

# CDI Not Just for Acute Care Anymore

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In the HIM world, we have a catchphrase: “If it’s not documented, it’s not done.” This phrase has even more resonance as we consider the importance of clinical documentation improvement (CDI), the focus of this month’s *Journal* issue.

CDI emphasizes seven characteristics of high-quality documentation, which dictate that documentation should be legible, reliable, precise, complete, consistent, clear, and timely.<sup>1</sup>

CDI programs are typically multidisciplinary, with HIM professionals working alongside others to improve documentation. HIM professionals bring unique qualifications to CDI: we understand how information is created, how it flows, and how to use classification and coding systems. We understand the clinical point of view, even if we do not provide care personally. We know anatomy and physiology and we understand terminologies and pharmacology. Most importantly, we know the patient story through the record.

At the same time, CDI specialists have to be able to influence, collaborate, and communicate to earn the trust of clinicians. Our job is to partner with providers to help educate them.

There are also external drivers, as organizations keep an eye on their risk adjustment scores and work to reduce denials of claims. Good documentation can help reduce claims denials and improve reimbursement. But it’s not just about reimbursement. The quality measures and the CDI programs that support them are also driving better, cleaner data, which is used for decision making and research. Information is power, but if you have the wrong information, you are starting from the wrong place.

One big change is that CDI is not just for acute care settings any more. The impact of CDI is being felt in many healthcare settings, and the work is important no matter what the setting may be.

This month’s issue delves into this evolution of CDI programs. In the cover story, “[CDI Programs Expanding Outside the Hospital](#),” Mary Butler looks at the forces driving this trend and how CDI initiatives in non-acute care settings differ from acute care, as well as any benefits outpatient facilities have seen from adding a CDI program.

Pamela Hess and Karen Frosch detail how one health system, Christiana Care, envisioned and launched an outpatient CDI program in “[Outpatient CDI: A Solution for Navigating Risk Adjustment](#).” The program began with one physician practice pilot site and has expanded to all of the system’s primary care practices, with additional plans to expand in the future.

CDI programs can take many shapes and have various reporting structures. In “[Best Practices for HIM Professionals Managing CDI Programs](#),” Kimberly J. Carr brings together three HIM leaders to share their best practices for managing CDI teams. This roundtable offers valuable insights for those looking to start or enhance their own programs. As one of the managers puts it, “Our mission is to focus on a clear clinical story of the patient within the record. With that as our first priority, it allows for each of our skill sets to be equally relevant.”

Telling the patient’s story—that’s a message we, as HIM professionals, can all get behind.

## Note

1. Combs, Tammy. “[CDI is Expanding as Need for Quality Documentation Grows](#).” *Journal of AHIMA* website. June 23, 2016.

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