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CDI Challenges across the Healthcare Continuum

Journal of AHIMA highlights implementation of clinical documentation improvement in non-acute care settings

CHICAGO – July 13, 2017 – A physician is finishing charting for the day and doesn't know the ICD-10 code for a urinary tract infection. He goes to Siri for help. Google pulls up pages upon pages of results, but doesn't necessarily give the physician the code he needs. According to clinical documentation improvement (CDI) experts, this happens all too often in healthcare settings, validating the need for robust CDI programs in settings such as long-term care hospitals, emergency rooms, home health agencies and inpatient rehab facilities (IRFs).

The article "[CDI Programs Expanding Outside the Hospital](#)," in the July issue of the *Journal of AHIMA*, addresses this issue through providing CDI implementation feedback from professionals in these various outpatient settings.

"Implementing a successful CDI program in non-acute care settings is increasingly important for ensuring high-quality documentation," said AHIMA CEO Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA. "This is an opportunity for health information professionals to bring their expertise to settings beyond the inpatient arena."

In response to the need for accurate clinical documentation in outpatient settings, AHIMA's Long Term Care (LTC) CDI Workgroup has developed [CDI tip sheets](#) that are detail-oriented and focus on wording/language for coded data, especially helpful to those in non-hospital settings.

Some of the challenges facing outpatient settings lacking CDI include:

- maintaining federally established quality standards in long-term acute care hospitals
- reimbursement in home settings
- collecting correct information upon admission in emergency rooms

This summer, the annual [AHIMA CDI Summit](#) will be held in Washington, D.C., and will explore the challenges that exist in today's healthcare environment while simultaneously presenting CDI best practices. While a key focus of the Summit will be on the growing need for correct clinical documentation in non-acute care, this year's summit will also address CDI strategies, innovation, implementation and ICD-10-CM/PCS.

Also in this issue:

In an effort to improve CDI in physician practices to support ICD-10-CM linked Hierarchical Condition Categories (HCCs) for Medicare Advantage, Christiana Care Health System launched a CDI program documented in a case study. The study, "[Outpatient CDI: A Solution for Navigating Risk Adjustment](#)," gives background on how Christiana Care used CDI to quantify a significant return on investment and better serve their patient population.

Read these articles and more in the June issue of the *Journal of AHIMA* or online at journal.ahima.org.

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About AHIMA

The American Health Information Management Association (AHIMA) represents more than 103,000 health information professionals in the United States and around the world. AHIMA is committed to promoting and advocating for high quality research, best practices and effective standards in health information and to actively contributing to the development and advancement of health information professionals worldwide. AHIMA is advancing informatics, data analytics, and information governance to achieve the goal of providing expertise to ensure trusted information for healthcare. www.ahima.org