FROM THE FORUM

Combining CDI and case management roles

CDI professionals know the situation well. They do excellent work in one area and then are asked to take on additional roles as a result. If they made a difference with X, why can’t they do the same for Y?

Recently, the conversation came up on the ACDIS Forum as to whether CDI and case management/utilization review (UR) could be combined into one role since both groups review charts already, with mixed feedback from Forum members.

“Hutchinson Health Hospital does both UR/CDI,” said Tami Nelson, RN, CDI/UR team lead at the Minnesota facility. “We are a fairly small hospital, so this model works great.”

Often, when CDI professionals work in small, community-based or critical access hospitals, they perform other duties (such as case management/UR) out of necessity.

“Working in a critical access hospital lets you get your feet wet in a lot of different areas,” according to Ellen Shriver, RN, CCDS, who previously worked as a CDI specialist, RAC coordinator, inpatient coder, and auditor for Boone County Health Center in Albion, Nebraska, on an episode of ACDIS Radio. When resources and personnel are sparse, CDI professionals are often expected to pitch in wherever needed.

While this model may be successful for smaller facilities, at larger organizations the combined duties can become unwieldy, leading to one role taking precedence over the other, said Cynthia Mead, RN, CCDS, a CDI specialist at Flagstaff Medical Center in Arizona.

“We found that when CDI and UR were combined that the UR role always took precedence. I think it might work at smaller hospitals when admissions wouldn’t support a full-time staff, but it didn’t work well at our 300-bed system,” she said.

“We had a combined CDI program and had issues with it. All of the department resources and education were geared toward the case managers,” said Jennifer Walts, RN, CCDS, coordinator for CDI at St. Joseph’s Health in Elbridge, New York. “I am sure it can work well, but I think you need management that understands the value of CDI.”

It’s also important to remember the distinct knowledge expertise required of both the CDI and case management/UR roles. Though both groups examine medical record documentation, they come at it from different angles and for different purposes, says ACDIS Advisory Board member Paul Evans, RHIA, CCDS, CCS, CCS-P, the CDI leader at a large healthcare system in San Francisco.

“My belief is that in order to be effective as a CDI, one needs very specific education, support, and guidance,” he said. “Some executives may innocently underestimate the precise nature, skill, and level of education staff need in order to work compliantly as a CDI professional.”

Echoing Evans’ thoughts about compliant CDI, Laurie L. Prescott, RN, MSN, CCDS, CDIP, CRC, CDI education director at HCPro in Middleton, Massachusetts, also had concerns about how each role—case management and CDI—contributes to patient care differently.

“In my mind, the case manager is considered part of the patient care team—involved in discharge planning efforts, etc. The CDI should not be an active part of the care team; this could be seen as the CDI influencing the care to manipulate the DRG assignment,” she said. “The roles mirror each other, but they have different focus.”

Ultimately, the thing that helps a CDI team to succeed is leadership understanding of their unique needs and skills, Forum commenters agreed.

“The more one expects from the CDI team,” said Evans, “the more time, support, education, and energy a CDI should be provided to meet expectations.”

Editor’s note: This article’s content was taken largely from recent posts on the ACDIS Forum. To participate in the Forum, click here. If you have any questions regarding this or the Forum in general, please email ACDIS Editor Linnea Archibald at larchibald@acdis.org.