



# 2023 CDI Leadership Council Research: Takeaways for All CDI Professionals



SUPPORTED BY **3M** | **M\*Modal**

Years of growth have allowed CDI programs to put down deep roots and establish themselves as an indispensable part of an organization's overall health. CDI programs are an invaluable piece of a healthy healthcare organization's ecosystem, and their impact can be felt in far reaching areas, but CDI leaders must choose priorities judiciously to avoid scope creep and staff burnout. According to members of the ACDIS CDI Leadership Council, just under 33% have a mission statement specifically for their CDI department to help hone their focus.

In collaboration with 3M Health Information Systems, ACDIS issued a survey in January 2023 to members of the ACDIS CDI Leadership Council to gauge the ways CDI programs are making a difference for their organizations and shaping their practice in response to shifting priorities.

The survey gathered data on the current state of CDI involvement in the denials management and clinical validation process, the ways in which CDI teams impact quality metrics, and how CDI teams are optimizing their practices to make a comprehensive difference for their organizations.

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.

## Clinical validation and denials management

“We felt that having CDI involved in the denial process would help them in their front-end work when they’re doing clinical validation reviews, when they’re looking to send a query, or working with providers for education,” says **Melanie Reineke, RHIA, CCS, CPC**, hospital coding and CDI manager at Nebraska Medicine in Omaha. “On the flip side, we have to really advocate for the CDI not to let the insurance companies get into their heads. When they’re doing their reviews, they still need to be aggressively looking for a clinically supported diagnosis, and not back off because they’re afraid it might get denied on the back end.”

### CDI involvement



## Clinical validation and denials management

“We successfully implemented a CDI AI software tool and it’s the same tool across the entire system now, so we’re very fortunate. We’re on one platform, and it does have embedded the clinical validation piece to that,” says **Jeanette Lyons, RN, BGS, CCDS, CRCR**, director of CDI and coding quality at Corewell Health in Southfield, Michigan. “Additionally, enhancing the [EHR] to leverage technology with your documentation opportunities—you know, BPAs, flags, edits, things of that nature—have been very successful, I think, with the combination of the two: a CDI software tool, as well as enhancing your [EHR].”

### Bandwidth and tech

**67%**

Despite the added work that comes with denials management work, most respondents have not hired additional staff to support the efforts.

**34%**

Just over one third of respondents said they do not have any technology in place to aid in the clinical validation process.

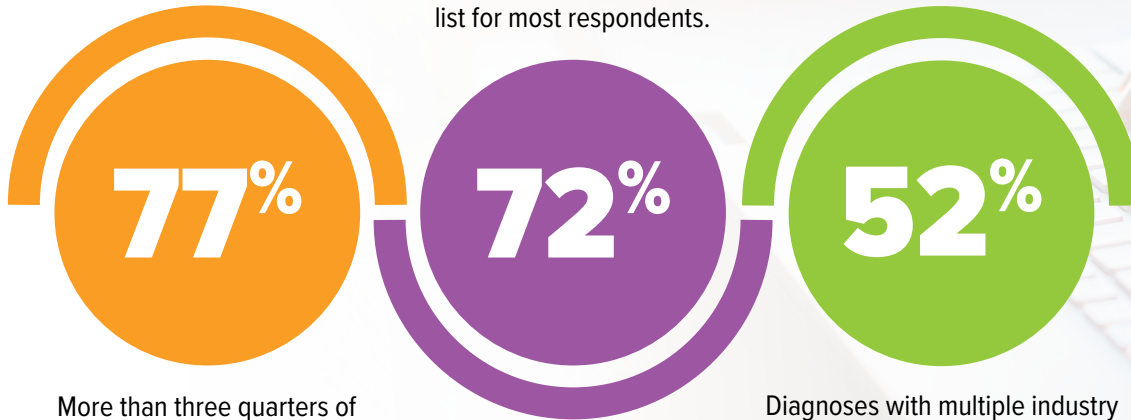
**39%**

Just under half of respondents said they use prioritization software to bring potential issues to the surface for CDI review.

“Sepsis is going to continue to be the number one for everybody. [...] We, as a hospital system, have decided we’re doing Sepsis-2. We have payers that say Sepsis-3. So, we’re going to have to fight those denials. I can’t prevent them,” says **Clarissa Barnes, MD, FACP**, system physician advisor in CDI and utilization management at Avera Health and a consultant with 3M Health Information Systems. “[Payers] just sort of get to add additional criteria and you have to fight them on that. It’s the moving target for what they add in terms of the criteria or the things that they decide. It definitely keeps it from getting boring, let’s put it that way.”

### Top diagnoses

Respondents’ reported top denied diagnoses mirrored their top queried diagnoses with sepsis topping the list for most respondents.



More than three quarters of respondents reported that sepsis is their number 1 queried diagnosis.

Diagnoses with multiple industry recognized definitions tend to be ripe targets for denials. In addition to sepsis, malnutrition also featured highly in respondents’ lists.

## Optimized comprehensive CDI programs

“You have to look at different ways where you can be involved and all the different areas that clinical documentation touches, without completely overwhelming your own internal resources,” says **Lee Anne Landon, BSN, CCMC, CCDS**, network director of CDI at HonorHealth in Scottsdale, Arizona. “You can get involved in some of the activities with other departments without taking on the whole burden of those activities.”

### Focus and impact

**90%**

Most respondents said that their CDI team currently reviews inpatient short-term acute care cases.

**48%**

The most common metric CDI leaders use as a solely internal CDI department metric is CDI-coder DRG mismatch.

**33%**

Only roughly one third of respondents said their CDI department has a mission statement.

**19%**

The most common metric CDI leaders use solely as an external-facing metric with organization leadership are case mix index changes and readmission rates.

## Optimized comprehensive CDI programs

Taking the time to listen and do a bit of a root cause analysis when productivity issues arise is part of retaining your staff members and preventing them from fizzling out in their roles. “You’re going to have to look at where their challenges are and why they might be falling short—is it a lack of knowledge in their CDI foundation, or are they just struggling with the technology, or is it behavioral? You really have to get to the root cause of what that is,” says **Denice Piwowar, BSN, RN, CCDS, CDIP**, enterprise director for the CDI program at Banner Health in Arizona, Colorado, and Wyoming. “Based on that, we’ll develop a support plan. [...] We put a lot of time and effort into training our staff. CDI is not an easy job to learn, and retaining our staff is of the utmost importance.”

### Productivity

**24%**

Just under a quarter of respondents said their productivity standards have decreased over the last five years.

**35%**

More than a third of respondents said their productivity standards have increased over the last five years.



## Optimized comprehensive CDI programs

According to **Chana Feinberg, RHIA**, CDI product specialist at 3M Health Information Systems, which is based in Silver Springs, Maryland, true optimization is about “the ability to shift things quickly and have a good pulse on things from your CDI tools. You can never be fully optimized. [...] You’re always working towards making changes,” she says. “An optimized program is a program that can shift when priorities in an organization are shifting, and that has a leader who is agile and is using the tools and really being able to identify where things need to change at different points in time.”

### Expansion and optimization

76%

Most respondents said having an optimized CDI program means the program is fully staffed and able to reach target chart review percentages.

73%

Nearly three-quarters of respondents said having an optimized program means that their physicians are engaged and the education “sticks.”

16%

Looking past the next year, the most respondents cited plans to expand to review emergency department records.

8%

The area with the most potential growth in the next 12 months was obstetrics/gynecology, according to survey respondents.



## CDI and quality improvement

“Today, hospital data can be purchased. It’s made public, so there’s greater transparency in the hospital’s performance. If I saw [the data on elective procedures at a certain organization] publicly, and I saw that the mortality rate is higher for the procedure I was going to have, I would consider going elsewhere. So that can change the population that hospitals are seeing, which can include changing the financial outcomes and what dollars are bringing in,” says **Shawn Dickinson, BSHCM, RHIT, CDIP**, CDI product content specialist at 3M Health Information Systems in Silver Springs, Maryland.

### Quality and mortality reviews

**88%** The largest portion of respondents said their CDI team reviews for present on admission indicators.

**78%** More than three quarters of respondents reported reviewing for Patient Safety Indicators.

**37%** The most popular method for CDI’s involvement in mortality reviews is to have the quality team conduct all mortality reviews with support from CDI as needed.

**31%** Nearly one third of respondents said they make their CDI staff responsible for reviewing all mortalities.



## CDI and quality improvement

Even though compliant reviews sometimes have a lower financial impact, as far as CDI specialists are concerned, accuracy is paramount. “It’s the CDI department’s job to make sure we have accurate documentation in the record,” says **Schimanya Sullivan, RHIA, CCDS, CCS**, CDI director at Prisma Health in Columbia, South Carolina. “So, if that means a DRG downgrade and doing a good current review, then it just ensures accurate reimbursement for the quality of services that was provided.”

### Tracking impact and benchmarking

**76%**

More than three quarters of respondents said they use PEPPER reports to benchmark their quality measure success.

**38%**

The top method to measure quality-related impact is to categorize types of impact in CDI software, according to respondents.

**23%**

Nearly a quarter of respondents said they still use a spreadsheet to track their quality-related impact.

“I would say—for so many reasons—get out there. Depending upon your role and your organization, don’t be afraid to contact somebody if you see a data point that you know CDI can really improve,” says **Karen DiMeglio, RN, MS, CPC, CCDS**, director of clinical documentation at Lifespan Corporate Services in Providence, Rhode Island. “And again, make sure that it’s an important data point. Talk about why it’s so important and talk about how you can collaborate and what can CDI bring to the table to help improve this.”

### Quality review collaboration

**74%**

The most popular method for collaborating with quality is to have leadership from each department attend the other's meetings.

**24%**

Nearly a quarter of respondents said they review for quality measures but don’t collaborate with the quality department on their efforts.

**65%**

The most popular method when collaborating with the coding department is to collaborate as needed when a concern arises.

## Conclusion

After a few years of pandemic-related industry stagnation and tight budgets, organizations are looking toward their CDI teams to provide value to the financial and public appearance of the organization. CDI leaders sit at the forefront of advancing their programs' goals and expansion into new areas. Their jobs aren't getting any easier, but there the opportunities in the industry abound, making it an exciting time to be in CDI.

Much of a CDI leader's work today revolves around showing how CDI can impact the broader organization for the better, whether that means greater involvement with denials management, quality reviews, or developing an optimized program. 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).