

Learning Objectives


- At the completion of this educational activity, the learner will be able to:

1 Evaluate metrics for monitoring, evaluating, and improving CDI program effectiveness	2 Identify educational opportunities for physicians and coders	3 Describe opportunities for collaboration by CDI within the facility	4 Identify opportunities for enhancing CDI program value by focusing on quality and financial models
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ROAD MAP

- Henry Mayo Metrics**
- A Data-Driven Approach to CDI
- Questions & Answers




The Henry Mayo Way

Our hospital is on a journey to exceed expectation of those we serve, every day, every time. It's the "Henry Mayo Way," and our goal is to create the ideal experience for our patients, our employees, our partners, and our community. "We care" is our message—and we want everyone to hear "we care," say "we care," and feel "we care." Please join us on this journey.




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Henry Mayo Newhall Hospital

- Hospital fast facts, fiscal year 2016
 - 238 beds
 - 1,900+ staff
 - 491 physicians
 - Including hospitalists and private practice
 - 13,348 inpatients
 - 35,247 outpatients
 - 1,299 babies delivered (Baby-Friendly designation)
 - 68,702 ED visits



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Henry Mayo CDI Team Profile

2016

4 RN FTE/1 RN per diem

- 27 years of CDI experience
-
- 1 CDIP
- All BSN
- 3 with master's degrees
- 1 family nurse practitioner
- All on-site



2017

Adding 2 FTE

- Job description opened to foreign-trained MDs
- Rotating remote positions
 - Space constraints
 - Attract larger work pool

Coding supervisor is former CDIS!

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Henry Mayo Software Used

- ☒ Precyse/nThrive version 5.0 with electronic query tracking
- ☒ Meditech version Client/Server 5.66 with electronic query capability, 5.67 upgrade late 2017
- ☒ 3M Encoder
- ☒ Internal supported database – DivePort
- ☒ External supported database – Revenue Optimization Compass (The Advisory Board)

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Payer Types Reviewed 2016*

- Medicare – traditional and managed care
- MediCal (Medicaid) traditional
- All reviews done concurrently

* Additional payers or DRGs reviewed as needed


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Planned Reviews in 2017


- Medicare traditional and managed care
- MediCal (Medicaid) traditional **and managed care**
- Additional concurrent reviews will be rolled out on a unit-by-unit basis in collaboration with new multidisciplinary rounding program
- All reviews done concurrently

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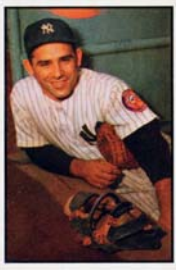
ROAD MAP

- 1 Henry Mayo Metrics
- 2 A Data-Driven Approach to CDI
- 3 Questions & Answers




Why Is It Important to Track CDI Information?

“If you don't know where you are going, you'll end up someplace else.”
 Yogi Berra



Public domain

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“Traditional” CDI Metrics Employed

- Initial review rate (productivity)
- # queries
 - Type of queries
- Quality/revenue impact
 - DRG change
 - Quality change
- Query response rate
- Query agreement rate

- CMI
- Unspecified code
- SOI/ROM
- CC/MCC capture
- ICD-9 to ICD-10 change
- Medical vs. surgical

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Formal Evaluation Strategy Shift

2016


A year of confirming CDI success with impact queries and revenue enhancement

2017

- Increasing productivity per staff member
- Increasing patient review to unit-by-unit reviews in collaboration with multidisciplinary program
- Increasing staff numbers
- Remote opportunities (but always maintaining in-house presence)

Less emphasis on impact queries, more emphasis on quality and productivity

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Queries

572

2014
Medicare traditional only

1,278

2015
Medicare traditional & managed care

1,607

2016
Medicare traditional & managed care & MediCal (Medicaid) traditional

CHF is still leading query


- Still need ongoing education for rotating hospitalists
- Still find charting opportunities in mature clinicians

Agreement rate used as educational tool

- “Doctor, we’re not wasting your time with our queries”

Query response rate close to 100%


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How We Use Metrics

- CMI, unspecified code, SOI/ROM, CC/MCC capture helped guide our educational efforts over the past three years, especially during the ICD-10 implementation phase to determine effectiveness
 - Education for physicians
 - Education for staff


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Challenges Faced

- 1 Struggling to understand root cause of lower CMI
- 2 ICD-10 transition
- 3 Desire to focus on broader range of metrics

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4-Step Approach to CDI

STEP 1

STEP 2

STEP 3

STEP 4


Compare Performance to Internal/External Benchmarks

Review Charts to Validate Patterns and Areas of Focus

Educate Physicians and Coders

Track and Report Results

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Step 1:

Compare Performance to Internal/External Benchmarks

Take Advantage of Free Data

PEPPER Report

The **Program for Evaluating Payment Patterns Electronic Report (PEPPER)** provides hospital-specific data for Medicare diagnosis-related groups (DRGs) and discharges at high risk for improper payments.

STEP 2

STEP 3


STEP 4

Review Charts to Validate Patterns and Areas of Focus

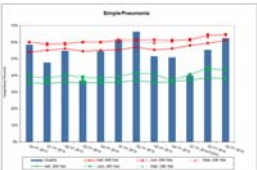
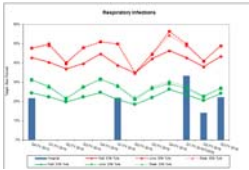
Educate Physicians and Coders

Track and Report Results

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How to Effect Change

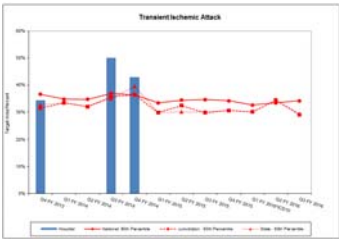



- Action plan:** All ICU/DOU (step-down unit) patients w/simple pneumonia (regardless of payer) queried by CDI to determine if we can increase specificity of type of pneumonia

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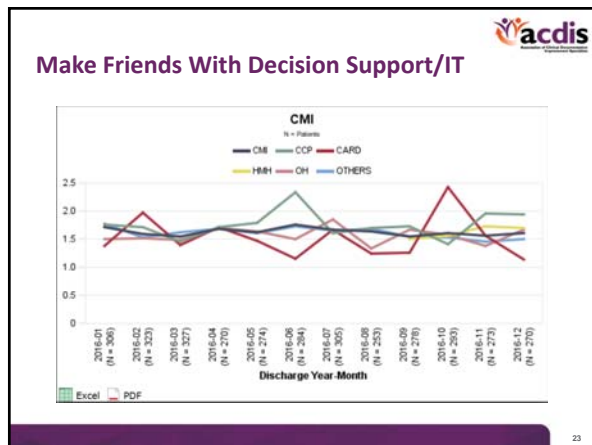
How to Effect Change

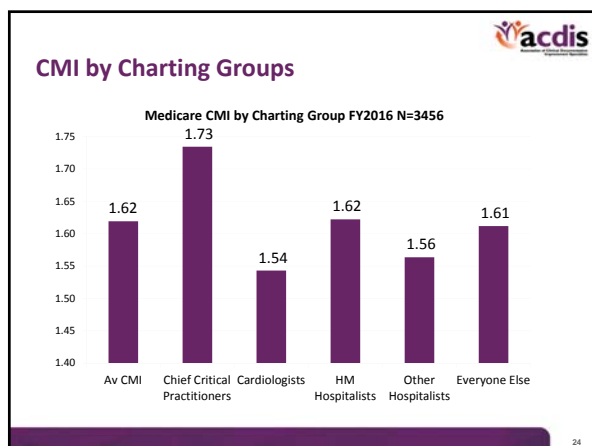


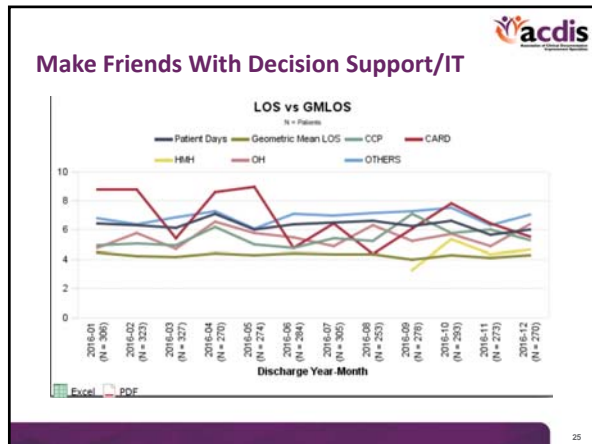
- Physician education on medical necessity resulted in appropriate placement of TIA as observation patients rather than inpatients

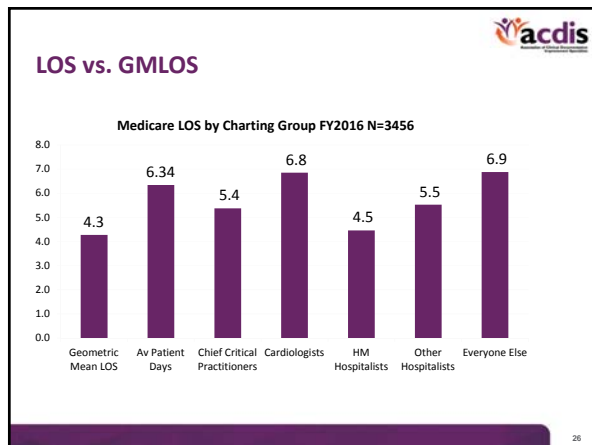
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Using Outside Vendors to Compare Performance Over Time

MS-DRG Group	ICD-9		ICD-10		VAR	
	Claims	CMI	Claims	CMI	Claims	CMI
October thru September 2015–2016						
166–168 OTHER RESP SYSTEM O.R. PROCEDURES	10	2.81	17	2.82	7	0.01
219–221 CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH	5	6.09	6	5.86	1	(0.22)
329–331 MAJOR SMALL & LARGE BOWEL PROCEDURES	21	3.79	32	3.72	11	(0.07)
515–517 OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC	6	2.58	8	2.35	2	(0.23)
987–989 NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DX	9	2.40	21	2.18	12	(0.22)
Total	51	3.43	84	3.18	33	(0.26)

STEP 2

Review Charts to Validate Patients and Areas of Focus


STEP 3


Educate Physicians and Coders

STEP 4


Track and Report Results

Action Plan






Selected 987–989 NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DX for immediate in-depth audit due to audit denial possibilities and limited time frame and spike in number of cases




Creating cardiovascular tip sheet with CV surgeons



Additional CV surgery education for coders and CDI staff

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Compare Performance to Internal & External Benchmarks FY 2016



MS-DRG Service Line	ALOS	Cohort ALOS	Cohort ALOS Var
Orthopedic surgery	4.8	3.1	1.7
Cardiovascular surgery	5.2	5.0	0.2
Neurosurgery	8.4	7.7	0.7
Surgery for malignancy	5.9	3.9	2.0


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Compare Performance to Internal & External Benchmarks FY 2016



MS-DRG Service Line	CMI	Cohort CMI	Cohort CMI Var
Orthopedic surgery	2.52	2.39	0.14
Cardiovascular surgery	3.34	3.89	(0.56)
Neurosurgery	3.47	3.63	(0.17)
Surgery for malignancy	2.12	1.95	0.17


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Compare Performance to Internal & External Benchmarks FY 2016

MS-DRG Service Line	MS-DRG CC/MCC Capture	Cohort CC/MCC Capture	CC/MCC Var
Orthopedic surgery	45%	23%	22%
Cardiovascular surgery	44%	47%	-3%
Neurosurgery	73%	73%	-0.1%
Surgery for malignancy	68%	50%	18%


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Action Plan




Feedback to orthopedic co-management panel on good work but not there yet!



Piggyback on prior CV tip action plan


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Compare Performance Over Time

Top MS-DRG Groups by Volume	ICD-9	ICD-10	Var	Comments
871–872 SEPTICEMIA W/O MV 96+ HOURS	85	265	180	Sepsis initiative
291–293 HEART FAILURE & SHOCK	88	207	119	
193–195 SIMPLE PNEUMONIA & PLEURISY	128	177	49	
190–192 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	47	153	106	Coding rule change
689–690 KIDNEY & URINARY TRACT INFECTIONS	60	144	84	
885 PSYCHOSES	46	124	78	
682–684 RENAL FAILURE	52	117	65	
064–066 INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	44	107	63	Certified stroke center

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Step 2:
Review Charts to Validate Patterns and Areas of Focus

- In-depth chart review
- Identifying trends to target chart review efforts—limited time, limited people, productivity requirements
- Identifying trends to target educational efforts for staff and physicians
- Sometimes chart review is the hardest thing to do—“work gets in the way”

STEP 1

STEP 3


STEP 4

Compare Performance Internal/External


Educate Physicians and Coders

Track and Report Results

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Step 3:
Educate Physicians and Coders
Looking Back



In-Person Training Efforts

- ICD-10 physician in-office training
- Orientation of all new physicians to CDI-HIM processes
- Hospitalist call co-management panels monthly presentations

STEP 1

STEP 2


STEP 4

Compare Performance Internal/External


Review Charts to Validate Patterns and Areas of Focus

Track and Report Results

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Step 3:
Educate Physicians and Coders
Looking Back



Training Reinforcement Materials

- Monthly CDI-HIM newsletters emailed
- Monthly tip sheets posted in dictation areas
- Distribution of external physician pocket guides to key admitting and new physicians

STEP 1

STEP 2


STEP 4

Compare Performance Internal/External

Review Charts to Validate Patterns and Areas of Focus

Track and Report Results


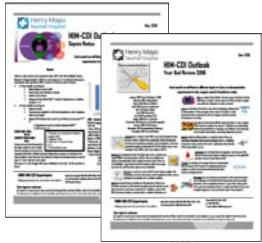
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Step 3:

Educate Physicians and Coders

Examples

STEP 1

STEP 2


STEP 3

Compare Performance Internal/External

Review Charts to Validate Patterns and Areas of Focus

Track and Report Results

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Step 3:

Educate Physicians and Coders

Examples

Brochure

STEP 1

STEP 2


STEP 4

Compare Performance Internal/External

Review Charts to Validate Patterns and Areas of Focus

Track and Report Results


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Step 3:

Educate Physicians and Coders

Looking Back



Data Monitoring

- Mortality monitoring using internal mortality ROM data based on coding
- Sepsis mortality monitoring using internal mortality ROM data based on coding
- Decubitus ulcer charting & monitoring

STEP 1

STEP 2


STEP 4

Compare Performance Internal/External

Review Charts to Validate Patterns and Areas of Focus


Track and Report Results

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Step 3: Educate Physicians and Coders

Looking Forward



In-Person Training Efforts

- Hospitalist monthly staff meeting presentations
- Office visits to develop specialist tip sheets and build relationships
- Increased ICD-10-PCS training
- Denials notification

STEP 1

STEP 2


STEP 4

Compare Performance Internal/External

Review Charts to Validate Patterns and Areas of Focus

Track and Report Results


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Case Study: Presented to Hospitalists

65 y/o Hispanic male admitted with SOB. PMHx pneumonia, diastolic CHF, CKD, DM, BPH, OSA—noncompliance with CPAP and atrial fibrillation. Diagnostic workup revealed: Room air sat 78%—placed on BIPAP, temp 100.8, HR 99, RR 28. CXR showed possible infiltrates to RML and LLL and moderate size left pleural effusion. BUN/creat 34/2.3 that worsened to 58/5.2. Pro-BNP 11,453. Recent ECHO showed EF 51%. TEE negative for vegetation.

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Case Study: Presented to Hospitalists

- **Assessment/plan (actual):**
 - Acute respiratory failure
 - MRSA bacteremia—unknown source
 - Acute kidney failure on CKD
 - Atrial fibrillation
 - Type 2 DM with complications
 - Diastolic CHF
 - IV ceftaroline, IVFs
 - Pulmonary, ID, nephrology consults
 - BIPAP
 - Thoracentesis
 - Hemodialysis

- **Assessment/plan (more specific):**
 - MRSA sepsis due to diskitis/osteomyelitis of T9/T10
 - Acute respiratory failure with hypoxia
 - Acute on chronic diastolic CHF
 - Possible MRSA pneumonia
 - Type 2 DM with renal manifestations/CKD stage 4
 - Acute renal failure with ATN
 - Pleural effusion, left
 - IV ceftaroline, IVFs
 - Pulmonary, ID, nephrology consults
 - BIPAP
 - Thoracentesis
 - Hemodialysis


SOI: 3 ROM: 3 GMLQ: 3.8
SOI: 4 ROM: 4 GMLQ: 4.9

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Step 3: Educate Physicians and Coders

Looking Forward



Data Monitoring

- Unit-by-unit rollout of chart reviews with multidisciplinary rounding program
- Full HAC monitoring, which includes PSI-90
- Rehab chart monitoring
- ICD-9 to ICD-10 retrospective review comparisons
- Surgical comparisons

STEP 1


Compare Performance Internal/External

STEP 2

Review Charts to Validate Patterns and Areas of Focus

STEP 4

Track and Report Results



Step 4: Track and Report Results

- Reported monthly to CFO, medical staff, appropriateness review committee, and other hospital staff committees
- Reviewed with CDI staff monthly at strategy meeting
- Full transparency
- Increased denials tracking

STEP 1


Compare Performance Internal/External

STEP 2

Review Charts to Validate Patterns and Areas of Focus

STEP 3

Educate Physicians and Coders



Formal Evaluation Metrics 2016

1,607

queries

82%

initial charts reviewed

40%

financially impacting queries

90%

query agreement rate using agreement or disagreement queries

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Lessons Learned and Recommendations

- Our philosophy: We audit for quality, and the impact follows
- Don't get overwhelmed with data—concentrate on bite-size pieces
- Learn each area well
- Coders are your partners
- Physicians are your allies
- Educate, educate, educate!

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References

- Combs, Tammy. "Understanding CDI Metrics" ([Journal of AHIMA website](#)), February 24, 2016.
- Elion, Jon. "Computer-Assisted Clinical Documentation Improvement to Support Quality Initiatives" ([Chartwise Med website](#)), January 16, 2017.

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ROAD MAP

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Introduction to Henry Mayo

2

A Data-Driven Approach to CDI

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Questions & Answers



Thank you. Questions?

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In order to receive your continuing education certificate(s) for this program, you must complete the online evaluation. The link can be found in the continuing education section at the front of the program guide.
