Clinical Documentation: Strategies to Improve Clinician Engagement and Accountability
Clinical Documentation: Strategies to Improve Clinician Engagement and Accountability

What We’ll Discuss Today

• Clinical Documentation Improvement (CDI)
  – What is CDI?
  – Why CDI Now?

• Key CDI Opportunities for Home Health & Hospice

• Getting Results with CDI
  – Data Analytics and CDI
  – Setting the Stage for CDI and Engaging Clinicians

• Your CDI Action Plan
Learning Objectives

Prioritize three (3) clinical documentation improvement opportunities to positively impact PDGM, RCD and survey outcomes

Identify two (2) data analytics resources to build a foundation for providing feedback to the clinician that supports consistency and clarity in expectations

Identify positive results of a CDI program

Can You Remember?

My doctor gave me six months to live, but when I couldn't pay the bill he gave me six months more.

— Walter Matthau

AZ QUOTES
Clinical Documentation Improvement (CDI)

The PDSA Cycle for Learning and Improvement

- **Act**: What's next?
  - Ready to implement?
  - Try something else?
  - Next cycle

- **Plan**: Did it work?
  - Objective
  - Questions & predictions
  - Plan to carry out: Who? When? How? Where?

- **Study**: Let's try it!
  - Carry out plan
  - Document problems
  - Begin data analysis

- **Do**: What will happen if we try something different?
  - Complete data analysis
  - Compare to predictions
  - Summarize
What is Clinical Documentation Improvement?

- Ongoing process
- Actively managed feedback loop
- Clear objectives & metrics
- Ongoing measurement "feedback loop"
- You are never done with CDI!
**Examples of Audit Types**

<table>
<thead>
<tr>
<th>Coding</th>
<th>Clinical Documentation Review</th>
<th>F2F</th>
<th>Homebound</th>
<th>Pre-Bill Audit</th>
<th>Episodic Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Coder</td>
<td>CDI staff</td>
<td>CDI Staff</td>
<td>CDI Staff</td>
<td>Billing team</td>
<td>Leadership</td>
</tr>
<tr>
<td>Daily</td>
<td>Daily</td>
<td>Weekly</td>
<td>Weekly</td>
<td>Daily-Weekly</td>
<td>Quarterly</td>
</tr>
<tr>
<td>100%</td>
<td>100% Medicare Medicaid and other payors as appropriate</td>
<td>10%</td>
<td>10%</td>
<td>Depends on EMR</td>
<td>Statistically significant to 10%</td>
</tr>
</tbody>
</table>

**Brief History of CDI**

- **CDI** profession first developed in early '80s as result of **DRG** system

- It gained additional importance with CMS’s transition to Medicare-Severity Diagnosis-Related Groups (**MS-DRG**)

- Now is the standard for the acute care setting for Medicare patients

- As other payors implement or evaluate value-based reimbursement, **CDI** will expand
Goals of CDI in Acute Care

CDI programs are primarily designed to create precision in clinical documentation in order to:

• Improve the accuracy of coding
• Accurate reimbursement
• Ensure the accuracy of reported outcomes

Indirectly can impact a provider's reputation and ability to deliver patient care

Key CDI Opportunities for Home Health & Hospice
Opportunity #1 – Clinical Billing Audits

- Regulations apply to everyone on the home health care team
- Not meeting documentation requirements for billing has the potential to affect everyone in the organization
- Clinical Documentation is a shared responsibility
- Important for intake staff to know why they need to obtain the hospital discharge summaries
- Important for physicians and staff to know how an incomplete face-to-face may impact them

Why CDI Is Important Now?

What *doesn’t* clinical documentation drive in your organization?

<table>
<thead>
<tr>
<th>Patient care?</th>
<th>Quality reporting?</th>
<th>Reimbursement?</th>
</tr>
</thead>
</table>

“Alphabet Soup” of compliance and oversight:

<table>
<thead>
<tr>
<th>CERT</th>
<th>ADRs</th>
<th>COPs</th>
<th>PDGM</th>
<th>RCD</th>
</tr>
</thead>
</table>
Opportunity #2 – Creating a Collaborative Culture

- Clinicians need to see themselves as investigators, not just a doer
- They need to help bridge gaps in missing information
- Clinicians see themselves as critical part of the collaborative process
  - They are the eyes and ears of the provider while in the home
  - They need to report their findings, provide insight to missing pieces of the missing information and their recommendations (SBAR)
- Culture that welcomes feedback from all parties
  - If providers are not part of the solution to a collaborative culture, then a change is needed
  - Every organization needs an MD champion!

Opportunity #3 – Physician Champion

**Why is it important?**
- Essential to successful and sustainable program
- Helps manage physician responsiveness to queries

**Who is it?**
- Agency Medical Director, physician executive, contract physician
- Physician who is willing to understand the complexities of coding, payment, and third-party audits

**How can they assist?**
- Communicates and educates medical staff on documentation procedures for accurate billing and appropriate EHR processes
- Provide insight to the agency’s staff on why better ways for them to interact to other providers
Clinician Queries

- Should focus on conditions or diagnoses already established in the medical record
- Queries apply to ALL payer types regardless of the impact on reimbursement
- A compliant query should seek clarifications based on a statement of the facts found in the record that you as the coder turn into a question for the clinician to answer or for them to get the physician to answer
- A compliant query asks the clinician/physician to clarify existing documentation/facts present in the record
- A compliant query should not and must not be “leading” in nature

Other Opportunities in Brief

Education and Training
- How to document intervention and goals. Know the patient baseline!
- Clearly articulate and document problems identified during assessment.
- How to complete a comprehensive assessment to paint the picture of medical status and need for skilled services.

EMR challenges
- Templates (beneficial?)
- Narratives needed?
- Electronic signature (includes a title?)

Implement disease pathways for chronic diseases
- Assist in decision making for visit patterns and therapy utilization
Getting Results with CDI

Data Analytics and CDI

Critical to have data

- Performance improvement feedback loop – measure-do-adapt-measure
- Prove your point with reluctant adopters
  - Clinicians
  - Other staff
- Leadership – because an ongoing commitment and investment is needed to get results from CDI!!

Analytics doesn’t have to be complex

- Think “reports” – and especially ones you likely already have access to
Analytics and CDI

1. Corridor Performs Coding / OASIS on Client Clinical Chart
2. Aggregate / Combine Corridor Transaction Data, Client EMR Data, and Third-Party Data
3. Corridor Pulse Identifies Lowest Performing Clinicians
4. Client Clinicians Use Corridor/CRX for Reinforcement Education
5. Clinical Documentation Improves, Making Corridor Coding Work More Productive

Set the Stage

- **Tell**
  - Tell them why

- **Tell**
  - Tell them how

- **Show**
  - “Show” them how

- **Measure**
  - Measure them

- **Compare**
  - Compare measures – “healthy competition”
Tell Them Why

- Create a sense of urgency
- Discuss the impact of Recovery Auditors, UPICs, and ZPICs with all of your clinicians
- Explain how the auditors and surveyors review charts for specific supporting information
- Validate how poor documentation can, and does, lead to your MAC recouping monies for services provided that were not appropriate – based on the clinician’s documentation
- Help the clinicians understand that if your agency is not making money, their jobs may be at risk

Tell them How

How to validate you provide good-quality care

1. Provide good-quality care
2. Document it (events into information)
3. Code it (information into data)
4. Capture it (no data leakage)
5. Report it (data validates quality)
Show them How

- Identify claims that have been denied.
  - I’ve heard that nearly 90% of denials are preventable!
  - Focus on denials that relate back to lack of supporting documentation.

- Identify the trends.
  - What is the cause of the issue?
  - How could it have been prevented?

- Most likely not just one clinician, but surely not all!

Measure Them
Create Healthy Competition

• Use the natural competitiveness to motivate the team
• Post their measures in the common area, create the competition!
• Create teams using location, discipline, etc.
• Celebrate teams with highest scores/averages!

Baldrige Framework Steps Toward Mature Processes

More than just Documentation

Accurate Documentation | Visit Utilization | Impactful Visits

Payment and Quality impacts VBP

Your CDI Action Plan
Key Next Steps

- Perform a gap analysis to determine the need for CDI program. A gap analysis will provide the information needed to gain administrative support of the program.

Items to consider:

- Denial reasons and rate
- Breakdowns in your organization – RCM, denials, delays
- Establish timelines, goals, and objectives. (e.g. Within the next six months we will decrease the number of documentation related denials by 50%)… it’s DOABLE!

- Perform your own due diligence and Know your data!! Get creative and think outside the box.

Do you remember?
Do You Remember?

My doctor gave me six months to live, but when I couldn’t pay the bill he gave me six months more.

— Walter Matthau

Today’s Presenters

Nick Dobrzelecki, RN, BSN
Sr. Vice President
a: 701.205.0873
c: 937.478.6464
nick@corridorgroup.com

Kimberly Searcy Gunter, RN, BSN
HCS-Q, HCS-D, CDI-P
Director HH/Hospice DI
p: 203-496-5825 ext. 1058
ksgunter@corridorgroup.com