Building A Strong CDI Foundation: A 12-Step Plan For Your Organization

By Wendy Clesi, RN, CCDS, CDIP

Enjoin
# Table of Contents

3 Introduction: CDI’s role in today’s healthcare environment  
4 Step 1: Identify the need for CDI in your facility  
   Step 2: Perform a pre-implementation CDI assessment of documentation and coding  
5 Step 3: Analyze facility quality data to identify opportunities that may be impacted by documentation and coding  
   Step 4: Compare data by payer  
   Step 5: Ensure that your assessment is comprehensive in nature  
6 Step 6: Meet with key stakeholders to share your results  
7 Step 7: Establish a governing body  
   Step 8: Develop a mission statement  
8 Step 9: Determine the structure of your CDI program  
9 Step 10: Draft CDI standards, policies, and procedures  
10 Step 11: Create CDI metrics and dashboards  
11 Step 12: Monitor your CDI program over time  
12 Conclusion: Ensuring long-term CDI success
Introduction: CDI’s role in today’s healthcare environment

Clinical documentation tells the story of each patient’s unique encounter. It’s important in terms of patient safety and clinical care, and it also ensures accurate reimbursement and data quality. Informal clinical documentation improvement (CDI) programs began long before our current-day MS-DRGs; however, over the last several years, CDI programs have proliferated nationwide due to an increased focus on documentation quality and the transition to ICD-10.

Despite the expansion of CDI, many challenges remain, some of which include the following:

- Non-compliant CDI practices that lead to third-party recoupments
- Physician resistance to CDI queries and requests for clarification
- Lack of documentation-related training for physicians during medical school/residency
- Stagnation of CDI programs due to lack of resources or oversight
- Inadequate support from executive leadership

Organizations can avoid these challenges by taking the time to establish a solid foundation for their CDI programs. It all begins with hiring the right mix of individuals. Today’s CDI specialists must be well-versed in both the clinical aspects of disease processes as well as ICD-9 and ICD-10 coding terminology. Successful CDI leaders adhere to a clear program mission and strive to continually improve policies and procedures that support ongoing growth and sustainability. Building a solid CDI foundation is critical regardless of whether your organization is launching a brand new program or simply re-launching an existing one.
Step 1: Identify the need for CDI in your facility

Logistics: Start out by completing an objective assessment of current clinical documentation and coding practices. What are the organization’s goals in terms of improving documentation accuracy and thoroughness? Meet with key stakeholders to assess their understanding of CDI and its purpose. You’ll also need to determine under which department CDI will be included. For example, will your organization include it under HIM? Finance? Quality?

Tips to keep in mind:

- During initial conversations with the C-suite and department managers, pinpoint opportunities for inter-departmental collaboration and feedback.
- What do other departments hope to gain from organization-wide CDI? These conversations help set the tone for cooperation, and they go a long way in terms of ensuring lasting success.

Step 2: Perform a pre-implementation CDI assessment of documentation and coding

Logistics: Analyze documentation and coding, focusing on DRG accuracy, CC/MCC capture, capture of risk adjustors that impact value-based care measures, and query opportunities. Perform these analyses on either a pre- or post-bill basis.

Tips to keep in mind:

- Know the pros and cons of pre-bill vs. post-bill assessments.
- Pre-bill assessments not only result in accurate documentation and code assignment prior to billing, but they also allow for real-time educational opportunities for CDI, coders, and providers. These assessments also ensure accurate reimbursement without having to rebill.
- Without the proper controls in place, pre-bill assessments may have the detrimental effect of increasing the DNFB.
- Post-bill assessments identify coding, query, and educational opportunities; however, they may also result in a delay in identifying coding errors and/or documentation opportunities. Facilities may also be unable to rebill if the claim is outside of the timely filing window. In addition, educational opportunities are retrospective rather than concurrent.
Step 3: Analyze additional risk adjusters that affect quality outcomes

Logistics: Pay close attention to Hierarchical Condition Categories (HCC), Severity of Illness (SOI), Risk of Mortality (ROM), Hospital-Acquired Conditions (HAC), Patient Safety Indicators (PSI), and other claim based measures.

Tips to keep in mind:

1. Do physicians document these conditions properly?
2. Do clinical processes incorporate proper and timely action?
3. Do coders or abstractors capture this information correctly?

Step 4: Compare data by payer

Logistics: Capture the following: CMI, DRG volumes, CC/MCC capture, key DRG pairings, severity and mortality ratings, and quality indicators / outcomes.

Tips to keep in mind:

1. Be sure to capture these metrics overall and by service line.
2. Differentiate between medical and surgical.

Step 5: Ensure that your assessment is comprehensive in nature

Logistics: Assess available resources, workflow and process management, program tracking and reporting, physician query process and outcomes, level of CDI staff knowledge, staffing needs, physician education needs, and CDI specialist process and performance outcomes.

Tip to keep in mind:

• Be prepared to perform periodic assessments to validate program success and identify new opportunities for growth and support.
Step 6: Meet with key stakeholders to share your results

Logistics: During these meetings, discuss the assessment results and determine whether the facility will implement a new CDI program or relaunch an existing one. This is the time to brainstorm ideas and ensure that everyone is on the same page in terms of the program’s direction and purpose.

Tips to keep in mind:

- These meetings should be comprehensive in nature to ensure full administrative support and physician buy-in. Invite the:

  - chief medical officer
  - chief financial officer
  - vice president of medical affairs
  - physician advisor
  - department/service line leader
  - HIM/coding director
  - CDI director
  - chief compliance officer
  - director of case management
  - director of quality
  - chief nursing officer
  - medical staff coordinator
  - GME coordinator
  - chief operating officer
  - chief information officer
  - CDI specialist
  - facility coder
Step 7: Establish a governing body

Logistics: Include the following participants:

- revenue cycle leader
- chief medical officer
- key physician
- HIM/coding director
- CDI director
- chief compliance officer
- director of case management
- director of quality
- chief nursing officer
- medical informatics/data analyst

Tip to keep in mind:

- Ensure executive leader sponsorship of this interdisciplinary steering committee to support CDI success.

Step 8: Develop a mission statement

Logistics: Use the organization’s own values, vision, and mission statement as a starting point. Then determine the specific focus and goals of the CDI program.

Tips to keep in mind:

- The mission statement serves as a guide for the entire program and should also provide a path for future decision-making.
- Ensure that the mission statement encourages growth and expansion of the program.
Step 9: Determine the structure of your CDI Program

1. **Staffing**—Use your program’s specific focus to determine the types of staff members necessary to accomplish your goals. Will these individuals possess coding credentials? Nursing or case management experience? A combination of both? Also identify a program manager who can help develop role-specific job descriptions.

2. **Data analysis and goals**—Use baseline data to identify focus areas. Set incremental goals. Adjust those goals based on the program’s development. Baseline data should include the CMI, CC capture rates, DRG volumes, DRG pairings, query response rates, and quality outcomes.

3. **Physician advisors**—Identify someone who is well-respected by his or her peers and an expert in clinical documentation and coding practices. This individual will engage physicians in CDI, perform chart reviews, query and educate providers, and serve as a resource to coding and CDI professionals.

4. **Training and ongoing education for CDI specialists**—Ensure that all CDI specialists receive training on quality documentation, DRG assignment, coding, query compliance, and CDI’s impact on reimbursement and quality outcomes.

5. **Physician education**—Sessions should be brief and peer-conducted. Executive management and physician leaders should also participate to encourage buy-in and communicate the value of the program.

**Tips to keep in mind:**

- Use your facility-specific assessment findings when developing your CDI program structure.
- Be prepared to revisit and revise the structure as the program matures and expands in terms of its size and scope.
Step 10: Draft CDI standards, policies and procedures

Logistics: Start with a CDI specialist productivity standard (i.e., the average number of daily reviews). Take the following variables into consideration: The overall focus of the CDI program, additional CDI responsibilities (e.g., ongoing physician education and queries), the medical record format (i.e., paper, electronic, or hybrid), and the review process (i.e., manual vs. automated). Next, draft policies and procedures that will determine all major decisions and actions, outline the scope of the program, and ensure compliance. Finally, document the program’s specific CDI workflow. For example:

1. CDI specialist reviews the record concurrently.
2. CDI specialist/coder queries the provider, when necessary.
3. Physician responds with clarification and/or additional specificity.
4. Physician advisor communicates with CDI specialist/coders and provides education to the physician, if necessary.
5. Coder performs timely pre-bill review and reconciliation.

Tips to keep in mind:

• Policies should be general in nature (e.g., program focus and goals, credential requirements for CDI professionals, and CDI orientation).
• Procedures should be detailed and describe specific operational steps (e.g., concurrent review process, chart review process, chart review prioritization process, concurrent query process, query escalation process and guidelines, concurrent review reconciliation process, or data collection/entry process, or metrics and reporting).
Step 11: Create CDI metrics and dashboards

Logistics: Key metrics include the following: Concurrent record review rate; concurrent query rate; query response rate (agree, disagree, or no response); top query trends; CDI specialist productivity; working vs. final DRG; CMI; CC capture rate; and SOI, ROM, and quality indicator changes. Develop a CDI dashboard that provides timely and relevant information, metrics, and outcomes to designated departments on a regular basis.

Tips to keep in mind:

• Track your concurrent record review rate overall and by payer.
• When tracking the query response rate, be sure to track an overall rate as well as a rate by service line and by individual provider.
• When examining CDI specialist productivity, track the specialist’s average number of daily reviews, query rate, query response rate, and missed query opportunities.

Ask these questions:

1. When analyzing the working vs. final DRG, ask these questions: Is the working DRG accurate? What is the impact to quality? What is the financial impact?

2. Identify the root cause of any CMI shifts. Track these shifts overall and by payer and service line.

3. Track your CC capture rate overall and by service line, individual provider, CDI specialist, and medical vs. surgical DRGs.
Step 12: Monitor your CDI Program over time

Logistics: Monitor and evaluate the following: Timing and frequency of reviews, accuracy of the working DRG, query compliance, missed query opportunities, outstanding queries at the time of discharge, and the accuracy and quality of data collection.

Tips to keep in mind:

• Conduct these reviews on a regular basis retrospectively, and ideally, concurrently.
• Regarding query compliance, ask these questions:

  1. Is the query necessary?
  2. Is it compliant?
  3. If written in a multiple-choice format, does it include options such as “other” and “unable to determine?”
Conclusion: Ensuring long-term CDI success

Successful CDI programs require engagement, participation, and communication between CDI specialists, coders, and physicians. Frequent and consistent communication is key. Also open the lines of interdepartmental communication, as various hospital departments can help improve the overall quality and integrity of medical record documentation. Remember that stagnant CDI programs lose their momentum—and effectiveness—over time. Constantly strive to improve and re-invent the CDI program at your facility to maximize its impact on documentation quality.

Looking ahead, consider these questions:

- What are the program’s strengths and weaknesses? How can the organization capitalize on the strengths and gradually improve the weaknesses?
- Has the program grown and evolved commensurate with ICD-10?
- How can the organization continue to open the lines of communication between CDI specialists and coders?
- Can the program expand into the outpatient arena? What are the pros and cons of doing so?
- How will the program evolve in general during the next five years? 10 years?