Measuring the Value of the Certified Documentation Improvement Practitioner (CDIP) Credential (2018 Update)

Editor's Note: This Practice Brief supersedes the January 2015 Practice Brief titled "Measuring the Value of the Certified Documentation Improvement Practitioner (CDIP) Credential."

The role of the clinical documentation improvement (CDI) professional is ever-changing. When CDI programs first began in the late 1990s, the focus was almost exclusively on acute care Medicare in-patients. Today, external influences such as fraud and abuse programs, changes in reimbursement, government and payer audits, complexity of care, and quality report cards increase the need to tell an accurate patient story across the continuum of care. This has created the need for CDI programs to expand beyond the inpatient hospital setting. The goal, irrelevant to setting and place of service, is to accurately tell the patient's story.

As the healthcare industry continues to expand and become more dependent on clinical information for real time outcomes reporting, there is a need for an increased number of CDI professionals. CDI programs have proven they are worth the time and effort. According to a 2016 Black Book report, 85 percent of hospitals confirm quality improvements and increases in case mix index within six months of implementing a CDI program.[1]

This Practice Brief will outline the benefits of the CDIP credential to assure organizations and providers that their CDIP-credentialed staff are working to ensure clinical information supports clinical care, treatment, coding guidelines, and reimbursement methodologies.

Skills and Background

Emerging professions or job roles bring an exciting air of possibility. New specializations continue to emerge because of a variety of regulatory and environmental factors. For CDI, the need for specialization emerged to certify individuals working in clinical documentation roles to ensure the integrity and quality of their work. In an effort to fill an industry need for a validated professional standard of CDI excellence, CCHIIM used job analysis data to develop the CDIP credential exam blueprint in accordance with test development best practice methodology.

As a result, six domains were developed to create knowledge-based content areas of expertise:

1. Clinical coding practice

2. Leadership

3. Record review and document clarification

4. CDI metrics and statistics

5. Research and education

6. Compliance

These six domains are weighted based on subject matter experts' rankings of task or knowledge criticality and frequency. The exam is based on validated, job-specific content so that those who achieve the CDIP credential have proven their competencies and expertise related to the codified CDI body of knowledge. As a result, the healthcare industry is strengthened by this defined, measurable proficiency related to the quality of clinical documentation.

Importance of Credentials

Advances in technology and healthcare treatment continue to evolve and change. This continuous change requires skilled healthcare leaders. The need for qualified leaders will never change. Leadership will always involve communication, education, and collaboration—all key skills for the CDI professional. Regardless of an individual's healthcare background, the acquisition of the CDIP credential signifies that he or she is a professional with key leadership skills. The CDIP credential identifies individuals who place importance on acquiring and maintaining knowledge and skills. Hiring managers will look for this credential as a sign of competence and professionalism. The CDIP credential demonstrates not only knowledge of CDI workflow and processes, but necessary leadership capabilities. CDIP credentialed professionals demonstrate to other disciplines a certain level of clinical competence required for documentation review.

The integrity and accuracy of healthcare documentation is vital to organizations. Organizations and providers are increasingly aware of the need for accurate and timely documentation. Employing a CDIP ensures there is a qualified individual with a thorough understanding of the latest documentation, code assignment, metrics, and compliance reviewing patient health records. These reviews are essential to accurately reflect the patient's condition and the resources required to care for the patient. In addition, credentialed professionals may be elevated to management positions at a faster rate than their non-credentialed counterparts.

As with any industry, the healthcare industry recognizes advanced skills. CDIP professionals are often in a position to negotiate a higher rate of pay because the credential indicates a higher level of knowledge and a commitment to training and continuing education. In an industry where associate and baccalaureate degrees are almost undeniably required, and many management positions require a master's degree, a credential can make a difference in salary range.

AHIMA requires CDIP professionals to follow high standards of professional and ethical behavior. These standards are outlined in the AHIMA Code of Ethics and Ethical Standards for Clinical Documentation Improvement Professionals. AHIMA also requires continuing education hours to maintain the credential. These higher standards associated with the CDIP credential can automatically boost professional reputation within the organization and healthcare field.

CDI and HIM Naturally Overlap

Health information management (HIM) professionals have the core fundamental skills associated with documentation, coding, compliance, and information management that lend themselves to documentation improvement. According to a report from the AHIMA Foundation, 79 percent of work on clinical documentation improvement is conducted in the HIM department. There are many initiatives and reimbursement models impacting the collection and reporting of healthcare data. The inpatient CDI area may work in collaboration with various teams in the hospital to ensure the capture of complete and accurate documentation to support patient outcome data, reduce claim denials, and other revenue cycle activities. The Centers for Medicare and Medicaid Services (CMS) Quality Payment Program is focused on outpatient and ambulatory patient outcomes. This program has two branches. The Merit-based Incentive Payment Systems (MIPS) and the Advanced Alternative Payment Models (APMs). Both programs require complete and accurate documentation of patient care and treatment. CDI professionals may work in coordination with case managers, quality departments, and denials management teams to provide education to providers on the importance of high-quality documentation.

Organizations implementing and/or maintaining CDI programs depend on HIM professionals' skill set. The convergence of clinical, documentation, and coding processes is vital to a healthy revenue cycle—and, more importantly, to a healthy patient.

HIM professionals also impact CDI programs by providing education on compliant documentation practices to all clinicians. Organizations must compensate for this lack of training by instituting CDI programs that align with good documentation habits. HIM professionals, through their education, are familiar with compliant documentation rules and regulations as well as accreditation standards that affect timely documentation. In addition, HIM professionals are also familiar with important areas such as privacy, security, and confidentiality that impact the sharing of clinical information.

Technology changes have impacted the way documentation is captured using electronic health records (EHRs), and the need to have highly trained and qualified professionals in CDI roles has grown significantly. The CDIP credential distinguishes the professional as a subject matter expert on documentation and demonstrates competency in capturing documentation necessary to fully communicate a patient's health status and condition.

An AHIMA-credentialed CDI professional possesses the skill and knowledge necessary to work collaboratively with patient care providers to obtain the specificity required for accurate assignment of ICD-10-CM/PCS, as well as Current Procedural

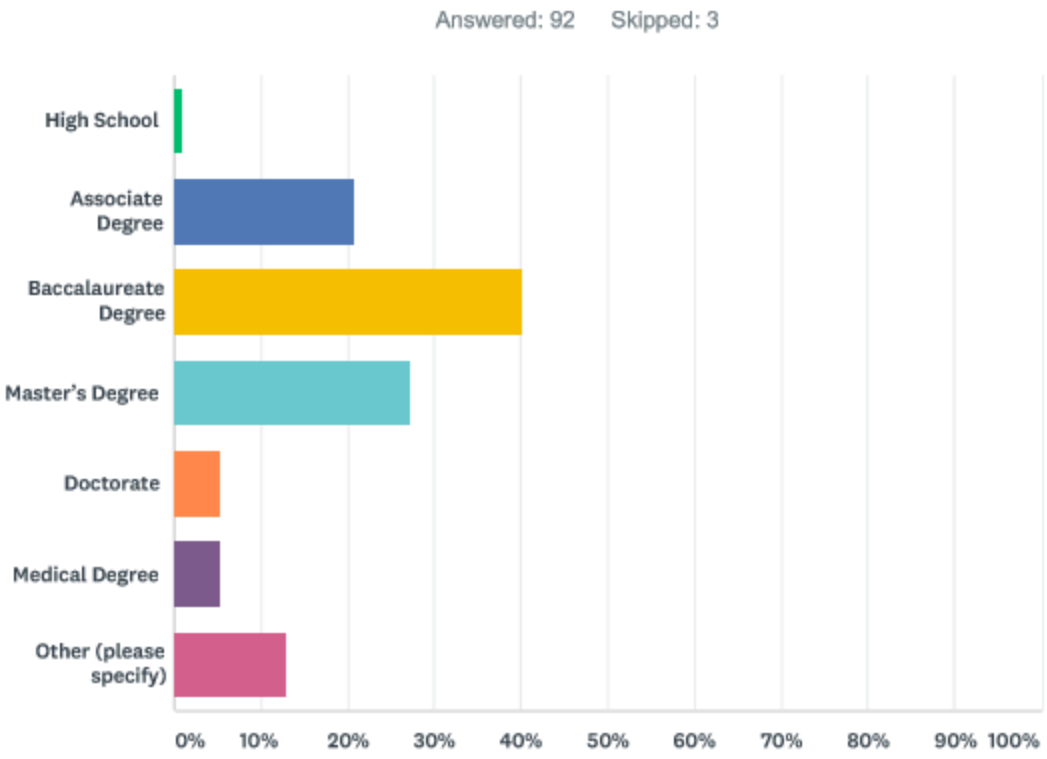
Terminology (CPT®) codes. The CDI professional educates the provider at the point of care to ensure the patient record contains the most specific, accurate, and compliant documentation that adequately reflects quality of patient care while increasing accuracy in coding and reporting.

Specificity of code assignment impacts various areas, including medical necessity, risk of mortality, severity of illness, value-based purchasing, claim denials and appeals, quality core measure indicators, hospital and physician profiling, risk assessment, and reimbursement. Studies have shown that some hospitals currently lacking a CDI program have experienced up to 25 percent of denied claims due to unspecified diagnoses in preliminary ICD-10 gap analyses.[2]

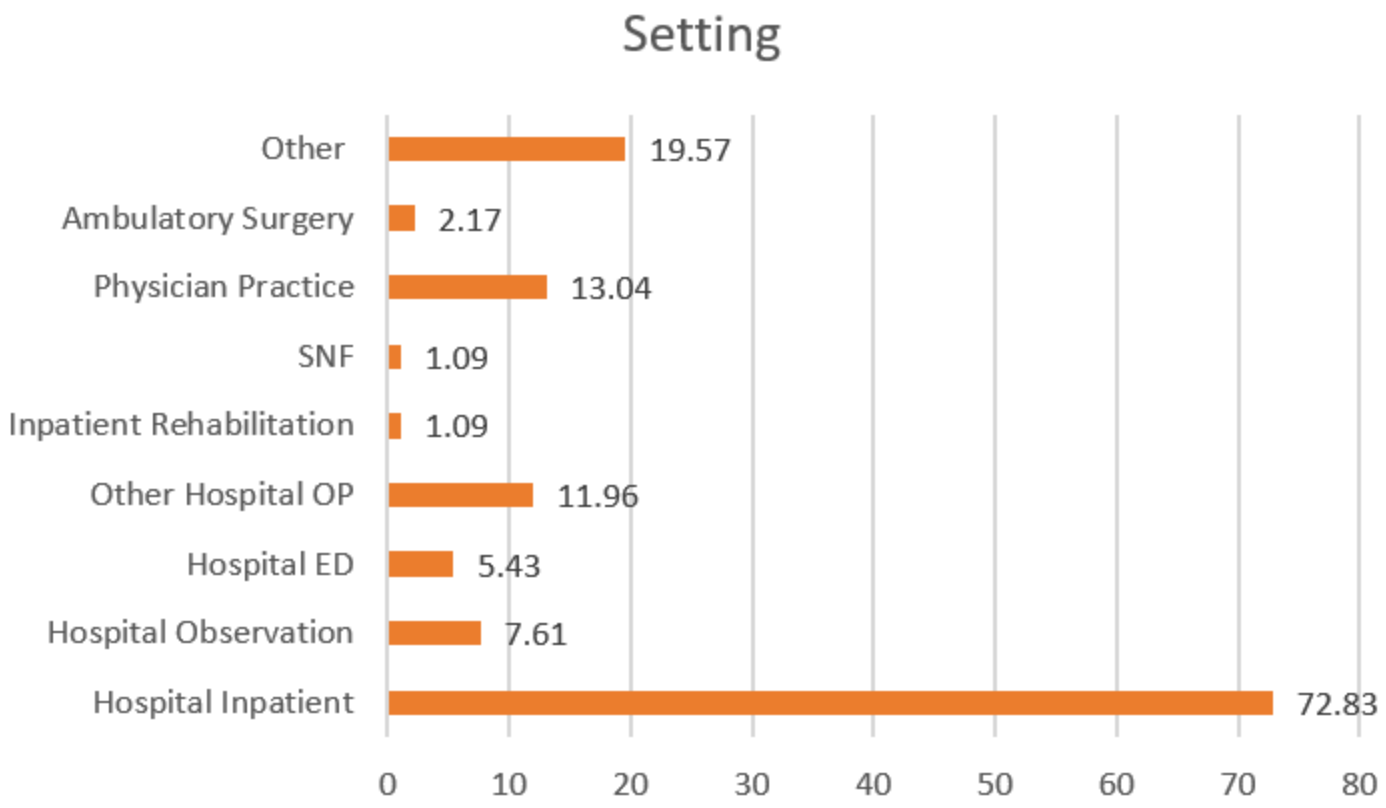
Figure 1: CDI Professional Poll

An audience poll conducted at the 2018 CDI Summit revealed the following results.

What is Your Level of Education?

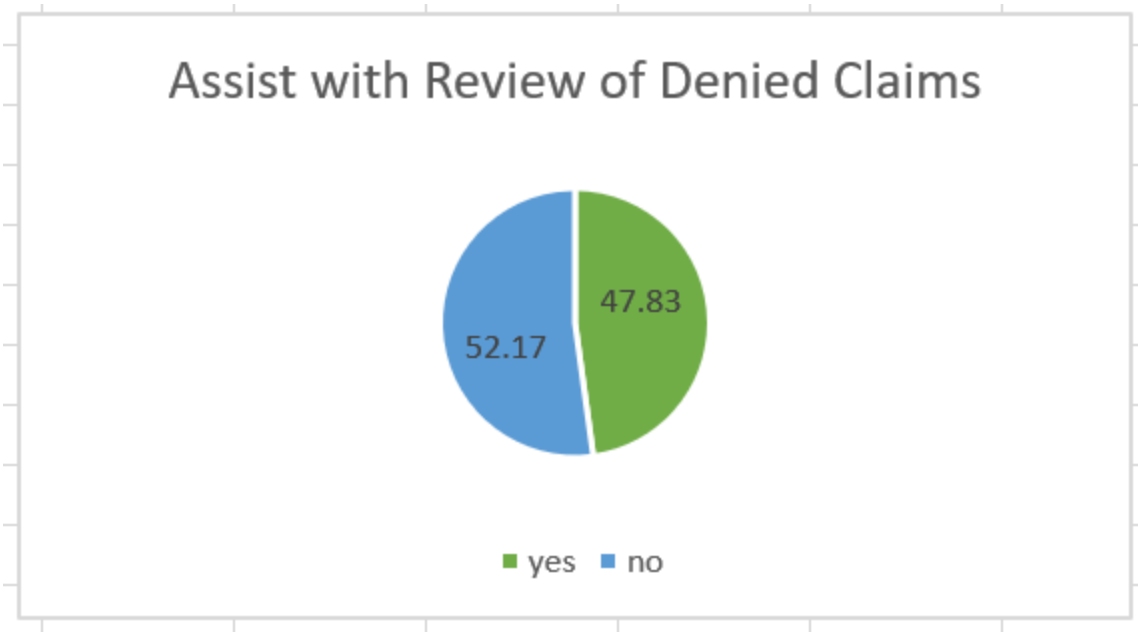


What Healthcare Setting Do You Work?



The data indicates the majority of CDI Summit attendees surveyed are working in the inpatient hospital setting.

Are You Asked to Assist with the Review of Denied Claims?



As you can see from this sample almost 50 percent of CDI professionals surveyed are being asked to assist with the review of denied claims.

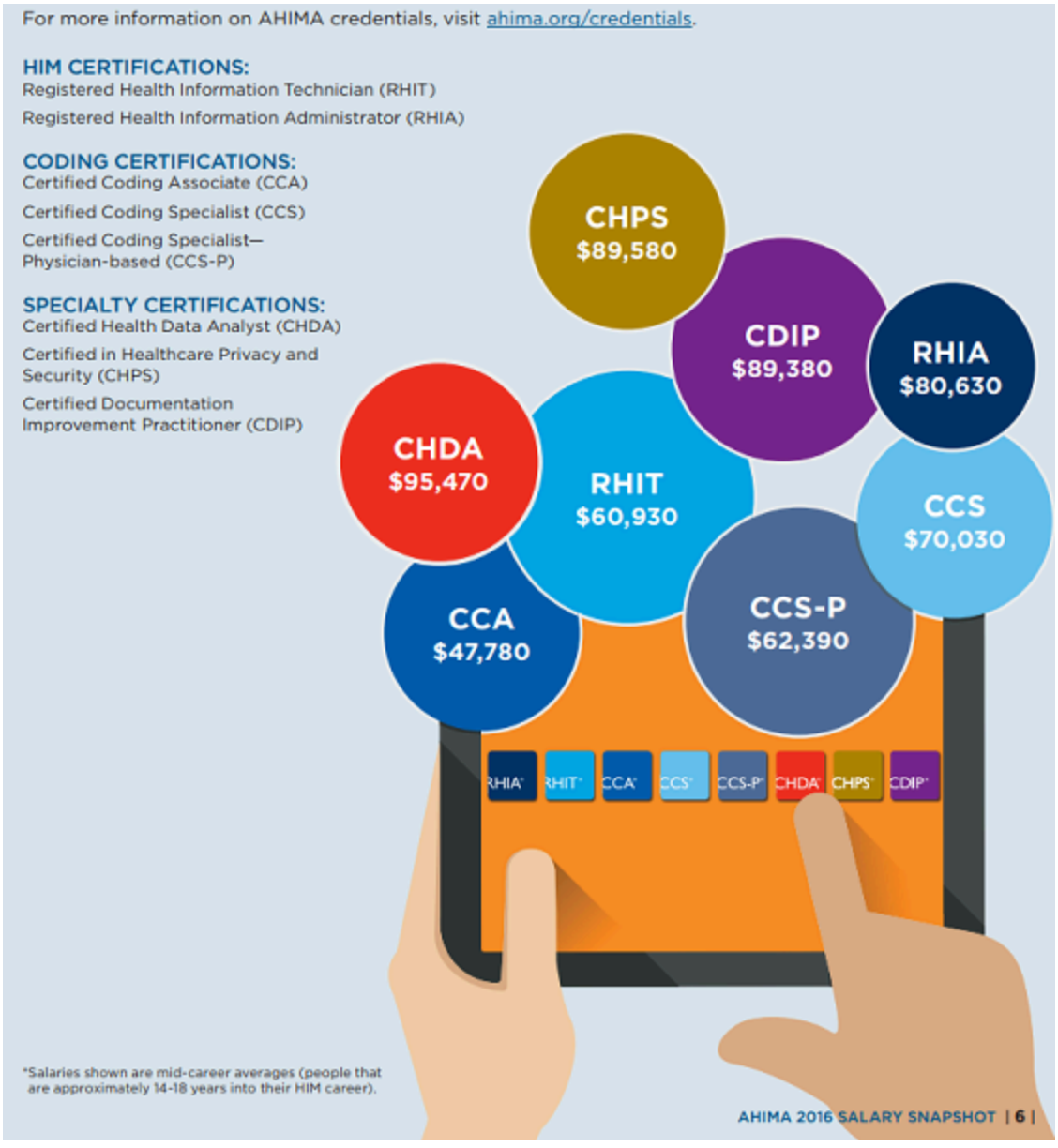
The above represents percentage of all answers. N=93.

Salary Snapshot

A salary survey conducted in 2016 revealed the average salary by years of experience and credentials. The following are excerpts from that report.

AVERAGE SALARY BY YEARS OF EXPERIENCE AND BY CREDENTIALS

	RHIA®	RHIT®	CDIP®	CCA®	CCS®	CCS-P®
	SALARY	SALARY	SALARY	SALARY	SALARY	SALARY
0-2 Years	$58,270	$40,110	$62,400	$39,320	$50,490	$49,730
3-5 Years	$58,750	$48,790	$89,110	$49,490	$58,710	$51,300
6-10 Years	$69,420	$55,340	$80,290	$48,720	$64,250	$60,300
11-15 Years	$80,000	$63,000	$90,330	$55,240	$71,400	$69,110
16-20 Years	$80,810	$65,350	$85,960	$53,730	$72,000	$70,120
21-30 Years	$86,380	$70,260	$88,890	$55,100	$74,250	$74,810
31+ Years	$89,350	$73,870	$100,300	$61,040	$76,490	$70,630



CDI Focuses on Quality Documentation

The focus of most CDI programs is on improving the quality of clinical documentation regardless of its impact on revenue. Arguably, the most vital role of a CDI program is facilitating an accurate representation of healthcare services through the complete and accurate reporting of diagnoses and procedures.

AHIMA credentialed professionals are well-versed in the seven characteristics of high-quality clinical documentation. High quality clinical documentation is:

- Legible
- Reliable
- Precise
- Complete
- Consistent
- Clear
- Timely

A successful CDI program can have an impact on the CMS quality measures, present on admission, pay-for-performance, value-based purchasing, data used for decision-making in healthcare reform, and other national reporting initiatives that require the specificity of clinical documentation.

The American Hospital Association *Coding Clinic*® authors accurately predicted in 1989 that data "will be used to judge both the quality and value of care provided by individual institutions and physicians."[3] Physician documentation and coded data now serve as the foundation for risk-adjustment methodologies, such as the CMS Hierarchical Condition Categories (HCC) and 3M APR-DRGs. Risk adjustment is integral to provider profiles used by the Agency for Healthcare Research and Quality (AHRQ), Premier, Healthgrades, *US News and World Report* rankings, and others.

Healthcare policymakers and payers use coded data to make important decisions. CMS outlined their intentions in the "Roadmap for Implementing Value Driven Healthcare in the Traditional Medicare Fee-for-Service Program" by saying they were transforming the Medicare program from "a passive payer of services into an active purchaser of higher quality, affordable care."[4] Expanded programs are revamping how services are paid, moving increasingly toward rewarding better value, outcomes, and innovations. Commercial payers are also increasingly adopting strategies that focus on physician documentation and coded data to support quality initiatives, payment methodologies, payer contracts, and preferred provider arrangements.

CDI activities reduce post-discharge coding queries, which in turn reduce coding professional's time spent on the creation of physician queries and avoidance of delays in claim submissions.

Quality metrics, based in large part on coded data supplied through hospital claims, have proliferated in recent years and are widely disseminated across the internet. Hospital Compare suggests such information "encourages hospitals to improve the quality of care they provide."[5] Consider that coded data is used by CMS for:

- Payment on an individual case basis
- Adjustment of individual payments because of hospital-acquired conditions
- Adjustment of base payments across a broad scale, such as Medicare base rates for an entire year due to special quality initiatives
- Value-based purchasing, with 50 percent to 65 percent of the facility's performance score dependent on coded and risk-adjusted data for mortality rates, patient-safety indicators, and Medicare spending per beneficiary
- The Hospital Readmissions Reduction Program based on select principal diagnosis codes and risk-adjusted cases for a growing number of diagnoses and procedures
- The Hospital-Acquired Condition Reduction Program, where a portion of the score is based on patient safety indicators determined by coded data
- Case identification of inpatient quality measures, such as heart failure measures which are only applicable to patients with a coded principal diagnosis of heart failure
- Annual coding and documentation adjustment

Improving the accuracy of clinical documentation can reduce compliance risks, minimize a healthcare facility's vulnerability during external audits, and provide insight into legal quality of care issues.

Ethical Standards and Credential Maintenance

Ethical standards are a core component of any profession. The AHIMA Ethical Standards for Clinical Documentation Improvement Professionals serve as a foundation for decision-making processes and actions. A key principle within these standards is to support the reporting of healthcare data elements (e.g., diagnoses and procedure codes, hospital acquired conditions, patient safety indicators) required for external reporting purposes (e.g., reimbursement, value-based purchasing initiatives and other administrative uses, population health, quality and patient safety measurement, and research) completely and accurately, in accordance with regulatory and documentation standards and requirements, as well as all applicable official coding conventions, rules, and guidelines.[6]

These standards also emphasize the need for maintenance of certification, including the CDIP credential, to continually enhance professional competency. Professionals holding a current CDIP credential have demonstrated commitment to staying abreast of an ever-changing healthcare field.

Healthcare organizations can be assured that their CDI professionals have demonstrated excellence in clinical care, treatment, coding guidelines, and reimbursement methodologies. In order to maintain certification through AHIMA, credentialed individuals are required to comply with the continuing education standards as set forth by CCHIIM.

It is recommended that healthcare organizations cover the expense of continuing education credits for their employees. Employer reimbursement for continuing educational opportunities allows the credentialed CDI professional to keep abreast of the latest developments; continue their awareness of changing codes, practices, and regulations; and assures the employer, peers, and providers that the CDI professional maintains the highest level of competency in their respective healthcare field.

A new option for healthcare organizations looking to expand CDI and provide opportunities for employees to grow in CDI is the CDI Trainer Program. A hospital employee experienced in CDI and meeting all the eligibility requirements can attend the AHIMA CDI Trainer Program. Once they pass the assessment they become an AHIMA-approved CDI trainer and can train other employees in the organization.

Notes

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