Objectives

› Identify CDI Goals
› Review work flow and associated Metrix for success
› Examine Collaboration
› Discuss continuing education
Agenda

› CDI goals
› Case study examples
› Staffing models
› Medical staff
› Workflow
› 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
Goals: 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

Concurrent queries

Transparency

Retrospective Queries
CDI Case Study #1 – Words Make a Difference

Patient admitted with “exacerbations of chronic obstructive pulmonary disease (COPD) with heart failure.” The type of heart failure a patient has will affect payment under MS-DRGs. Note: The patient stays four days.

COPD with MCC – correct DRG assignment if documentation indicates patient has acute (or acute-on-chronic) heart failure (MCC)

COPD with CC – correct DRG if documentation indicates patient had chronic, but not acute, heart failure (CC)

COPD without CC/MCC – correct DRG if documentation only indicates “heart failure” or “congestive heart failure”

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<th>MS-DRG</th>
<th>FY 2019 FINAL</th>
<th>FY 2019 FINAL</th>
<th>MDC</th>
<th>TYPE</th>
<th>MS-DRG Title</th>
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MS-DRG: 190
Weight: 1.1907
GMLOS: 3.8
Reimb: $6,548

MS-DRG: 191
Weight: 0.9139
GMLOS: 3.1
Reimb: $5,026

MS-DRG: 192
Weight: 0.7241
GMLOS: 2.5
Reimb: $3,982
CDI Case Study #1 – Words Make a Difference (con’t)

Patient admitted with “exacerbations of COPD with chronic heart failure.” The type of heart failure (physician documentation) a patient has will affect payment under MS-DRGs. Note: The patient stays four days.

COPD with MCC – correct DRG assignment if documentation indicates patient has acute (or acute-on-chronic) heart failure (MCC)

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COPD without CC/MCC – correct DRG if documentation only indicates “heart failure” or “congestive heart failure”

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CDI Case Study #1 – Words Make a Difference, Once More

Patient admitted with “exacerbations of COPD with acute-on-chronic diastolic heart failure.” The type of heart failure a patient has will affect payment under MS-DRGs. Note: The patient stays four days.

**COPD with MCC** – correct DRG assignment if documentation indicates patient has acute (or acute-on-chronic) heart failure (MCC)

**COPD with CC** – correct DRG if documentation indicates patient had chronic, but not acute, heart failure (CC)

**COPD without CC/MCC** – correct DRG if documentation only indicates “heart failure” or “congestive heart failure”

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CDI Case Study #1 – Words Make a Difference, Final

Patient admitted with “exacerbations of COPD ________ with heart failure.” The type of heart failure a patient has will affect payment under MS-DRGs. Note: The patient stays four days.
85 y/o female presented from nursing home to Hospital’s ER – cough, fever, weakness, fatigue, confusion. Chest x-ray in ER demonstrated right lower lobe pneumonia, principal Dx. Pt admitted to IP status – 7/15/19 to 7/19/19 (Four day LOS)

MS-DRG 195 – Pneumonia w/o CC or MCC (GLOS 2.6) $4,793

Day two of admission, CDS identified low serum blood sodium levels in lab results and physician ordered PO sodium replacement. CES queried physician to determine if low sodium levels pertain to kidney failure hypothyroidism, adrenal insufficiency or hyponatremia. Physician responded, “Hyponatremia.”

MS-DRG 194 – Pneumonia with CC (GLOS 3.3) $5,992

Three days > discharge – HIM reviewed H&P and identified patient had a history of valvular heart disease and current medications included ace inhibitors and beta blockers. Patient also admitted with SOB and swelling of extremities. Physician ordered EKG and continued patient’s home medications.

Coder queried physician to determine if patient’s medications were to treat high blood pressure, previous stroke or heart failure/type. The physician responded, “Acute systolic congestive heart failure.”

MS-DRG 193 – Pneumonia with MCC (GLOS 4.2) $8,332
Staffing Models

CDI

Registered Nurses
HIM Professionals
Physicians
Medical Staff

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

At-Risk areas

• Diagnoses
  › Sepsis, pneumonia, altered mental status

• Specialty
  › Ortho, neuro, surgical

• Quality
  › PSI, readmissions

• Case management/UR
  › Covered days
Workflow, Continued

› 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
Education

› 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
Education, Continued

Coding and CDI collaborative education monthly meetings:

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

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Disclosure

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