

Do not let documentation disconnect fester

Four principals to help you explain your CDI program's value to unsure physicians



by Wendy Whittington,
MD, MMM

Physicians are grappling with understanding what all of the changes in healthcare mean for their patients and themselves, and CDI efforts are part of that equation.

I am privileged to be part of the faculty group that teaches physicians in the Masters of Medical Management program at Carnegie Mellon University in Pittsburgh. As we just wrapped up with a group of new graduates, it was really interesting to hear their take on how hospitals and physicians get paid and on the role of good clinical documentation.

I spend a lot of time around physicians who are working on advanced degrees, making an effort to understand our changing environment and, in many cases, to be part of that change.

It amazes me that even among this group of physicians, there is still quite a disconnect about the importance of excellent clinical documentation and how that documentation is tied not only to reimbursement, but also quality reporting, pay for performance, and more.

In addition, there is often a lack of understanding about how sound CDI principles should be tied to our efforts to move forward with ICD-10, our race to install and optimize electronic health records (EHR), our participation in health information exchanges, and many other moving parts coming in the era of the American Recovery and Reinvestment Act and the Health Information Technology for Economic and Clinical Health Act.

I agree completely with what has already been written in the *CDI Journal* by other ACDIS contributors. As CDI specialists, we must be cautious that we don't bog physicians down with a level of detail that they don't necessarily need.

In order to maximize physician engagement and enlist the support of an ever-increasing number of physicians who are making the switch into the role of physician executive and

leader, I recommend CDI professionals adhere to the following basic principles:

1. We must align CDI programs with EHR installation/optimization and ICD-10 implementation efforts. Although some believe that EHRs will cure all physician documentation ills, unless CDI professionals ensure the needed documentation prompts are actually included within the software, it will not help physicians or coders in the end. Furthermore, the specificity needed to assign codes in ICD-10 will increase exponentially. CDI specialists need to understand these additional documentation needs and incorporate them into their regular practices.

2. We need to help physicians understand that while the coding and payment mechanisms may be different in their private practice than they are in the hospital, we can work together to find a common language that serves us well in various environments (read a related article by Glenn Krauss on p. 15). Furthermore, CDI specialists must reinforce the fact that providing excellent clinical documentation is an integral part of providing the best patient care possible. It is not just something to boost hospital reimbursement.

3. The basic principles of clinical documentation remain the same and are in the best interest of patient care. This is true regardless of whether we work in a community hospital, in an academic medical center, or with APR-DRGs, MS-DRGs, or another payment methodology. Clarifying how certain words and phrases are defined by clinicians and then translated into codes by coders can be an excellent exercise for team building as we define clinical pathways and embrace evidence-based medicine. We need to be clear about the use of our language for reasons that extend beyond proper DRG placement.

4. Physicians need to understand why CDI specialists do what they do. This is the most important concept of all. Physicians are more likely to embrace a CDI program when they are part of a collaborative process that rolls out CDI efforts in an organization. 🌸

Editor's note: Whittington is a director with Navigant Healthcare in Dallas. Contact her at wendy.whittington@navigant.com.