



news

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AHIMA's Clinical Documentation Improvement Summit: Using Pre-Bill Review for Quality Care, Financial Sustainability

Arlington, Va. – August 13, 2015 – In today's fast-paced healthcare environment, clinical documentation improvement (CDI) programs are becoming increasingly important for accurate patient data and demonstration of the quality of care. At the [American Health Information Management Association's](#) (AHIMA) [Clinical Documentation Improvement Summit](#), two physicians addressed how CDI affects how they provide effective care.

Dr. James Fee, MD, CCS, CCDS, vice president of Huff DRG Review said in his keynote address that a pre-bill review process is a critical component of CDI. According to Dr. Fee, including a pre-bill review in CDI will positively affect both quality initiatives and financial sustainability of the medical practice. He also explained that a pre-bill review process, coupled with a well-structured physician adviser program, can reinforce correct coding and improve data for providers across all medical specialties.

"As a practicing physician, documentation and coding is a means to which I relay the high-quality, cost-effective care I performed," said Dr. Fee. "Bridging the clinical terminology with diagnostic terms, such as those in ICD-10, will facilitate this communication. Physicians are graded on the value of care provided reflective of risk adjusted quality and cost. The pre-bill review will accurately define that population being treated."

On the payer side, Dr. Fee says the pre-bill review process will help improve the accuracy of payment. Because the healthcare industry is constantly evolving, incorporating a methodical pre-bill review process into an organization's CDI program will provide economic sustainability – a "second set of eyes" – that can prevent unnecessary audits and payment take-backs.

"Just like gears in a clock, information about documentation and coding gleaned from the pre-bill review drives each critical turn within the process of CDI, improving quality, risk and severity of metrics," said Dr. Fee. "The end result is significant financial impact, improved risk of mortality and improved quality metrics."

Another presentation, given by Dr. P. Roger DeVersa, MD, FHM, MBA, RN, CPE, CCS, CDIP, revenue integrity, Erlanger Health System, focused on how CDI has made him a better physician. He said many physicians are hesitant to respond to CDI queries due to competing

demands and therefore CDI has become a low priority. He suggested HIM professionals who work directly with physicians should be brief, clear and concise when talking to doctors about CDI.

“Nobody’s going to listen to a lecture. Develop a sales pitch or five minute elevator speech,” Dr. DeVersa said.

“CDI is tremendously important and continues to play a critical role in what we can achieve for patients through proper health information management,” said AHIMA CEO Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA. “As leaders and members of the HIM community, AHIMA welcomes the opportunity to help our care providers, our physicians and our hospitals have successful CDI programs.”

Information on more sessions from the 2015 CDI Summit can be read on the online Journal of AHIMA website: <http://journal.ahima.org/>

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About AHIMA

The American Health Information Management Association (AHIMA) represents more than 101,000 health information management and health informatics professionals in the United States and around the world. AHIMA is committed to promoting and advocating for research, best practices and effective standards in health information and to actively contributing to the development and advancement of health information professionals worldwide. AHIMA’s enduring goal is quality healthcare through quality information. www.ahima.org