


Optimizing your Clinical Documentation Integrity (CDI) Program for Quality

September 2024

Monthly webinar series




The webinar will start at the top of the hour.

1

Navigating the Zoom interface

Handouts:
Check the chat function for copies of the slides for note taking and any other handouts.

Questions and comments:
Please participate in the discussion by asking questions through the Q&A function during the webinar. There will also be a survey you will receive immediately after the webinar that will give you an opportunity to ask additional questions or make comments. Any questions not answered during the webinar will be addressed in a follow-up email or posting.




Handouts are linked in the "chat" function

Please ask questions by clicking on "Q&A"

© 2024 The Chartis Group, LLC. All Rights Reserved. September 2024 Page 2

2

Past webinars available for streaming

[GREELEY.COM](#)

Filter

BY TOPIC

- ☐ Clinical Quality
- ☐ High Reliability
- ☐ Infection Control
- ☐ Medical Staff
- ☐ Medical Staff Tools

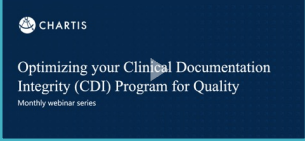
BY CATEGORY

- ☐ Business and Finance
- ☐ Clinical Compliance
- ☐ Credentialing and Privileging
- ☐ Governance and Risk
- ☐ Information Technology


BY TYPE

- ☐ Action
- ☐ Case Study
- ☐ Panel

34 RESULTS



Optimizing your Clinical Documentation Integrity (CDI) Program for Quality
Monthly webinar series



Workplace violence techniques: Engagement & de-escalation tips
Our experts will discuss mitigating and responding to workplace violence, along with strategies for de-

© 2024 The Chartis Group, LLC. All Rights Reserved. September 2024 Page 3

3

MONTHLY INSIGHTS

Webinar
schedule
& topics

THE 3RD THURSDAY OF EVERY MONTH:
10AM Pacific, 1PM Eastern

TODAY
Optimizing your Clinical Documentation
Integrity (CDI) Program for quality

OCTOBER
Translating bedside data into board room
information: How to transform raw data into
meaningful information for healthcare leaders

© 2024 The Chartis Group, LLC. All Rights Reserved.

September 2024

Page 4

4

Healthcare
challenges
are not siloed.
Neither are we.
Chartis has **six lines of business** that
together craft **singular solutions**.

■ 1000+ Professionals

■ Mission: to materially improve healthcare

■ Ranked Best Overall Management Consulting Firm by KLAS

■ Chartis acquires Greeley in 2019, became
Chartis Clinical Quality Solutions in 2022

■ Greeley brand brought back in 2024 to cover Medical Staff Services
Related Offerings and now part of Clinical Transformation

Digital & Technology
Transformation

Clinical
Transformation
(Chartis-Greeley)

Strategic
Transformation

Communication
(Chartis Management)

Payer
Advocacy
(HealthScout)

Financial
Transformation

Chartis

A CHARTIS COMPANY

© 2024 The Chartis Group, LLC. All Rights Reserved.

September 2024

Page 5

5

High Reliability Care
UNPARALLELED BREADTH AND DEPTH

Our clients are all striving toward the same goal of providing safe, high-quality care—something that's becoming even more important with the many distractions and disruptions in healthcare today. We help clients achieve their organizational reliability, quality, and safety goals, leading to results in areas that matter most—improved care outcomes, staff engagement, operational stability, and total cost of care, enhanced reputation, and better patient experience.

High Reliability Organization (HRO)

Clinical Compliance, Regulatory, and Physical Environment Solutions

Bylaws, Rules and Regulations, and Peer Review

External Peer Review

■ High reliability organizational design and infrastructure

■ Quality, Value, and Performance Improvement

■ Quality ratings and rankings optimization

■ Patient safety / harm reduction / safety and reliability culture

■ Adverse event response and remediation / RCA

■ High fidelity measurement / Clinical Documentation Integrity (CDI)

■ Care facilitation

■ Adverse event response

■ Adverse action regulatory response and remediation

■ Accrediting body readiness assessment

■ Regulatory readiness rehearsal / mock surveys

■ Life safety and environment of care assessment

■ Policy simplification

■ Infection prevention program

■ Bylaws and rules and regulations assessment and redesign

■ Peer review assessment and redesign

■ Medical staff / medical director structure and governance

■ Credentialing, CPPE

■ Physician/advanced practice professional external peer review

■ Focused Professional Practice Evaluation (FPPE)

■ Ongoing case reviews in support of CPPE/FPPE

■ Medical necessity reviews

■ Patient safety/carequality case reviews

MEMBERSHIP AND PROFESSIONAL EDUCATION SERVICES

© 2024 The Chartis Group, LLC. All Rights Reserved.

September 2024

Page 6

6



**Greeley**

A CHARTIS COMPANY

We are a partner to healthcare organizations nationwide, helping to advance patient safety and clinical quality for the past 30+ years. We help healthcare providers achieve top-tier clinical performance through:

- Medical Staff Services Optimization
- Education Solutions
- Chartis Workforce Solutions

Integration with other best-in-class consulting services offered by Chartis

Greeley | 888.749.3054 | greeley@chartis.com

© 2024 The Chartis Group, LLC. All Rights Reserved. September 2024 Page 7

7

POLL QUESTION:

What is your *role*?

Chief Medical Officer/ Chief Financial Officer

Director/Manager Clinical Documentation Integrity

Chief Quality Officer/Quality Manager

Director/Manager HIM & Coding

Other Executive Leader

Consultant


Other

© 2024 The Chartis Group, LLC. All Rights Reserved. September 2024 Page 8


8

Today's *discussion*

An introduction to advanced clinical documentation integrity programs and how they can deliver tremendous impact on both clinical quality and the patient and provider experience. Focusing on 4 key elements that can help leaders drive value.



Jennifer Beloff,
MEd, RN, FNP
Partner,
Clinical Transformation, High Reliability Care



Susan Farnon,
MSA, RN, CCDS, CDIP, ACM
Associate Partner,
Clinical Transformation, High Reliability Care

“

Keeping up with change,
planning for tomorrow

”

9

Today's
agenda

Optimizing your Clinical Documentation Integrity (CDI) program for Quality

4 Elements of successful CDI Programs:

- Integrated Governance Structure
- Right People and Processes
- Technology and Tools
- Measurement

Questions should be posted in the webinar interface throughout the presentation.
We will respond to any unanswered questions in writing following the webinar.

© 2024 The Charles Group, LLC. All Rights Reserved. September 2024 Page 10

10

Evolution of Documentation

11

The *progression* of clinical documentation

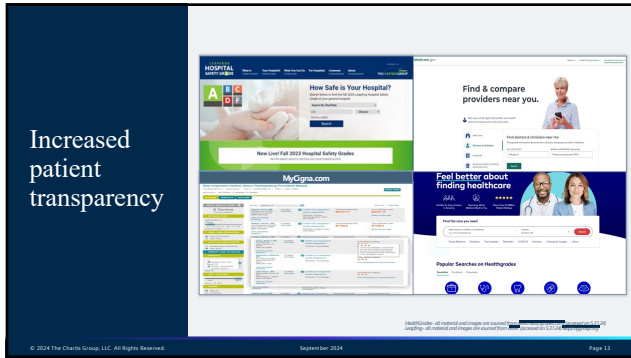
The medical record, once used mainly for communication among healthcare providers, has now become the key measure (source) of the quality of patient care.

Who is gathering information from your medical record documentation?

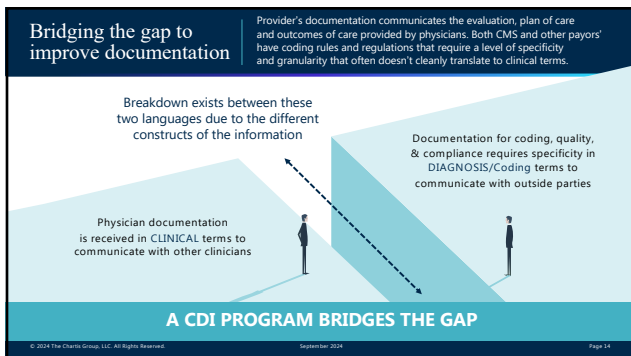
```
graph TD; Doctor[Doctor] --- Self[Self]; Doctor --- State[State Agencies]; Doctor --- Federal[Federal Agencies]; Doctor --- Other[Other Providers]; Doctor --- Care[Care Team]; Doctor --- Insurance[Insurance companies]; Doctor --- Patient[Patient]; Self --- State; State --- Federal; Other --- Care; Care --- Insurance; Insurance --- Patient;
```

© 2024 The Charles Group, LLC. All Rights Reserved. September 2024 Page 12

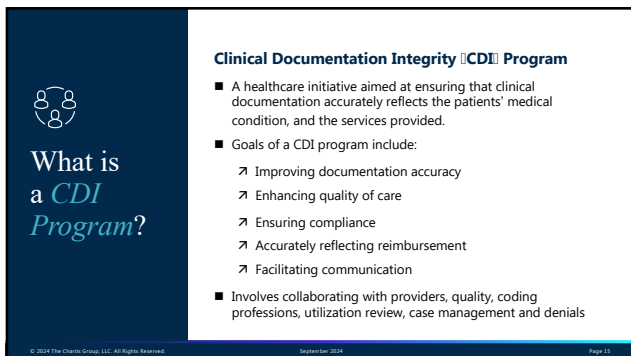
12



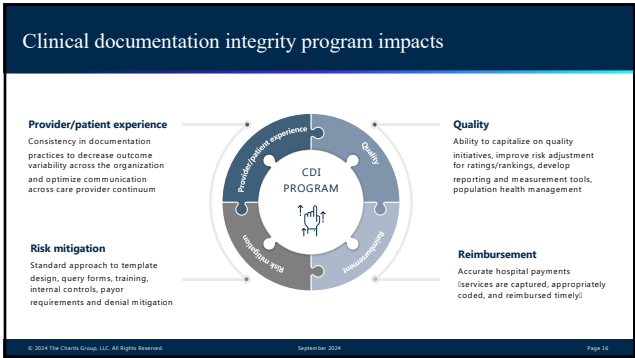
13



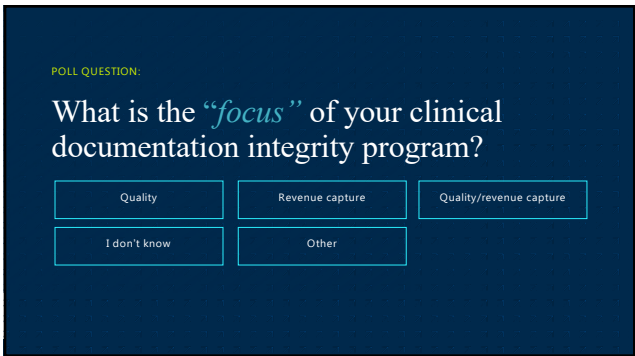
14



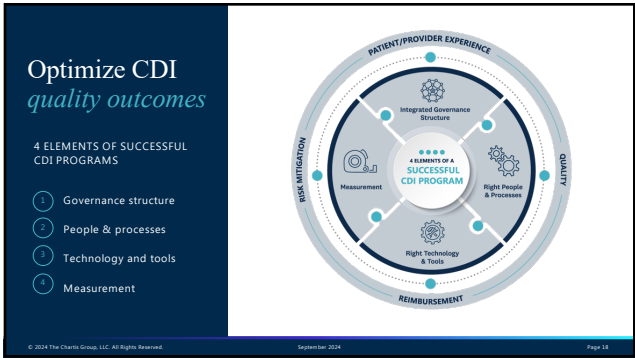
15



16



17



18

Governance structure

Element #1

19

POLL QUESTION:

Who administratively “owns” clinical documentation in your organization?

Quality	CFO	CMO
Case management	Nursing	Coding/HIM
Other		

20

GOVERNANCE STRUCTURE

Integrated and collaborative approach

CDI program success depends on a governance structure that **engages both administrative and clinical leadership**. It also provides an infrastructure that holds the right leaders accountable for executing and sustaining priority initiatives. Successful CDI governance structures should include **executive sponsorship, broad stakeholder representation, and a regular meeting cadence** (e.g., CDI Steering Committee).

Integrated governance structure

- Executive Sponsorship
- Broad Stakeholder Representation
- CDI Steering Committee

- Consists of the chief financial officer (CFO) and chief medical or quality officer (CMO/CQO) to provide:
 - Joint oversight
 - Strategic direction
 - Support for new initiatives, technologies, and expansion opportunities
- Alignment with related enterprise initiatives
- Strong and consistent operational leaders and managers from CDI, coding, case management, quality, and provider teams to ensure alignment and support for CDI programmatic goals
- Includes clear delineation of roles and responsibilities across key stakeholder groups to promote accountability
- Review and evaluate progress on quality key performance indicators (KPIs) such as mortality, readmissions, LOS, and patient safety indicators (PSIs)
- Measure impacts on ranking and ratings platforms (e.g., CMS Stars, Leapfrog, U.S. News and World Report, Benchmarking platform) in addition to metrics that show financial impact

© 2024 The Charité Group, LLC. All Rights Reserved. September 2024 Page 21

21

GOVERNANCE STRUCTURE

CDI Steering Committee

CDI Steering Committee



CDI Steering Committee

- **Vision:** Defined CDI program vision/mission statement
- **Regular committee meetings:** Provides executive oversight to CDI Quality, Coding, Finance, Case Management, and Provider Service Line Leads
- **Guidance:** Reviews and approves clinical criteria, policies, software vendors, program expansion efforts
- **Support:** Works to eliminate or mitigate barriers, escalates issues to Executive leadership
 - Discussion of barriers where executive intervention needed
 - Review of action items and next steps
- **Oversight:** Defined dashboard with KPI's and best practice benchmarks
 - CDI Lead presents KPI's outcomes monthly, shares performance update and provides progress against plan (successes and challenges)

© 2024 The Charles Group, LLC. All Rights Reserved.

September 2024

Page 22

22

People and processes

Element #2

23

PEOPLE & PROCESSES

Clinical Documentation Integrity Specialists

Clinical Documentation Integrity Specialists:

Essential healthcare professionals (typically nurses but also may include advanced practice providers, MDs and/or coders) responsible for ensuring the accuracy, completeness, and compliance of the medical record

KEY RESPONSIBILITIES:

Review medical records:
Perform daily medical review and analysis to ensure that all diagnoses, procedures and treatments are thoroughly documented to accurately reflect the patient condition, treatment, and services provided

Collaborate with healthcare providers:
Work closely with providers, coding, and quality to clarify and improve documentation. Query providers for additional detail when documentation needs clarification (i.e., conflicting, incomplete, ambiguous etc.)

Ensure compliance:
Ensure documentation adheres to regulatory standards, such as coding guidelines, billing, and coding accuracy

Improve quality metrics:
Ensuring documentation integrity helps to improve hospital quality metrics, reimbursement accuracy, and overall patient care quality

© 2024 The Charles Group, LLC. All Rights Reserved.

September 2024

Page 24

24

PEOPLE & PROCESSES

Clinical Documentation and evolution of role

■ Advancing healthcare initiatives to improve quality outcomes have impacted CDI programs to advance their skills conducting PSI reviews, risk adjustment, rating & rankings scores, medical necessity and impact on length of stay/readmissions.

■ CDI programs need to optimize processes and workflows, so they are assisting IUM, CM, Quality & coding; with capturing these variables efficiently and accurately.

■ Additional training/education on quality risk adjustment for pay-for-performance contracts, benchmarking platforms, and other reputational ranking agencies is imperative to a successful transition to a revenue **and** quality focus.

RECRUITMENT AND RETENTION:

■ CDI professionals with quality experience are in demand

■ High turnover rates, work-life balance, professional development, and a sense of purpose are essential

■ Fostering opportunities for CDI professionals to grow in the clinical quality improvement arena will increase their overall experience, supporting staff retention and program strength

© 2024 The Charles Group, LLC. All Rights Reserved.


September 2024

Page 25

25


PEOPLE & PROCESSES

Advanced CDI roles to consider




CDI Educator:

Ensures efficiency by keeping the CDI team up to date on risk model and performance ranking methodology changes, IPPS updates as well as best-practice treatment plans and quarterly audits.



Clinical Quality Outcomes Validation Specialist:

Ensures accurate performance data by reviewing medical records prior to bill drop, validating that they have provided evidenced-based care, and optimally captured clinical quality outcomes risk-model variables. (i.e., PSI pre-bill process, clinical validation queries)



Service Line Liaison:

Facilitates increased provider engagement by partnering with physician champions across high-profile service lines. The liaison reduces unnecessary query volume by discussing quality outcomes documentation trends, providing risk-variable education at faculty meetings, and participating in patient rounds to address questions and concerns in real time.

© 2024 The Charles Group, LLC. All Rights Reserved.

September 2024

Page 26

26

POLL QUESTION:

Which *types of reviews* does your CDI team perform??

CC/MCC/PDX

PSI

Mortality

HCC

Clinical validation

SOI/ROM

Other

All of the above




I'm not sure/NA

27

PEOPLE & PROCESSES

CDI reviews that impact quality outcomes

The CDI can play an integral role in ensuring that quality outcomes data is accurate by reviewing flagged cases to ensure that the principal and secondary diagnosis codes are clinically valid and that the case is optimized to reflect the patient's comorbid conditions and complexity of care

QUALITY DOMAIN	CODING IMPACT	CDI ROLE
 Readmissions	Principal diagnosis triggers cohort inclusion. Secondary diagnoses used for risk adjustment	Analyze the circumstances and causes behind each readmission to identify patterns and areas for improvement. Assess medical necessity, validate medical documentation to support inpatient status vs observation (beyond 2 MN rule)
 Mortality & complications	Principal diagnosis triggers cohort inclusion. Secondary diagnoses used for risk adjustment	Flag deaths and complications and have CDI review to ensure accurate inclusion of all relevant risk factors/ comorbidities
 PSI-90	Diagnosis and procedure codes trigger PSI inclusion and exclusion. POA flag and admission type also used for inclusion and exclusion criteria	PSI validation and collaboration with coding, quality department, and providers to ensure documentation accurately captures care complexity

© 2024 The Charles Group, LLC. All Rights Reserved.

September 2024

Page 28

28

Technology and tools

Element #3

29

TECHNOLOGY & TOOLS

Technology to support CDI Program goals

- Goal and vision of the CDI program should drive technology investment decisions
- Other decision factors:
 - Budget,
 - Ease of use,
 - Ability to interface with other solutions (such as the electronic health record),
 - Degree and type of artificial intelligence (AI) used to predict opportunities,
 - Ability to prioritize cases for review,
 - Ability to retrieve and report outcomes data.

REMINDER:

- Seek vendor education (re-education) regarding:
 - Tool utilization & workflow
 - Changes to AI / predictive capabilities
 - Integrated education within tool
- Review Software contract to ensure contractual education and technology is being provided

Leverage the right technology and tools to optimize efficiency, consistency, and predictive capability

© 2024 The Charles Group, LLC. All Rights Reserved.

September 2024

Page 30

30

TECHNOLOGY & TOOLS

CDI software technology workflow optimization

Leverage CDI software tools to optimize workflow efficiency, productivity and outcomes.
(i.e., prioritization, AI, autosuggested DRGs, PSI and Mortality Reviews, specific payers etc.)

- A variety of software tools can help CDI professionals and key stakeholders (i.e., coders, case managers, and quality improvement specialists) get on the same page while the patient is receiving care.
- CDI software tools:
 - Create visibility into documentation and care plans in real time
 - Facilitate communication about the accuracy of clinical documentation, the appropriateness of codes, queries/responses, and the right level of care and follow-up services that will support optimal patient outcomes, including length of stay and mortality
 - Provide insight into quality indicators by predicting or displaying in real time variables such as geometric mean length of stay (GMLOS), severity of illness (SOI), risk of mortality (ROMI), and other comorbid risk variable capture (e.g., Elixhauser comorbid conditions).

© 2024 The Chart Group, LLC. All Rights Reserved.

September 2024

Page 11

31

TECHNOLOGY & TOOLS

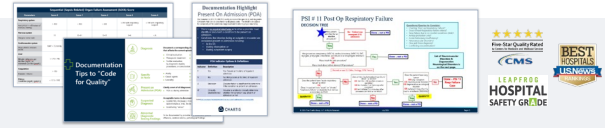
CDI tools to increase quality impact

CDI and provider training, communication to support education and advanced knowledge for improvement documentation and quality outcomes

PROVIDER EDUCATION

CDI EDUCATION AND TOOLS

Illustrative examples



- Importance of documentation on rankings/ratings
- How documentation impacts risk adjustment (e.g., POA documentation, Elixhauser, HACs,)
- Value based program methodologies and changes
- Understanding of rankings/ratings methodologies and changes

© 2024 The Chart Group, LLC. All Rights Reserved.

September 2024

Page 12

32

Measurement

Element #4

33

CHAT QUESTION:

What makes your KPI reporting platform and process the *best*?

What would you *change*?

34

MEASUREMENT

If you can't measure it, you can't improve it

Acknowledge

what matters most to the organization from a quality perspective (e.g., CMS Stars, Leapfrog, US News, Benchmarking platform, etc.) and develop CDI metrics aligned with that vision as the "true north"

Define

your organization's quality key performance indicators (KPIs) and the metrics that CDI can impact (e.g., PSIs, SOL, ROM, expected mortality, expected LOS, etc.)

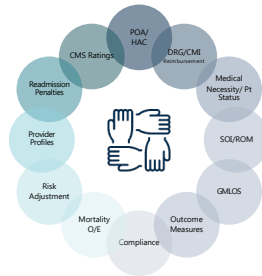
Routinely monitor

report and share performance with executive and clinical leaders to hold stakeholders accountable, drive action, and spur improvement

35

In summary

- Laying the foundation for your CDI program will deliver value across the organization.
- Four elements are essential for a successful CDI program:
 - Governance Structure
 - People and processes
 - Technology and tools
 - Measurement
- Optimizing a CDI program for quality improves outcomes, supports more timely and appropriate reimbursement, and improves ratings and rankings—all of which drive organizational success.



36

Questions/concerns?



37

Thank *you*



38

Documentation Highlight


Present On Admission [POA]

The transition to ICD-10-CM/PCS vastly increased the specificity and diagnostic complexity that can be described in a diagnosis code. The intent is to capture the complexity of the conditions diagnosed and treated by physicians today.

- There is **no required timeframe** as to when a provider must identify or document a condition to be present on admission.
- Conditions that develop during an outpatient encounter are considered present on admission including:
 - In the ER
 - During observation; or
 - During outpatient surgery

POA Indicator Options & Definitions		
Indicator	Definition	Description
Y	Yes	Yes: Present at the time of inpatient admission
N	No	No: Not present at the time of inpatient admission
U	Unknown	Documentation is insufficient to determine if the condition is present on admission
W	Clinically Undetermined	Provider is unable to clinically determine whether the condition was present on admission or not

© 2024 The Chartis Group, LLC. All Rights Reserved.



Page 40

40

13