

AutoDX 2.0: Automated Diagnosis Capture to Enhance Quality, Efficiency, and Physician Experience

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Problem

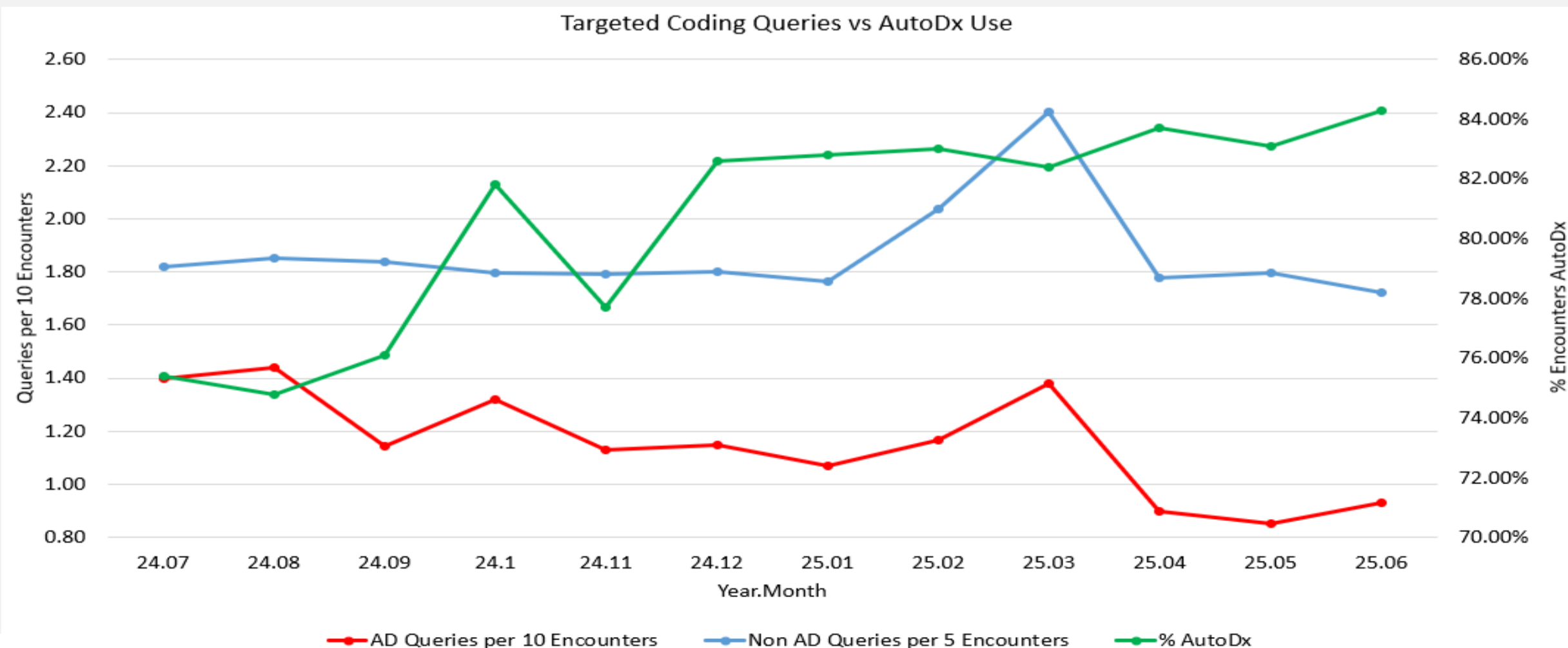
- Accurate diagnosis capture drives case mix adjustment, benchmarking, and hospital rankings (Vizient, U.S. News).
- Current reliance on manual CDI is labor-intensive, inconsistent, and hard to scale.
- Missed diagnoses (e.g., AKI, malnutrition, sepsis) skew risk models, distort outcomes, generate queries, and understate severity.
- Analyses show underreporting of Elixhauser comorbidities and Vizient risk variables, creating clinical and financial loss.

Goal

- Improve capture of comorbidities and risk variables that drive U.S. News, Vizient, and CMS Outcomes.
- Reduce reliance on external vendors, and build internal sustainable tools
- Enhance benchmarking, case-mix accuracy and patient safety.

Intervention Design

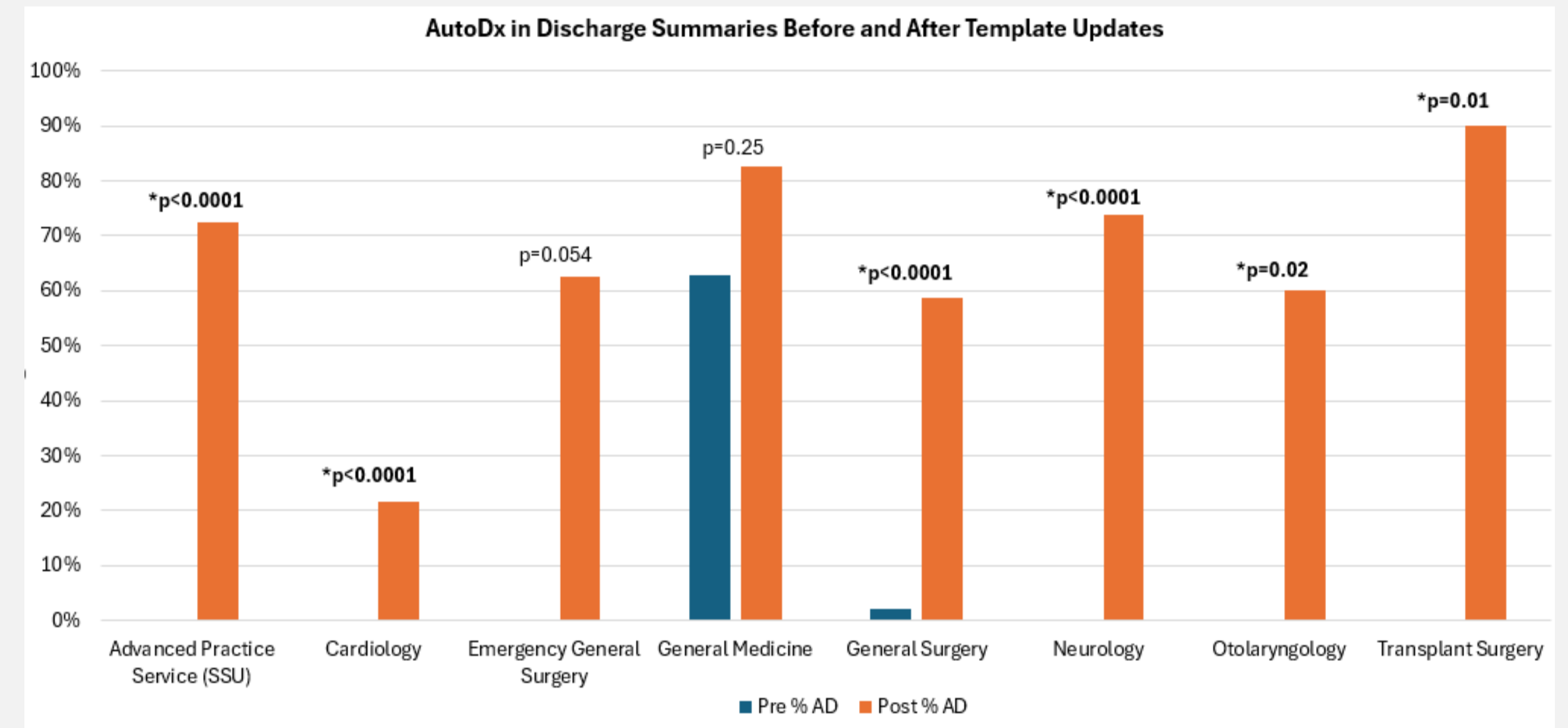
- Prioritization Framework:** Conditions scored on impact (revenue, risk adjustment, mortality/LOS contribution) and feasibility (data availability, logic complexity).
- Algorithm Development:** Logic based on structured EHR fields (flowsheets, lab thresholds, discrete vitals, medications). Narrative-driven conditions triaged to CDI/NLP
- Stakeholder Engagement:** Cross-disciplinary collaboration (CDI, Coding, Clinical Informatics, Quality Improvement, CAIS).
- Evaluation Metrics:**
 - Decrease in number of clinician queries.
 - Contribution to Vizient risk models and case-mix adjustment.



Impact

Discharge Summary Integration:

- Overall improvement: AD documentation rose significantly post-DCS.
- Strong increases in General Medicine, Hospitalists, Neurology, and Trauma.
- Variation: Some services showed little change or declines, pointing to targets for improvement.



Next Steps

- Expand AutoDX to additional high-value conditions in FY2026
- Advance resequencing logic to optimize U.S. News and CMS ranking impact
- Integrate AutoDX outputs into SmarterDX query sequencing and Epic workflow automation.
- Evaluate downstream effects on risk-adjusted outcomes, DRG assignment, and hospital rankings

Acknowledgements

- We acknowledge the contributions of Cheng-Kai Kao, MD, Amy Kratochvil, Kevin Smith, MD, Whitney Westphal, UCM's CDI Team, Quality Analytics, Clinical Informatics, and CAIS teams