Elevating Documentation Performance with Physicians

A Look into St. Joseph Regional Health Center’s Success with the Physician Documentation Initiative

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Today’s Speakers

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Engaging Physicians in Documentation Improvement

The Model for Success

St. Joseph’s Journey and Achievements

Question and Answer
Poor Documentation Leaves Millions on the Table

Multi-Million Dollar Shortfalls Mount

**Revenue Loss from Missing Documentation**

*Average 250-bed Hospital*

<table>
<thead>
<tr>
<th>2014</th>
<th>2020</th>
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<tbody>
<tr>
<td>($7.1M)</td>
<td>($12.8M)</td>
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Losses Becoming Even Bigger

- Value-based purchasing
- ICD-10
- Coverage expansion
- Accountable care
All Physicians Not Created Equal

Opportunity Concentrated among Relative Few

- 10-20% of Total Physicians
- 60-80% of Total Documentation Opportunity
Motivate Poorest Performers First

Documentation Effectiveness Matrix

- **High**
  - **High Documentation Skill**
  - **Engage**
  - **Train and Sustain**

- **Low Documentation Skill**
  - **Engage**

**Engagement in Documentation Improvement**
Motivate Poorest Performers First

Documentation Effectiveness Matrix

Engage

Train and Sustain

Engagement in Documentation Improvement
Engage Low Performers

Documentation Effectiveness Matrix

- **High** Skill
- **Low** Skill

- **High** Engagement
- **Low** Engagement

**Engage**

**Expertise**
- Clinical knowledge
- Unbiased
- Effective messaging

**Evidence**
- Impact on quality
- Real life examples
- Trend identification

**Exclusivity**
- One-on-one meeting
- Individual data
Give Crucial Details

1. **Provide Ongoing Support**
   - Reminders
   - Refresher training

2. **Gain Visibility into Data**
   - Dashboards
   - Ongoing performance monitoring

3. **Give Feedback to CDI**
   - Common documentation issues
   - Query updates
1. Engaging Physicians in Documentation Improvement

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3. St. Joseph’s Journey and Achievements

4. Question and Answer
Leveraging Data to Support Physician Engagement

Case in Brief

- 325-bed community hospital in the Southwest
- Joined the Physician Documentation Initiative in 2013

Team collaborated to determine work plan with a primary focus on the Medicare patient population.

PDI team conducted individual coaching sessions with physicians to review documentation for key ICD-9 diagnoses for their Medicare patients.

The team tracked improved CMI, quality and utilization metrics to show physicians how crucial accurate documentation is to coding outcomes.

Defining Opportunity

One on One Coaching

Sustainable Change

Documentation opportunity was identified for 12 hospitalists and they were selected to participate in the program.

Team continued coaching sessions using data to depict before and after examples and track physician progress.
Ongoing Physician Training

Follow-up Meetings Reinforce Key Lessons

**Physician Documentation Initiative**

- Intensive training sessions over the course of a few days
- Designed to initiate behavior change and ongoing documentation improvement

**Ongoing Teaching Sessions**

- Meetings with physicians every other month to track progress
- Tracked physician progress through CMI, LOS, cost, readmission rates, average age of patient, average severity

**Intensive Training** ➔ **Ongoing Reinforcement**

Sustained improvement in physician documentation
Substantial Financial Impact

Impact Highlights

- **$8.2M**: Additional reimbursement in the 12 months after physician education
- **8%**: Increase in case mix index versus prior year
- **135 days**: Total Days Saved over a 5 month time period

**Case Mix Index**

- **Nov 2012**: 1.47
- **Mar 2013**: Start of physician education
- **Oct 2013**: Second round of education begun
- **Feb 2014**: 1.57
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Engagement Timeline

**Pre Engagement:**
Hear about PDI at Crimson Summit

**Project Kickoff:**
Engagement kicks off and MDs are selected for education

**1:1 Education:**
MD 1:1 education is conducted for 18 providers

**Sustaining Gains:**
Leverage group education, Crimson data to reinforce concepts

Q2 2014 | Q3 2014 | Q4 2014 | Q1 2015 | Q2 2015 | Q3 2015
Identifying Our Biggest Opportunities

First Priority
Identifying physicians with significant financial opportunity

Second Priority
Identifying physicians whom CDI has been struggling to engage

Additional Selection Criteria
- Number of outlier cases
- ICD-10 risk
- Qualitative considerations
Making a Compelling Case to Physicians

One-on-One, Face-to-Face Meetings

By the time they see their charts, physicians want to solve problems.
Example Recommendations

Recommendation

In critically ill patients with extremely high risk of mortality, it is critical that all conditions being documented are to their highest level of specificity possible, to ensure that SOI and ROM scores will be accurate. This patient expired, and the principal diagnosis was "pneumonia". It was not specified if this was a suspected gram negative or aspiration pneumonia. In the DS "respiratory failure" was documented without indication if it was acute or chronic, or acute on chronic. There was documentation of metastatic disease, but no sites specified, so the disease could not be coded.

<table>
<thead>
<tr>
<th></th>
<th>Observed</th>
<th>Potential</th>
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<tbody>
<tr>
<td>Principal Dx</td>
<td>Pneumonia, Organism NOS (486.0)</td>
<td>Pneumonia, Organism NOS (486.0)</td>
</tr>
<tr>
<td>Secondary Dx</td>
<td>Other Pulmonary Insufficiencies (518.82)</td>
<td>Respiratory Failure (518.81)</td>
</tr>
<tr>
<td>MS-DRG</td>
<td>194– Simple Pneumonia &amp; Pleurisy W/CC</td>
<td>193– Simple Pneumonia &amp; Pleurisy W/MCC</td>
</tr>
<tr>
<td>Relative Weight</td>
<td>0.9996</td>
<td>1.4893</td>
</tr>
<tr>
<td>GMLOS</td>
<td>3.9 Days</td>
<td>5.1 Days</td>
</tr>
<tr>
<td>SOI/ROM</td>
<td>SOI: 2 (Moderate), ROM: 2 (Moderate)</td>
<td>SOI: 3 (Major), ROM: 3 (Major)</td>
</tr>
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Key Players in the Room

Physician champions *leading the charge from the beginning*

Residents engaged in *specialty-specific education sessions*
Increased Engagement throughout the Hospital

Physicians
- Proactive
- Engaged

Documentation Improvement

CDI Staff
- Enthusiastic
- Empowered

Executives
- Supportive
- Receptive
Memorable Comments During 1-1 Education Sessions

Engaging Physicians in Documentation Improvement Efforts

“Overall a helpful presentation. Would be helpful for full medical staff.”
- Family Practice MD

“The information is extensive.”
- Family Practice MD

“Very good presentation, specific words to document helpful.”
- Hospitalist

“I felt it was a good session to help remind us of the financial importance of thorough documentation.”
- Family Practice MD
Targeted Training Yields Huge Gains

All Payer Case Mix Index - 18 MDs Receiving 1:1 Education


- **Nov. 2014**: Start of MD education
- **Aug. 2015**: Project kickoff and best practice sharing
- **Jan. 2015**: Second round of MD begun
- **May 2015**: Group Refresher Education
- **July 2015**: 1.61 CMI

- **$3.1M**: Annualized return
- **19:1**: Annualized return on investment ratio
PDI Aims to Accurately Reflect Overall Patient Acuity

Key Performance Indicators Showed Favorable Performance Changes Compared to Baseline Periods

- **Severity of Illness**
  - Phase 1: 5.38%
  - Phase 2: 8.56%

- **Risk of Mortality**
  - Phase 1: 7.90%
  - Phase 2: 12.16%

**Percent increase in Severity of Illness in post education period**: 6.66%

**Percent increase in Risk of Mortality in post-education period**: 9.80%
These figures represent the percent of providers educated in one-on-one settings that improved performance for each key performance indicator.

Shift in Severity of Illness: 28% Favorable, 72% Unfavorable
Shift in CMI: 22% Favorable, 78% Unfavorable
Shift in Risk of Mortality: 6% Favorable, 94% Unfavorable
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