



Best Practices: Clinical Documentation Improvement (CDI) Program Dramatically Boosts Cash Flows and Regulatory Compliance for Virginia Health Care System



Valley Health

“Real value — financial and clinical — comes from having well-prepared CDI specialists on the floors working directly with the physicians. Precyse ensured that our team and our physicians were well-informed and ready to work together.”

Dr. Robert Tucker
*Vice President of
Medical Affairs*

Valley Health turned to Precyse Solutions to train and launch their own Clinical Documentation Improvement team. Positive results realized just months into the effort.

THE CHALLENGE

When Valley Health's Senior Vice President of Finance and CFO, Craig Lewis, first crunched the financial projections in 2007, he forecasted a potential \$1+ million loss based upon the CMS requirement to implement the new MS-DRGs. Valley Health's executive team proactively approached the issue. Instead of depending on outside contractors and consultants, they wanted to develop an offensive strategy that could help them mitigate some of this reimbursement loss, while creating a sustainable capability within the organization.

Lewis worked with the Director of Care Management, Rosemary Connor, to fund and form a Clinical Documentation Improvement (CDI) department — a team of clinical professionals who could work closely with Valley's physicians at the point of care.

The CDI team reports to Rosemary, who quickly realized that in order to maximize the talent of the team, Valley Health would need an expert vendor partner to deliver MS-DRG training and tools, and to share best practices on how to improve the institution's clinical documentation. After evaluating five different companies, Valley Health selected Precyse Solutions for the job. Rosemary explained the deciding factors that led to the unanimous vote for Precyse: “Precyse consultants delivered excellent presentations which made us feel comfortable that they understood our issues, were great communicators and listeners, and demonstrated they had deep expertise in this particular area. We also sensed a real opportunity to partner with Precyse, to have a relationship that was much more dynamic than that of the traditional vendor/client. Precyse also was the only vendor who included a physician on their team— it was a real differentiator to us.”

THE SOLUTION

In January 2008, Precyse kicked off the training with the Valley CDI specialists and HIM coders. Thereafter, using a combination of weekly conference calls and onsite training programs, Precyse helped with concurrent record reviews and provided advanced coding education. The training helped Valley Health prioritize which patients the CDI specialists should focus on and review first. Precyse also supported Valley's needs for updated policies and procedures and supplied updated job descriptions.

In July 2008, based upon a request by Valley Health, Precyse beta tested a new tool — PrecyseTrac™ — a proprietary web-based solution that enabled Valley staff to track patient severity of illness, reimbursement accuracy, staff productivity and quality outcomes of the CDI team. Of great benefit to the Valley CDI specialists was the tool's ADT interface, which reduced the CDI specialists' clerical workload and improved their overall productivity. As is often the case with newly formed departments, Valley Health quickly realized that they had overestimated the volume each CDI specialist could handle, and PrecyseTrac has been a big help to these stretched resources. (Valley Health will now be adding two more CDI specialists to its current team of three.)



Valley Health

2007

33,000 IP Admissions
116,000 ER Visits
3,066 Newborns

Winchester Medical Center
Winchester, VA
411 Bed Acute Care Facility

Warren Memorial Hospital
Front Royal, VA
71 Bed Community Hospital

Shenandoah Memorial Hospital
Woodstock, VA
Critical Access Hospital

Hampshire Memorial Hospital
Romney, WV
Critical Access Hospital

Page Memorial Hospital
Luray, VA
Critical Access Hospital

Rosemary Connor and the Valley CDI team quickly realized that the physicians were the key constituency to influence. Because Precyse had their own physician on the team, Precyse was able to help Valley physicians by enabling substantive peer-to-peer level discussions on the need to change behaviors and comply with the new regulations. Precyse’s physician trainer also knew the importance of understanding the political landscape of the institution and by listening, was able to tailor presentations that would resonate with the various medical specialty areas.

Dr. Robert Tucker, Vice President of Medical Affairs, describes the process that unfolded: “Precyse’s physician trainer asked a lot of very good questions upfront, listened carefully and thoughtfully to our answers and used this information to deliver content that resonated with each of the different medical specialty groups. What you say to the cardiology team needs to be delivered differently to internists. The trainer’s sensitivity enabled the potentially negative message of process and behavioral change to be turned into a positive one by focusing it on institutional goals for patient care and financial improvement.”

THE RESULTS

CFO Craig Lewis outlined Valley Health’s goal with CDI as “a way to capitalize on the right time to maximize our opportunities to fully bill for our services through better documentation and coding. The effort has received complete top down support.” Valley Health began the effort with a focus on Medicare patients and plans to add commercial payers in early 2009.

Here is a snapshot of Valley Health’s results at the conclusion of Phase III of the CDI implementation:

Month	Case Mix Index
January 2008	1.587
September 2008	1.710
Total	+7.8%

For 2008, Valley Health averaged a CMI of 1.65, and the trends are upwards. In terms of the dollars associated with the CMI increase, Valley projects they will average \$6,000–\$10,000 per bed annually in additional billing potential because of the enriched documentation now provided in the charts. Rosemary Connor projects that with the addition of two more CDI specialists in 2009, the results for 2009 will be even stronger. “We really couldn’t get to all of the target patients with just three CDI specialists. We anticipate that the team’s ability to conduct and complete more patient reviews, and to do them thoroughly and not just upon admission, will drive our cash increases higher.”

Valley Health’s executive team is very satisfied with the results realized to date and is planning to roll the effort out to all of its facilities. As Craig Lewis pointed out, not only is Valley Health able to improve its bottom line with CDI, it has also prepared itself for future compliance audits and RAC by reducing its future overpayment exposure with completely documented and reviewed charts.