OPTUM360®

The evolution of CDI programs: Meeting the needs of the future

Nine key insights about the path forward

Health care is continually evolving, which impacts all of its supporting disciplines and processes. Clinical documentation improvement (CDI) is one key revenue cycle discipline that must continue to rapidly and effectively adapt and expand to meet industry demands.

Optum360 recently sponsored an Association of Clinical Documentation Integrity Specialists (ACDIS) member survey about the current and future state of their organization's CDI programs. While 97% of respondents have a formal inpatient CDI program in place, the remaining 3% have only a small amount of CDI activity at their organizations. This clearly reflects an appreciation of the value in CDI programs that has justified their expansion from an informal process without dedicated staff to robust, supported programs. We've summarized these survey results and offer our perspective on the findings.

Respondents

The demographic breakdown of survey respondents includes a significant majority in CDI leadership roles at medium to large hospitals or health systems.

Organization type

- **91%** Hospital/health system
- **7%** Academic
- **1%** Physician practice
- **1%** Ambulatory

Primary job function

- **81%** CDI
- **6%** HIM
- **6%** Coding
- **3%** Case management

Remainder: clinical, nursing, physician and operations

Job level

- **65%** Director or manager
- **31%** Clinician
- **4%** Executive/officer/VP

Bed size

- **34%** Under 400
- **37%** 400–999
- **22%** 1,000+
- **7%** N/A

New decade, new innovation, new goals

Almost half of respondents (46%) have, or expect to have, an outpatient CDI program within the next 18 months, while 38% anticipate it will take longer. Currently, 16% have no plans for CDI expansion.

It isn't surprising that the majority of respondents do not yet have an outpatient CDI program in place. Developing an effective program poses various challenges and takes some time, depending on the factors in play. Many organizations haven't yet explored outpatient CDI, but continue to focus on identifying quality events and ensuring clinical validation for their inpatient cases. These organizations need to determine where to begin with outpatient CDI, and how to justify hiring new staff with specific skill sets when there's no obvious way to measure their tangible impact.

Of those currently reviewing outpatient records, respondents indicate three top areas of focus: physician office, observation and emergency department. Beginning with physician office documentation makes good sense. That data is key to improving hospital quality statistics related to readmission scoring and mortality-related scoring. It's also useful in preplanning a hospital visit to anticipate Hierarchical Condition Category (HCC) capture needs.

Physician office, observation and emergency department ranked as the top focus areas of current outpatient CDI efforts.

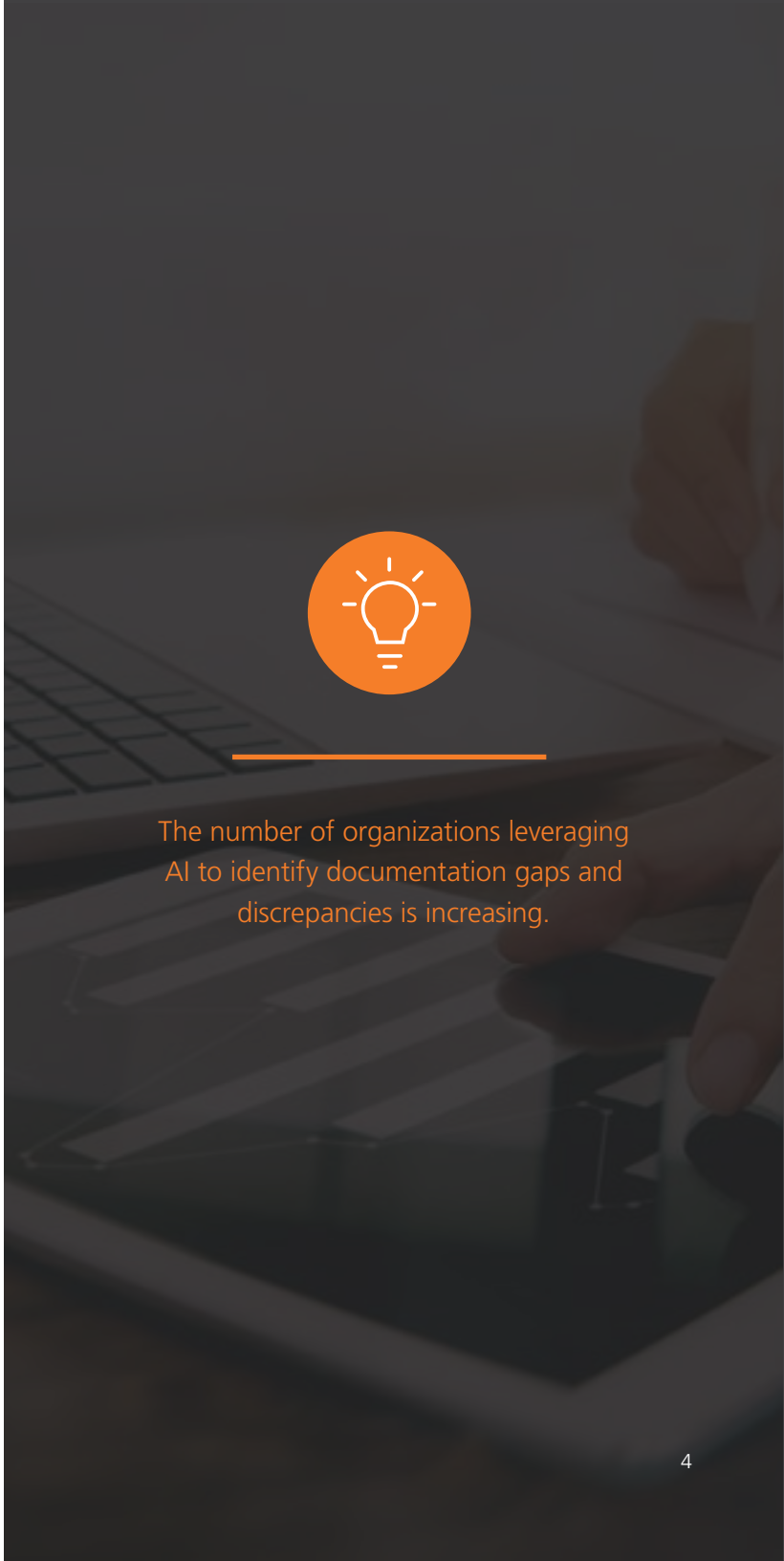
Of respondents who say their organization is currently reviewing its outpatient CDI expansion, the emergency department and observation ranked as the top areas of interest.

Interestingly, those respondents not yet performing outpatient CDI ranked the physician office fifth as an area to explore, with emergency department (58%) and observation (54%) clearly in the lead. The reasons for the discrepancy in rankings with organizations already performing outpatient CDI is not clear. Perhaps more of those considering expansion don't have ownership of a large physician group, or physician office support staff lacks bandwidth to take on CDI. They may have available hospital staff to address emergency department and observation cases. The differences may also be due to skepticism about the overall impact of CDI when it comes to HCCs, medical necessity determinations or criteria that validate an inpatient stay.

Of 158 respondents, 82% indicated they use one of three methods of prioritizing cases for review: Working DRG/principal diagnosis (35%), payer (25%) and technology review and identification (22%).

These answers indicate that a majority of CDI programs are still reviewing all cases hoping to find opportunities for improvement. Although diagnosis and DRG accuracy are important, if the time spent reviewing every case doesn't result in fruitful discoveries, it's not the best use of highly skilled resources. Prioritizing review based on payer can make sense for those that pay on case rate, but technology can actually broaden the scope of review to all cases for all payers while capturing quality metrics and other valuable measures.

The number of organizations leveraging technology to identify documentation gaps and discrepancies is increasing. As artificial intelligence (AI) continues to develop, an advanced solution will help drive better use of CDI resources. If the technology can actually understand what the physician did and did not say, it can effectively prioritize cases with the greatest opportunity for improvement. Traditional prioritization methods aren't as effective at focusing CDI staff where their efforts will have the most impact.



Respondents identified the top five obstacles inhibiting their CDI programs:

Competing priorities/doing more with limited staff

Lack of physician engagement

Budget constraints

Departmental silos and coordination between departments

Finding and retaining qualified CDI specialists

Universal challenges, innovative solutions

Up to 50% of respondents indicated that competing priorities and "doing more with less" are becoming the norm across health care organizations. Various technologies have emerged to enable CDI productivity and accuracy, often employing a form of natural language processing (NLP). Different NLP engines offer various levels of sophistication to improve work flow, identify documentation gaps and broaden the scope of CDI review. So while budget constraints limit hiring additional FTEs, leveraging the most advanced technology can help limited staff achieve greater productivity, accuracy and overall results.

Armed with the right functionality, technology can also improve physician engagement, which 46% of respondents say inhibits their CDI program. Technology should deliver accurate documentation review to identify impactful discrepancies so CDI specialists can consistently send clinically relevant and supported queries. Demonstrating improvements in revenue capture and quality reporting will earn recognition and respect for the program — and keep physicians engaged.

Communication barriers and a lack of visibility across departments can build a near-impenetrable series of silos, which 32% of respondents identified as a problem. For example, while coding and CDI staff perform discrete functions, their work is inextricably connected. Facilitating close communication and transparency in their work fosters greater coding productivity* and builds interdepartmental relationships. A shared technology platform enables that transparency and communication, and allows users to see activity on a case without jumping to another application or emailing to clarify case status or send a query.

Technology can assist the 31% of respondents who reported difficulty in finding and retaining qualified CDI staff. Technology allows CDI specialists to work from any location, which is particularly beneficial for those organizations using a shared platform for coding and CDI teams. Flexible staffing options will open up a much broader pool of qualified professionals.

*ACDIS, CDI Strategies — Volume 14, Issue 6. CDI collaboration aids coding productivity, survey shows. acdis.org/articles/news-cdi-collaboration-aids-coding-productivity-survey-shows. February 6, 2020.

Advancing the program

Supporting the characterization of CDI as "clinical documentation integrity," 63% of respondents say they have executive support to query on issues unrelated to financial gain (for example, secondary conditions driving HCC capture, risk adjustors, etc.). An additional 24% say they have the support, but not the budget.

Despite some budget limitations, this is good news for CDI programs. Support from the C-suite indicates that administrators understand the importance and impact of accurate risk adjustment and quality measures. As the industry continues to move forward into value-based reimbursement (VBR), some operational funding will likely shift to areas like CDI expansion. Using that funding to leverage both technology and strategic initiatives can help organizations increase documentation integrity without increasing staff.

Leveraging operational funding for technology and strategic initiatives can help organizations increase documentation integrity without increasing staff.

Almost half (49%) of respondents say they conduct concurrent CDI reviews for at least 76% of their cases. That means slightly more than half can only review a smaller portion of cases concurrent to care.

Reviewing clinical documentation concurrent to patient care is considered the most effective way to capture complete and accurate information. However, 51% of the survey respondents say they are concurrently reviewing fewer than three-quarters of their cases, and 18% concurrently review fewer than half. Performing retrospective reviews on so many cases can result in less than optimal documentation integrity. Since tight operating margins make staffing increases unlikely for most organizations, automation is the most effective way to enable a greater volume of concurrent reviews.

Four functions emerged as top priorities for expansion to increase the value delivered by CDI programs, with respondents making multiple selections:

61%	Clinical validation to support denial prevention
53%	Increasing CDI reviews across all payers
41%	Detecting quality indicators (PSI, HACs) at point of care
40%	Identifying and reviewing HCCs

The influence of VBR is evident in the growing emphasis on overall chart quality rather than a strict focus on reimbursement and financial gain. Survey responses correlate with current health care trends, including clinical validation DRG downgrades, increased scrutiny of clinical documentation by all payers, and the growing focus on patient care quality and metrics, including HCCs. These program expansion priorities show that providers are aware of, and plan to address, the evolving requirements of both government and private payers. The biggest challenge is developing an effective strategy that enables CDI teams to achieve their objectives.

Closing the gaps

Respondents foresee two top areas where they will need additional support to satisfy VBR initiatives. The first is identifying risk adjustors (63%), and second is additional analytics around chronic condition collection (57%). Worth noting, 27% anticipate needing support in identifying social determinant risks.

As CDI responds to satisfy VBR initiatives, its more holistic focus will include attention to population health metrics and documentation that can help identify at-risk patients. This trend is realizing a tight integration between CDI and quality teams. The VBR model elevates the importance of risk adjustors (as noted by 63% of respondents). Those conditions aren't typically identified through standard indicators such as CCs and MCCs. Identifying risk factors can affect documentation and reimbursement, but most importantly, can have a big impact on mitigating risks to overall patient health.

Tracking and analyzing HCCs, or chronic conditions, is vital to calculating proper risk adjustment factors and accurately depicting population health. These measures can have significant impact under VBR, so greater visibility into chronic conditions will contribute to their accuracy. Today's data analytics technology provides rich, robust information to more accurately depict the quality of care provided and identify local and regional trends for statistical analysis.

The industry is also taking notice of the impact of social determinants of health (SDOH). These factors, such as income level, education, occupation, food insecurity and physical environment contribute to growing health inequity. Social determinants have true impact on patient outcomes and are completely out of the control of caregivers and organizations. As organizations become better able to identify and analyze the effects of these factors, they can develop strategies and new approaches to care that can lead to better outcomes for their patients.

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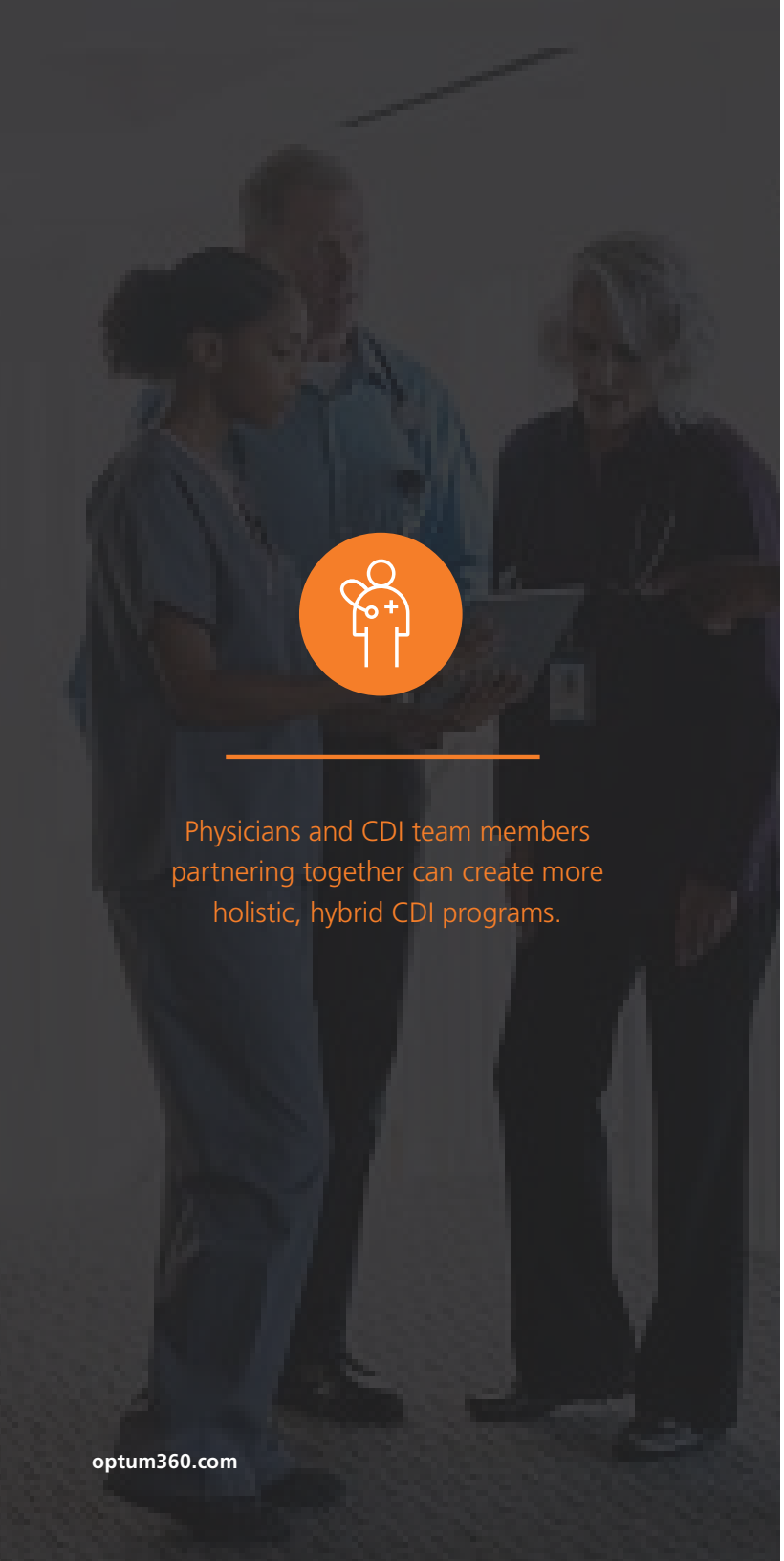

Physicians and CDI team members partnering together can create more holistic, hybrid CDI programs.

To continue evolving with the industry, respondents anticipate that CDI specialists must continue expanding their skill sets and expertise, particularly in key areas: VBR and the impact of diagnoses on quality (74%); increased data analytics and the ability to review data and recognize trends (61%); clinical knowledge and understanding of more complex disease processes (56%).

Transitioning to VBR only increases the need for CDI programs to ensure that documentation is complete and accurate, diagnoses are supported by clinical facts, and appropriate quality measures are reflected. Ongoing CDI education is key to understanding reimbursement models and specific requirements. Knowledgeable CDI staff can help mitigate negative impacts of documentation gaps and more confidently explain to providers the value of a particular query/diagnosis.

More and more, physicians are taking a tactical role in CDI, acting not only as physician champions or liaisons, but applying their expertise to perform the work of CDI specialists. They have the skill set to clinically evaluate the medical record and can provide peer-to-peer training with the facility medical staff. Physicians and CDI team members can partner to create a more holistic, hybrid program. Combining a mix of backgrounds and expertise allows teams to learn from each other. Even informal lunch-and-learn sessions can be an opportunity to delve into complex cases and specific challenges.

Advances in data analytics and AI solutions offer a deeper look into clinical documentation, patient care, reimbursement and other business measures. Data literacy is a must for CDI teams. Developing the most useful key performance indicators (KPIs) for your data and understanding how they can guide improvement can be invaluable. Data increasingly influences access to care, so it's imperative that organizations dig into their own information and use it for education, goal setting and overall program refinement.

The path forward

The future of CDI programs is both challenging and rewarding. Health care leaders increasingly recognize the intrinsic value and impact of CDI on organizational success. The trend toward expansion into outpatient programs will further help organizations meet VBR requirements and support accurate coding, reporting and reimbursement at all levels. Organizations will continue to face internal and external challenges to an ideal state, including budgets, physician buy-in, denied claims and shifting requirements. However, the overall message from survey respondents is one of resilience and dedication to continuous growth and positive change for their programs.

To expand and optimize your CDI program under value-based reimbursement, you need the right technology. Learn how patented Optum NLP powers our CDI and coding solutions for superior results.

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