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3M CDI Innovation Webinar Series

Data as a Catalyst to CDI Program Performance and Physician Engagement:
A Four-Step Approach

June 2022

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Learning Objectives

At the completion of this educational activity, the learner will be able to:

- Explain the four-step approach SCL implemented to take their CDI program to the next level

- Identify ways to leverage performance data to identify service line opportunities

- Understand the importance of customizing CDI education to specific audiences

Meet our speaker

Carrie Willmer, RN, CCDS, CDIP, is the CDI director for Intermountain Healthcare, previously SCL Health, in Denver, Colorado. She is responsible for the Colorado/Montana region serving seven acute care facilities. Through her time with SCL Health, Willmer has supported the centralization of CDI teams across the system, established program metrics and reporting, developed the internal auditing and education team, oversaw development of a CDI onboarding curriculum, developed the denials and appeals team, and strengthened the working relationship with HIMcoding. Her nursing experience includes trauma/ICU and critical care. A past ACDIS and AHIMA presenter, she served on the ACDIS Leadership Council, was a member of the 2020–2021 Mastermind Council, and presented at the 2021 ACDIS Leadership Exchange.

Kaycie LeSage, MSHCM, RHIA, CCS, CDIP, CPC, is a performance outcomes manager with 3M in the Health Information Services Division in Metairie, Louisiana, where she coaches 3M performance data monitoring clients on the relationship between their facility data and their CDI programs. Prior to joining 3M in 2018, she served as a corporate director for a health system in Louisiana with oversight of internal consultants, second-level reviewers, and educators for both CDI and coding.

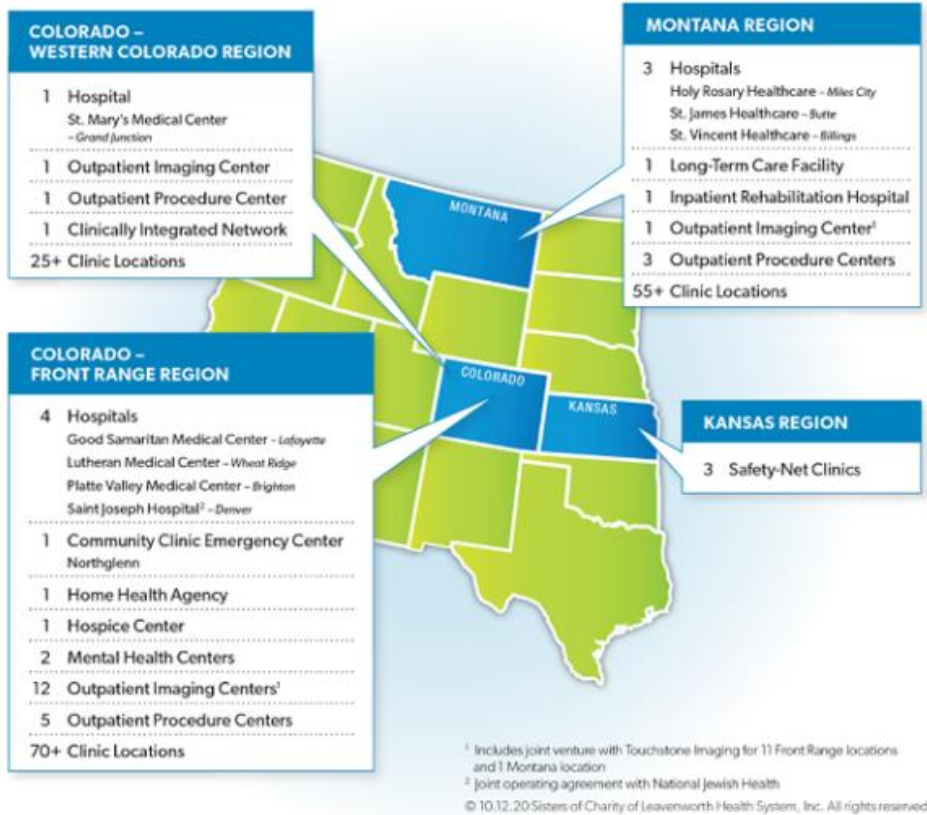# Clinical Documentation Integrity Legacy SCL Health

Polling Question 1

What measures do you track to indicate physician documentation opportunity (or success)?

- MS-DRG & Case Mix Index (CMI)
- Quality Data (Length of Stay [LOS], Patient Safety Indicators [PSIs], Hospital Acquired Conditions [HACs])
- Severity of Illness/Risk of Mortality (SOI/ROM)
- All/Some of the Above
- None or unknown

Legacy SCL Health, now the Peaks Region of Intermountain Healthcare

2021

COLORADO – WESTERN COLORADO REGION
- 1 Hospital
  St. Mary's Medical Center – Grand Junction
- 1 Outpatient Imaging Center
- 1 Outpatient Procedure Center
- 1 Clinically Integrated Network
- 25+ Clinic Locations

MONTANA REGION
- 3 Hospitals
  Holy Rosary Healthcare – Miles City
  St. James Healthcare – Butte
  St. Vincent Healthcare – Billings
- 1 Long-Term Care Facility
- 1 Inpatient Rehabilitation Hospital
- 1 Outpatient Imaging Center[1]
- 3 Outpatient Procedure Centers
- 55+ Clinic Locations

COLORADO – FRONT RANGE REGION
- 4 Hospitals
  Good Samaritan Medical Center – Lafayette
  Lutheran Medical Center – Wheat Ridge
  Platte Valley Medical Center – Brighton
  Saint Joseph Hospital[2] – Denver
- 1 Community Clinic Emergency Center
  Northglenn
- 1 Home Health Agency
- 1 Hospice Center
- 2 Mental Health Centers
- 12 Outpatient Imaging Centers[1]
- 5 Outpatient Procedure Centers
- 70+ Clinic Locations

KANSAS REGION
- 3 Safety-Net Clinics

[1] Includes joint venture with Touchstone Imaging for 11 Front Range locations and 1 Montana location
[2] Joint operating agreement with National Jewish Health
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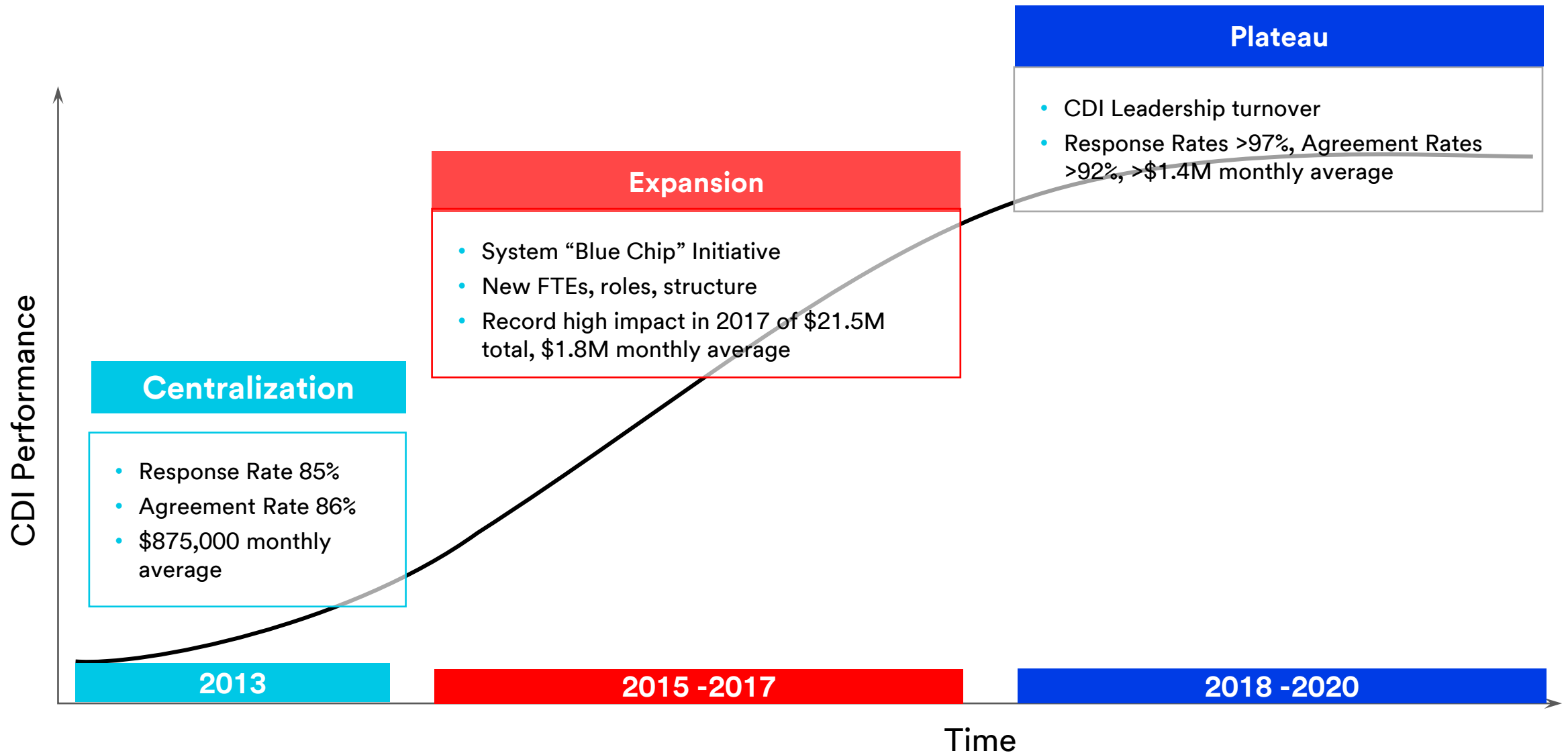
Clinical Documentation Program

- **7 Acute Care Facilities**
- **41 FTEs**
  - 28 CDI Specialists
  - 13 Advanced CDI Roles
    - Leads
    - Auditors
    - Educator
    - Coding Liaison
    - Manager
    - Director

SCL Health — Now Intermountain Healthcare

Legacy SCL Health: CDI Program History

CDI Performance (y-axis)

Time (x-axis)

Plateau
- CDI Leadership turnover
- Response Rates >97%, Agreement Rates >92%, >$1.4M monthly average

Expansion
- System "Blue Chip" Initiative
- New FTEs, roles, structure
- Record high impact in 2017 of $21.5M total, $1.8M monthly average

Centralization
- Response Rate 85%
- Agreement Rate 86%
- $875,000 monthly average

2013

2015 -2017

2018 -2020

Data as a Catalyst: Breaking Through the Plateau

Challenge

Lack of data and visibility was hindering improvements

- Where is the opportunity?
- How much opportunity is out there?
- What specific cases?
- Which physicians?

Solution

Drive program performance by leveraging actionable data to identify and pinpoint opportunities

- Monitoring and Reporting: track, benchmark, and quantify CDI activity across a facility over time
- Care Site Level Reports
- Physician Level Reports
- Prioritization functionality
- Targeted and Customized Physician Education
- Measuring outcomes and progress

"Can't Boil the Ocean"
Data enabled SCL to clearly identify opportunities and take action

2020 - 2022

Performance Data Monitoring

- Leveraging claims data, the reports:

  - Assess financial impact and opportunity

  - Provide operational metrics and variance against national benchmarks for MCCs/CCs, severity, LOS, and mortality

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Performance Data Monitoring

Physician Reports

- Reports compare physicians to peer data sets
  - National norm by service line
  - Physician specialty within the organization
  - Practice group
- Performance is reported by key financial and quality measures compared to peer group:
  - Volume
  - CMI
  - Four categories of MCC/CC capture rates Financial variance for each MS-DRG with volume
  - Length of stay (LOS) compared to severity of illness (SOI)
  - Measurement of SOI, ROM, LOS averages, SOI Index, SOI variance, actual mortality rate, mortality rate variance, volumes, and deaths at each subclass

CDI Performance Reports

Compare Reports

Compare two time periods to isolate changes and identify areas for improvement

- Overall and surgical CMI
- MCC/CC capture rates
- MS-DRG pairs
- 1- or 2-day length of stay
- Financial impact

Pinpoint Reports

- Analyze CMI and MCC/CC capture percentages and top-volume MS-DRG pairs against the 80th % performance of all hospitals nationally.

Mortality Reports and Severity Reports

- Compare the facility against a baseline and a state peer group, measuring actual versus expected values using APR DRG risk adjustment.

Role of the Performance Advisor

Pinpoint

Severity

Compare

Severity with estimated reimbursement

Mortality

MDC

Coaching with performance data advisor

- Identify focus areas
- Review operational performance metrics
- Determine next improvement steps
- Provide ongoing engagement
- Customized analysis with briefings and recommendations

The Data-Driven, Physician-Focused, Four-Step Approach

Polling Question 2

How do you identify opportunities for physician CDI education?

- Use CDI query trends

- Use claims level data

- General CDI industry trends

- Other initiatives identified within your organization

- Combination of the above
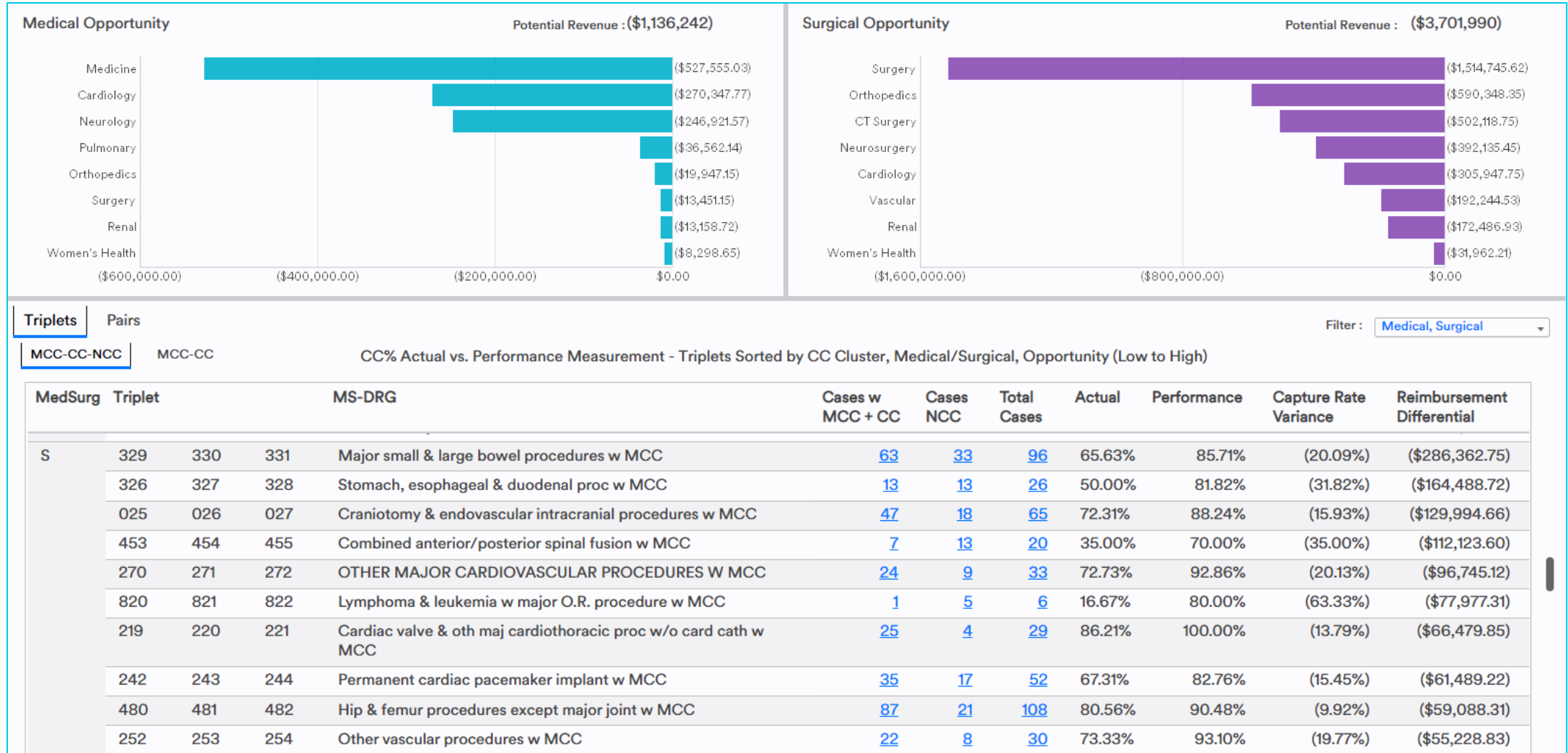
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Data Analysis and Opportunity Identification

Step 1

1. Opportunity Identification: Care site data review

2. Surface system-wide themes

3. Validate the opportunity via targeted chart reviews

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Service Line & DRG Level Opportunity

Medical Opportunity Potential Revenue : ($1,136,242)

Medicine	($527,555.03)
Cardiology	($270,347.77)
Neurology	($246,921.57)
Pulmonary	($36,562.14)
Orthopedics	($19,947.15)
Surgery	($13,451.15)
Renal	($13,158.72)
Women's Health	($8,298.65)

Surgical Opportunity Potential Revenue : ($3,701,990)

Surgery	($1,514,745.62)
Orthopedics	($590,348.35)
CT Surgery	($502,118.75)
Neurosurgery	($392,135.45)
Cardiology	($305,947.75)
Vascular	($192,244.53)
Renal	($172,486.93)
Women's Health	($31,962.21)

Triplets Pairs

MCC-CC-NCC MCC-CC

CC% Actual vs. Performance Measurement - Triplets Sorted by CC Cluster, Medical/Surgical, Opportunity (Low to High)

Filter : Medical, Surgical

MedSurg	Triplet			MS-DRG	Cases w MCC + CC	Cases NCC	Total Cases	Actual	Performance	Capture Rate Variance	Reimbursement Differential
S	329	330	331	Major small & large bowel procedures w MCC	63	33	96	65.63%	85.71%	(20.09%)	($286,362.75)
	326	327	328	Stomach, esophageal & duodenal proc w MCC	13	13	26	50.00%	81.82%	(31.82%)	($164,488.72)
	025	026	027	Craniotomy & endovascular intracranial procedures w MCC	47	18	65	72.31%	88.24%	(15.93%)	($129,994.66)
	453	454	455	Combined anterior/posterior spinal fusion w MCC	7	13	20	35.00%	70.00%	(35.00%)	($112,123.60)
	270	271	272	OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	24	9	33	72.73%	92.86%	(20.13%)	($96,745.12)
	820	821	822	Lymphoma & leukemia w major O.R. procedure w MCC	1	5	6	16.67%	80.00%	(63.33%)	($77,977.31)
	219	220	221	Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC	25	4	29	86.21%	100.00%	(13.79%)	($66,479.85)
	242	243	244	Permanent cardiac pacemaker implant w MCC	35	17	52	67.31%	82.76%	(15.45%)	($61,489.22)
	480	481	482	Hip & femur procedures except major joint w MCC	87	21	108	80.56%	90.48%	(9.92%)	($59,088.31)
	252	253	254	Other vascular procedures w MCC	22	8	30	73.33%	93.10%	(19.77%)	($55,228.83)

Service Line & Mortality Opportunity

Step 1

Mortality by APR DRG: Statewide and Target Hospital Psych/Rehab/APR Ungroupable cases have been excluded

Service Line [1]	MedPAR: CO			Total Cases	Actual Deaths	Actual Mortality Rate	Expected Deaths [2]	Expected Mortality Rate	Variance Actual to Expected Death [3]	% Variance Actual to Expected Death Mort Rate
	Total Cases	Actual Deaths	Actual Mortality Rate							
Behavioral	579	4	0.69%	35	1	2.86%	0.4	1.14%	0.6*	150.0%*
Orthopedics	24,034	114	0.47%	573	9	1.57%	5.3	0.92%	3.7*	69.8%*
Pulmonary	10,368	445	4.29%	859	95	11.06%	56.3	6.55%	38.7*	68.7%*
Surgery	9,225	279	3.02%	390	18	4.62%	11.5	2.95%	6.5*	56.5%*
Medicine	32,776	1,132	3.45%	1,938	107	5.52%	94.4	4.87%	12.6*	13.3%*
Neonatology	0	0	0.00%	0	0	0.00%	0.0	0.00%	0.0	0.0%
Ophthalmology	80	1	1.25%	2	0	0.00%	0.0	0.00%	0.0	0.0%
Transplant	154	7	4.55%	0	0	0.00%	0.0	0.00%	0.0	0.0%
Cardiology	12,989	379	2.92%	664	30	4.52%	31.1	4.68%	(1.1)	(3.5)%
Renal	5,076	93	1.83%	295	7	2.37%	8.1	2.75%	(1.1)	(13.6)%
Vascular	1,476	53	3.59%	55	1	1.82%	1.3	2.36%	(0.3)	(23.1)%
CT Surgery	1,919	87	4.53%	69	3	4.35%	4.7	6.81%	(1.7)	(36.2)%
Neurology	5,269	219	4.16%	355	14	3.94%	23.4	6.59%	(9.4)	(40.2)%
Neurosurgery	1,740	84	4.83%	94	5	5.32%	9.5	10.11%	(4.5)	(47.4)%
Women's Health	672	4	0.60%	16	0	0.00%	0.2	1.25%	(0.2)	(100.0)%
Total	106,357	2,901	2.73%	5,345	290	5.43%	246.2	4.61%	43.8*	17.8%*

APR DRG Level Mortality Opportunity

Step 1

Mortality by APR DRG: Statewide and Target Hospital (Psych/Rehab/APR Ungroupable cases have been excluded)

Service Line	APR DRG		ROM	Total Cases	Actual Deaths	APR DRG Peer Group Mortality Rate	Total Cases	Actual Deaths	Actual Mortality Rate	Expected Deaths[1]	Variance Actual to Expected Deaths[2]	% Variance Actual to Expected Mort. Rate
							MedPAR: CO					
Medicine	053	SEIZURE	1	237	0	0.0%	10	0	0.0%	0.0	0.0	0.0%
			2	208	2	1.0%	7	0	0.0%	0.1	(0.1)	(100.0)%
			3	154	0	0.0%	11	0	0.0%	0.0	0.0	0.0%
			4	114	7	6.1%	7	1	14.3%	0.4	0.6*	150.0%*
			Total	713	9	1.3%	35	1	2.9%	0.5	0.5*	100.0%*
	242	MAJOR ESOPHAGEAL DISORDERS	1	35	0	0.0%	3	0	0.0%	0.0	0.0	0.0%
			2	58	0	0.0%	2	0	0.0%	0.0	0.0	0.0%
			3	63	0	0.0%	4	0	0.0%	0.0	0.0	0.0%
			4	26	4	15.4%	4	1	25.0%	0.6	0.4*	66.7%*
			Total	182	4	2.2%	13	1	7.7%	0.6	0.4*	66.7%*

Select Service Lines   Select APR DRGs

Data Analysis: Summary

Step 1

- Financial opportunity projections
  - Total opportunity per service line
  - CC/MCC capture rate compared to benchmark
- Mortality opportunity
  - Mortality variances per service line
  - APR-DRG
  - Mortality risk scoring

Audience Identification and Customization

Step 2

- Audience prioritization matrix

- Present opportunities to care site leaders

  - Identify and define "opportunity:" mortality, severity, LOS, financial
  - Remain mindful of case volumes and/or rate changes impacting data
  - Review physician-level opportunities & CDI performance

- Know your audience

  - Discuss culture & engagement
  - Determine strategy to support more effective buy-in

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Identify the Right Audience

High opportunity

Low engagement

High engagement

Low opportunity

General surgery

Cardiovascular surgery & Neurosurgery

Orthopedics

Hospitalists
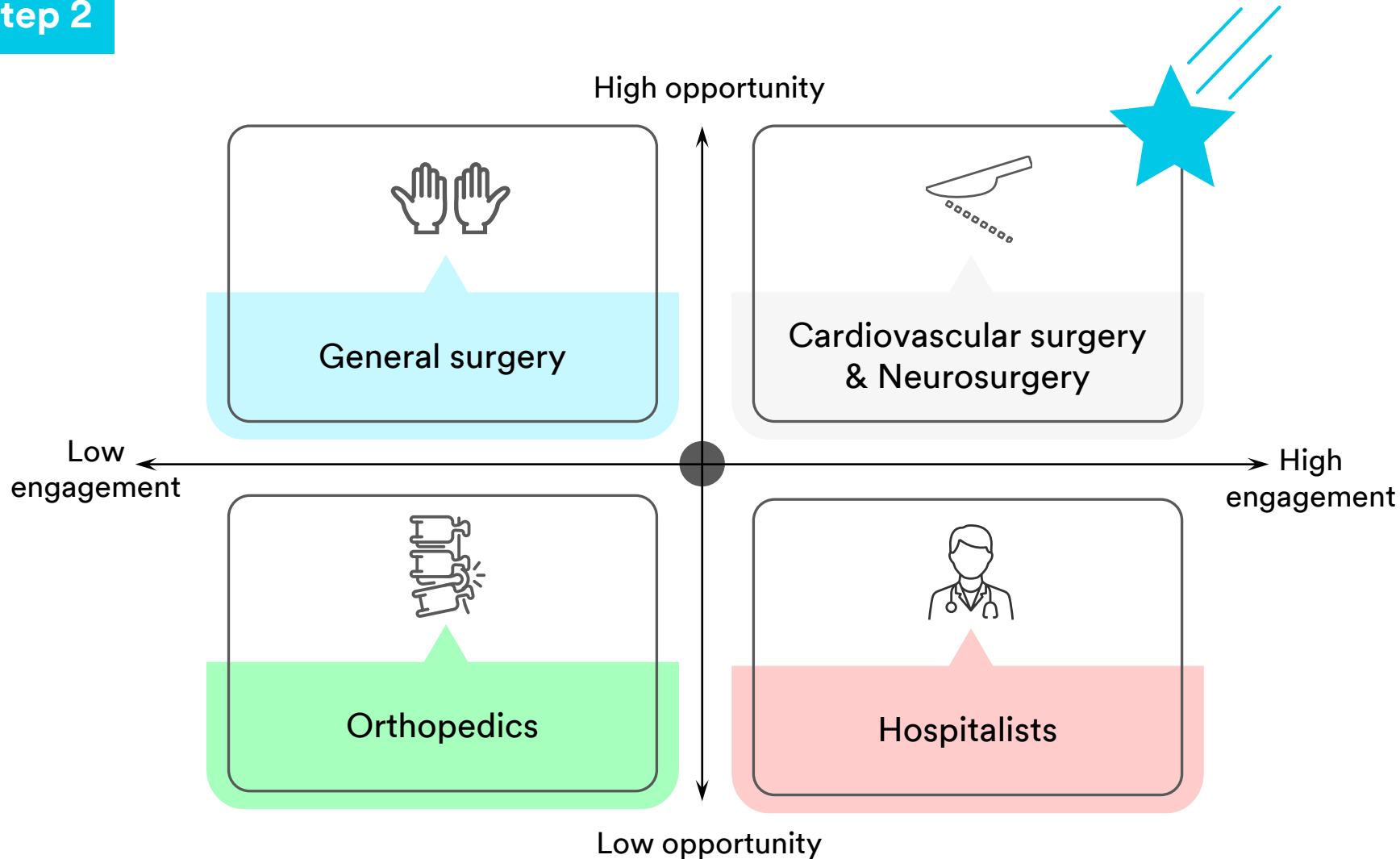
Assess Opportunity vs. Engagement

Criteria

- Physician Group Size
- Physician Leadership Structure
- Employed? Private? Locum?
- Mid-levels
- CDI Query Data

Effective Communication

- Know your audience

- Tailor communication channel and approach

- What data will resonate most strongly?

- What messaging is the most compelling?

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Polling Question 3

Who primarily delivers CDI education to physicians at your organization?

- CDI Specialists
- CDI Managers or Directors
- CDI Educators
- Physician Advisor
- Other
- Unknown

Presentation Development and Delivery

Step 3

- Leveraging the SBAR Framework

- Presentation Content

  - Why CDI Matters

  - Data: Where is the opportunity?

  - Case examples

  - What we need from you

SBAR Framework

- Situation: *present the issue*

- Background: *present the context for the issue*

- Assessment: *present the conclusions made and why*

- Recommendation: *what needs to be done*

SBAR- CDI Opportunity for St. Mary's

Situation: Claims data analysis, as compared to national benchmarks, demonstrates significant documentation opportunity for St. Mary's with a majority of opportunity falling to Surgery Service Lines.

Background: Documentation has a direct impact to financial resources, case mix index, severity index, length of stay, quality, and mortality measures. CDI RNs review inpatient charts and place queries when necessary, for clarification and content to accurately reflect patient acuity & complexity.

Assessment: Opportunity for improvement is multifactorial. Detail forthcoming.

Recommendations:
1) Content: Enhance Physician education on specificity needed on key diagnoses; Focus on improved H&P as a complete reflection of the past medical history and pre-existing comorbid conditions
2) Process: Explore how queries can be better streamlined into the Physician documentation workflow
3) Tools: Explore EMR functions to ease Physician documentation to ensure specificity without query interruption

Slide Examples- Physician Education

Step 3

Value of Clinical Documentation

Documentation + CDI Queries → Patient Complexity & Acuity

- Length of stay (LOS)- Patient Flow
- Mortality
- Inpatient Status
- Quality Care- Complications, PSI, HAC, CMS 5-Star
- Case Mix Index, (Relative Weight)
- Sepsis Collaborative
- Denials & Appeals

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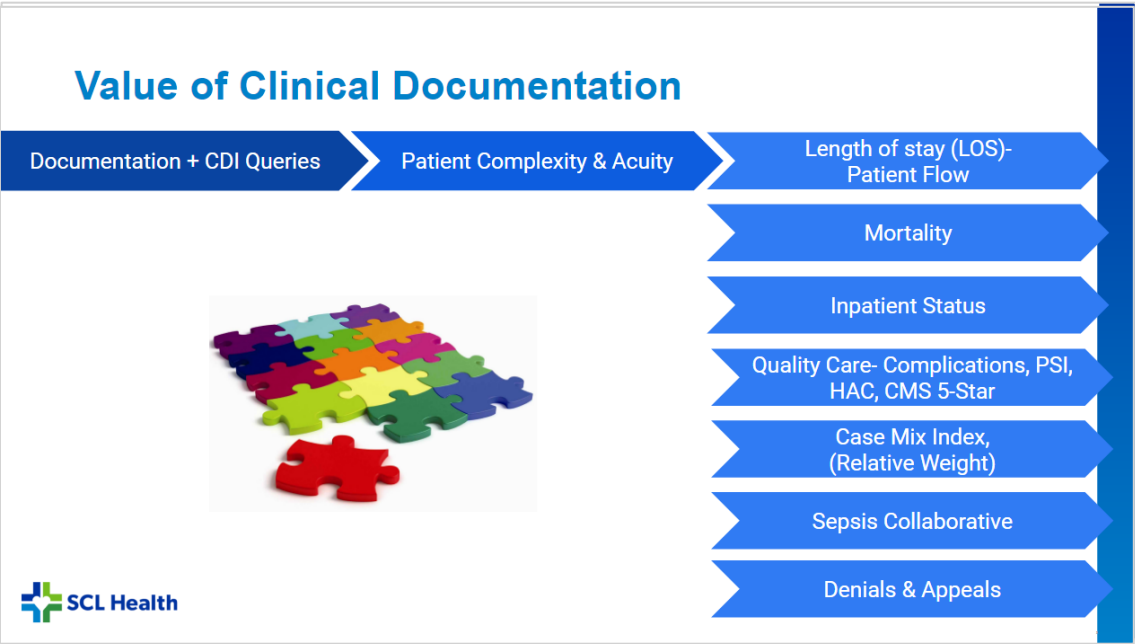
What is CDI? Why does CDI Matter?

How the Documentation Matters: Facility Inpatient Coding

#1 Documented Diagnosis (by Provider) **+** Treatment, Monitoring, Evaluation, Increased Nursing Care **=** ICD-10 CODE

#2 ICD-10 Code, ICD-10 Code, ICD-10 Code → DRG

#3 DRG
- Reimbursement
- Length of Stay (LOS)
- Severity of Illness & Risk of Mortality Scoring

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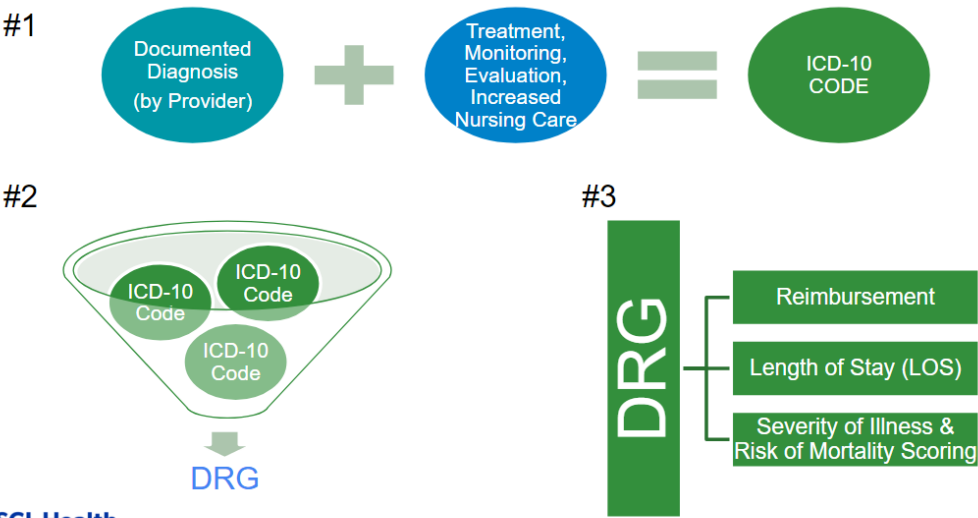
Step 3

Case Example: LOS 6 days

	DRG 964 Other multiple significant trauma with CC	DRG 963 Other multiple significant trauma with MCC
Principal Diagnosis	Traumatic subarachnoid hemorrhage without LOC	Traumatic subarachnoid hemorrhage without LOC
Secondary Diagnoses	Contusion of intra-abdominal organs (CC) Nondisplaced fracture of surgical neck of right humerus (CC) Chronic systolic heart failure (CC) HTN heart and CKD with heart failure (CC) Rhabdomyolysis (CC) AKI (CC)	*Hemorrhagic Shock (MCC)* Contusion of intra-abdominal organs (CC) Nondisplaced fracture of surgical neck of right humerus (CC) Chronic systolic heart failure (CC) HTN heart and CKD with heart failure (CC) Rhabdomyolysis (CC) AKI (CC)
Risk of Mortality (scale of 1-4)	3	4
Severity of Illness (scale of 1-4)	2	3
Case Mix Index/ Relative Weight	1.4935 (x $7000 blended rate = $10,455)	**2.7251** (x $7000 blended rate = $19,076)
GMLOS	3.9 days (O:E 1.5)	**5.2 days (O:E 1.2)**

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What is CDI? Why does CDI Matter?

Mortality- Observed & Expected

Documentation of comorbid conditions can improve mortality scoring by increasing Risk of Mortality (ROM) scoring.

Each APR-DRG has a Severity of Illness (SOI) and Risk of Mortality (ROM) score.
- SOI - the acuity of the patient; extent of acute physiologic decomposition
- ROM - the likelihood of dying this encounter
- Subclasses: 1 (Minor), 2 (Moderate), 3 (Major), 4 (Extreme)

Observed Mortality: Expired Patients

Expected Mortality: Calculation based upon the complexity and severity of patient mix per DRG

Service Line APR-DRG 1		Risk of Mortality	Total Cases	Actual Deaths	APR DRG Peer Group Mortality Rate	Total Cases	Actual Deaths	Actual Mortality Rate	Expected Deaths 2	Variance to Expected Death 3	% Variance Actual to Expected Mort. Rate
230	MAJOR SMALL BOWEL PROCEDURES	1	265	0	0.0%	22	0	0.0%	0.0	0.0	0%
		2	195	1	0.5%	16	0	0.0%	0.1	-0.1	(100%)
		3	176	4	2.3%	10	1	10.0%	0.2	0.8	400%
		4	114	20	17.5%	7	3	42.9%	1.2	1.8	150%
		Total	750	25	3.3%	55	4	7.3%	1.5	2.5	167%

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Slide Examples- Physician Education

Example of a provider's list of DRGs w/ MCC/CC capture variance

All CC Clusters

Capture Rates		Cases	Cases	Total Cases	Actual Capture Rate	Performance	Capture Rate Variance	Reimbursement Differential
85 & 86 / 87	Traumatic stupor & coma, coma <1 hr w MCC	1	5	6	16.67%	72.73%	(56.06%)	($25,291)
579 & 580 / 581	Other skin, subcut tiss & breast proc w MCC	0	4	4	0.00%	75.00%	(75.00%)	($20,317)
183 & 184 / 185	Major chest trauma w MCC	4	3	7	57.14%	100.00%	(42.86%)	($13,237)
981 / 982	Extensive O.R. procedure unrelated to principal diagnosis w MCC	0	1	1	0.00%	66.67%	(66.67%)	($11,399)
576 & 577 / 578	Skin graft exc for skin ulcer or cellulitis w MCC	0	1	1	0.00%	66.67%	(66.67%)	($11,135)
388 & 389 / 390	G.I. obstruction w MCC	0	4	4	0.00%	66.67%	(66.67%)	($10,853)
414 & 415 / 416	Cholecystectomy except by laparoscope w/o c.d.e. w MCC	0	1	1	0.00%	80.00%	(80.00%)	($10,737)
463 / 464	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w MCC	0	1	1	0.00%	50.00%	(50.00%)	($9,476)
82 / 83	Traumatic stupor & coma, coma >1 hr w MCC	0	2	2	0.00%	55.56%	(55.56%)	($8,711)
82 & 83 / 84	Traumatic stupor & coma, coma >1 hr w MCC	2	2	4	50.00%	75.00%	(25.00%)	($7,799)
335 / 336	Peritoneal adhesiolysis w MCC	0	1	1	0.00%	50.00%	(50.00
963 / 964	Other multiple significant trauma w MCC	0	1	1	0.00%	50.00%	(50.00
341 & 342 / 343	Appendectomy w/o complicated principal diag w MCC	0	1	1	0.00%	41.18%	(41.18
371 & 372 / 373	Major gastrointestinal disorders & peritoneal infections w MCC	0	1	1	0.00%	85.71%	(85.71
85 / 86	Traumatic stupor & coma, coma <1 hr w MCC	0	1	1	0.00%	50.00%	(50.00
183 / 184	Major chest trauma w MCC	1	3	4	25.00%	50.00%	(25.00
510 / 511	Shoulder, elbow or forearm proc, exc major joint proc w MCC	0	1	1	0.00%	50.00%	(50.00
551 / 552	Medical back problems w MCC	0	3	3	0.00%	22.22%	(22.22
492 / 493	Lower extrem & humer proc except hip, foot, femur w MCC	0	1	1	0.00%	33.33%	(33.33
205 / 206	Other respiratory system diagnoses w MCC	0	1	1	0.00%	50.00%	(50.00

Where is the opportunity?

Length of Stay by Severity

Campus	Physician Specialty	Physician Group	Service Line	Physician NPI	Physician Name	Volume	SOI 1 ALOS	SOI 2 ALOS	SOI 3 ALOS	SOI 4 ALOS
	Orthopaedic Surgery	Orthopedics	Orthopedics			205	3.1	4.8	6.3	6.0
						117	2.3	2.6	4.5	0.0
						45	2.4	2.3	6.0	0.0
						22	3.7	5.4	5.0	0.0

The average LOS of SOI 3 was higher than SOI 4-- potential opportunity?

Slide Examples- Physician Education

Step 3

Where is the opportunity?
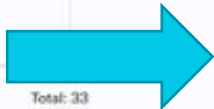
Slide Examples- Physician Education

Step 3

- Include real case examples
  - Customized for audience
  - Identify the issue
  - Demonstrate the positive impact of complete and accurate documentation

Sampling of ICD-10-CM Codes that can impact Severity and Case Mix Index

Cardiac
1. Dissection of Artery
2. Heart Failure
3. Myocardial Infarction (type?)
4. Arrhythmias
5. Shock
6. Pulmonary Edema

Gastrointestinal
1. Appendicitis
2. Bowel Ischemia, Obstruction
3. Diverticulosis
4. Gastritis
5. Hernia
6. Pancreatitis
7. Peritonitis
8. Ulcers
9. Malnutrition/Obesity- BMI
10. Cachexia

Neuro
1. Brain Injury- SAH, EDH, ICH
2. Compression- brain, spinal cord
3. Cerebral Edema
4. Coma
5. Encephalopathy, Encephalitis
6. Cerebral infarction
7. Quadriplegia
8. Spinal Cord Injury
9. Functional Quadriplegia (Complete Immobility due to Frailty)

Renal
1. Acute Renal Failure
2. Acute Kidney Injury
3. Acute Tubular Necrosis
4. Acute Cortical Necrosis
5. Medullary Necrosis
6. CKD- stage?
7. End Stage Renal Disease
8. Nephritic Syndrome

Respiratory
1. Acute/Chronic Respiratory Failure
2. Oxygen Dependence
3. Acute Pulmonary Insufficiency following thoracic or nonthoracic surgery
4. Pneumonia (Pneumonitis)
5. COPD Exacerbation
6. COVID-19
7. Atelectasis
8. Pleural Effusions
9. Pneumothorax, Hemothorax

Infectious Disease, Other
1. Sepsis
2. SIRS, Non-infectious (due to…)
3. Necrosis
4. Gangrene
5. Abscess
6. Pressure Ulcers

SCL Health

Slide Examples- Physician Education

Step 3

Initial Recommendations to Physicians:

1. **Ensure comprehensive H&P with past medical history listing ALL chronic conditions and/or conditions present prior to surgery.**

2. **Capture progression of patient's condition through subsequent Progress Notes**
   a. Active diagnoses are needed; not just signs, symptoms and the patient's clinical presentation.
   b. Diagnoses must be stated by the treating provider. Diagnoses cannot be captured from labs, pathology, radiology, etc.
   c. Specify acuity, type, location, severity, etc. for each active diagnosis.
   d. Confirm or rule-out diagnoses stated in the ED
   e. Why is the patient continuing to require hospitalization?

3. **Provide comprehensive Discharge Summary including active diagnoses treated throughout the stay.** This document serves as the 'final word' from the Attending Provider to clarify and confirm the patient's events of their hospitalization.

4. If a CDI query is necessary, provide a prompt response. The clarifying language needed is included within the multiple choice options. Queries are a tool to obtain necessary clarifications and specificity from the Attending Provider.

SCL Health

Monitor Performance and Communicate Progress

Step 4

- Evaluate effectiveness of education
- Track KPIs
- Provide continued feedback
- Maintain visibility as an ongoing initiative

What does success look like? (KPIs)

- Fewer queries issued
- Increased CMI
- Increased SOI
- Increased ROM or decrease in mortality index

The Four-step Approach

Data Review & Analysis

Monitor Performance

Select Audience

Deliver Presentation
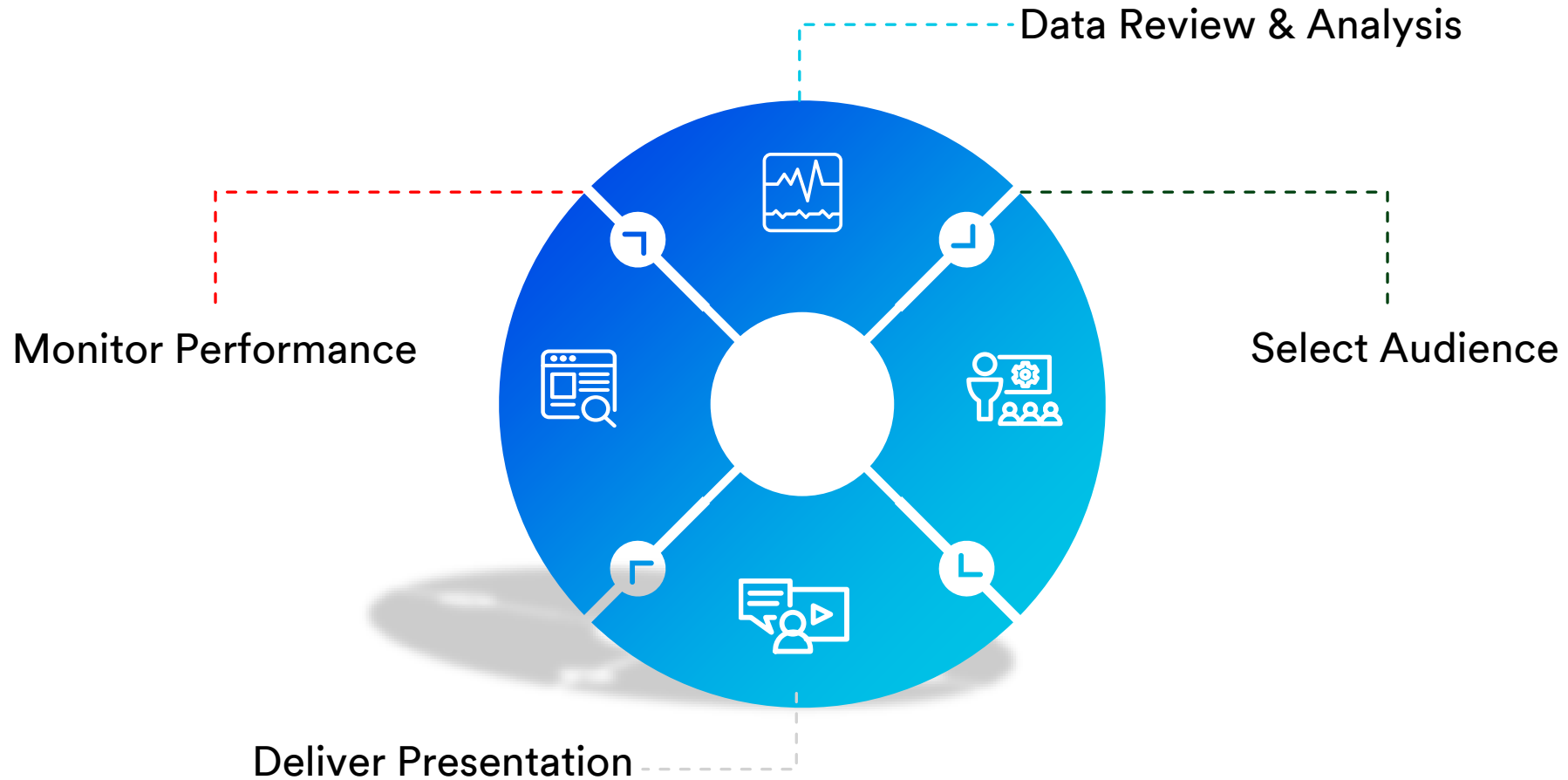
Key Outcomes and Lessons Learned

System wide improvements

↑ **36%** **Financial Impact** (est.) on CDI Program

Resources: CDI
Five new **FTEs** to expand Physician Education Strategy

Vascular Surgery
- Increased SOI & ROM
- Weekly rounding implemented

Key Outcomes
CDI Program Performance

Orthopedic Surgery
Approval for Nurse Practitioner to support documentation

CDI Program Expansion
- Increased visibility to CDI value and ROI
- Expansion of program and education initiatives

Engagement
Increased physician and leadership engagement

Findings are being used to drive performance improvement activities across the system

A Deeper Look: Vascular Surgery

At a single facility

→ Quick Win: SOI & ROM improvement within first Quarter

Severity of Illness:	2.432 > 2.719
Risk of Mortality:	2.295 > 2.456

→ YoY 2020-21 Improvements (group average)

Severity Index Variance:	-10.04% to -6.55%
CMI Variance:	-19.09% to -16.98%
Opportunity per case:	$6,800 to $4,800

→ Physician Education with Medical Director

→ Virtual Weekly Rounding Implemented

Across the system

Focus DRG: 219-221, Cardiac Valve & other Major Cardiothoracic procedure w/o cardiac cath.

- ~$388,000 gained from increased CMI shift for grouping

3M

A Deeper Look: Orthopedic Surgery

At a single facility

Extra resources:

Orthopedic surgery was approved for an additional FTE for a nurse practitioner to support medical expertise needed for documentation opportunity

The data demonstrated MCC/CC capture variances on spine cases exceeded $1.5M

In support of this surgeon's need to remain productive in the OR to maintain volumes, approval was granted for an investment into this potential opportunity to expand resources

- Staging of chronic kidney disease
- Electrolyte abnormalities
- Nutritional status

Across the system

- Further evaluation of additional computer-assisted physician documentation tools has been initiated

- Invitations for CDI to participate in performance improvement projects, quality programs, and data analysis are increasing across sites

A Deeper Look: CDI Program

Financial Improvements

⬆ **36%**

Estimated financial Impact for Query shift -- utilizing Medicare IPPS Blended Rates across all payers

Focus DRG Results

329-331 Major Small & Large Bowel Procedures: $754,000

453-455 Combined Anterior & Posterior Spinal Fusion: $447,000

025-027 Craniotomy & Endovascular Intracranial Procedures: $420,000

Increased CDI Resources

5 new FTEs approved for CDI program expansion and physician education

- Educator
- Auditor
- Lead
- CDS x2

CDI Performance

CDI coverage expanded to all payers

- Length of stay
- Mortality
- Severity
- Potential denial mitigation

CDI query rates have increased year over year: 31% to 37% average

Engagement and Alignment

Data and Physician dialogue drove internal CDI education

- Are we covering the right cases?
- Are we asking the right questions?
- Are we providing the physicians the tools and resources needed?

Alignment of CDI messaging and data with Quality other key organizational initiatives

Final thoughts

Challenges & Lessons Learned	Criteria for Success
• Providing sustained feedback impacted by reporting cadence • Projections can be inflated by low volume DRGs and are moving targets • Data in the wrong hands... • Limitations with physician attribution • Impact of COVID-19 in benchmarking and YoY data analysis	• Ensure accurate physician demographic data • Always leverage case examples, real-time • Garner physician and/or care site leadership support and participation • Partner data with prioritization functionality for CDI team • Tailor the data and presentation to each audience • Track results

Q&A

That's a wrap!

Consulting and Outsourced Services Content

Performance Advisory Services – Performance Data Monitoring

Fact Sheet:
3M™ Performance Advisory Services

Fact Sheet: Client comparative benchmarks

Web Page: Performance Advisory Services

Video Testimonial: Using performance data to improve service line workflow

Thank you