Q&A

CDI WEEK

Staffing

As part of the eighth annual Clinical Documentation Improvement Week, ACDIS has conducted a series of interviews with CDI professionals on a variety of emerging industry topics. **Irina Zusman, RHIA, CCS, CCDS,** *director of HIM coding and CDI initiatives at NYU Langone Health in New York, a member of the New York City/Five Boroughs chapter of ACDIS, and a member of the ACDIS Advisory Board, answered these questions on CDI and technology. Contact her at* Irina.zusman@nyumc.org*.*
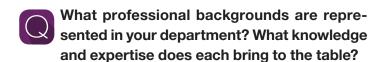
Q **What do you look for in a CDI specialist when you're hiring someone new?**

A CDI is very unique as a profession. Unless someone had previously worked in CDI before, the applicants will not have a full skill set, but we are ready to train an appropriate person. We are looking for either clinical or coding expertise, good communication skills, and whether the candidate is willing to learn.

Q **According to the 2018 CDI Week Industry Survey results, 78% of respondents' programs require a clinical credential for hiring as a CDI specialist. Does your program require any specific credentials? Why or why not?**

A We require an MD, RN, or CCS with a certain number of years of experience. We also employ foreign-trained MDs. We believe that professional certificates demonstrate the knowledge base acceptable for the industry. We encourage our employees to obtain CCDS or CDIP certification when they are ready as well, regardless of their professional background.

Q **What professional backgrounds are represented in your department? What knowledge and expertise does each bring to the table?**

A All our clinicians bring their clinical expertise, which is very diverse, considering that they all worked for different services (cardiology, orthopedics, infectious diseases, etc.). We do not have a requirement for our staff to have any intensive care unit experience and feel that the skills our staff have complement each other.

Coding professionals bring to the table their knowledge of coding guidelines and understanding of DRGs and other payment methodologies.
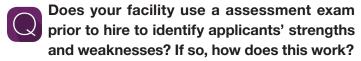
We are now heavily involved in analytics as well and have recently created a position of CDI analyst, which we hope to fill in the near future.

Q **In your opinion, what's the hardest thing for each background to learn about CDI when they transition to the role?**

A I think that the hardest things for clinicians is the realization that they are now on the business side of the hospital operations and understanding of strict demands of the coding language.

Coding professionals have to enhance their clinical knowledge, but the hardest thing for them, in my opinion, is developing their communication skills and the necessary level of confidence to communicate with the providers. It is no secret that many physicians still do not trust coding professionals to have the necessary clinical knowledge.

I feel that the shift is in the air, though. As the importance of data is now on the rise in healthcare, everybody is coming to realize how much the accuracy of coding can affect the organizational reputation in the outside world.

Q Does your facility use a assessment exam prior to hire to identify applicants' strengths and weaknesses? If so, how does this work?
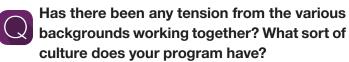
A Yes, we do have a short assessment, but we rely more on the personal impression the candidate makes. The assessment is mostly used to define how the training for each particular candidate has to be structured.

Q How do you train new staff, and what type of training do you provide those who've been working in your program for multiple years?
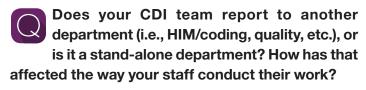
A We have a training manual that is updated on a regular basis. The newly hired CDI specialist starts by shadowing an assigned mentor (a seasoned team member) for a while.

We order webinars to keep our staff abreast of the latest developments, too (I have been an HCPro Loyal Listener for many years). They also take turns attending the ACDIS Conference and other events.

Q Has there been any tension from the various backgrounds working together? What sort of culture does your program have?
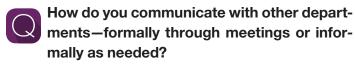
A We always encourage professionals with different backgrounds to work together. The more people know about the other side, the less grounds for disagreements they have. I believe that our organizational structure where coding and CDI professionals belong to the same department is extremely beneficial for the development of the cohesive team.

Q Does your CDI team report to another department (i.e., HIM/coding, quality, etc.), or is it a stand-alone department? How has that affected the way your staff conduct their work?
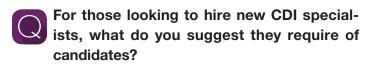
A We are a part of the HIM department. I report to the senior director of HIM, and both coding and CDI teams report to me. Through the years, we cultivated and promoted better understanding between the two teams, and I am very proud of the results we achieved together.

Q How do you communicate with other departments—formally through meetings or informally as needed?

A We collaborate with many other departments—case management, quality, finance, etc. We use both formal and informal lines of communications. CDI is also represented in different committees—process of care, sepsis oversight, value-based measurement task force, etc.

Q Do you have other roles/titles represented in your CDI department, such as auditor, educator, etc.? How do they contribute to the team?

A We have a role of CDI/coding liaison whose main responsibility is facilitating modifications to clinical documentation through extensive interaction and acting as a liaison between the clinical documentation program team and the coding team. Initially this role was created for review and making decisions on tough situations when the CDI and the coding professional could not come to an agreement, but now our liaisons are involved in pre-bill reviews of hospital-acquired conditions, patient safety indicators, and other complex cases. They also identify documentation trends and educational opportunities for both coding and CDI teams.

Q For those looking to hire new CDI specialists, what do you suggest they require of candidates?

A Look for the right person, not the type of credentials this person has.