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Healthcare AI, Clinical documentation integrity

The reality of rural healthcare, part 2: Supporting a healthy bottom line with clinical documentation improvement for rural facilities

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In this continuation of our series about the financial well-being of rural and critical access hospitals, we explore the importance of clinical documentation improvement (CDI) programs and how to establish one at your facility.

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"I wear a lot of hats around here."

It's a phrase that we all hear, and repeat, regularly, but it may be no truer than at rural and critical access hospitals. In these environments, the health information management (HIM) person may do triple-duty as they focus on compliance and documentation initiatives. The COO may work on quality, and nurses are dedicated to patient care and leadership roles. The IT staff which is often quite small may cover several roles. There may not even be a chief medical officer.

In other words, because personnel and resources are in short supply, everyone must pick up the slack and do more with less. And this becomes even more evident as we recognize the financial vulnerability of too many rural hospitals across the U.S., in which case leave communities strapped with a lack of facilities. In fact, at least 30 rural hospitals entered bankruptcy in 2019, leaving many people with zero local access to medical care.

The value of CDI programs

Clinical documentation improvement (CDI) programs combine clinical documentation expertise with processes and technology to improve the quality, accuracy and completeness of patient records. In organizations of varying size, CDI initiatives have been associated with a wide range of benefits. Among the improvements, enhanced patient care processes, more accurately coded data, and enhanced financial outcomes, and better-quality metrics. When CDI programs are driven by clinical strategies and evidence-based guidance through technology-based software solutions, documentation accurately and comprehensively captures diagnoses, procedures, and comorbid conditions in ways that lead to appropriate reimbursement and fewer denials, and productivity improvements and stronger revenue cycle management. Many organizations can also realize improvements to a variety of publicly reportable peer to peer program comparisons and satisfaction scores.

CDI programs can have a positive impact on physician efficiency, patient care, and outcomes. Documentation that accurately, completely, and specifically conveys critical patient information to all members of the healthcare team, in other words continuity of clinical care communications, reduces error and builds a strong platform to support better care.

Elevating CDI in rural healthcare organizations: advice to get started

Despite their good track record, however, many rural healthcare organizations have extremely limited or no CDI program in place because resources are already spread too thin.

In reality, establishing even a small-scale CDI program can support the organization's clinical programs and financial strength. Creating your own program involves generating and filling a job position for the role of a CDI specialist. Education is a crucial step for this role and the medical staff—it begins with an understanding of documentation best practices and its effect on coding. This critical healthcare colleague must gain knowledge in coding and chart review as well as on-the-ground engagement tactics with the key members of the medical staff. Start small with clearly identified medical leadership, even one busy surgeon, a hospitalist, or an intensivist for example. Find what works for your organization. Communicate the necessity and benefits of such an endeavor often.

At the same time, your new CDI specialist or small team will need to work closely with the hospital CFO and clinical leaders to establish targets and key performance indicators (KPIs). Whether you're measuring improvements to severity of illness, risk of mortality, geometric length of stay, and other quality measures, tracking and robust analytics are essential and ideally included with your choice of technology. Otherwise, there's no way to know how you're doing and whether you're getting a return on your investment. If you can't measure it, you can't improve it.

I've had the privilege of working with numerous organizations demonstrating success establishing nascent CDI programs. Stay tuned in the coming weeks for a continued discussion on CDI, and how one such hospital reaped the rewards of ROI and elevated quality from a technology supported CDI program.

This blog post is the second in a three-part series. To view the first blog post, click here.

Tags: Rural health, Community health

About Robert Budman, MD MBA

Dr. Robert Budman, MD, MBA, and Certified Documentation Improvement Practitioner (CDIP) with AHIMA, is the Chief Medical Information Officer for Nuance Healthcare. He supports the Computer Assisted Physician Documentation (CAPD) product line and develops training and education materials for outbound and internal use. Dr. Budman is Board Certified in Family Med & Informatics. He focuses on efficiency, safety, and quality initiatives with global experience in multi-EHR and service line care delivery. His work involves implementation, workflow adoption, and optimization. Dr. Budman earned multiple clinical awards and speaks extensively on healthcare IT.

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