

Enjoin® | CDocT® Case Study—UNC Health



Client Profile

- ✓ 11 hospitals, 350 clinics, 3200 physicians
- ✓ 90 CDocT users—coders, CDS, service leaders, PAs
- ✓ Partnership with Enjoin 25+ years

Background

With Enjoin's assistance, UNC Health had built a strong CDI physician advisor (PA) program that includes 15 PAs who are responsible for pre-bill clinical validation chart reviews, education, quality reviews and appeals. With the expansion of value-based care reimbursement and quality measure initiatives, UNC Health needed a program to provide a train-the-trainer approach to quality measure performance.

Goals

- Educate key physician leaders on information that could be translated to medical staff
- Educate CDS to identify certain PSIs, inclusions, exclusions, and key measures
- Educate coding staff on properly coding diagnoses related to PSIs
- Improve expected mortality

Results

- 0.15 change in mortality index FY20-FY21, a 14% improvement at one facility
- 0.05 change in mortality index FY20-FY21, a 5% improvement on average across 10 hospitals
- 52% reduction* in overall quality penalties over 3 fiscal years
- Improved documentation of population risk of mortality

“We turned to long-time partner Enjoin to conduct quality measure training in combination with implementation of their CDocT® web-based tool to train our CDI PAs and 30 service leaders on quality measures and the impact of risk adjustment on documentation.”

-Joni Perry, RHIA, UNC Health System Director, HIM Coding and CDI

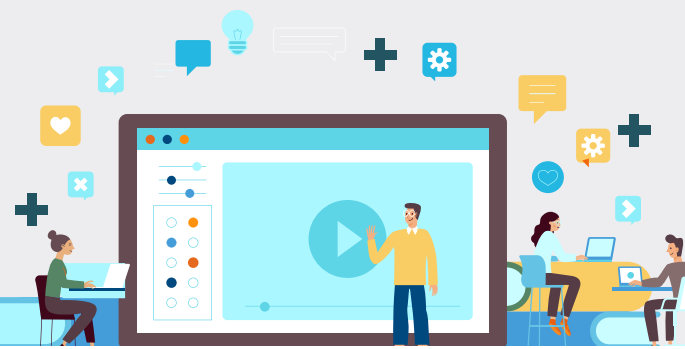
Enjoin Solution

CDocT includes resources to strengthen performance for value-based outcomes derived from claims data. The tool also supports education on the impact of CMS mortality, readmission, and PSIs. It provides extensive evidence-based clinical references developed by multispecialty board-certified Enjoin physicians.

The curriculum for UNC Health was designed to familiarize CDI Physician Advisors, whose role is to train other physicians in their discipline, with value-based quality insights into:

- Common CDI vulnerabilities
- The impact of clinical documentation and reported codes on measure performance
- The importance of a train-the-trainer approach

The training incorporated use of CDocT with emphasis on high-yield content related to the vitalness of complete and accurate documentation to drive risk adjustment.



“The tool (CDocT) is intuitive, providing resources required to support documentation as we go through a particular case,” said Perry. “Now our quality training team uses CDocT to train the CDS team. The tool updates information continuously so CDS, service leaders, and physician advisors always have access to the latest information.”

For Perry and her team, physician-led training was a key differentiator. “The training was conducted peer to peer by an Enjoin physician, which was beneficial since we first gave access to physician leaders who could then train other physicians,” she said. “Now they are knowledgeable and don’t have to develop training themselves. Our CDI PAs are proficient with the tool and encourage others to use it.”

Realizing this was a high priority for UNC, Enjoin also incorporated quality reviews into the current pre-bill process to address cohort identification and supplement their internal efforts.

Outcomes

UNC Health has seen a significant improvement in expected mortality scores as part of the organization’s strategic goals. UNC Medical Center experienced a 0.15 change in mortality index FY 20-21 which is a 14% improvement; the percent of expected deaths (denominator) increased by 44% or 0.98 percentage points which indicates improved documentation of population risk of mortality. UNC Health had a 0.05 change in mortality index FY20-FY21 which is a 5% improvement on average across 10 hospitals; importantly the percent of expected deaths (denominator) increased by 46% or 0.95 percentage points which indicates improved documentation of population risk of mortality.

In summary, UNC Health was able to achieve a 5% reduction in mortality index with a 44% increase in expected mortality rate leading to a 52% reduction* in overall quality penalties over 3 fiscal years. This is confirmation that with value-based purchasing methodologies evolving each year, documentation and coding integrity best practice standards must include ongoing monitoring and education.

According to Perry, “Our efforts for improvement have been extensive across the health system. CDocT provides vital support toward achieving our goals. It’s an important spoke in the wheel, working with a combination of spokes that contribute to our overall success.”

Using CDocT and the case studies provided resulted in many benefits including fostering a collaborative team approach and immediate application into their daily workflow. According to Perry, “Enjoin’s focus has always been knowledge transfer and continued support for advancement of our organization’s program.”

*Source: Definitive Healthcare

CDocT supports the healthcare organization's CDI program in three ways:



- 1 Foster Program Growth**
Includes a train-the-trainer approach and educational materials with CDI concepts that impact value-based outcomes.
- 2 Operationalize Learned Concepts**
CDI checklists, ICD-10 code risk-adjustment tables, weight graphs, key-condition reference guide, and real-life case studies to support the application of learned concepts.
- 3 Benefit from Timely Updates**
To keep up with rapidly evolving regulations.

“We benefit most from the key-condition reference guide, risk-adjustment checklists, and case studies. The training materials are updated throughout the year as quality measures, clinical definitions, and coding guidelines evolve. Having access to current information is critical as we prepare for value-based reimbursement and quality measure initiatives in the future.”

-Joni Perry, RHIA, UNC Health System
Director, HIM Coding and CDI

