Boosting Revenue and Efficiency Through Clinical Documentation Integrity (CDI)

CASE STUDY

Background

CSI Companies, located in Jacksonville, Florida, is a professional staffing and solutions firm with over 20 years of experience in Healthcare IT Professional and Managed Services across revenue cycle, patient access, and clinical areas. CSI's Revenue Cycle and Coding team comprises of over 1000 US based credentialed coders from nationally recognized associations. Our RCM team's expertise in EHR implementation, revenue readiness assessments, and coding advisory services has helped dozens of customers through risk adjustment coding, remediation of clinical documentation integrity as well as improvements in care and utilization management. CSI supports customers who are seeking help with RCM system workflow improvements, automation integration, physician training, and staffing. CSI partners with clients and is well-positioned to help organizations through a wide range of RCM initiatives.

A recent CSI project partnership took place with a local Hospital in central Alabama who has an acute care hospital, a multi-specialty physician clinic, an ambulatory surgery center, an imaging center, and several various ambulatory clinics throughout the region. Our client had recognized there was an opportunity to take a deeper look at their Clinical Documentation Improvement/Integrity (CDI) program to possibly make some adjustments to improve the overall approach, and selected CSI to oversee the efforts in collaboration with key stake holders.

Challenge

The organization identified the need for a more structured CDI program, including policies, reporting structures, and a knowledgeable leadership team. Their internal CDI team was undersized and operating without a cohesive process, leading to missed revenue opportunities and gaps in education. Additionally, outdated technology and insufficient interdepartmental collaboration further hindered their efficiency and effectiveness. The healthcare organization worked through the challenges but needed to make an investment in overall process improvement.

CSI was approached in 2024 by members of the hospital team seeking a partner to support a restructuring initiative. CSI had previously partnered with the hospital on chart reviews to help with improving inpatient Diagnosis Related Group (DRG) changes, overall knowledge of Value-Based Care (VBC), and improvements in Hierarchical Condition Category (HCC) captured across the hospital. For this new effort, CSI worked closely with leadership to create a proposal to help implement a clinical documentation improvement/integrity program as part of the new financial restructuring initiative.

The proposed solutions first assist with HCC capture for risk adjustment to further benefit their affiliated Outpatient Clinic and process map the current and future state of CDI workflows.



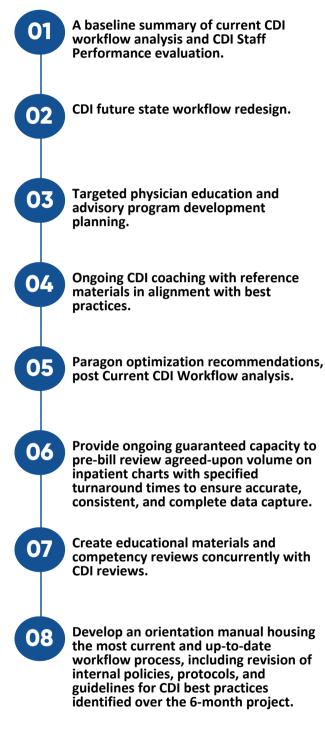
Solution

The proposal outlined specific deliverables and was geared at creating a new Clinical Documentation Improvement/Integrity (CDI) program. This program would kick off a performance improvement project that partnered with the Case Management Department initially, but this has grown to include Quality and Finance as well. There would be a focus on both inpatient and outpatient department areas. The desired outcome for the project would ideally have all the programs seamlessly integrated, allowing the client to realize better patient care and see measurable improved financial outcomes.

The six-month project would take the team members through various phases of efforts, including an inpatient CDI current state assessment and future state workflow redesign, CDI Education, as well as inpatient Physician Advisor Training.



THE DELIVERABLES OVER THE VARIOUS PHASES WOULD INCLUDE:



CSI and the hospital teams jointly agreed on the approach and began project efforts. CSI provided training for the 3.5 hospital FTE employees, with one employee who had decided to move on from the organization. It was decided that the focus would be the education of the remaining staff to include HCC education. The other area of immediate focus was the hiring and training of the Physician Advisor. CSI also worked with the Case Management Department to determine how best to partner for success. Basic training regarding CDI efforts was given to the case management team who are partnering to improve query response times. Eventually the four Inpatient Clinical Documentation Integrity Specialists (CDIS) were added to the team to perform ongoing CDI reviews and gueries.

A bonus layer was added to this process by assigning a coding professional to scan the charts for HCC opportunity and provide the diagnoses to the CDIS. This served the dual purpose of improving capture of the diagnoses and education the CDIS. CSI also will provide three outpatient CDIS to perform pre-visit reviews and provider interaction once the leadership is ready for this next step. . . The overall project was led by Cathy Nakhoul, CSI Director of Revenue Cycle. Cathy provided leadership and on-the-job training to both CSI and the client's CDI specialists, ensuring seamless integration and knowledge transfer. She partnered with various departments, including Case Management, Quality, Dietary, Coding, Denials Management and Finance to improve documentation and the overall CDI project outcomes.

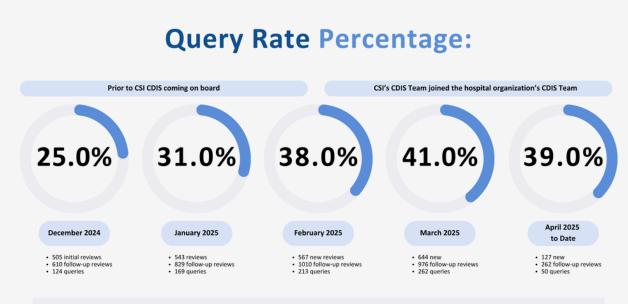
The optimization effort would require CSI to establish a baseline for current workflows, define the future workflows, and create a gap analysis with a plan to achieve the desired future state. As part of this first phase of three for the project effort, CSI team members worked to assess the current CDI Collaborate configuration, focusing on how well the system supports accurate and timely clinical documentation. The team identified workflow gaps where clinicians were bypassing critical prompts and/or failing to document necessary clinical indicators. These workflow observations provided an opportunity to assess the CDI specialists through patient selection, chart review, the query process, selectpostdischarge reviews, and review reporting and data analytics.

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As a direct result of this assessment, it was discovered that the financial metrics being reported by the CDI Collaborate tool to the C-Suite was inaccurate due to both an update that had not been provided by the vendor as well as CDIS user error in the finalization of cases. All this was performed while also reviewing current CDI tools and technologies for documentation review, query generation, tracking, and reporting. Reconciliation between CDI and Coding is a large part of the current process, and changes have been made to this process with CSI oversight. CDIS and coders both learned from this collaboration and as knowledge was shared between the parties, whether it be coding guidance or clinical significance, the end result was a stronger performing team.

Physician Advisor training was challenging due to the schedule of the highly successful provider selected for the role, so the workaround was to increase written communication and to offer provider education onsite with the opportunity to perform some of this simultaneously. Phone calls rather than team meetings allowed for training to take place regardless of the physical location of the provider and his schedule. CSI provided select education based on the unique needs of the facility and the knowledge of documentation issues identified during reviews, as well as review of denied cases. The ongoing provider training will consist of a series of email tips to be sent out by the Physician Advisor but created by the CSI team, again, individualized based on current trends in documentation. This is where CSI differs from the competition, as each project is conducted based on the unique needs of the specific facility, as well as targeting goals that are directed by the facility.

As part of the goal of the project, to provide advisory services and training, CSI identified areas for improvement and developed an enhanced education model, with the implementation of leadership requested KPIs and identification of gaps in the current education program. This included an overall review rate of 23 charts a day, a 35% query rate and a new review within 24 hours of hospital arrival. This led to better performance and accountability from the CDI specialist team, although it also resulted in an increase in improper queries. This was addressed with the team during further education as well as on an individual basis. Finally, a review of resources and the swift onboarding and offboarding of team members ensured that the hospital had the right personnel to drive their CDI program forward, leading to increased revenue and operational efficiency.



The metrics displayed are for query rate percentages. The CSI CDIS team joined the hospital organization's CDIS team in mid-February. The organization wanted CSI to use a 35% query rate and required the team to have a total of 23 chart reviews in an 8-hour day as well as starting the review within 24 hours of hospital arrival. All CDIS stats have improved with the addition of the CSI team.

The team also provided overall advisory on opportunities for improved technology by suggesting modifications and enhancements to existing solutions and provided overall guidance on these changes. The teamidentified opportunities to potentially implement AI-powered tools and natural language processing (NLP) to automatechart reviews, identify documentation gaps, and prioritize high-risk cases. Additionally, the team looked to streamline query processes by utilizing standardized, physician-friendly query templates and automated reminders for unresolved queries to improve response rates and reduce delays.

Advisory efforts from the CSI team included conducting regular documentation education with individual feedback and establishing physician champions to foster collaboration and better documentation practices. CSI prioritized high-impact cases by focusing CDI efforts on complex cases, targeting diagnoses that affect the severity of illness (SOI), risk of mortality (ROM}, and case mix index (CMI}. The team fostered cross-department collaboration to encourage close communication between coding and quality teams to ensure accurate documentation, compliance, and quality reporting.

The physician advising service provided a direct link with other providers through strategic leadership and physician coaching to include ongoing education, mentoring regarding documentation, as well as query follow-up and process buy-in. They were also a resource for the CDI team and assisted with Denials Management. CSI provided direct consultation to the leadership team, ensuring that the CDI objectives were met with a focus on efficiency, documentation accuracy, and clinician engagement.

These services ended up including one-on-one and group coaching sessions to train CDI Specialists and physicians on optimized documentation practices, CDI goals, and best use of an established third-party vendor CDI tool currently in place. Additionally, CSI provided high-level strategic guidance to align CDI goals with broader organizational objectives, focusing on collaboration with Case Management for assistance with lengthof-stay initiatives, collaboration with Quality to streamline operational efficiency with long-term clinical performance improvements as well as leadership identification and development for long term success with the changes being implemented.

The project support efforts provided by CSI led to significant improvements to our client's CDI program. The increase in efficiency with the quantity of charts being reviewed and the query percentage improved tremendously. The initial assessment by the CDI team was reduced from five days to one day, with the goal of achieving zero days. The successful collaboration and partnerships with various departments resulted in more accurate documentation and better financial reporting.

Lessons learned provided quality insights into operational practices that are hindering clients financially. The need and demand in this area is impacting many organizations that are also facing similar challenges. This is why CSI continues to provide customized solutions in revenue cycle management.

Our successes with partners have included providing audits by the CSI coding and auditing team who identify coding errors, improve documentation, and eliminate potential revenue leakage. CSI offers tailored service experience, with custom education and training targeted at realizing operational opportunities and compliance commitments and presenting ongoing best practices in aspects of patient care, coding, and CDI. Is your organization seeking opportunities for documentation and coding improvements? Our RCM and coding solutions assure client improvements in accurate and complete documentation, proper coding and billing, CDI education programs, and overall staffing support to help your organization improve overall revenue capture.

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Headquartered in Jacksonville, FL, CSI Companies partners with organizations nationwide to deliver solutions-focused workforce services. As a boutique division of RGF Staffing, one of the world's largest recruiting and information services providers, we have the resources necessary to scale with any enterprise, yet are small enough to maintain the agility, personal service and remarkable experience we've become known for over the past 30 years. This is your workforce, and your business... reimagined.

CSI is headquartered in Jacksonville, Florida with a satellite location in Nashville.



Learn more at <u>www.csicompanies.com</u>