2015 Clinical Documentation Improvement Trends Survey Overview

The American Hospital Association, in conjunction with Executive Health Resources, launched the inaugural Clinical Documentation Improvement Trends Survey in February 2015. Powerful insights related to physician engagement in Clinical Documentation Improvement (CDI) programs were revealed by 1,000+ CDI, coding, HIM and other hospital professionals in CDI programs across the United States.

Executive Summary

The survey results indicate that **98.5% of CDI programs have physicians who could improve their documentation practices.** This overwhelming issue is critical to hospitals since active participation from treating physicians is the number one factor that will lead to a successful CDI program (with 78.4% of respondents in agreement).

Knowing the root cause behind physicians' documentation challenges, allows hospitals to begin to address the pervasive issue. **The primary barrier prohibiting physicians from being effectively engaged in CDI is a lack of understanding of the importance of strong documentation (66.5%).** Education is a solution for this lack of understanding but is not always effective; the delivery method and approach makes a substantial difference in the associated results.

When educational platforms were ranked in effectiveness, the results spoke clearly. A small group of respondents (9.9%) indicated lectures/seminars on documentation improvement as a leading educational delivery method. **Unfortunately, some of the most prevalent education approaches, like webinars and emails, were deemed ineffective,** with only 5.8% selecting these as the best method.

One educational method, targeted case-by-case conversations, stood out in the results. **Overwhelmingly, 84% agree that a real-time, patient specific education strategy is**

the most effective way to make physicians aware of how to improve documentation practices. Although impactful, this approach can be time-consuming for physician champions and CDI experts to implement. Limited resources in hospitals to manage these conversations contribute to this challenge.

Currently, 89% of programs lack a full-time physician resource to support CDI. Without a dedicated physician advisor/champion, the burden of engaging treating physicians falls on others within the medical staff and the CDI team members. **Only 5% of programs have a physician resource solely dedicated to supporting CDI, and 51% of physician advisors/champions have had very little to no training on CDI and ICD9/10.**

The physician advisor/champion role often must also manage responsibilities spanning from utilization review, length of stay, readmissions, medical necessity determinations and the list goes on. With so many competing priorities, only **18.5% of physician advisors/ champions are able to spend more than 10 hours a week focused on CDI.**

There are many views on the best way to improve physician documentation in support of CDI. **The survey indicated that only 13.5% of respondents view a strong technology platform as the most important factor that will lead to a successful CDI program.** The advent of the Electronic Medical Record (EMR) has done much to organize and stratify clinical information but doesn't always support an inherent improvement of documentation standards. Clinicians are still trying to adapt documentation practices to align with the linear workflow supported by many EMRs. **Some EMRs design can turn a physician encounter into an exercise of data entry.** Also, there are often patient details that are crucial in accurately representing the complexity of a case and delivering quality care but that don't neatly fit into one of the EMR's fields. This design flaw in EMRs can unintentionally omit this crucial information from being documented in the patient's medical record and instead just noted in the physician's mind. Advancements in technology that leverage natural language processing and computer assisted coding can be an effective solution to address the documentation gaps prevalent in EMR systems.

Another challenge reveled in the survey findings relates to the scope current CDI programs have on the greater patient population. These resource constrained programs typically, 65.5% of the time, target cases based on the payer type, leaving **most hospitals (82.8%) unable to ensure all complex cases go through CDI review.** Commercial health plan cases are vastly under-represented in CDI programs (24.6%) while the primary focus remains on Medicare Fee-For-Service (58.5%), Medicare Advantage cases (46.1%) and Medicaid cases (25.8%). There were 37.5% of respondents that indicated their CDI program is able to target equally across payer types.

Survey Respondents' Details

The survey was promoted nationwide and the results reflect a balanced representation across the country. **The Individuals primarily contributing to the survey were CDI professionals (71.2%).** The provider landscape represented was diverse and included small hospitals, under 200 beds, (27.3%); midsize hospitals, 200+ beds, (33.7%); and multi-hospital systems (28.9%). Most programs (87.9%) represented in the survey results are either in a growth or mature stage, well past the inception phase. Most respondents indicated that their programs include dedicated CDI resources reviewing

most Medicare cases, with some focus on quality measures and metrics such as SOI/ROM and various levels of physician education. **Technology platforms are in place at 61.1% of the programs and influence CDI case selection at 16.7% of hospitals.**

Data Breakdown

In this section, please find a detailed break-down of all survey responses both in quantity and percentage.

Select which option best describes your organization:

	qty	%
Critical access hospital	55	4.3%
0 – 100 bed hospital	140	10.9%
100 – 200 bed hospital	211	16.4%
200-300 bed hospital	193	15.0%
300+ bed hospital	241	18.7%
Multi-hospital system	373	28.9%
Other	77	6.0%
Total	1290	100.0%

My role in the hospital is:

	qty	%
CDI Professional	750	71.2%
Coding Professional	74	7.0%
HIM Professional	88	8.4%
Physician Advisor/Medical Director	21	2.0%
Other	120	11.4%
Total	1053	100.0%

Representation by state:

st	qty	%	st	qty	%	st	qty	%	st	qty	%
AL	11	1.43%	IN	29	3.77%	NE	8	1.04%	SC	11	1.43%
AK	2	0.26%	IA	9	1.17%	NV	3	0.39%	SD	2	0.26%
AZ	14	1.82%	KS	11	1.43%	NH	6	0.78%	TN	18	2.34%
AR	7	0.91%	KY	15	1.95%	NJ	16	2.08%	TX	41	5.33%
CA	48	6.24%	LA	6	0.78%	NM	5	0.65%	UT	4	0.52%
CO	19	2.47%	ME	6	0.78%	NY	56	7.28%	VT	1	0.13%
CT	13	1.69%	MD	11	1.43%	NC	28	3.64%	VA	29	3.77%
DE	3	0.39%	MA	10	1.30%	ND	1	0.13%	WA	11	1.43%
FL	31	4.03%	MI	20	2.60%	OH	43	5.59%	WV	11	1.43%
GA	25	3.25%	MN	17	2.21%	OK	8	1.04%	WI	18	2.34%
HI	2	0.26%	MS	14	1.82%	OR	12	1.56%	WY	5	0.65%
ID	1	0.13%	MO	21	2.73%	PA	42	5.46%	DC	2	0.26%
IL	38	4.94%	MT	1	0.13%	RI	3	0.39%	PR	1	0.13%

Total 769   100%
(319 declined to respond)

What life cycle stage best describes your CDI program?

Introduction State (i.e. program newly formed, resources allocated but still learning CDI fundamentals, reviewing some cases, planning or implementation of technology in progress) 59 5.4%

Growth Stage (i.e. dedicated CDI resources, reviewing most Medicare cases, quality measures are not prominent part of program, some education provided to treating physicians, early-stage technology use or working to implement) 472 43.4%

Mature Stage (i.e. all cases are reviewed, heavy focus on quality measures and metrics such as SOI/ROM, regular analysis of CMI impact, routine education/feedback provided to treating physicians, strong technology platform, etc.) 484 44.5%

We have plans to add a program	17	1.6%
We don't have a formal program	30	2.8%
I'm not sure	13	1.2%
Other	3	1.2%
Total	1088	100.0%

Does your hospital currently leverage CDI technology?

	qty	%
Yes	665	61.1%
We have plans to implement CDI technology	120	11.0%
No	160	14.7%
I'm not sure	143	13.1%
Total	1088	100.0%

How does your hospital's team select cases for CDI review?
(Select all that apply)

	qty	%
By complexity of case	187	17.2%
By payer	713	65.5%
By DRG	164	15.1%
Through a technology platform	182	16.7%
Random selection	108	9.9%
I'm not sure	85	7.8%

Which payer types are consistently targeted for CDI intervention in your hospital?
(Select All That Apply)

	qty	%
Medicare Fee-For-Service cases	637	58.5%
Medicare Advantage cases	502	46.1%
Medicaid cases	281	25.8%
Commercial health plan cases	268	24.6%
Uninsured patient cases	57	5.2%
We target equally across payer types	408	37.5%
I'm not sure	64	5.9%

Based on your experience, what are the most important factors that will lead to a successful CDI program? (Select up to 3 answers)

	qty	%
Active participation from treating physicians	853	78.4%
Ongoing professional development for coding and CDI professionals	627	57.6%
Ongoing education for physicians and other medical staff members	600	55.1%
Incentives or policies that mandate physician participation	261	24.0%
Streamlined and efficient query/response process	461	42.4%
Strong technology platform	147	13.5%
Commitment and championing from hospital leadership	580	53.3%
Other	39	3.6%

Do you feel there is room for improvement when it comes to physician documentation within your hospital?

	qty	%
Yes	1072	98.5%
No	5	0.5%
I'm not sure	11	1.0%
Total	1088	100.0%

Based on your experience, what are the biggest barriers preventing physicians in your hospital from being effectively engaged in Clinical Documentation Improvement? (Select up to 3)

	qty	%
Lack of time	519	47.7%
Lack of interest	415	38.1%
Lack of understanding of importance of strong documentation	723	66.5%
Lack of commitment and championing from hospital leadership	368	33.8%
Lack of ongoing physician education	283	26.0%
Lack of effective collaboration between CDI and physicians	157	14.4%
Lack of a formal CDI program in place	55	5.1%
IT/technical difficulties	201	18.5%
None, our physicians are highly engaged	54	5.0%
Other	72	6.6%

Based on your experience, what method do you feel is most effective in educating physicians on how to improve documentation?

	qty	%
One-to-one, case-by-case conversations between physician advisor/champion and the physician	357	32.8%
One-to-one, case-by-case conversations between CDI and the physician	560	51.5%
Lectures/seminars on documentation improvement	108	9.9%
On-demand, web-based training sessions	15	1.4%
Emails, newsletters, mailings, etc.	26	2.4%
Posters, reminders, flyers posted in physician lounges	22	2.0%
Total	1088	100.0%

What is your hospital's current physician query response rate?

	qty	%
0% - 20%	30	2.8%
20% - 40%	65	6.0%
40% - 60%	79	7.3%
60% - 80%	223	20.5%
80% - 100%	519	47.7%
I'm not sure	172	15.8%
Total	1088	100.0%

What is your hospital's average turnaround time on physician query resolution?

	qty	%
Under 24 hours	29	2.7%
24 - 48 hours	408	37.5%
48 - 72 hours	317	29.1%
Over 72 hours	149	13.7%
I'm not sure	185	17.0%
Total	1088	100.0%

When are the majority of your queries resolved?

	qty	%
Post-discharge	156	14.3%
Pre-discharge	624	57.4%
It's pretty even	222	20.4%
I'm not sure	86	7.9%
Total	1088	100%

What physician resources does your hospital allocate to support CDI?

	qty	%
Unofficial physician advisor/champion on medical staff	243	22.3%
We have plans to add a physician advisor/champion	81	7.4%
Part-time physician advisor/champion	291	26.7%
Full-time physician advisor/champion	117	10.8%
Multiple physician advisors/champions	96	8.8%
I'm not sure	59	5.4%
None	201	18.5%
Total	1088	99.9%*

*Rounding caused the sum to be off by .1%

Is/will the physician advisor/champion be solely dedicated to supporting CDI?

	qty	%
Yes, this is his/her primary job function	54	5.0%
No, he/she has other significant responsibilities	718	66.0%
I'm not sure	81	7.4%
Not applicable, as we do not have physician resources allocated to support CDI	235	21.6%
Total	1088	100.0%

How much time does/will a physician advisor/champion approximately spend in an average week specifically supporting CDI?

	qty	%
0 hours	316	29.0%
1 - 10 hours	588	54.0%
10 - 20 hours	106	9.7%
20 - 30 hours	40	3.7%
30 - 40 hours	26	2.4%
40+ hours	12	1.1%
Total	1088	100%

How much formal training on CDI and ICD9/10 do you feel your physician advisor/champion has received to date?

	qty	%
No training	207	19.0%
Very little training	352	32.4%
25 - 50 hours of training	180	16.5%
50 - 75 hours of training	39	3.6%
75+ hours of training	45	4.1%
I'm not sure	265	24.4%
Total	1088	100%