Timely
 - Information is available at or near point of care

Collaboration



Physician Education

- › Documentation practices
- › Trends and benchmarks
- › CDI orientation for new medical staff
- › Determine best medium for education
 - Short face-to-face
 - Medical staff meetings
 - Newsletter
- › Competition
 - Best improved documentation

Coding and CDI Collaborative Education

› Monthly meetings:

- Documentation practices
- Trends and benchmarks
- Coding practices
- New technologies and techniques
- New federal regulations
- Denials
- Audit findings

Question 1

- › Which one of the below are one of the seven high quality documentation standards.
 - a) Expensive
 - b) Legible
 - c) Vague

Question 1 Answer

- › Name one of the seven high quality documentation standards.
 - a) Expensive
 - b) Legible
 - c) Vague

Question 2

- › What is the role of the clinical documentation specialist (CDS)?
 - a) To create more work for the physicians
 - b) To bridge the gap between coding and
 - c) To incorporate clinical indicators into final coding

Question 2 Answer

- › What is the role of the clinical documentation specialist (CDS)?
 - a) To create more work for the physicians
 - b) To bridge the gap between coding and physicians
 - c) To incorporate clinical indicators into final coding

Questions?

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