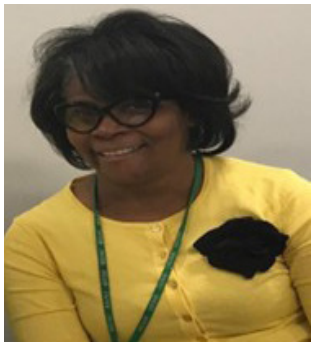
Provider & Staff Engagement

As part of the fifteenth annual Clinical Documentation Integrity Week, ACDIS conducted a series of interviews with CDI professionals on a variety of emerging industry topics. Kerensa Vinson, DNP, MSN, RN, CCDS, a CDI specialist at the University of Chicago Medicine, answered these questions with assistance from her leadership team. Vinson is a member of the ACDIS Furthering Education Committee. For questions about the committee or the Q&A, contact ACDIS Editor Jess Fluegel (*jess.fluegel@hcpro.com*).



Q: According to the 2025 CDI Week Industry Survey results, 32.19% of respondents reported that their medical staff is "very" engaged in CDI, meaning they understand the importance of CDI and actively participate in documentation integrity efforts. Another 57.12% reported they are "somewhat" engaged, meaning they understand CDI concepts but inconsistently put them into practice or do so incorrectly. What is the engagement like at your organization, and what advice do you have to help CDI professionals move the needle from having "somewhat" to "very" engaged medical staff?

A: We have a CDI physician champion, a cardiologist physician champion, and other providers in most services that act as physician champions, many of whom are the quality chiefs for their department and understand the importance of CDI efforts. Since we are under the auspices of clinical excellence, which is headed by a physician, I would say our physicians are somewhat engaged. Our physician leaders often help our team when there is a need to escalate unanswered queries. We also educate our new residents annually through a new computer-based training module. Our physician champion has published articles pertaining to clinical documentation. He is extremely collaborative and has spearheaded projects that help physicians improve documentation. Additionally, our CDI team performs in-person physician rounding periodically to discuss talking points to improve documentation.

According to our organization's CDI leadership team, provider engagement in CDI is generally strong thanks to active support from our physician champions, leadership team, and the whole CDI/coding teams' efforts. We provide education through annual computer-based training for residents, targeted rounding sessions, virtual presentations, and in-person specialty-focused sessions. Demonstrating CDI impact on patient care, continuously involving physician champions, personalizing education and clinical workflows, and utilizing applications to help improve clinical documentation accuracy all assist with improving provider engagement.

Q: When asked how frequently they conduct physician education sessions, almost 36% of respondents reported that they do so monthly, an increase from last year (30.05%), while 21.15% said they do so "as needed," a drop from last year (26.86%). Together, those results indicate more organizations are settling into a rhythm. How often does your CDI program conduct such sessions, and what advice do you have to make the most of these educational opportunities? What advice would you give CDI professionals on how to educate outside of formal sessions as well?

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A: According to our organization's CDI leadership team, our CDI team provides education to specific service lines monthly, such as cardiology and neonatal ICU (NICU), while for others the goal is to meet with them at least once during the year. New residents join our organization each year in July, and part of their orientation includes a computer-based training module specific to clinical documentation. There are eight weeks of on-site rounding from July to August, along with specific service line education we organize when services are available.

Q: According to the survey results, 71.22% of respondents have a full-time or part-time physician advisor, a notable increase from about 61% in 2024. The percentage of respondents with a physician champion also increased from 36.7% in 2024 to 44.37% in 2025. Of respondents with a physician advisor or champion, 63.33% reported sharing them with another department, a small increase from 2024 as well (59.19%). Does your CDI program have a physician advisor or champion, and if so, in what capacity do they assist your CDI efforts? What benefits and/or challenges have you noticed in working with (or without) one?

A: Yes, we meet with our part-time physician advisor on a quarterly and as-needed basis. Our physician advisor meets with our leadership team as needed. He is available for escalations, consultations for denials, and conflicting documentation concerns that would require peer-to-peer discussion with other physicians. We also have direct access to the quality chiefs in each department when issues arise; they have been great partners with the CDI team.

Q: When asked how they measure the effectiveness of their CDI provider education program, the most common measurement selected was improvement in CDI metrics (79.59%), followed by feedback from providers (53.45%) and reduction in documentation errors (35.39%). How does your organization measure its CDI provider education? What advice do you have to help CDI programs track their success in this area?

A: According to our organization's CDI leadership team, we measure the impact of our CDI provider education both informally and formally—mainly through rounding, where we can obtain individual provider feedback and during live education sessions, either in-person or virtually. We also monitor monthly metrics and outcomes, specifically query volumes and agreement rate, not only at the program level, but by looking at totals for individual CDI specialists as well as specific query types. For example, we identified an issue with a specific query that had a higher disagree rate and found the use of the template was not consistent across the team, which led to educational efforts for our team and eventually reduced query disagreement rates.

Q: Do you provide formal education to your providers, and if so, how (e.g., one-on-one, group presentations by service line, informal coaching, tip sheets, newsletters, etc.)? How is education content decided (e.g., based on hospital standards, individual provider needs, etc.)? How have your provider education/engagement models changed over the last few years?

A: We provide education to our physicians in a variety of ways. Our CDI educator created a computer-based training module that all new residents and fellows must complete each year, but it is available to all providers. We provide education to specific service lines as well; our goal is to meet with each department at least once per year. Usually, these sessions are part of a standing meeting where we may be granted 10–15 minutes of time to present. There are some service lines we have more regular education sessions with based upon the physician rotation, including cardiology, NICU, and vascular surgery.

As a team, we perform informal coaching rounds weekly at the start of the resident rotations in July. In the past, we have provided documentation tip cards specific to service lines. Previously we provided packets for new residents with tip cards and information related to CDI, but found the current generation of doctors prefers electronic resources. Educational content for our weekly rounding tip is decided by our leadership team based on query volumes.

Q: Almost 83% of respondents either agreed or strongly agreed with the statement "I feel valued and respected by my manager," and nearly 79% agreed or strongly agreed that "I have received sufficient materials/training to perform my job well." How important is CDI staff engagement, in your opinion, to the success of a CDI program, and why? What advice do you have for CDI leaders to better

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engage their staff, and/or for CDI staff to advocate for a better work environment?

A: According to our organization's CDI leadership team, the success of the team is contingent on the engagement and communication between all members. Without strong engagement, an emotionally safe space to voice concerns, and an open forum for collaboration and communication, the program will fail. Our team is largely remote, but we have weekly meetings to bring us all together. We have a "Managing for Daily Improvement" huddle each day where we report out metrics to ensure timely completion of accounts. We also have an open chat forum that enables our team to collaborate, share tips and tricks, and ask questions to one another. We also have regular team meetings at least twice per month and open office hours with leadership a few times per month.

Q: Almost 26% of respondents either disagreed or strongly disagreed with the statement "My CDI team is adequately staffed for the workload we have," though this was a small decrease from the last time the question was asked in 2023 (30.33%). Have you noticed a trend of CDI programs taking on more staff in recent years? In your experience, what types of issues can arise from a staffing shortage, and how can CDI professionals and/or leaders realistically address them?

A: According to our organization's CDI leadership team our team has grown over the past five years. We are fully staffed with 25 CDI specialists, as well as two CDI auditor/educators, one CDI lead, and one CDI manager. Our program metrics have improved in regard to our coverage, and we have implemented software to ensure cases with opportunities are not missed. We also leverage our electronic health record to ensure certain cases get a CDI review before the claim is released for billing. The money that our team contributes to the organization's bottom line is substantial, and our CDI lead validates the actual impact monthly on every case that has a CDI query sent. Without our department being fully staffed, we would be unable to review as many concurrent records and recoup monies that would otherwise be left on the table.

It is important to understand how current systems and tools can assist your CDI team so that it can work at a higher level. The goal is for the CDI team to find the various documentation opportunities within the record; however, not every account will have an opportunity. Some programs may add more staff to have higher coverage rates, but we would encourage CDI leaders to ask their current vendors for a road map to see what new CDI-related technology might be available in the future.

Q: When asked how their organization offers assistance for staff looking to earn CEUs for professional development, the most common way was by offering access to a platform with CEU-approved education (55.07%), followed by educational opportunities provided by the organization (43.61%). About 20% of respondents said they receive no assistance or financial support at all. What benefits are there for an organization that provides assistance in earning CEUs vs. an organization that provides none? What advice do you have for CDI professionals struggling to find educational opportunities?

A: Our organization offers a variety of opportunities to assist with CEUs. We subscribe to a few organizations that offer monthly educational webinars that offer CEUs. Our organization will reimburse approved conferences and education related to our work up to $4,000 per year; the employee must first purchase then submit for reimbursement.

In order for the team, department, and organization as a whole to be successful, the organization would need to invest in their staff. Organizations that offer CEU opportunities not only support professional growth but also strengthen team expertise and retention. Providing CEU resources, whether through approved platforms or internal education, signals a commitment to quality, staff development, and increased retention. On the other hand, a lack of support from an organization could result in lower morale, limited advancement, decreased retention, and a CDI program that is overall less successful.

For CDI professionals that are struggling to find educational opportunities, there are free and low-priced options for CEUs from credible platforms like CMS, AHIMA, and ACDIS. CDI professionals experiencing this issue could advocate for their organization to consider incorporating CEUs in their annual budgets. In addition, consider joining professional CDI communities, groups, councils, and platforms, as there are always educational opportunities there. ■

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