

# TODAY'S AGENDA

- How to Make CDI Your Organization's MVP
  - Presented by:  
Paula Archer  
Sr. Manager, Management Advisory Services, BDO
- Mass General Brigham's CDI Revamp
  - Presented by:  
Mary Beth Remorenko  
Vice President Revenue Cycle Operations, MGB  
  
Dr. Shelley Clyne  
Medical Director, CDI, MGB  
  
Candice Daszewski  
Chief Client Officer, Accuity

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**25<sup>th</sup> Annual Revenue Cycle Conference**  
**Tailgates, Touchdowns, & Revenue Cycle Championships!**  
**It's time.....to Reignite!**

# **HOW TO MAKE CDI YOUR ORGANIZATION'S MVP**

Paula Archer

Sr. Manager, Management Advisory Services, BDO

January 26, 2024

# WITH YOU TODAY



## PAULA ARCHER

### Senior Manager, Management Advisory Services, BDO

With more than 30 years of Clinical Revenue Cycle (CRC) experience, Paula is passionate about helping BDO clients bridge the gap between clinical and financial stakeholders. Paula enjoys team building and encourages communication that enhances transparency and avoids functional silos.

Prior to joining BDO, Paula worked in various leadership and consulting roles focused on CRC specific functions, including revenue integrity, utilization review, and denials management. Paul also has considerable experience working in audit roles involving compliance, internal audit, and due diligence.

Paula enjoys supporting clinicians and clinical departments as they increasingly take on responsibility for revenue cycle activities, promoting compliance, and financial stability.

## PROFESSIONAL AFFILIATIONS

American Academy of Professional Coders (AAPC)  
American Health Information Management Association (AHIMA)  
Health Care Compliance Association (HCCA)

## EDUCATION

B.S., Health Information Management, Arkansas Tech University



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# **TACKLING NEW CDI CHALLENGES**

The Evolving Role of CDI

## WHAT IS CDI?

“ CDI is a process where the health record is manually reviewed either concurrently or retrospectively for ambiguous, conflicting, incomplete, or nonspecific provider documentation. ”

(McDonald, 2016)

# CDI FOCUS OF YESTERDAY

- Improving organizational financial performance
  - Ensuring accurate MS-DRG assignment
  - Capturing complications and comorbidities (CC) and major CCs (MCC)
- Improving organizational quality outcome scores
  - Hospital-acquired conditions (HAC)
  - Patient Safety Indicators (PSI)
  - Mortality reviews



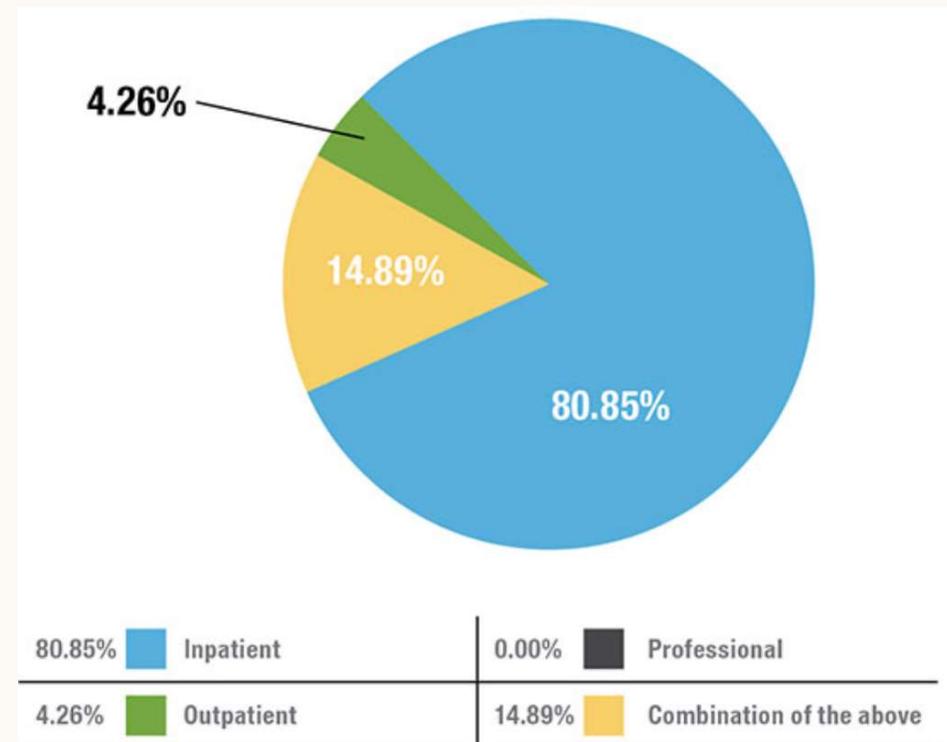
# CDI FOCUS OF YESTERDAY

- Key Performance Indicators (KPIs)
  - CDI Staff Performance
    - Review Quantities/CDI Productivity
    - Query Volume/Rate
    - Query Response/Agreement Rate
    - DRG Mismatch
  - Organizational Performance
    - Case-Mix Index (CMI)
    - CC/MCC Capture Rate
    - Reimbursement Impact



# CDI FOCUS OF YESTERDAY

- Which type of health records do CDI teams review?
  - Inpatient records account for the majority of CDI reviews
  - AHIMA statistics reflect the industry is beginning to shift toward CDI review of outpatient records



# EVOLVING HEALTHCARE LANDSCAPE

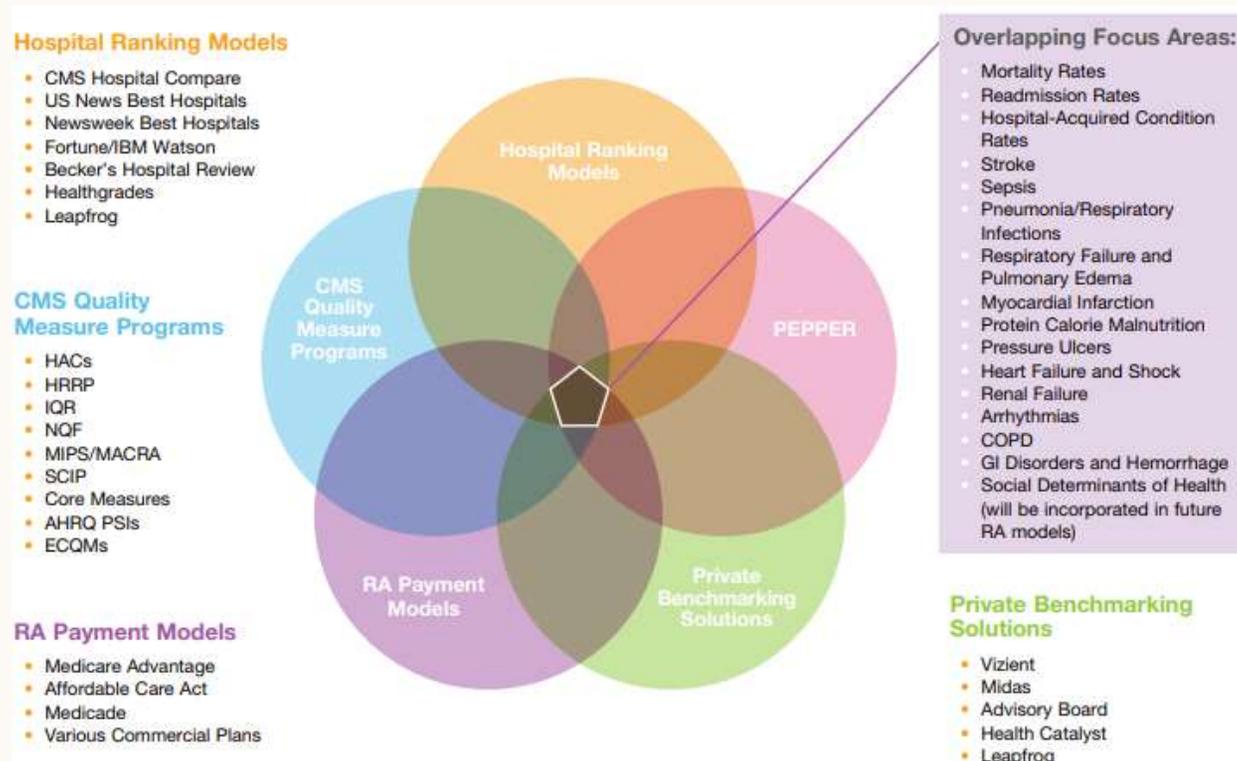
- Payer Landscape Changes
- Limited Reimbursement
- Widely Available Data on Mortality, Readmissions, and Complications
- Demand for Better Quality from Healthcare Providers
- Shrinking Inpatient Volumes
- Evolving Public Policy
- Pharmaceutical Price Fluctuations
- Supply Chain Challenges
- EHR Implementation/Optimization Costs



# CDI TACKLES NEW CHALLENGES

- Revenue Accuracy and Integrity
  - Appropriate reimbursement
  - Accurately reflect care rendered and resources utilized
  - Clinical Validation
- Financial Protection
  - Denials Prevention
  - Appeal Support
- Risk-Adjustment and Value-Based Care Models
- CMI by Service Line
- Discharged Not Final Billed (DNFB) Reduction
  - Timely query response
  - Complete and accurate medical record documentation for HIM/Coding staff
  - Reduced need for post-discharge queries
- Accuracy of publicly reported data
- Capture of Social Determinants of Health (SDoH)
- Nursing and Ancillary Documentation Improvement

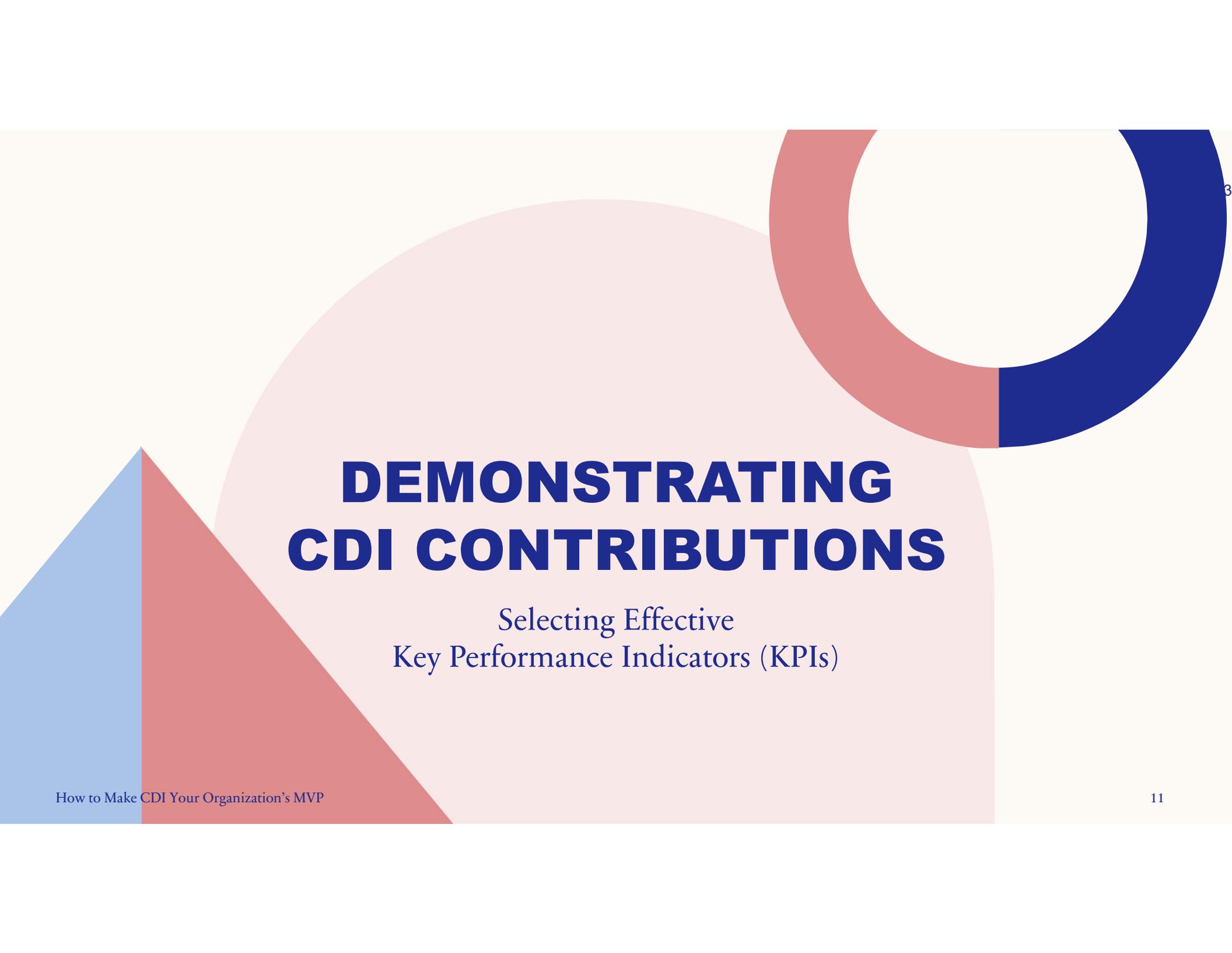
# OVERLAPPING FOCUS AREAS



# OVERLAPPING FOCUS AREAS

Common overlapping focus areas include the following:

- Mortality rates
- Readmission rates
- Hospital-acquired condition rates
- Stroke
- Sepsis
- Pneumonia/respiratory infections
- Respiratory failure and pulmonary edema
- Myocardial infarction
- Protein calorie malnutrition
- Pressure ulcers
- Heart failure and shock
- Renal failure
- Arrhythmias
- COPD
- GI disorders and hemorrhage
- Social determinants of health



# **DEMONSTRATING CDI CONTRIBUTIONS**

Selecting Effective  
Key Performance Indicators (KPIs)

# CHOOSING EFFECTIVE KPIS

- Focus on 3-4 Key Performance Indicators (KPIs)
- Leverage Existing Tracking Mechanisms
- Define Tracking Standards and Timeframes
  - Remember that CDI efforts are a long-term investment
  - Monthly data can be highly variable
- Consider Involving Other Departments



# CHOOSING EFFECTIVE KPIS

- Severity of Illness (SOI) and Risk of Mortality (ROM)
- Hospital-Acquired Conditions (HACs) and Patient Safety Indicators (PSIs)
- Observed-to-Expected (O/E) Ratios (e.g., Vizient Mortality)
- Readmission Rates
- Cohort Averages for Similar Hospitals
  - Occurrence of DRGs
  - CC/MCC Capture Rates
- CMS Star Ratings
- RAF Score Averages
- Reduction in Claims Denials
- Improved Revenue Capture
- Enhanced Quality of Care Measures

**THANK YOU!**



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# REFERENCES

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- McDonald, L. (2015). *So What Exactly is Clinical Documentation Improvement?* American Health Information Management Association (AHIMA). <https://bok.ahima.org/doc?oid=300922>

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# **MASS GENERAL BRIGHAM'S CDI REVAMP**

January 26, 2024

**Mary Beth Remorenko**, Vice President, Revenue Cycle Operations, MGB

**Dr. Shelley Clyne**, Medical Director, CDI, MGB

**Candice Daszewski**, Chief Client Officer, Accuity

# CDI MGB PRIOR STATE

PEOPLE: No Central Leadership  
Differing local leadership  
Variable Staffing Ratio

PROCESS: Lack of focus on Concurrent Work  
No consistent approach to prioritization  
KPIs and measurement variable

TECHNOLOGY: Different software throughout the system

# QUALITY OUTCOMES DRIVE CHANGE



Due to a lack of external benchmarking no clear understanding of CDI's performance



Quality scores not consistent with the care being delivered drove the implementation of ACCUITY to capture missed opportunity



Financial gains tracked as opportunity identified



A “safety net” as people, process and technology change

# CDI STRATEGIC PLAN

- Creation of an Enterprise CDI program delivering high quality outcomes with measurable financial gains
- Measure success through understanding and forecasting of financial benefit with eventual decrease in query volume
- Intelligent use of external vendors
- Strive for upstream fixes to ease physician burden and drive financial and quality benefit.

# MGB CDI INITIATIVES



Create one internal process using AI for ease of work and prioritization



Capture missed revenue while creating a centralized CDI team through ACCUITY



Continuous improvement with feedback on opportunity



Creation of standardized KPIs and DB



Dual aim of Quality and Finance



Physician Advisor Program with eventual upstream solutions

# ACCUITY OVERVIEW

- Pioneer of physician-led interactive chart reviews (since 2016)
- 600+ expert clinical and revenue cycle FTEs, 100% U.S.-based, 140+ full-time, specially trained physicians
- Clinical technology + clinical expertise
- Turnkey service – no added client burden
- Speed to value
- We align with our client's CDI criteria, guidelines, processes and procedures to become an extension of our client's team
- **Value-added components of our service include:**
  - Data-driven upstream improvement support through peer-to-peer education and detailed monthly reporting
  - Clinical denials support
  - Positive impact on quality metrics
  - 3rd-party compliance audits by PwC



## **Simultaneous Clinical & DRG Validation**

- Charts reviewed by a physician and coder, with a CDI specialist supporting any necessary queries
- Post-discharge, pre-bill secondary chart review

# ACCUITY OPPORTUNITY EXAMPLE

## Pre-Accuity Review

- 68 y/o M with 25 pack-year history, COPD, CHF with EF 20%, admitted for resection of RUL mass – biopsy proven squamous cell carcinoma. Preop PET/CT revealed suspicious hilar and paratracheal lymph nodes, however, biopsies from 4R, 4L, 7, 11R and 11L were benign. MRI brain negative for metastatic disease. Admitted for RUL lobectomy.
- Operative report: Posterolateral thoracotomy incision made, entered through 5<sup>th</sup> interspace. Upon inspecting the chest, it was clear the patient had a **frozen mediastinum**. Preop studies were falsely negative, frozen section returned as metastatic lung cancer. We assessed for resection, but hilum/mediastinum was **rock hard** and would definitely pose a risk for bleeding and larger resection such as pneumonectomy.

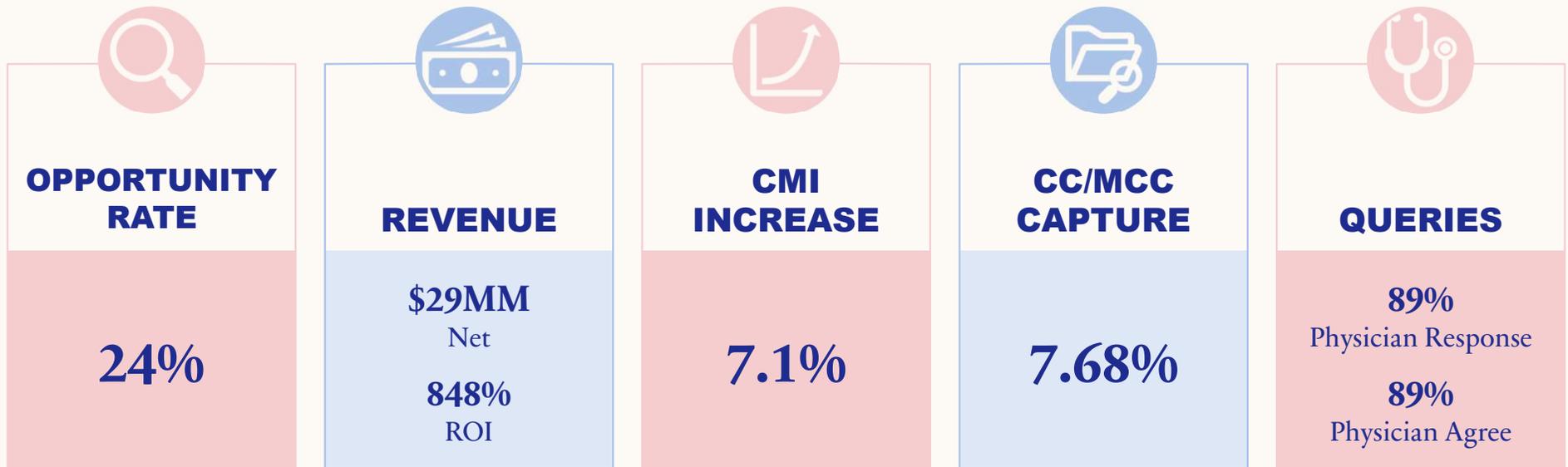


## Post-Accuity's Physician-Led Review

- 68 y/o M with 25 pack-year history, COPD, CHF with EF 20%, admitted for resection of RUL mass – biopsy proven squamous cell carcinoma. Preop PET/CT revealed suspicious hilar and paratracheal lymph nodes, however, biopsies from 4R, 4L, 7, 11R and 11L were benign. MRI brain negative for metastatic disease. Admitted for RUL lobectomy.
- Operative report: Posterolateral thoracotomy incision made, entered through 5<sup>th</sup> interspace. Upon inspecting the chest, it was clear the patient had a frozen mediastinum. Preop studies were falsely negative, frozen section returned as metastatic lung cancer. We assessed for resection, but hilum/mediastinum was rock hard and would definitely pose a risk for bleeding and larger resection such as pneumonectomy.
- Query response: **frozen mediastinum meaning mediastinal adhesions**

	Pre-Accuity Review DRG 167	Post-Accuity Review DRG 166
Severity of Illness	2	3
Risk of Mortality	3	3
Average Length of Stay	3.7	7.9
Relative Weight	1.8187	3.7235
Expected Reimbursement	\$13,320	<b>\$27,271</b>

# MGB + ACCUITY PARTNERSHIP



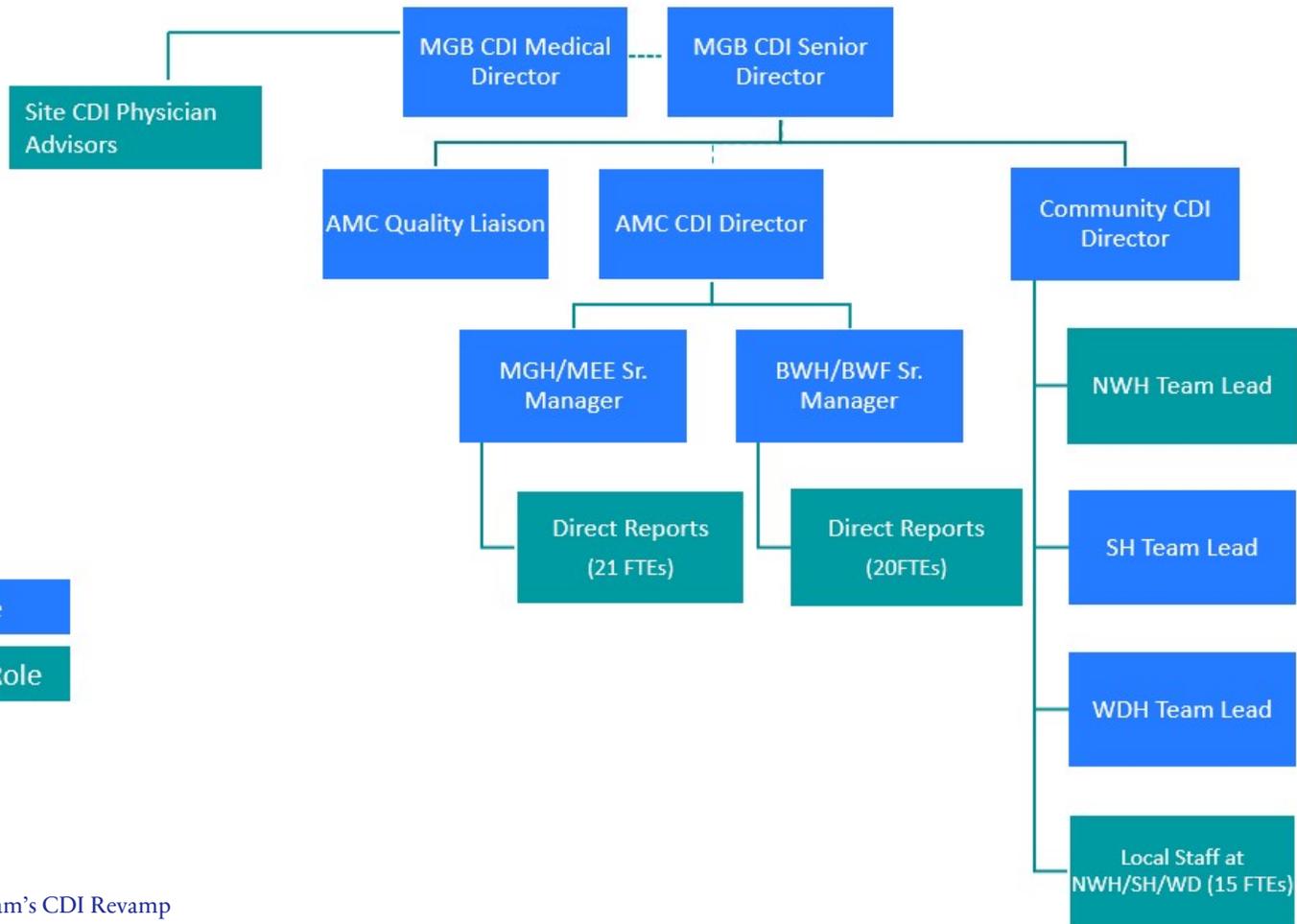
Partnership began April 2023 at MGB Academic Medical Centers | Additional system sites added in June 2023  
Results shown through Q3 of 2023

# KEY COMPONENTS OF MGB'S CDI REVAMP SUCCESS

- Leadership support and understanding of the importance of CDI to quality and financial success
- ACCUITY allowing for CDS to focus on new processes and understanding of CDI initiatives
- Sharing the “WHY” throughout the organization and tangible financial gains
- Physician Advisor involvement aids in understanding local cultures while spreading central goals

# RESULTS

# People



# PROCESS/OUTCOMES

- One process using AI and software for case prioritization
- ACCUITY bringing financial success and understanding of opportunities
- Forecasting 200 million FY 2024
- Move to improved query process/delivery
- Data to drive further refinement

# TAKEAWAYS



ACCUITY allowed for the revamp of people, process and technology at MGB



Leadership understanding and support is crucial



Physician communication prior can gain traction and decrease friction



Early financial gains and data benefit overall CDI program

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**THANK  
YOU!**