FAIRCODE

The Evolution of CDI

Effective Use of Resources

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History

- Establish a working DRG's to impact LOS *(Length of Stay)*
- CC/MCC Capture *(Comorbid Condition/Major Comorbid Condition)*
- Improve CMI *(Case Mix Index)*
- ROM/SOI under APR DRG grouper

(Risk of Mortality/Severity of Illness)

Evolution

- POA assignment *(Present on Admission)*
- HAC's *(Hospital Acquired Conditions)*
- PSI's *(Patient Safety Indicators)*
- VBP Initiatives *(Value Based Purchasing)*
- Readmissions
- Outpatient CDI *(Clinical Documentation Improvement)*

Federal Initiatives

March 2010 - Patient Protection and Affordable Care Act signed and launched the National Quality Strategy

"Triple Aim"

- Better Care
  - Healthy People/Healthy Communities
    - Affordable Care

CMS Compliance with ACA

Affecting Reimbursement and Involving Clinical Documentation

- **H**ospital **V**alue-based **P**urchasing **P**rogram
- **H**ospital **R**eadmission **R**eduction **P**rogram
- **H**ospital-**A**cquired **C**ondition **R**eduction **P**rogram

Measures Evolve

- Core Measures
  - Adopted as part of the **H**ospital **I**npatient **Q**uality **R**eporting Program (IQR) in 2003 - updated in 2005
  - Data reported is compiled and included in Hospital Compare metrics

(www.medicare.gov/hospitalcompare/search.html)

Measures Evolve

- **P**atient **S**afety **I**ndicators

  - Created by the **A**gency for **H**ealthcare **R**esearch and **Q**uality (AHRQ) in 2003
  - Meant for data reporting
  - Subset of PSIs are included in a composite measure affecting performance under HVBP, tying dollars to quality

Methods Evolve

- Post discharge data abstraction
- Previously minimal collaboration between Quality and HIM
- Now HIM and Quality Departments intersect on a routine basis because the codes assigned drive the outcomes

Methods Evolve

- CMS is migrating to administrative or claims' data for data collection
- VBP continues to change
  - In 2013, core measures classified as process domains contributed 70% of the total score
  - In 2018, the process domain has been eliminated from HVBP with only one abstraction measure remaining

Value-Based Purchasing

The juggling act between cost and outcomes is best illustrated in the context of Medicare's VBP

- Rewards higher-performing hospitals with incentive payments
- Penalizes lower-performing hospitals

Potential loss few hospitals can afford, creating a "make-or-break" situation for long-term financial sustainability

Value-Based Purchasing

The Hospital VBP program implements a pay-for-performance approach to the payment system

- Accounts for the largest share of Medicare spending
- Affects payment for inpatient stays in approximately 3,000 hospitals across the country

Value-Based Purchasing

Under the VBP program, hospitals are assessed based on either

- How well they perform on each measure compared to other hospitals
- How much they improve performance on each measure compared to performance during a baseline period

Value-Based Purchasing

Measures are grouped into specific quality domains which vary year-to-year; in 2017, those categories included:

- Clinical process of care
- Patient experience
- Patient outcomes
- Efficiency
- Patient safety through the use of an achievement threshold and benchmark to measure clinical effectiveness

Value-Based Purchasing

In 2018 there are only 4 domains which will be equally weighted at 25% when computing the facilities score

- Safety
- Clinical care
- Efficiency and Cost Reduction
- Patient and Caregiver – Centered Experience of Care/Care Coordination

Of course “Quality” matters…..

- Hospital Compare
- Leapfrog
- US News and World Report HealthGrades
- Vizient

Can we see the future?

- J. P. Morgan/Amazon/Berkshire Hathaway
- Health Information Exchanges

Best Practice Strategies Reported by ACDIS

Collaborate	Identify	Differentiate	Consider
Collaborate, not duplicate, with quality departments and those submitting data through the hospital's IQR and Hospital Outpatient Quality Reporting Program.	Identify root causes of performance issues. Coded data may not accurately reflect the clinical scenario even if accurately coded.	Differentiate between documentation issues, coding issues and clinical performance issues.	Consider varying sources of data. Infection control data sent to the CDC, for example. Marry this to the coding requirements for complications.

Strategies

You can…..

Identify cases for quality department which fall into cohorts

OR

Conduct value-based reviews within the CDI Department

- Identify cases within the measurement cohort
- Validate inclusion through clinical validation and identification of exclusion criteria
- Predict performance through risk adjustment

Conduct value-based reviews within the CDI Department

Which of the following quality measures and/or quality-related items does your CDI program review on a concurrent basis?

SOI/ROM concurrent mortality	64%
HACs	55%
PSIs	49%
SOI/ROM retrospective mortality	45%
CMS inpatient quality ("core") measures	26%
We don't review quality measures	21%

2016 CDI Week Industry Overview Survey

Inpatient to Outpatient Migration
Driving Factors

- ACO's *(Accountable Care Organization)*
- Healthcare mergers and acquisitions
- Bundled payments
- Public outcomes data
- PQRS *(Physician Quality Reporting System)*
- EHR Incentive Programs

Inpatient to Outpatient Migration

- As lower relative weights are removed from the inpatient formula and paid under the Outpatient Prospective Payment System, CMI is rising on decreasing volumes
- Clinically, more cases are conducted in the outpatient setting due to technology enhancements and technique changes
- Need to ensure accurate reporting of procedures, linking diagnoses to treatment

Outpatient CDI Examples

- Emergency Department
- Observation Services
- Outpatient Diagnostic/ Surgery
- HCC's
- Ambulatory Clinics
- Home Health Hospice

Outpatient CDI – How to get started

- Identify your volume of denials for incorrect patient status
- Identify your organization's volume of denials for outpatient surgical cases due to medical necessity
- If your organization is an ACO with a physician practice that participates in Medicare Advantage Plans
  - Targeting documentation of diagnoses impacting HCC's for Medicare Advantage recipients

Biggest challenge will be establishing a focus

Outpatient CDI

Understand

- OPPS - APC's - HCPCS codes – status indicators
- E/M Levels
- Two Midnight Rule
- VBP

Outpatient CDI

- Risk Adjustment / HCC's *(Hierarchal Conditions Coding)*
  - Prospective payment methodology using prior year diagnoses to predict future costs
  - Adjusts payments to health plans
  - Factors included in risk adjustment
    - Age, gender, socio-economic status, disability status, insurance status
    - Diagnoses codes
    - Place of Service codes
    - Patient Specific conditions (ESRD)

Outpatient CDI

- HCC's *(Hierarchal Conditions Coding)*
  - Used to address multiple levels of severity for diseases
  - Payments will be made on most severe manifestation of disease
  - Diagnoses which are clinically related are ranked by costs
  - Diagnoses captured are expected to predict future costs
  - Providers will receive more appropriate reimbursement for the care provided.
- Chronic conditions must be captured annually – data capture for these begin each year on January 1st

Outpatient CDI

- HCC's *(Hierarchal Conditions Coding)*
  - Diagnoses are captured from
    - Hospital Inpatient/Outpatient records
    - Face to Face Office Visits (except RN only)
    - Physician diagnoses regardless of setting, e.g. ICF, SNF, Dialysis
    - Diagnoses made by clinically trained non-physician providers, e.g. psychologists, podiatrists, nurse practitioners and physician assistants
    - Must be documented as a current problem on the day of service
  - Documentation must
    - Meet coding guidelines
    - Be signed with identifiable credentials e.g., MD, NP

Outpatient CDI

- HCC's *(Hierarchal Conditions Coding)*
  - Most commonly missed HCC's
    - Hepatitis B and C – must be documented as chronic or resolved
    - Drug/Alcohol dependence or recent Tobacco use/dependency
    - Diabetes Mellitus with complications or uncontrolled
    - Major Depression (frequency and severity); MDD vs Depression NOS
    - Cancers coded at "history of" instead of "active"
    - Peripheral Neuropathy secondary to "X"
    - Old myocardial infarction
    - Renal Failure/Insufficiency or low GFR
    - PEM (protein energy malnutrition) involuntary weigh loss (10% in previous months)
    - Morbid Obesity – BMI>40

Outpatient CDI

Challenges

- High volume – quick patient turnaround
- Vision/Focus must be clear
- Work collaboratively with Case Management and UM

Outpatient CDI - Benefits

- Ensure physician documentation
  - Reflects the physician's clinical judgement
  - Demonstrates medical decision – making
  - Captures the acuity of the patient
- Ensure selection and documentation of the correct patient status (Inpatient vs Observation)
- Improved documentation supporting observation services

Outpatient CDI - Benefits

- Accurate capture of facility E/M level charges
- Improved documentation of injections and infusions
- Accurate problem list
- Improved accuracy and capture rate for POA indicators

Can you do it all?

Where will you focus? What is your vision?

- Quality
- Financial
- Compliance
- Legal
- Payor Contracting

Leveraging CDI Strengths

- Concurrent
- Clinical
- Targeted
- Collaboration with Medical Staff

Requirements for Expanded Role of CDI

Technology

- Improve communication
- Track work effort
- Track results

Requirements for Expanded Role of CDI

Training

- Use internal and external resources
  - Quality Department
  - Case Management Department
  - HIM/Coding Department
  - Medical Staff
    - Grand Rounds
    - Local Consensus Statements
    - Physician Advisor

Requirements for Expanded Role of CDI

Build on your program

- Career ladders to enhance recruitment and retention
- Link with others in your facility and health system for better ideas as opportunities emerge, metrics change, leaders migrate

What?

……. No more FTE's for CDI?

- Leverage resources within the hospital
- Determine responsibility
- Be clear on roles – Remember **"Vision"**
- Agree on metrics and then measure performance
- Teach others
- Judicious use of external partners

Outsourcing

- Physician advisors
- Training
- Technology
- Coding Auditing
- CDI Auditing

Measuring Inpatient

Depends on your vision

- Cases per hour (25 case reviews/day)
- Average cost/chart reviewed
- CC/MCC Capture
- SOI/ROM
- Average increase in revenue per chart reviewed
- Denial rate for medical necessity and coding

Measuring Outpatient
Depends on your vision

- Cases per hour
- OPPS assignments
- Booked vs. actual procedures
- HCC's
- Discharge plan compliance

Remember….

- Stay focused on your vision at all times
  - To eliminate fragmentation of your program
  - To eliminate scope creep
  - To assure success of your CDI program
  - To assure financial success for your hospital

Questions?

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