



AAPC

# HEALTHCON

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# CDI and HIM Alignment

(opportunities for practice / process collaboration)

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# Focused Objectives



- Importance of ***using solid communication skills***
- Addressing CDI / Coder ***differing departmental priorities***
- ***Respecting Departmental Lines...***
- ***Building a Culture of Intradepartmental Collaboration***
- ***Strive for the common goal – CDI / HIM shared priorities...***

# Communication and YOU...

- ***Methods of communication*** can help define the intent of an exchange
  - Face-to-face
  - Verbal / Written (email, text, letter or note)
  - Gestures (positive / negative)
- ***Focusing on the Positive engagement***
  - The purpose > to be focused on clarity and better understanding
  - Goal > Improve receptivity of communication and resulting outcomes
  - How > Open-minded with a willingness to listen and receive
  - Result > Sincere efforts promotes engagement of others



# Merriam-Webster's Definition



## *communication*

- noun com·mu·ni·ca·tion \kə-,myü-nə-'kā-shən\
- : an act or instance of **transmitting**  
: information communicated  
: information transmitted or **conveyed**  
: a process by which information is **exchanged** between individuals through a common system of symbols, signs, or **behavior** the function of pheromones in insect *communication*; also  
: **exchange** of information



# Differing Priorities and Perspectives

- HIM and CDI have purposeful but different work streams
- Both are strategic and Important roles > responsibilities to their organization but priorities do vary...
- The variation in functions and applications my mean timely delays or inefficient results
  - Example:
    - CDI's may focus on MS-DRG assignment **and** accurate APR-DRG assignment
    - HIM may be more focused on finalizing the record and the billing process driven by the MS-DRG alone (policy does not allow for holding a record for APR-DRG query completion)

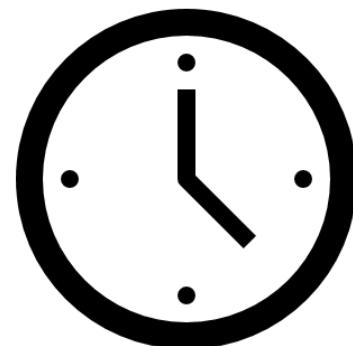
# Progressive Approach to Resolution



- Identify focused practice differences
- Engage collaboration
  - Work groups of CDI and coding teams
  - CDI/Coding credentialed auditors to review missed opportunities
  - Senior leaders are guiding efforts for housing CDI programs
  - Prior Example Overall Resolution: Collaboration – understanding the positive / negative outcomes when or not assigning the most appropriate SOI/ROM Levels...

# Audience Polling Question #1

- **CDI / HIM differences in practice --- can you name differing priorities based on your Department and/or responsibilities?**
- **What are some ways your CDI/HIM departments differ on communication process/policy?**
- **What was your resolve or is it still outstanding?**
- **TAKE 5 – 10 MINUTES TO IDENTIFY ONE OR TWO EXAMPLES**



# HIM / CDI Differing Opinions

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- **Differing Example II** – Time or Staffing restraints may not allow efficient time to discuss CDI / coding applications resulting in a miss-match in DRGs

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- **Differing Example II** – Time or Staffing restraints may not allow efficient time to discuss CDI / coding applications resulting in a miss-match in DRGs
- **Resolution Example II** – CDI / HIM Leadership are employing mutually agreed on CDI / Coding credentialed auditor to be final voice re: Mismatches, PSI / HAC outliers, Bundled Payment DRGs, etc.

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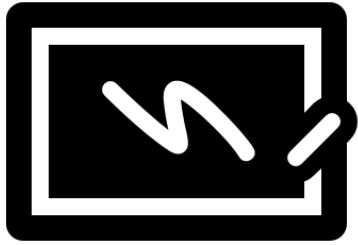
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“Unity is strength...when there is teamwork and collaboration,  
wonderful things can be achieved”

- Mattie Stepanek  
(Child philosopher & poet)



# Respecting Departmental Lines



Recognize and acknowledge departmental lines of decision making; practice vs. policy between CDI and coding... These may include:

- Defining and understanding process deadlines re: HIM final bill dead line vs. CDI definition of completed record prior to billing...
- Clinical vs. Coding criteria to query a physician re: use of same template, understanding coding guideline and/or understanding clinical criteria
- Guidelines for pre-billing audits vs. need for post-bill audits; understanding objectives for each audit type

Resolve: When there practices do not have clear understanding(s); meet with both unclear and practicing parties to document guidelines / policy direction

# Audience Participation #2

- Do you have policies or practices that are steadfast that might mean change in CDI/HIM practice approach?

TAKE 5 MINUTES TO COME IDENTIFY ONE OR TWO EXAMPLES



# Building a Culture of Collaboration



How can CDI and HIM Coding Professionals work together to promote communication and achieve common goals.

- ***Recognize the timing is now:*** Recognizing current roles are evolving into a hybrid of automation, collaboration, and consistent aggregation of documentation efficiencies... (do it better with less)
- ***Leaderships' encouragement by:*** Respective Professional organizations, Provider management and Departmental Management
- ***Time dedication for:*** CDS and Coders to take ownership of their needs... Anytime societal organizations are motivated to be “apart of” it takes effort and time to embrace and act on common objectives
- ***Capitalizing on / Blending of our Expertise:*** CDSs and Coders can learn to Lean on each other when expecting the best outcomes

# Capitalizing on / Blending of our Expertise

CDI Roles are expanding to a more finite expertise that may encompass a blend of clinical and coding:

- **CDI Auditor / Educator**
  - A great opportunity to use coding knowledge applied in a focused way toward auditing results of CDI reviews.
  - Auditing of CDI trends can lead to CDS education (Mismatched final DRGs, code bundles, new coding / clinical concepts, new specialty areas [Obstetrics / New Born, Behavioral Medicine, Pediatrics, OP, etc.])
  - Physician focused education (Bundled payments, MD symptom DRGs, Specialty Specific documentation opportunities, etc.)

# Capitalizing on / Blending of our Expertise

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- **Coder is a CDS**
  - Encourage a team approach – CDSs can be coding professionals and clinical professionals
  - Both need to be open to learning, applying and speaking each others specific crafts / specialties when querying / talking with the provider.
  - HCCs are becoming much more valued and need to be assigned during the acute care and outpatient venues. Coders who specialize in HCC assignment capability can help to “paint the picture” of the true chronicity of the patient which is important in determining the SOI / ROM of the inpatient and building the reimbursement RAF on the outpatient designation

# Blending the Responsibilities

CDI Roles are expanding to a more finite expertise that may encompass a blend of clinical and coding:

- **Coder / CDS as Quality Reviewers**

PSI / HAC  
Penalties  
apply to  
total Payor  
Population

- Multiple Governmental Mandates are focusing on Quality monitoring and measures with percentages of Penalties if mandates not met.
- Present on Admissions (POA) codes, Hospital Acquired Conditions (HACs), Patient Safety Indicators (PSIs) are but a few Quality measures that are documentation / code driven. Coders bring real value to understanding the applications of the codes and the ability to use AHRQ Inclusions and Exclusion criteria to know if each HAC/PSI has documented conditions that designate if the HAC/PSI is “ruled in or ruled out” on a concurrent basis. Huge Penalties can be averted.

Important  
to know...  
Includes /  
Excludes!

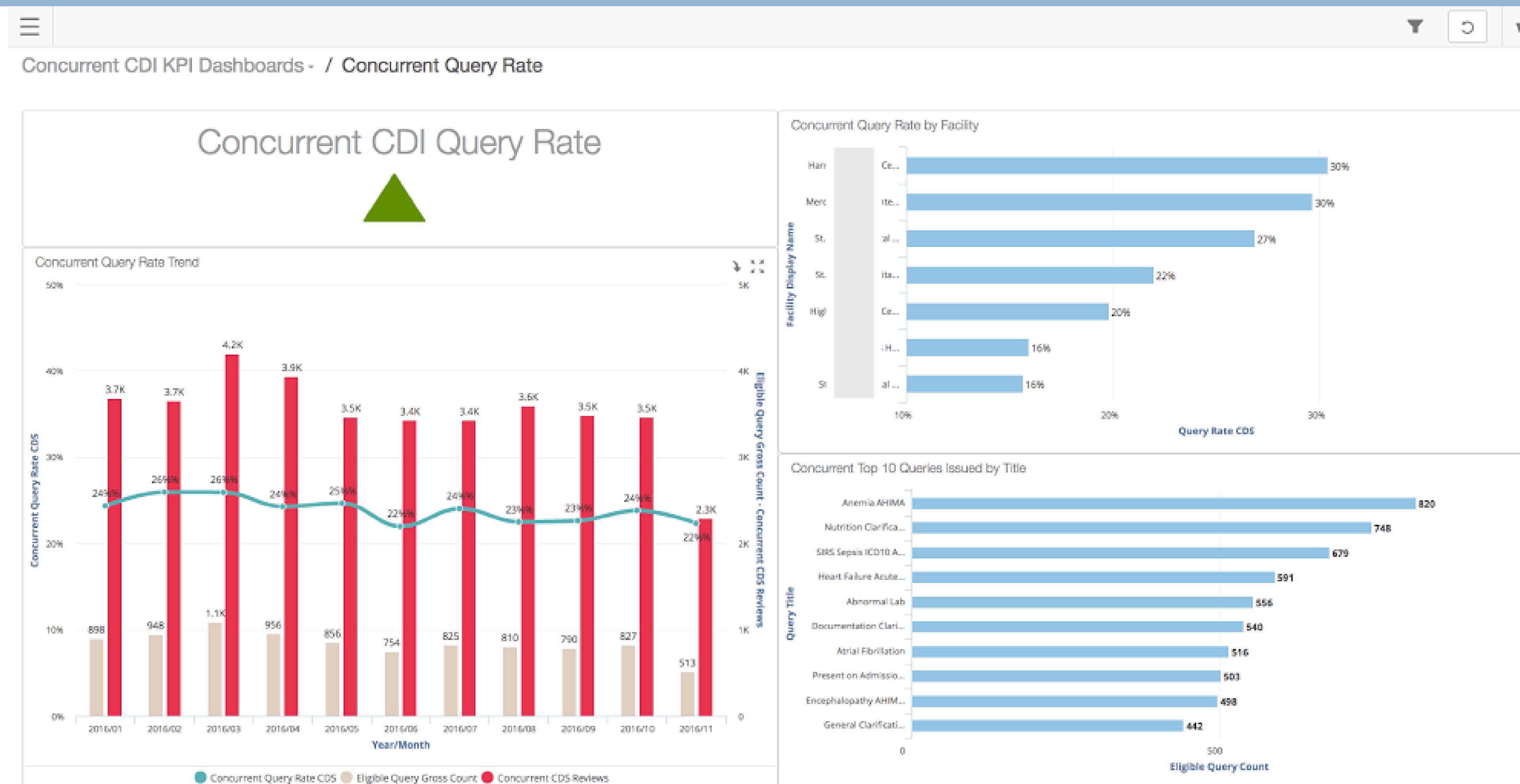
- Example: PSI-08 and HAC-05 are assigned for Post-Op Hip Fractures
  - Includes - Closed and open fractures of the femur neck, intertrochanteric or trochanteric section of the neck; femoral shaft and distal femur. Includes – femoral external fixation devices.
  - Excludes – Cases susceptible to falls such as: seizure disorders, syncope, psychoses, anoxic brain injury, metastatic CA, lymphoid malignancy, bone malignancy, etc. Excludes – cases w self-inflicted injury.

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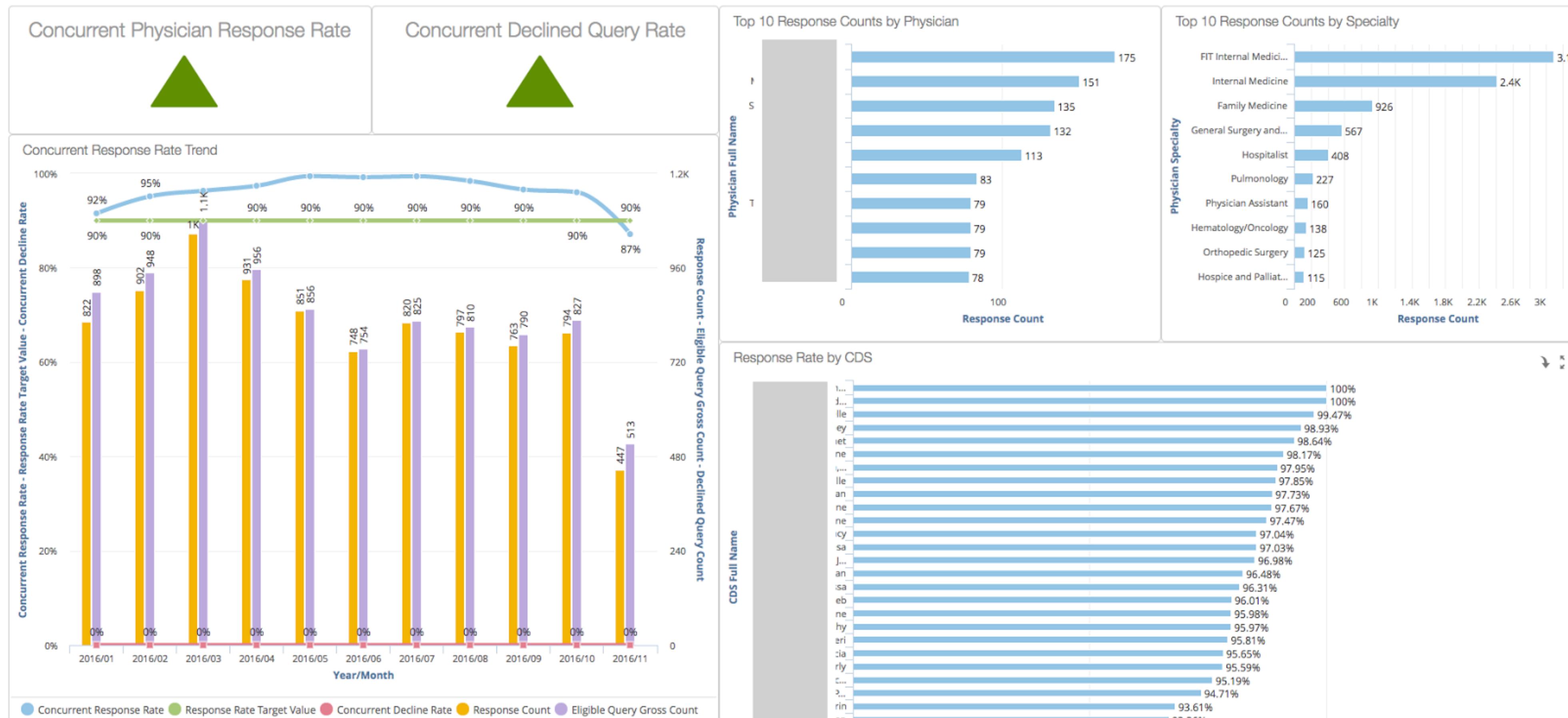
- **Coder / CDS as Analysts**
  - As important as CDI is today – we say **“if you don’t document it, it did not happen”**
  - As analysts and hospital leadership says **“if you don’t measure it, it does not matter”**
  - CDI CDSs and CDI Analysts are extremely important to both providing the documentation accurately but also measuring the outcomes effectively to demonstrate areas of opportunity and the need to “fill in the documentation gaps”
  - Coders and Nurses alike are very adept at becoming the elevated presenters of the results to all types of audiences: Physician specialties or one-on-one providers, Administrator “C” level committees or CDSs as a group to better understand successes, trends of opportunities and area prioritized needing improvement.
  - Following are a few slides that depict potential measures that are used in analytics modeling:

# CDI Analytics Modeling Examples

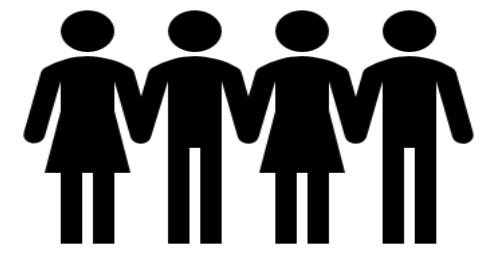


# CDI Analytics Modeling Examples

Concurrent CDI KPI Dashboards - / Concurrent Response Rate 2 -

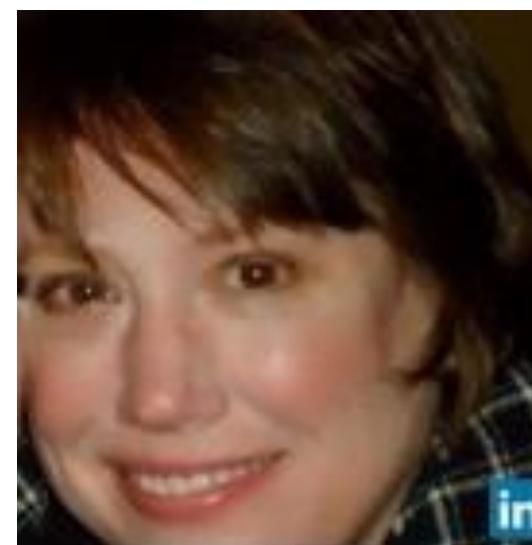


# 7 Strategies to Promote Communication; Building Trust and Teamwork



1. Seek ***education opportunities where HIM and CDI could*** alternate offering their perspectives (e.g. release of Quarterly AHA Coding Clinics).
2. ***Review CDI & HIM KPI dashboards*** monthly, identify education opportunities, and create an action plan.
3. ***Celebrate CDI and HIM weeks*** together.
4. Participate ***in professional events together*** (conferences, seminars, etc.).
5. ***Promote documentation initiatives / trends*** (online/posters etc.)
6. Hold ***educational meetings*** on a regular basis and invite guest participants
7. ***Collaborate with other clinical Departments*** to encourage respective documentation impacts / understandings / strategies

“The bridges we (coding) build with a CDI team cannot be complete without coding staff members who understand basic clinical pathways and anticipated medical and procedural interventions. Established clinical pathways (CDI) provide the context for the documentation framework constructed by physicians.”



**Diana Karff, RHIA, CCS, CPC**  
(Instructor / Consultant American Coding School)

# Audience Exercise #3

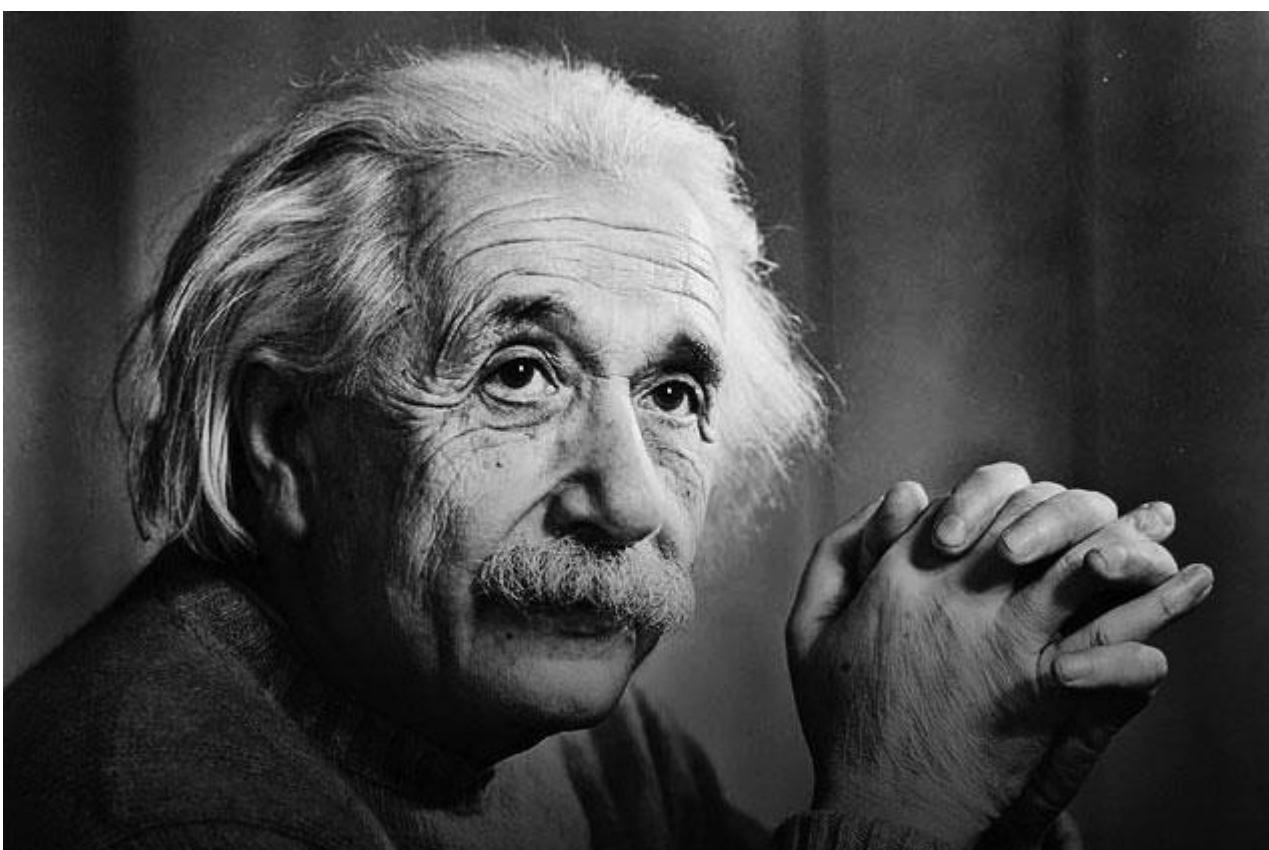
- Do you have any examples of how you have purposefully decided to work collaboration on between CDI/Coding?

TAKE 5 MINUTES TO COME IDENTIFY ONE OR TWO EXAMPLES



# Final Thoughts

- ***Build a culture of collaboration*** among coders, CDI professionals, physicians and other stakeholders
- ***Promote positive values, set shared priorities, and achieve common goals*** that benefit department independently and the organization as a whole



***“We can’t solve problems by using the same kind of thinking we used when we created them.”***

– Albert Einstein

# Questions

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# Thank You

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