

# Survey says... ACDIS now the Association of Clinical Documentation Integrity Specialists

## POSITION PAPER

**Summary:** Supported by the results of a membership survey, this position paper explains why ACDIS leadership has decided to change the association's name from the Association of Clinical Documentation Improvement Specialists to the Association of Clinical Documentation Integrity Specialists.

ACDIS has been honored to serve the CDI community since 2007. Our mission has not wavered since the very beginning: *To serve as the premier healthcare community for clinical documentation specialists, providing a medium for education, professional growth, program recognition, and networking.* We have striven to do so with dedicated resources such as our membership journal and forum, peer-to-peer networking including our local chapter meetings and national conference, and professional recognition and advocacy through our awards programs and CDI Week.

But in that time, healthcare has not stood still. The last 12 years have seen sweeping reforms: shifts in pricing and transparency through pay for performance, growth of outpatient services and accountable care organizations, and adoption of value-based measures that impact public-facing scorecards and reward quality over quantity. The CDI profession, too, has adapted and evolved in that time. Beyond inpatient encounters and DRG optimization, CDI specialists now review for patient safety and present on admission indicators, core measures adherence, outpatient encounters impacting Hierarchical Condition Categories, and much more.

Health record documentation matters just as much as it did in 2007. In fact, it matters more than ever. But it also has impacts far beyond reimbursement. It matters as the record of clinical truth.

“Improvement” is a positive word. It implies forward movement, getting better at a chosen activity or practice. Merriam-Webster defines improvement as: *The act of improving something; the act or process of making something better; the quality of being better than before; or, an addition or change that makes something better or more valuable.*

But the word “improvement” can also imply that something is incorrect or in need of fixing. Coupled with the (mistaken, but nonetheless persistent) notion that CDI is about revenue enhancement only, some have made the leap to associate “improvement” with “improved revenue.”

CDI work done with the sole mission of improving revenue leads to bad practice, such as not querying when documentation may lead to a less severe diagnosis and a lower-paying DRG, or not asking to clarify evidence of a condition that was present on admission or a complication of surgery in order to preserve a physician

or hospital's public profile. CDI professionals must work to clarify documentation even when that work does not result in revenue improvement, thereby ensuring overall record integrity, and consequently better patient care. Moreover, such responsibilities align with the [ACDIS Code of Ethics](#).

"Integrity" as defined by Merriam-Webster is: *Firm adherence to a code of especially moral or artistic values (incorruptibility); an unimpaired condition (soundness); or, the quality of state of being complete or undivided (completeness).*

**As a result, ACDIS administration and the Advisory Board came to the conclusion that a name change is due: keeping the ACDIS acronym intact, but changing the "I" from "improvement" to "integrity."**

As a result, ACDIS administration and the Advisory Board came to the conclusion that a name change is due: keeping the ACDIS acronym intact, but changing the "I" from "improvement" to "integrity." We did not want to do this without first hearing from the ACDIS membership, so we issued a simple three-question survey. A total of 406 CDI professionals responded. Here are the results, which were overwhelmingly in favor of the change.

Question 1 of the survey asked:

**Do you support changing the "I" in ACDIS from its current "improvement" to "integrity?"**

- Yes: 88%
- No: 11%
- Different suggestion: 0.5%

Question 2 of the survey asked:

**If you answered yes, or no, please explain why.**

Following are some general themes that emerged from these comments.

Those 88% who *agree* with the name change:

- Believe that "integrity" aligns the profession with value-based quality goals and outcomes
- Think "integrity" better aligns with the "true mission" of CDI
- Have in some cases already made this name change in their organizations
- Believe that the term "integrity" is less punitive to physicians
- State again and again that morals and ethics are important, and integrity best reflects these principles

Of the 11% who *disagree* with the name change and believe the "I" in CDI should continue to stand for "Improvement," most offered some variety of the following reasons:

- Physicians may believe their integrity is being judged

- “Integrity” implies that CDI might previously have been a dishonest profession
- “Integrity” is a muddled term, and “improvement” is a better fit

To these objections, ACDIS believes that physicians should be viewed as partners in documentation, and that they would welcome someone reviewing the health record with the patient at the center. We do not believe CDI was ever a dishonest profession—just one that has gradually increased in scope over the last decade-plus.

**ACDIS believes that physicians should be viewed as partners in documentation, and that they would welcome someone reviewing the health record with the patient at the center.**

Question 3 of the survey asked:

**Do you believe a name change from “improvement” to “integrity” should also result in a change in CDI practices?**

- Yes: 25%
- No: 47%
- Not sure: 28%

As shown, the results were more mixed than question 1, with the largest share believing that an ACDIS name change does not need to come with a change to CDI practice. Some representative comments were as follows:

- I think CDI specialists are focusing on the integrity of the record already. Integrity does improve the clarity of the record. I do not see improvement as a different focus.
- The ACDIS Code of Ethics already supports the importance of integrity.
- The name change has nothing to do with what we do. Our job has always been about making sure the chart is accurate, ethical, and true.
- If members follow AHIMA/ACDIS guidelines, no change is needed.
- Integrity in CDI has always been there, it’s just nice to own it!
- The goal of the CDI has always been to “improve” the “integrity” of the documentation. That role doesn’t change just because the name is changing. The name change lends a better definition to the role itself.
- I feel like the change is already in process, as the role of the CDI has greatly expanded even in the eight years since I started in this position. I feel that gone are the days of only scanning the medical record for CCs and MCCs, as the focus now is more about severity of illness, risk of mortality, risk adjustment, O/E, etc.

ACDIS refers its members to a recent position paper that describes how CDI can get involved in initiatives like quality improvement, copy and paste reduction, risk adjustment, and social determinants of health. *CDI Yesterday, Today, and Tomorrow: Staying Relevant in Changing Times* (issued in June 2019) [can be downloaded here](#).

Of those respondents who believe the CDI profession should change with the ACDIS name change, some representative comments included:

- I chose yes because I don't think enough emphasis is on the patient. True that those surrounding the medical record are repeating the word "quality," but most (not all) that I speak with are talking about SOI/ROM, HCCs. Not that that is wrong, but that should be where we end up, not where we begin. Too many people are trying to fit the patient to a code when the right thing to do is to fit a code to the patient. This can only be done when we first focus on the patient's health status and move from that point. The word "integrity" fits that belief more aptly than "improvement."
- If your program is already focused on the truth/integrity of the medical record (irrespective of the DRG/reimbursement etc.) then no, you don't need to change. If your program focuses on DRG, CC/MCC capture and reimbursement, then yes.
- I still think too much emphasis is placed on getting a diagnosis changed or added simply to have a higher reimbursement and not to actually improve the medical record.

Although the CDI profession has changed and continues to evolve, ACDIS does not believe that there is anything unethical with improving reimbursement, when justified. Recall the statement from CMS itself in the 2009 IPPS rule:

*As we stated in the FY 2008 IPPS final rule with comment period, we do not believe there is anything inappropriate, unethical, or otherwise wrong with hospitals taking full advantage of coding opportunities to maximize Medicare payment as long as the coding is fully and properly supported by documentation in the medical record.*

Accurate reimbursement is the lifeblood of hospitals, and CDI must continue to support reimbursement for services provided to patients. This is done through a clinical review of the health record to ensure complete and accurate documentation of diagnoses, procedures, and their clinical support.

As much as anyone in healthcare, CDI specialists understand that words matter. We believe "integrity" has a clear and unmistakable definition, associated with completeness and wholeness. We believe it implies an ethical approach will always be taken. And so ACDIS will, from today forward, be known as the Association of Clinical Documentation Integrity Specialists.

Does this mean you need to change the name of your CDI department if you still choose to use "improvement?" Of course not. We also realize that some hospitals already possess medical record integrity departments, which have different goals than CDI departments related to medical record completion. CDI professionals, in contrast, focus on ensuring the integrity of the clinical documentation in the record.

**Accurate reimbursement is the lifeblood of hospitals, and CDI must continue to support reimbursement for services provided to patients. This is done through a clinical review of the health record to ensure complete and accurate documentation of diagnoses, procedures, and their clinical support.**

If you like the idea of updating your department name to match ACDIS' name change, introduce the concept to your organizational leadership. "Complete," "sound," "undivided," and "incorruptible" are great adjectives that paint an accurate picture of documentation after CDI efforts and intervention. It demonstrates that the goal of CDI is overall record *integrity*.

*The contents of this paper were reviewed and approved by the entirety of the ACDIS Advisory Board.*

#### **What is an ACDIS Position Paper?**

An ACDIS Position Paper sets a recommended standard for the CDI industry to follow. It advocates on behalf of a certain position or offers concrete solutions for a particular problem. All current members of the ACDIS Advisory Board must review/approve a Position Paper and are encouraged to materially contribute to its creation.