CASE STUDY

UNM Hospitals turns the tide on clinical documentation

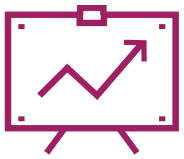
The management team at the University of New Mexico Hospitals (UNMH) knew their clinical documentation practices needed help. Their Case Mix Index (CMI) was far too low for the large number of complex patient encounters that this Level I trauma center supported. UNMH's physicians were not sufficiently recording patient Severity of Illness (SOI), Risk of Mortality (ROM), CCs* and MCCs*, and did not understand the real impact of sub-optimal patient documentation.

After a few unsuccessful attempts to establish a Clinical Documentation Improvement (CDI) program, UNMH partnered with nThrive* for CDI consulting and interim staff augmentation services to improve clinical documentation and enhance preparation for the upcoming ICD-10 transition.

In previous attempts to establish a CDI program, key challenges included physician buy-in and the availability of qualified CDI staff. The nThrive team and Catherine Porto, UNMH Executive Director of HIM, and the Chief Medical Information Officer Gary Iwamoto, MD, focused first on finding physician champions and executive sponsors. Early champions of the CDI program were the Chairman of the Department of Surgery, Dr. John C. Russell, and Dr. Cynthia Reyes, Vice Chair of Quality and Patient Safety.

Initial success with the Surgery Department's documentation transformation helped spread interest and buy-in of the CDI program elsewhere in the organization. nThrive also provided several CDI Specialist resources and a Principal Consultant, acting as interim CDI manager, to help drive the program and address UNMH's struggle to recruit qualified CDI resources.

Educating physicians on the impact of poor clinical documentation on their individual reputations was also an important success factor. "nThrive brought with them a lot of clinical expertise and tools to help guide the CDI program to success. During physician training sessions, nThrive offered solid content on the consequences each individual physician faced because of poor documentation – for example, lower public quality reporting. Essentially, if a physician documented that a patient was not as ill as they truly were, and the patient passed away, the physician's ROM quality scores looked unfairly poor; purely a documentation issue, not a quality of care issue," commented Dr. Reyes. Through the training sessions, physicians also came to understand that an accurate patient record is critical to any subsequent care patients receive – to them it became a quality of care issue. Physicians began to pay closer attention to how they documented Severity of Illness, Risk of Mortality measures and helping the organization more accurately document the true patient condition.



$1,844,670

direct financial gain **in first 5 months** due to clinical documentation adjustments resulting in higher and more appropriate reimbursements

Physician education also focused on understanding the clinical documentation changes required to support ICD-10. Dr. Reyes explained, "The physicians needed to understand that ICD-10 requires new documentation concepts, such as laterality, that affect the way they must write the patient record. nThrive brought the expertise in to help us transfer this knowledge to the physicians in face-to-face sessions and through their nThrive Education on-line education courses."

nThrive also helped figure out how to best leverage UNMH's CDI technology to support new CDI practices and processes. "Our nThrive lead consultant oriented the CDI program's physician query process around the CDI technology so that it added value, and leveraged it to measure the success of our CDI program," remarked Porto.

The collaboration between nThrive and UNMH stakeholders has been fruitful; over a 16 month period the client's overall CMI rose from 1.45 to 1.72, an 18.6% increase. On a monthly basis, UNMH is realizing direct financial impact through CDI specialist and physician collaboration on documentation issues. Over the first five months, UNMH realized a direct financial gain of $1,844,670 due to adjustments of clinical documentation that have resulted in higher, and more appropriate, reimbursement.

But gains were not just realized from a reimbursement perspective; the quality of care that the clinical documentation reflected also improved. Physicians increased their focus on assigning appropriate ranks or subclasses for the patient's SOI and ROM, providing a more accurate description of the patient's condition – so vital to caregivers in other parts of the health care value chain. A comparison of the last six months of the year without the CDI program to the first six months with the CDI program yielded dramatic change.

Over that time period, the percentage of patient cases ranked in the fourth SOI subclass (extreme cases) increased 111.8%, and the percentage of cases ranked in the fourth subclass for ROM increased 119%. This increase was not due to a rise in extreme cases, but rather a more careful assignment of the SOI and ROM subclasses by the UNMH physician community, which more accurately reflected the high level of complex cases UNMH handles.

Porto explained, "Thanks to combined efforts of the UNMH staff and nThrive, we now have a successful and sustainable CDI program."

*Complicating or comorbid condition (CC) or major complicating or comorbid condition (MCC)

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