2023 VIZIENT CONNECTIONS SUMMIT

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SEPT. 18–21, 2023
WYNN, LAS VEGAS

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Learning Objectives

- Outline the challenges faced at UCI in supporting Case Mix Index, quality, and expected mortality.

- Describe the techniques used to collaborate at the C-Suite level to align goals and facilitate change.

- Outline the use of a second-level review and calculator to conduct the clinical documentation improvement (CDI) quality review.

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UCI Health

C-Suite Collaboration Yields Results: How Alignment of Goals Drives Improvement

Joe Carmichael, MD, FACS, FASCRS, *Chief Medical Officer, UC Irvine*

Randolph P. Siwabessy, MA, MBA, FHFMA, *Chief Financial Officer, UC Irvine*

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C-Suite Collaboration Yields Results: How Alignment of Goals Drives Improvement

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The Challenges

- Case Mix Index **not always reflective** of true acuity of illness

- Vizient Q&A Scorecard performance not reflective of actual patient safety

- Decreased physician engagement in improving documentation

- No method of tracking revenue enhancement from improved documentation

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Our Approach

- **Alignment of quality and revenue goals**
    - Avoided big, splashy "New Program" approach; no launch even; no "miracle moment"
        - These messages are lost and don't support transformation
        - Takes a thousand little pushes
    - ***Evolutionary Change rather than Revolutionary Change***
        - Quality and revenue goals are not aligned
        - Examination of the motivational "why" to create institutional alignment
        - Make the "why" self-evident; motivate in a language they can understand

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Our Approach

- **Alignment of quality and revenue goals (cont'd)**
    - When motivations align, they're powerful
    - Partnerships reduce silos
    - Transparent, strategic messaging
    - Feedback cycles
    - Throughput & alignment between ED and on floors
    - Let the results do the talking

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Our Approach

- **CDI education and process improvement**

  - CDI educational program with Vizient & clinical mentoring for CDI staff

  - Staffing increases to ensure adequate coverage of patient population

  - DRG reconciliation to ensure diagnoses captured completely and correctly

  - Service line & MS-DRG data analytics to identify opportunities and track progress

    - Case Mix Index

    - CC/MCC capture

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Our Approach

- **Engagement of CDI Physician Advisors**

  - 2 physician advisors medical; 2 physician advisors surgical

  - Service line approach

  - Regular meetings with departments

  - Supported by data analytics

    - ❑ Case Mix index analysis

    - ❑ Mortality index analysis

    - ❑ Specific mortality variable and CC/MCC capture opportunities versus CAMC Cohort

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Our Approach

- **Quality Improvement**
  - PSI review transitioning from reactive to *proactive*
  - Extensive education for CDI, Coding, Quality on PSI criteria
    - ❏ Inclusion diagnoses
    - ❏ Exclusion diagnoses
    - ❏ Opportunities for improved physician awareness
  - "Un-siloing" – collaboration between CDI, Coding, Quality departments
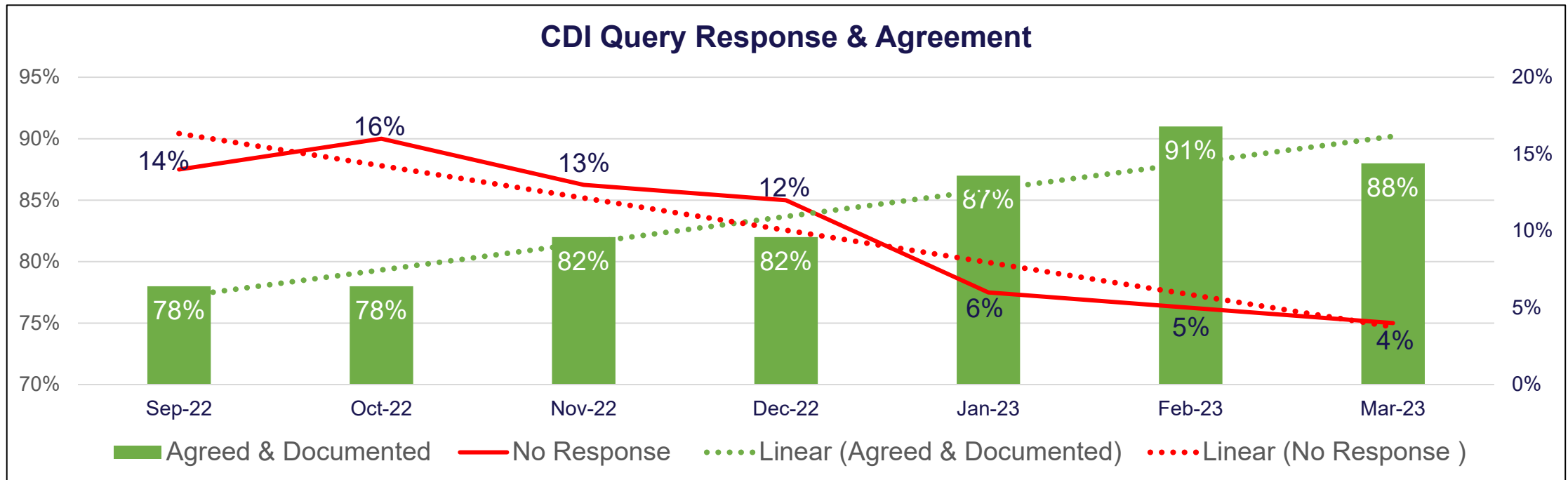
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Results – Physician Engagement

- **CDI query data shows tremendous improvement**
    - Significant decrease in no-response rate due to improved physician buy-in
    - Increase in agree rate due to improved understanding of documentation principles and impact
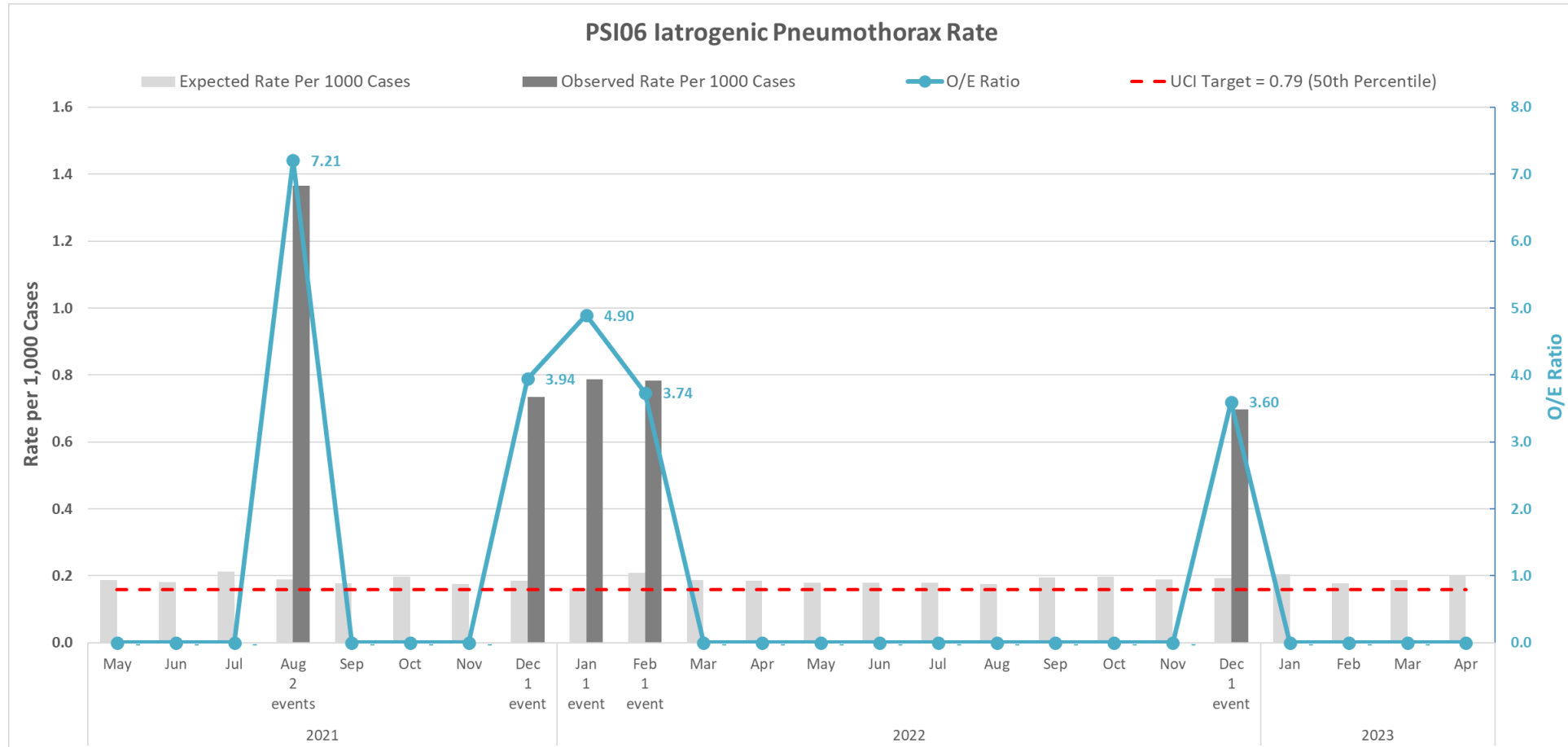

CDI Query Response & Agreement

Chart showing "Agreed & Documented" bars, "No Response" line, and linear trend lines:

Month	Agreed & Documented	No Response
Sep-22	78%	14%
Oct-22	78%	16%
Nov-22	82%	13%
Dec-22	82%	12%
Jan-23	87%	6%
Feb-23	91%	5%
Mar-23	88%	4%

Legend: Agreed & Documented — No Response — Linear (Agreed & Documented) — Linear (No Response)

Source: EMR Query Tracking

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Results – Quality Improvement

PSI06 Iatrogenic Pneumothorax Rate

Source: Vizient Clinical Database

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PSI-06 Iatrogenic Pneumothorax Summary

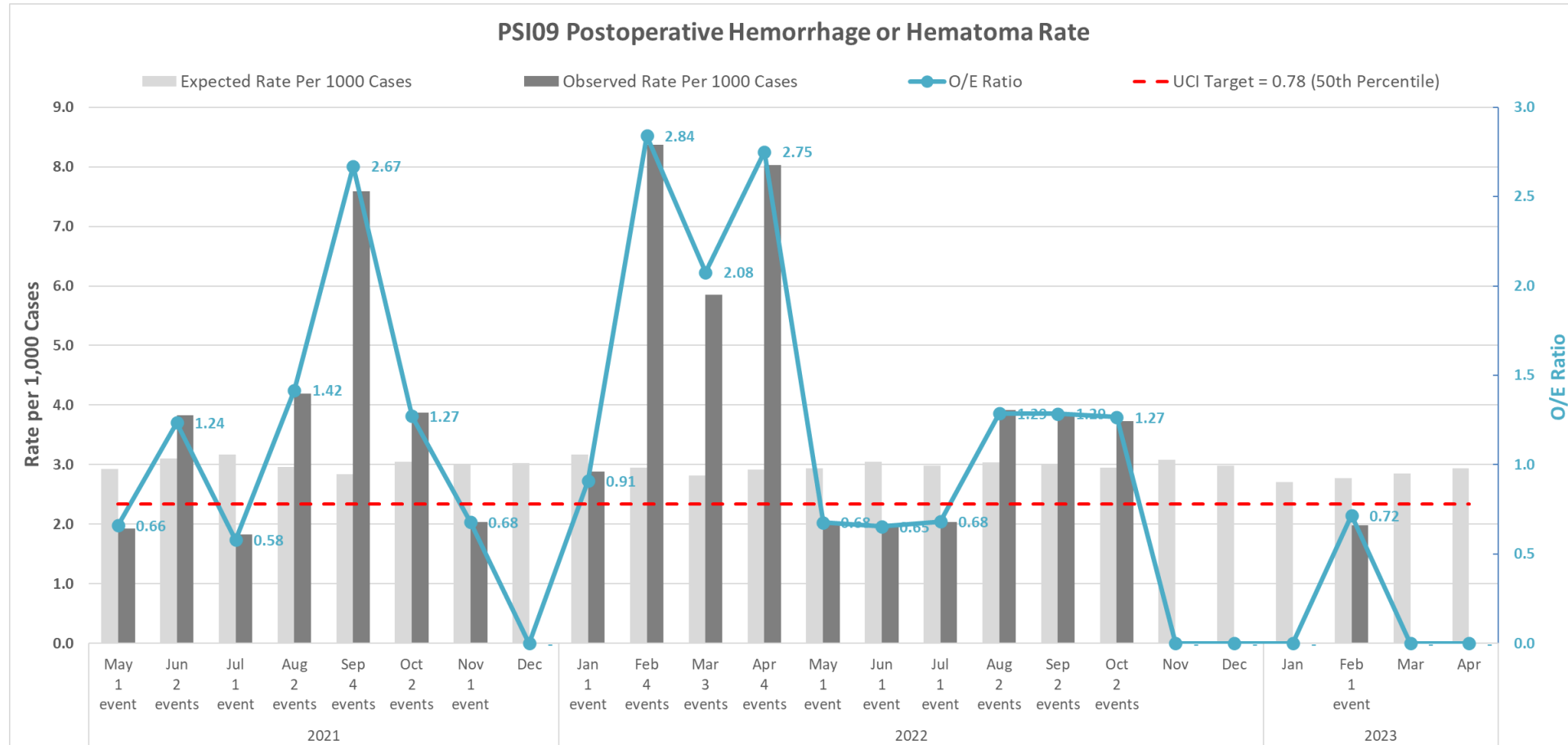- Data over the past 12 months and past 3 months meets the target.

Indicator Name	Target (Top 50th Percentile)	Recent 12-Month Performance (lower is better)	Recent 3-Month Performance (lower is better)
PSI06 Iatrogenic pneumothorax	0.79	0.32	0.00

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Results – Quality Improvement

PSI09 Postoperative Hemorrhage or Hematoma Rate

Source: Vizient Clinical Database

PSI-09 Post-op Hemorrhage/Hematoma Summary

- Data over the past 12 months and past 3 months meets the target.
- Appears to be significant improvement trend

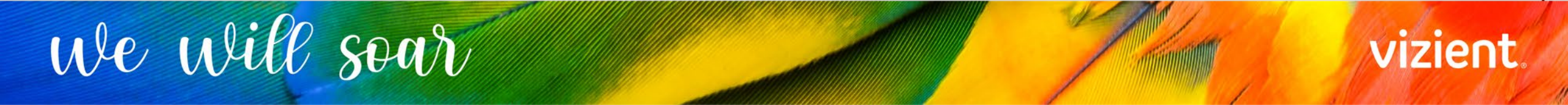| Indicator Name	Target (Top 50th Percentile)	Recent 12-Month Performance (lower is better)	Recent 3-Month Performance (lower is better)
PSI09 Perioperative hemorrhage or hematoma	0.78	0.54	0.22

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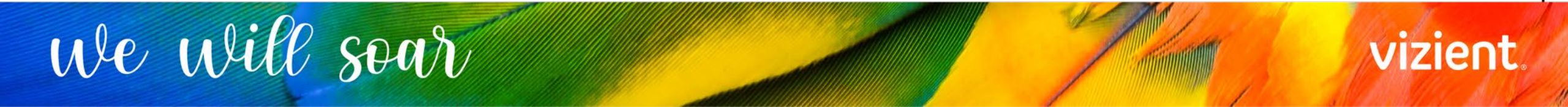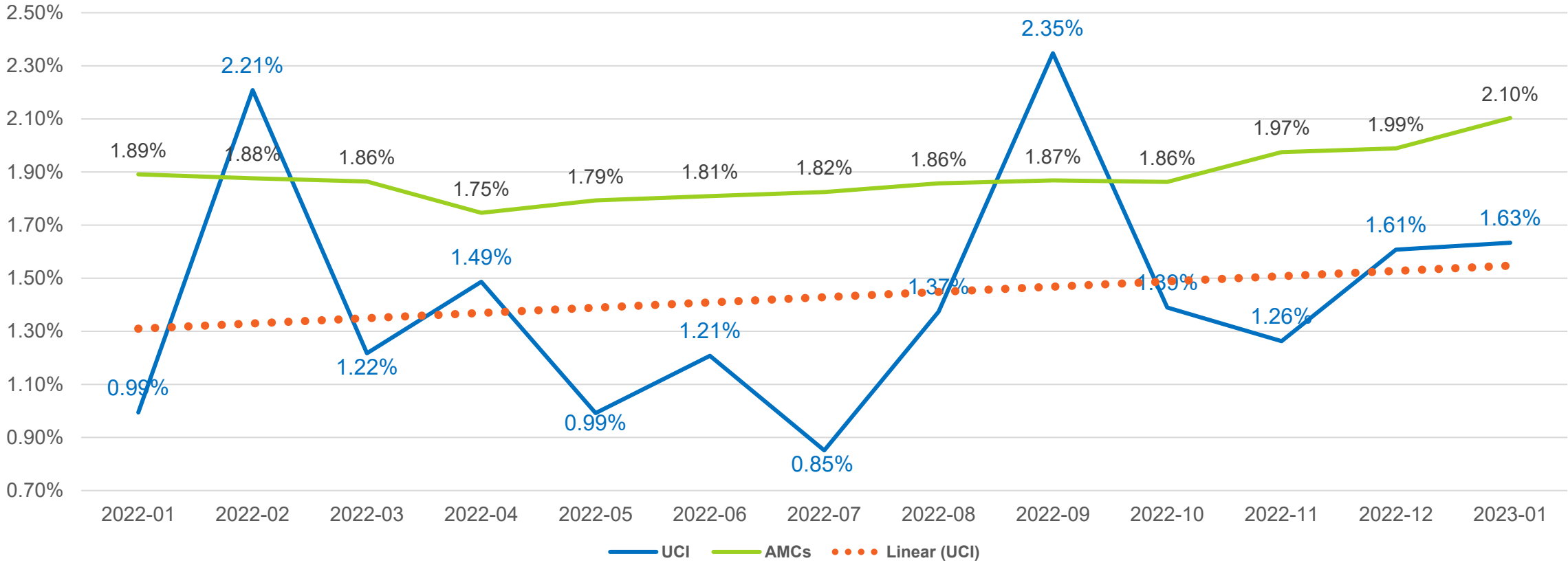
Vizient Mortality Variable Trends: Malnutrition POA

Source: Vizient Clinical Database
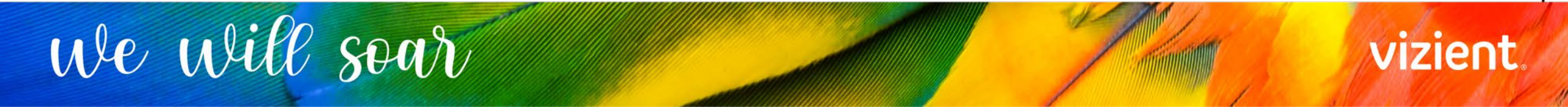
Vizient Variable Trends: Thrombocytopenia Including Purpuric, HIT, & Other Platelet Defects
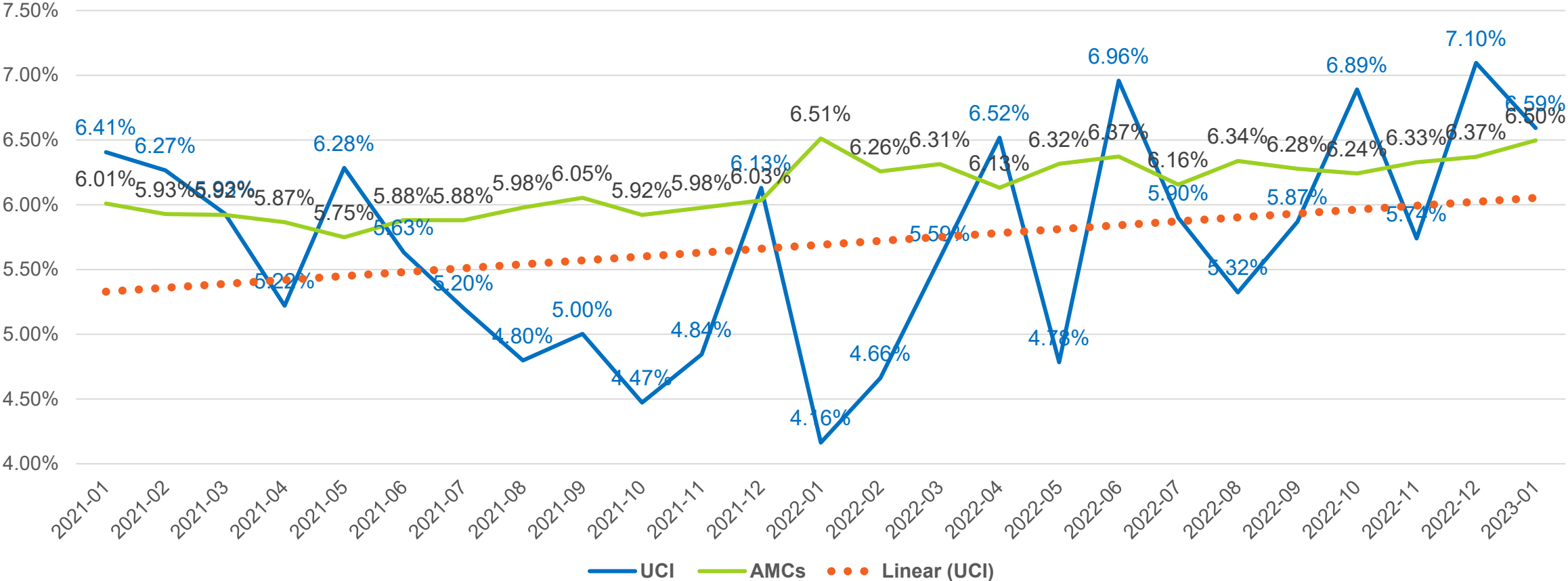
Source: Vizient Clinical Database

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Results – Case Mix Index (CMI) by Quarter

- **Improvement in CMI in all categories**
  - All Patient = 7% improvement, Medicare = 5% Improvement, Non-Medicare = 8% improvement

Case Mix Index by Quarter

	Q2 2022	Q3 2022	Q4 2022	Q1 2023
Medicare	2.3183	2.3107	2.4336	2.4243
All Patient	1.9944	2.0873	2.0842	2.1434
Non-Medicare	1.8429	1.9922	1.9233	1.9987

Legend: ● All Patient   ● Medicare   ● Non-Medicare   ⋯ Linear (All Patient)
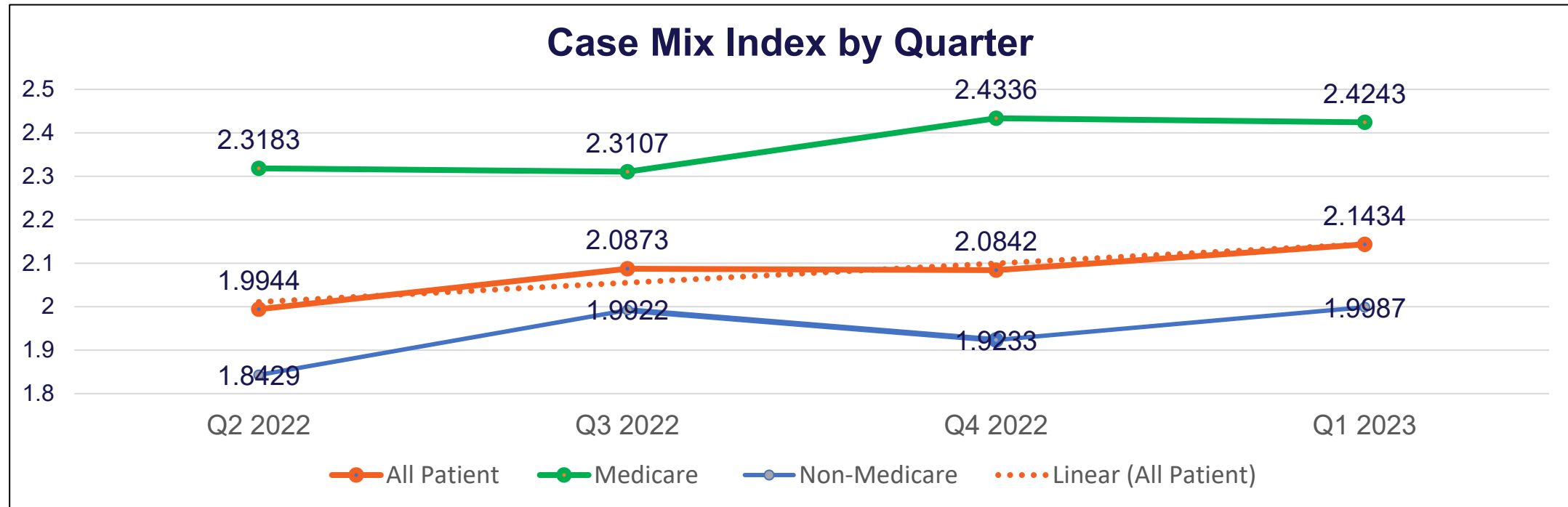
Source: Vizient Clinical Database

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Results – CC/MCC Capture by Quarter

- **Steady improvement in CC/MCC capture due to improved physician documentation efforts & engagement from CDI Physician Advisors**

CC/MCC Capture in MS-DRG Pairs & Triplets

Chart data points:
- 2022-2: 65%
- 2022-3: 68%
- 2022-4: 71%
- 2023-1: 69%

Legend: CC/MCC Capture — Linear (CC/MCC Capture)
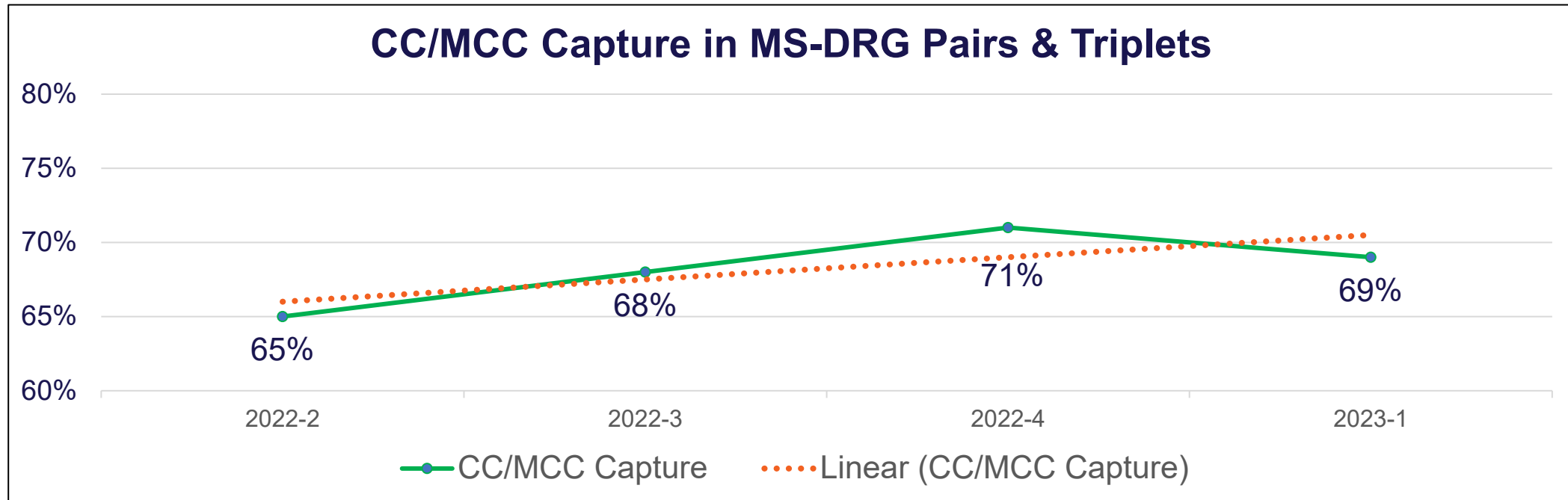
Source: Vizient Clinical Database

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Results – Quality Improvement

- **Vizient Safety Domain Ranking Improvement out of 112 CAMC Hospitals**

Patient Safety Metric	2022 Performance	2023 Period 1	Improvement
PSI-03 Pressure Ulcer O/E	0.09	0.00	-0.09
PSI-06 Iatrogenic Pneumothorax O/E	1.39	0.00	-1.39
PSI-09 Postop Hemorrhage/Hematoma/E	1.26	1.09	-0.17
PSI-11 Postop Respiratory Failure O/E	0.73	0.89	0.16
PSI-13 Postop Sepsis O/E	0.77	0.72	-0.06
NHSN-CAUTI SIR	0.48	0.40	-0.08
NHSN-CLABSI SIR	0.71	0.39	-0.31
NHSN-SSI-COLO SIR	1.24	1.07	-0.17
NHSN-CDI SIR	0.50	0.61	0.10
Hypoglycemia in insulin use	3.14	2.55	-0.59
Warfarin elevated INR	0.82	0.00	-0.82
THK Complication	0.88	2.78	1.89

2022 Period 1 Rank 94

2022 Period 2 Rank 54

2022 Annual Rank 50

2023 Period 0 Rank 44

2023 Period 1 Rank 16

AMAZING!
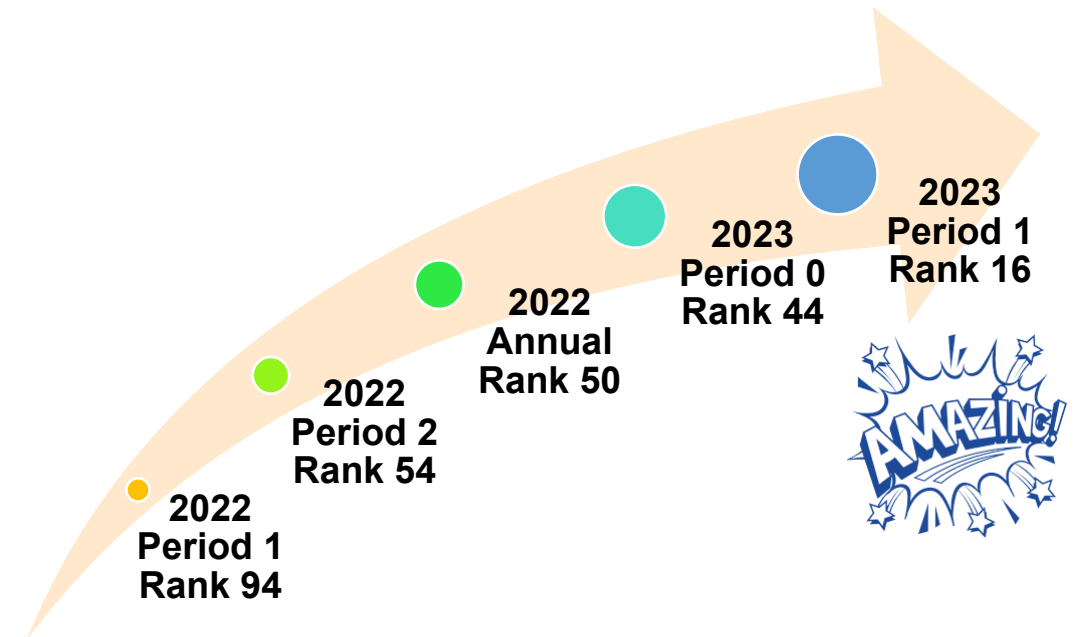
Source: Vizient Clinical Database

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Lessons Learned

- Physicians respond much better to messaging documentation queries designed to improve **quality**.

- AMCs seem to require constant and widespread physician education to create "institutional memory" due to annual arrival of new trainees.

  – This is not a "one off" education plan if it is intended to be sustainable.

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Key Takeaways

- Investment in a CDI team shows meaningful results.
  - Measuring productivity (new reviews/follow-ups), query rate, and education and support are crucial to a successful CDI implementation.
- CMO – CFO partnerships are critical for this effort.

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Questions?

UCI Health

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Building a Resilient CDI: Implementing a Second-Level Review

Marie G. Mathieu, MS, RN, NE-BC, CDIP, CCDS, *CDI Vice President, Hackensack Meridian Health, New Jersey*

Julie Alverson RN, BSN, CCDS, CDIP, *Manager, Clinical Documentation - Northern Region Hackensack University Medical Center, New Jersey*

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Hackensack University Medical Center (HUMC)

- One of the four academic medical centers in New Jersey

- Founded in 1888 with just 12 beds, HUMC was Bergen County's first hospital

- Today this nonprofit, teaching and research hospital has grown to become the largest provider of inpatient and outpatient services in New Jersey

  - Hackensack University Medical Center enjoys numerous clinical, research and academic affiliations with world-renowned partners. Our medical and dental staff represent the full spectrum of specialties and subspecialties and are international leaders in health care.

- We are proud to also serve as the "Hometown Hospital" of the New York Giants and the New York Red Bulls soccer team.

- The medical center remains committed to the community through fundraising and community events, such as its annual Life & Liberty event, Health Fairs and Healthy Heart events.

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Awards

One of only five major academic medical centers in the nation to receive Healthgrades America's 50 Best Hospitals Award for five or more years in a row

Ranked among the top hospitals in the Newsweek's 2021 World's Best Hospitals list

First and only hospital in New Jersey — and one of only a few in the country — to offer noninvasive MRI-guided focused ultrasound, called Exablate® Neuro platform, to treat hand tremors, or involuntary and rhythmic shaking that affects people with certain neurological conditions

Only hospital in New Jersey with the #1 adult and #1 children's hospital rankings

Received 5-star rating from CMS Stars in 2023 (1 of 5 hospitals in NJ to receive this designation, only hospital in 4 surrounding counties)

What is resilience?

"Resilience is the ability to recover from a challenge and to use that challenge as a learning opportunity. In the workplace, resilience can mean solving problems, facing challenges and recovering from mistakes…"

Source: Indeed Career Guide, February 3, 2023, *Resilience in the Workplace: How to Build it in 6 Steps.*

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What is resilience?

"Resilient behavior is trying to take a positive perspective on situations viewing challenges and learning opportunities. Regulating emotions and expressing feelings in appropriate ways focusing on the things you can control instead of dwelling in what you cannot change."

-Unknown

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Our why

Why did HUMC CDI decide to implement a second-level review team (SLR) post coding and to drop the bill?

What made HUMC CDI a *resilient* department?

WE ARE
STRONGER
TOGETHER

Hackensack
Meridian *Health*

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History

- In 2018, HUMC engaged a company, led by a physician, to perform second-level review post coding and to drop the bill. Its goal was to improve the quality data.

- The company was there for 18 months when I submitted a business proposal to insource their function.

KEEP GETTING BETTER

In 2019, a business proposal was submitted and approved to insource second-level reviews

- Engage Vizient consultant to provide risk adjustment education
- Create a process flow in EMR to track CDI performance since our CDI software was unable to provide retro query reports and data for its specific reporting functionality
- ROI
  - cost effective
  - accurate reimbursement
  - improve expected mortality
  - appropriate risk adjustment
  - accurate reflection in quality rating
- Review of 100% Medicare / Managed Medicare
- Keep the company until they are unable to find any opportunities (5% less)

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HUMC CDI team

Second-level review process

This process uses a combination of WorkQueue and Activity codes to perform the tasks

1. After final coding, all Medicare and Medicare Managed Care cases will go to WorkQueue #1 which is titled initial review. CDIs have up to 4 days to perform their review from that WQ. After 4 days, the accounts will fall off the WQ and drop to Billing. During this review:

- If no query is necessary, CDIs will perform any change in the DRG, add and remove codes, change POA status based on existing documentation, add activity codes and remove the case from the WQ to send to the next level (Billing).
- CDIs may issue clarification queries to providers.

2. If query is necessary, CDIs will move the account from WQ#1 to WQ#2. WQ #2 contains only cases with pending queries. Accounts can stay up to 7 days in WQ#2. During this time CDI contacts providers to ensure they respond to the queries. Provider's response will be part of the legal medical record.

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Second-level review process (cont.)

3. After 48 hours with no response, CDIs and the manager will attempt to resolve the query. If unsuccessful, the manager will escalate the query to the Physician Documentation Lead for resolution of cases in which physicians repeatedly refuse to respond to queries. The Physician Documentation Lead and the CDI Manager may collaborate in clinical documentation improvement initiatives.

4. After the queries are answered:

- If the provider agrees, the CDI updates the codes based on the response provided, and the existing documentation. Then CDI will add the activity codes and remove the case from WQ#2.
- If the provider disagrees, the CDI will simply update the codes based on existing documentation, add the activity codes and remove the case from WQ#2.

5. In case a provider cannot respond because he/she is on vacation, an activity code will be placed in the chart to hold it (Bill Hold) in WQ#2 until the provider is back and responds.

After 7 days any account in WQ#2 will fall off and drop to bill, with the exception mentioned in point 5

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Activity Codes by HUMC EAI Team

Enterprise Analytics & Insights

CATEGORY	STATUS	CODE
CDI Coding/quality review	No review Needed	1850
CDI Coding/quality review	Risk adjustment	1847
CDI Coding/quality review	Severity of illness	1841
CDI Coding/quality review	Present on Admission	1843
CDI Coding/quality	Risk of Mortality	1842
CDI Coding/quality	No action needed	1840
CDI Coding/quality	Review Needed	1837
CDI Coding/quality	Review Complete	1838
CDI Coding/quality	Revenue Enhancement	1846
CDI Coding/quality	Incorrect Point of Origin	804
CDI Coding/quality	Doctor on Vacation	1928

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Monthly dashboard – second-level review / vendor

Metric	Source	Comments	HUMC Goals	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
SOI Changes Rate (%)	Vendor	Reflects CDI effects on publicly-reported quality metrics		8%	7%	6%	X	X	X	X	X	X	X	X	X
	CDI			5%	4%	6%	16%	17%	17%	18%	13%	13%	16%	15%	
POA Changes Rate (%)	Vendor	Reflects CDI effects on publicly-reported quality metrics		3%	3%	3%	X	X	X	X	X	X	X	X	X
	CDI			3%	3%	3%	51%	41%	31%	28%	27%	23%	29%	24%	
ROM Changes Rate (%)	Vendor	Reflects CDI effects on publicly-reported quality metrics		7%	6%	8%	X	X	X	X	X	X	X	X	X
	CDI			5%	4%	7%	16%	15%	15%	15%	12%	14%	12%	14%	
%Cases with Risk Adjustment Codes Added	Vendor	Reflects CDI effects on publicly-reported quality metrics		11%	10%	11%	X	X	X	X	X	X	X	X	X
	CDI			11%	10%	11%	44%	43%	52%	53%	51%	53%	50%	48%	

Source: HUMC EMR & CDI Software.

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EAI report – CDI account detail with user activity summary

Enterprise Analytics & Insights

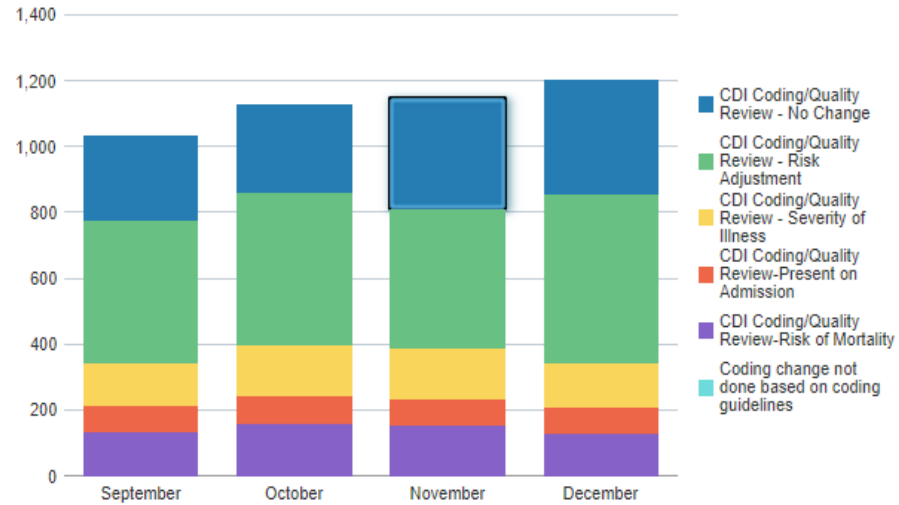| January	CDI Coding/Quality Review – No Change	31
	CDI Coding/Quality Review – Revenue Enhancement	7
	CDI Coding/Quality Review – Risk Adjustment	37
	CDI Coding/Quality Review – Severity of Illness	12
	CDI Coding/Quality Review – Complete	72
	CDI Coding/Quality Review – Present on Admission	4
	CDI Coding/Quality Review – Risk of Mortality	13
January Total		176

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EAI – account activity by month

Account Activity by Month

Activity for Final Coded Inpatient Medicare Accounts for Non Hospice Services

Activity Year	Activity Month	CDI Coding/Quality Review - No Change		CDI Coding/Quality Review - Risk Adjustment		CDI Coding/Quality Review - Severity of Illness		CDI Coding/Quality Review-Present on Admission		CDI Coding/Quality Review-Risk of Mortality		Coding change not done based on coding guidelines		HAR Count (Unique)
		HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	
2022	September	258	33.2%	435	56.0%	127	16.3%	80	10.3%	135	17.4%			777
2022	October	270	33.3%	463	57.1%	153	18.9%	85	10.5%	159	19.6%			811
2022	November	339	39.0%	423	48.6%	158	18.2%	79	9.1%	153	17.6%			870
2022	December	350	37.4%	510	54.5%	136	14.5%	80	8.6%	127	13.6%			935
	Grand Total	1,217	35.9%	1,831	54.0%	574	16.9%	324	9.6%	574	16.9%			3,388

Source: HUMC EMR & CDI Software.

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CDI liaison and metrics

Clinical Documentation Quality Liaison is responsible for promoting high-quality clinical documentation by collaborating with CDI, HIM, Quality Department as well as with the Medical and Surgical Service Lines across the region of Hackensack Meridian Health (HMH).

- Review within 4 days all cases populated in the Pre-coding Mortality WorkQueue / HAC/PSIs Report to ensure the documentation reflects the appropriate severity of illness (SOI) and risk of mortality (ROM).Review 100% of all insurances.

- Review concurrent and post coding pre-billing medical records every 24-48 hours as appropriate for completeness and accuracy to ensure the level of services and acuity of care are accurately reflected.

- Update DRG worksheet to reflect any changes in patient status, procedures/treatments, and confers with physician to finalize diagnoses, and changes in DRG and/or APR assignment.

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PSI pre-billing with cdi quality liaison

Although AHRQ PSI numerator cases comprise a small fraction of encounters coded and billed, their reputational import is especially significant, as they are analyzed as part of many external rating and ranking schemes. For this reason, special review processes are in place.

- AHRQ PSI numerator cases are flagged to coders in CDI software
- Coders refer all flagged cases to CDI in WQ.
- CDI reviews coding for each record, in context of AHRQ PSI analysis logic; 3 possible findings:

1. **Coding is correct, case is removed from WQ.**
   a. CDI determines that no documentation improvement and notes in abstracting field in EPIC.
   b. CDI determines that exclusion is coded, however, the code is below the 25th codes and notifies coding/HIM in the abstracting field in EPIC to move it up to reverse the PSI.

2. **Coding is not correct. Record is returned to coding, 2 possible outcomes:**
   a. If Health Information determines codes are incorrect, coding is revised, verifying that flag no longer fires, and AHRQ PSI is reversed.
   b. If Health Information determines codes are correct based on coding guidelines, Health Information cites specific guidelines; coding is not changed. (For this scenario, Health Information appends the appropriate code denoting coding correct based on coding guidelines – codes not changed.) AHRQ PSI is not reversed.

3. **Documentation not clear. Documentation query to physician initiated by CDI, 2 possible outcomes:**
   a. Physician responds in two ways: documented in the query or include in the discharge summary, record is recorded by HIM, flag no longer fires (AHRQ PSI reversed)
   b. Physician does not respond, CDI Liaison will escalate the query to the physician documentation lead for Resolution.
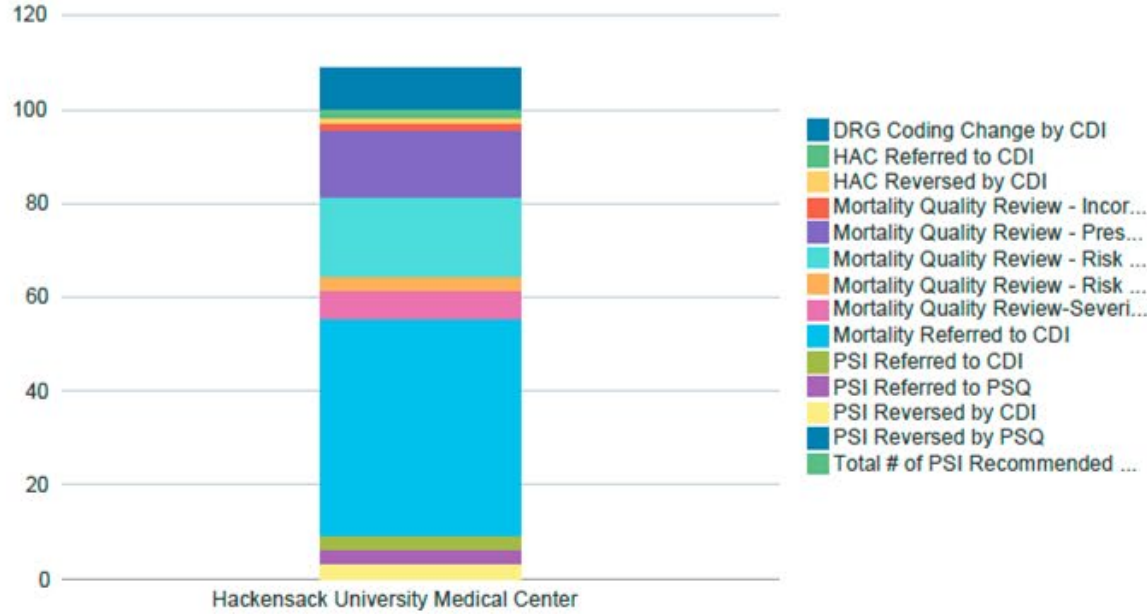
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PSI pre-billing with cdi quality liaison (cont.)

- CDI communicates to PSQ all cases flagged, with outcomes after CDI review:
  1. AHRQ PSI reversed (2a or 3a)
  2. AHRQ PSI remains
     a. CDI determined no possible exclusion
     b. CDI physician query did not result in effective documentation (query denied, no response, ineffective documentation)
- Bill is placed on 4-day hold, bill is dropped after 4 days, unless PSQ requests extension (rare, number of extension days to be specified, up to 7).
- PSQ reviews a sample of flagged cases during 4-day bill hold, communicates with physician if additional documentation may reverse the AHRQ PSI. If physician addends record, PSQ communicates with coding/CDI to recode the record. Sample is determined by PSQ resource availability and leadership direction.
- After bills are dropped and records closed, PSQ ascertains all AHRQ PSI numerator cases using Vizient and/or BI reports programmed to produce them, justifies against CDI communications, reviews a sample of cases not reviewed by CDI. Sample is determined by PSQ resource availability and leadership direction.
- Each quarter, PSQ reports number of cases reviewed and number of cases reversed.

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BI report

Hackensack University Medical Center

Legend:
- DRG Coding Change by CDI
- HAC Referred to CDI
- HAC Reversed by CDI
- Mortality Quality Review - Incor...
- Mortality Quality Review - Pres...
- Mortality Quality Review - Risk ...
- Mortality Quality Review - Risk ...
- Mortality Quality Review-Severi...
- Mortality Referred to CDI
- PSI Referred to CDI
- PSI Referred to PSQ
- PSI Reversed by CDI
- PSI Reversed by PSQ
- Total # of PSI Recommended ...

Location	DRG Coding Change by CDI		HAC Referred to CDI		HAC Reversed by CDI		Mortality Quality Review - Incorrect Point of Origin		Mortality Quality Review - Present on Admission		Mortality Quality Review - Risk Adjustment		Mortality Quality Review - Risk of Mortality		Mortality Quality Review-Severity of Illness		Mortality Referred to CDI		PSI Referred to CDI		PSI Referred to PSQ		PSI Reversed by CDI		PSI Reversed by PSQ		Total # of PSI Recommended Change to HIM by PSQ		HAR Count (Unique)	% of Total
	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total		
Hackensack University Medical Center	9	15.0%	2	3.3%	1	1.7%	2	3.3%	14	23.3%	17	28.3%	3	5.0%	6	10.0%	46	76.7%	3	5.0%	3	5.0%	3	5.0%					60	100.0%
Grand Total	9	15.0%	2	3.3%	1	1.7%	2	3.3%	14	23.3%	17	28.3%	3	5.0%	6	10.0%	46	76.7%	3	5.0%	3	5.0%	3	5.0%					60	100.0%

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Monthly report

Metric	Source	Comments	HUMC Reviews	HUMC											
				Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD TOTAL
Total # of HACs referred for review	BI report	N (#) referred to the CDI teams	N (goal = 100%)	X	X	X	2	3	4	3	4	5	3	4		
Total # HACs reversed by CDI	BI report	N (#) HACs reversed by CDI	N (#, FYI)	X	X	X	0	1	4	2	2	0	1	3		
% of HACs reversed by CDI	BI report	N (%) of reversed	N (%, FYI)	X	X	X	0	33%	100%	67%	50%	0%	33%	75%		
Total # of PSIs referred for review	BI report	N (#) referred to the CDI teams	N (goal = 100%)	X	X	X	10	5	13	21	11	38	29	11		
Total # PSIs reversed CDI	BI report	N (#) PSIs reversed by CDI	N (#, FYI)	X	X	X	3	2	5	5	3	3	10	1		
% of PSIs reversed by CDI	BI report	N (%) of PSIs reversed by CDI	N (%, FYI)	X	X	X	30%	40%	38%	24%	3%	8%	34%	9%		
# PSIs referred by CDI to PSQ	PSQ report	N (#) PSIs reviewed by PSQ	N (#, FYI)	X	X	X	8	5	13	21	11	38	29	9		
# PSIs with PSQ reversals	*PSQ report	N (# of reviewed) with coding change that reverses PSI	N (#, FYI)	X	X	X	0	0	0	0	0	0	0	0		
% of PSIs reversed by PSQ		N (%) of PSIs reversed by PSQ	N (%, FYI)	X	X	X	0%	0%	0%	0%	0%	0%	0%	0%		
# of PSI's with recommended changes to HIM	BI report	N (#) of reversed	N (#, FYI)	X	X	X	0	0	0	0	0	0	0	0		
# of PSIs not changed HIM as per coding guidelines	BI report	N (%) not changed based on coding guidelines	N (%, FYI)	X	X	X	0	0	0	0	0	0	0	0		
Volume of Mortality Cases referred for review	BI report		N (goal = 100%)	X	X	X	78	70	52	54	45	62	56	58		
Mortality Incorrrect Point of Origin	BI report			X	X	X	X	X	X	1	0	2	2	2		
Mortality % of Changes	BI report			X	X	X	X	X	X	In Progress	In Progress	53%	4%	3%		
Mortality SOI Changes Rate (%)	BI report			X	X	X	X	X	X	In Progress	In Progress	2%	22%	9%		
Mortality POA Changes Rate (%)	BI report			X	X	X	X	X	X	In Progress	In Progress	29%	53%	62%		
Mortality ROM Changes Rate (%)	BI report			X	X	X	X	X	X	In Progress	In Progress	4%	17%	10%		
Mortality %Cases with Risk Adjustment Codes Added	BI report			X	X	X	X	X	X	In Progress	In Progress	18%	75%	79%		

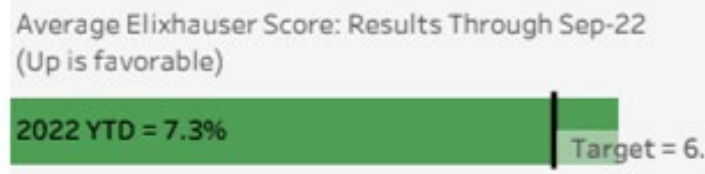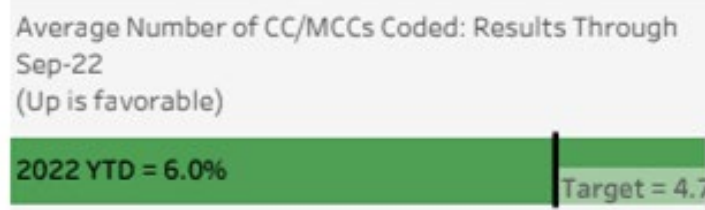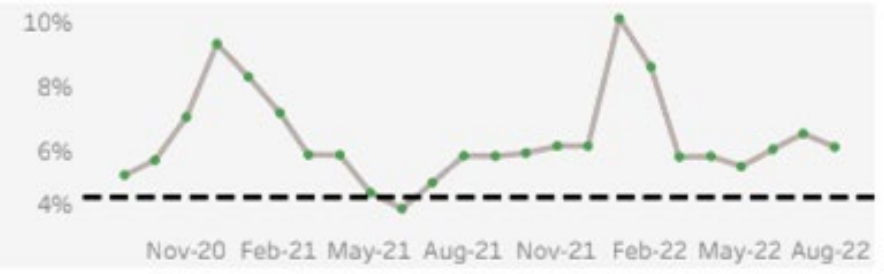we will soar

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Scorecard

Clinical Documentation & Coding Effectiveness Program Scorecard - Quality - HUMC

Average Expected Mortality Rate: Results Through Aug-22
(Up is favorable)

2022 YTD = 6.8%   Target = 3.7%

Average Number of CC/MCCs Coded: Results Through Sep-22
(Up is favorable)

2022 YTD = 6.0%   Target = 4.7

Average Elixhauser Score: Results Through Sep-22
(Up is favorable)

2022 YTD = 7.3%   Target = 6.5

Confidential: For internal purposes only. Do not distribute outside of HMH
Last Update Date: October 24, 2022

LEGEND:
Target
Above Target
Below Target

Vizient calculator

- Engaged Vizient consultants to educate SLR and CDI Liaison about risk variables
- Training on-site lasted six months
- CDI had to readjust thinking about querying not only for CC / MCC / SOI / ROM for risk variables
- This was a new paradigm shift for the staff
- The use of Vizient calculator is crucial in our success story

CDI does not email the mortality cases since it involves the E/O based on the Vizient calculator and well above

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Challenges and benefits of collaborative work

- **Challenges**
  - The SLR team had to learn the process of adding the activity codes to each case to capture the data
  - They had to get use to opening an additional application, the vizient calculator, and change the calculator from AMC to community when it is appropriate
  - CDI Quality Liaison has to wait for HIM for updates so they can add the correct activity codes to the case
- **Benefits**
  - CDI automatically sends quality all the cases, even the ones they could not exclude
  - HIM uses the data for learning purposes

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Key Takeaways

- Review data - determine are there opportunities for improvement in expected mortality, quality, risk adjustment or accurate reimbursement?

- Determine what objectives/goals you want to achieve

- Is there a process in place that can be improved upon?

- Is your team reviewing for risk adjustment diagnoses?

- Engage Coding Leadership to discuss feasibility

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Lessons Learned

- Second-Level Review CDI program is a significant contributor in improving HUMC performance under various entities such as CMS and US News world report

- Vizient has great tools to indicate how your organization performs

- Metric data definitions can identify areas with documentation and coding vulnerability

- Creating a team approach with coding, quality, and clinical documentation, HUMC improves expected mortality, direct cost, LOS, CMI, and reimbursement

- HUMC did not renew the contract with the company in April 2021 since the SLR team at HUMC was successful in all the metrics.

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Questions?

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