

Proactivity in CDI Makes a Real Difference

Proactivity and forward thinking thought processes are the hallmark of a professional clinical documentation improvement specialists. Today's current CDI processes are geared towards and have a tendency towards reactivity, repetitiveness and tractional task-based queries. Proactive behavior involves acting in advance of a future situation, rather than just reacting. It means taking control and making things happen rather than just adjusting to a situation or waiting for something to happen. The preferred more advantageous methodology of CDI chart review entails proactively reviewing the medical record upon patient admission to the hospital through the Emergency Department if applicable, paying attention to the ED and H & P documentation. An effective CDI process facilitates improvement and enhancement in the communication of patient care, beginning with documentation of the patient's chief complaint, History of Present Illness, evolving into the physical exam and culminating in a reasonable, accurate and valid assessment and plan. The assessment or clinical impression aside from diagnosis must also include a succinct discussion of his/her clinical judgment, thought processes and clinical reasoning for arriving at the definitive and/or provisional diagnoses. Each patient's clinical scenario is unique and distinct, necessitating the physician to describe, show, tell, outline and paint a vivid clear picture of the patient's true clinical story.

Gather, Process and Transfer

The physician's practice of medicine incorporates elements of "Gather, Process and Transfer" that CDI specialists can integrate into the regular practice of chart review. By emulating the thought processes of gather, process and transfer into the chart review process, CDI can identify insufficiencies and shortfalls in documentation that detract from effective and complete communication of patient care. Documentation insufficiencies that detract from the clear telling and describing of the patient story and the clinical facts, clinical information and clinical context contribute to significant challenges case management and utilization review staff face in attaining proper authorization of hospital level of care from third party payers. Medical necessity is not only a factor impacting hospitals, it also impacts the physician from a business of medicine perspective. Let's not forget the patient in the overall process of communication of patient care.

Communication of patient care includes fundamental structures and processes of Chief Complaint, History of Present Illness, Past Family Social History, Review of Systems, Physical Exam, Impression/Assessment and Plan of Care. As CDI reviews the medical record proactively, we should be following the physician's gather, process and transfer methodological actions and thought processes as documented in the record. In doing so, we should be able to understand and appreciate from a clinical perspective where the patient has been, where is the patient

now, where is the physician going and why-plan of care, and what is the physician planning on doing once the results of workup and response to treatment are evident. A complete and accurate History and Physical serves as the basis for appropriateness of hospitalization, support of hospital level of care as well as quality of care and value-based patient centered healthcare delivery processes. Only when the History and Physical are complete, accurate and clearly depicts the patient story where the patient can be found in the story does the diagnoses we solidify as an integral part of clinical documentation improvement truly matter.

Putting the Cart Before the Horse

Current processes of CDI put the cart before the horse by focusing primarily upon diagnoses solidification and capture. While the critical importance of accurate diagnoses capture and reporting cannot be downplayed, the necessity for the ability of the record to describe, show, tell, depict and patient a true contextually accurate patient picture in support of the physician's assessment and plan cannot be overemphasized for a wide variety of reasons. An undivided attention and focus upon the patient, the capture and reporting of the communication of the patient care provided with supportive diagnoses will best serve the patient, the physician and all relevant healthcare stakeholders. A byproduct of solid documentation will be the achievement of a high performing revenue cycle aligning and integrating with the ongoing mission of the hospital and commitment to patient care. Patient first should be the motto of CDI, promoting and achieving documentation communicating accurate patient care for the patient. Reimbursement should be secondary in our minds, duties, and responsibilities as facilitators in the communication of patient care.