



HEALTHCARE

# ENHANCING OUTPATIENT CDI TO IMPROVE PATIENT OUTCOMES, REDUCE DENIALS

**Announcer:** Welcome to Navigant On Healthcare, offering insights for healthcare leaders, striving for success in an evolving industry.

**Host:** Welcome to Navigant On Healthcare. I'm your host, Alven Weil. Today, we are discussing outpatient clinical documentation improvement, or CDI, with Rajiv Sheth, a director in the healthcare practice at Navigant, a Guidehouse company. Rajiv leads Navigant's clinical integrity service line and is responsible for project delivery and tool development specific to CDI, coding, charging and HIM. He also has expertise of pre-live system preparation, non-labor cost reduction and strategic pricing initiatives. Welcome, Rajiv.

**Rajiv Sheth:** Thank you, Alven, for having me today.

**Host:** Rajiv, as we know, more and more care is shifting to the outpatient setting, and not surprisingly, enhancing clinical documentation improvement in such settings has become more of a focal point for providers. How would you define outpatient CDI or what components does such a program include?

**Rajiv:** That's a great question, Alven, but if you don't mind, let's maybe take a step out from outpatient CDI for a moment and discuss how we got here. So, for one rapid and constant policy changes and increased volume of healthcare users, coupled with provider shortages and the shift from fee-for-service to value-based care, which obviously started through Obamacare and now with the growth of the accountable care organizations, or ACOs, is further accelerating this phenomenon, where delivery has intensified the demands on our healthcare administrators, and therefore, our hospitals and physicians are seeking operational efficiencies due to the changes in reimbursement models that have come with the Obamacare and ACO models, and therefore, have reduced the amount of revenue available to these organizations to operate effectively, which really then leads to a growing burden on our healthcare provider clients to manage the risk of their population while still delivering high quality care.

And how we define it, is it's an intersection of revenue and quality, or otherwise revenue and risk, as we move into this new model. Going back to your original question of what outpatient CDI is, it's defined in our approach as a model to accurately capture the patient's acuity

## SPEAKER



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### About Guidehouse

Guidehouse is a leading global provider of consulting services to the public and commercial markets with broad capabilities in management, technology, and risk consulting. We help clients address their toughest challenges with a focus on markets and clients facing transformational change, technology-driven innovation and significant regulatory pressure. Across a range of advisory, consulting, outsourcing, and technology/analytics services, we help clients create scalable, innovative solutions that prepare them for future growth and success. Headquartered in Washington DC, the company has more than 7,000 professionals in more than 50 locations. Guidehouse is a Veritas Capital portfolio company, led by seasoned professionals with proven and diverse expertise in traditional and emerging technologies, markets, and agenda-setting issues driving national and global economies. For more information, please visit: [www.guidehouse.com](http://www.guidehouse.com).

and severity of an illness in order to maintain complete and accurate medical records, capture of chronic medical conditions, promoting quality patient care and the outcomes, and the byproduct of all of those is an optimized reimbursement for those providers. Our belief is that there are four components of a strong outpatient CDI program.

Number one is the people side of it, so having experienced tenured and credentialed, either registered nurses or coders with a strong foundational education on pathophysiology, to look for HCC or chronic conditions to help improve coding and documentation accuracy.

Secondly, having an infrastructure around those people that's grounded in accountability and leadership starting from the top, whether it be the chief medical officer, chief nursing officer, population health leadership, this chief financial officer or anybody from the revenue cycle, and really it's a multidisciplinary group that comes together for this particular infrastructure for outpatient CDI.

Thirdly, is having a strong data and reporting infrastructure. There is a lot of metrics and performance that needs to be reviewed as part of an outpatient CDI program, and having the right data and reporting available to the stakeholders is critical.

Last but not least, the fourth is provider engagement. So, having the providers involved in the process, understanding that their patient care does translate to coding and documentation, which then thus translate to HCC codes, is important for an outpatient CDI program.

**Host:** So, what are some obvious and then some not-so-obvious reasons providers should develop an outpatient CDI program?

**Rajiv:** That's interesting because you're right, there are some not-so-obvious ones as well that some providers don't necessarily look for, but I'll start with the most obvious reasons why providers should develop a program. First and most importantly, better and improved patient outcomes, decreased risk of hospital readmissions, and specificity of coding and documentation for the care that is being provided to those patients. Once again, providers got their education to provide care, and hence, coding and documentation sometimes becomes a secondary aspect of the care which as it should be. But what's really a fairly obvious reason why they should develop a program such as this, is that it will translate to the specificity, help improve patient outcomes, and decrease hospital readmissions. Not-so-obvious reasons why providers should develop an outpatient CDI program is that it can produce fewer denials on the back-end and a lot of those denials that may be sourced due to clinical documentation, inefficiency or inadequacy can then be developed and supported through outpatient CDI program.

Another not-so-obvious reason will be continuum of care coordination, so accurately depicting their chronic conditions and the care from the inpatient setting, moving now to the outpatient setting, and then moving on when the patient leaves the clinic, and really taking a look at the continuum of care and ensuring that there's a thread that connects all of it. And then, last but not least, there's financial and profile accuracy as well. So, public and peer perceptions will then be improved because there's more appropriate documentation and improved communication between the providers and the patients because now the providers looking at the totality of that patient's care versus just the inpatient setting or just the outpatient setting.

**Host:** Rajiv, how do the benefits of an outpatient CDI program differ for physicians and clinicians versus patients?

**Rajiv:** What I'll do is, I'll start with the benefits for physicians and clinicians. First and foremost, I believe it to have improved patient relations. It is purely because now the physicians have a total view of that patient's record, as I mentioned earlier, they now see what that patient's care was in the acute inpatient setting, and now more on the chronic review on the outpatient or clinic setting. I think it helps provide an improved patient relation.

Secondly, there are improved health plan relations or payer relations because there's a mutual benefit for a payer and a provider through the value-based model. It's important then for physicians to have better relations with the health plans because their documentation translates to potential reimbursement for the provider organization and with an outpatient CDI model. The increased specificity will help improve health plan relations.

Another focus, more from the clinical side of things, is number one: focusing on preventative medicine and early disease detection. Through an outpatient CDI program, you're really looking for what are those clinical conditions, and how they may lead to a potential condition for a patient. So, looking at preventative measures to help remediate or mitigate the risk to that patient, so the onset of that disease or condition is not found in a later time.

And then, last but not least, chronic condition management. The physicians can truly focus on managing a patient's chronic conditions, such as diabetes on a proactive basis with an outpatient CDI program versus when they come into their clinic, the physician is unaware, or has not looked at the totality of that record. On the other hand, for the patients, similarly to how the physicians have improved patient relations, patients will have improved relations with their physicians, primarily because they don't have to regurgitate all of what their past history is and what are some of their conditions, because it's all going to be readily available in their chronic condition management.

There's increased levels of customer service, because now you're focusing on the overall picture of that patient's care, and so, the patient feels like they're getting a better delivery and last but not least, peace of mind. As I mentioned, the physicians are looking at preventative ways for early disease detection, peace of mind for the patient because they realize that the providers are now looking for early onset of conditions and that their healthcare is individualized for their specific needs. So, really from the physician and patient sides of things, there's a lot of analogies that come connect the two that will help with a strong outpatient CDI program.

**Host:** For providers, what should they be asking themselves as they focus on outpatient CDI solutions?

**Rajiv:** There are a few things that providers should be thinking about. First and foremost, do they have risk-based contracts? Are they engaged in value-based contracts? Do they have Medicare Advantage lives? Secondly, do they have an incumbent or a mature inpatient CDI program that can now be pivoted or translated over to an outpatient CDI program? Maybe even taking a current inpatient CDI nurse or coder, and moving them in a part-time capacity to start piloting an outpatient CDI program. CDI is really rooted in technology and data, as I mentioned earlier. So, another thing that providers should be thinking about is whether they have a workflow or technology platform that can allow for an expansion into an outpatient CDI program. Another thought is: "Do my providers understand the importance of documentation? What is its impact in quality care and ultimately coding and documentation?" Those are critical questions that need to be asked by providers as they start thinking about an outpatient CDI program.

**Host:** I saw a recent survey suggesting 88 percent of providers are planning to implement CDI technology that leverages artificial intelligence. Rajiv, how can AI help the CDI process?

**Rajiv:** Interestingly, as I alluded to earlier, physicians became physicians to care for their patients. They want to see healthy patients and maintain those patients' healthiness. They want us to support potentially sick patients and help them get better. And clinical documentation has really increased pressure and demanded a new generation of tools and technology, because more often than not in today's environment, physicians are looking at a computer or dictating patient care, instead of truly engaging in an intimate one-on-one relationship with their patient. And so, CDI technology is critical and in today's world. Leveraging artificial intelligence, or machine learning, is really where provider organizations should be going to. So the survey's suggested 88 percent is absolutely accurate, and how AI, or machine learning, can help CDI is that these tools that are available in the industry now can read documentation and suggest to physicians potential conditions of a patient that may have been missed, for example.

Or secondly, artificial intelligence can actually take the patient's record and scrub it and identify pockets of opportunities for delivery of care. It may identify an acute, or chronic, condition that is in its early stages, based on certain lab tests or radiology results, and can provide insights to the physicians so that they can focus their care in an individualized fashion to those patients. And last, but not least, through an outpatient CDI specifically, artificial intelligence, or machine learning, can truly help expedite the process for these registered nurses or coders who are looking at the patient records, because it will prioritize what records or what patients should be focused on, so that when that patient visits the physician, the physician has already prepared and prepped as to what they should be looking out for when they're caring for that particular patient in front of them.

Overall, I think AI and machine learning will continue to grow and evolve and how it supports coding and documentation, but with where it stands today, I think it's crucial that provider organizations review and implement programs such as these, that include AI machine learning, because it will only help them be more effective and ultimately provide better care for their patients.

**Host:** Rajiv, very, very well done. Thank you so much for joining us today.

**Rajiv:** Thank you, Alven. I appreciate the time.

**Announcer:** That concludes today's episode. Be sure to check in with us for future installments on the Navigant On Healthcare podcast series on [navigant.com/healthcarepodcast](https://navigant.com/healthcarepodcast). Navigant On Healthcare is a podcast series produced by Navigant's healthcare practice. If you enjoyed this episode, please share it with friends and colleagues on social media. Learn more at [navigant.com](https://navigant.com).

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