

# Baptist Health improves quality and realizes \$45M in appropriate reimbursement

Nuance's clinically driven CDI program and a unique staffing model engage physicians and drive results

## Challenge

- Incomplete clinical documentation didn't reflect quality of care delivered
- Retrospective, manual CDI chart review processes
- Physician resistance to post-discharge queries

## Solution

- Nuance® CDI delivered with proprietary Documentation Management Program® (CDMP®) methodology
- Unique physician Clinical Documentation Improvement Specialist (CDIS) staffing model

## Results

- 95% physician response rate to CDI clarifications
- Twofold increase in SOI/ROM capture better reflects care quality
- 13% increase in CMI
- \$45 million increase in appropriate reimbursement
- 100% ROI in less than 6 months

## Summary

Baptist Health South Florida is a six-hospital system in Miami and the Florida Keys with a large international presence throughout the Caribbean. Its 15,000 employees and 2,200 physicians in virtually all specialties serve over a million patients a year from around the world.

Historically, Baptist completed chart reviews after patients had been discharged from the hospital. The retrospective requests to update clinical documentation met with physician resistance, with only a 20% response rate, and missed opportunities to improve quality and receive appropriate reimbursement.



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Lorena Chicoye, MD  
Corporate Medical Director  
Baptist Healthcare

Administrators understood that this manual, retrospective process resulted in critical data being missed. So Baptist Health, under the leadership of Lorena Chicoye, MD, corporate medical director, engaged Nuance to help change this practice. Baptist Health deployed Nuance’s Clinical Documentation Improvement (CDI) program because of the emphasis on physician engagement and proven results. Unique in its approach to clinical documentation improvement, the Nuance process employs technology and education designed to empower clinically trained CDI specialists to engage in a dialogue with physicians about the quality of patient care and how best to capture those details in their documentation—all while minimizing workflow disruption through a concurrent review process that brings to light care and quality documentation issues while patients are still in the hospital.

#### Results post Nuance CDI implementation

Within six months, Baptist Health saw measurable results. The average physician response rate to the CDI team’s concurrent clarifications increased from 10–20 percent to 95 percent. Even more compelling is the 80 percent agreement rate, indicative of physician compliance in capturing the quality details in patient documentation. In the four years since the Nuance CDI implementation, the more accurate severity-based CDI approach has generated a 13 percent average increase in Case Mix Index (CMI) across the system, translating to \$45 million in appropriate reimbursement.

Nuance encourages business and clinical leaders to meet at the intersection of clinical documentation and financial integrity to sort out the challenges posed by healthcare’s quality-based payment methodologies. As the leader in Advanced Practice CDI®, Nuance makes sure its programs are attuned to quality metrics—thinking beyond patient care to validate reimbursement and focus instead on documentation specificity to substantiate the severity of patients’ medical conditions and the underlying problems that caused them. These details can increase the clarity of a patient’s treatment course, and with additional information can greatly increase the capturing of improved quality outcomes.

Baptist Health administrators recognized this opportunity. When senior leadership set out on its journey to implement a comprehensive, concurrent CDI review process, it understood clinical specificity was the underpinning of a successful program. Yet it was a conservative organization with a decade-long history of retrospective chart reviews and physician resistance to queries from the Health Information Management (HIM) team.

But with ICD-10 on the horizon, leaders knew they had to rethink their approach to CDI to effectively address the challenges brought on by healthcare reform, and to mitigate the risks and costs that could result if they failed to protect revenue—and patients—by overlooking the implications of quality documentation.

# 13%

increase in CMI

# \$45M

increase in appropriate  
reimbursement

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**Staffing a CDI program: outside the box**

Baptist administrators recognized that while the Nuance CDI program had a proven track record for engaging physicians at the time of patient care, there was a mix of cultural history and barriers to break through. Where would Baptist find CDI specialists with the essential clinical knowledge and credibility with physicians and HIM to make a clinically focused CDI program work?

The answer came quickly: Baptist Miami was already using international medical graduates as employed house physicians working under the auspices of the physician medical staff. Could the hospital refocus these international medical graduate physicians’ existing staff relationships and familiarity with hospital processes on the CDI program?

According to Chicoye, the model was successful from the outset; the physician-to-physician rapport was remarkable. “Typically, physician response to CDI queries falls into the 60th percentile, but we quickly achieved a response rate in the 90s,” she said.

A pragmatic solution to find more “doctors” for Baptist’s remaining hospital CDI rollout quickly materialized. The international community Baptist served included a group of highly educated physicians whose medical knowledge was being underutilized. International physicians were waiting for acceptance into U.S. residency programs, and the CDI program created unique opportunities that recognized and utilized their medical knowledge.

Although their specialties varied from internal medicine to cardiovascular surgery, each physician received the same rigorous CDI educational curriculum from Nuance—focused on Diagnosis Related Group (DRG) reimbursement methodologies, quality measures, compliance, coding clinic support, and coding guidelines—and each was required to pass a general internal medicine exam developed by Nuance along with passing the Educational Commission for Foreign Medical Graduates (ECFMG). Each hospital set up a steering committee consisting of hospital leadership, key physicians, HIM, and Case Management to ensure a smooth implementation and quality checks throughout the process.

The physician Clinical Documentation Improvement Specialists (CDIS) increased their visibility in the hospital clinical areas and made daily, personal contact with the treating physicians to clarify and complete clinical documentation. At the same time, sound relationships with the nursing staff and support staff began to take shape. Any initial skepticism about whether the non-licensed physicians could successfully transition to clinical documentation specialists was quickly dispelled.

“We were pleased to see that our physician CDIS exhibited a high level of confidence,” noted Chicoye. “It was obvious they took professional pride in the contributions they were making both to the hospital and to their community.”

**95%**

physician response rate to concurrent CDI clarifications

**80%**

physician agreement rate with concurrent CDI clarifications

**Documentation specificity equals improved quality of patient care and appropriate reimbursement**

Baptist reimbursement is impacted by MS-DRG and APR-DRG payment systems where documenting the details matters. Chicoye explains that the uptick in physicians' response and agreement rates led to benefits in capturing severity and mortality rates with direct impact on quality as well as improved communication between care teams. Calculating patient severity of illness (SOI) and risk of mortality (ROM) accurately requires capturing all of a patient's diagnoses, as more than one significant diagnosis can add to the APR's clinical severity, as can procedures, age, discharge disposition, and even sex. This level of detail not only facilitates reimbursement but also enables internal and public reporting that impact the hospital's quality ratings.

"In terms of severity of illness, we increased from 8 percent to 17.1 percent capture rate," Chicoye said. "For risk of mortality we've increased from 7.7 percent to 14.5 percent. Both increases are more than double the capture of extreme percentages for SOI and ROM, all in just a four-year period, showcasing the strength of growth and improvement in quality and reimbursement."

"Once the clinical documentation programs were up and running, it was amazing how much more documentation we were able to capture and how much more specificity we experienced," she said. "The severity of the problem, and quite frankly the recoument of monies that just were not being billed properly, was notable. You cannot bill what is not there. Physician documentation truly reflected the severity of the patients we serve and the high-quality care our physicians deliver."

Beyond the patient care quality benefits, Chicoye reports that the cultural relationship between the physician CDIS and HIM coding professionals continues to flourish. The physician CDIS have been most impressed with the dynamics and intricacies of the coding process. Meanwhile, the coding professionals embrace the clinical feedback and education they are receiving from the physician staff.

"The goal of the Clinical Documentation Improvement team is to make sure the final codes accurately reflect the complexity and severity of the patient's illness, ensuring accuracy and higher quality of the medical record, along with correct reimbursement," says Chicoye. "Facilities must be open-minded, nimble, and ready to take advantage of innovative CDI approaches that promote the most accurate patient story."

The unique CDI staffing model Baptist Health created demonstrates how a collaborative, multidisciplinary approach to building an Advanced Practice CDI program helps organizations achieve the best possible patient care and quality outcomes.

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Nuance provides a more natural and insightful approach to clinical documentation, freeing clinicians to spend more time caring for their patients. Nuance healthcare solutions capture and communicate more than 300 million patient stories each year helping more than 500,000 clinicians in 10,000 healthcare organizations globally. Nuance's award-winning clinical speech recognition, medical transcription, CDI, coding, quality and diagnostic imaging solutions provide a more complete and accurate view of patient care, which drives meaningful clinical and financial outcomes.

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