

Q&A

Career advancement



As part of the fourth annual Clinical Documentation Improvement Week, ACDIS has conducted a series of interviews with CDI professionals on a variety of emerging industry topics. **Dana Walker, RN, BSN**, is a clinical documentation improvement specialist at Cone Health at Alamance Regional in Burlington, North Carolina. She earned her bachelor's degree in exercise science from UNC Wilmington and her nursing degree from UNC Chapel Hill. Walker worked in a pediatric surgery unit at the North Carolina Children's Hospital, as well as a clinical research coordinator at a cardiology clinic recruiting patients and carrying out medication trials, before becoming a CDI specialist four years ago. Walker answered the following questions on career advancement. Contact her at dwalker2@armc.com.

Q&A

What is your opinion on the growth outlook of the CDI industry as a whole? Bright, dim, or somewhere in between?

I believe the outlook for CDI is extremely bright.

As word spreads around the hospital among administrators and directors about CDI, our demand becomes higher. We have a unique ability to be able to affect just about every number, data, and statistic associated with hospitals and patients.

This industry began with a seemingly simple concept of improving the quality of the inpatient medical record, thereby improving reimbursement. In the four short years our facility has had a dedicated CDI program, we have expanded from performing simple inpatient Medicare reviews to providing assistance in a vast array of needs at our hospital.

We have found ourselves involved with many different departments, working on many different projects, all with the goal of improving some aspect of our data. Our CDI department has proven invaluable in early identification of core measure patients as a means of ensuring an upward trend in our core measure data. We have also taken an active role in the insurance denial realm. Our CDI team is involved in reviewing denial letters—because who better to help clinically defend why a diagnosis was coded than a

CDI specialist? We have also found ourselves as leading members of the utilization management committee and interdisciplinary rounds on certain specialty units. Not to mention a significant improvement in our mortality statistics by simply having a CDI specialist review all mortality charts.

There is truly no end to the expertise a well-trained CDI professional can offer to a medical facility. I believe we are just on the tip of the iceberg with understanding the infinite value of the CDI profession.

Q&A

What is the most important piece to furthering your career as a CDI specialist, either in CDI or elsewhere in healthcare?

I believe the answer to this question depends on one's individual goals.

The first path is for the individual that chooses to remain in the role of a CDI specialist. I strongly feel that no professional should become complacent in his or her career. I think that every CDI specialist should work towards obtaining their CCDS. I do not, however, feel that in order to be an effective CDI specialist that you also have to have taken coding classes or have a degree in coding. I am of the opinion that a very solid working knowledge of coding can be obtained while training to be a CDI specialist.

That being said, this all depends on hiring employees that have the right essential qualities needed to develop into an effective, efficient CDI specialist. Some of the qualities to look for include ability to function independently, self-motivation, creative thinking, attention to detail, ability to communicate effectively both written and verbally, and ability to prioritize.

The other path is for those who choose to go into management. CDI specialists who choose to further their career along this path should obtain their CCDS, and I certainly feel that an advanced degree in healthcare administration or a similar degree would be helpful, although not essential in my opinion.

From personal experience I have seen that a degree is not everything. What is important is a passion for CDI. If someone is passionate about their career, they seek to learn those things that allow them to promote and grow their CDI program. The concepts taught in a formal educational setting can be learned by a self-motivated, dedicated CDI specialist.

No matter which career path you choose, however, CDI professionals need to take it upon themselves to stay up to date on all the rapid changes in the healthcare industry and healthcare reform. Doing so ensures the employee as well as the organization takes full advantage of their CDI program.

Q *What are your thoughts on new healthcare reform initiatives (i.e., value-based purchasing, bundled payments, readmissions reductions), and how do you think these will impact the CDI profession?*

Healthcare reform is coming, whether we want it to or not. The main question for me is, "What can I do to help the situation as much as possible?" I believe it all starts with a positive attitude and information. We need to learn as much as we can about these programs and how they will work. By understanding them, we become proactive in our approach to ease the transition for our facilities.

These initiatives will not change the ultimate goal or function of a CDI specialist, however. Our main focus will still be to ensure accurate, thorough documentation. We will continue to look for the highest severity of illness and risk of mortality. We hope to achieve optimal reimbursement based on services provided.

Nevertheless, these initiatives will continue to illustrate the benefit of that complete and accurate medical record documentation. So, I do believe there will be an expansion of CDI departments in order to provide focused reviews of various areas instead of the standard inpatient medical chart review. Over time, facilities will find areas in which they can improve, and CDI programs will be there to help!

Ultimately, I believe these initiatives will be a boost for the CDI profession. CDI specialists will become even more valuable to hospitals, thus providing an opportunity for expanding careers.

Q *Do you think CDI specialists are compensated adequately for the work they do? Why or why not?*

I do not believe CDI specialists are adequately compensated. This is an extremely specialized field that requires extensive knowledge across many different clinical and nonclinical areas. Take, for instance, any bedside nurse; the knowledge required after nursing school to be a bedside nurse becomes extremely focused. A nurse's knowledge base focuses on the type of patients they choose to take care of—whether that be emergency room, labor and delivery, telemetry, or any chosen unit of patients.

In contrast, CDI specialists need to maintain a much broader base of clinical information in order to be an effective CDI specialist. How do we know what is normal or abnormal if we do not stay up to date with medications, procedures, techniques, expected complications, etc.? This goes for not only one chosen unit/specialty like the typical bedside nurse, but all specialties and disciplines of the hospital. We are expected to review patients from all specialties and to have a sound base of knowledge for just about any medical condition so that we can make sure the highest level of detail is picked up by the physician. How can we query a physician for more detail if we are not familiar with the disease process?

On a similar note, how can we increase severity of illness or risk of mortality if we do not know the types of diagnoses that impact these statistics? For these reasons, we must also maintain a working knowledge of coding. The American Hospital Association's Coding Clinic for ICD-9-CM (and ICD-10-CM/PCS) is published quarterly. CDI specialists must continually review these to determine their impact on our daily reviews.

For example, it has been documented in the past year that encephalopathy due to postictal state is integral to seizures and thus cannot be coded as a secondary diagnosis (Coding Clinic, Fourth Quarter 2013). If your facility had previously been coding the encephalopathy as a major complication and comorbidity for a patient presenting with seizures, this updated advice would reduce reimbursement as well as a potential reduction in severity of illness and risk of mortality. If CDI specialists do not keep up with these types of industry changes, there is potential for overbilling and false data capture.

In order to be an effective CDI, we must possess not only broad clinical knowledge, but knowledge in areas such as coding compliance, utilization management, and case management. To be competent in our roles, we must keep up with rapid changes in two professions: clinical medicine and coding. This is more than is asked of most other professionals and takes dedication. For these reasons, the CDI profession needs to continue to seek adequate compensation for a very specialized skill set.



How different will CDI look as a profession 10 years from now?

CDI has the ability to have an enormous impact on the healthcare industry in the coming years.

The knowledge base we possess is invaluable to just about every aspect of healthcare. Those of us that are nurses know (as we were taught in nursing school)—document, document, document. As coders know, if it wasn't documented, it wasn't done.

I can't think of an area of medicine that does not need documentation improvement. In the performance of my daily job, I see room for improvement at the very basic level of nursing documentation of direct patient care. Nursing documentation is becoming increasingly valuable in providing CDI specialists with clues for diagnoses that could lead to a physician query. Nursing documentation, or the lack thereof, has also cost us valuable clinical information that could have helped provide defense against an audit. This means there is even room for improvement for those professionals who were taught the value of documentation in school but have lapsed over time, or have little awareness of that documentation's larger importance.

It seems that, over the years, our job has become more about being able to defend a chart against an audit. Is there enough clinical evidence to support every diagnosis coded? Was every diagnosis treated? Which was treated "the most?" (Yes, this has been a topic of discussion at our facility based on a denial letter, CDI stance, and coding interpretation!) If a diagnosis code cannot be adequately defended to an auditor, it may be removed from the bill. This starts a chain reaction that has the potential to affect severity of illness statistics, risk of mortality statistics, CMI, blended rate, and so on—the impact is seemingly endless.

Everything comes down to documentation. As changes are made in the government and healthcare reimbursement, I believe we will see a significant growth in the demand for CDI specialists in all aspects of healthcare. There is already a trend towards branching out to the emergency department and pediatrics. I believe that, in time, we will see further advancement into the outpatient world as well.



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