Summary: Clinical documentation improvement (CDI) programs play a vital role in today’s healthcare environment. The growth of the U.S. healthcare industry has resulted in increasingly demanding regulatory initiatives designed to promote improved quality of care while controlling future healthcare costs. Many of the new demands are tied to facility and provider profiling, patient care outcomes, and ultimately healthcare reimbursement—all of which are dependent on high-quality clinical documentation. The role of the CDI team is therefore critical to the financial well-being of healthcare facilities and patient care providers, but more importantly it’s critical to the health of patients. Because of the high stakes associated with documentation improvement, CDI programs have enjoyed rapid growth across the nation. But it’s critical to begin with a strong foundation.

Clinical documentation is the core of every patient encounter. The importance of thorough, complete, and accurate documentation cannot be overemphasized. However, achieving high-quality documentation continues to be a challenge within the healthcare community as good practices are not routinely taught in medical school or residency. Successful CDI programs can have a significant impact on the quality of clinical documentation by helping providers translate the patient’s clinical status into reportable data. In essence, the role of the clinical documentation specialist (CDS) is to serve as the liaison between the clinical and coding world.

In addition to understanding the need for improved clinical documentation, organizations that have implemented or plan to implement a CDI program must understand the core components that make such programs successful and sustainable. Many CDI programs stagnate or even fail due to insufficient resources, lack of program oversight, or deviation from their original mission. Successful CDI leaders and programs adhere to a clear mission and establish basic processes that support ongoing growth, success, and sustainability. This white paper outlines the steps to develop and sustain an effective CDI program with a strong foundation.

Back to basics

Before you determine whether you should implement a CDI program, you must first establish the need for one. This typically involves completing an objective assessment of the organization’s current clinical documentation and coding practices. In addition to completing a variety of interviews, best practices for completing this operational assessment include:

- Meeting with key stakeholders to assess their understanding of and engagement with the program
- Determining the best place to house the CDI program by assessing several departments
- Pinpointing opportunities for interdepartmental collaboration
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- Identifying the current resources available to support the program
- Reviewing processes and workflow
- Identifying opportunities for greater efficiency, productivity, and program effectiveness

Assessment phase

Following is a recommended step-by-step process for conducting a pre-implementation CDI assessment:

- **Documentation and coding analysis.** When performing this analysis, focus on accuracy of DRG assignment, CC/MCC capture, and identification of query opportunities.

- **Quality indicators analysis.** When performing this analysis, identify additional risk adjusters that impact quality outcomes (i.e., Hierarchical Condition Categories, severity of illness, risk of mortality, hospital-acquired conditions, Patient Safety Indicators, core measures, etc.). This process can be performed either on a pre-bill or post-bill basis. There are pros and cons to each approach, as demonstrated in the following table (note that these pros/cons apply to any CDI program, whether that program is in the assessment phase or fully operational):

<table>
<thead>
<tr>
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<th>Pre-bill</th>
<th>Post-bill</th>
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<tr>
<td><strong>Pros</strong></td>
<td>Accurate documentation and code assignment prior to billing the account</td>
<td>Identification of coding and query opportunities</td>
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<td>Accurate and optimal reimbursement without having to re-bill</td>
<td>Identification of education opportunities</td>
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<td>Real-time education while the encounter is still fresh in the provider's, coder's, and CDS' mind</td>
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<td><strong>Cons</strong></td>
<td>Potential impact on discharged not final billed (DNFB) and billing process</td>
<td>Delayed identification of coding errors and/or documentation opportunities in which action may not be taken due to timely filing guidelines</td>
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<td>- Can be minimized by implementing tight controls (24 hour turn-around time)</td>
<td>- Unable to re-bill if outside of the timely filing window</td>
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<td>- Education may be less impactful as the cases are not real time</td>
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- **Meetings with key stakeholders.** These meetings typically should include the following representatives:
  - Chief medical officer
  - Chief financial officer
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- Key physicians (vice president of medical affairs, physician advisors, department/service line leaders, etc.)
- Director of health information management/coding
- Director/manager of CDI (if different from other leader responsibilities)
- Chief compliance officer
- Director of case management
- Director of quality
- Chief nursing officer (depending on the organizational structure)
- Medical staff coordinator
- GME coordinator (if your organization is an academic facility)
- Chief operating officer of outpatient services (if such services are in the scope of the project)
- Chief information officer
- CDS, for shadowing (if a program is already in place)

Data analysis (by payer). Data analysis typically involves the following elements:
- CMI (overall, surgical, medical, and by service line)
- DRG volumes (overall and by service line)
- CC/MCC capture (overall and by service line)
- Key DRG pairings
- Severity and mortality ratings (internal and external sources)
- Quality indicators/outcomes (internal and external sources)

Other assessment components, including the following:
- Available resources
- Workflow and process management (including IT resources, if indicated)
- Program tracking and reporting
- Physician query process and outcomes
- Level of CDI staff knowledge (clinical and coding)
- Staffing needs
- Physician education needs
- CDS process and performance outcomes (if a program is already in place)

Note: Periodic assessments should be performed to validate program success and identify opportunities for future growth and support.

Upon completion of the assessment phase, the facility can decide to implement a new CDI program or relaunch an existing one. It is important that the key stakeholders and facility decision-makers, including a physician leader, participate in this process to ensure full administrative support and avoid
setbacks. Once the decision is made to move forward, the supporting leadership team can proceed with the development of a mission statement.

**Establishing a governing body**
Establishing an interdisciplinary steering committee to support the CDI program and participate in the decision-making process is essential to the program’s success. The steering committee is typically sponsored by an executive leader and should include the following participants:
- Revenue cycle leader (CFO or designee)
- Chief medical officer
- Other key physicians
- Director of health information management/coding
- Chief compliance officer
- Director of case management
- Director of quality
- Chief nursing officer
- Medical informatics or data analyst

**Developing the mission statement**
All CDI programs need a vision. The CDI mission statement serves as a guide for the program. It should set forth the program’s overall goal and provide a path to determine focus, achieve goals, and facilitate future decision-making. When developing the CDI mission statement, your organization should begin with its own values, vision, and mission statement. The CDI mission statement should align with the overall goals, values, and mission of the organization.

Following is a sample mission statement:
“Our goal is to provide education and process development to enhance communication and understanding among all individuals involved in the documentation and coding of the health record to ensure the clinical reliability and integrity of the healthcare data."

**Strategizing for program success**
Once the mission statement is developed and a clear vision of the purpose of the program exists (backed by a governing body), you can initiate CDI program development, implementation, and ongoing management. Like any project or initiative, a solid foundation is key to the program’s effectiveness, success, and sustainability.

Use the following program concepts and your facility-specific assessment findings to develop an appropriate CDI program structure:
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- **Staffing.** Determine the organizational structure and personnel resources required to accomplish departmental and organizational goals. Identify a program manager prior to implementation. Staffing levels are determined based on program focus (DRG assignment and CC capture, quality, complete and accurate documentation, etc.). Additional staffing may be needed depending on facility size and organizational structure. Role-specific job descriptions should be developed when determining staffing needs.

- **Data analysis and goal setting.** Review baseline data (CMI, CC capture rates, DRG volumes, DRG pairings, query response rates, quality outcomes, etc.) and identify focus areas. Establish incremental goals based on current data and adjust them accordingly based on program development, growth, maturity, and success.

- **CDI physician advisors.** Secure physician leadership and support. The physician advisor must be an expert in clinical documentation and coding practices. He or she should be well-respected by the medical community and capable of performing this role. An advisor’s tasks include serving as a resource to CDI and coding staff (especially on clinically complex cases), performing chart reviews, querying providers, educating providers, and addressing recalcitrant or disengaged medical staff. Formal training should be provided to physicians who are new to the role.

- **Initial training and ongoing education.** All CDI team members should be formally trained on the principles of high-quality documentation, DRG management and coding concepts, CDI’s impact on reimbursement and quality outcomes, the query process, and query compliance. Consider a combined training approach, beginning with classroom theory and followed by shadowing tutorials to ensure appropriate application of the information learned. Upon completion of initial training, implement a quality assurance process to evaluate individual CDS knowledge, performance, effectiveness, and educational opportunities.

- **Physician education.** Physician education is essential to every CDI program. Each session should be conducted by a peer and include relevant but brief information specific to the individual audience. Physician leadership and medical staff services should participate to determine which approach and forum will ensure optimal attendance. Additionally, executive management and physician leaders should participate to communicate the value of the program to the medical staff.

- **C-suite and other administrative support.** Senior executive support is essential to the success of a CDI program. The senior executive team must fully understand and communicate the CDI team’s mission.
statement and the program’s potential impact, both on quality outcomes and on immediate and future revenue.

**Process development**

To ensure program effectiveness and efficiency, every CDI program should be guided by standards, policies, procedures, and key metrics. These guidelines will establish clear expectations regarding CDS productivity, provider engagement, program compliance, and program goals.

- **CDS productivity standard.** The primary responsibility of the CDS is to perform record reviews, query providers, and provide ongoing physician education. Base the average number of daily reviews to be performed by each CDS on overall program focus, CDS responsibilities, and resources available (i.e., manual vs. automated process, paper record vs. hybrid vs. full EMR, etc.).

- **Policies and procedures.** Policies should be general and outline the purpose of the program, including program focus and goals, specific program roles and functions, credential requirements for CDI professionals, CDI orientation, training and education requirements, the query process, and the quality assurance process. Procedures, in contrast, should be detailed and promote day-to-day consistency in CDI performance and operations. Policies and procedures should determine all major decisions and actions, set program boundaries, and ensure program compliance. Types of procedures include, but are not limited to:
  - Concurrent review process (including initiation and frequency of reviews)
  - Chart review process
  - Chart review prioritization process
  - Concurrent query process (formulating compliant and effective queries, including facility-specific format requirements)
  - Query escalation guidelines
  - Query reconciliation process
  - Concurrent review reconciliation process (coder-CDS communication)
  - Data collection/entry process
  - Metrics and reporting

The following graphic demonstrates how to develop a process for CDI workflow/record review in your facility:
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Process development

Program metrics, dashboards, and reporting
Establishing core operational measures is essential to every CDI program. The actual data elements and methods of reporting should meet the needs of your individual organization. These measures and data are critical for managing day-to-day operations and program outcomes, as well as for strategic and other management purposes. While most CDI programs use similar basic key metrics, a particular program will generally have its own nuances and variances to consider. Some key metrics to track include:

- Concurrent record review rate (overall and by payer)
- Concurrent query rate
- Query response rate (overall, by service line, and individual provider)
  - Query agree rate
  - Query disagree rate
  - Query no response rate
- Top query trends
- CDS productivity
  - Average number of daily reviews
  - Query rate
  - Query response rate
  - Query agree rate
  - Query disagree rate

Determine initial focus (based on facility goals and staffing)

CDS, Coder, Physician Advisor, Med Staff Education

CDS Concurrent Review

CDI Workflow

Timely pre-bill review and reconciliation

Coder and Physician Advisor communication

Query provider & query follow up

CDS, Coder, Physician Advisor, Med Staff Education

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- Query no response rate
- Missed query opportunities

- Working compared to final DRG
  - Accuracy of working DRG assignment
  - Query impact (PDX, CC/MCC, procedure, SOI/ROM, quality indicator/risk adjuster, etc.)
  - Financial impact

- CMI (total population, by payer, medical vs. surgical, by service line, CDI impact—know what variables can cause a change in CMI)
- CC capture rate (overall, medical vs. surgical, by service line, by individual provider, CDI impact)
- SOI, ROM, and quality indicator changes

Developing a CDI dashboard to track metrics is also useful. A well-developed performance dashboard provides relevant and timely information for program management. Effective CDI programs will generate an extensive amount of information that affects various areas of the organization. Each affected entity will need to know how this information is collected, analyzed, and reported. Tracking of key metrics, along with program targets, can be used to analyze program and individual performance and identify opportunities for improvement. In addition to collecting and analyzing the data, you should report program outcomes to designated departments on a regular basis.

**Monitoring the program**

CDI staff and processes should be monitored to ensure work quality and program compliance, as well as to identify opportunities for ongoing education. At minimum, you should use CDI key metrics to institute a quality assurance process. Every organization will need to develop its own methodology and determine which elements of the program will be monitored and evaluated. These reviews should be conducted on a regular basis, retrospectively at minimum and during the concurrent process when possible. Key elements to monitor and evaluate include:

- Appropriate timing and frequency of reviews
- Accuracy of working DRG
- Query specifics—for example:
  - Was the query indicated?
  - Was the query written in a compliant (non-leading) format?
  - If multiple choice, did the query include clinically viable options specific to the case and options of “other” and “unable to determine?”
  - Query response and timing of follow-up (if indicated)

- Missed query opportunities
- Accuracy and quality of data collection
Communication is everything
The following graphic demonstrates the interconnected nature of a high-functioning, successful CDI team:

CDI Team

CDI is a "team sport"
Successful programs are dependent upon engagement, participation, and communication by all team members

CDI is a team sport played by CDSs, coders, and physicians. Successful CDI programs rely on synergies between team members and depend on the team's engagement, participation, and regular communication. Frequent and consistent communication creates a system of checks and balances that promotes program success. In addition to daily communication, the CDI team should participate in regularly scheduled meetings to review complex cases and discuss other clinical coding issues. General points of team communication include:

- Provider queries
- Formal and informal provider education sessions
- Coders serving as a resource to the clinical team
- Clinical team members serving as a resource to the coding team
- Physician advisors assisting with clinically complex cases
- Coder-CDS reconciliation:
  - Differences in working vs. final DRG assignment
  - Outstanding queries at the time of discharge
  - Missed query opportunities
Interdepartmental collaboration

Collaboration between CDI and the various hospital departments will improve the overall quality and integrity of medical record documentation. Initially, most organizations set up CDI in the inpatient setting due to the significant amount of documentation in each patient encounter and the direct impact that this documentation had on reimbursement. The reality, however, is that clinical documentation is important in every aspect of patient care. In addition to DRG reimbursement, thorough, complete, and accurate documentation affects patient care quality outcomes, medical necessity, and length of stay; these impacts apply to outpatient settings just as much as physician offices. Collaborate with various departments based on program focus, CDI staffing resources, and opportunities identified in other areas.

Conclusion

High-quality clinical documentation is imperative in every patient care setting, and by ensuring the quality of this documentation, CDI specialists can have an enormous impact throughout the industry. The key elements discussed above are the cornerstones to success for every CDI program. Continuous assessments, monitoring, analyzing, reporting, ongoing education, and communication are essential to closing documentation gaps and ensuring program prosperity. All new CDI programs should begin with the basic foundations that are key to success. All existing CDI programs, meanwhile, should periodically reassess to ensure that they are continuing to move forward.

References

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