HCTec and Saint Francis Health System collaborated to roll out an advanced outpatient Clinical Documentation Improvement model at the Warren Clinic, establishing new auditing processes and resolving key documentation and coding challenges. Today, with reliable refined data and more precise physician documentation, the Warren Clinic has improved accuracy and compliance, setting the stage for a permanent best practice ambulatory CDI program.

THE CHALLENGE

To develop a new way forward for Outpatient CDI. Saint Francis Health System is a successful and growing integrated delivery network, serving as Tulsa’s largest private employer. In the transition to value-based care, Saint Francis, like many other organizations, was ready to overhaul its outpatient CDI program to improve quality, reduce denials, and ensure accurate payment for the services it performed.

Specifically, providers at the Warren Clinic, which has nearly 350 physicians, were struggling to document and code Medicare Hierarchical Condition Categories (HCC) diagnoses to specificity. The clinic’s “pink sheet program” addressed the problem by capturing all HCCs that primary care physicians documented through Medicare Advantage and other programs. However, as CMS started to use the HCC risk score for more quality programs, the clinic needed a comprehensive approach to help providers document and code its most challenging conditions. It also needed support identifying coding and documentation hotspots, reducing a backlog of provider audits, and pursuing the clinic’s vision of a formal ambulatory CDI program.
THE SOLUTION

HCTec partnered with Saint Francis to dispatch a team of outpatient CDI experts at the Warren Clinic, including a CDI specialist, auditor, and compliance manager. The partnership involved three key elements for success.

1. Accurate documentation, coding, and auditing services. HCTec leveraged its CDI expertise to oversee the pink sheet program, providing opportunities to improve coding and documentation for complex HCC diagnoses. HCTec worked with quality leaders to identify and address the key conditions—diabetes, hypertension, and stroke—that presented documentation and coding problems. In addition, HCTec helped complete audits that were coming due.

2. Physician queries and education. HCTec and the Warren Clinic created the framework for a formal physician query process in the future that will address documentation questions. Plans are in progress to offer physician education on documenting and coding HCCs. HCTec is also helping the clinic develop a physician newsletter focused on common clinical documentation issues.

3. Strategic support for new CDI department. HCTec, with the help of a CDI specialist, developed key data points on how a permanent ambulatory CDI program will benefit the clinic and create a strong ROI by delivering accurate diagnosis coding and HCC risk scoring. Ultimately, this will positively impact quality projects.

THE RESULTS

With a new infrastructure, the Warren Clinic quickly enhanced CDI oversight, creating new documentation, coding, and auditing processes while improving accuracy. “HCTec’s CDI specialist has been extremely helpful giving us feedback on our top three coding issues,” says Christopher Hollberg, quality manager at the Warren Clinic. “She makes sure we code to a certain level and that we have the supporting documentation for challenging diagnoses such as diabetes.”

At the same time, HCTec’s high-level and granular look at documentation and coding data revealed increases in certain HCC diagnoses and critical quality gaps, which have presented educational opportunities and led to broader conversations with senior-level leaders. “HCTec is helping us educate physicians and providers on the updated rules and responsibilities as they code and bill for high-value cases,” says Hollberg. “Additionally, HCTec data has helped us forecast and plan for the future while gaining leadership support as we continue down the path of ambulatory CDI.”

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