How Staffing and Workflow Evolves with Move to All-Payer CDI

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A Case Study in CDI Expansion at an 11-Hospital Health System

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Clinical documentation improvement (CDI) programs have proven they are worth the time and effort. According to a 2016 Black Book report, 85 percent of hospitals confirm quality improvements and increases in case mix index within six months of implementing a CDI program.[1] Shifts in reimbursement models also emphasize the link between clinical documentation and financial wellbeing as organizations work to ensure clinical data accuracy for value-based care reporting.

Based on this renewed awareness of CDI's role, organizations are freeing up dollars to expand their CDI programs—which was the case at Piedmont Healthcare (Piedmont), an 11-hospital health system based in Georgia. Over the past year, Piedmont has broadened its traditional Medicare-only CDI program to include all DRG payers. Piedmont's CDI team now reviews 90 percent of all inpatient admissions and has realized an annual improvement of over $1 million in documentation opportunities. The following case study examines how workflow and staffing changed with Piedmont's move to an all-payer CDI program.

All-Payer CDI Initiative Launched

Piedmont already had an established and proven CDI program in place as part of an enterprise revenue cycle office since 2013. In June 2017, Piedmont's revenue cycle executive team announced a new strategic initiative to expand documentation reviews beyond Medicare to encompass all DRG payers for inpatient admissions at all of its 11 hospital locations. Initial goals of the organization's all-payer CDI expansion included the following:

- Review 90 percent of all DRG admissions across 11 hospitals
- Determine working DRG and probable discharge date for all inpatient admissions associated with a DRG payer
- Support more effective case management processes at each acute care location
- Establish baseline data for Piedmont's length of stay (LOS) reduction initiative

Moving from traditional Medicare-only CDI reviews to reviewing all DRG-payer inpatient cases represented substantial advancement of Piedmont's CDI program. The new program required coverage beyond Monday through Friday and normal workday hours. Rapid expansion of CDI staff capacity and prompt re-engineering of established CDI processes were key components of achieving the new corporate goals.

CDI Workflow Evolves to Support All-Payer

Since the CDI software needed to complete the expansion was already in place, Piedmont's CDI leadership focused on workflow revisions required to accommodate the all-payer initiative. The team determined that a two-step CDI process was needed.

Additional staff were added and existing CDI specialist workload was adjusted. Two tiers of CDI specialists are now engaged and the work is divided accordingly. Up-front CDI reviews are conducted within 24 hours of admission to quickly identify a working DRG and establish a targeted discharge date for case management. From there, ongoing CDI assessments are performed to improve documentation specificity and uncover additional physician query opportunities. The two units collaborate as described in the following two sections of this article.

Up-Front Admission Review Team Details

The up-front CDI reviewers serve as Piedmont's admission review team. In May 2017, the health system employed five CDI specialists for admission reviews to provide the working DRG and geometric mean length of stay (GMLOS) to case management. It also prioritized which cases the DRG team should review first. To facilitate coverage seven days a week and enterprise-wide, CDI specialist staff volunteered to work a weekend day in place of a day during the week. The team currently supports seven hospitals with plans to expand across all 11 facilities in the next year as four new hospitals are integrated into the health system.

Cases are reviewed within 24 hours of admission. Workers access cases remotely with prioritized worklists and a production mindset similar to that of remote health record coding staff. Cases are automatically populated in the CDI software system. The software also prioritizes cases for review. For example, cases with a medical diagnosis but no CC or MCC appear first in the work list.

Each member of the admission review team was assigned a quota to review 50 admissions daily and determine principal diagnosis, working DRG, and GMLOS within 24 hours of admission. The information is then conveyed to the case management team through Piedmont's electronic health record (EHR) system.

In January 2018, it was requested that the CDI team enter the working DRG and GMLOS directly into the EHR (instead of into the CDI software) to make data available to case managers within the EHR versus on a report. To facilitate the additional step, additional changes were made to the admission review team's workflow.

Admission reviewers were transitioned over to the DRG team, except for one CDI admission reviewer, to cover the non-DRG payers. Admission reviewers now also pick up 10 new prioritized cases and perform a quick review for the principal diagnosis, working DRG, and GMLOS. These reviews are done before 12 p.m. to ensure data is entered into the EHR prior to case managers rounding with physicians. Once the admission review is done, the CDI specialist does a complete DRG review of the chart and sends any necessary queries. Follow-ups on the account are done based on clinical information and query responses.

If the DRG changes, the CDI specialists update the information in the EHR. The working DRG and GMLOS entered into the EHR appears on the case management and physician's patient list. The GMLOS is shared with the care team to work towards a discharge date.

This evolving workflow to incorporate an up-front CDI review process has generated additional questions and education for physicians based on the DRG. It also supports Piedmont's strategic initiative to improve length of stay and throughput for patients. Shorter stays result in fewer complications—driving better patient safety and quality outcomes.

DRG Team Details

Piedmont's second team of specialists comprise the DRG team and are responsible for ongoing CDI assessments. As in most CDI programs, these staff review cases during the inpatient stay, continually update the working DRG, confirm that admitting diagnoses are correct, and note complications and comorbidities (CCs) and major complications and comorbidities (MCCs). These specialists take on 10 new cases every morning from the admission review team based on priority; six high-priority cases and four medium- to low-priority cases.

The DRG team includes more advanced CDI specialists who focus on clarifying clinical documentation in the EHR and compose direct queries to Piedmont's medical staff. While the workflow for this team has not changed significantly since moving to the all-payer program, its efficiency and results have improved with the support of up-front admission reviews.

For example, before adding admission reviewers, the team's query rate averaged 13 percent. Since changing the workflow to initiate up-front CDI reviews, the query rate now averages between 20 percent and 25 percent. The new process also expedites overall CDI efficiencies as the admission review team ensures the right cases are promptly placed in the hands of the DRG reviewers, eliminating any delays in clinical documentation assessments.

Staffing Considerations for Expanded CDI Program

Additional CDI staff are needed to support any CDI program expansion, as it is essential to have the current number, educational level, and experience level of staff. While Piedmont's staffing model continues to evolve, the following five steps were taken to ensure success:

- Offered remote work options for broader hiring flexibility
- Incorporated the use of outsourced CDI staff to provide at least two specialists per hospital
- Rotated staff so each hospital has at least one CDI specialist on site daily
- Established a career and pay-scale ladder by making the admission reviewer position a stepping stone to the ongoing CDI assessment team
- Used only coding professionals, licensed RNs, or experienced CDI specialists with active certification

The remote/work-from-home option helped Piedmont attract new full-time CDI talent while improving staff satisfaction. The combination of remote, onsite, and outsourced specialists also helps CDI leadership centralize and distribute work. Cases from each hospital are reviewed by the combined CDI team based on established criteria to balance coverage across the health system. As new hospitals are added to the Piedmont family, the all-payer CDI team expands.

Lessons Learned from CDI Program Expansion

After nearly a year of growth, the goal of Piedmont's all-payer CDI program is to continually fine-tune the team's workflow, staffing, and organizational structure. Positive financial improvements and program success have been met with even greater expansion demands by Piedmont's revenue cycle leadership team. For other organizations considering all-payer CDI expansion, Piedmont offers the following lessons:

- Establish a high-productivity mindset, ensuring full coverage and around-the-clock productivity
- Re-evaluate job descriptions and hiring criteria—more flexibility may be needed
- Anticipate unknown challenges as hospitals are acquired or additional locations are added
- Respect existing people and processes during new hospital onboarding
- Set realistic expectations with executive leadership regarding costs and timelines
- Build relationships as you go—full-time physician advisors, staff at each site, and more
- Demonstrate positive results while continually pushing executives to free up budget dollars

Note

1. Black Book. "New Generation CDI Proves Enhanced Patient Care and Reduced Financial Risk." October 31, 2016. https://blackbookmarketresearch.newswire.com/news/new-generation-cdi-proves-enhanced-patient-care-and-reduced-financial-15947473.

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