



## Changing role of CDI specialists

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As part of the third annual Clinical Documentation Improvement Week, ACDIS has conducted a series of interviews with CDI professionals on a variety of emerging industry topics. **Laurie Prescott, MSN, RN, CCDS**, a CDI education specialist for HCPro, Inc., in Danvers, Mass., answered the following questions regarding the changing role of CDI specialists. Contact Prescott at [lprescott@hcpro.com](mailto:lprescott@hcpro.com).



**What are your thoughts on new and upcoming healthcare reform initiatives (i.e., Value-Based Purchasing [VBP], bundled payments), and how do you think these will impact the CDI profession?**

**The impact of these initiatives on the CDI profession is already evident. One need only search for available positions in CDI to see the demand for experienced CDI specialists.**

Health-care providers understand the importance and influence of the medical record and how this written record translates to the coded data used to evaluate quality measures and an organization's VBP scores. For this reason, many hospitals are initiating new CDI programs or are expanding already-existing programs. Our work as CDI professionals is invaluable in ensuring that the record accurately reflects the patient's severity of illness and risk of mortality. We work to ensure that the assigned diagnoses support the resources used during the patient stay. These efforts assist in innumerable initiatives that affect the success of the organization, to not only including the initiatives mentioned above, but also medical necessity and denials management.

I personally have seen how CDI efforts help facilities manage new healthcare reform initiatives at my previous facility. In 2007, when I first switched to the CDI role, the focus of the program was on

CC/MCC capture. Everyone wanted to see the case-mix index increase. The focus was on increasing reimbursement. Although capturing appropriate data for accurate reimbursement is still a focus, the organization now sees the greater value of a complete record which truly reflects the patient's acuity and severity of illness. In the early days of the program, I often heard physicians voice concern about how my work was primarily intended to influence the hospital's bottom line. They often remarked that there was nothing in it for them and asked me why they should care.

Later, CDI staff began discussing how the same data used to rate hospital quality metrics is used to evaluate physician quality measures, too. As the staff began to illustrate how important the medical record is in supporting that data, the physicians became more motivated to listen and respond to queries. It was interesting to watch this change occur.

As such initiatives grow in influence, the role of the CDI specialist will grow and develop as well. Those in the profession must be continually aware of new information, seek to understand changes in government reimbursement structures and incentives, and apply this information to the level of detail required in the medical record—and then they need to share that understanding to their daily reviews and interactions with hospital staff.

As the CDI profession continues to grow, I see the CDI specialist

being a great resource throughout their organization, working with a variety of departments to ensure we have an accurate and complete medical record that can translate into accurate, complete coded data.

**Q** **How do you keep seasoned CDI specialists motivated and engaged in their work?**

**A** *Most CDI specialists have a very engaged personality. Because it is a relatively new profession, it has attracted people who enjoy the stimulation of change and seek experiences that are “new and different.”* This type of individual often seeks out his/her own challenges. However, if someone of this nature receives little in terms of resources and support for their continued education, he/she could be less motivated, less engaged.

The organization needs to support the CDI staff members in their professional growth and development. CDI staff should also be encouraged to obtain relevant certification (CCDS, CDIP, CCS, for example). Membership in professional organizations like ACDIS and AHIMA, professional development time off to attend local ACDIS chapter events, can motivate staff and keep the program itself vital. Opportunities for further education need to be made available. There is a wealth of information regarding coding guidelines, ICD-10, CMS quality initiatives, etc., that CDI staff need to learn. The more the facility management supports this type of learning and engagement with other CDI professionals, the more the individual CDI staff will be aware of their value to the organizational success.

I know personally, to remain motivated and engaged I must see a purpose to my efforts and feel that I contribute to the success of my organization. I do not need necessarily need awards and formal recognition, but it is important to me that I feel valued and appreciated for my efforts and that I am seen as a resource and advisor.

**Q** **What are some of the next steps for CDI specialists that have mastered the basic queries (i.e., heart failure, kidney disease, acute blood loss anemia)?**

*My advice to new CDI specialists is to read, read, read, ask questions, and seek educational opportunities. There are so many people to assist in this process. I began as a nurse with no experience or understanding of the process of coding.* I find the more time I spend with the coding staff, the more I learn and the more I can apply to my chart reviews and queries. Learning how to use coding references, books, etc. is so important. The more I can understand of this language, the better I can “translate” when working with the medical staff. I used to regularly review the retrospective queries assigned by the coders to see where I might have missed an opportunity and to understand what they require to finish a record. I frequently seek out the coding staff as resources when completing a review. The relationships I have developed with the coding staff have been invaluable to me.

On the clinical side, learn from your medical staff. Round with them; ask them to explain the pathophysiology of a disease process. Ask them why they have chosen a specific medication, diagnostic test, treatment modality. Just ask questions, lots of questions. If you are weak in anatomy, physiology, or pharmacology, take a course or seek out other learning opportunities. This knowledge will only raise the quality of your reviews and accuracy of your queries.

Lastly, network and shadow other CDI professionals. Become a member of a local chapter; follow “CDI Talk” and the ACDIS blog to learn how others perform their roles and what trends are growing within the broader healthcare community. Be active and engaged—it takes energy and time, but you will benefit greatly.

**Q** **Do you recommend that CDI specialists branch out into other review areas like quality metrics, PSIs/HACs, or medical necessity?**

*This is a tough question. It is easy to say yes, the CDI specialist should be involved in all of the above; our work can influence these factors greatly. But on the other hand, one must also measure that against existing demands and the staffing needs.* One can become spread too thin to effectively succeed in any measure. Without understanding what’s involved in the review/query process, it’s easy to think that the CDI specialist can expand to cover all the needed areas of review: “After all, s/he is reviewing the chart already..”

We, as CDI professionals, need to assert ourselves when the demands actually impair our ability to function well. To communicate this concern professionally, we must recognize how our efforts complement the efforts of quality monitoring, PSIs/HACs, and medical necessity review. We need to describe how we can assist in these processes yet also be aware of what the primary expectation and focus of our reviews actually is.

I believe the answer to this question is specific to the organization, staffing demands and needs of the CDI department, and the skill set of the individual CDI specialists involved. What works for one individual or one organization may not work in another. The size of the organization, support systems in place, education and training of individuals, and the organizational model all will influence the answer.



**What is your impression of the opportunities available for CDI specialists in the broader healthcare industry?**

*This answer may appear vague, but I see the opportunities at the present time as limitless. There are so many initiatives involving reimbursement, quality measures, VBP, based on the data obtained from the medical record.* With the upcoming changes of ICD-10 and little understanding of how the code change will affect the healthcare industry in addition to other healthcare reform efforts, the future is wide open.

CDI specialists need to stay abreast of changes and continually look for areas in which to expand. Presently, most programs focus only on inpatient records, but many are beginning to expand to observation patients, ED, clinics, etc. Anywhere documentation in the medical record is used to make decisions related to care, reimbursement, or quality, CDI efforts are warranted. This influence will expand past the traditional hospital and will reach into all areas in which healthcare is provided. I think it is quite exciting.

## Electronic records and systems mean expanded roles for CDI staff of the future

*Michelle M. Wiczorek, RN, RHIT, CPHQ, is a product manager for Optum Clinical Documentation Improvement Module. She has more than 25 years of healthcare experience in a variety of clinical, administrative, technical, and leadership roles. As a registered nurse, she has practiced in critical care, cardiology, and ambulatory care with roles as nurse manager and clinical educator. Her most recent experience is in software product management working with clinical revenue cycle products, including an emphasis on artificial intelligence, computer-assisted coding technology, and CDI software.*

Much as it will redefine many other healthcare roles, the implementation of electronic health records and electronic query systems will dramatically change the expectations for CDI specialists in the coming years. The electronic record makes it easier to discern nuggets of information so that the CDI specialist will spend less time nose down in the record and more time out on the floor interacting with the physicians and other staff—more time troubleshooting and educating individuals about what elements are needed in the record and how the data is used.

I really see the role of the CDI professional evolving to one where they work elbow to elbow with the physician to help get everything that has been done in terms of patient care appropriately reflected in the medical record.

Today, CDI efforts are an amalgamation of human integration and interrogation of paper and electronic elements required in a hybrid environment. The CDI specialist reviews an electronic record, determines the need for a query, creates a paper query, and leaves it for the physician. In the world of the electronic health record, the average chart contains so much more information than was ever included in the record 10 years ago. How can the human brain encompass all of that? In the future, technology will force healthcare professionals to read a record differently than ever before. Programs will be able to highlight particular conditions and bring them to the



## Electronic records and systems mean expanded roles for CDI staff of the future *(cont.)*

CDI specialists' attention. Soon, CDI specialists will be able to concentrate on the complex conditions and the complex cases. Soon, CDI specialists will be able to spend more time looking at the data and using the data to work with physicians to improve documentation.

If there is no existing CDI program in place, now is the time. If there is a program in place and CDI staff members are not involved in electronic record implementation, they should be. Leverage existing knowledge on all sides to make sure that the appropriate specificity will be available as physicians and healthcare organizations adapt to this changing landscape.

CDI specialists will need to use the collection of data to illustrate how to improve the quality of patient care. When CDI staff can use data to speak with physicians about quality ranking and its relationship to value-based purchasing, there can be a dramatic impact in terms of physician buy-in. Suddenly, the documentation improvement efforts become worth it to them. When CDI specialists can take that information to the next level and illustrate quality trends over time and use the various streams of data to help the physician present the most accurate reflection of care, it will have a tremendous effect.

The CDI specialist will look at how all the documentation is coming together from all avenues. Where organizations will be most successful in their implementation of technology is where they blend different types of professionals doing CDI—including coding, nursing, and technological expertise on the team. While some programs may see the technological advancement as an opportunity to go "remote," letting CDI staff members work from home, these programs could fall down without the one-on-one, face-to-face interaction.

Essentially, the shift to the electronic health record and electronic query universe is not unlike the move to computer-assisted coding. Coders were anxious that computers would take over their jobs, but that just isn't the case. Just as it was for coders, electronic tools are just that—tools. The key is to leverage these tools and look for additional opportunities for program growth.

CDI programs are no longer a place for nurses to slip into a typical nine-to-five job. The future CDI specialist will need to be a complex person, someone who enjoys critical thinking and analysis. Adaptability will be the key to success in the CDI profession, and effective CDI programs will be instrumental in an organization's success as well, particularly with developments in various healthcare reform initiatives and ICD-10 implementation.

The pace of change in healthcare reforms, coding initiatives, and technological advancement is going to be fast. There is going to be vast arrays of data collected that will ultimately modify best practices of how we care and treat patients in our communities. And those practices will only be as good as the information we collect.

It is going to be a fast-paced environment. CDI specialists need to keep up and thrive.

