Podcast episode transcript: Cheryl Manchenton and Dan Bray

Cheryl Manchenton: Hello, my name is Cheryl Manchenton and we want to welcome you to Solventum's Inside Angle podcast. I am excited today because I am speaking with my friend Dan Bray.

Dan, why don't you tell us a little bit about yourself?

Dan Bray: Well I am a Navy veteran as a hospital corpsman stationed with the Marines, was in the service for about 10 years.

Once I got out of the service, I went to school and became a nurse, worked basically every clinical setting I could, except for, you know, mom, babies, delivery, because, you know, women don't particularly care for men in the delivery room with them.

So did that. I worked mainly in the ED and cardiac cath lab was my specialty. I really enjoyed working in the cardiac cath lab. Then I decided I wanted to be a nurse auditor. So I worked for a large health system in North Carolina as a nurse auditor in the rev cycle side.

And then was told there was a good position for me as a CDI, which I had no idea what that was, and took it. And I have been a CDI since then. and It's just been an awesome transition. and I'm currently working at Cape Fear Health System as the CDI manager and have 22 staff.

So that's me in a nutshell.

Cheryl Manchenton: Great. So what Dan, of course, did not say is that when he joined his CDI I journey, when he went on that journey, I got to train him at his very first job as a CDI at a small hospital in North Carolina.

Dan Bray: Yes.

Cheryl Manchenton: And so that we lost track for a few years and got connected back to our ACT engagement that we're currently in year four five and really excited about their journey and their results.

And similar to Dan, at some point I accidentally got into the world of CDI not knowing what it was and the only difference is I, during my first week of training, decided it was not for me and was looking for a new job but I somehow managed to stick it out and then got the opportunity to work with great leaders like Dan.

So Dan's organization has undergone a lot of changes over the last 10 years, almost 10 years. And one of those was Dan coming and actually becoming a manager at the organization. And Dan, why don't you talk a little bit about what it was like, BD, before Dan.

What was the culture? What did your staff say?

Dan Bray: Well, before Dan, which I will say my staff turned that phrase because there's BD before Dan and AD after Dan, the staff indicated that it was basically siloed.

They had no direction or leadership, that they were self-taught in utilizing the software to its full potential.

Basically, they didn't have the... the learning curve or actually any instruction how to use it. It's for them was very frustrating. And again, this is the input they give yeah gave me. They were basically lost, dark and gloomy and, you know, just didn't feel like they were being recognized for some of the efforts that they were doing.

They were only doing Medicare and that was only at the main campus. And if possible, and I'm being generous, they were doing about maybe 75% of just the Medicare population.

They had archaic equipment, laptops, and they were on the units. And not only were they being CDIs, but they were also part of the nursing staff as well on the floor.

Because when patients or family members would come up to the desk, they would ask them, and you know being patient-centric, we've got to take care of our patients.

Cheryl Manchenton: I think you also told me they kept getting kicked out of their seats every working somebody would make them give up their seat.

Dan Bray: Yes, that was very frustrating. There was no dedicated space for them on the unit, as well as depending upon where they were on the unit, they would also lose Internet connectivity as well, which they would lose the information they'd put into the system and have to start all over, which was, you know, impacting their productivity in their day just creates negativity for them.

Cheryl Manchenton: Absolutely. So, Dan, what was their reporting structure prior to you being the manager? If I heard you right, I think they didn't actually have a CDI manager.

Dan Bray: That is correct. The program originally started in coordination of care or utilization review and then was there about three years maybe and then transitioned HIM and reported to the coding manager who already had a lot on her plate.

You know, being the leader for the inpatient and outpatient and also analytics. So the CDI team didn't really have a true direct report relationship.

Even though, you know, the coding manager was there, she was just had a lot going on with her.

Cheryl Manchenton: Right, so not enough resources, not enough hands, not enough hours to really support them.

Dan Bray: Correct.

Cheryl Manchenton: So they hire a manager. What was the staff response to you coming in? How did they react to you coming in to be their leader? Were they running, embracing you?

Dan Bray: Well, let's just say there was at least one that was glad I was there. The others, I could speak of two that were very standoffish and not necessarily highly receptive to me being on board.

And then there were the other two that were somewhat more reserved.

Yeah, it was just kind of interesting how I got there. But with my charming personality, it changed a little bit.

Cheryl Manchenton: So not only did your staff sort of label the time period BD and AD, they also have identified you with the super world, super powers, I don't know what we're going to call all those people, but they have decided that you're a bit of a superhero.

Dan Bray: Yes, my staff have a very good sense of humor and are awesome. And, they call me the chart crusader. They do not like me auditing their records because always find something. So they have created this special character and it's phenomenal. And what they've done, you know, that's my superpower. I can find things in the record and educate them on it. And it's just a hoot.

Cheryl Manchenton: Absolutely. So when you think about CDI programs and how... we need to run them. And again, knowing that you like superheroes, what do you think are some of the attributes? But what do you think some of those strong superhero powers are that make you a good leader and really makes anybody a good leader, not just you.

Dan Bray: Well, as part of the, you know, the chart crusader, the team actually said, you know, that, you know, I'm faster than an AMA patient disappears, you know, poof.

And, that I'm more powerful than an MCC, you know, able to, what is it, overturn a denial with a single month. So, I mean, they've got all these weird things and humor. I mean, you've got you've got to have a sense of humor in CDI and also in being receptive to your team.

You can't be serious all the time. But when you need to be serious, you should be. I also want to make sure, you know, you know, my staff recognize that, you know, we are human. We do make mistakes that we need to be accountable for it. We need to be transparent.

And that would think, you know, being part of the superpowers, be a good listener and listen to what your team has to say and communicate effectively to them as well.

So I would say that's part of being you know a good superpower of being as a CDI, leader, manager, director.

Cheryl Manchenton: Right. So now you've been a leader of this team since 2016, right?

Dan Bray: Yeah, December of 2016 is when I was hired in my first day of work with Cape Fear.

Cheryl Manchenton: I know in the industry that there's a lot of turnover in CDI and there's always bigger, better, brighter, other program, people always leaving and a high turnover rate. So in your and the six years that I've known you, what's your turnover rate for your CDI program?

Dan Bray: It's kind of non-existent. I've had to actually, unfortunately, let one go because we don't hire from that particular state, even though that individual was with me for almost a year.

That is really technically the only individual I've lost, and that was due to HR issues.

The staff have you know indicated that they treat me as their leader very good. I mean, for my birthday and for boss's day, they are very generous to me as well. But and in turn, I have their back and they know that as well.

Cheryl Manchenton: Right. So how are you able to be such a strong leader? Not just because you have good staff, but how are you able to make things happen and get things done?

Dan Bray: Well, that's a difficult question. To me, I treat others the way I want to be treated, also to make sure that we're all on the same page and making sure that if there are challenges that we find ways to overcome, that if a staff member is bringing something to me as an issue, I also want them to try and bring a solution to me at the same time as well.

I mean, if it's impacting that individual, then what's it going to take to overcome that?

Cheryl Manchenton: So you're saying, one, a lot of good listening and a good interaction. But my point is, in any organization, there's a lot of senior leadership decision-making and control.

And so how do you think that you're able to do the things that you're doing?

Do you get the kind of support you need from your leadership team, your senior leadership team?

Dan Bray: Oh, absolutely. The C-suite, especially our CFO, has just been outstanding. Brett has just been phenomenal and recognizes the importance of a CDI program. When he came on board at Cape Fear, you know, recognized, you know, that there were things that we were lacking and brought in, which has been phenomenal. And very beneficial in getting us to where we are now and the success that we we've done has, I keep saying phenomenal and awesome, but I'm not sure of any other words.

I mean, it's like, you know, whatever superpower or phrase that a hero uses is just has been awesome in that, you know, having the collaboration with the C-suite, our CMO, our CEO, and now our quality department as well in recognizing how coding and CDI works are very instrumental in the success of the health system.

Initially, you know, our quality department was not very engaged and very interactive, but recognized that, you know, when the program came on board that they have to be at the table and involved in the success of the health system and the care for our patients and the documentation reflects that.

That is, what makes a successful program is making sure you have that collaboration and those silos are non-existent.

And that C-suite buy-in and having the hospitalist and the community providers engaged as well has been paramount in our success.

Cheryl Manchenton: So with those community physicians, I know of several institutions where they can't get buy-in from those that are not owned by the hospital. And I feel bad for them, and I feel you know that's a challenge. How do you think, because again, for those that

don't know, the Cape Fear Valley Health System is in Fayetteville, North Carolina, the main campus.

It's a little bit of a rural community and maybe we'll call it an underserved population that don't have all the financial resources they need. And keeping physicians even in that area is difficult in and of itself, right?

And now you're saying, yes, we do have some community providers.

Dan Bray: Yes

Cheryl Manchenton: How do you get the community providers to play along? I mean, it's pretty easy to understand how you get employed physicians to participate and engage, but how do you think you got the community physicians to buy in?

Dan Bray: That was initially a challenge. But when you explain to and show the providers, whether they are your community physicians or health system owned, they recognize the challenge in the fact that if their documentation is not reflective of their thought process and the communication about that patient, then they're doing that patient a disservice as well as doing themselves a disservice in the fact that they can't necessarily bill the appropriate E&M levels as well as the reimbursement for the health system as well and, you know, making sure you're know you're capturing those risk adjusters and the HCCs in the documentation.

And we do audit and we do provide feedback to those providers. And they have, it's been a difficult journey in getting the providers buy-in, but if with patience and continued perseverance, it does happen.

Cheryl Manchenton: And I think you mentioned something about how you give out kudos to some of your providers as well, meaning so a way to recognize them and say, hey, you did a great job. That H&P I didn't have to ask a single question about because it was complete or your operative note was thorough and detailed.

Talk a little bit about that kudos, how you do that.

Dan Bray: Well, it's actually an outstanding process. So it's The CDI reviewers, when they see some documentation and they want to give a shout-out to a provider, they'll let me know.

And we utilize Workday as our, you know, communication tool from HR that tracks you know our benefits and all that. But it's also a way that we can engage anyone in the health system for doing an awesome job.

There's a way that we can give a kudos or a shout out to them. And every quarter, health system does you know recognize that. And there's some drawings and things like that.

I in turn will send an email or even provide a little card like a you know great job. We appreciate all that you do. And I do that to my staff and provide that to them as well in letting them know that you know their efforts are being recognized.

Cheryl Manchenton: How did the providers first respond when the first kudos went to them?

Dan Bray: Well, I think they were kind of in shock to be honest you, because they had never gotten that type of thing before. So it's usually, they're hearing a lot of negativity. So bringing some positiveness into the daily, work day is just, you know, it does create a more of a camaraderie and recognizes the efforts that individuals are putting into their work.

It did shock them at first, but I think they recognize that when they don't get them all the time and that when they're doing something you know good, they're going to get recognized for it.

Cheryl Manchenton: That's really cool. So where are you taking the program? Where are you going to go?

Dan Bray: I have so many ideas and things that we are actually putting in place for our future and where we're going because I would like for our program to be of the best out there.

We're going to be implementing software products in parallel with the revenue denial integrity software also to assist with our denials.

And during the review process, the CDIs will be somewhat flagged on their worksheets as to potential denials that may come up.

Definitely providing a lot more education through the collaboration and also obtaining additional resources for the CDI because I want them to be the best that they can be, and I want them to be successful and have the tools and resources they need.

We are also our med school. I think August of 2026 the start of our first med students at the med school that we have broken ground on and the building is almost completed. It's great seeing that building go up from the ground up for our med school and it's a collaboration with Methodist University in Fayetteville.

Cheryl Manchenton: And your campus doesn't look anything like it did four years ago or five years ago, because you also have a new tower, right?

Dan Bray: Yes, I can't believe I forgot about that. But yes, we built a new tower on top of another tower that gave us about 100 beds. And in addition to that, we've got two helo pads on top of it.

One is for a regular life link helicopter and the other one is for a Black Hawk helicopter, which is usually heavier. So, and we did test it. The Blackhawk does pass and land on that ELO pad.

So it's really kind of cool. But yeah.

Cheryl Manchenton: And why a Black Hawk?

Dan Bray: Well, we have Fort Bragg in Fayetteville, one of the largest military bases on the East Coast.

Cheryl Manchenton: Right, and so because they're there, you might have people being flown in on a Blackhawk, so that's why we have the Blackhawk, right?

Dan Bray: Yeah, yes.

Cheryl Manchenton: So now you have all those extra beds. Does that mean you're going to need more CDI bodies?

Dan Bray: Yes. Well, it does mean that, but I am hoping with the new implementations of the software, it will give me some anxiety relief that it will not require additional staff.

But we'll see what happens with the new software. But yeah, right now I could use additional staff. My staff are very, very even though they're phenomenal, they're very stretched.

Cheryl Manchenton: Right. And of course, long term, what else do you want your CDI program to do or review? What types of patients are you not seeing?

Dan Bray: Well, currently we do not see our psych, rehab, our pediatrics and mom and baby. But we will start seeing our pediatric cases. And then I do have some ideas about possibly looking at psych to help capture more of our HCCs and components there.

Cheryl Manchenton: Easy peasy, meaning I make it sound very easy, but those populations are under reviewed and typically have a lot of opportunity, as you said, in the psychiatric, especially if you think of gero-psych, right?

Gero-psych in particular, you have elderly patients who don't just come in with a mental disorder or, you know, a degenerative neurologic disease. They come with a slew full of medical diagnoses.

And those medical diagnoses are really, again, risk adjusting that visit. And even on your psych reimbursement, those additional chronic conditions that are being actively treated will actually help with the reimbursement.

So it's a, in the CDI world, it's one, we'll call it an emerging we should have been working on it years ago, meaning we as the CDI industry should have been focusing on that. And the same thing with rehab. You have a patient who doesn't come in for an isolated total joint replacement for a three-day rehab stay. You have these complex medical patients, and I think you know the focus, but I think, and I say this because Dan knows I'm also egging him on to do all these things, he's going okay but I think we have to do it in layers I think we have to just set a plan and say okay what is our new expanded population do we have the right people that understand what they need to understand and know what to look for

If we do have to add staff, we're going to add staff, for example, that understand L&D patients.

One of my clients started reviewing NICU, and they actually hired a respiratory therapist. Now, that's going to sound strange, but she was a NICU respiratory therapist. She knew NICU babies.

She knew all the providers. She knew all the staff. She came straight from their ranks. So she knew, one, how to engage with that population. But she also clinically knew what the babies in the NICU are there with half the time or the respiratory issues. She knew what was normal and what was abnormal and what was abnormally abnormal. And she became an amazing reviewer.

She did that at that organization for three or four years. And then she became a big grown-up CDI and is actually now working for another really large organization in their program.

So I think it's finding bodies who have skill and knowledge. You can teach them the coding. We can teach them the CDI. You can't teach them to recognize what's abnormally abnormal and what the doctor isn't.

Again, I never took care of babies. I know you said neither one of us got into that area. My experience with L&D is on the patient end. Never had any babies in the NICU. So I've learned by listening to some of those experts.

And I think as we go on that journey, we're going to find the right resources who know little bit of more. We'll get some clinical experts to fit in. Or you'll have somebody that maybe you've got somebody that's bored looking at heart failure every day.

And they want to branch out and learn something new. And I think we just have to find the right bodies. But I think it's exciting journey. And I've and really enjoyed watching the program grow. What I will say, and I say this for my podcast audience, Dan underestimates himself, but he does something once a year about, haven't actually sat down and counted, but once a year he'll say, “Hey, Cheryl, I have a question for you.”

“Yes, Dan, what's the question?”

“How am I doing? What should I be doing differently? What am I missing? Where do I need to go?” And he's not just saying it to get to, you know, try and get kudos. He's like, no, what do I need to improve on? And I think one of the reasons that that program overall is very successful is because you're always listing, searching, investigating, and saying, where can we go?

The answer is, you too can be a CDI superhero, right?

So Dan, I want to thank you so much for joining me on the podcast today and look forward to our continued long-term partnership.

Dan Bray: Thank you. Same here. I appreciate you having me on the podcast. Thank you.