Three Trends That Are Shaking Up CDI

CDI is undergoing big changes this year, including playing a more integral role in improving quality and growing revenue. "With continued pressure to rein in costs, healthcare organizations are turning increasingly to their CDI teams to tackle hotspot areas such as denials and appeals, as well as help grow outpatient CDI programs," says Brian Murphy, director of the Association of Clinical Documentation Improvement Specialists (ACDIS). Here are key trends to watch in 2018 and beyond.

1

Move to outpatient CDI intensifies

Outpatient CDI is gaining momentum, driven by a higher bar for hospital admission. "We have been following this trend for a while and the percentages keep ticking up," says Murphy. A recent ACDIS survey shows that 10% of hospitals nationwide have an outpatient CDI program, with an additional 10% planning to expand to these services in the next six months, and an additional 14% planning to expand in the next 12 months. A new or growing outpatient CDI program needs to have defined job descriptions and roles, the right processes, and electronic tools that will help flag critical areas such as Hierarchical Condition Category (HCC) diagnoses and E/M codes to make sure they are coded and documented properly.

2

CDI takes on the denials battle

Denials continue to be a challenge, with healthcare organizations facing heavy scrutiny by government entities like the Office of Inspector General over documentation of complex and costly diagnoses, such as malnutrition and sepsis. Ongoing debates over which criteria should be used to prove medical necessity for these cases has led to a flood of denials, appeals, and downgraded DRGs. "As a result, CDI is increasingly being tapped to help audit-proof medical records," says Murphy. The call for ample clinical criteria in the record often triggers CDI to do a clinical validation review. Moreover, CDI specialists are being recruited to assist with audit defense appeals. "Not only are they clinically savvy, but they can also write appeals letters detailing diagnosis criteria and the relevant coding guidelines."

3

New technologies lead to innovation

Healthcare organizations are starting to take advantage of the newest technologies and electronic tools, including those that harness artificial intelligence. These advances are redefining programs, allowing CDI specialists to see specific patients and diagnoses and focus on cases with the highest value. By reducing manual processes, organizations report they are able to review more cases and expand to all-payer models. ■

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Artificial Intelligence Transforms CDI Programs

Artificial intelligence (AI) is unleashing new opportunities for CDI programs. AI unlocks the hidden stories that go undocumented in the medical record, allowing organizations to focus human attention on those cases that count the most, says Anne Robertucci, director of strategic product management for Optum. Robertucci discusses how AI is changing the CDI workspace in critical ways and leading to program expansion.

Q: Historically, programs have been focused on financially impactful case reviews and how often to conduct a CDI review. How does AI change this process?

Anne Robertucci: With AI in place, you are able to review 100% of all cases for all payers, transforming your CDI program to cover

> **"With AI in place, you are able to review 100% of all cases for all payers, transforming your CDI program to cover all threats to the financial health of the organization."**

all threats to the financial health of the organization. AI-driven case finding allows CDI specialists to focus on cases with documentation deficiencies or potential quality events, so their reviews will be more impactful and their time used more efficiently. AI-driven case finding identifies opportunities based on clinical findings in the electronic record, compared to what the provider may not have documented. For example, AI allows you to identify potential chronic conditions that may be indicated by historical documentation and/or current medications, but aren't reflected in the current documentation, driving greater accuracy in risk adjustment and quality metrics.

Q: Does this technology replace human intervention?

Robertucci: AI does not remove human intervention. CDIS intervention is still needed to validate the cases identified for review and pose an appropriate query back to the provider. Instead, the technology increases efficiency by eliminating case reviews that provide no benefit. AI also enables updates to the CDI worklist dynamically, removing cases when the physician clarifies documentation or documents a condition as appropriate before or after the initial CDI review has taken place. These capabilities drive more efficient workflow for the CDI team, allowing for increased case reviews and utilizing CDI specialists for their most precious attribute: their clinical knowledge.

Q: How does having AI at the point of care change CDI programs?

Robertucci: AI goes to work while the patient is in-house and continuously reviews documentation throughout the stay. For example, AI can identify critical cases, such as those with potential quality events at the point of care, enabling CDI and quality staff to proactively review documentation and ensure it supports the complexity of the case. As a result, the CDI process can begin earlier in the revenue cycle, enabling queries and/or documentation improvements while the patient is still in-house, rather than requiring retrospective reviews that lead to delays in time to bill.

Anne Robertucci
Director,
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Q: How can AI help expand CDI programs in an environment of constant cost control and limited staff growth?

Robertucci: Using AI to review all cases to identify documentation deficiencies allows CDI specialists to accomplish more in the same amount of time. As we all know, there is not always an immediate financial return on case reviews. Still, we are at a critical place in which we need to expand programs beyond Medicare reviews. Commercial payers and Medicaid are starting to follow suit with monitoring the same documentation elements and quality-driven metrics as Medicare. AI can enhance a hospital's bottom line because it provides an innovative way of expanding CDI programs to all cases and all payers. This allows organizations to not only perform specific quality and financial reviews, but to also move to an all-payer case review environment without adding more FTEs. ■

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