

CDI is about Relationships

Save to myBoK

By Lynne Thomas Gordon, MBA, RHIA, FACHE, CAE, FAHIMA, chief executive officer

“Alone we can do so little; together we can do so much,” said Helen Keller. This quote was part of Keller’s vaudeville circuit speech, but the sentiment holds true for those of us in the spotlight of HIM.

Our goal is to tell the patient’s story accurately. To do that, we need the right documentation. In recent years an important part of this process, clinical documentation improvement (CDI), has emerged and grown.

And the news is good: A 2015 Advisory Board survey found that 81 percent of hospitals have a CDI program.¹ Even better news: a 2014 AHIMA Foundation study found that 79 percent of job descriptions indicated that the HIM department provided oversight for the CDI function.²

But CDI is more than a process; it’s about relationships. Ideally, we are working in partnership with providers to make sure they are getting the right information. We also need to help them understand that improving documentation will have long-term benefits for them in the future through better data and improved research.

But we can’t do it alone. The AHIMA Foundation study found that the majority of CDI job descriptions (56 percent) required a nursing credential, and 25 percent specified a nursing or HIM credential.³ As with physicians we must also partner with nurses—that diversity of knowledge is important, and each side has something to learn from the other.

This is important because we want the CDI field to keep growing. It’s a possible career path for coders and for HIM professionals who have great communication skills and an understanding of coding and care delivery.

The articles in this month’s issue highlight the importance of communication and put CDI into context within organizations. In “[Querying through the Chaos](#),” Mary Butler looks at how CDI and coding communication methods are changing in the modern world of electronic health records (EHRs), digital communication, and off-site workers.

CDI activities are integral to an organization’s information governance program. Kathy Downing explains how these two disciplines work to achieve the same end of improving information and ensuring its trustworthiness, reliability, accuracy, specificity, and usefulness in “[CDI: A Cog in the Wheel of Information Governance](#).”

Devendra Saharia notes that it can be difficult for revenue cycle managers to optimize cash flow through payment collections while also maintaining patient satisfaction—a dilemma as healthcare becomes a more consumer-focused business. “[Avoiding a High-Wire Act](#)” offers best practices for polishing revenue cycle practices.

Finally, Linda F. McCann, William A. Henciak, and Elizabeth Durand discuss how HIM needs to drastically change due to the widespread implementation of the EHR in “[Reinventing HIM as Enterprise Content Management](#).”

If you think CDI is something you’d like to do, evaluate your professional competencies and see what skills you might need to obtain. This month AHIMA is proud to sponsor CDI Month; it’s an opportunity to take a more in-depth look into our exam preps, academies, August’s CDI Summit, and a convention workshop as possible career development resources.

Notes

[1] Stoller, Ellie. “[Survey Results: A picture of today’s CDI programs](#).” The Advisory Board Company. February 4, 2015.

[2] Hart-Hester, Susan. “[Clinical Documentation Improvement Job Description Summative Report](#).” AHIMA Foundation. 2014.

[\[3\]](#) Ibid.

Article citation:

Gordon, Lynne Thomas. "CDI is about Relationships" *Journal of AHIMA* 87, no.7 (July 2016): 19.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.