



As part of the fifth annual Clinical Documentation Improvement Week, ACDIS has conducted a series of interviews with CDI professionals on a variety of emerging industry topics. **Rita Fields, RN, CCDS, CDI program director** at Baptist Health in Louisville, Kentucky answered the following questions regarding CDI program growth. Contact her at [rita.fields@bhsi.com](mailto:rita.fields@bhsi.com).

**Q When did you first get involved in CDI and what was your CDI program's focus?**

**A** I started my CDI career about seven years ago. We are a seven hospital system, but each facility CDI department operated independently of each other. The program at my hospital had more of a financial focus looking to capture the CC/MCCs. We didn't know to look for documentation to improve quality and outcome scores. Once I became involved in ACDIS, I learned that we needed to lose the mind-set of just capturing CC/MCCs, and shift our focus to overall quality of documentation.

**Q How has the focus of your CDI program changed over the years?**

**A** In the beginning, although we have seven facilities in the system, only five had a traditional CDI department. Some departments reported up to case management, and others were under HIM. Then,

the corporate decision was made to centralize the management and move all CDI programs under HIM. After our departments were systemized, we quickly learned that there were inconsistencies among the tracking mechanisms, levels of education, and work flow. Some had primarily a case management focus, some HIM, and some financial.

In the past two years, we have put in place a traditional CDI program in the two facilities without CDI. We have shifted the program's focus system-wide to quality. We have provided education to all our CDI staff to ensure everyone received a consistent level of education. We are also in the process of getting the same tracking mechanisms in place at each facility.

**Q How has your CDI program kept up with changes in the larger industry?**

**A** We hired an outside consulting agency to come in and provide our teams with ongoing education

and remote support. We also developed facility-based steering committees, where we work with quality, case management, dietary, and other departments to improve overall quality in patient care. We encourage and pay for our staff to attend their local ACDIS and AHIMA meetings, and any facility-based education offered at their facility. We also encourage and pay for staff to obtain their CCDS certification. Additionally, we are also offering another ICD-10 Boot Camp to ensure success with the ICD-10 implementation.

**Q What do you think is the most important thing for a CDI specialist/manager to do to stay informed about industry trends?**

**A** The most important thing for a CDI manager to do is to stay abreast of all of the quality initiatives being developed by our government. It is also important for managers to make sure staff are aware of the initiatives and shift our work flow accordingly. We are also in the process of developing a physician advisor program.

**Q What do you think CDI programs/staff should track in terms of data to show program effectiveness and opportunities for growth?**

**A** There are a lot of different metrics that can be tracked. At times, it may seem difficult to narrow down what is needed. Personally, I feel programs need to track the query response rate to evaluate physician buy-in and the level of education needed at each facility. Physicians not responding to queries could

potentially result in poor and incomplete documentation that could affect quality reports and mortality scores.

**Q Where do you think the greatest opportunities for CDI program growth lay in 2015?**

**A** I feel the biggest opportunity is in outpatient CDI. We are in an age where CDI is faced with documentation across the continuum, both ambulatory and inpatient. With expansion of recovery auditors into the outpatient arena, there is a growing interest in outpatient CDI programs, whether in the [emergency department], another ambulatory setting, or in physician practices. There are great opportunities with documentation to reduce denials and increase risk adjustment scores.

**Q When CDI programs identify target areas, what are some of the typical obstacles they face in obtaining administrative support for program expansion?**

**A** Our biggest challenge is effectively communicating to all stakeholders the benefit of a robust CDI program. We are hoping to improve communication by implementing steering committees at each facility, and we will work more collaboratively with other departments and provide education on how essential the CDI program is to each facility.

**Lorri Sides, RN** is the Senior Director of Product Management at Optum360. She has more than 15 years of healthcare experience. Here, she describes the importance of evaluating a CDI program, and to set goals and map out a plan for growth.

With increased focus on reforming healthcare, it is no surprise that CDI programs are facing monumental changes. These changes are being fueled by evolving reimbursement models, increased focus on medical necessity, the impact of the electronic clinical record on provider documentation and intentional penalties related to the quality and efficiency of care being provided within America's healthcare setting. There is clear direction that CDI programs must change, however the roadmap needed to drive program evolution is still very unclear.

In order to consider future expansion of your CDI program you must first understand current state. While advanced programs may be positioned well for substantial growth, others may have additional opportunities in regard to current focus. Although the idea of program growth and the potential for additional impact is invigorating, you shouldn't overlook the optimization of your current state in your future planning.

A key step in identifying your programs roadmap for growth should be a detailed analysis of the many options for expansion and the benefit of a broadened focus. This analysis should include benefits to your patients, as well as your organization. Clearly, there are multiple opportunities for growth, but not all of these will make sense for your organization or even specific hospitals within a large IDN. There are many considerations when defining your program growth roadmap, to include current and future contracted reimbursement models, payer mix, quality metric performance, and other benefits to expanding the program outside of your current program focus. A cross collaboration between CDI, coding, quality, case management, utilization review, compliance, clinicians and other stakeholders is crucial to your success..

Historically program growth was often focused on increases in staffing and increases in reviews. This alone will not provide a successful path for program growth.

Broadening the focus of your CDI program may mean increased staffing, however most organizations recognize that a dependency on increased FTE's may limit program growth initiatives. In order to determine the feasibility of growth, closely consider the cost versus the expected benefit. This should include staffing models, tools and a risk mitigation plan to assure current program success is not at risk.

Many programs are lacking effective tools and workflows to support program growth. In order to grow your program, tools to provide CDI review efficiencies, workflow prioritization, cross team collaboration and reporting are crucial to your success. Traditional tools and the use of these tools must evolve with your program.

Many organizations looking to expand their program understand traditional CDI key performance indicators alone will not reflect the benefits of the expanded program. However, understanding how to measure the impact and benefit for items outside of MS DRG and SOI/ROM is not clearly defined at this point. For all items identified in your growth roadmap there should be a clear benefit defined and plans for how to measure impact.

Looking back, many CDI programs were insistent on maintaining a very specific focus for their teams. This change in focus not only creates educational needs for current CDI staff and physicians, but also a significant need for change management across the organization. The CDI program of the future requires a collaborative approach across the organization and a commitment to complete and accurate documentation that is reflective of the patient acuity, care provided and the patient outcome. The traditional boundaries between individual departments with their own vested interest in the clinical record are converging. The common denominator for growth is a patient encounter and the resulting clinical documentation.