vizient.

Clinical documentation improvement consulting

Using data analytics to fuel correct, compliant financial reimbursement and accurate quality reporting

A successful clinical documentation improvement (CDI) program affects Centers for Medicare & Medicaid Services quality measures, present on admission reporting, pay-for performance, value-based purchasing, provider productivity and other national reporting initiatives that require the specificity of clinical documentation.

Vizient® Clinical Documentation Improvement helps members ensure the accuracy, specificity and compliant coding of provider documentation, which results in optimized compliant reimbursement, a more accurate case mix index (CMI) and provider evaluation and management (E&M) reporting that truly represents acuity and complexity of care for your patient population.

What we offer

We use our data and expertise to provide a comprehensive CDI program that includes a focus on:

- Clinically validated coding
- Accurate CMI
- Observed to expected mortality
- Medical decision-making
- Acuity and complexity of care
- Present-on-admission
- Hospital and physician profiling
- Quality measures
- Maximum complete and compliant revenue
- Length of stay and medical necessity
- Health care provider awareness training
- Accurate E/M levels
- Accurate provider productivity
- HCC Capture

As health care continues to move toward value-based care and pay-for performance models, the prevalence of financial incentives for meeting certain performance standards, along with financial penalties for under-performing on certain quality measures, also continues to increase. In this new world, a health care organization's success hinges on its quality of care through documentation recorded during the episode of care. Clinical documentation captures the financial story and quality details of the care provided. In addition to this, appropriate documentation and coding accurately reflects the provider productivity and professional fee reimbursement.

Successful organizations know that the collaboration of the health care provider with clinical documentation, quality and coding teams results in more accurate data reporting and lays the foundation to optimize processes and drive change to reflect medical decision-making and better patient care. Vizient CDI consultants work to bridge the gap between clinical and coding, collaborating with health care providers to properly document key terminology to accurately reflect work effort, resources used and complexity of care.

The Vizient difference: *our data*

Leveraging the depth and breadth of our comprehensive proprietary database and analytics expertise, we are able to diagnose documentation issues quickly. Combining data analytics and their extensive industry experience, our CDI experts assess your current state, provide actionable insights and implement rapid and sustainable improvement.

We power our industry-leading analytics by

- Deeply integrated analytics and a decision-making platform built from more than 10 million patient visits documented in more than a decade of data
- Risk-adjusted clinical data that provides transparent, comparative benchmarking
- Data and analytics at the service line, physician and procedure level
- A footprint with more than 50% of the nation's hospitals and 95% of academic medical centers

Our approach

We use a four-stage approach to help members realize maximum complaint-reimbursement and operational gains from assessment to sustainability and continuous improvement

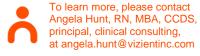| 1	Assess organizational readiness	2	Assess current state and perform data analytics
3	Design and implement program improvements	4	Educate and mentor for sustainable improvement supported by data analytics

The value of Vizient CDI services

Our consultants work with you to create the CDI infrastructure that allows you to strike a balance between financial and quality goals. Below is a snapshot of the expertise we provide:

1. **Operational excellence** – We help you create accurate, compliant documentation that recognizes medical decision-making and resource consumption while improving hospital and physician profiles. Our comprehensive analytics allow visibility and comparison into several areas, including:
   - Diagnosis-related group (DRG) analytics through Vizient databases, capturing national benchmarks;
   - Comparative quality metrics;
   - Service-line breakdown capturing national benchmarks and capture rates around DRG, complication or comorbidity (CC), or major complication or comorbidity (MCC);
   - Service Line Breakdown capturing professional Evaluation and Management (E&M) and procedure data;
   - Service-line breakdown capturing hospital-acquired conditions and patient safety indicators;
   - Physician performance within the CDI program down to the granular level per diagnosis, including trending diagnoses per physician;
   - Observed to expected mortality and case mix index comparisons.

2. **Sustainable leadership** – Our experts empower change through process redesign, engaging CDI leaders and executive management to track and monitor ongoing progress and providing unique training, mentoring and team collaboration.

3. **Compliant financial strength** – By improving documentation processes, we help you attain sustainable, maximum, complete and compliant reimbursement.

4. **Clinical quality outcomes** – We assist members with improving outcomes such as mortality, cost, length of stay, severity of illness, and present on admission, etc. Through our focused education and mentoring we help CDI specialists, coders and providers understand how documentation shows medical decision making, which reflects acuity and complexity of care, severity of illness and risk of mortality. We help you focus on outcomes that are most relevant to your organization including but not limited to the Vizient Quality and Accountability Scorecard.

5. **Patient safety indicators** – We utilize an integrated, collaborative approach to help you appropriately capture and report patient safety indicators, thus ensuring that publically reported data accurately reflects the true safety of care provided at your organization.

6. **Hierarchical condition categories (HCC)** – Our documentation experts provide comprehensive education to providers, CDI specialists and coding professionals designed to help you to achieve optimal risk-adjustment through accurate capture of your patient's underlying health conditions and demographic details, thus maintaining compliance, accurate quality measures, financial integrity and future payments.

7. **Physician advisor training** – It's all centered on providers! We help you with the development of the CDI Physician Advisor role to include detailed compensation, job description, roles and responsibilities. We also provide your medical staff with physician CDI education and mentoring, presented in person and in short video modules and designed to teach only the pertinent documentation tips to the busy practicing.

Our results

Working with our CDI experts has resulted in significant improvements across key clinical and financial metrics:

Clinical	Financial accuracy
Increased CMI accuracy	Increased reimbursement
Increased CC/MCC capture	Decreased billing time
Improved HCC capture	Decreased denials
Increased E&M and productivity accuracy	Decreased discharged not final billed (DNFB)
Decreased PSIs and HACs	Accuracy of Outpatient revenue capture

To learn more, please contact Angela Hunt, RN, MBA, CCDS, principal, clinical consulting, at angela.hunt@vizientinc.com

As the nation's largest member-driven health care performance improvement company, Vizient provides network-powered insights in the critical areas of clinical, operational, and supply chain performance and empowers members to deliver exceptional, cost-effective care.