Clinical Documentation Integrity Week

Industry Overview Survey

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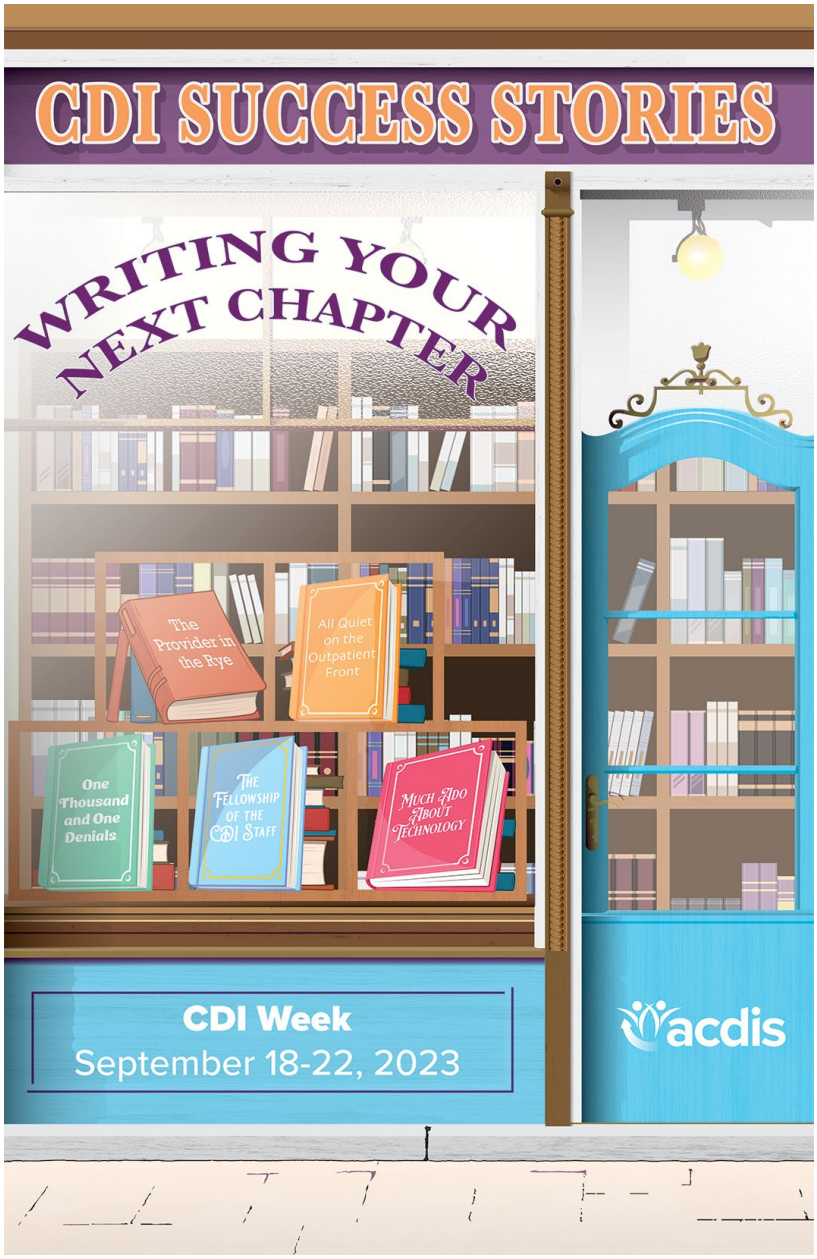

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2023 CDI Week Industry Overview Survey

ACDIS celebrates CDI professionals annually with a full week of recognition for the profession through activities, education, and fun. This year's CDI Week theme is CDI Success Stories: Writing your next chapter, aiming to encourage CDI professionals of any background to find personal success and write their own unique, prosperous future in the CDI industry.

Each year leading up to CDI Week, ACDIS releases a survey to gain insight into the state of the industry. This year's survey included questions about provider engagement, outpatient CDI and risk adjustment, professional development and staffing, denial trends and CDI involvement, and workflow tools and technology. It marks the 13th annual CDI Week Industry Survey, continuing more than a decade of industry evaluation.

"The annual survey report provides a valuable overview of the current state of the industry as the CDI profession continues to expand, diversify, and evolve," says Kelly Sutton, RN, BNS, MHL, CCDS, CCS, the CDI educator at Providence Health & Services in Oregon. "CDI professionals gain a better understanding of the successes and differences across other programs. The report also assists in the identification of opportunities within their own programs."

This year, 781 respondents took part in the survey. Although this report will not discuss every survey question in detail, readers can examine all the responses in table format beginning on p. 12.

Survey respondents were first asked their title and role to understand the demographics and scope of positions within the field. CDI specialists made up the largest group, with 30.91% of respondents fitting into this role. This number continues a year-over-year decline, this time significantly from last year's 43.32% of respondents. On the other hand, the number of respondents who are in leadership roles continues to increase, including CDI managers (21.29% versus 18.28% in 2022), supervisors (5.21% versus 3.66% in 2022), and directors (15.30% versus 12.66% in 2022). CDI educators also saw an increase from 3.09% in 2022 to 4.73% this year. The shift from respondents in CDI specialist roles to those in higher positions may demonstrate individuals growing within their careers, and a greater interest among CDI leadership in participating and collecting industry data. (See Figure 1.)

About the CDI Week survey advisor

Kelly Sutton, RN, BNS, MHL, CCDS, CCS, is a CDI educator for Providence Health & Services in Oregon. She has 30 years of nursing experience, and her CDI career started in 2015 as a CDI specialist in a suburban facility in Sebring, Florida. She earned her CCDS certification in 2018 and was promoted to a newly created CDI educator role in January 2019. The responsibilities of the role included overseeing the on-boarding process for new employees as well as creating and implementing education for 40+ employees and multiple physician groups across 11 facilities. Her promotion to CDI system educator and implementation specialist occurred in August 2021, with responsibilities that included providing standardized CDI education and CDI software support to CDI teams, coders, and providers across more than 45 facilities. Sutton obtained her CCS certification in 2022.

She is a member of ACDIS and the Florida ACDIS local chapter and the National Association of Healthcare Revenue Integrity Leadership Council. She has been a frequent subject matter expert for ACDIS and presented at the 2020 ACDIS Virtual Education Curtain Call event. Sutton was elected to the ACDIS Advisory Board in 2021, serving through April 2024.

In comparison to the last two years, the percentage of respondents working in an acute care hospital (40.06%) continues to decrease (from 45.29% in 2022). Meanwhile, the percentage who work for a healthcare system with multiple sites rose from 26.44% in 2022 to 33.28% this year. (See Figure 2.)

Most respondents (56.30%) have been in their current role between zero and five years, back to normal from a spike in that category in 2022 (60.62%). An additional 19.24% have been in their role for six to eight years, and only 0.47% of respondents have been in their current role for more than 20 years. (See Figure 3.)

When respondents were asked how long they intend to stay in CDI, their answers were spread fairly widely across the board. Most respondents said they intend to stay for more than 20 years (18.77%), and 12.46% of respondents picked the middle road and answered nine to 10 years, while 16.72% answered that they are unsure. (See Figure 3.)

A smaller number of respondents (25.23%) indicated their facility has between 101 and 400 beds than in the previous year (30.66%), in congruence with the increase of those who reported more than 1,000 beds (from 12.94% to 18.30%). (See Figure 4.) As far as total number of beds in their health system, 29.18% of respondents reported 3,000 or more, steady with 2022 survey results. Those with more than 2,000 beds in their healthcare system increased (from 36.43% in 2022 to 40.85% in 2023), while those who answered they are not part of a healthcare system decreased slightly from 14.77% in 2022 to 13.41% in 2023. (See Figure 5.)

Because of the great diversity in background of CDI professionals, it comes as no surprise that they hold an extensive assortment of credentials. Most respondents (74.13%) noted that they hold an RN credential, and 66.89% of respondents hold ACDIS' Certified Clinical Documentation Specialist (CCDS) credential, an increase from 61.88% the previous year. All other credential options offered on the survey had lower response rates. For example, 18.30% of respondents noted holding the Certified Coding Specialist (CCS) credential, 13.09% hold the Certified Documentation Improvement Practitioner (CDIP) credential, and 7.10% hold a Registered Health Information Administrator (RHIA) credential. A general increase was seen across all these credentials, possibly because of the increase in respondents with leadership roles. (See Figure 6.)

When asked about CDI's place on the org chart, 34.54% of respondents said their CDI department reports to revenue integrity/cycle, followed by 17.67% of respondents who report to HIM/coding. Quality came in third for the first time, reported to by 14.20% of respondents. Finance garnered 13.88% of responses, and 5.36% of respondents indicated they have a standalone CDI department. (See Figure 7.)

Provider engagement

"When it comes to physician engagement with CDI, it's important to highlight the 'why.' What's in it for them? Whether in a fee-for-service world or far down the value-based path, there are obvious revenue benefits. But more than this, accurately capturing the full patient story supports patient care. And capturing the complexity of a patient population is critical for accurate quality measures.

Communicating the 'why' is critical for enabling technology as well: why and how the solution can make their workday easier through more efficient documentation—and better for their patients too. When they understand that, for example, resolving a nudge as they're documenting may mean that their patient population's complexity will be accurately captured or that it may prevent rework later, that's very compelling to them."

— Dr Travis Bias, DO, Medical Director, Clinician Solutions, 3M HIS

Of all their responsibilities, CDI professionals' work to engage providers continues to be a top concern. As the methods for engagement evolve along with remote opportunities and growing awareness of the profession, ACDIS has found it valuable to check the pulse of CDI efforts in this important category repeatedly over the years.

This year, for the first time since 2020, the percentage of Industry Survey respondents who said their medical staff is highly engaged and motivated did not decrease year-over-year (12.62% in comparison to 12.09% in 2022). Also, 51.89% said their medical staff is mostly engaged and motivated, and 28.55% said their medical staff is somewhat engaged and motivated. Only

4.10% said their medical staff is mostly disengaged, which is the lowest reported since 2020. (See Figure 9.)

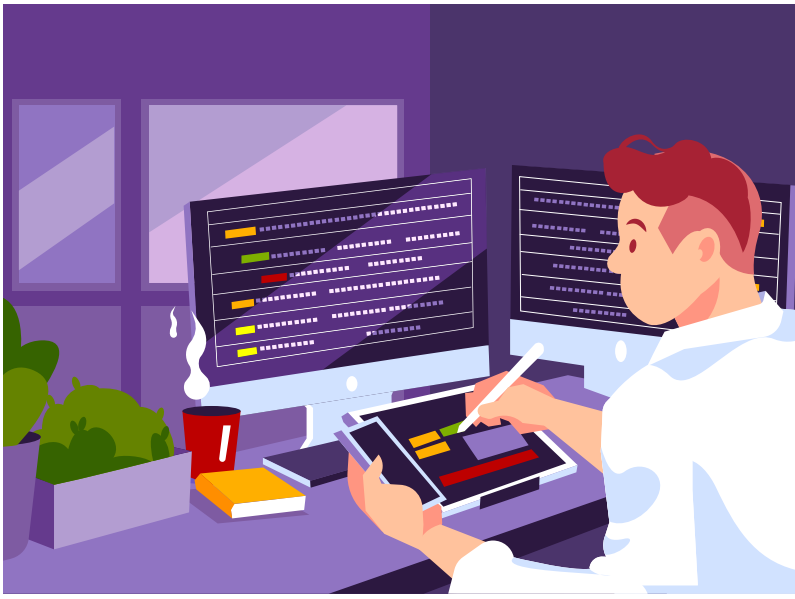
Last year, ACDIS chose to separate out the questions related to physician advisor versus physician champion involvement to better distinguish what kind of help CDI departments have access to. The role of a physician advisor is typically more formalized and may include an official job description, pay scale, etc., while the role of a physician champion is typically more informal and an honorary title. Given that enlisting the help of a physician advisor or champion is one of the most effective ways to increase provider engagement, we hope to glean more data in this area.

Similar to last year's survey results, more respondents have physician advisors (27.76% have a full-time advisor and 36.28% have a part-time advisor) than have a physician champion (15.93% have a full-time champion and 24.61% have a part-time champion). This may be because an advisor role is more attractive to physicians with its formalized title and likelihood of receiving compensation in the form of a set salary or hourly rate for their CDI-related work compared to a physician champion (32.12% versus 12.56%). Year-over-year, these statistics either stayed the same or slightly increased since 2022. (See Figure 10, Figure 11, and Figure 12.)

"If your program has a physician advisor or physician champion, engage them in your efforts," says Sutton. "Reach out together as a united front to hospitalists and service line leaders to explain the expectations and benefits of collaboration and engagement with the CDI team."

About 44% of respondents said they share their part-time physician advisor or champion with another department, a slight increase from 39.55% in the previous year, perhaps indicating that hospitals are having to spread out their resources. Most comments said they share their advisor/champion with the case management department or that their advisor/champion also is a full-time or part-time practicing physician.

In addition to provider support, respondents were also asked how supportive their organization's administrative team is of their CDI department. Most respondents (52.37%) said that their administrative team is strongly supportive, while an additional 30.76% noted that their admin team is moderately supportive. (See Figure 8.)



"For programs that wish to increase provider engagement, take the opportunity to talk with senior leadership," says Sutton. "Ensure they understand the value of the CDI team and how their collaboration with providers improves everything from the accuracy of the DRG and reimbursement to quality and publicly reported outcomes. Ask leadership, including the CMO, to partner with the CDI team."

When it comes to the required time frame for a query response, most respondents (36.44%) said they expect providers to respond within two days and 14.83% expect a response in three days, echoing trends in previous years. Query response rates have risen a bit, from 55.97% in 2022 to 60.09% in 2023 reporting a 91%–100% response rate, and nearly 82% of respondents see above-average response rates (71%–100%). Reported agreement rates also rose slightly year-over-year, with 38.49% reporting an agreement rate of 91%–100% compared to 34.38% in 2022. (See Figure 14, Figure 15, and Figure 16.)

This year, ACDIS also asked respondents what percentage of their query responses are "clinically indeterminable/undetermined," as this answer option is often less than helpful to fully capture the patient's story. An encouraging 42.79% of respondents said that they get this query response less than 5% of the time, and 13.62% said that they don't routinely offer this answer as an option in their query letters. (See Figure 17.)

The percentage of respondents who reported having an escalation policy in place rose slightly from 81.66% in 2022 to 84.23% in 2023. In general, having an escalation policy in place did have a positive effect on overall query response rate, with 63.80% of those with an escalation policy reporting they have a 91%–100% response rate versus only 36.54% of those without an escalation policy. (See Figure 18.)

Professional development and staffing

In the past, the opportunity to grow professionally was a key reason cited by CDI professionals when asked what first drew them to the profession. With the interpersonal communication skills required, never-ending education needed, and expanding opportunities seen, it's no wonder. For these reasons, the ACDIS Advisory Board requested that this year's Industry Survey include a section focused on furthering education, career advancement, staffing, and work culture. This data can benefit those looking to find a different position or improve their CDI department.

For starters, 84.39% of respondents agreed or strongly agreed that they have received sufficient materials to perform their job well, and 84.07% said that they have received sufficient training to perform their job well. Almost 84% of respondents would trust their organization to do the right thing, and 82.81% agreed or strongly agreed that they feel valued and respected by their manager. Other statements that were often agreed or strongly agreed with include trusting their compliance department to support them and protect their confidentiality if they report a compliance concern (74.92%), receiving adequate feedback and recognition regarding job performance (73.97%), and feeling valued and respected by the senior leadership team (72.71%). (See Figure 19.)

Interestingly, while 53.79% of respondents in a lead, supervisor, or manager role (hereafter called a leadership role) strongly agreed that they feel valued and respected by their manager, a lower 42.25% of respondents outside of these roles felt the same. Similarly, only 7.64% of those in leadership roles disagreed or strongly disagreed with the statement, while more than 19% of those in non-leadership roles disagreed or strongly disagreed. This indicates some discrepancy in how CDI leaders feel they are treated in comparison to those in lower positions.

Similar margins were found in other responses, such as receiving sufficient materials to perform their job well, where 50.96% of respondents with a leadership role strongly agreed versus 35.74% of respondents in a non-leadership role. Respondents not in a leadership role also largely disagreed or strongly disagreed that they have involvement in decisions that affect their department function and processes (34.22%), while the sentiment was much less common among those in leadership roles (12.44%).

"Many in leadership roles have extra training and/or bonus structures in place, whereas respondents on the front line or in non-leadership roles do not," says Sutton. "I've heard from quite a few people in non-leadership roles that in their program, there is little to no budget for continuing education or more advanced CDI software. Both can impact the ability to perform their job."

What respondents of any departmental position can agree on, however, is the lack of adequate staffing. Only 22.71% of respondents strongly agreed that they have enough staff for their department's workload, and almost 31% either disagreed or strongly disagreed with the statement. These percentages remained mostly consistent when broken down by leadership roles versus non-leadership roles.

"It takes much longer to adequately educate CDI teams than it did previously when many

programs only focused on capturing CCs and/or MCCs to optimize the DRG," says Sutton. "Programs may struggle to hire and retain experienced CDI professionals, especially programs that are hybrid or on-site, as remote jobs are an enticing option. There are so many opportunities within CDI, many teams lose experienced CDI specialists to professional advancement. This is great for our profession, but it may leave the frontline reviews to less experienced team members who take longer to conduct a record review."

When asked whether their department had a career ladder for advancement in place, more than half of respondents reported in the negative (53.31%), though about 25% of that same population also reported not working at a healthcare system—implying the size of a CDI program may have something to do with the career advancement opportunities available within it. Also, 14.9% of those without a career ladder reported that their department is discussing implementation of such opportunities. Respondents in leadership roles seemed to be more aware of their department discussing career ladder implementation in the future than those not in leadership roles (16.24% versus 8.37%). (See Figure 20.)

"Career ladders play an important role in retaining the most engaged and motivated team members. Lack of professional growth and advancement opportunities can lead to a disengaged team with a higher turnover rate," says Sutton. "Take the opportunity to provide a clear pathway such as a career ladder for the team's continued growth and development."

As part of professional development, CDI and coding certifications show a CDI professional's level of experience and expertise. When CDI departments do offer a pay increase for earning such a certification, they most commonly offer a salary percentage increase when a staff member earns a CDI-specific credential (16.09%). Almost 61% of respondents reported that their organization does not offer a salary increase or bonus associated with earning CDI or coding certifications, however. (See Figure 21.)

This may be because CDI-specific certification requirements are becoming more of a standard for getting hired. About 44% of CDI departments require some kind of CDI-specific certification, CCDS being the most popular requirement (30.60%). In their comments, respondents did specify that these requirements come into effect after a certain number of years or in order to move up their departmental career ladder.

As for reimbursement for those required to have one or more of these certifications, 21.17% of respondents reported that their organization covers costs for preparation, exam fees, and recertification, while on the other hand 25.55% said they receive no assistance. (See Figures 24 and 25.)

Tuition reimbursement for education is a more-seen benefit from organizations, with only 8.36% of respondents reporting that it is not available. A tuition allocation of less than $5,000 is most popular (35.96%), though the next most common choice of respondents was to select "other" and list their organization's unique coverage and limits—showing that many either have a much higher limit than $10,000 or have a limit that is dependent on the kind of education. When it comes to earning CEUs, the majority of respondents do receive financial assistance from their organization (87.38%). (See Figures 22 and 23.)

Outpatient CDI and risk adjustment

"As more organizations and physicians enter into risk-based compensation plans, they face the enormous responsibility of managing care for large patient populations with a range of complex medical conditions and diagnoses. If you're going to take care of these growing high-risk populations, you need a technology framework and FTEs to support the outpatient CDI process. If you're not fully invested in outpatient CDI, then

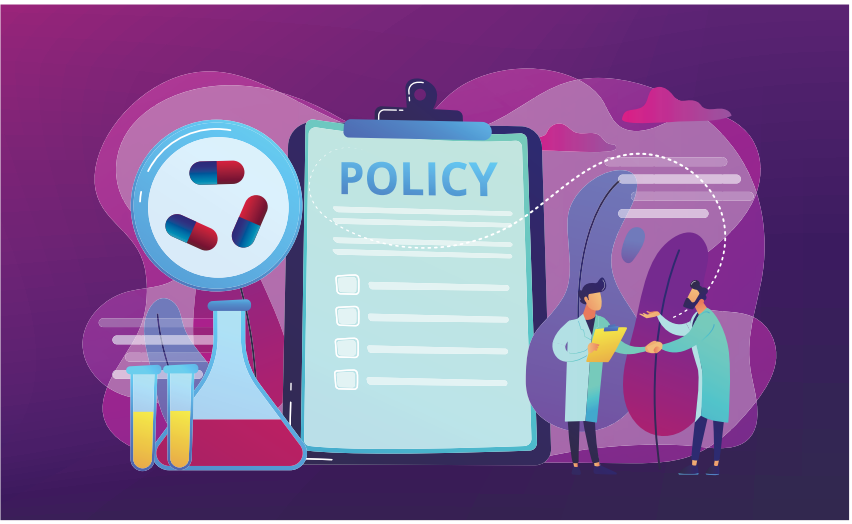
you'll miss HCCs. Thus, impacting the quality of patient care along with restricted payments. Also, as noted earlier, missing out on better patient outcomes.

With this approach, CDI teams and physicians can capture a more complete picture of each patient's chronic conditions, looking beyond the obvious to create a more coordinated, proactive, and successful outpatient care program."

— Robert Budman, MD, MBA, Chief Medical Information Officer, Nuance Communications

Industry Survey results remain consistent with previous years when it comes to outpatient CDI, with 24.61% of respondents reporting a stand-alone outpatient CDI department with dedicated outpatient reviewers and 26.82% reporting some kind of outpatient setting or service reviewed by their department. About 20% say they plan to have an outpatient CDI department in the future. Excluding those who don't review outpatient records or for risk adjustment, physician practice/clinic/Part B services stole first place this year as the most common outpatient service or setting reviewed (34.46%), followed by hospital outpatient services for risk adjustment (30.51%), the emergency department (19.77%), and a new category added as an answer option this year, observation (16.38%). (See Figures 26 and 27.)

Most respondents who review outpatient records said they focus on Hierarchical Condition Category (HCC) capture (47.09%), though this was a notable decrease from 2022 (58.52%), likely because the option "risk adjustment generally (not necessarily tied to HCC capture)" was included as an answer option for the first time this year. This option for general risk adjustment tied in a three-way split for the next most popular review focus area, coming in at 4.65% alongside evaluation and management (E/M) coding and medical necessity/patient status. (See Figure 28.)



The most common timing for outpatient review continues to be prospectively (or before the physician sees the patient), selected by 40.12% of respondents. When comparing year-over-year, reviewing retrospectively (or after the appointment has happened) is still in second place but seems to be catching up at 38.47%, seeing a slow but steady growth over the last three years. In comparison, reviewing concurrently has seen a modest decline from 15.66% in 2021 to 11.63% in 2023. (See Figure 29.)

When asked about a policy for outpatient query compliance, the jump from last year's percentage of respondents that said their policy is based on the ACDIS position paper *Queries in Outpatient CDI: Developing a Compliant, Effective Process* went from 20% back down to 13.95% in 2023, more similar to 2021's results (12.85%). This is more likely to be a brief anomaly in the 2022 data than to suggest an actual decline in industry use, however. A more steady 22.67% said their policy is based on the ACDIS/AHIMA query practice brief, *Guidelines for Achieving a Compliant Query Practice*, consistent with 2022 survey results (21.48%). (See Figure 30.)

One of the biggest challenges in outpatient CDI has always been tracking impact. This is largely due to two reasons. First, there have been fewer technological solutions specifically designed for outpatient CDI efforts, and second, much of the payment and risk adjustment methodologies are prospective in nature, which means CDI departments may not see their impact reflected in risk scores and reimbursement for a year or more. This seems to be an increasing issue, according to survey respondents, as 31.98% said they use a spreadsheet to track their impact and 23.26% said they have no way to track their impact at all, both slightly up from last year's results. This year, ACDIS also included three new answer options and found 5.81% of respondents use feedback from payers and their accountable care organizations. (See Figure 31.)

For additional data, this year ACDIS also tracked what key performance indicators respondents use to

monitor their outpatient CDI impact. Highest on the list, 42.44% reported using HCC capture, followed by their risk adjustment factor score year-over-year (37.79%). More than 29%, however, said they currently don't track any metrics related to outpatient program performance. (See Figure 32.)

Denial trends and CDI involvement

Compared to last year, the percentage of respondents involved in the denials or appeals process (58.72%) went back down 10 percentage points, more in line with results from 2020. Most respondents involved in the process said they've been involved for one to two years (13.37%), followed by those who've been involved for five to six years (12.21%) and those who've been involved for more than 10 years (11.05%). Those who've been involved for three to four years saw a surprising decline, from 17.91% to 9.88% comparing 2022 to 2023. (See Figure 33.)

Of all the roles in a CDI department, team leads and managers seem to be involved most often in the denials management process, according to 40.59% of respondents. Physician advisors/champions and CDI educators/auditors were also popular choices, selected by 30.69% and 28.71% of respondents, respectively. Just behind them, 24.75% said that their CDI department has a designated denials or appeals specialist and 22.77% said their CDI second-level reviewers also get involved. From this data, it seems that when a CDI department does become part of the denials management process, it's a team effort. (See Figure 34.)

"In the current climate with organizations fighting for every dollar, denial prevention and appeals processes continue to play important role in ensuring appropriate reimbursements," says Sutton. "Unfortunately, we are all struggling with the same frustrations and barriers related to this issue. For those thinking about getting involved with denials, reach out to other professionals within the ACDIS community who have successfully implemented a denials program. You could gain valuable insight on ideas that would work in your own program."

For CDI departments that help in this area, their involvement does seem to be increasing across types of denials. Clinical validation denials remain the most popular (83.17%), up from 2022 (74.82%), followed by DRG validation at 66.34%, which saw a sharp increase from 51.08% in 2022. Across the board, medical necessity and coding-based denials also saw increased involvement year-over-year. (See Figure 35.)

Most respondents (64.36%) said they don't know how many of their inpatient claims result in a denial, followed by 10.89% who said 11%–20% of their claims are denied. Additionally, mirroring last year's findings, respondents reported that most of their denials are clinical validation denials (accounting for an average of 33.16% of all denials). Interestingly, respondents reported that medical necessity denials now account for, on average, 23.80% of all denials, which is up

from 2022 when respondents said they accounted for 17.21% on average. This increase could be why more CDI professionals are now involved with medical necessity denials at all. (See Figures 36 and 37.)

In comparison to 2022 Industry Survey results, private payers remain the number one culprit for denial origins (38.61%). From the free-text comments, UnitedHealthcare, Blue Cross Blue Shield, and Humana have secured the top spots of denying payers for the second year in a row. (See Figure 38.)

When asked to choose their top five denied diagnoses, sepsis was chosen the most by a large margin (81.19%), followed by respiratory failure (62.38%) and malnutrition (50.50%), consistent with past years. (See Figure 39.)

When asked how their CDI departments are currently involved in the denials management process, nearly half (43.22%) of respondents said they clinically validate high-risk diagnoses concurrently, followed by

those who review denials on a case-by-case basis upon request (40.69%), those who conduct mortality reviews for denial defense (31.23%), and those who provide education to physicians based on denial trends (26.97%). (See Figure 40.)

"Clinical validations are effective because they can be done concurrently to ensure the diagnoses documented are clinically supported," says Sutton. "Provider education on diagnosis criteria and denials mitigation through improved documentation are other important ways to help combat time spent on denials and appeals."

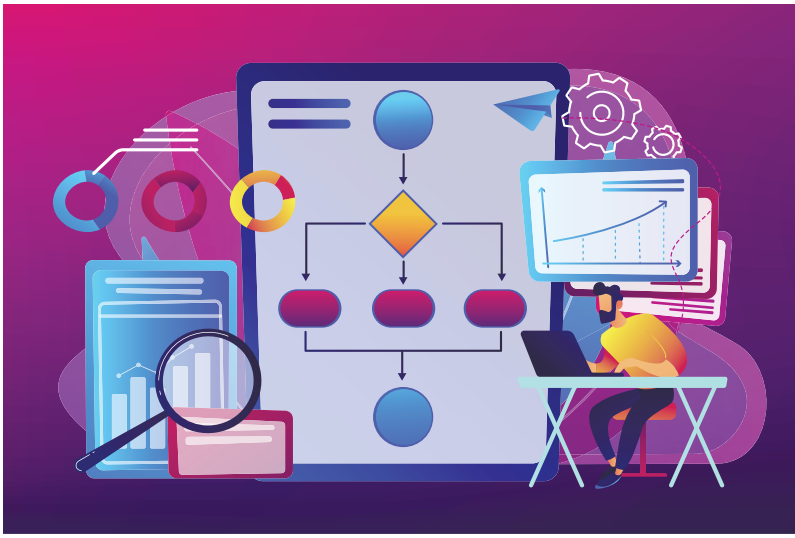
Workflow tools and technology

"AI-powered technology has revolutionized not just the workflow of the CDI professional, but also the operations and overall impact of CDI programs. Real-time intelligence, channeled through technologies such as CAPD, has enabled clinicians to better safeguard the accuracy and specificity of their documentation at the point of care. This frees up more time for CDI professionals to apply their expertise to higher-value cases that are proactively identified and flagged by AI. It's a win-win."

— Deb Wagner, Product Manager, CDE One, Nuance Communications

With the emergence of advanced artificial intelligence (AI) programs released to the public in the last year, many industries have had technology and digital tools top of mind. Particularly for CDI efforts, there's much that software, equipment, and tools can assist in, but hospitals still worried about their bottom line may struggle to provide adequate funds, support, and resources to justify the investment. This year, ACDIS decided to focus on workflow tools and technology to better gauge the CDI industry's available resources, education, and usage of solutions, whether powered by technology or not.

When asked about their department's equipment and IT support for CDI job functions, the majority of respondents (62.62%) said that they have their needs fulfilled in both areas. When there was a problem, IT support seemed to be the common denominator, with 17.51% reporting sufficient equipment but insufficient IT support, and 11.99% saying that both are lacking. (See Figure 41.)



Perhaps even more fundamental than technology, education is essential to CDI responsibilities and success. Of the educational and resource tools listed, query templates were most likely to be provided (80.44%), followed by vendor-supplied educational resources/sessions (67.51%). Receiving CDI books and online training modules also looks to be common, selected by 59.62% and 58.68% of respondents, respectively. The option chosen the least was attendance at local and national CDI conferences/events (35.33%), which may be due to lower departmental budgets and reluctance to travel still prevalent since the beginning of the COVID-19 pandemic. (See Figure 42.)

CDI software isn't anything new, but as the number of options and updates continues to grow, CDI departments have a plethora of solutions to choose from. Electronic querying is the most common solution used by the majority of respondents (75.88%, mirroring the data found in Figure 42) followed by electronic grouper software (75.55%), with computer-assisted coding a little further behind (about 72%). Those using a software solution tended to find it either has improved or has not noticeably altered their performance; of those who reported that a solution has negatively impacted their performance, the highest percentage was for chart prioritization software at only 5.52%. (See Figure 43.)

Looking toward the future, computer-assisted physician documentation (CAPD) was most popular in people's plans to implement in 2024 (12.78%), with chart

prioritization (9.15%) and quality database software (8.68%) next in popularity.

"Grouper and prioritization software are commonplace across CDI programs and the solutions I personally have found most useful for proficiency and efficiency," Sutton says. "CAPD has the potential to assist providers with specificity of documentation for the most common query opportunities. This may allow CDI teams to focus on more advanced query opportunities, like linking diagnoses to optimize the DRG."

Outside of usage and impact, ACDIS also measured respondents' level of trust in the software solutions listed. Of those who use the solutions listed on the survey, software used the most also saw the highest rate of trust, with 65.14% of respondents saying they either fully or mostly trust electronic querying and 64.19% saying the same of electronic grouper software. Correlating with negative impact, chart prioritization saw the highest percentage of respondents who either do not trust or mostly distrust the software (13.25%), implying this solution may have a worse reputation than most used by CDI departments. (See Figure 44.)

Of all statements listed about the impact of technology, the majority of respondents agreed that it has allowed them to perform more work remotely (66.25%) and increase productivity or see more charts per day (57.57%). Almost half agreed that technology helps to identify "low-hanging fruit" queries so CDI staff can focus on more complex issues or expanded reviews, and almost 40% agreed that it's helped to increase collaboration with other departments and roles, though not as many agreed that it's freed up time for provider education (9.15%). As for statements implying more negative impact from technology, a smaller 14.20% agreed that it can be perceived as decreasing the need for critical thinking among CDI specialists, and only 7.89% agreed that some CDI team members think technology is a way of replacing their jobs rather than freeing up their time to focus on more complex issues. (See Figure 47.)

"No matter how advanced technology has become, there is no replacement for critical thinking. AI does a decent job of identifying query opportunities, but critical thinking skills are necessary to validate those opportunities," says Sutton. "Critical thinking should be encouraged to identify more advanced query opportunities, such as linking symptoms to underlying etiologies to better optimize the DRG."

ACDIS has long held that there can't be an industry standard for productivity that suits every organization and department's unique situation, but ACDIS does continue to measure the number of inpatient reviews actually completed per day in order to give CDI professionals a global view of what could be considered "normal." This year, the question was divided between inpatient and outpatient reviews to better capture CDI professionals' diverse responsibilities. For inpatient reviews, results stayed consistent with 2022 for new reviews, as six to 10 reviews per day was most common (61.36%) followed by 11–15 (15.30%), though a slightly higher number perform zero to five reviews (8.52% in 2023 compared to 5.81% in 2022), perhaps due to the higher number of respondents having CDI leadership roles that require their focus elsewhere. The number of re-reviews commonly completed per day more noticeably lowered, with six to 10 re-reviews just barely eclipsing 11–15 re-reviews a day as the most popular answer choice (35.49% and 34.07% respectively). This may be due to the scope of CDI efforts expanding and the focus on quality increasing. Every CDI department is different, however, with things like organizational goals, review focuses, and patient populations all influencing professionals' review and re-review numbers. (See Figure 45.)

For outpatient reviews completed per day, the average was tied between 16–20 and more than 25 (16.38% each). These higher review numbers are likely due to a couple factors that set outpatient reviews apart from their inpatient counterparts. First, outpatient visits are naturally shorter than inpatient stays and therefore the amount of documentation to review is likely quite a bit smaller, allowing CDI staff to complete their reviews faster. Secondly, outpatient patient volumes may be higher than inpatient volumes so CDI staff have more charts to get through in the day. (See Figure 46.)

"I believe that as CDI programs expand their focus, the percentage of respondents who report reviewing 11–15 new patient reviews per day will level out or continue to decrease," says Sutton. "While the number of respondents indicating six to 10 new patient reviews will likely remain steady, especially with more programs focusing on quality and denial mitigation." ■

2023 CDI Industry Overview Survey

1. Title/role, year-over-year

Answer Options	2020	2021	2022	2023
CDI specialist	49.32%	44.39%	43.32%	30.91%
CDI second-level reviewer	1.06%	1.06%	1.83%	1.42%
CDI lead	3.30%	4.13%	3.52%	4.42%
CDI supervisor	3.89%	3.28%	3.66%	5.21%
CDI manager	14.72%	17.37%	18.28%	21.29%
CDI director	10.60%	11.44%	12.66%	15.30%
CDI auditor	1.53%	2.01%	1.13%	1.10%
CDI educator	2.71%	3.07%	3.09%	4.73%
CDI physician educator	0.24%	0.64%	0.28%	0.79%
CDI informaticist/analyst	0.35%	0.53%	0.28%	0.79%
CDI-coding liaison	0.12%	0.42%	0.28%	0.16%
CDI quality specialist	0.71%	0.85%	1.13%	1.10%
CDI denials specialist	0.47%	0.42%	0.28%	0.16%
HIM/coding supervisor	0.12%	0.11%	0.28%	0.16%
HIM/coding manager	0.12%	0.74%	0.56%	0.47%
HIM/coding director	2.00%	1.17%	0.98%	1.26%
HIM/coding professional	0.82%	0.64%	0.14%	0.32%
Physician advisor/champion	0.47%	0.64%	0.84%	0.63%
Hospital executive	0.47%	0.95%	0.98%	0.79%
Consultant	1.53%	1.59%	1.69%	0.79%
Vendor Note: This was not an option on the 2020 or 2021 survey.	N/A	N/A	0.14%	0.00%
Other (please specify)	4.95%	4.56%	4.64%	8.20%

Selected other responses:

- CDI denials manager
- Risk adjustment program manager
- CDI coordinator
- Revenue management educator
- Assistant director of coding quality assurance
- VP of clinical documentation operations
- UR director
- RN quality
- Defense auditor nurse
- Inpatient denials coding auditor
- CDI auditor and data specialist
- Contractor
- Director of physician advisor program
- CDI onsite liaison
- Government appeals manager
- Senior director of middle revenue cycle
- Chief revenue officer
- Executive director of clinical financial services
- Senior director of HIM

2. Organization type, year-over-year

Answer Options	2020	2021	2023
Acute care hospital	48.09%	45.29%	40.06%
Academic medical center/teaching hospital	16.53%	16.88%	18.45%
Healthcare system with multiple sites	26.27%	26.44%	33.28%
Outpatient/physician practice	1.59%	1.97%	1.26%
Children's hospital/pediatrics	0.64%	1.27%	1.10%
Critical access hospital/rural healthcare	0.21%	0.00%	0.16%
Rehab (inpatient or outpatient)	0.32%	0.00%	0.00%
Home health	0.00%	0.14%	0.16%
Long-term acute care	0.53%	0.14%	0.16%
Consulting firm	3.07%	3.09%	1.26%
Vendor organization Note: This was not an option on the 2021 survey.	N/A	2.11%	1.58%
Other (please specify)	2.75%	2.67%	2.52%

Selected other responses:

- ACO
- Independent consultant
- Revenue cycle company
- Health insurance services
- Health plan
- Laboratory testing
- Payer
- Government

3. Time in role and profession

Answer Options	In profession	In current role	Intend to stay in role
0-2 years	6.62%	32.33%	5.99%
3-5 years	11.83%	23.97%	11.04%
6-8 years	19.09%	19.24%	10.57%
9-10 years	15.46%	11.67%	12.46%
11-15 years	23.82%	9.46%	12.62%
16-20 years	9.78%	2.52%	11.83%
More than 20 years	13.25%	0.47%	18.77%
Unsure	0.16%	0.32%	16.72%

4. Number of facility beds, year-over-year

Answer Options	2022	2023
100 or less	4.50%	2.68%
101–200	8.72%	4.73%
201–300	12.94%	10.88%
301–400	9.00%	9.62%
401–500	9.70%	10.73%
501–600	7.45%	8.36%
601–700	4.50%	4.42%
701–800	5.91%	4.10%
801–900	3.66%	3.31%
901–1,000	3.66%	3.63%
1,001 or more	12.94%	18.30%
N/A	17.02%	19.24%

5. Number of systemwide beds, year-over-year

Answer Options	2022	2023
500 or less	12.66%	8.68%
501–600	3.52%	3.00%
601–700	3.09%	3.00%
701–800	4.36%	2.21%
801–900	3.94%	3.63%
901–1,000	4.36%	4.26%
1,001–1,500	9.99%	12.46%
1,501–2,000	6.89%	8.52%
2,001–2,500	3.38%	5.68%
2,501–3,000	4.78%	5.99%
3,001 or more	28.27%	29.18%
N/A; I don't work in a healthcare system	14.77%	13.41%

6. Credentials held, year-over-year

Answer Options	2022	2023
Accredited Case Manager (ACM)	1.97%	1.10%
Certified Clinical Documentation Specialist (CCDS)	61.88%	66.09%
CCDS-Outpatient (CCDS-O)	2.95%	4.57%
Certified Case Manager (CCM)	3.23%	3.47%
Certified Coding Specialist (CCS)	16.88%	18.30%
Certified Professional Coder (CPC)	4.78%	5.21%
Certified Documentation Expert Outpatient (CDEO)	0.70%	1.42%
Clinical Documentation Improvement Practitioner (CDIP)	9.28%	13.09%
Certification in Healthcare Revenue Integrity (CHRI)	0.00%	0.00%
Certified Professional in Healthcare Quality (CPHQ)	1.55%	2.05%
Certified Risk Adjustment Coder (CRC)	3.52%	4.26%
Fellow of American College of Healthcare Executives (FACHE)	0.00%	0.00%
Licensed Practical Nurse (LPN)	0.84%	0.32%
Bachelor of Medicine, Bachelor of Surgery (MBBS)	1.13%	1.26%
Doctor of Medicine (MD)	3.23%	3.31%
Doctor of Osteopathic Medicine (DO) Note: This option was not included on the 2022 survey	N/A	0.00%
Master of Healthcare Administration (MHA)	3.94%	5.21%
Nurse Practitioner (NP)	0.98%	0.63%
Physician Assistant (PA)	0.00%	0.00%
Registered Health Information Administrator (RHIA)	5.63%	7.10%
Registered Health Information Technician (RHIT)	4.50%	4.73%
Registered Nurse (RN)	72.01%	74.13%
Registered Respiratory Therapist (RRT)	0.70%	0.16%
Other (please specify)	26.86%	28.23%

Selected other responses:

- CEMA
- CPCD
- Certified Revenue Cycle Representative (CRCR)
- CCS-P
- BSN
- MSN
- MPA
- Certified pediatric nurse (CPN)
- DNP
- Certified emergency nurse
- LNCC, CFN, CNLCP
- CCA
- MSHCI, CAHIMS
- Certified inpatient coder (CIC)
- Doctor of chiropractic (DC)
- MBA

- Family community nurse (FCN)
- Medical-surgical ANCC board certified (RN-BC)
- Critical care nurse (CCRN)
- MHL
- Certified rehab nurse (CRRN)
- Certified in healthcare compliance (CHC)
- CPUR
- CPSO, CPPS
- WOCN
- CCRN-K
- GERO-BC
- PCCN-K

7. Reporting structure, year-over-year

Answer Options	2021	2022	2023
Stand-alone CDI department	6.89%	7.88%	5.36%
HIM/coding	23.31%	21.38%	17.67%
Finance	14.19%	13.08%	13.88%
Revenue integrity/cycle	27.44%	30.24%	34.54%
Quality	11.65%	12.10%	14.20%
Nursing/clinical	1.38%	2.11%	1.58%
Case management	7.42%	5.34%	3.63%
Other (please specify)	7.73%	7.88%	9.15%

Selected other responses:

- C-suite
- CMO
- UM
- Compliance
- Clinical integrated network
- Varies per facility
- Population health
- Operations
- IT

8. Perceived administrative support, year-over-year

Answer Options	2021	2022	2023
Strongly supportive	52.89%	46.27%	52.37%
Moderately supportive	30.22%	31.34%	30.76%
Somewhat supportive	13.89%	18.06%	13.56%
No apparent support	1.78%	3.13%	2.21%
Other (please specify)	1.22%	1.19%	1.10%

9. Perceived provider engagement, year-over-year

Answer Options	2019	2020	2021	2022	2023
Highly engaged and motivated	12.71%	20.42%	14.44%	12.09%	12.62%
Mostly engaged and motivated, with some exceptions	51.03%	50.00%	50.89%	46.72%	51.89%
Somewhat engaged and motivated	31.78%	25.49%	26.78%	30.75%	28.55%
Mostly disengaged and unmotivated	4.49%	4.08%	5.00%	7.61%	4.10%
Don't know Note: This option was not included on the 2019 or 2020 survey	N/A	N/A	0.78%	1.04%	1.10%
Not applicable	N/A	N/A	2.11%	1.79%	1.74%

10. Physician advisor involvement, year-over-year

Answer Options	2022	2023
Yes, we have a full-time physician advisor	28.21%	27.76%
Yes, we have a part-time physician advisor	33.58%	36.28%
No, but we plan on engaging one in the near future	8.36%	11.51%
No, we have no plans to engage a physician advisor	17.16%	12.78%
Don't know	4.63%	2.52%
Other (please specify)	8.06%	9.15%

Selected other responses:

- Shared with case management
- Recently retired, looking for another
- Yes, but not in a paid capacity so level of involvement varies
- Some facilities have a PA and some do not
- It is our CMO currently
- Yes, but not very engaged
- We have multiple part-time advisors

11. Physician champion involvement, year-over-year

Answer Options	2022	2023
Yes, we have a full-time champion	15.67%	15.93%
Yes, we have a part-time champion	23.88%	24.61%
No, but we plan on engaging one in the near future	9.40%	11.51%
No, we have no plans to engage a champion	31.94%	28.08%
Don't know	11.19%	8.52%
Other (please specify)	7.91%	11.36%

Selected other responses:

- Retired without a replacement
- Rotating part-time champions, by volunteer
- The hospital CMO serves as our physician champion at each site
- Only physician advisors
- Unsure the difference between champion and advisor
- Not officially, but we have a couple who champion CDI issues
- We have service line champions
- Yes, on a very limited basis
- N/A

12. Physician advisor and champion compensation, year-over-year

Answer Options	Physician Advisor 2022	Physician Advisor 2023	Physician Champion 2022	Physician Champion 2023
Yes, they receive a set salary for their CDI-related work	21.65%	25.60%	10.55%	8.04%
Yes, they receive an hourly rate for their CDI-related work	8.57%	6.52%	4.29%	4.52%
No, they are not compensated for their CDI-related work	6.77%	6.52%	12.50%	11.39%
Unsure about their compensation	35.49%	38.00%	30.47%	32.33%
N/A, we don't have this position	27.52%	24.01%	42.19%	45.23%

13. Part-time physician advisor/champion sharing, year-over-year

Answer Options	2022	2023
Yes (please describe)	39.55%	44.01%
No	7.91%	7.73%
Don't know	17.61%	13.72%
N/A; we don't have a part-time advisor or champion	34.93%	34.54%

Part-time advisors/champions are shared with:

- Fulltime practicing physician
- Utilization management
- Many other departments
- Quality
- Hospitalist team
- ED department
- Case management
- Social services
- Private practice provider
- Performance improvement
- Academic and internal medicine
- Appeals
- Dietitians
- Revenue integrity
- Denials
- Coding

14. Required timeframe for query response, year-over-year

Answer Options	2021	2022	2023
One day	10.91%	7.31%	9.78%
Two days	34.20%	39.40%	36.44%
Three days	14.06%	13.28%	14.83%
Four days	2.81%	1.79%	1.74%
Five days	2.70%	3.73%	2.21%
Six days	0.22%	0.75%	0.32%
Seven days	5.06%	5.22%	5.99%
Eight-14 days	5.74%	5.22%	5.68%
Within 30 days	5.74%	5.52%	4.10%
We don't have a timeframe for query response	10.69%	9.10%	7.89%
Don't know	2.25%	3.13%	2.52%
Other (please specify)	5.62%	5.52%	8.52%

Selected other responses:

- Varies depending on client/site
- Concurrent: 1 day post discharge; Retrospective: 30 days post query
- 180 days
- 60 days
- 45 days
- 20 days
- 15 days post-discharge
- We ask that they respond within 48 hours, but no requirement
- Prefer two days, but close out query at 14 days if there is no response
- If they don't answer a query within 14 days they are put on suspension and aren't allowed topractice in the hospital until the queries are answered.
- Before the patient is discharged
- Varies per facility
- 24 hours before CDS reaches out to them, follow up every 24 hours, escalated to physician advisor then champion
- Queries are prospective so same day at time of visit
- 10 days, with exceptions
- We leave a query open for 60 days with daily escalation
- 1 day for concurrent query, 3 days for retrospective query

15. Query response rate, year-over-year

Answer Options	2022	2023
0%–25%	1.34%	0.79%
26%–50%	2.24%	1.74%
51%–60%	1.64%	1.10%
61%–70%	1.34%	1.26%
71%–80%	4.78%	4.57%
81%–90%	18.36%	17.19%
91%–100%	55.97%	60.09%
Don't know	9.85%	10.57%
We don't track this metric	4.48%	2.68%

16. Query agreement rate, year-over-year

Answer Options	2022	2023
0%–25%	2.09%	1.74%
26%–50%	2.69%	2.52%
51%–60%	1.79%	0.95%
61%–70%	2.09%	1.26%
71%–80%	7.76%	7.41%
81%–90%	34.18%	31.70%
91%–100%	34.48%	38.49%
Don't know	10.45%	11.09%
We don't track this metric	4.48%	4.89%

17. Clinically indeterminable/undetermined query response rate

Answer Options	Percentage
1%–2%	23.72%
3%–4%	19.07%
5%–6%	9.46%
7%–8%	4.97%
9%–10%	6.25%
11%–15%	2.88%
16%–20%	1.44%
More than 20%	1.60%
We don't offer that option routinely	13.62%
We don't track this metric	16.99%

18. Escalation policy use and physician response rate

Answer Options	We have escalation policy	We don't have an escalation policy	Don't know
0%-25%	0.05%	3.85%	0.00%
26%-50%	1.35%	7.69%	8.70%
51%-60%	0.84%	3.85%	0.00%
61%-70%	1.18%	1.92%	0.00%
71%-80%	4.71%	1.92%	4.35%
81%-90%	16.50%	21.15%	17.39%
91%-100%	63.80%	36.54%	21.74%
Don't know	9.93%	7.69%	43.48%
We don't track this metric	1.18%	15.38%	4.35%

Selected other responses:

- For retrospective, not concurrent
- Drafted but not approved yet
- We do but it is not utilized by manager
- Only with hospitalists
- Only for quality queries
- I work in outpatient CDI and we do not query
- No, currently revamping this process
- Not a policy but a process/procedure is used
- We track this and work with provider leadership when trends are identified

19. Staff development opportunities and perceptions

Answer Options	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I have received sufficient materials to perform my job well	3.79%	4.57%	7.26%	40.38%	44.01%
I have received sufficient training to perform my job well	3.94%	3.94%	8.04%	40.54%	43.53%
I feel valued and respected by my manager	5.21%	5.84%	6.15%	29.02%	53.79%
I feel valued and respected by the senior leadership team	5.99%	7.89%	13.41%	32.65%	40.06%
My CDI team is adequately staffed for the workload we have	11.20%	19.72%	13.25%	33.12%	22.71%
I am involved in decisions that affect our department functions &processes (such as software vendors, workflow processes, and departmental mission)	11.04%	10.25%	15.77%	30.13%	32.81%
I receive adequate feedback and recognition regarding my job performance	6.31%	8.20%	11.51%	36.59%	37.38%
I trust my compliance department to support me and protect my confidentiality if I reported a compliance concern	5.36%	3.79%	15.93%	33.12%	41.80%
My organization would do the right thing if I or a coworker reported a compliance or legal concern	3.79%	2.05%	10.41%	31.86%	51.89%
I trust my HR department to support me if I reported any kind of concern	6.94%	8.36%	18.93%	32.33%	33.44%
My organization holds employees accountable for their actions/behaviors	4.57%	9.46%	17.03%	39.27%	29.65%

20. Career ladder

Answer Options	Overall	Respondents with a leadership role	Respondents with a non-leadership role
Yes, with opportunities for increased responsibilities and pay	36.91%	43.31%	30.04%
Yes, with opportunities for increased responsibilities only	5.05%	3.50%	6.46%
No career ladder opportunities	39.59%	34.71%	47.91%
No, but they are discussing implementation of such opportunities	13.72%	16.24%	8.37%
Don't know	4.73%	2.23%	7.22%

21. Pay increases related to earning CDI/coding certifications

Answer Options	Percentage
Yes, they offer a one-time bonus when a staff member earns a CDI-specific credential (such as the CCDS, CCDS-O, CDIP, etc.)	6.47%
Yes, they offer a salary percentage increase when a staff member earns a CDI-specific credential (such as the CCDS, CCDS-O, CDIP, etc.)	16.09%
Yes, they offer a one-time bonus when a staff member earns a coding-specific credential (such as the CCS, CPC, CRC, etc.)	1.58%
Yes, they offer a salary percentage increase when a staff member earns a coding-specific credential (such as the CCS, CPC, CRC, etc.)	3.47%
No, there is not a salary increase or bonus associated with earning CDI or coding certifications.	60.73%
Don't know	8.68%
Other (please specify)	9.15%

Selected other responses:

- Yearly monetary bonus
- No, it is a job requirement
- We offer a bonus after certification and with each recertification
- One time gift card
- They used to, but the policy has changed
- Only reimbursement for costs
- The credential makes them eligible for next level in career ladder that includes a higher salary
- Only for RNs

22. Tuition reimbursement for education

Answer Options	Percentage
Yes, but limited to less than $1,000	10.41%
Yes, but limited to less than $5,000	35.96%
Yes, but limited to less than $10,000	11.36%
No, tuition reimbursement is not a benefit	8.36%
Don't know	12.15%
Yes, other (please specify)	21.77%

Selected other responses:

- If approved, no set limit
- Yes, unknown limit
- Yes, annual limit
- 100% tuition reimbursement for bachelor's and master's, 75% for doctorate and $4,000 per year for non-tuition
- $5,000 per year for graduate, $2,500 per year for undergraduate
- A scholarship program that covers most of the tuition
- It is a union benefit
- Tuition reduction for specific courses
- 100% coverage with participating education facilities
- $12,500 limit
- $15,000 limit
- $21,000 limit
- Only for patient care positions
- Unlimited for CDI staff, $3,000 limit for management
- Yes, for obtaining CCDS certification
- Nursing degrees only

23. Financial assistance for earning CEUs

Answer Options	Percentage
Yes, via access to a platform that has CEU-approved education	37.54%
Yes, via reimbursement for CEUs required to maintain my CDI/coding credential(s)	14.51%
Yes, the organization provides educational opportunities with CEUs	35.33%
We are responsible for CEUs needed to maintain our CDI/coding credential(s) and receive no financial support	31.83%
Don't know	3.94%

24. Departments with CDI-specific certification requirements

Answer Options	Percentage
CCDS	30.60%
CCDS-O	3.31%
CDIP	7.89%
CRC	2.37%
CCS	5.05%
No, they do not	55.05%
Don't know	1.74%
Other (please specify)	14.35%

Selected other responses:

- One related certification required, employee's choice
- CRCR
- CPC
- CDEO
- CPN
- CCM
- CRC used to be but no longer required
- CCDS strongly encouraged
- CCDS or CCDS-O
- CCDS after two years
- CDIP after two years
- CCDS only for lead positions
- CRCR only for manager positions and above
- Only for moving up career ladder
- Depends on the role
- Not at this time, but may soon

25. Reimbursement for required certifications

Answer Options	Percentage
Yes, costs covered for prep, exam fees, and recertification	21.17%
Yes, costs covered for exam fees and recertification	22.26%
Yes, cost covered for initial exam fees	16.79%
Yes, cost covered for recertification	10.58%
No assistance given	25.55%
Don't know	3.65%

26. Outpatient expansion, year-over-year

Answer Options	2021	2022	2023
We have a standalone outpatient CDI department with dedicated outpatient reviewers	16.58%	20.61%	24.61%
Our inpatient reviewers also review some outpatient records or provide education	3.15%	3.60%	2.21%
We don't have an outpatient CDI department but are planning to	25.87%	21.85%	20.35%
We don't have an outpatient CDI department and have no plans to add one	46.27%	44.37%	42.90%
Don't know	4.15%	5.63%	4.73%
Other (please specify)	3.98%	3.94%	5.21%

Selected other responses:

- We are assessing the potential ROI
- Piloted but not adopted
- Outpatient belongs to HIM
- An outpatient coding team, but not CDI
- N/A

27. Outpatient settings/services reviewed, year-over-year

Answer Options	2022	2023
Hospital outpatient services: Ambulatory surgery	18.45%	15.82%
Hospital outpatient services: Emergency department	17.59%	19.77%
Hospital outpatient services: Medical necessity of admissions	10.73%	8.47%
Hospital outpatient services: National and local coverage determinations	7.29%	8.47%
Hospital outpatient services: Quality measures	9.87%	14.12%
Hospital outpatient services: Risk adjustment	23.60%	30.51%
Physician practice/clinics/Part B services	23.17%	34.46%
Pre-op outpatient services for high-acuity surgical admissions Note: This option was not included on the 2022 survey	N/A	5.08%
Rehabilitation (outpatient)	3.43%	7.34%
Observation Note: This option was not included on the 2022 survey.	N/A	16.38%
Don't know	37.34%	36.63%
Other (please specify)	14.59%	24.29%

Selected other responses:

- Chemo- and radiology-related
- Home care
- Skilled nursing facilities
- Provide education from VISN audits to providers
- Only outpatient cases that need queries
- Implementing soon
- Provider clinics
- For HCC capture
- For charge capture

28. Outpatient review focus, year-over-year

Answer Options	2022	2023
Hierarchical Condition Category (HCC) capture	58.52%	47.09%
Evaluation and management (E/M) coding	3.70%	4.65%
Denials prevention	3.70%	1.74%
Medical necessity/patient status	5.19%	4.65%
Coverage of drugs/devices/procedures, etc.	1.48%	0.58%
Emergency department reviews/observation	2.96%	1.74%
Infusion injection stop times Note: This option was not included on the 2022 survey.	N/A	1.16%
Accuracy of Current Procedural Terminology (CPT®) codes for expensive surgeries/procedures	1.48%	1.74%
National and local coverage determinations Note: This option was not included on the 2022 survey.	N/A	1.16%
Quality measures Note: This option was not included on the 2022 survey.	N/A	0.58%
Risk adjustment generally (not necessarily tied to HCC capture) Note: This option was not included on the 2022 survey.	N/A	4.65%
Don't know	11.11%	10.47%
Other (please specify)	11.85%	19.77%

Selected other responses:

- Screen for lacking documentation
- All of the above
- HIPPS code validation
- Mostly CMS HCCs, but also HHA HCCs and Medicaid
- Documentation that flows to inpatient

29. Outpatient review timing, year-over-year

Answer Options	2021	2022	2023
Prospectively—before the physician sees the patient	33.33%	40.74%	40.12%
Concurrently—while the patient is in the office	15.66%	12.59%	11.63%
Retrospectively—after the appointment has happened	30.92%	31.85%	38.37%
We don't perform chart reviews/focus is on education	5.22%	9.63%	7.56%
Don't know	31.73%	9.63%	11.05%
Other (please specify)	6.43%	14.81%	17.44%

Selected other responses:

- We look at all patients
- Observation
- Concurrently when patient is OBS, retrospectively on trauma accounts, or mortality in the ED
- Only ED records are after admission
- Both concurrent and retrospectively
- After H&P visit and after surgery
- N/A

30. Policy for outpatient query compliance, year-over-year

Answer Options	2021	2022	2023
We have a policy based on the ACDIS position paper *Queries in Outpatient CDI: Developing a Compliant, Effective Process*	12.85%	20.00%	13.95%
We have a policy based around the ACDIS/AHIMA query practice brief, *Guidelines for Achieving a Compliant Query Practice*	19.28%	21.48%	22.67%
We have a policy that was homegrown within our program	9.64%	6.67%	5.81%
We don't have one, but are developing one	5.22%	9.63%	9.30%
We do not have an outpatient query policy	8.84%	12.59%	8.72%
Don't know	39.36%	20.74%	18.60%
Other	4.82%	8.89%	11.63%

31. Tracking outpatient CDI impact, year-over-year

Answer Options	2022	2023
We use outpatient-specific CDI software	11.85%	8.14%
We use a modified version of our inpatient-specific CDI software	2.96%	1.74%
We track impact manually using a spreadsheet	28.89%	31.98%
We contract with an external company to monitor our performance	8.89%	3.49%
Our internal IT department created a tracking tool for us	13.33%	12.21%
We track the conversion rate of observation to inpatient based on CDI queries Note: This option was not included on the 2022 survey.	N/A	0.58%
We use feedback from payers and our ACO Note: This option was not included on the 2022 survey.	N/A	5.81%
We track E/M professional fee billing Note: This option was not included on the 2022 survey.	N/A	2.33%
N/A; we don't have a way to track our impact	22.22%	23.26%
Other (please specify)	20.00%	25.00%

Selected other responses:

- Unsure
- Our physician chair created tools for us to track
- Managed by coding
- RAF score improvements for each payer
- HCC recapture rates

32. Key performance indicators to monitor outpatient CDI impact

Answer Options	Percentage
Risk Adjustment Factor (RAF) score year-over-yea	37.79%
Denial rate	5.23%
HCC capture	42.44%
CPT® code capture	4.65%
E/M professional billing	9.88%
Publicly reported quality scores	4.65%
Other	18.60%
N/A; we currently don't track any metrics related to outpatient program performance	29.07%

33. Length of time involved with denials management, year-over-year

Answer Options	2021	2022	2023
We're not involved in the denials management/appeals process	40.81%	32.09%	41.28%
Less than a year	8.42%	3.73%	5.23%
1–2 years	11.98%	10.45%	13.37%
3–4 years	15.18%	17.91%	9.88%
5–6 years	9.37%	11.19%	12.21%
7–8 years	3.91%	2.24%	4.07%
9–10 years	3.32%	6.72%	2.91%
More than 10 years	7.00%	15.67%	11.05%

34. Individual(s) involved in the denials management process, year-over-year

Answer Options	2022	2023
A group of CDI team members sit on a denials committee	10.79%	13.86%
A designated denials or appeals specialist in the CDI department	25.90%	24.75%
CDI second-level reviewers	13.67%	22.77%
CDI educators/auditors	20.14%	28.71%
Physician advisor/champion	17.27%	30.69%
The team leads/managers	39.57%	40.59%
Other (please specify)	26.62%	16.83%

Selected other responses:

- Coding director
- The CDI specialist and coder who originally reviewed the denied account
- Coding team writes the appeals
- A dedicated nurse for denials
- Outside vendor combined with internal appeals
- Facility dependent
- Associate administrator
- No team, reviewing as needed from physician advisor, CDI supervisor, CDS, and coding manager
- Don't know

35. Type of denials reviewed by CDI, year-over-year

Answer Options	2022	2023
Clinical validation	74.82%	83.17%
Coding-based denials	35.97%	39.60%
DRG validation	51.08%	66.34%
Medical necessity	23.74%	27.72%
Other (please specify)	13.67%	7.92%

Selected other responses:

- Unsure
- Educational content
- DRG downgrade
- DRG recoupments from payers
- Denials team reviews and appeals almost all denials when applicable
- We get involved anytime a physician is involved or attributed with the denial

36 Percentage of inpatient claims resulting in a denial, year-over-year

Answer Options	2022	2023
1%–5%	11.51%	8.91%
6%–10%	6.47%	5.94%
11%–20%	5.76%	10.89%
21%–30%	0.72%	1.98%
31%–40%	1.44%	0.00%
41%–50%	1.44%	0.00%
51% or more	0.00%	0.00%
Don't know	66.19%	64.36%
Not applicable	6.47%	7.92%

37. Average percentage of denials in each category, year-over-year

Answer Options	2022	2023
Clinical validation	31.53%	33.16%
Coding-based	22.11%	19.26%
DRG validation	20.58%	17.08%
Medical necessity	17.21%	23.80%
Other	17.19%	12.69%

38. Length of time involved with denials management, year-over-year

Answer Options	2021	2022	2023
Don't know Note: This option was not included on the 2020 survey.	N/A	43.17%	34.65%
Medicare Administrative Contractors	4.11%	15.83%	13.86%
Recovery Auditors	4.11%	10.79%	12.87%
Private payers (please indicate which payer)	91.78%	30.22%	38.61%

Selected other responses:

- UnitedHealthcare
- IHA
- Highmark
- Cotiviti
- Humana
- Blue Cross Blue Shield
- Cigna
- Different payers depending on the state
- Excellus
- Aetna
- Medicare and Medicaid HMO plans
- Priority Health
- Anthem
- Wellmark
- Florida Blue

39. Top denied diagnoses, year-over-year

Answer Options	2021	2022	2023
Congestive heart failure	13.74%	12.23%	10.89%
Sepsis	74.81%	69.78%	81.19%
Respiratory failure	66.67%	52.52%	62.38%
Malnutrition	54.96%	47.48%	50.50%
Kidney disease	16.54%	15.83%	29.70%
Acute blood loss anemia	13.99%	10.79%	9.90%
Pneumonia	16.28%	9.35%	13.86%
Altered mental status	3.31%	3.60%	1.98%
Encephalopathy	44.27%	39.57%	44.55%
Chronic obstructive pulmonary disease	2.04%	2.16%	3.96%
Acute myocardial infarction	8.40%	5.76%	16.83%
Other (please specify)	15.01%	28.06%	21.78%

Selected other responses:

- Unsure
- Vascular diseases
- Urology-associated codes
- Combination codes
- Hyponatremia
- NSTEMI type 2
- Any diagnosis that could impact SOI on an APR-DRG payer
- Type II MI
- Single MCCs or CCs
- AKI

40. Type of CDI involvement with denials management, year-over-year

Answer Options	2022	2023
We review denials on a case-by-case basis upon request	39.24%	40.69%
We review denials when the CDI team had previously reviewed the claim	17.53%	13.56%
Our physician advisor/champion works on the appeal letters	16.67%	16.25%
We help to write the appeal letters	23.09%	21.14%
We clinically validate high-risk diagnoses concurrently (e.g., malnutrition, sepsis, etc.)	46.88%	43.22%
We clinically validate high-risk diagnoses retrospectively	21.01%	22.56%
We conduct mortality reviews for denial defense	30.90%	31.23%
We work with other organizational stakeholders to develop organization-specific clinical criteria for high-risk diagnoses	14.58%	16.40%
We provide education to physicians based on denial trends	30.03%	26.97%
We work with our payer contracting team to review contracts	8.33%	9.62%
We collaborate cross-departmentally on denial defense (e.g., with the case management team on medical necessity denials)	18.75%	16.56%
None of the above	18.40%	17.67%
Other (please specify)	11.46%	14.04%

Selected other responses:

- Not sure
- This important info is not shared with the individual CDI reviewer
- There is a denial review team
- Have a clinical denials department
- A third party handles our denials
- We outsource DRG denials over $1,000, less than $1,000 handled by CDI
- The process surrounding denial receipt and disbursement is not efficient and has many inconsistencies
- We review all audit findings to determine if we will appeal
- We work closely with coding
- We utilize our PAs to assist with certain denials

41. Equipment and IT support needs for CDI job functions

Answer Options	Percentage
Yes, all our equipment and IT support needs are fulfilled	62.62%
We have sufficient equipment but insufficient IT support	17.51%
We have sufficient IT support but insufficient equipment	5.21%
No, we have insufficient equipment and IT support is lacking	11.99%
Other (please specify)	2.68%

Selected other responses:

- Manager is not educated on capabilities of software
- Case by case
- Unsure
- Ongoing discussion for new CDI/coding software for years
- IT is underst affed
- IT is lacking in software updates and does not fully support process or implementation of what is needed for coding cases concurrently
- No CDI-specific software
- CDI review vendor is less than responsive to issues
- Have enough equipment, but could use more robust CDI software
- Need more systems and less manual processes
- A lot of support for provider tools, but none for CDI tracking

42. Educational tools provided for CDI responsibilities

Answer Options	Percentage
Coding books	40.06%
CDI books	59.62%
Online training modules	58.68%
Query templates	80.44%
Vendor-supplied educational resources/ sessions (e.g., webinars offered by your CDI consultant or software vendor)	67.51%
Membership to professional associations (e.g., ACDIS, AHIMA, etc.)	47.79%
Attendance at local and national CDI conferences/events	35.33%
Web-based reference applications (e.g., ACDIS PRO, etc.)	42.27%
None of the above	1.10%
Other (please specify)	5.05%

Selected other responses:

- We have SharePoint folders with CDI and coding references
- Membership costs for certified CDI nurses
- Propel
- CEU education from organization
- Our CDI educator team creates on-demand training materials, audits, monthly education, and are available for questions from the team throughout the day
- Used to send two people from each hospital to ACDIS conference each year, now only allowed to attend the virtual conference offerings
- Budget dependent
- Internally developed MDC reference guide
- ACDIS Pocket Guides
- CDI Pocket Guide by Pinson & Tang
- Have to obtain our own ACDIS Pocket Guides, supervisors send free CDI webinars for CEUs

43. Utilizing CDI software solutions

Software solutions	No, we haven't implemented this solution and have no immediate plans to do so	No, we haven't implemented this solution, but we're planning to in 2024	Yes, we use this solution and it's negatively impacted our performance)	Yes, we use this solution but it hasn't changed our performance noticeably	Yes, we use this solution and it's improved our performance
Computer-assisted physician documentation (CAPD)	56.94%	12.78%	2.37%	14.83%	13.09%
Computer-assisted coding (CAC)	23.19%	5.21%	1.58%	23.97%	46.06%
Natural language processing (NLP)	38.49%	4.73%	2.84%	20.98%	32.97%
Electronic querying	19.72%	4.42%	1.58%	19.09%	55.21%
Electronic grouper	22.40%	2.05%	1.89%	22.71%	50.95%
Chart prioritization	20.82%	9.15%	5.52%	24.13%	40.38%
Quality database	43.85%	8.68%	2.21%	18.45%	26.81%
Some internally developed EHR modifications	42.27%	4.42%	2.21%	18.61%	32.49%

Selected other responses:

- Plans are not shared with the CDI team
- Unsure about some categories
- We use some of these, but I don't know the impact
- We were using a CAPD program that was ineffective and discontinued
- Plans for implementing in 2025

44. Level of trust in software solutions

Software solutions	1— I do not trust this solution	2— I mostly distrust this solution with a few exceptions	3— I sometimes trust this solution	4— I mostly trust this solution with a few exceptions	5— I trust this solution fully	N/A— we don't use this solution
CAPD	6.15%	3.15%	12.93%	14.04%	3.31%	60.41%
CAC	2.37%	2.69%	21.92%	39.27%	8.36%	25.39%
NLP	3.31%	3.63%	20.50%	31.55%	4.89%	36.12%
Electronic querying	4.26%	2.68%	6.31%	29.81%	35.33%	21.61%
Electronic grouper	2.68%	1.42%	9.15%	30.91%	33.28%	22.56%
Chart prioritization	4.42%	8.83%	17.35%	32.49%	10.41%	26.50%

45. Number of inpatient reviews per day in reality, year comparison r

Answer Options	2022 New reviews	2022 Re-reviews	2023 New reviews	2023 Re-reviews
0–5	5.81%	6.67%	8.52%	8.04%
6–10	61.37%	29.23%	61.36%	35.49%
11–15	19.32%	38.46%	15.30%	34.07%
16–20	3.59%	11.79%	3.79%	8.99%
21–25	1.71%	3.08%	2.05%	2.37%
More than 25	1.88%	1.03%	0.95%	1.10%
Don't know	2.74%	4.62%	3.15%	3.95%
N/A	3.59%	5.13%	4.89%	5.99%

Selected other responses:

- We do not rely on number of reviews as a productivity measure for CDI
- Not affiliated with inpatient CDI
- We rely 100% on vendor technology to prioritize all accounts reviewed, so a typical day will vary
- Our chart prioritization software mixes all charts
- On Mondays only conduct new reviews
- Mondays are busiest, don't usually get to new reviews but sometimes 20+ re-reviews
- Number of new reviews decrease if reviewing ICU patients or mortalities
- We don't differentiate between re-review and initial review. We are assigned high-priority charts regardless of review status.

46. Number of outpatient reviews per day in reality

Answer Options	Reviews
0–5	0.70%
6–10	5.57%
11–15	10.10%
16–20	16.38%
21–25	12.54%
More than 25	16.38%
Don't know	2.79%
N/A	4.89%

47. Impact of technology on CDI professionals

Answer Options	Percentage of respondents who agreed
It's allowed us to see more charts per day (increased productivity)	57.57%
It's helped identify "low-hanging fruit" queries so CDI staff can focus on more complex issues or expanded reviews	49.37%
It's helped us monitor and improve known documentation issues with high-volume DRG groups (such as neurosurgery or cardiology)	36.44%
It's freed up time to provide more physician education	9.15%
It's allowed us to perform more work remotely	66.25%
It's increased our collaboration with other departments and roles such as coding, quality, and/or physicians	39.91%
It's perceived by some CDI team members as a way of replacing their job rather than freeing them up to focus on more complex issues	7.89%
It's perceived by some to have decreased the need for CDI specialists to use critical thinking skills	14.20%
It's decreased department FTE requirements	3.79%
It's increased organizational leadership scrutiny because they want to ensure CDI "earns back" the cost of the software for the organization	13.88%
None of the above	11.20%

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