Clinical Documentation Improvement (CDI)

Lafayette General Health

2017 Nicholas E. Davies Enterprise Award of Excellence

Jessie Hanks, BS, RHIA, Director HIM
Amanda Logue, M.D., Chief Medical Information Officer
Lafayette General Health

Who we are

- 7 Inpatient facilities  (incl. Academic)
- 43 Ambulatory sites: 18 specialties
- 1 Ambulatory surgery center
- 4,043 FTEs
- 68 Employed Physicians
- 1,700 Non-Employed Medical Staff
- Acute HIMSS Level 6 (LGMC & UHC)

Our patients

- 29,000 Admissions
- 180,000 ED visits
- 23,000 Surgical cases
- 335,000 Outpatient visits

Top Service lines:
- Cardiology
- Neurology
- Orthopedics

Fiscal Year 2016 (Sept. 2015 - Sept. 2016)
Information Systems automation journey

2003
- CPOE, Documentation, ED, Pharmacy, Revenue Cycle

2012
- System re-install, Surgery, Cerner Patient Accounting, Quality Alignment

2014
- Remote Hosting

2016
- Women’s Health, Care Management, Registries, CommonWell, EPCS, HealthyLink clinics

Hospitals acquired:
- 2006: Radiology, PACS, Laboratory
- 2013: Ambulatory ASP, Oncology
- 2015: Integrated Ambulatory, Sepsis, PSI-15 process, New CDI software
- 2017: EDW, HealthyLink hospital system, Palm Scanning, Patient Observer

Lafayette General Health
Local Problem
Opportunities to improve CDI process

- Struggled with navigating CDI software and communicating with physicians when additional information was needed
- Opportunity to improve documentation query response rate from physicians
- Potentially not coding accurately
- Not realizing the full opportunity for net variance reimbursement
- Previous workflow:
  - Manual process with CentraMed
  - Database software for reference but could not directly submit queries from the tool
  - Not integrated with the patient’s chart
  - No Admit/Transfer/Discharge information
## Baseline Data

<table>
<thead>
<tr>
<th></th>
<th>FY 2013</th>
<th>FY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of queries</td>
<td>278</td>
<td>263</td>
</tr>
<tr>
<td>Query response rate</td>
<td>82.0%</td>
<td>91.6%</td>
</tr>
<tr>
<td>Percent of queries with MS-DRG change</td>
<td>30%</td>
<td>42%</td>
</tr>
<tr>
<td>Net variance reimbursement</td>
<td>$292,957</td>
<td>$518,245</td>
</tr>
</tbody>
</table>

Data Source: 2013-2014 data – LGMC Centramed
Governance

• Executive Sponsors:
  • Director of HIM
  • CMIO
  • CMO

• Teams engaged:
  • LGH HIM Department
  • LGH IS
  • Physicians

• Goals for the project:
  • Create an easier and more efficient coding process
  • Ensure capturing the most accurate severity of illness and risk of mortality based on documentation in the chart
  • Capture appropriate reimbursement based on care provided
<table>
<thead>
<tr>
<th>Date</th>
<th>Major Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>CentraMed deployed for CDI at LGMC</td>
</tr>
<tr>
<td>2014</td>
<td>New mortality review process</td>
</tr>
<tr>
<td>2015 - July</td>
<td>Streamline replaces CentraMed for CDI at LGMC</td>
</tr>
<tr>
<td>2015 - Aug</td>
<td>New Hospital Acquired Condition (HAC) review process</td>
</tr>
<tr>
<td>2015 – Nov</td>
<td>+1 CDI staff (LGSW acquisition)</td>
</tr>
<tr>
<td>2016 – Jan</td>
<td>Centralized HIM across LGH organization</td>
</tr>
<tr>
<td>2016</td>
<td>+4 CDI staff (starting managing other facilities)</td>
</tr>
<tr>
<td>2017 – Jan</td>
<td>CDI boot camp</td>
</tr>
</tbody>
</table>
Design and Implementation

• Rules built in Streamline to look at certain payors:
  • Concurrent review for Medicare, Managed Medicare, Cigna, United Healthcare, and Humana
  • Review payer groups with highest opportunity for reimbursement
• Streamline interface with Millennium for A/D/T feeds
• Technology configuration to launch Streamline on the same Citrix servers used for 3M encoder
How Health IT was Utilized
How Health IT was Utilized

• New CDI software (Streamline) implemented
• Based on coding criteria, CDI specialists submit a query to providers
• Query interfaced directly from Streamline to Cerner EHR
• Provider can update directly from patient chart and send back to CDI
Coding Query Process

Green boxes = Health IT utilization
CDI Mortality Review Process

Green boxes = Health IT utilization
Streamline query to physician

Streamline screenshot showing a medical record with an Altered Mental Status form. The form contains handwritten notes and checkboxes indicating the status and conditions.

**Altered Mental Status**

In order to complete this query, click on the modify icon and make your selections by inserting an X on the appropriate lines.

**Physician documentation clarification form**

**Confidentiality Statement:**

The professional information contained herein is privileged and confidential. The information is being shared for the purpose of enhancing healthcare.
Streamline query to physician

Conflicting Diagnoses

In order to complete this query, click on the modify icon and make your selections by inserting an X on the appropriate lines.

Person requesting information: __________________ Phone: __________
Dear Provider: __________________ Date of request: __________

The medical record documentation is conflicting. Please provide clarification regarding the most appropriate diagnosis.

ATTENDING PHYSICIAN NEEDS TO MAKE THE FINAL DETERMINATION:

Please check or fill in the correct diagnosis.

_____DIAGNOSIS: ______ Sepsis (Progress Note, __________

_____DIAGNOSIS: ______ SIRS (Progress Note, __________
If SIRS, please specify the following:

_____SIRS due to infectious process with severe sepsis
_____SIRS due to infectious process without sepsis
_____Non-infectious origin without organ dysfunction
_____Without Organ dysfunction

_____OTHER (SPECIFY): __________________

PLEASE CONTINUE TO WRITE THIS DIAGNOSIS IN THE PROGRESS
NOTES & DISCHARGE SUMMARY

**Once signed and dated by the physician, this document is considered a
permanent part of the legal medical record**
Physician query in PowerChart Message Center

Screenshot from Cerner EHR
### Initial Documentation

**Medicare DRG and MDC Information**
- **301** PERIPHERAL VASCULAR DISORDERS W/O CC/MCC
  - CMS wt 0.7237 A/LOS 3.1 G/LOS 2.6
  - Length of stay, discharge to a post-acute care provider, and home health service condition codes can significantly impact reimbursement for this DRG.

  **Total:** $4521.60

**Estimated Reimbursement -- Medicare Inpatient**
- **Status:** Inlier

**APR (all versions) DRG and MDC Information**
- **197** PERIPHERAL & OTH VASC DIS
  - APR wt 0.6712 Low Trim 1 High Trim 11 A/LOS 3.79 G/LOS 3.13
  - Status: LOS Inlier

### Coding Identified Opportunity

**Medicare DRG and MDC Information**
- **299** PERIPHERAL VASCULAR DISORDERS W/M MCC
  - CMS wt 1.4161 A/LOS 5.4 G/LOS 4.1
  - Length of stay, discharge to a post-acute care provider, and home health service condition codes can significantly impact reimbursement for this DRG.

  **Total:** $8216.17

**Estimated Reimbursement -- Medicare Inpatient**
- **Status:** Inlier

**APR (all versions) DRG and MDC Information**
- **197** PERIPHERAL & OTH VASC DIS
  - APR wt 0.9968 Low Trim 1 High Trim 16 A/LOS 5.08 G/LOS 4.22
  - Status: LOS Inlier

**Admit Diagnosis**
- **I70242** Atherosclerosis of native arteries of left leg with ulceration of calf
  - Affects secondary DRG
  - **SOI=P** Principal diagnosis used for SOI calculation

**Principal Diagnosis**
- **I70242** Atherosclerosis of native arteries of left leg with ulceration of calf
  - Affects secondary DRG
  - **SOI=P** Principal diagnosis used for SOI calculation

**Secondary Diagnoses**
- **A419** Sepsis, unspecified organism
  - **SOI=3** Major
  - **ROM=3** Major

- **E118** Type 2 diabetes mellitus with unspecified complications
  - **SOI=2** Moderate
  - **ROM=2** Moderate

- **L52** Erythema nodosum
  - **SOI=2** Moderate
  - **ROM=1** Minor
Coding Variance

Screenshot from Streamline
Value Derived
Increase total number of queries and provider query response rate

LGMC total number of queries and provider query response rate

Data Source: 2013-2014 data – LGMC Centramed; 2015-present – LGMC Streamline
Increase in MS-DRG changes

LGMC MS-DRG change rate

FY 2013: 30%
FY 2014: 42%
FY 2015: 29%
FY 2016: 84%
FY 2017 (Oct. 16-Jun. 17): 89%

Data Source: 2013-2014 data – LGMC Centramed; 2015-present – LGMC Streamline
Increase net variance reimbursement

LGMC Net Variance Reimbursement

Data Source: 2013-2014 data – LGMC Centramed, 2015-present – LGMC Streamline
LGH system increase in net variance reimbursement

LGH Net Variance Reimbursement

- FY 2013: $292,954
- FY 2014: $555,310
- FY 2015: $1,144,998
- FY 2016: $1,294,534
- FY 2017 (Oct. 16-Jun. 17): $1,810,188

Data Source: 2013-2014 data – LGMC Centramed, 2015-present – LGMC Streamline
Next Steps

- Expanding the scope of the CDI program to capture key documentation initiatives
- Complete Phase Two “Go Live” With Streamline Health – CDI Solution
- New multi-facility dashboard
- Upgrades for system reporting
- Continued engagement with consulting group for ongoing education and process improvements
- CDI physician champions – LGH
- Roll out additional physician education
- CDI DAY – big bang roll out at each facility
Thank you