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How to avoid denials and reduce clinician administrative burden with CDI: 3 Qs with Prism's Laura Jacquin and Denise Tinkel

Laura Jacquin, RN, partner at Prism Healthcare Partners in Chicago and leader of the consulting firm's clinical documentation improvement service line, and Denise Tinkel, RRT, MHA, CCDS, a director and CDI expert with Prism, recently spoke with *Becker's* about CDI and reducing clinician administrative burden.

Note: Responses have been edited for length and clarity

Question: How can CDI programs reduce clinician administrative burden and support better clinician-patient interactions?

Laura Jacquin: Best practice CDI programs drive comprehensive documentation, which in turn provides the clinical team with a patient care plan communication vehicle, allowing all care team members to know what care is provided and why. This is also great for the patient, as the messaging they receive from the clinical team is consistent.

Denise Tinkel: From an administrative perspective, comprehensive documentation can support efficient post-acute care planning, length-of-stay management, and coding and billing activities. Also, good documentation is an organization's best defense against medical necessity denials. Appealing denials takes a great deal of effort and time. Avoiding denials up front is a best practice goal to protect revenue and support efficiency.

Q: How can providers measure the success of CDI programs and how can they ensure these programs are sustainable?

LJ: Successful CDI programs monitor Medicare Case Mix Index and how it's trending compared to length of stay; document the ICD-10 codes for complication or comorbidity that accurately reflect the acuity, severity and clinical resource consumption of the patients being cared for; and accurately capture rates of Hierarchical Condition Categories (HCC) across the continuum, which is especially important as organizations move into more value-based payer contract arrangements.

DT: A CDI program dashboard is key to measuring CDI success and supporting sustainability. The following metrics should be included in the dashboard: how many cases are being reviewed, how many provider queries are being generated, payer coverage rates, financial benefit at a program and individual level, severity of illness and risk of mortality at a program and individual level. Data should also be captured on provider queries to document types of queries, the overall query rate and the provider response rate.

Q: What should providers take into consideration when looking to partner with an outside organization on a CDI program?

LJ: Organizations should seek partners that have proven referenceable results. These partners should have experience working with all types of organizations, such as community, system and academic medical center-based organizations. The partner team members should be dynamic, passionate and dedicated experts armed with the latest best practice knowledge of CDI. Potential partners must value quality and compliance first and foremost. ■