



# CDI Leadership Council Research: Takeaways for All CDI Professionals



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The clinical documentation integrity (CDI) field is undergoing a hiring boom, allowing teams to expand to new review areas and deepen their existing review areas. In fact, more than 62% of CDI leaders said they had hired new staff recently and another 15% planned to hire staff this year. Additionally, more and more programs are expanding to review outpatient settings with nearly 19% already reviewing in the physician practice setting, 15% reviewing for medical necessity of admissions, and 11% reviewing observation stays.

After two-plus years of tight budgets, CDI programs are expanding their footprints in their organizations, proving continued value for today's healthcare environment.

Determining when to hire, how to train new staff members, and whether to expand into the outpatient arena all while maintaining high levels of provider engagement can be a challenge, however.

In collaboration with 3M Health Information Systems, ACDIS issued a survey in January 2022 to members of the ACDIS CDI Leadership Council. Its purpose was to gather data on current hiring and staff education trends, outpatient expansion inside and outside hospital walls, and real-time provider education methods.

After conducting the survey, ACDIS convened three 70-minute panel sessions with Council members to review and interpret the survey results and share proven best practices from their own organizations. Following is a summary of the findings and highlights.





# Physician engagement and moving CDI “upstream”

Physicians often respond more favorably to a physician peer and pairing up lets you provide all the relevant education in one go rather than in fits and spurts. “We usually have one of our Epic trainers paired with one of our clinical documentation educators and our physician champion in the room with a group of providers. That seems to be the most favorable in terms of provider education because they get everything in one go,” says Tami McMasters Gomez, CCS, CCDS, CDIP, CDI director at UC Davis Health in Sacramento, California. “Typically, they like engaging with other physicians—their actual peers—and that’s their preference. But when we do combined forces, it is well received by our clinicians.”

Nearly 57% said frontline CDI specialists are responsible for provider education **57%**

More than half the respondents said their physician advisor/champion handles the provider education **53%**

Nearly all respondents said they use traditional concurrent CDI queries as a provider education and engagement method **92%**

More than 75% said they use formal virtual group CDI education as a provider education and engagement tactic. **75%**

“When it comes to balancing physician needs, it’s really important to listen to them and understand what they’re looking for in a tool because they may have clinical initiatives that we need to make sure are taken into account with the product,” says Kaitlyn Crowther, RHIA, chief product owner at 3M Health Information Systems in Pittsburgh, Pennsylvania. “I think making sure they have a seat in the selection is integral to the success of the project.”

**6%** of respondents who have CAPD technology said their providers feel the technology has helped them document more efficiently/quickly.

**32%** said they use technology such as proactive nudges delivered by CAPD products as a provider education and engagement method.

**67%** said that compatibility with existing systems/software was the most important factor for implementing physician-facing AI technology.

**42%** said physician feedback is the most important factor for implementing physician-facing AI technology.



“Sometimes, you have to look at education as a customer service issue. When you have a particular group of providers in front of you, and it is very clear to them that you have taken the time to understand who they are and you’re giving them real examples of their service line, it tends to sink in and you tend to get much better engagement,” says Jessica Risner, BSN, RN, CCDS, CDI director at Banner Health in Phoenix, Arizona. “Whereas, if you have a larger group or a generalized education that doesn’t really speak to the actual service line or particular provider group, you may lose some engagement there.”

**62%**

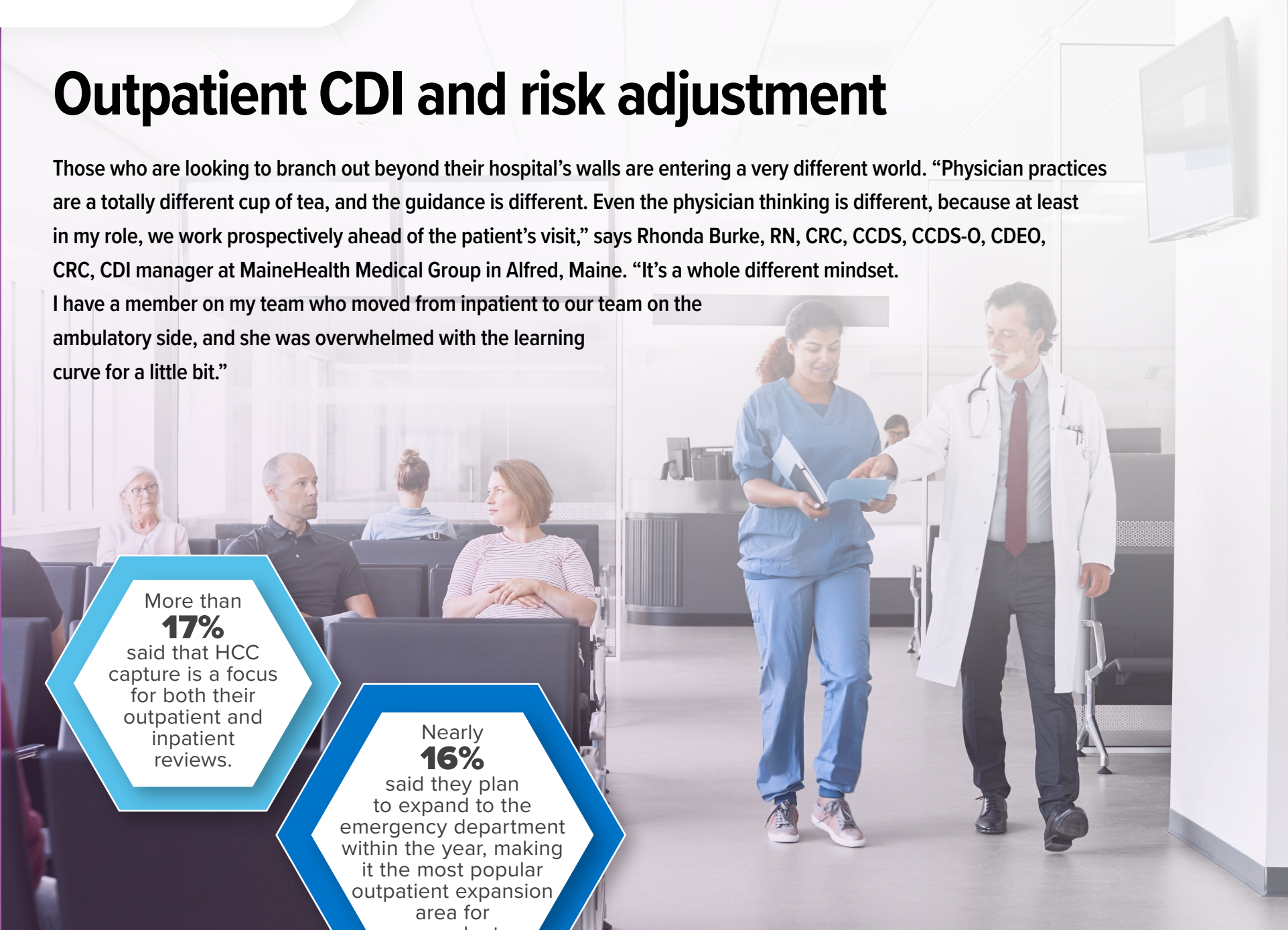
The majority of respondents said that they roll out new CDI education to physicians by going service line by service line and that it’s an effective method.

**70%**

More than 70% said they either don’t use mandatory sessions to roll out new education to physicians or find it ineffective.

# Outpatient CDI and risk adjustment

Those who are looking to branch out beyond their hospital's walls are entering a very different world. "Physician practices are a totally different cup of tea, and the guidance is different. Even the physician thinking is different, because at least in my role, we work prospectively ahead of the patient's visit," says Rhonda Burke, RN, CRC, CCDS, CCDS-O, CDEO, CRC, CDI manager at MaineHealth Medical Group in Alfred, Maine. "It's a whole different mindset. I have a member on my team who moved from inpatient to our team on the ambulatory side, and she was overwhelmed with the learning curve for a little bit."

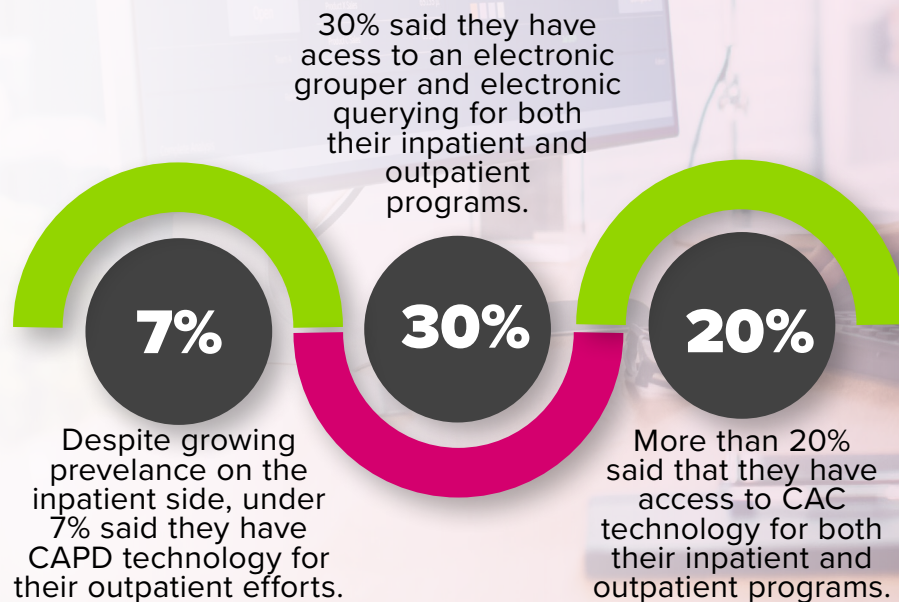


More than **17%** said that HCC capture is a focus for both their outpatient and inpatient reviews.

Nearly **16%** said they plan to expand to the emergency department within the year, making it the most popular outpatient expansion area for respondents.



The dearth of solutions designed for outpatient CDI programs is likely due to the relative newness of the outpatient CDI industry. Vendors and consultants have had decades to iterate their inpatient CDI solutions and adapt to the industry's needs, which is not the case for outpatient CDI. Because the technology is still in its infancy, outpatient CDI programs often create home-grown solutions to meet their needs. "It just hasn't caught up to us yet," says Yvonne Whitley, RN, BSN, CPC, CRC, CDEO, CCDS-O, CDI manager at Novant Health in Winston-Salem, North Carolina. "We've built a lot of our own home-grown reporting and worked with our IT department to build some BPAs [best practice alerts] for providers around HCCs."



“Whether you’re developing a tracking tool internally or partnering with an external vendor, assess multiple options. I think that’s really healthy to do. Find out what [each option] can and can’t do for you, vendors develop and refine their products with their customers,” says Colleen Deighan, RHIA, CCS, CCDS-O, a consultant at 3M Health Information Systems in Cleveland, Ohio. “You are the ones doing the work every day, so you know your needs.”

**15%**

15% said they track their outpatient impact manually using a spreadsheet.

**8%**

Nearly 8% said they track their outpatient impact using a tracking tool created internally by their IT department.

**25%**

More than a quarter of respondents said they show their outpatient return on investment by monitoring their risk adjustment factor score year over year.

**24%**

Nearly 24% said they monitor HCC capture rates to prove their outpatient ROI.



# Staff bandwidth and growth

“It really is my job to make sure everyone has access to the same education and training. No matter who you are, whether you’re in-house or an outside hire, whether you have CDI experience or not, you go through the same exact orientation as everyone else,” says Kristine Green, MSN, RN, vice president of clinical documentation at Northwestern Memorial Healthcare in Chicago, Illinois. “Now, hopefully someone who has experience can fly a little bit faster, but I believe it’s the right thing to do. No one’s ever come back and said they didn’t get the same tools or the same opportunities as everyone else.”

**69%**

Nearly 69% said their CDI program is definitely understaffed.

**63%**

More than half the respondents said they hired new staff recently.

**81%**

Nearly 69% said their CDI program is definitely understaffed.

**62%**

More than half the respondents said they hired new staff recently.

## Technology and the Role of a CDI Professional

“If we can have technology take that low-hanging fruit away for the CDI team, we can actually move them forward on much more impactful, complex queries that really take a lot of clinical insight,” says Joe Sciandra, senior manager of consulting services, HIS consulting operations, at 3M Health Information Systems in Cumming, Georgia.

“I don’t believe that the CAPD [computer-assisted physician documentation] technology is going to replace CDI—it’s going to augment it. It’s going to help from a staffing perspective, maybe even fill the gap during some shortages, and hopefully move the entire team [toward] more advanced concepts.”

**66%**

said that technology provided the ability to measure and show the impact/value of their CDI program.

**60%**

said that technology has helped identify “low-hanging fruit” documentation gaps so CDI staff can focus on more complex issues or expanded reviews.

**88%**

Nearly 88% said that technology has enabled CDI professionals to perform more work remotely.



“One of the things I did recently was that I had a socialization game,” says Marlene Goodwin-Esola, RN, MSN, CV-BC, CDI director at Jupiter Medical Center in Juniper, Florida. “I had one member on my team with a twin and I didn’t think everybody knew that, so I asked in a meeting, ‘OK, who in our group has a twin? Who in our group is from Pittsburgh? Who in our group is an artist on the side?’ I tried to connect them that way. It sounded a little corny, but they had some fun with it. I’m trying to be the student and learn how to have fun with remote management.”

70%

Roughly 70% said they meet virtually to discuss educational topics and to discuss KPIs.

33%

Nearly 33% of respondents said they don’t interact through such social gatherings at all, even remote ones.

87%

More than 87% said they interact with both remote and in-person staff via as-needed messaging.

**Conclusion** As the CDI industry begins to recover from the effects of the COVID-19 pandemics, leaders sit at the forefront of advancing their programs’ goals and expansion into new areas. Leaders’ jobs aren’t getting any easier, but after a couple years of damage control, the industry is rebounding and there are more opportunities to advance than ever.

Much of a CDI leader’s work today revolves around showing how CDI can impact the broader organization for the better, what they can do with proper staffing and expansion into outpatient arenas. CDI programs have become indispensable and CDI leaders are tasked with showing that continued impact and modeling what the future of CDI could hold. To accomplish their lofty goals, leaders need reliable data and reporting at their disposal.

We hope you enjoyed this collaboration and found value for your program. We recommend you download and read the complete three-part series on [www.acdis.org](http://www.acdis.org).