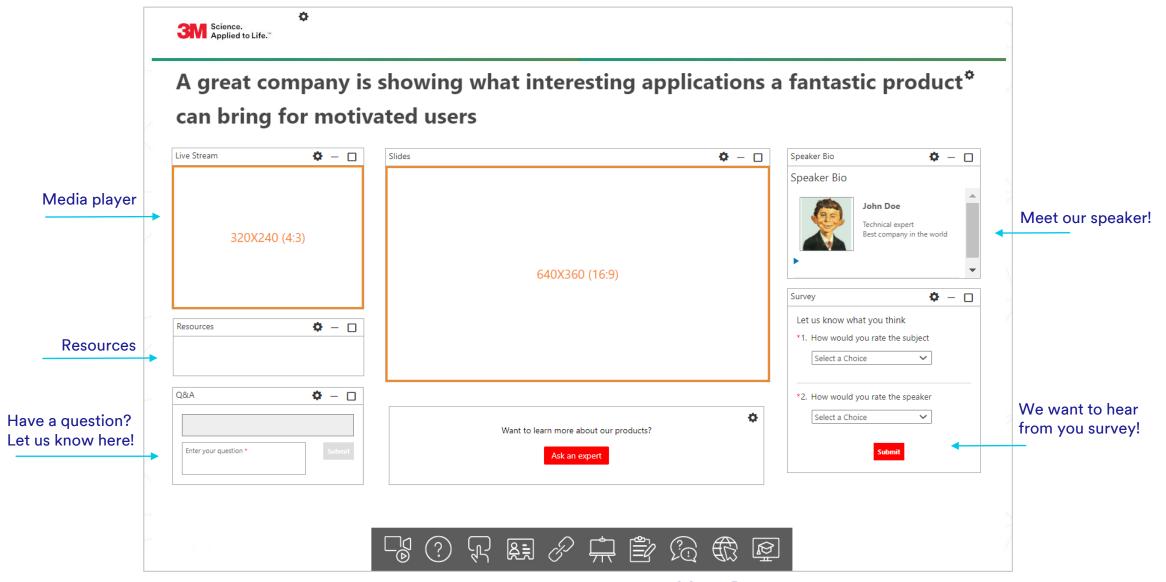
On24 for a better webinar experience!





Housekeeping!

- On24 Webinar Platform for a better user experience!
- Use Google Chrome and close out of VPN/multiple tabs
- Check speaker settings and refresh if you are having audio issues
- Ability to move engagement sections
- Ask questions!
- Certificate of Attendance available to download for live webinar sessions
- Engagement tools and CC available
- Check the resources section
- Complete the survey

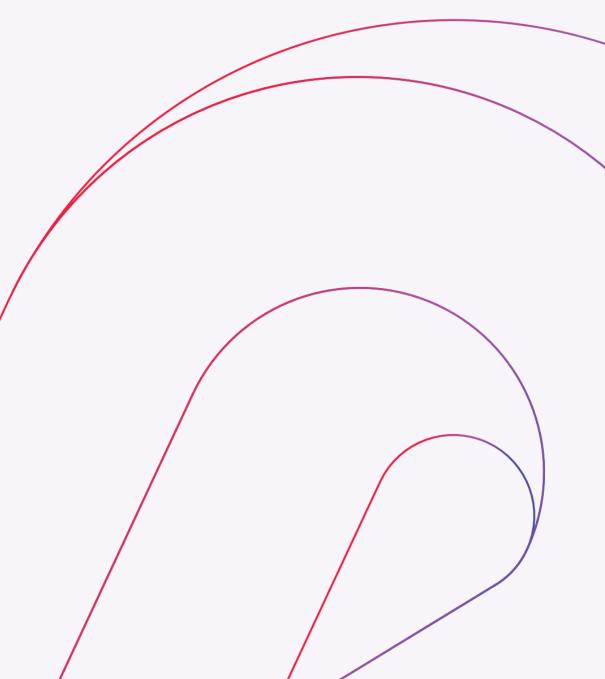
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Intermountain reaps benefits from standardizing CDI technology system-wide

March 9, 2023



Meet our speakers



Kory Anderson, MD, CHCQM, FACP Medical Director for Intermountain Physician Advisor Services, CDI and Quality Intermountain Health



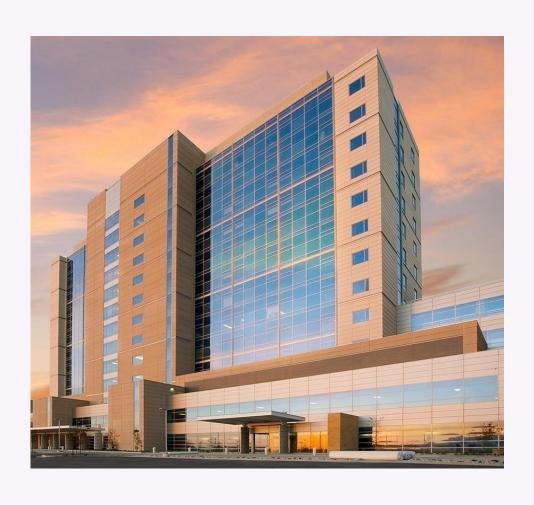
Kearstin Jorgenson, MS, CPC, COC
Operations Director for Intermountain
Physician Advisor Services
Intermountain Health



Takiko May, MD, CHCQM, FACP
Hospitalist, Intermountain Logan Regional Hospital
Physician Advisor Educator Lead, CDI
Physician Advisor, Appeals & Denials
Intermountain Healthcare



MEET INTERMOUNTAIN HEALTHCARE



Our Presence

- 385 physician clinics
- 32 hospitals
- One virtual hospital

Our Patients

- >2M patient engagements per year
- ~4,000 patients air lifted per year

Our Impact

- >1M SelectHealth Members
- \$227M charity care in 2019

Our People

- 59,000 caregivers
- 3,800 physicians and advanced practice providers



INTERMOUNTAIN OFFICE OF PATIENT EXPERIENCE

System Functions ~ Caring and Learning Together



High-Reliability Operations



Quality



Infection Prevention



Patient Advocacy



Regulatory Affairs



Clinical Data



External Reporting



Physician Advisor Services

Caregivers are deployed according to geography and care continuum needs

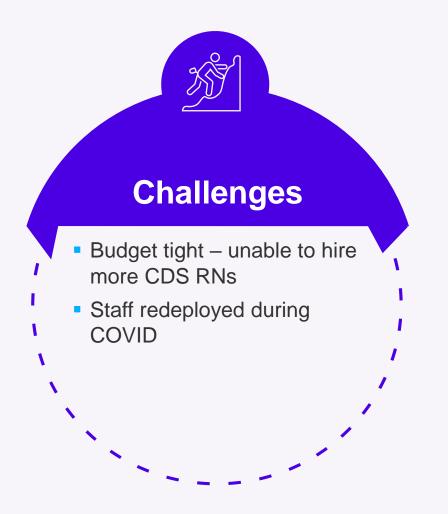
Physician Advisor Services

Four divisions:

- Appeals and denials
- Utilization review
- Provider education
- Clinical Documentation Integrity



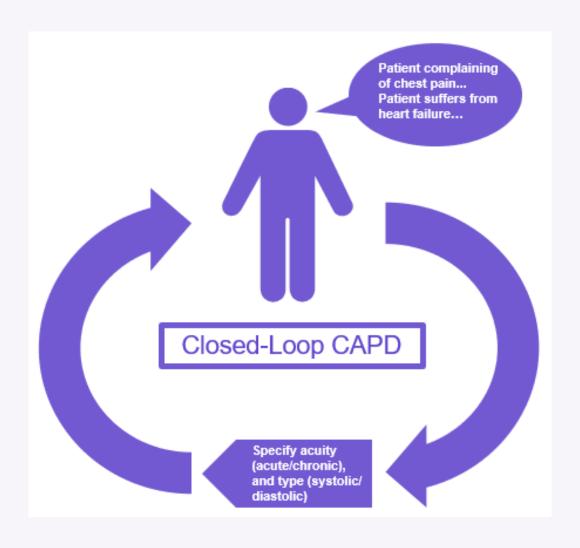
CDI CHALLENGES AND IMPROVEMENT GOALS







COMPUTER-ASSISTED PHYSICIAN DOCUMENTATION



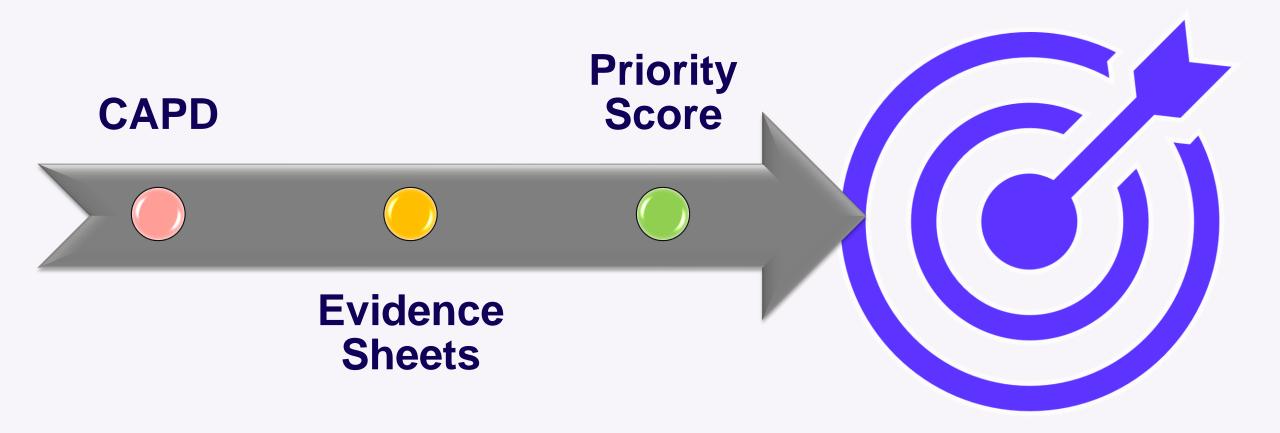
 CAPD provides best practice nudges to physicians while the document is being created

Applies clinical reasoning across the patient encounter

 Helps physicians get it right the first time, avoiding rework and administrative burden

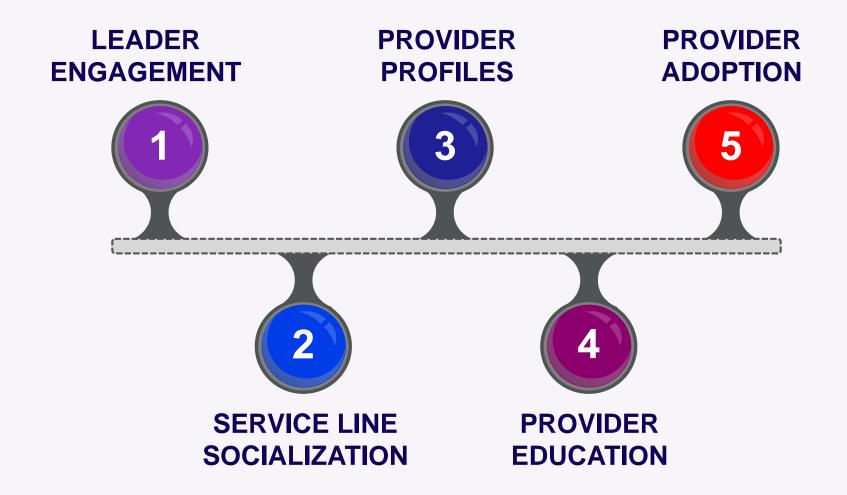


PROJECT STRATEGY





IMPLEMENTATION STEPS





LEADER ENGAGEMENT



Share improvement data

Align strategic direction

Get leadership support



LEADER ENGAGEMENT



Domain Percentile Ranking



Improving Risk Adjusted Ratio – Two Potential Avenues





Pre-bill reviews

SOCIALIZATION



Meet with division leaders

Determine division specific conditions

Pilot with leaders as needed



SOCIALIZATION

Primary Vizient Clinical Service Owner Line	Risk Factor	Numerator	Denominator	Capture *Rate	Top Performer Capture Rate
Surgical Specialties	Traumatic Coma (GCS 3 - 8)	29	317	9.15%	16.00%
Neuroscience	Malnutrition	98	1 197	8.19%	10.63%
Medical Specialties	Coronary Artery Disease	19	237	8.02%	15.13%
Cardiovascular	Malnutrition	195	2 538	7.68%	8.94%
Surgical Specialties	Metastatic Cancer	97	1 477	6.57%	13.60%
Medical Specialties	Complication of Transplanted Organ/Tissue	8	124	6.45%	32.85%
Cardiovascular	Anemia in Chronic Disease	58	915	6.34%	12.16%



Worse		•
Statistically S	gnificant	
Yes		•
Choose Rollu		
Primary Clini	cal Owner	•
Choose Hospi	tal	
Intermountai	n Medical Center	•



PROVIDER PROFILES



- Structure profiles based on physician role (e.g. APP/MD)
- Review condition criteria with specialists from divisions





PROVIDER PROFILES

Common CAPD Conditions Enabled



Kidney Disease



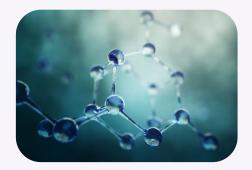
COPD



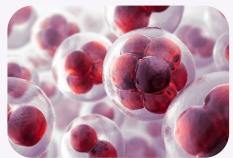
Encephalopathy



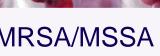
Malnutrition



Respiratory Failure



MRSA/MSSA

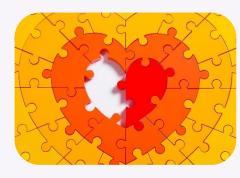




Metastatic Disease



Atrial Fib.



Heart Failure



Diabetes





PROVIDER PROFILES

Common CAPD Conditions Enabled

Nudge Concept	Medicine (APPs)	Cardiology	Intensivist s	CV Surgery	Surgery	Neurology	Neurosurgery	Trauma	Orthopedics
Fluid & Electrolyte Disorders								Y	
Brain Hemorrhage	Υ					Υ	Υ	Υ	
Atrial Fibrillation	Υ	Υ	Υ					Υ	
COPD	Υ	Υ	Υ	Υ	Υ				
Diabetes	Υ	Υ	Υ	Υ	Y			Y	Υ
Kidney Disease Cause	Υ								
Encephalopathy	Υ		Υ	Υ		Υ	Y	Y	
Heart Failure	Υ	Υ	Υ	Υ				Υ	
Hypertension								Y	
CKD	Υ	Υ	Υ	Υ	Υ				
Malnutrition	Υ	Υ	Υ	Υ	Υ	Υ	Y		Υ
Respiratory Failure	Υ	Υ	Υ	Υ		Υ			
MRSA/MSSA	Y	Υ	Υ	Y	Y	Υ	Υ	Υ	Υ
Metastatic Disease	Υ	Υ	Υ			Υ			



PROVIDER EDUCATION

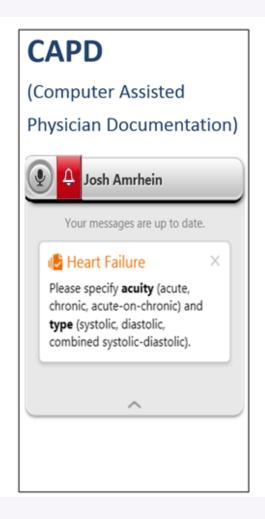


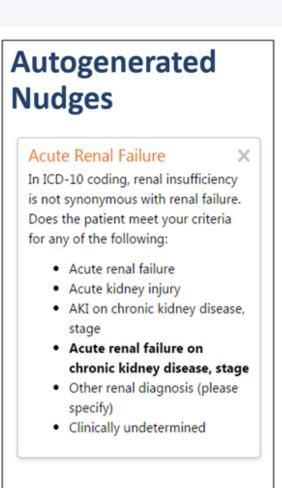
- Brief 15-minute education 3 times a day
- Fact-sheet dissemination
- On-site rounding
- IT presence for urgent concerns and/or questions





PROVIDER EDUCATION









PROVIDER ADOPTION

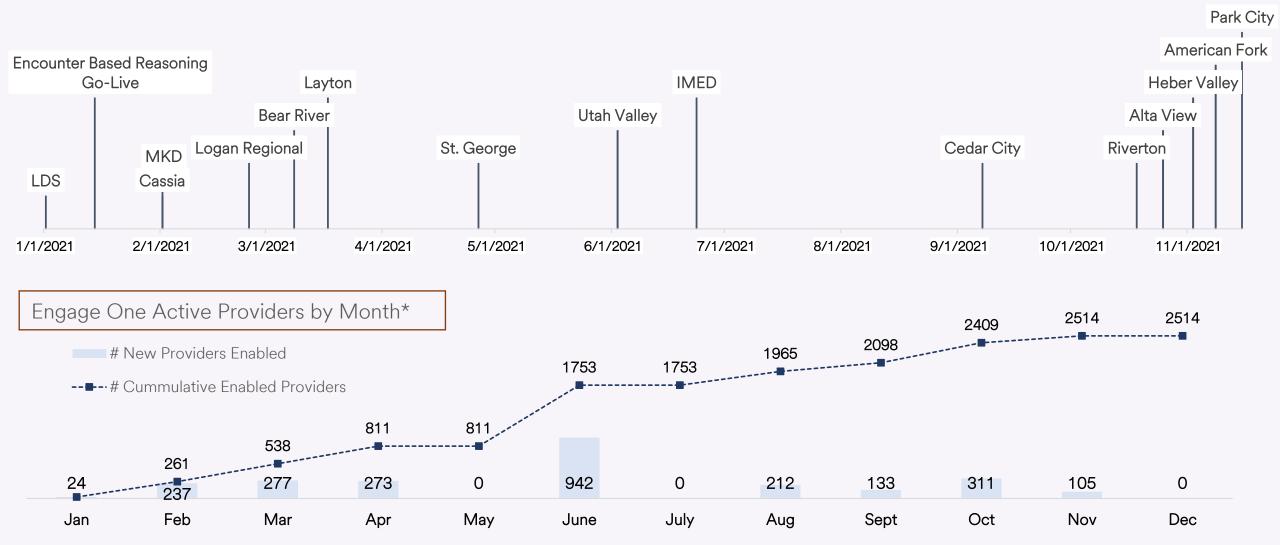


- Ensure visibility of project
- Track progress
- Share data





PROVIDER ADOPTION



PROVIDER ADOPTION

Facilities Without CDS RNs



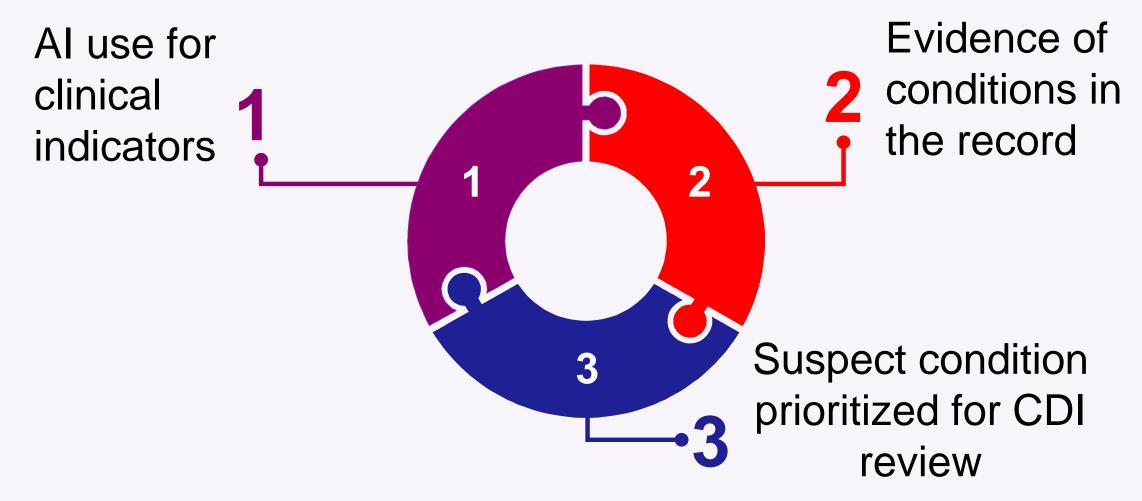
- Schedule initiative reviews with leaders
- Data is key
- Customize to meet workflow





EVIDENCE SHEETS

Nudges for CDS RNs

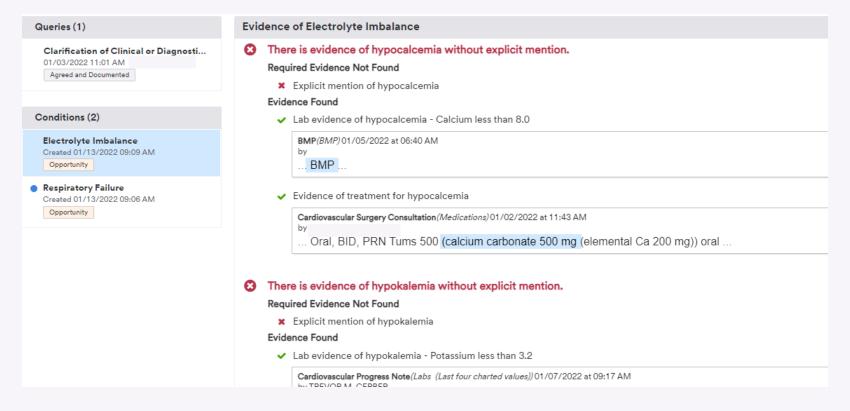




EVIDENCE SHEETS

Nudges for CDS RNs

▼ Potential Cor	ditions (2 Total)		CDI Evidence
Status	Target Dx	Date Identified	Provider Nudged?
 Opportunity 	Electrolyte Imbalance	01/13/2022 09:09 AM	No
Opportunity	Respiratory Failure	01/13/2022 09:06 AM	No





EVIDENCE SHEETS

- More nuanced conditions
- Suspect conditions are prioritized in workflow

ACTIVE EVIDENCE SHEETS

Sepsis

Pneumonia

Altered Mental Status

Malnutrition

Shock

AKI

Plural Effusion

Pulmonary Edema

Anemia

Acute Coronary Syndrome

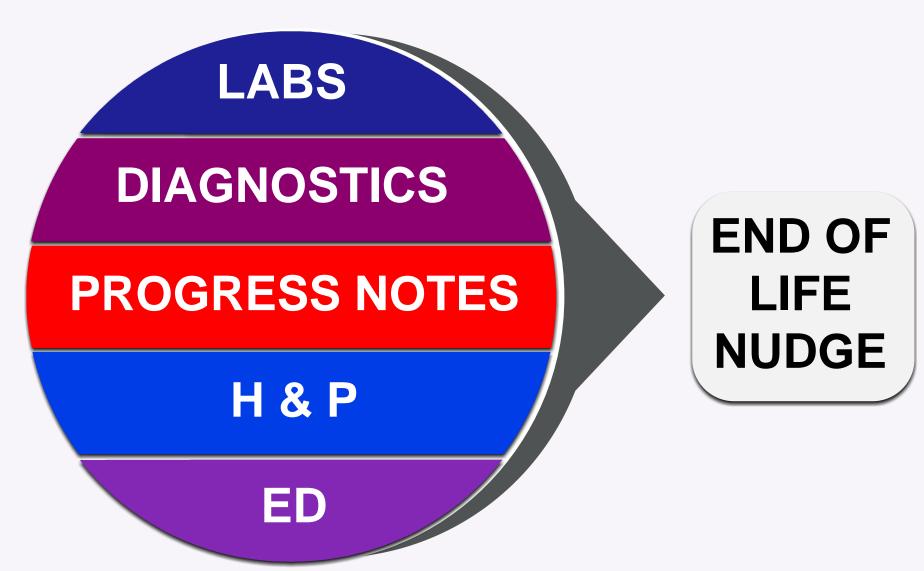
GI Ulcer

Aortic Valve Stenosis

Respiratory Failure



NUDGE NEXT STEPS





OUTCOMES





IMPACT BY NUDGE TYPE (8 MONTHS OF DATA)

	Clinical Documentation	Specified Final Code	Final Code Set Impact			Quality	
Nudge Concept	Total Resolved Nudges	Nudges with Specified Codes	Resolved Nudges Impact: MS DRG, APR DRG, or Both	DRG Impact [PDx, CC, and/or MCC]	APR Impact [+SOI and/or ROM]	Potential HCC Impact	+ Elixhauser Impact
Heart Failure	1291	1222	247	163	100		9
Diabetes Mellitus	1273	1136	12	8	6		39
Atrial Fibrillation	831	719	25	11	16	2	
Encephalopathy	626	455	70	69	2	3	
Respiratory Failure	477	361	1		1		
Low BP and Pressor	456	360	31	11	22	159	1
Acute Kidney Disease - Cause	450	235	3	3	1	1	
Kidney Disease	391	342	11	7	5	297	20
Malnutrition - Severity	383	298	54	46	11		4
Metastatic Disease	186	141					18
Staph. Infection	53	27					
Heart Failure - Etiology	50	41	9	8	1		
COPD	35	16					
Debridement - Depth/Level	27	7					
Leak	8						
Brain Hemorrhage	6	3					
Low Potassium	2	1					
Low Sodium	2	2					
Shock	1	1	1		1		
Diabetes - Neuropathic Agents	1						
Grand Total	6549	5367	464	326	166	462	91



NUDGE RESOLUTION (8 MONTHS OF DATA)

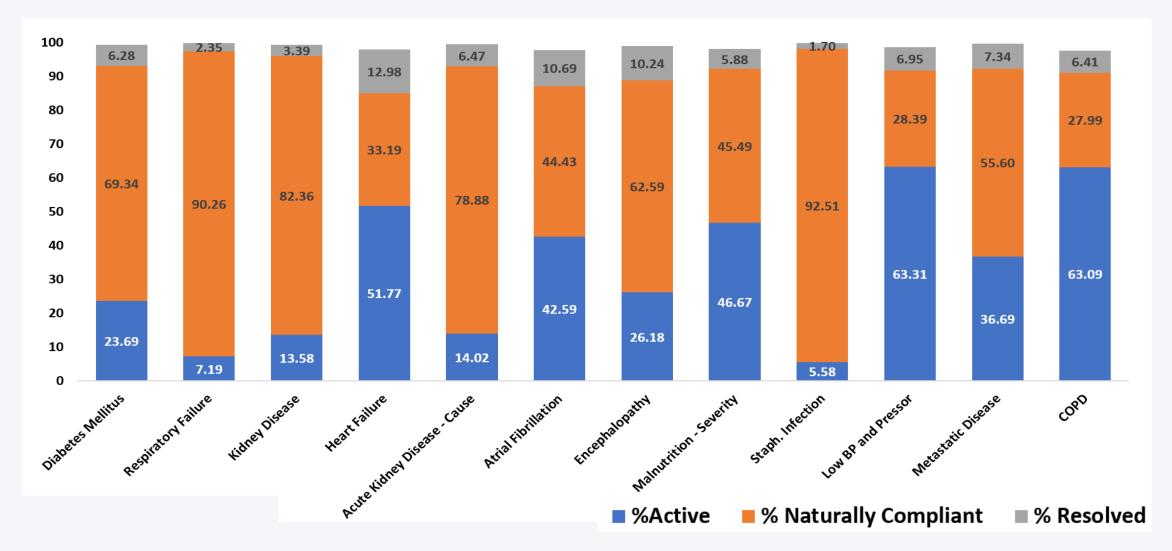
NUDGE CONCEPT	% RESOLVED NUDGES WITHIN 0 – 2 DAYS	TOTAL RESOLVED NUDGES
Heart Failure	80%	1,291
Diabetes Mellitus	88%	1,273
Atrial Fibrillation	72%	831
Encephalopathy	64%	626
Low BP and Pressors	71%	477
Acute Kidney Disease – Cause	52%	456
Kidney Disease	78%	450
Malnutrition – Severity	77%	391
Metastatic Disease	44%	393
Staph Infection	82%	186
Heart Failure – Etiology	42%	53

Key Findings

- > 20% of all encounters with resolved nudges were for patients with a short LOS of 1-2 days
- 74% of all resolved nudges had a nudge date within 2 days of the admit date
- Impact is similar to addition of 4.6 CDS RNs!

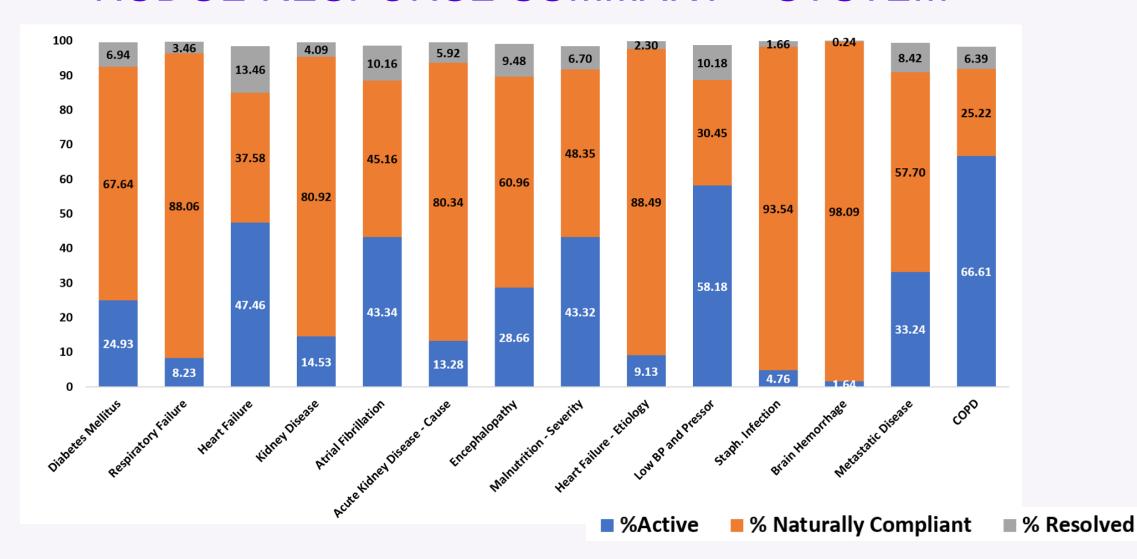


NUDGE RESPONSE SUMMARY – SMALL FACILITIES



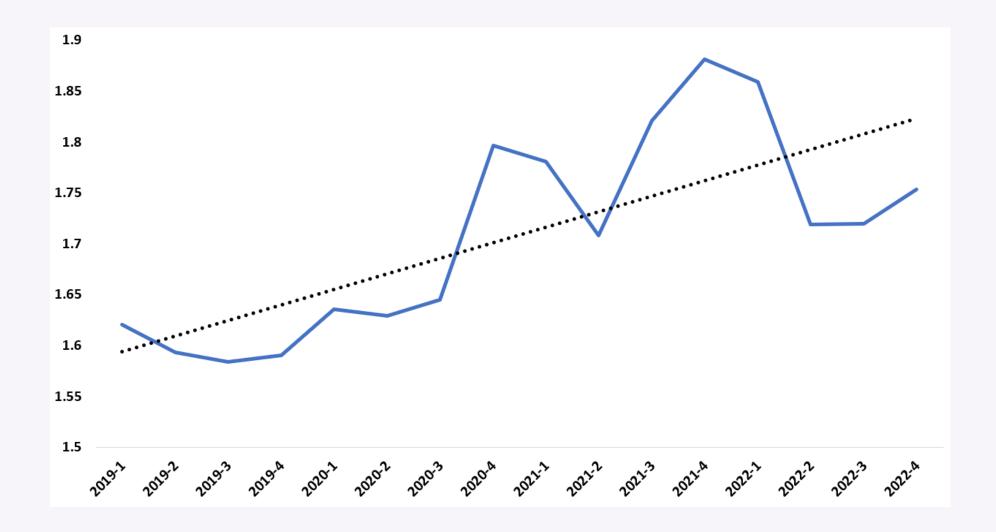


NUDGE RESPONSE SUMMARY – SYSTEM





APR RISK OF MORTALITY





NEXT STEPS



Leverage AI:

- Further expansion of nudges to different specialties and pediatric setting
- Moribund patient identification for inclusion in hospice and palliative services



LESSONS LEARNED:

- Leadership support is critical
- Technology + CDI
 Reviews + Reliable
 Data = Program
 Success





QUESTIONS?

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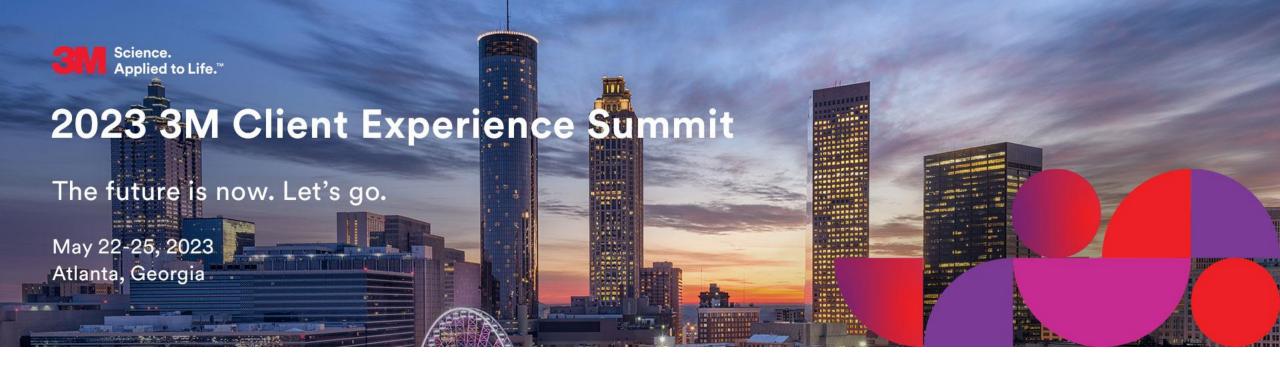


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Click to learn more!



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Learn more here.



Thank you for joining!

