

Clinical Documentation Improvement (CDI) to Optimize Value-Based Care in the Outpatient Setting

Historically, CDI programs were executed in the inpatient setting.

CDI GOALS



1. Accurately reflect the severity of illness
2. Improve physician and hospital profiles
3. Increase case mix index
4. Realize maximum compliant reimbursement

90%

REALIZE MAXIMUM REIMBURSEMENT

90% of hospitals with 150 or more beds outsourcing clinical documentation functions made over **\$1.5M in healthcare revenue and claims reimbursement after implementing CDI¹**



INCREASE CASE MIX INDEX

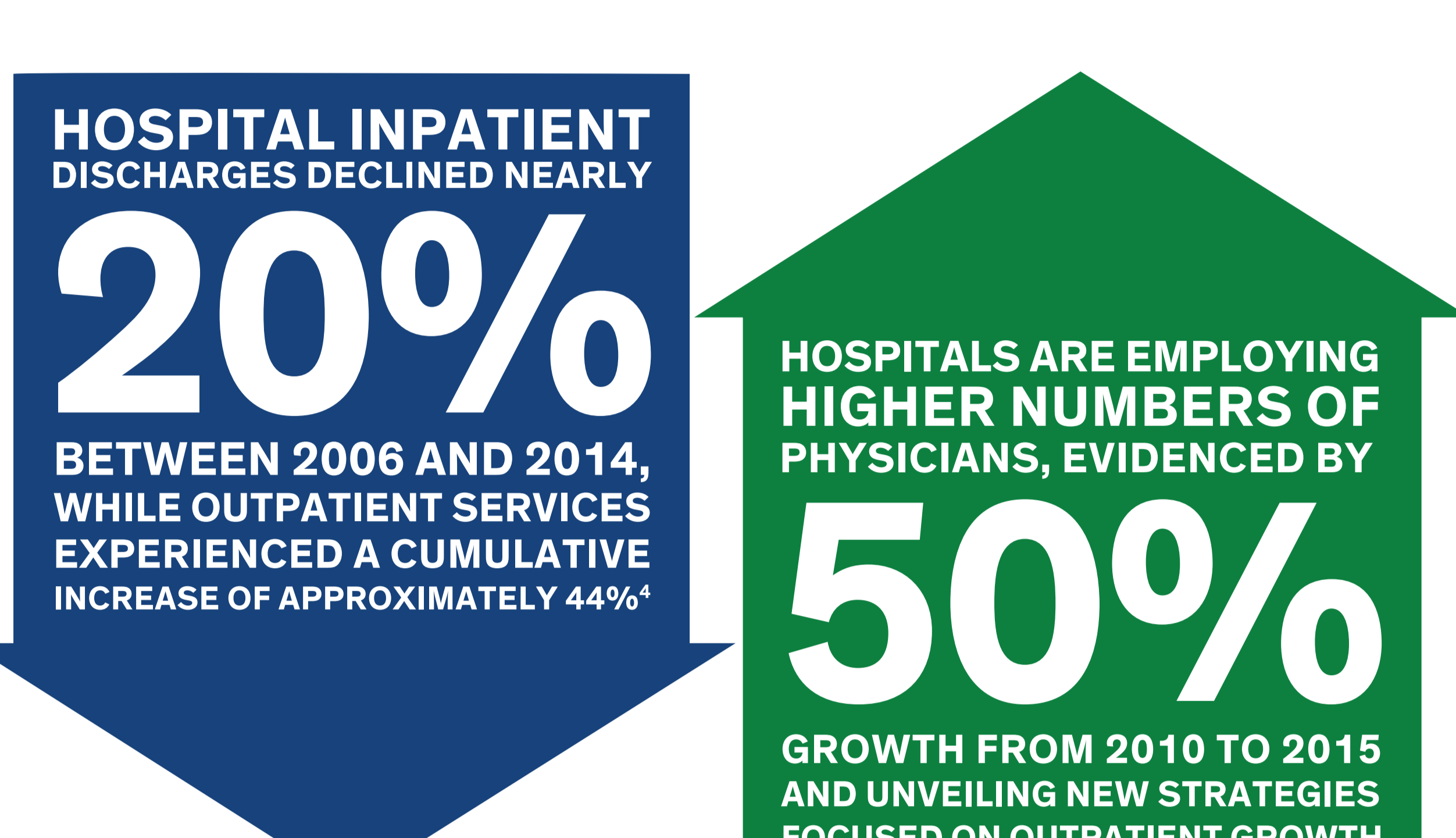
Summit Healthcare Regional Medical Center (AZ) utilized a CDI solution to increase mix index by 20%. Major comorbidity capture rose 37% and complicating condition identification growing 22%²



IMPROVE PATIENT CARE

Heritage Valley Health System in Pennsylvania observed a 27% drop in their predicted mortality rate after implementing CDI strategies³

To maximize the benefits of value-based care models, apply CDI lessons to the ambulatory setting.



While there are many commonalities between inpatient and outpatient CDI, there are also several key differences.

INPATIENT CDI	OUTPATIENT CDI
<ul style="list-style-type: none"> Focus revolves around chart reviews during the patient's stay. Hospitals concentrate on an accurate case-mix index and identifying comorbid and major comorbid conditions. A strong CDI program ensures providers are accurately capturing the severity of illness (SOI) and acuity of the patient to include any comorbid conditions. 	<ul style="list-style-type: none"> There are different billing forms and coding rules/regulations. Physicians do not have the same resources to dedicate to outpatient CDI.

MACRA Quality Payment Program recognizes the importance of an outpatient CDI program to maintain reimbursement and financial standing.

Medicare payment changes are impacting physician practices, including the MACRA Quality Payment Program and its two tracks:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)	ADVANCED ALTERNATIVE PAYMENT MODELS (APMs)
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CMS predicts that **600,000** Part B clinicians will be subject to MIPS in 2018. A clinician's annual MIPS score of up to 100 points is determined by four categories of clinician performance and bonus point opportunities.

MIPS SCORECARD

QUALITY (50% WEIGHT, OR 50 POINTS MAXIMUM)	PROGRAMMING INTEROPERABILITY (PI) PROGRAMS (25% WEIGHT, OR 25 POINTS MAXIMUM)
	COST (10% WEIGHT, OR 10 POINTS MAXIMUM)
	IMPROVEMENT ACTIVITIES (IA) (15% WEIGHT, OR 15 POINTS MAXIMUM)

BONUS

SMALL PRACTICE BONUS (5 POINTS)	COMPLEX PATIENT BONUS (5 POINTS MAXIMUM) ⁵
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Growth of Medicare Advantage Contracts Puts Focus of Outpatient CDI on HCCs

Medicare Advantage & Medicare Value-Based Payment Models Employ Use of Hierarchical Condition Categories (HCCs)

TWO TYPES OF HCCs:

- The CMS-HCC model is used for risk adjustment in the Medicare Advantage program; it addresses a predominately elderly population (65 and over, or those otherwise qualifying for Medicare). Within this framework, the CMS-RxHCC is used separately to address Medicare Part D.
- The HSS-HCC model addresses commercial payor populations and covers all ages.

MEDICARE ADVANTAGE:

Medicare Advantage enrollment grew by about **1.4MM** beneficiaries, or **8%**, between 2016 and 2017, with enrollment projections of **30MM** by 2026. Medicare Advantage also offers faster growing payments vs other plans, as it demonstrated a **1.25%** average increase vs benchmark payments in 2016⁶

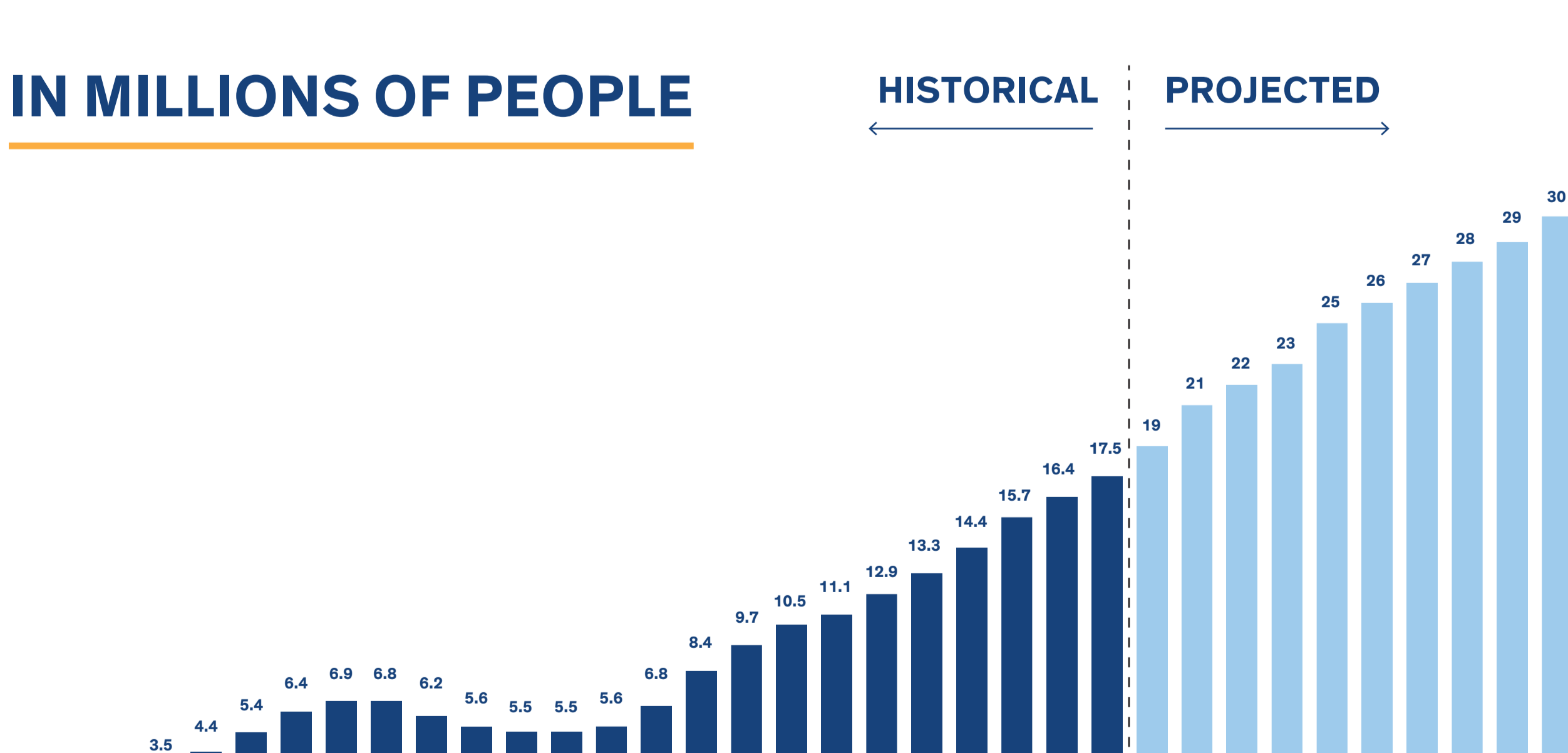
1.4MM BENEFICIARIES
30MM PROJECTIONS
1.25% AVERAGE INCREASE

OUTPATIENT CDI/HCC:

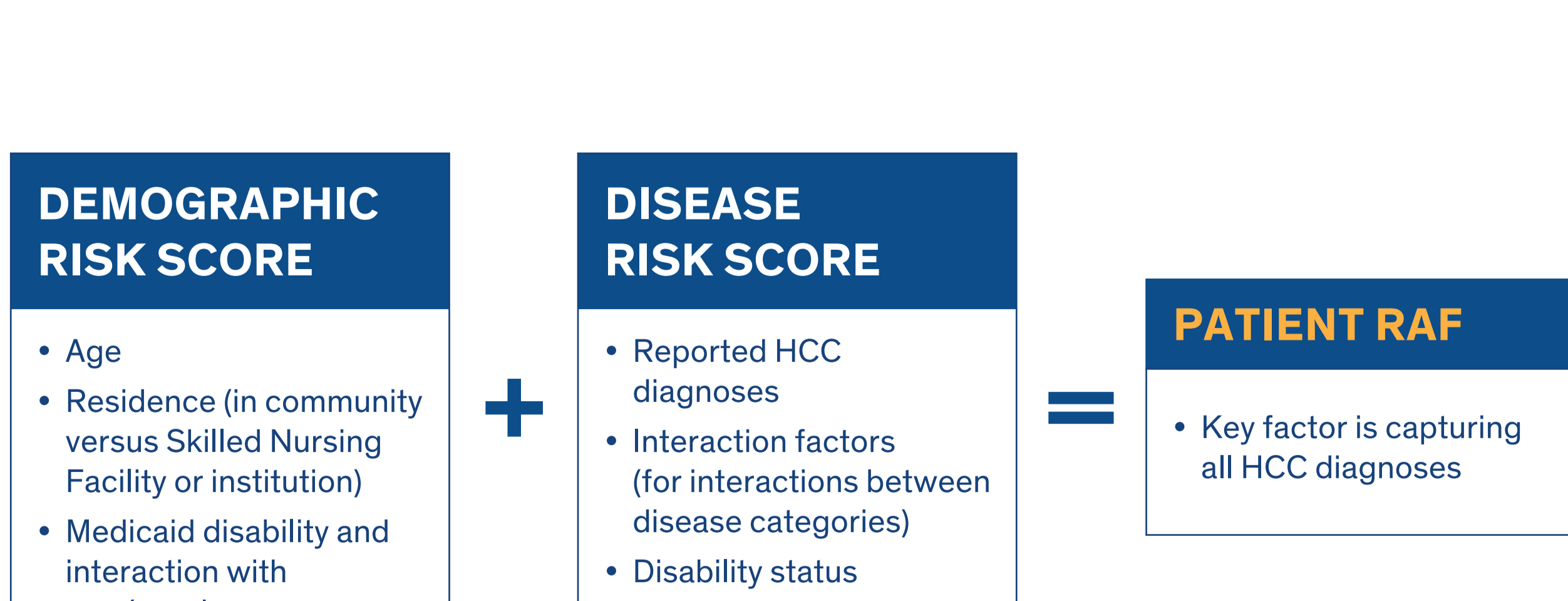
10% of hospitals currently possess an outpatient CDI program; more than **20%** of respondents indicated that they plan to cover outpatient and/or physician services in the next 6–12 months⁷

>20% COVER OUTPATIENT AND/OR PHYSICIAN SERVICES

Total Medicare private health plan enrollment, 1992-2026



Total score of all relative factors related to one patient for a total year



Download these Galen tools to start your transition to implementing outpatient CDI today.

- CDI PLAYBOOK
- CDI WEBCAST

Sources

¹Black Book Market Research Report <https://blackbookmarketresearch.newswire.com/news/new-generation-cdi-proves-enhanced-patient-care-and-reduced-financial-15947473>

²ChartWise 2.0 Press Release <http://www.chartwisemed.com/coverage/chartwise-2-0-goes-above-and-beyond-for-summit-healthcare-regional-medical-center/>

³Nuance/Jvion Press Release <https://www.businesswire.com/news/home/20150622005159/en/#.VZwEJlViko>

⁴2016 Medicare Payment Advisory Commission Report to the Congress: Medicare Payment Policy <http://www.medpac.gov/docs/default-source/reports/march-2016-report-to-the-congress-medicare-payment-policy.pdf>

⁵CMS MIPS Participation Fact Sheet <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/MIPS-Participation-Fact-Sheet-2017.pdf>

⁶The Henry J. Kaiser Family Foundation <https://www.kff.org/medicare/fact-sheet/medicare-advantage/>

⁷ACDIS Survey - <https://acdis.org/system/files/resources/outpatient-cdi-intro.pdf>