Clinical Documentation Integrity (CDI) Best Practices

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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

**Nurses/CDSs** (clinical documentation specialists) have strong clinical background to assist in translating, interpreting and identifying gaps in clinical evidence and documentation.

Physician/provider communicates the evaluation, plan of care and outcomes utilizing clinical terms

Coder translates physician/provider clinical terms utilizing diagnosis & procedural terms to communicate externally

Retrospective Queries

Concurrent queries

Transparency
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

Determine at-risk areas

Determine process for worklist

Establish Key Process Indicators (KPI)

Timeline for initial review and follow-up

Guidelines for documentation review

Guidelines for working DRG

Quality related policies
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
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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