

On24 for a better webinar experience!

The screenshot displays a webinar interface with the 3M logo and tagline 'Science. Applied to Life.' at the top left. The main content area features a title slide: 'A great company is showing what interesting applications a fantastic product* can bring for motivated users'. Below the title, there are two large video windows: 'Live Stream' (320X240 (4:3)) and 'Slides' (640X360 (16:9)). To the left of these windows are three smaller panels: 'Resources', 'Q&A' (with a text input field and a 'Submit' button), and a 'Q&A' panel. To the right of the 'Slides' window is a 'Speaker Bio' panel showing a profile for 'John Doe' (Technical expert, Best company in the world) and a 'Survey' panel with two questions: '1. How would you rate the subject' and '2. How would you rate the speaker', each with a 'Select a Choice' dropdown and a 'Submit' button. At the bottom of the interface is a 'Menu Bar' with icons for video, chat, Q&A, resources, and other functions. Annotations with green arrows point to various elements: 'Media player' points to the 'Live Stream' window; 'Resources' points to the 'Resources' panel; 'Have a question? Let us know here!' points to the 'Q&A' panel; 'Meet our speaker!' points to the 'Speaker Bio' panel; and 'We want to hear from you survey!' points to the 'Survey' panel.

Media player

Resources

Have a question?
Let us know here!

Meet our speaker!

We want to hear from you survey!

3M CDI Innovation Webinar Series

**Improve your CDI documentation by
leveraging comprehensive AI technology**

May 2023

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
- Attendee chat
- 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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3M and its authorized third parties will use your personal information according to 3M's privacy policy. This meeting may be recorded. If you do not consent to being recorded, please exit the meeting when the recording begins.

Meet our 3M speakers



Garri Garrison, RN
President



Diana Ortiz, RN, JD, CCDS, CCDS-O
Senior Manager of Global Content



Kaitlyn Crowther, RHIA
Chief Product Owner

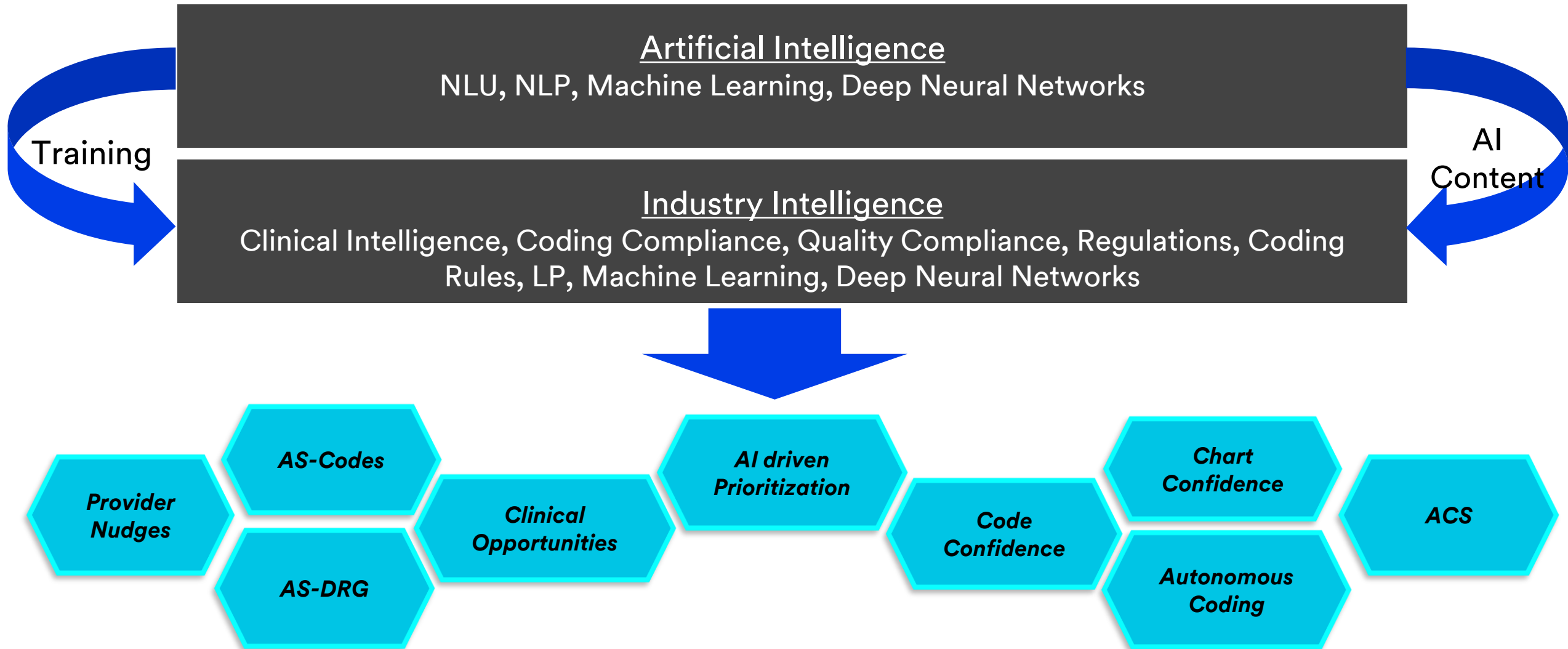


Julie Salomon, BSN, RN
Director of Revenue Cycle
Strategy

Poll question

**How open is your team/organization/
physicians to using AI technology
including ChatGPT to help facilitate
behavior change?**

3M Responsible Artificial Intelligence



Heart Failure Rule

10000 Documentation of heart failure (+/- clinical, lab, medication and/or echo evidence of heart failure) without documentation of the type and acuity of heart failure



First released NLU Version: 3.10

JIRA #:

☐ CDI Only (Not CAPD)



Defining logic

Conditions:

Documentation of HF + (evidence of systolic heart failure
OR evidence of diastolic heart failure
OR evidence of acuity)
AND no mention of acute cor pulmonale

Req'ments:

Documentation of systolic/diastolic
AND explicit mention of acute/chronic
AND zero to many explicit mention of grade

Default messages

Rule
Satisfied

Acuity and type of heart failure were properly documented.

Rule Not
Satisfied

There is documentation and evidence of heart failure but type and acuity were not documented.

CDI (alert)
Notification:


Physician
Title:

Heart Failure - B


Message:

Please document the type and acuity of heart failure.

Heart Failure Evidence

 3 Dr. Henry Willard

Address messages with your voice:
Ex. "Message one, update note."

 Heart Failure 1

Please specify acuity:

☐ 1. acute

☐ 2. chronic

☐ 3. acute-on-chronic

and type:

☐ 4. systolic

☐ 5. diastolic

☐ 6. combined systolic-diastolic

Update note

Ignore

Evidence for Heart Failure

✓ 10000 - Acuity and type of heart failure were properly documented.

Required Evidence Not Found

- ✗ Explicit mention of NYHA class
- ✗ Explicit mention of grade OR NYHA classification

Evidence Found

✓ Explicit mention of acute or chronic heart failure

History and Physical PHYSICIAN(Impression / Plan) 07/31/2022 at 02:02 PM

... PT / OT consult Chronic Combined Systolic and Diastolic HF Aortic stenosis s / p...

✓ Explicit mention of systolic or diastolic heart failure

History and Physical PHYSICIAN(Impression / Plan) 07/31/2022 at 02:02 PM

... PT / OT consult Chronic Combined Systolic and Diastolic HF Aortic stenosis s / p...

✓ Evidence of diastolic heart failure (disorders)

History and Physical PHYSICIAN(Past Medical History:) 07/31/2022 at 02:02 PM

...ml / min 12/4/2016 • Essential hypertension, benign • Hyperlipidemia • MI...

EF less than or equal to 40%

History and Physical PHYSICIAN(Impression:) 07/31/2022 at 02:02 PM

...Normal wall thickness. Global hypokinesis. Ejection fraction is mildly reduced (40 - 45%). Diastolic function is.

Certification Note PHYSICIAN 08/01/2022 at 12:24 AM

...of TAVR, pacemaker, CAD, MI, CHF, and Afib, on apixaban, for...

History and Physical PHYSICIAN(Past Medical History:) 07/31/2022 at 02:02 PM

...Cardiac arrest • CHF (congestive heart failure) • CKD (chronic kidney disease)...

✓ Evidence of systolic heart failure (medication)

Discharge Summary Notes PHYSICIAN(Patient Instructions) 08/01/2022 at 09:45 AM

...unspecified congestive heart failure chronicity lisinopril 40 MG TABS Take 1 tablet by mouth daily. Commonly known as: PRINIVIL Melatonin...

ED Provider Notes PHYSICIAN(Current Outpatient Medications) 07/31/2022 at 09:18 AM

...breath 45 tablet 1 • lisinopril 40 MG tablet Take 1 tablet by mouth daily. 90 tablet 3 • Melatonin...

Show m

Evidence Not Found

- ✗ Evidence of acuity (clinical finding)
- ✗ Documentation of acute cor pulmonale
- ✗ Evidence of acuity (radiology)
- ✗ Evidence of diastolic heart failure (echo findings)
- ✗ Evidence of acute heart failure (Meds)
- ✗ Evidence of acuity (oxygen) - Oxygen (liter flow)
- ✗ BNP/proBNP greater than 500
- ✗ Evidence of acuity (oxygen)

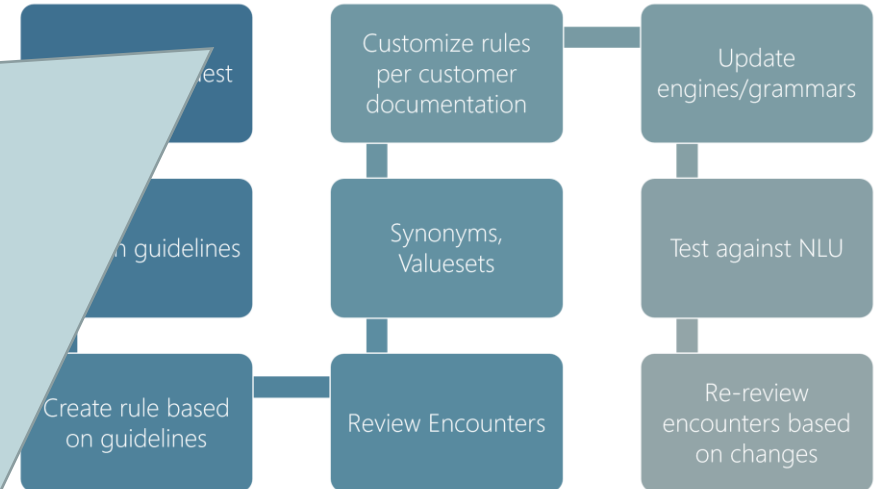
Heart failure concept customization

Rules

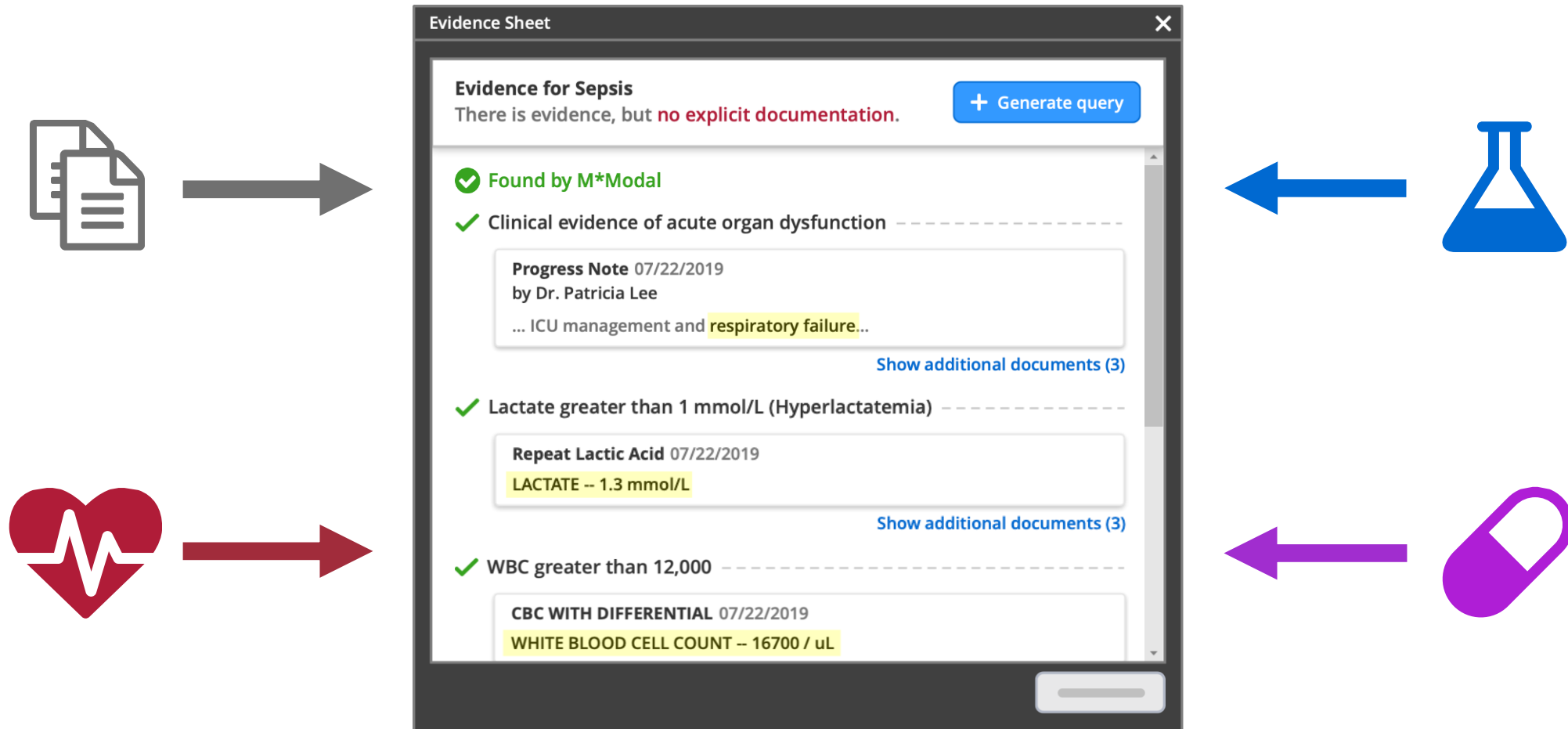
Concept

- ▼ [AND]
 - @ RuleType.Rule Types.CDI.ICD10
- ▼ [AND] CONDITION
 - ▼ [OR] MIN,0
 - ▼ [MModal-Alert: 44e86d42...] EF less th
 - Customer: []
 - Customer: []
 - Customer: []
 - ▼ [MModal-Alert: afc41d7d...] EF less than 55%
 - @ Customer: []
 - ▼ [MModal-Alert: 8d0fb947...] Evidence of acute heart
 - ▼ [MModal-Alert: c4c0d658...] BNP/proBNP greater than
 - > Evidence of systolic heart failure (medication)
 - > Evidence of systolic heart failure (disorders)
 - > Evidence of diastolic heart failure (echo findings)
 - > [OR] Evidence of acuity (oxygen)
 - > Evidence of acuity (clinical finding)
 - > Evidence of acuity (radiology)
 - > Explicit mention of ejection fraction
 - > Evidence of diastolic heart failure (disorders)
 - > [NOT] Documentation of acute cor pulmonale
 - > [OR] Presence of heart failure
 - ▼ [OR] REQUIREMENT
 - ▼ [AND]
 - > [OR] Explicit mention of acute or chronic heart failure
 - ▼ [OR] MIN,0
 - > [MODEL AND] Explicit mention of grade OR NYHA classification
 - > Explicit mention of NYHA class
 - > [OR] Explicit mention of systolic or diastolic heart failure
 - > Explicit mention of right heart failure

Notice customization of ejection fraction for customers specific values



Explainable AI: Clinical Information Models



Explainable AI: Clinical Information Models

Evidence Sheet

Evidence for Sepsis

There is evidence, but **no explicit documentation.**

+ Generate query

CBC WITH DIFFERENTIAL 07/22/2019

WHITE BLOOD CELL COUNT -- 16700 / uL

Show additional documents (3)

✓ Heart rate greater than 90 (Tachycardia)

Progress Note 07/22/2019

by Dr. Patricia Lee

... BP: 121 / 61 Pulse: 96 98 98 99 Resp: 22 22 20 20...

Show additional documents (3)

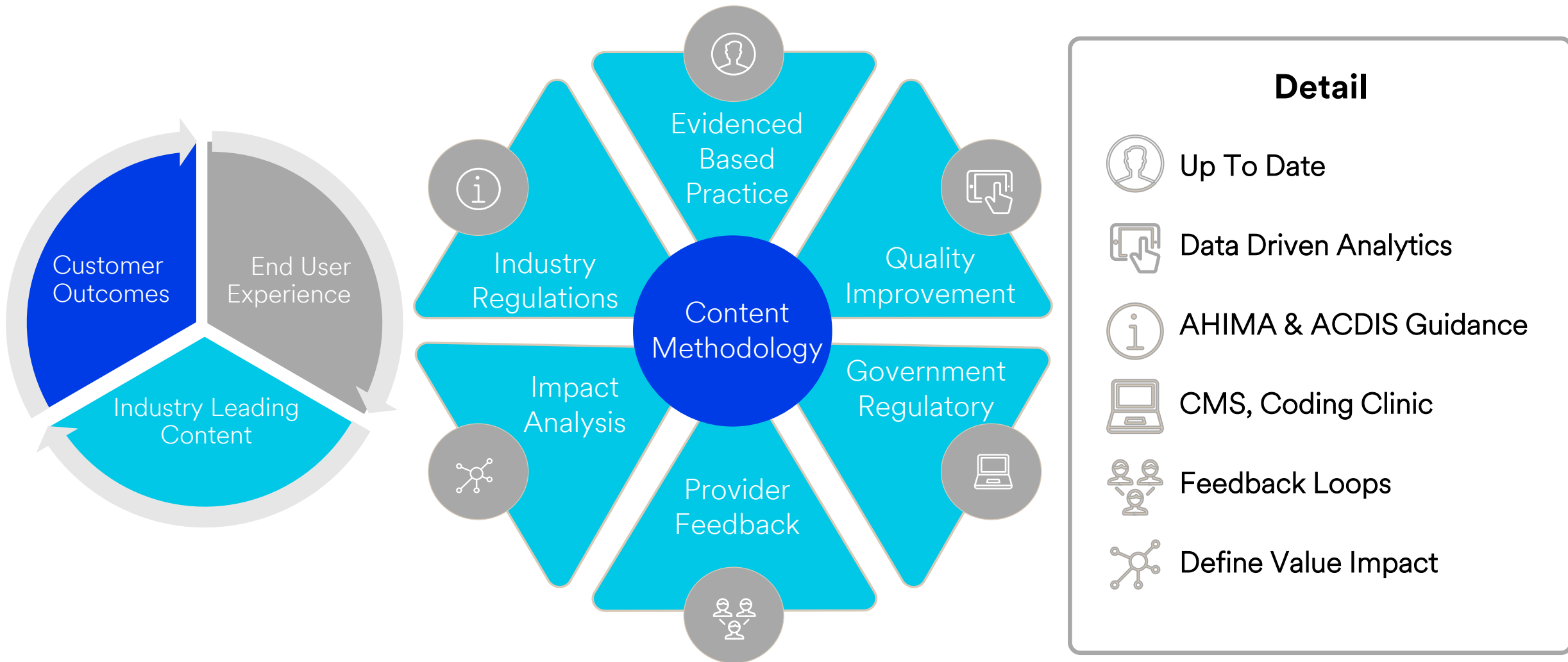
✗ Not found by M*Modal

✗ Explicit mention of causative organism

✗ Bands greater than 10%

✗ Temperature greater than 101.0 F or 38.3 C (Fever)

Content Governance



Unique closed-loop workflow



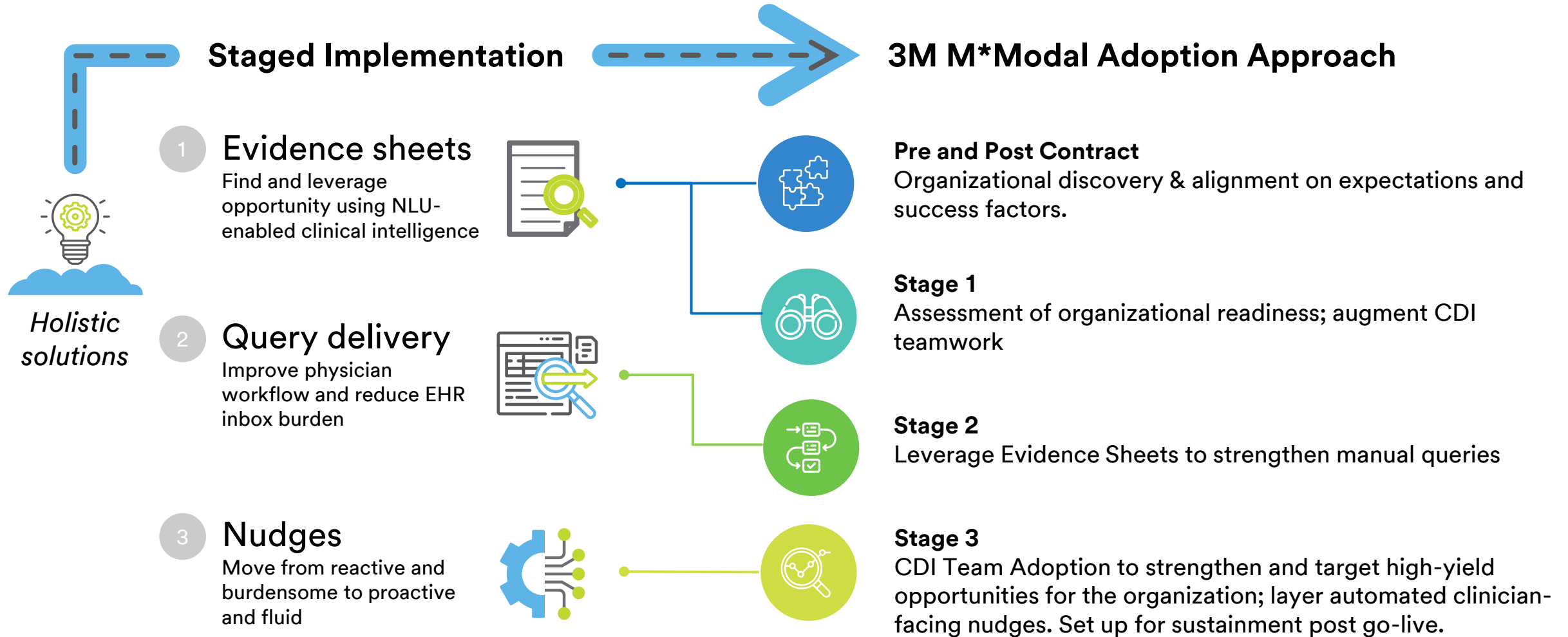
Physicians

- Nudges appear inline in the EHR workflow in real time, generated by NLU reasoning over encounter
- Common documentation gaps are resolved proactively, before the note is saved

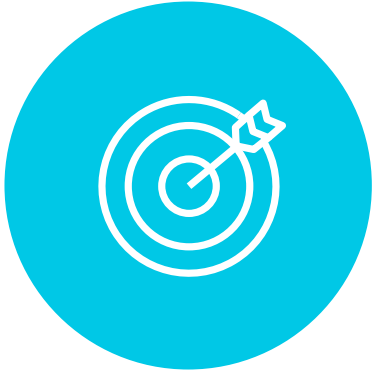
CDI teams

- NLU insights prioritize worklist, uncovering top opportunities
- Visibility to physician nudge interaction provides real-time feedback on physician engagement
- NLU automatically generates evidence sheets to support queries, replacing manual effort
- Queries can be delivered inline, in physicians' workflow, avoiding the inbox

The 3M M*Modal CDI Engage One implementation strategy



Implementation & adoption critical success factors



Defined goals

Hospitals use 3M CDI Engage One to achieve quality, financial, clinical goals, or all of the above –defining **your** goals is critical.



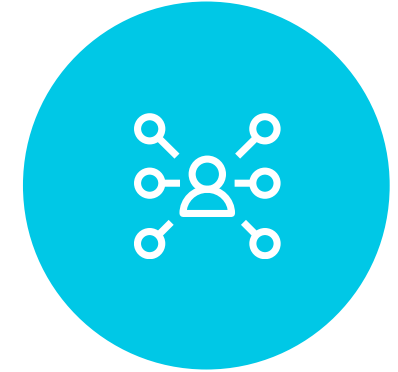
Incremental strategy

Flexible and comprehensive, 3M CDI Engage One offers a staged approach to realize enterprise opportunity – start with what’s most important and then build.



Data-driven improvement

3M gives you the data to measure, the flexibility to adjust, and the support you need to continuously improve.



Leadership and governance

Clear and well-aligned leadership and governance structure – which includes a physician champion - sets you up for success. This ensures strategic enablement of clinical content for both CDI staff and clinicians.

Physician engagement approach

01

Establish a Physician Champion

- Establish **Physician Champion(s)** from the start

02

Prepare for Change

- Leverage Change Management best practices to focus on the people side of change

03

Customize & Tune

- Customize & Tune nudge content & frequency, directed jointly by Physician Champion(s) & CDI team

04

Deploy

- Deploy the control bar, queries, and nudges with our staged approach, first for small group of champions who will help lead the next wave

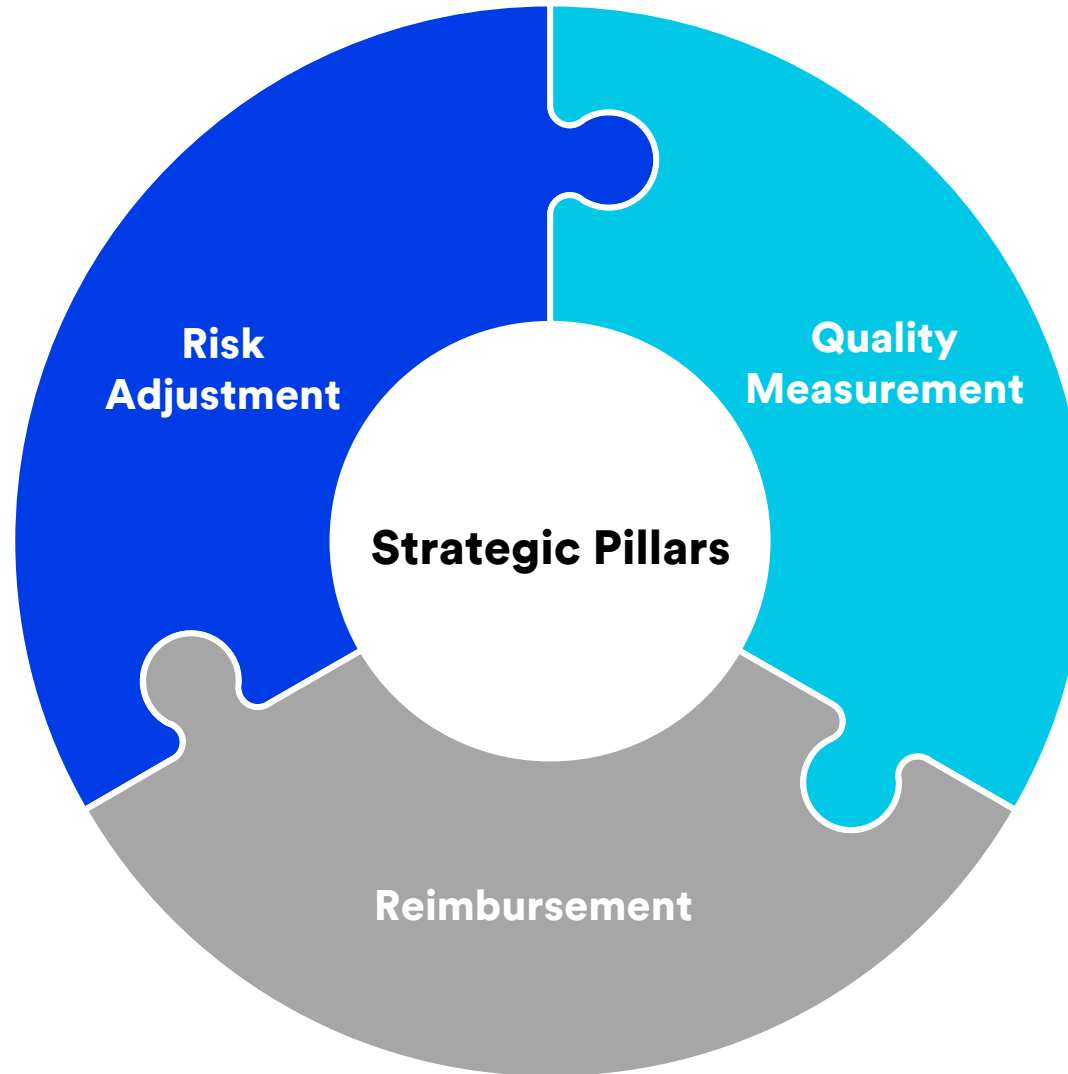
05

Refine

- Use nudge & outcome data to direct staged rollout, working alongside your 3M Adoption Specialist

Physician Engagement

Communicating
the “**Why**”



Goal:



Improve efficiency
– starting with *first*
time in the chart.

Q&A

Let's continue the conversation at ACDIS 2023

Schedule a 1:1	Stop by our booth!	Hear presentations on achieving success
	Booth #131	5 sessions
<p>Want to meet with one a 3M representative?</p> <p>Let us know and we can schedule a one-on-one meeting fits into your busy ACDIS conference schedule.</p>	<p>Join us at the 3M Booth to explore how a comprehensive solution can transform your CDI program.</p> <p>And get a new caricature portrait!</p>	<p>Role of an Advanced CDI Program in a Clinical Validation Denial Appeals Process Joy Bombay, MSN, MHA, CCDS; Joseph Cristiano; and Tamara Hicks, RN, BSN, MHA, CCS, CCDS, CCDS-O, Atrium Health Wake Forest</p> <p>Finding Hidden Jewels in Priority and Impact Despite COVID-19 Waves Gail B. Higle, BS, BSN, RN, CCDS, Piedmont Healthcare</p> <p>Leveraging Data to Improve CDI Outcomes Beyond \$\$\$ Kory Anderson, MD; Kearstin Jorgenson, MS, CPC, COC; Laura Ogaard, RN, MSN; Sathya Vijayakumar, MS, MBA, Intermountain Health</p> <p>Engaging Physicians Proactively With AI-Powered CAPD and Improving Documentation Integrity With AI-Powered CDI Tools Penny M. Jefferson, MSN, RN, CCDS, CDIS, CCS, CRC, CDIP, CHDA, CRCR, and Tami L. McMasters-Gomez, MHL, BS-HIM, CCDS, CDIP</p> <p>Shoot for the Stars: How CDI Can Assist in Obtaining a CMS 5-Star Rating Cheryl Manchenton, RN, BSN, 3M HIS</p>

That's a wrap!

2023 3M Client Experience Summit

The future is now. Let's go.

May 22-25, 2023
Atlanta, Georgia

3M Client Experience Summit for 2023, we are excited to be at a new location and venue at the iconic **Westin Peachtree Plaza Hotel** in the heart of downtown **Atlanta, Georgia**. Mark your calendars for **May 22 – 25, 2023**. Each year, 3M brings together our most valued clients and colleagues to discuss evolving trends in the health care industry, learn about new opportunities in care and technology, share best practices and celebrate successes in innovation. And each year, we keep expanding and adding new and exciting opportunities!

[Learn more here.](#)

Thank you!