Reap the **Rewards** of Better Documentation

**Member Success Stories with the Physician Documentation Initiative**

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**Your Margin is Taking Hits from All Sides**

Changing payment models, declining reimbursement, and decreasing physician engagement are all converging to make hospitals’ razor-thin margins even slimmer. With both public and private payers continuing to place increasing emphasis on quality and risk-based payment in the future, hospitals need to develop comprehensive strategies to protect their margins both today and in the years ahead.

Improving documentation can help you take back control by more accurately capturing the quality of care you already provide and the acuity of the patients you treat. The sooner you start preventing documentation errors, the sooner you see the benefit.

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**Accurate Documentation Pays Dividends**

The following examples profile current members using the Physician Documentation Initiative to successfully engage their toughest physicians in documentation improvement.

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**Ready to write your own success story?**

Learn more about the Physician Documentation Initiative

Visit advisory.com/PDI
Engaging Physicians in Documentation Improvement Yields $8.2M in 12 Months

Baptist Beaumont Hospital, a 325-bed community hospital in Beaumont, TX

**Challenge:** Limited physician support for the hospital’s clinical documentation improvement program had constrained its effectiveness and caused CDI staff to become unmotivated.

**Solution:** Documentation experts from the Advisory Board pinpointed the hospital’s biggest documentation opportunities and conducted one-on-one education with the physicians most contributing to them.

**Impact:** Enthusiasm for documentation improvement among physicians, coders, and CDI staff grew dramatically, resulting in an eight percent increase in case mix index and $8.2 million in additional revenue in the first 12 months.

**Tangible Impact**

- **8%**
  - Increase in case mix index versus prior year
- **$8.2 M**
  - Additional reimbursement in the 12 months after physician education

**Step 1: Identify physicians to target with one-on-one training**

- **Documentation opportunities uncovered**
  - The Advisory Board’s documentation experts analyzed financial and quality data to identify opportunity to improve documentation of simple pneumonia and pleurisy, joints, nutrition diagnoses, cardiogenic shock, peptic ulcers, and encephalopathy.

- **Initial list of target physicians created**
  - For each opportunity, the Advisory Board team pinpointed the physicians who had the most potential to impact performance by improving their documentation.

- **Target list validated**
  - Hospital leaders edited the initial list to remove physicians who were no longer practicing at the hospital and to add a new physician who was likely to admit a large volume of patients in the future. The final list for one-on-one education included 13 physicians, physician assistants, nutritionists, and the coding team.
Step 2: Educate physicians individually

Custom education materials created

The Advisory Board team reviewed charts for the targeted physicians to identify specific opportunities to improve their documentation and prepared materials for each with the examples, hospital and specialty documentation performance, and evidence for why the physicians should pay attention to what they write down.

Target physicians trained one on one

The Advisory Board’s documentation experts sat down individually with each target physician to review his or her own performance and recommend specific actions to improve their documentation.

A Substantial Financial and Cultural Impact

In the seven months after the one-on-one education sessions with physicians, the hospital saw a marked improvement in documentation. In 11 out of 12 months, CMI was significantly higher than those months the prior year, even when variations in high-acuity cases were taken into account.

The individual education sessions also had a marked impact on the perception of the CDI program throughout the hospital. Because physicians better understood the effect of what they wrote down, they have come to see the CDI team as allies to help them improve their quality scores. Consequently, the physicians’ support has motivated the clinical documentation specialists and coders in their own work.

Case Mix Index

Oct. 2013
Second round of education begun

Feb. 2014
1.57

Mar. 2013
Start of physician education

Nov 2012
1.47

Transformative Change

“[Physicians] do not generally come to you and say, ‘hey, how am I doing?’ That had not been our experience prior to this, but it is what we’re seeing now....Dr. Joe and Donna [the Advisory Board’s documentation experts] put them at ease.”

Sarah Horner
Director of Case Management
A System-wide Documentation Improvement Effort Revitalizes Quality Scores

University of South Alabama Health System, Two Hospital Academic System, Mobile, AL

Challenge: Executives at University of South Alabama Health System struggled to understand why their quality scores consistently lagged behind their peers in the University Hospital Consortium database.

Solution: Advisory Board experts conducted individual training with influential physicians on why documentation matters to quality scores, then reinforced this knowledge with system-wide training and organizational changes.

Impact: A year later, USAHS has not only seen dramatic improvement in their quality scores, including a 15.7% decrease in their observed/expected length of stay, but has also undergone a complete cultural transformation.

Impact Highlights

- **13.2%** CMI increase in first 5 months
- **15.7%** Decrease in length of stay O/E ratio
- **54.7%** Increase in expected mortality

A New Approach

Step 1: Identify opportunities to improve quality scores

Experts from the Advisory Board conducted a documentation opportunity analysis and uncovered numerous areas where improved documentation could impact quality scores, such as finding multiple medical/surgical cases with no comorbidities documented to support an extended length of stay.

In addition, because USAHS did not currently have a CDI program, our team began to lay the foundation for exploring a concurrent documentation program so that USAHS could continue their documentation improvement efforts after the engagement ended. For example, we worked with USAHS to develop a review process to ensure that all mortality cases were reviewed in real time.
Step 2: Promote change throughout organization

Next, our team began to work one-on-one with 20 of the most influential physicians at USAHS, including a group of surgeons and pediatricians, to teach them how changing a few words could have a dramatic impact on the organization’s quality scores. Participants were impressed by how such small changes could have such big results. According to one neurosurgeon, “this session was very useful. I learned about key words relevant to coding that need to be included in documentation in order to categorize patients' severity and risk.” This small group then served as the organization’s thought leaders, encouraging their residents and peers to care about their own documentation. Our experts also conducted 15 larger group sessions to further reinforce the cultural shift that was beginning to take place.

A Sustainable Change

As a result of the Physician Documentation Initiative, USAHS staff have completely shifted the structure of how they view documentation, ensuring that they will continue to benefit for years to come. The organization as a whole has developed a sense of urgency around improving feedback loops and establishing a documentation program, and is hiring four documentation specialists. All this enthusiasm has paid off – USAHS can now celebrate an impressive increase in case mix index and greatly improved quality scores.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Decrease in Length of Stay O/E Ratio</td>
<td>15.7%</td>
</tr>
<tr>
<td>Increase in expected complications</td>
<td>16.9%</td>
</tr>
<tr>
<td>Increase in expected mortality</td>
<td>54.7%</td>
</tr>
<tr>
<td>Increase in Case Mix Index in 5 months</td>
<td>13.2%</td>
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Right People + Right Approach = 19:1 Return

St. Joseph Regional Health Center, a 310-bed hospital in Bryan, TX

**Challenge:** Eager to help physicians understand why what they write matters, leaders at St. Joseph Regional Health Center engaged our Physician Documentation Initiative to identify the hospital’s biggest documentation opportunities.

**Solution:** With strong support from hospital medical leadership, the Advisory Board’s documentation experts analyzed data to pinpoint physicians with the most potential to improve their documentation. Our experts sat down individually with each physician to review a personalized analysis of his or her performance and recommend specific actions to improve.

**Impact:** Three months after the education sessions, the case mix index of participating physicians had increased by 9 percent, translating to an annualized revenue return of $3.1 million, or an impressive 19:1 return on investment. In addition, St. Joseph experienced substantial improvements in quality metrics.

**Targeted Approach Maximizes Impact**

- **First Priority**
  - Identifying physicians with significant financial opportunity

- **Second Priority**
  - Identifying physicians whom CDI has been struggling to engage

The Advisory Board’s documentation experts analyzed financial and quality data to find opportunities for improvement. For each opportunity, we pinpointed the physicians who had the most potential to affect performance by improving their documentation. Once we had worked with St. Joseph leadership to find those key individuals, we then partnered with their clinical documentation improvement team to identify physicians they’d traditionally had difficulty reaching.

Next, our team reviewed charts for the targeted physicians to identify specific opportunities for improvement and prepared personalized materials for each session. Our experts sat down individually with each physician to review his or her performance and recommend specific actions to improve documentation.
Targeted Action Generates Additional $3.1 Million Annually

In the initial three months after training, St. Joseph saw a nine percent increase in case mix index (CMI) among the physicians who participating in one-on-one training. For St Joseph, these gains in the educated cohort will pay dividends in the year to come. The group’s CMI increase translates into $3.1 million in additional revenue annually.

That’s a **19:1 return** on their initial investment.

A **19:1 Return on Investment**

<table>
<thead>
<tr>
<th>Project Cost</th>
<th>Additional Revenue Generated</th>
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</thead>
<tbody>
<tr>
<td>$160 K</td>
<td>$3.1 M</td>
</tr>
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</table>

Engaged Physicians Drive Improvements in Quality Scores

In addition to the financial benefits of their project, St. Joseph’s also enjoyed impressive improvements in quality scores, ensuring that providers get credit for their patient acuity.

- **7.7%** Increase in severity of illness in post education period
- **10.1%** Increase in risk of mortality in post-education period
- **40.9%** Increase in expected mortality rate in post-education period
- **19.4%** Increase in expected complication rate in post education period
- **5.1%** Increase in expected readmissions rate in post-education period
- **4.1%** Decrease in length of stay in post-education period

“It was a good session to help remind us of the financial importance of thorough documentation.”

*Family Practice MD*

“Very good presentation, specific words to document [were] helpful.”

*Hospitalist*

“There was a hunger for this and a commitment that it would work.”

*Mike Redman*

*Director, Care Coordination*
Learn to Speak So Your Physicians Listen

The Physician Documentation Initiative offers access to best in class analytics and peer benchmarks which help to pinpoint your areas of biggest opportunity.

Next, our seasoned clinicians sit down one on one with your physicians and walk through national and hospital trends before discussing specialty and individual performance. By the time your physicians see their own charts, they’ll want to solve the problem.

1
Use Data to Focus Efforts

Leverage proprietary technology to determine opportunity

- Analyze financial and quality data
- Benchmark performance
- Interview stakeholders
- Identify physicians with documentation opportunities

2
Review Charts

Find specific teaching moments for chosen providers

- Review approximately seven charts per physician
- Identify documentation and coding inaccuracies
- Customize education packets for each physician

3
Motivate Physicians

Individually show providers that what they write matters

- Conduct one-on-one physician education sessions led by Advisory Board clinicians
- Show impact of documentation on quality metrics
- Identify physician champions

4
Sustain Gains

Ensure your team has the tools to continue post-training

- Conduct refresher and train-the-trainer sessions
- Share documentation best practices
- Optimize CDI performance

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