



Healthcare AI, Clinical documentation integrity 3 Strategies for Doing More with Less in CDI

Nuance Communications

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As a fallout of the COVID pandemic, we see CDI staff being pulled to provide care to patients or furloughed as a cost-containment measure. Even as vaccines reduce those affected by COVID, CDI teams face resource pressures and are being asked to do more with less to create value for the organization. To achieve quality and financial objectives with fewer resources, CDI teams must utilize the enabling technologies. Here are three strategies to use in CDI that take advantage of the benefits brought from AI-enabled technology and encounter prioritization.

Many CDI teams saw their personnel pulled to the bedside or furloughed in the pandemic's early months. With the pandemic worsening throughout the US, healthcare organizations find themselves needing to cut costs and find revenue. CDI staffing levels will continue to be lower than before the pandemic, and teams will be asked to do more with less. Al-powered enabling technology can significantly impact the organization's quality initiatives and bottom line.

To achieve quality and financial objectives, even with fewer resources, here are three strategies to employ in CDI:

1. Active management of patient length of stay

You may or may not be feeling the pinch at your location; this interactive NY Times webpage will tell you everything you need to know about capacity issues around the country. Actively managing your patient length of stay enables you to forecast bed availability for all patients, not just those with COVID. If your CDI workflow tool contains the working DRG, CDI can assist case management colleagues with timely

discharge based on DRG-approved LOS. Utilizing the working DRG, case managers can provide lists of who should go home and confer with the providers to make sure the documentation and DRG reflect the most accurate patient story. The final key is this information needs to be in the EHR to make it easy for other care team members to use it.

2. Implement multiple reviews through discharge

While patients are staying longer due to COVID treatments, implementing multiple reviews through discharge across all cases is a best practice to ensure you are identifying every reimbursable opportunity with accurate documentation. But with fewer resources in CDI, how can you possibly add more reviews to the workload? Al-powered encounter prioritization is the tool to use. Al-powered encounter prioritization brings your CDI team members only the cases that allow the opportunity to move the financial or quality needle or cases with new information requiring a re-review. This means you won't be focusing resources on cases that have no impact on the reimbursement or patient story, freeing them up for new cases and re-reviews that will.

3. Expansion into reviewing all Payors

Decreased patient volume creates the opportunity to review all payors and create consistency in the CDI process regardless of payer type. Commercial payers may reimburse at a higher rate than Medicare, but you need a way to identify which cases are going to drive the most improvement. Using Al-powered encounter prioritization means that the technology goes beyond rules-based criteria and uses machine learning to identify cases with the greatest opportunity regardless of the payor.

Doing more with less in CDI means utilizing enabling technology to help you identify and manage the cases that have the most financial impact and protect you from denials. In the coming weeks, we'll continue to discuss the functionality needed to make the most of the situation we find ourselves. As we weather the pandemic together, Nuance will continue to deliver technologies that make the most of the time you have with patients and take advantage of the digital innovation in healthcare.

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More Information

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