Case Study

Aultman Hospital Revamps CDI Program, Improves Physician Engagement and ROI

The Challenge

Aultman's internal clinical documentation improvement (CDI) program lacked structure and standardization. Physician engagement was low. There was no formal query process or efficient tracking for physician response time, making it difficult to prove efficacy of the program. CDI education was lacking for all staff and collaboration between coding and CDI staff needed improvement.

The Solution

By partnering with Enjoin, Aultman experienced a $5 million financial impact. Enjoin built and implemented a structured, standardized CDI process in 18 months. Comprehensive CDI education was provided for the CDI team, allowing for a smooth transition to Aultman's internal CDI program. The revamped program also provided ongoing collaboration among coders, CDIs and physicians.

Focus on Quality

In 2014, Barb Wenger, BSN, RN, CPHQ, unit director, quality and clinical documentation at Aultman Hospital, and the administrative team were acutely aware that quality was becoming a bigger focus for many payers, and much of the quality data was being taken from coding and billing data.
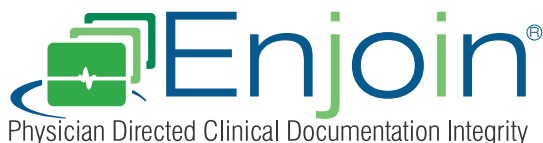
To make a significant impact on quality, the team needed to focus on documentation and coding to achieve CDI program improvement. Though the team of four CDI nurses reviewed charts, created working DRGs and left notes for physicians, the paper-based process lacked structure, standardization and a mechanism to manage and track results.

According to Lori Mertes, MD, vice president and chief quality officer, program improvement always came to a halt before achieving optimal outcomes. "The staff would work harder, but could never attain the desired dollar results because they didn't have all the right pieces in place," she said. "We didn't know what we didn't know."

The quality team decided they should take a step back and look at how the CDI program was operating. They concluded that improved program operations would open the door to financial opportunity. To support a user-friendly, results-oriented process, the team created the following action list:

- Improve code assignment and DRG accuracy
- Advance the current CDI program
- Improve physician documentation
- Increase physician engagement
- Ensure compliance

> " All of the Enjoin staff are very helpful and supportive. They are good teachers, willing to explain and help the physicians understand the CDI process."

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Building a Physician-based CDI Program

Over the years, Aultman engaged several companies to evaluate its CDI program. Every company indicated the potential to improve financial performance by several millions of dollars. Despite dedicated efforts, the staff struggled to meet expectations.

The Aultman team was impressed that Enjoin was a physician-run organization, which would garner more credibility from medical staff. They unanimously decided to engage Enjoin to implement their CDI program.

The new CDI program kicked off in early 2015, a few months after ICD-10 implementation, while Aultman was in the midst of an EHR installation. Integrating three related processes was a challenge, but the experience allowed a level playing field for all involved, as they learned the new processes at the same time.

Mertes describes the implementation process in this way:

"When Enjoin comes in, you essentially hand over your program to them. They train you—but during the process, they take care of the pieces of your program. So, you're implementing components of it, and then they give you responsibility back—pieces at a time. There's a lot of elbow-to-elbow assistance. When you're ready to take each piece back, they make sure you understand what is in place and how to use it. Their approach is very different from other CDI companies. They focus on operations. We needed the how-to book. They were able to provide the how-to book and help us understand it."

## The Enjoin team implemented the CDI program in five phases.

1 **Documentation of current processes.** Shadowed the CDI nurses for several months, observed current process, tracked the number of reviews completed, and identified gaps and improvement opportunities.

2 **Query transition.** Transitioned queries from paper-based to electronic, increased turnaround and efficiency by enabling the full process to be accomplished via the EHR and for the query to become part of the patient's permanent record.

3 **Pre-bill Reviews.** Supported continued education with daily pre-bill reviews and consulting.

4 **Education.** Initiated physician-led education to emphasize the importance of queries to ensure appropriate documentation.

5 **Dashboard.** Developed a dashboard to track work and financial impact—including key CDI processes, such as the number of reviews completed by CDI nurses, the number of queries initiated, physician response to queries and query turnaround times. The dashboard provides a DRG reconciliation process that shows the financial impact of the program.

CDI Program Results

The monthly dashboard tracks total number of charts reviewed and whether or not there was opportunity identified. It also tracks response rate, agree rate, query rate and financial impact.

"As we teach our staff how to document, our query rates should decrease," notes Mertes. "We are making sure we can relay a message about the patient to the next provider of care. The patient should be in the center. There's a financial impact when you do that because if you're improving your documentation, you can code better."

Aultman incorporated the pre-bill process as part of their CDI program. The chart below demonstrates $5,000,000 total CDI program impact:
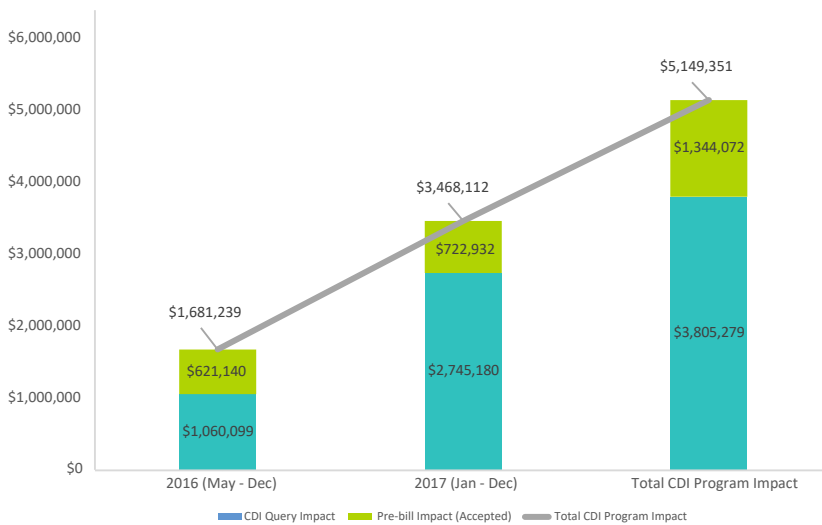
According to Adam M. Luntz, CFO and vice president of finance at Aultman, accurate reimbursement currently has the largest financial impact at their facility. Prior to the partnership with Enjoin, Aultman was not identifying all of the revenue opportunities in its clinical documentation process. The financial impact is now clear. "Every month we have seen an incremental improvement, confirming that the investment in clinical documentation education, infrastructure and staffing has been worth the effort," says Luntz. "We have seen our compliance and comorbidity capturing increase closer to benchmark best practices. From a purely financial standpoint, the ROI is in the 300 percent range on a month-to-month basis."

Benefits Gleaned from Enjoin Engagement

The Aultman CDI team "graduated" to a self-sustaining CDI program in June 2018. In the three years since the program was implemented, the CDI staff has increased from four to eleven nurses. While they have grown in number, they have also grown more comfortable in their roles and their relationship with the coding team. "This process has allowed the CDI nurses to work more closely with the coders," Wenger says. "They meet regularly to review cases and now work as a team."

Mertes appreciates Enjoin's consistent approach as a trusted advisor throughout the partnership, helping the Aultman team overcome any frustration or anxiety during implementation. Post-implementation, Enjoin leadership provided regular check-ins during the process. "With Enjoin's guidance, a strong CDI foundation is in place," affirms Mertes. "Our CDI program makes a significant impact on quality, ultimately strengthening our transition to value-based care."

Enjoin's philosophy and process focuses on compliance:

- Evidence-based medicine that supports clinical validity.
- Emphasis on query process, ensuring compliant query construction and relevant clinical criteria.

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