Developing a Hunger for Malnutrition: Engaging Hospital Administration

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Disclosures

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  No Disclosures

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  No Disclosures
Session Objectives

1. State how Healthcare reform measures apply to clinical nutrition and can meet Institution business strategies.
2. Identify which stakeholders need to be present to implement nutrition-related initiatives.
3. Discuss effective methods to approach and engage hospital administration support for malnutrition initiatives.

Healthcare Reform

- Major healthcare policy change passed into law- Affordable Health Care Act 2010
- Goal:
  - Improve Access for more citizens
  - Improve Quality of healthcare
  - Decrease cost, increase efficiency
Recent Presidential Election
What does it mean to us?

• Mostly remains to be seen
• Repeal/replace discussions at present
• Goals still the same:
  - affordable
  - improve quality
  - accessible
Do these terms apply to Nutrition?

**ACCESS**

**Quality**

**Patient Experience**

**Value** = Outcome ÷ Cost

“ALL nutrition clinicians need to engage in healthcare reform initiatives or risk becoming an undervalued service provider.”

**Efficiency**

**Costs**

**Safety**

**Patient Experience**

**Continuum of Care**

What can Nutrition Managers Do?

- *Nutrition is a BUSINESS*
- Need to include as part of regular duties:
  - **✓ quality**
  - **✓ efficiency**
  - **✓ cost reduction**
  - **✓ safety**
  - **✓ patient experience**
  - **✓ regulatory**
- Formulate Nutrition Business Plans/Quality Projects around any or all of these.

*Quality Improvement Outcomes Value based care*

- Although the old and new versions are different in some specific objectives and standards, every program recommends at least five parts as follows:

  1. Patient outcomes in the context of expected health benefits.
  2. The use of evidence-based care in the context of research.
  3. The use of performance measures in the context of quality.
  4. The use of costs and benefits in the context of economic.
Nutrition Examples

• Group education classes-Shared Medical Appointments or Shared Nutrition Appointments
• Virtual Appointments
• RD Order Writing Privileges
  ✔ Cost Savings
  ✔ Scope of Practice
• Care Pathways (Early Recovery After Surgery)
• Malnutrition
  ✔ Quality
  ✔ Costs/Revenue
  ✔ Patient Experience

Malnutrition-Cleveland Clinic Experience

• Center for Human Nutrition- Main Campus, 8 regional hospitals (2600 beds)
• 85 RDs, 8 DTRs, 3 RNs, 3 Clerical, 10 interns, 5 MDs, 2 Fellows
• Report to Digestive Disease & Surgery Institute
Chronological Timeline

- **March 2011**: Center for Human Nutrition develops malnutrition task force
- **May 2012**: CHN adopt published consensus guidelines on diagnosing malnutrition from Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition; published May 2012
- **April 2016**: RDs add to PL
- **August 2016**: Capture: 7.7% 2014, 9.8%, 2016
- **October 2016**: Standardize nursing admission screening for MC - 15%
- **March 2011**: CCHS RDs (98) trained to guidelines; standardized RD documentation templates
- **Oct 2012 - May 2013**: Trained CCHS RDs in ICD-9 to guideline
- **April 2014**: Integration with DRG Assurance
- **Oct 2014**: Epic CDI Work List Pilot
- **Jan 2015**: Cindy assumes enterprise scope
- **October 2016**: Standardize nursing admission screening for MC - 15%

Training the Dietitians October 2012- May 2013

**Goals**

- Implement AND/ASPEN criteria*
- Standardize documentation process (EHR)
- Train NFPE
- Develop sustainable training process
- Establish quality metrics

Malnutrition DRG Project: Documentation Integrity

Established: April 2014
Project Leader: Executive Physician
Project Members: CDIS, Nursing, Nutrition, IT, Finance, EBI, Project Manager
Purpose: Improve recognition and documentation of malnutrition in adult hospitalized patients
Key Goals:
• Improve nutrition screening
• Standardize/document malnutrition by RDs
• Increase in provider documentation of malnutrition
• Increase use of malnutrition as secondary billing diagnosis
• Improve patient care
CDIS-clinical documentation improvement specialists
EBI-electronic business intelligence

Improved Nutrition Documentation

<table>
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<th>Crohns Disease</th>
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<td>$11,269</td>
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<td>MS-DRG 331</td>
<td>MS-DRG 330</td>
<td>MS-DRG 329</td>
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<tr>
<td>278.8 Tachycardia</td>
<td>112.0 Oral Thrush</td>
<td>262 Severe Protein Cal</td>
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<tr>
<td>785.0 Hypokalemia</td>
<td>263.9 Malnutrition</td>
<td>without CC or MCC</td>
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<td>763.21 Weight Loss</td>
<td>45.72 Small bowel resection with end to end anasto</td>
<td>without MCC with MCC</td>
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<td>RW 1.6380 GMLOS 4.4 SOI 1 ROM 1</td>
<td>RW 2.5609 GMLOS 7.3 SOI 2 ROM 1</td>
<td>RW 5.1272 GMLOS 11.9 SOI 3 ROM 2</td>
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</table>
Compare RD vs MD/LIP Documentation of Malnutrition*

- 6 week pilot (November-December 2014)
- Results:
  - 38% of RD recommendations are not noted
  - Of those noted: 47% in agreement with RD
    15% noted different degree of malnutrition than RD
- Financial loss estimate:
  - 9 encounters w/CC = $$$,$$$
  - 29 encounters w/MCC = $$$,$$$
- Severity of Injury: 1.6 to 2.1; 2.48 to 3.0
  (*data gathered/analyzed by CDIS)

Assessing for Missed Opportunities Nov 2013-April 2014

- Malnutrition per RD
  - 49% N=234
  - 51% N=2442

- Cases which would have affected the DRG RW
  - 9% affected
  - 91%

- # of Nutrition Cases
  - N=4790
  - # of Nutrition Cases
  - N=2348
Percent of Patients Screened by Nursing on Admission (April-May 2014)

Main Campus

Not Screened
1% N=4

Screened
99%
N=304

Patients At-Risk Based on Nursing Screen (April-May 2014)

% pts with positive screen with consult placed to RD
No Consult
56%
N=14

Consult placed by RN
44%
N=11

At Risk
8%
N=25

Not at Risk
92%
N=279
Nutrition Screening:
Discipline-Based Results (April-May 2014)

Methods:
- Randomly selected patients (N=109) from variety of inpatient medical and surgical nursing units on Cleveland Clinic Main Campus
- Nutrition screening performed RN (part of Nursing Admission Assessment) and by RD
- Outcome: Percent of patients with a positive nutrition screen

Percent of Patients At Risk for Malnutrition Based on Discipline Performing Nutrition Screen

42% Gap

RN RD

15.8 57.8

Dietitian Consults Not Ordered When Identified At-Risk by RN

Number

N=351
60%

N=221
40%

IT built EHR system list to capture data

Data collection=14 days
CNO/day=14-25
RD average consults/day=9
Deficit=3 RDs
Operationalizing a Validated Nutrition Screening Tool (Malnutrition Screening Tool-MST)

- Replace current screening tool with validated tool across the health system
- Create auto EHR system list to alleviate 2\textsuperscript{nd} step for RN
- Nursing Communication:
  - approval from various nurse groups
  - work with nursing informatics to build in EHR
  - work with nursing education on communication tool
  - meet with all CNOs, RN Directors and Managers
- RDs met with RN managers during roll-out
Clinical Documentation Improvement Specialists-Tracking Providers

Goal: Establish CDIS Workflow* for Improved Malnutrition

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<td>CDI coverage</td>
<td>49%</td>
<td>46%</td>
<td>50%</td>
<td>51%</td>
<td>54%</td>
<td>58%</td>
<td>46%</td>
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<tr>
<td>Total queries</td>
<td>907</td>
<td>848</td>
<td>717</td>
<td>768</td>
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<td>Nutrition queries - 004, 198</td>
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<td>165</td>
<td>110</td>
<td>130</td>
<td>408</td>
<td>416</td>
<td>319</td>
<td>308</td>
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<tr>
<td>% of nutrition queries (004,198) to total queries</td>
<td>17.8%</td>
<td>19.5%</td>
<td>15.3%</td>
<td>16.9%</td>
<td>52%</td>
<td>53%</td>
<td>56%</td>
<td>49%</td>
</tr>
<tr>
<td>Response rate (004,198)</td>
<td>92.6%</td>
<td>92.7%</td>
<td>91.8%</td>
<td>97.7%</td>
<td>94%</td>
<td>89%</td>
<td>88%</td>
<td>93%</td>
</tr>
<tr>
<td>Agree rate (004,198)</td>
<td>92.0%</td>
<td>96.1%</td>
<td>96.0%</td>
<td>95.3%</td>
<td>94%</td>
<td>92%</td>
<td>94%</td>
<td>89%</td>
</tr>
</tbody>
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*IT Build in EPIC (EHR)

Providers: CDIS Queries Start/End Main Campus Malnutrition Rates
MD/LIP Documentation

EHR – Using the PROBLEM LIST

• Specifies new, active, and chronic medical conditions
• Identifies important factors for coordination of care
• Acts as foundation for problem-oriented note templates
Summary

- A comprehensive Malnutrition program can meet healthcare reform and institution strategies:
  - Financial impact - Regulatory
  - Safety - Quality
- Involve all stakeholders to develop a malnutrition program: influential champion, CDIS, IT, RN, RD, MD, Finance, and especially…..
  Hospital Administrators!
Developing a Hunger for Malnutrition: Engaging Hospital Administration

• Overview:
  - Cleveland Clinic Health System
  - Digestive Disease & Surgery Institute (DDSI)
• Center for Human Nutrition Participation in DDSI
• Language of Administration and Finance
• Engaging with Hospital Leadership for Malnutrition

Cleveland Clinic Health System
Cleveland, Ohio
Cleveland Clinic Health System
Miller Pavilion

Cleveland Clinic Health System

• Group medical practice
• 11 hospitals
• 130 community locations, including Ambulatory Surgery Centers and Family Health Centers
• #2 hospital in U.S. (US News & World Report ranking)
National & International Operations
Clinical Institutes

- Anesthesiology Medicine
- Cancer Neurological Nursing
- Children’s Hospital and Pediatrics Ob/Gyn & Women’s Health Ophthalmology Orthopaedic & Rheumatologic Pathology & Lab Medicine Research Respiratory Urology & Kidneys Wellness
- Dermatology & Plastic Surgery Endocrinology & Metabolism Genomic Medicine Head & Neck Imaging
- Digestive Disease and Surgery Education Opthalmology Research Respiratory Urology & Kidneys Wellness
- Emergency Services Pathology & Lab Medicine Research Respiratory Urology & Kidneys Wellness
- Endocrinology & Metabolism Research Respiratory Urology & Kidneys Wellness
- Genomic Medicine Research Respiratory Urology & Kidneys Wellness
- Head & Neck Research Respiratory Urology & Kidneys Wellness
- Heart & Vascular Research Respiratory Urology & Kidneys Wellness
- Imaging Research Respiratory Urology & Kidneys Wellness

Digestive Disease & Surgery Institute (DDSI)

- Clinical Departments
  - Colorectal Surgery
  - Gastroenterology/Hepatology
  - General Surgery
- Centers
  - Center for Human Nutrition (CHN)
  - Digestive Disease Center (Florida)
Digestive Disease & Surgery Institute

- 850 Professional Staff and Caregivers
  - 200 physicians
  - 44 Fellows
  - 67 Residents
  - 111 Ambulatory nurses
  - 258 Inpatient nurses
  - 85 Dietitians
  - Administrative support personnel

Digestive Disease & Surgery Institute

- 25 locations in northeast Ohio
- Annual clinical activity
  - 12,142 admissions
  - 78,476 patient days
  - 118,896 Evaluation and management visits
  - 79,437 endoscopic procedures
  - 8,123 inpatient surgeries
  - 10,294 outpatient surgeries
Center for Human Nutrition

- Inpatient: Main campus
  - 16,000 consults
    - Nutrition therapy
    - Nutrition support team
    - Center for Gut Rehabilitation and Transplant
- Outpatient: Multiple sites/programs
  - 18,000 consults
- Training/Education Programs

Digestive Disease & Surgery Institute

- Annual budget
  - Professional revenue (including nutrition)
  - Technical revenue (endoscopy and nutrition)
  - Other revenue
  - Associated expenses
Executive Director, CHN, has a seat at our Institute leadership table

Seat at leadership table

- Weekly Huddle
  - Administrative Team
  - Institute Administrator
  - Institute Finance Director
  - Nursing Director
  - Department Administrators
  - Executive Director, CHN
  - Education Administrator
  - Research Administrator
  - Human Resources Business Partner
  - Director, Outreach Programs
- Schedule and key events
- Updates on major initiatives
- Priority setting
Seat at leadership table

- Monthly Business Reviews
  - Institute Leadership Team
  - Department Chairs
  - MD Section Heads (including Nutrition)
  - Nursing
  - Administrators
  - Finance
  - Executive Director, CHN
- Strategic planning
- Quality
- Safety
- Patient experience
- Access
- Financial performance

Seat at leadership table

- Staffing Committee
  - Membership
    - Administrators
    - Nursing Director and Manager
    - Executive Director, CHN
    - H.R. Business Partner
- Review, assess and approve requests for new and replacement administrative and clinical positions
- Assist in development of staffing ratios
Seat at leadership table

- Management meetings
  - Attendees
    - Administrative managers and supervisors
    - Nursing managers
    - CHN Director and Managers
      - Cindy Hamilton, Executive Director
      - Jill Brown, Manager
      - Mandy Corrigan, Manager
      - Bob DeChicco, Manager
      - Bonnie Rigutto Javurek, Manager
      - Naomi Barbor, Program Manager
      - Sue Kent, Clinical Systems Analyst
    - Human resource and employee engagement focus

Seat at leadership table

- Monthly one-on-one meetings, Executive Director CHN
  - Institute Administrator
  - Finance Director
What we know

- Nutrition is a key service line throughout enterprise
- Dietitians are uniquely qualified:
  - Facilitate improvements in quality, patient experience and access
  - Enhance health of employees
- Executive Director, CHN, is an active and engaged member of DDSI leadership team
- Center has contributed to numerous strategic initiatives

Care Affordability Project (2014)

- Scope/Objective: Review of Center for Human Nutrition for transformational inpatient and outpatient opportunities at all locations
- Team members:
  - Executive Director, CHN
  - Institute Administrator
  - Finance Director
  - Finance Manager
  - Registered Dietitians
  - Project Manager
Project Work Stream

- Recommendations:
  - Outpatient/service consolidation (Approved)
  - Clinical insource vs. outsource (Approved)
  - Skill mix optimization (Approved)
  - Review non-CHN RDs

- Savings realized = ~$400K

Language of Administration and Finance

*Budget *Revenue *Charge *Net revenue
*Operating income *Operating expense *Cost
*Direct cost *Indirect cost *Fixed cost *Variable cost *EBIDA *Contribution margin *Net income
*FTE *Variance *Denials *Strategy *Planning
*Metrics *Ratios *Business plan *Capital *E&Ms
*Dashboard *Realization rate *Data mart
*Templates *Restricted *Unrestricted
Language of Administration and Finance

• “What is the cost?”
  - Do you mean cost to the patient?
    • Fee or charge
  - Do you mean cost to the hospital?
    • Expense

Language of Administration and Finance

• Budget: financial plan for a reporting period (annual/monthly)
• Charge: Fee or price for a service

• Revenue:
  - Gross revenue = Volume x charges
  - Net revenue = Gross revenue x contractual payment rate (varies by payer – government, commercial, self-pay)
Language of Administration and Finance

- Expenses
  - Direct: Directly associated with service provided
  - Indirect: Not directly associated with service (utilities, environmental services)
  - Fixed: Does not change based upon volume
  - Variable: Changes based upon volume
- EBIDA: Earnings before interest and dividend amounts
- Contribution margin: Net revenue – direct expenses
- Net income/loss: Contribution margin – indirect expenses

Malnutrition Initiative

- Keys to engagement with Enterprise Leadership
  - Align with organizational priorities
  - Identify a champion
  - Develop a strong business case
    - Opportunity for revenue enhancement
    - Benefits outweigh costs
Malnutrition Initiative

- Cleveland Clinic Priorities
  - Compliance
  - The basics: quality, safety, patient experience, affordability
  - Clinical transformation
  - Access
  - Top of license
  - System integration

Malnutrition Initiative

- Alignment with organizational priorities
  - Compliance
    - Hospital malnutrition addressed in Conditions of Participation of Hospital Regulatory Agencies
    - Hospital has a screening process to identify patients at nutrition risk
    - Hospital has a process to assess nutritional needs of patients who have been identified at nutritional risk
Malnutrition Initiative

- Alignment with organizational priorities
  - The basics: quality, safety, patient experience, affordability
    - Lowers rate of complications
    - Reduces length of stay
    - Decreases readmissions
    - Enhances wound healing

Malnutrition Initiative

- Alignment with organizational priorities
  - Clinical transformation
    - Documentation
    - Problem list
    - EMR enhancement
Malnutrition Initiative

- Alignment with organizational priorities
  - Top of license
    - Dietitians review screening tool
    - Enter malnutrition on problem list
    - Doctor attests to dietitian finding
  - System integration
    - Initially a main campus initiative
    - Plans for regional adoption to all CCHS hospitals

Malnutrition Initiative

Cleveland Clinic Priorities
✓ Compliance
✓ The basics: quality, safety, patient experience, affordability
✓ Clinical transformation
✓ Access
✓ Top of license/caregiver roles
✓ System integration
Malnutrition Initiative

- Identify a champion
  - Leader
  - Influential

- Cleveland Clinic
  - DDSI MD Chair
  - Chief Medical Officer
    - Authority to approve FTEs
  - Medical Director, Payment Reform, Risk & Contracting
    - Leads documentation initiatives

Malnutrition Initiative

- Develop business case
  - Opportunity for revenue enhancement
    - Significant reimbursement received for patients in which malnutrition is a secondary diagnosis
    - Shifts DRG for additional reimbursement
    - Significant margin after factoring in additional salaries and benefits
  - Coding
    - ICD-10 codes used to capture a malnutrition diagnosis:
      - E43: Other severe protein-calorie malnutrition (MCC)
      - E44.0: Moderate protein-calorie malnutrition (CC)
      - E44.1: Mild protein-calorie malnutrition (CC)
Creating a Business Plan: The Ask-Additional RD Staff

- Included all Project details and milestones
- Data showed 14-25 pts/day not being seen (admission screen/not referred to RD) (regulatory issue)-Request 3 RDs
- Financial data quantified malnutrition revenue:
  2013-2014 and Q2 2015
- Reimbursement for malnutrition covers S/W/B with margin

Creating a Business Plan: The Challenge

- Rules of thumb
  - Match revenue with expenses
  - Incremental expenses should be covered by incremental revenue
- Malnutrition challenge
  - Necessitated addition of 3 new Registered Dietitians to each perform 14 – 25 consults per day
    - Incremental expense to Digestive Disease & Surgery Institute
  - Revenue realized in hospital
    - Incremental revenue to hospital (Nursing)
Malnutrition Financial Data

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<th>Current State</th>
<th>Additional</th>
<th>Future State</th>
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<td>Admissions</td>
<td>53,848</td>
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<tr>
<td>Patients Seen by Nutrition</td>
<td>12,977</td>
<td>3,300</td>
<td>16,277</td>
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<tr>
<td>% of Total</td>
<td>24%</td>
<td></td>
<td>30%</td>
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<tr>
<td>Patients per RD</td>
<td>1,100</td>
<td>1,100</td>
<td>1,100</td>
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<td>Registered Dietitians</td>
<td>11.80</td>
<td>3.00</td>
<td>14.80</td>
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<td>Malnutrition Project Revenue</td>
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<tr>
<td>Encounters</td>
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<tr>
<td>Revenue Per Encounter</td>
<td>12,977</td>
<td>3,300</td>
<td>16,277</td>
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<td>Add Rev From New RDs</td>
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<td>New Malnutrition Revenue</td>
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<tr>
<td>New Malnutrition Revenue</td>
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<td>Salary &amp; Benefits for RDs</td>
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<tr>
<td>New Initiative Margin</td>
<td>-</td>
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<tr>
<td>Total Program Margin</td>
<td></td>
<td>$$$,$$$$</td>
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Summary

- In a rapidly changing healthcare environment, nutrition is a strategically important service line
- Engagement of leadership begins at local level
- Enhance business acumen and understanding
- Align malnutrition initiative with organizational priorities
- Identify a champion(s)
- Develop strong business case
Practice Applications

• Meet with your manager and/or hospital administrator regarding malnutrition
• Outline benefits of a malnutrition initiative for your institution, including:
  - Quality of care
  - Patient experience
  - Revenue enhancement
• Seek a Champion
• Prepare and present business case

Thank you

Questions?