



**CDI Leadership Council**

**Research: Lessons Learned**

**for CDI Professionals**

# Today's clinical documentation integrity (CDI)

leaders juggle many priorities at once, balancing CDI departmental needs and bandwidth against the needs and goals of the broader organization. Add in the lingering impacts of the COVID-19 pandemic on hospital budgets and leaders find themselves holding a very full plate of responsibilities.

It's true that much of CDI's work—and therefore leaders' concerns—still centers on chart reviews and physician engagement efforts. Many departments, however, have steadily expanded into other areas such as quality reviews, alternative settings (e.g., outpatient), and denials management. As programs mature, leaders have the difficult task of tracking a department's success and communicating that impact to organizational leadership to secure the necessary funding for staff and technology to support program expansion.

In collaboration with 3M Health Information Systems, ACDIS issued a survey in January 2021 to members of the ACDIS CDI Leadership Council. Its purpose was to gather data on the ways leaders monitor impact and communicate CDI's value to justify program investments, how CDI departments leverage technology to advance their goals, and the ways in which CDI programs impact quality measures and show their positive return on investment.

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.



# CDI department investments, communicating value

## Physician Education

“Virtual education really increased our flexibility, and it was something we probably didn’t leverage as much as we could or should have prior to COVID,” says Hailey Ryfinski, RN, CDI manager at ThedaCare in Neenah, Wisconsin. “It allowed us to meet with more providers and be able to meet with them where they’re at. With the video conferencing capabilities, you can sit and actually see the provider. I think it helps with effectiveness that we were concerned we would lose in that virtual environment.”



**29%**

Only 29% said they plan to return to some form of onsite physician education model, similar to pre-COVID methods

**89%**

said they expect to offer more virtual physician education options moving forward

**33%**

Roughly a third said they plan to offer new types of physician education through organizational intranet, phone apps, etc

## Consultant Use

“Your vendor needs to be able to switch priorities based on the findings that they have discovered and pivot, because what your goal may have been in 2021 may not be the same priority that the health system sets in 2022,” says Michael Rant, RHIA, manager, industry relations U.S. and Canada, at 3M Health Information Systems in Murray, Utah. “In order to reach your goals, you need a vendor that doesn’t come in with a cookie-cutter approach.”

**38%**  
said they plan to invest in CDI educational consultant services

**60%**  
said their department planned to invest in consulting services in 2021

**28%**  
said they plan to invest in physician education consultant services

**4%**  
Only 4% said they plan to hire contract staff to expand their CDI department

## Budget Planning

For those looking to increase their investments in education, software, or consulting services, the first step is to build trust with the organization's leadership and ensure they understand the true value CDI offers and can potentially offer with further investments. "Communication and the accuracy of data shared with the leadership team is the key to building trust," says Suma Chacko, MBA, RHIA, CCS, system director of CDI at Baylor Scott & White in Frisco, Texas. "It's obviously very challenging, especially right now, but our leadership created a five-year investment plan based on the projects we'd like to focus on each fiscal year. [...] Presenting our data to leadership and getting their buy-in has really helped us.

**59%** More than half the respondents said presenting financial metrics is one of the most effective methods to communicate value

**98%** Said their organization sees the value of the CDI program

**72%** Nearly 72% said their budget stayed the same or increased in 2021 from 2020

**50%** Half the respondents said creating dashboards to highlight KPIs has been effective for communicating value

80%

# Advancing CDI with technology

## Implementing New Tech

The evolving adoption of CAPD tools may be because many CDI professionals are still learning how the tools can aid their work. “[CAPD] gives [the CDI specialist] the opportunity to look at the patient as a more holistic view, look at the entire patient story, and identify opportunities for severity of illness shifts for quality-related opportunities. It frees up their time to do some more in-depth reviews,” says Chana Feinberg, RHIA, CDI product specialist at 3M Health Information Systems in Silver Springs, Maryland.

**80%** said they've implemented both electronic querying and electronic grouping tools

**28%** Only 28% said they've implemented CAPD technology

**41%** said the biggest challenge to adopting and implementing new technology is customization limitations

**50%** said the biggest challenge to adopting and implementing new technology is budget restrictions



## Daily Work Impact

“As terrible as the pandemic’s been, it has forced our leadership to change the way we do business as a whole,” says Lena Wilson, MHA, RHIA, CCDS, CCS, CDI manager at Indiana University Health in Indianapolis. “I know that our staff are more engaged being remote. We meet with them more frequently. We interact with them quite a bit. We were able to actually increase our employee engagement score over the last year, even with all of us 100% remote. We’re never going to get to that normal that we had before all of this, so we’re going to have to learn how to adapt to the new normal.”

**50%**

said technology has increased collaboration with other departments

**58%**

said technology has increased remote work capabilities for their staff.

**54%**

said technology has freed-up CDI time for more complex issues by identifying “low-hanging fruit” queries.

**57%**

said technology has increased CDI productivity

## Utilization and Validation

“I think we use the word ‘change’ on a daily basis. It’s very beneficial to make sure that the front-end workers are seeing as many demos as they can possibly see. They had questions that I would have never thought of. It not only made implementation smoother, but it also made the staff feel like their voices were heard,” says Allie McCullough, RN, CCDS, MBA, CDEO, CRCR, CRC, supervisor, CDI and clinical denials, at Spectrum Health in Grand Rapids, Michigan.

**55%**

said they mostly or sometimes trust their chart prioritization tool with some caveats

**10%**

said they only clinically validate prompted/ auto-suggested diagnoses if they’re deemed “high risk” (e.g., sepsis, malnutrition, etc.)

**64%**

said they always clinically validate prompted/auto-suggested diagnoses

**69%**

said they mostly or completely trust their electronic querying tool



# Measuring and valuing quality

## Quality Review Focus

If your CDI team needs to take on more ownership of the quality piece, CDI leaders should investigate whether software can ease some of the workload. “Yes, it does take you more time to look at [quality measures]. With my clients, we do give them a bit more staff for this work, but usually the software helps to balance it out. In other words, you can do more because you have time to do it because you’re using technology,” says Cheryl Manchenton, RN, senior quality consultant, project manager, and quality services lead at 3M Health Information Systems in Murray, Utah.

**92%** The vast majority said they review for quality measures in some capacity

**60%** rated concurrent SOI/ROM as a primary metric

**51%** More than half the respondents rated POA/HACs as a primary metric

## Quality Collaboration

“We have to be available to one another and have a direct line of communication in some way,” says Lucia Skipwith Lilien, RN, CCDS, CDIP, C-CDI, CP-DAM, CDI manager at Health First, Inc., in Malabar, Florida. “It takes a little patience, so don’t let it get to a point where you’re fighting. We all have a common goal, so work toward that.”

**45%**

said they collaborate with the quality department on an as-needed basis

**34%**

said their department leader attends quality meetings or a quality leader attends CDI meetings

**44%**

said they meet with the quality department on a regular basis to discuss quality reviews and concerns

**10%**

said that, though they review for quality measures, they do not collaborate with the quality department

## Quality Tracking and Reporting

“We were fortunate enough to be able to have staffing when we started our program to be able to query for both impacting and non-impacting. It really supports the quality record,” says Amy Kirk, RHIT, CCDS, CRCR, CDI regional manager at Ensemble Health Partners supporting Bon Secours Mercy Health in Youngstown, Ohio. “I’ve definitely seen a huge shift in the site leadership and their focus on what CDI is doing and how documentation impacts so many of their KPIs.”



**85%**  
said they use PEPPER reports for quality benchmarking

**46%**  
said nonfinancial and financial KPIs have equal weight for their department

**38%**  
said they categorize quality impact in their CDI software

**21%**  
said they track quality-related impact manually using a spreadsheet.

**CONCLUSION** Leaders’ jobs aren’t getting any easier as the CDI industry matures. Instead of simply monitoring performance through CC/MCC capture rates and query impacts, today’s CDI leaders need to know their impact on quality measures, physician engagement, and more in order to secure the resources they need to fulfill organizational and departmental goals.

Much of a CDI leader’s work today revolves around showing CDI’s return on investment to build the case for additional staff members, new technology solutions, and more. With the help of advanced technological solutions, leaders can free up time for more complex reviews, improve productivity, offer remote work options, and more, but they need data to support those technology purchases. Without the data behind them, leaders will find it challenging to grow their programs.

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).