There's More to Clinical Documentation (CDI) Improvement Than Meets the Eye

What is CDI?
When most of us hear the term “Clinical Documentation Improvement” or CDI, we think of a program that improves the Case Mix Index (CMI) – and thus the bottom line -through the efforts of Coders and Clinical Documentation Improvement Specialists working with physicians to achieve the most complete and accurate documentation of inpatient diagnoses and procedures possible.

In fact, it is so much more! The proliferation of Federal, State and third party payer incentive, penalty and compliance programs, together with the expansion of electronic medical records, and an increased emphasis on Population Health, disease tracking and transitions of care has radically broadened the scope and importance of the modern CDI Program.

Why is CDI important?
Improving the quality of clinical documentation to paint a true picture of the care and services provided to any given patient has always been at the core of every CDI program. Today, the case can be made that a fully functional CDI Program is mission critical for every healthcare setting, PPS and Critical Access alike, and even in the outpatient arena. Here are just a few reasons why CDI is not only important—but an imperative:

(1) Reimbursement has long been based on coded data, i.e. clinical documentation translated by Coders into ICD-9-CM or CPT codes, from which a bill could be generated. In this electronic era, coded data underlies not only reimbursement, but financial penalties and incentives as well as the public face and reputation of an organization: Centers for Medicare and Medicaid Services quality measures, hospital-acquired conditions (HAC’s), re-admissions, pay-for-performance, and value-based purchasing.

(2) This same data is also now widely used for decision making not only within an organization, but also on a State and National level. If this data (based on documentation and coding) is flawed, the ramifications for those organizational and governmental decisions is clear: bad data can lead to bad decisions.
Why is CDI important cont.

(3) Accurate clinical documentation also reduces compliance risks as well as the organization’s exposure to external audit and take-back programs like the RAC.

(4) The Association for Clinical Documentation Improvement Specialist (ACDIS) and the American Health Information Management Association (AHIMA) have both recently identified CDI as a rapidly emerging role for CAH’s, particularly with the inevitable roll out of ICD-10.

The Query Process—The Heart and Soul of the CDI Process

The CDI Specialist may share the query role with Coders, or assume responsibility for the entire process. In many cases, there is a division of labor, with the CDIS primarily responsible for concurrent queries; and the Coders for retrospective queries (which should become fewer in number as the volume of concurrent queries grows).

A “query” is a tool used to facilitate the acquisition of complete and compliant physician documentation. A query is typically used to ask the physician for additional specificity related to diagnoses or procedures, to clarify cause and effect relationships between diagnoses, to address clinical indicators of undocumented conditions, and/or to clarify present on admission issues. Queries may be verbal or written (often templated), concurrent or retrospective, or a combination of all of the above. Verbal queries have the advantage of immediate feedback, and can often be a valuable educational experience for the CDI Specialist or Coder; they also help build relationships. It is important for compliance purposes that even verbal queries be documented.

In some organizations, queries become part of the legal medical record; in others they don’t. In this age of government audits like the RACS and the MACS, it is strongly recommended that queries do become part of the permanent legal record, to provide evidence of an ethical and compliant CDI Program.

In effect, the CDI Specialist is a translator, who uses carefully written queries to bring clinical language and coding language together to create an accurate representation of the patient’s condition, treatment and outcome, without leading the provider.

No matter what the approach, it is imperative from a compliance perspective that the query process be guided by written policies and procedures based on prevailing professional standards; and approved by the Compliance Officer, Medical Staff, and HIM Director.
So... What does a fully functional CDI Program look like?

Experience has shown that there are a number of elements that must be in place, regardless of the size of the organization, to establish a solid foundation for a successful CDI Program. Use the table below to evaluate your program!

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<th>Criteria for Success</th>
<th>Yes</th>
<th>No</th>
<th>Maybe—We’re Getting There</th>
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<td>1. Active, demonstrated support from hospital and medical staff leadership</td>
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<td>2. Recruitment of the right person or persons with the right qualifications for the CDI role</td>
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<td>3. Initial and ongoing orientation and education not only for the CDI Specialist, but for Coders, Case Managers and physicians as well</td>
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<td>4. Written policies and procedures, developed as a collaborative effort between the CDI professional(s), medical staff, Health Information Management (HIM), quality management, case management and compliance, consistent with published professional standards (ACDIS and AHIMA)</td>
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<td>5. A robust and compliant physician query process</td>
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<td>6. Frequent, mutually respectful interaction between the CDI Specialist and the Coders</td>
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<td>7. A structured quality assurance program based on standard metrics and benchmarks</td>
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<td>8. Timely access to credible, reliable, current data: Medicare and Commercial Case Mix Index; DRG's; length of stay, mortality, hospital-acquired conditions, etc.</td>
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<td>9. A CDI Steering Committee</td>
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<td>10. An established Hospitalist program has also been identified as a predictor of success</td>
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The Right Person for the Role — The CDI Superhero!

The CDI Specialist can be a registered nurse, HIM professional or even a provider. The individual must, of course, be familiar with medical terminology, anatomy, physiology, pathophysiology, pharmacology, as well as coding concepts and guidelines, and relevant healthcare regulations, particularly those related to documentation and reimbursement. The CDIS must also be able to effectively analyze a healthcare medical record.

But the CDI Specialist who truly makes a difference is a unique individual, with a blend of knowledge and traits that include not only exceptional people skills, but also the ability to digest and communicate to others a large and dynamic body of knowledge; and the ability to gather, analyze and present data in a manner that encourages positive change.

Ideally, this begins with concurrent review of active patient records, and a collegial query process involving the provider, the CDI Specialist and the Coders. Case Managers who have been provided at least a basic orientation and education in CDI can be an important adjunct to this activity. Attendance at Interdisciplinary Rounds is also beneficial.

After discharge, the CDI Specialist should maintain a close working relationship with the Coders. This consulting role can prove especially valuable if the CDI Specialist is a registered nurse or other clinician, who can complement the Coders’ expert knowledge of coding principles and guidelines. Together this team, through retrospective queries, work together to clarify vague, conflicting or missing documentation; and to review any potential hospital-acquired condition cases.

The CDI Specialist should also conduct periodic audits to assess accuracy of DRG relative weights, length of stay, and capture of co-morbidities and complications.

If the CDI Specialist is not a provider, access to a provider advisor with an interest in the CDI program can be invaluable to both the CDI Specialist and the Coders, not only from a clinical standpoint, but as a liaison to the medical staff.

Because of the nature of the role, the CDI Specialist must be familiar with published professional ethical practices; and refer to current industry standards to guide decision-making and actions. It is highly recommended that the CDI Specialist work closely with the Compliance Officer in the development of policies and procedures, and especially query forms.

The Job

At its most fundamental level, the job of the CDI Specialist is to help providers document as completely and accurately as possible the care they provide, to create a record that reflects true severity of illness, expected risk of mortality, and complexity of care.
Outcomes of a Successful CDI Program

For Patients:
Efficient, high quality care, accurately documented

For Employees:
Greater job satisfaction; Job security

For Providers:
Efficient, high quality care, accurately documented; Credible data used in provider profiles for credentialing, contracts and incentives

For Your Organization:
Improved bottom line; Medpar data that accurately reflects Severity of Illness/Risk of Mortality and the resources used to treat patients; More accurate Case Mix Index (CMI) which assists in commercial insurance contract negotiations, more accurate billing, reduced exposure to government penalty and take back programs; Improved public face and reputation.

And — to quote the 2008 IPPS Final Rule:
“We do not believe there is anything inappropriate, unethical or otherwise wrong with hospitals taking full advantage of coding opportunities to maximize Medicare payment that is supported by documentation in the medical record”.

CDI Resources
Additional resources, including sample job descriptions, policies, procedures, guidelines white papers and toolkits may be found at:

www.acdis.org
(Association of Clinical Documentation Improvement Specialists)

www.ahima.org
(American Healthcare Information Management Association)

About the Author
Adele Hodlin, is the AVP for Quality and Risk at Adirondack Health at Saranac Lake/Lake Placid, NY.

A Registered Nurse, she founded the Northeastern Quality Assurance Association (NEQAA) in 1981 and served as its first President. She was the Regional Representative to the New York Association of Quality Assurance Professionals (NYAQAP); and Editor of the NYAQAP Newsletter.

Adele is a Certified Professional in Healthcare Quality, with a BS and MS in Psychology. She is a graduate of the Disney Institute for Service Excellence. In 2012 Adele was inducted as a Fellow through the American Hospital Association-National Patient Safety Foundation Comprehensive Patient Safety Leadership Fellowship.