Clinical Documentation Improvement (CDI) Programs: What Role Should Compliance Play?

June 17, 2016

Agenda

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- An Effective CDI Program
  - Core Focus: Compliance
  - Benefits
  - Elements
  - Mitigation of Compliance Risks
- Compliance Department Role with Respect to the CDI Program
- Auditing and Monitoring the CDI Program
- Collaboration Opportunities for Compliance Department and CDI Team

Clinical Documentation Improvement (CDI) – Perspective

- HIM professionals have been querying physicians for more complete patient information for decades
- Office of the Inspector General (OIG) investigation in the late 1990s – alleged practices performed to “maximize reimbursement”
- The result of potential or received “upcoding” changed how CDI Programs were implemented and maintained
- Transitionary period for CDI Programs - Clinical Documentation Specialists (CDSs) and Coders educated to avoid querying physicians in a “leading manner”
- With more recent healthcare initiatives and the tightening of budgets, Hospitals must remain focused on a compliant query process
Clinical Documentation Improvement (CDI) – Perspective

- Medicare Severity Diagnostic Related Group (MS-DRG) Coding System
  - Effective October 1, 2007
  - Intent: to reflect more accurately the severity of patient illness – the more severe the patient’s condition, the longer the patient stay and the greater the consumption of resources
- Raised the bar to document with more specificity the principal diagnosis and comorbidities (other conditions increasing severity)
- Documenting Major Comorbid Conditions (MCCs) – a method to identify diagnoses that significantly increase expected resource consumption
- Accurate, complete and timely clinical documentation is critical to hospital performance to improve quality measures (expected length of stay (LOS), expected mortality rate) and Case Mix Index (CMI) which impacts reimbursement
- Quality-based hospital incentives and penalties such as value-based purchasing (VBP), readmissions reduction program (RRP) and hospital acquired conditions (HAC) are also impacted by greater specificity of documentation

Importance of Documentation

- All settings of care depend upon documentation to properly categorize the patient
- Documentation is the foundation of medical record coding
- The coded record drives the majority of measurements, evaluations, and perceptions regarding care provided

An Effective CDI Program – Objective and Benefits

CDI Program Objective

- To obtain accurate and complete medical record documentation through a concurrent review process that reflects a patient’s true severity of illness

CDI Program Benefits

- Stronger Compliance: Complete and accurate documentation process in accordance with CMS rules and regulations; provide a defense for regulatory compliance reviews.
- Accurate quality ratings: More accurately reflect the true clinical picture of patients showing improved quality ratings.
- Accurate Expected Length of Stay: More accurately reflect expected length of stay and improve discharges, expected length of stay ratios.
- VBP, P4P Bundled Payments, ACO Preparation: More accurately reflect the quality of care, outcomes, and costs of treating your patients.
- Appropriate reimbursement: Appropriate MS-DRG and other DRG systems assignment reflective of the resources consumed.
- ICD-10: Complete and accurate documentation is critical under ICD-10.
Elements of an Effective CDI Program

- Focus is Quality and Compliance: The approach and process must be based on the rules and regulations.
- Teamwork and Integration: Leverage clinical expertise and coding expertise through a process and approach that is based on teamwork and collaboration.
- Organizational Support and Participation: Organizational support and participation throughout beginning with the Executive Team.
- Medical Staff Buy-in, Education and Support: Clear understanding of benefits to the physicians and a process that is a resource to the medical staff with ongoing feedback and education.
- Knowledge and Education: The complexity is high and compliance is required, the staff must have the appropriate education and knowledge to be successful.
- Technology, Tools and Resources: Effective technology, tools and resources that support an efficient and effective concurrent review process.
- Process Measurement and Feedback: Real-time feedback on the day-to-day process with actionable data.
- Outcome Measurement and Feedback: Regular feedback on the outcomes: Compliance, Quality, Financial.

Some Compliance Risks

- CDI Specialists querying providers in a “leading manner”
- Overly enthusiastic providers may agree to every CDI Specialist query, which could result in incorrect diagnoses which could possibly trigger an audit or investigation
- Providers may take guidance to the extreme and document a certain condition as likely probable or possible whether clinically relevant or not to the specific patient
- Changing coding guidance, medical science, or CDI practice standards may not be incorporated into daily practice or query templates in a timely manner which may lead to non-compliance
- Influence from outside entities, resources or other factors, may lead to increasingly noncompliant practices

How an Effective CDI Program Helps Mitigate Compliance Risk

- At the end of the day, the government is concerned about quality – how well the provider is treating the patient condition
  - If you are providing quality care, and you have quality documentation, less likely to face risk
- A complete and accurate medical record reflective of the services rendered and the true acuity of the patient is the right approach and will withstand an audit
- CDI Program can:
  - Play a role in helping document medical necessity for inpatient stays
  - Create a reliable, complete and accurate health information record
  - Help identify accounts to be reviewed as part of the OIG Workplan topics
Compliance Department Role with the CDI Program Team

- **Compliance Providers**
  - Diagnostic Terminology
- **Clinical Documentation**
  - Specialists
  - Concurrent Review
- **Inpatient Coders**
  - Coding

**Leadership and Program Manager**
- Oversight and Accountability

An effective CDI Program requires each of these team components be aligned with executive support.

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Compliance Department Role – Auditing and Monitoring the CDI Program

- Why audit and monitor the CDI Program?
  - Identify strengths and opportunities of improvement
  - Illustrate successes
  - Provide insight into educational opportunities for CDS Staff, Coders and Providers
- Keys to auditing and monitoring the CDI Program
  - Understand the CDI Program Goals
  - Become familiar with internal data gathering, processing and analysis
  - Understand the tools and resources available to help audit and monitor
  - Track CDI program outcomes and measures to evaluate whether goals are being achieved

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Compliance Department Role – Auditing and Monitoring

- Areas for Compliance to consider monitoring:
  - Ensure written policies and procedures are:
    - established and accurately reflect current process
    - reviewed and updated for process and regulatory changes periodically
  - Query Compliance – who reviews and how often
  - PEPPER Reports – Top 20 Diagnoses, CMS target areas
  - Contract Coders Accuracy / Chart Audit Results
  - CDI Program Performance reports/dashboards:
    - CDI Team Performance (operational/process): coverage, query rate, physician response rate, Number of reviews, average days between reviews, touchpoints, etc.
    - Quality Ratings/Metrics: expected mortality rate and O/E Mortality Ratio
    - Compliance/Financial Impact: MCC/CC capture rates, most appropriate principal diagnosis, CMI
  - Ongoing education program for all key stakeholders, including CDS Team, Coders and Providers
**CDI Policies and Procedures**

- Query process and practices – consider legal, regulatory and ethical perspectives
  - Written and verbal queries
  - Who should be queried – attending physician, consulting physician, surgeon?
  - Query placement in the medical record and methods of provider notification of query
  - Query escalation process
  - Query resolution policy
    - Non-responsive physician action plan
    - Retrospective queries
    - Query retention – part of permanent health record or a separate business document
    - Query QC Process
  - Second level review process for CDIs and Coders
  - DRG mismatch resolution
  - CDI Program orientation, training and ongoing education (CDIs, Coders, Providers)

**Compliant Queries**

- **Purpose of a query:**
  - Update the record to better reflect the provider’s intent and clinical thought processes to support accurate code assignment

- **Query elements:**
  - Accurate – should the query be asked
  - Effective – is the amount of information included appropriate? Does the provider understand the query?
  - Compliant – is the query in compliance with AHIMA Guidelines

- **AHIMA Guidelines:** a query should be generated when health record documentation:
  - Is conflicting, imprecise, incomplete, illegible, ambiguous, or inconsistent
  - Describes or is associated with clinical indicators without a definitive relationship to an underlying diagnosis
  - Includes clinical indicators, diagnostic evaluation, and/or treatment not related to a specific condition or procedure
  - Provides a diagnosis without underlying clinical validation
  - Is unclear for present on admission indicator assignment

**Monitor and Measure the CDI Program**

It is critical to closely monitor and manage the CDI Program along three primary drivers of success: Operational, Quality and Compliance/Financial

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Opportunities for Compliance to Collaborate with the CDI Team

- Get involved in CDI Program development
- Be aware of and understand AHIMA and ACDIS Guidelines & Code of Ethics
- Knowledge of AHIMA Guidelines for Achieving a Compliant Query Practice
- Provide compliance education to key CDI stakeholders – target compliance training for specific CDI needs
- Champion guidance and reviews on all queries (including verbal query guidelines)
- Bridge CDI, HIM, and Quality Collaboration

Together the Compliance and CDI Teams should:

- Ensure ethics and compliance are an underlying benefit to the program
- Develop a query policy to help manage query process data integrity and compliance
- Establish an audit and monitoring process to ensure the CDI team follows the query policy and that queries do not incorrectly or unduly influence medical record documentation
- Avoid gaming the system, or developing apathy for the law or non-compliance
- Ensure CDI Program is moving to “all payors” and full continuum of care (ED, observation, ancillary areas, SNF, Rehab LTC, physician practice, etc.)
- Address RAC denial process

Opportunities for Collaboration – Data Mining

- Data Mining and Data Analytics for risk mitigation
  - Assess claims by risk prioritization
  - Issues posted by RAC auditors, CMS, or Medicaid audited items
    - Review for Same Day Readmissions
    - Review for 3-day SNF qualifying admissions
    - Review for Acute Care Transfer to Hospice
  - Annual OIG Workplan
    - Kwashiorkor-Severe protein malnutrition / Mechanical ventilation
  - Industry research and experience with clients
  - Customized focus on specific risk areas
    - Observation patients with LOS > 2
    - Inpatient stays of 1 day
    - Compare actual LOS of claim against DRG/Diagnosis/Single MCC's or CC's
    - Extensive OR procedure unrelated to principal diagnosis with MCC
Opportunities for Collaboration – Data Mining

Data Mining and Data Analytics for reward
  - Track and trend data
    - DRG Over Time
    - CC/MCC Capture Over Time
    - Unspecified code Utilization Over Time
  - Analysis of DRG Opportunities
    - Opportunities from CC/MCC and unspecified code variance
      - Single CC/MCC with > LOS
    - ICD-10 Unspecified diagnosis
      - Secondary diagnosis
        - Especially: Pneumonia, Respiratory Failure, Heart Failure
      - Secondary diagnoses - MCCs/Compared to Cohorts
  - Complications (T81 Complications of Procedures/Hemorrhages)

Opportunities for Collaboration – ICD-10-CM

Novelty of ICD-10 for risk and reward
  - SIRS Without Sepsis Due to Infectious Process
  - Atrial Fibrillation
  - Fracture Admitted to LTC From Acute Care (Subsequent vs. initial encounter)
  - Symptoms Followed by Comparative/Contrasting Diagnosis (TIA vs. CVA)
  - Major Depression (mild, moderate, severe)
  - Open Wound – Initial vs. Subsequent Encounter (Direct transfer from another acute care facility)
  - Unilateral Weakness with CVA + Hemiplegia
  - Self Extubation with Mechanical Ventilation

Opportunities for Collaboration – Evaluating Your CDI Program

Measure Case Mix Index (CMI) Impact
  - Look at quarterly statistics
    - Number concurrent queries answered that increase CMI
  - Compare CMI to previous year; Evaluate percent changes

Key Measures
  - Review Rate (concurrent CDI)
  - Query Rate (concurrent CDI)
  - Physician Response Rate
  - Physician Validation Rate

Measuring the Query Process
  - Number of queries answered
  - Number of queries per medical service
  - Query response rate by physician and overall
  - Number of queries that increased DRG reimbursement
  - Timely query response rate
Opportunities for Collaboration – Evaluating Your CDI Program

- **Principle Diagnosis Change Metric**
  - Diagnosis change to:
    - Sepsis, Complication, Acute Respiratory Failure, Congestive Heart Failure

- **Secondary Diagnosis Change Metric**
  - Diagnosis change to:
    - Anemia, Arrhythmias, Acute Renal Failure, Congestive Heart Failure, Malnutrition

- **Audit/Reviews**
  - Retrospective Coding Audits
    - Compare final coding to initial CDI review
  - Retrospective Query Audits
    - Check for compliant queries

Opportunities for Collaboration – Other Tools and Resources

- **Tools and Resources**
  - Benchmark Criteria
    - Record review should occur 48 hours after admission
    - Physician should answer queries within 24 hours
    - Track MCC/CC capture rate and report metric
    - Review coding denial in relationship to CDI improvement
    - Compare organizational CDI outcomes to Quality Improvement (QIO) outcomes
    - Set Accuracy Rate for CDI Compliance Measures using the Six Sigma Quality Measure (SSQM)
    - Use CDI-10 Coding Tips
      - Make Your Own, Utilize AHIMA’s, HCPro, etc.
  - **Guidance**
    - Use Regulations, Laws, Guidelines to Your Advantage
      - Official coding Guidelines
      - Four Cooperating Parties: AHIMA, AHA, CMS, national Center for Health Statistics
      - UHDDS Definition of Principal and other Diagnosis
      - Federal Regulation 45 CFR 162.1002 Medical Data Code Sets

Keys to Success with Compliance and CDI

- Collaboration between CDI, compliance, quality, U/R, and care coordination initiatives
- Focus on quality and accuracy of the medical record
- Extensive use of data
- Highly engaged executive team
- Engaged physician leadership
- Auditing and monitoring of CDI Program performance, quality ratings and financial impact with feedback and ongoing education