

# Keep your staff growing and engaged with a CDI career ladder

## WHITE PAPER

**Summary:** The following white paper demonstrates the importance of implementing a career ladder and/or incentive program for your CDI staff. It provides sample models of each that hospitals can consider and adapt for their own use.

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The clinical documentation improvement (CDI) profession has grown from a seed whose survival some doubted into a tree with a strong trunk that supports a wide array of branches. Its flowering mirrors the many opportunities that have emerged as a result of the shift in healthcare from volume to value.

With the profession's explosive growth over the past few years, CDI specialists' scope of work continues to expand. CDI has emerged as a distinct and highly respected profession, as integral to healthcare and the patient as nursing, coding, and medicine.

But with continued growth comes a need for an improved infrastructure. The increased number of strategic initiatives demands additional skill sets for CDI specialists, as well as strong CDI leadership and management. Mortality reviews, auditing, EHR nomenclature standards, policy and procedure development, appeals/denials, coding expertise, education, and informatics are but a few of the initiatives and roles that are enhanced by the knowledge and critical thinking CDI specialists bring to the table.

As patient care increasingly shifts to the outpatient environment, there is a call for CDI specialists to increase their knowledge base to include other pre- and postacute settings. For example, CDI specialists are now being asked to learn outpatient coding guidelines as they partner with physicians to provide assistance in risk adjustment and E/M code assignment across the healthcare continuum.

Exponential growth also brings its share of challenges to employers. The culture of the work environment has shifted within the past two generations. Where it once was a given that employees would remain with one company for their entire career, employers now must develop creative strategies and benefits packages to attract and retain staff. Employees are exercising their freedom of choice as they seek a job that grows their professional skills and supports their work-life balance. Within healthcare in general (and CDI specifically), employers are experiencing difficulty retaining staff due to the lure of alternative working environments such as remote and travel CDI.

As the demands on them increase, many CDI departments are seeing the need for an industrywide CDI career advancement model.

One positive outcome from all this expeditious growth is *opportunity*; nowhere is this more apparent than in the current state of the CDI profession. Roles that require a diverse skill set have emerged, but it is apparent that these roles cannot be integrated into a CDI specialist's current workflow without moving away from the core mission of CDI and causing a drop in productivity.

The good news is that CDI supervisors, managers, and directors have begun answering these challenges with the development of career ladders and incentive programs. These programs have grown organically to accommodate CDI specialists exhibiting a higher level of critical thinking and new responsibilities, as well as the additional communication and leadership skills necessary for their continued success.

This white paper analyzes recent ACDIS survey data demonstrating the need for a career ladder and discusses two sample recognition models (career ladder, incentive plan) that have been implemented in two different facilities. These models are offered as examples for emulation, but ACDIS recommends modifying them to fit your organization's needs, including CDI review scope, budget, and culture.

### Analysis of ACDIS survey data demonstrates need for career ladders

The ACDIS 2015 CDI Salary Survey results reported that 90% of respondents worked in the acute care hospital setting. In comparison, the ACDIS 2016 CDI Salary Survey shows that approximately 89% of 1,069 respondents work in an acute care setting. The remaining 11% work in other settings, including pediatric hospitals, critical access hospitals, and long-term acute care hospitals. This demonstrates a small (1%) increase in CDI specialists in settings beyond the traditional acute care environment. As the CDI industry continues to evolve and branch out into the outpatient arena, these numbers will probably continue to shift. (Note, too, that since an acute care hospital includes outpatient opportunities such as ED, cath lab/interventional radiology, and observation patients, there may be more CDI specialists working in the outpatient environment than this survey indicates.)

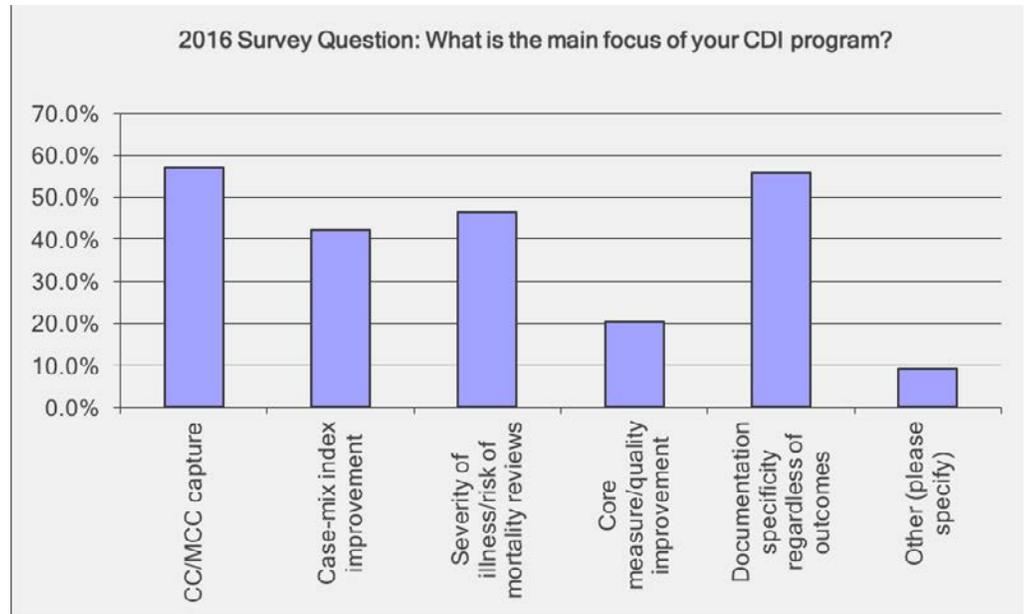
As the demands on them increase, many CDI departments are seeing the need for an industrywide CDI career advancement model. As reported in the 2016 *CDI Salary Survey*, about 34% of respondents indicated that their CDI program plans to hire additional staff in the next 12 months.

The 2016 survey also indicated an increase in CDI programs focusing on documentation specificity regardless of outcomes (55.7%), although many programs continue to focus on CC/MCC capture (57.2%—see Figure 1). Since 2014, the

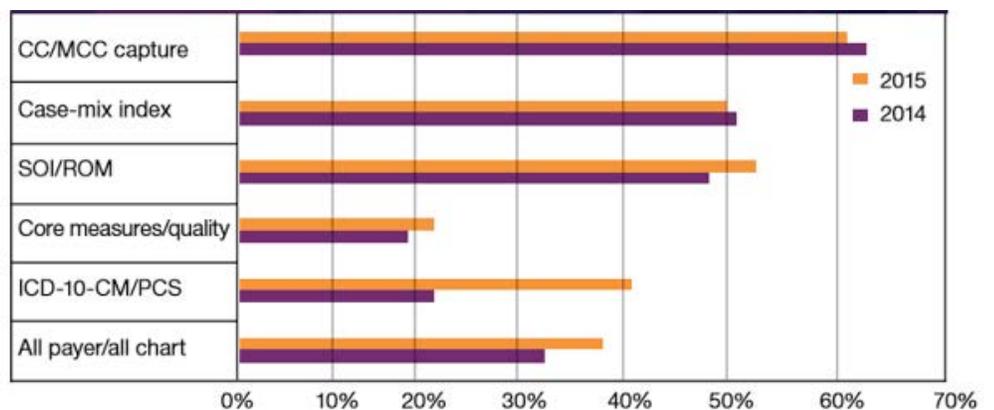
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CDI industry has seen a decline each year in programs focusing principally on CC/MCC capture and case-mix index (CMI) improvement (see Figure 2). This data supports the need for CDI specialists to become well-rounded professionals who understand the complexity of healthcare reimbursement methodology and quality-of-care metrics.

**Figure 1**



**Figure 2**



Source: <http://www.acdis.org/resources/2015-salary-survey-shows-significant-growth-compensation>

**A career ladder can help create an industry standard to enable benchmarking in the future progression of CDI and promote the progression of CDI specialists' skills and competencies.**

For CDI professionals to broaden their expertise and remain effective, they must understand the many initiatives (quality measures, risk adjustment, etc.) that require documentation specificity and fall outside the traditional model of querying for CC/MCC capture. This level of expertise can be achieved by establishing a CDI career ladder to promote specialists' role progression and knowledge development, both in the department and across the CDI profession.

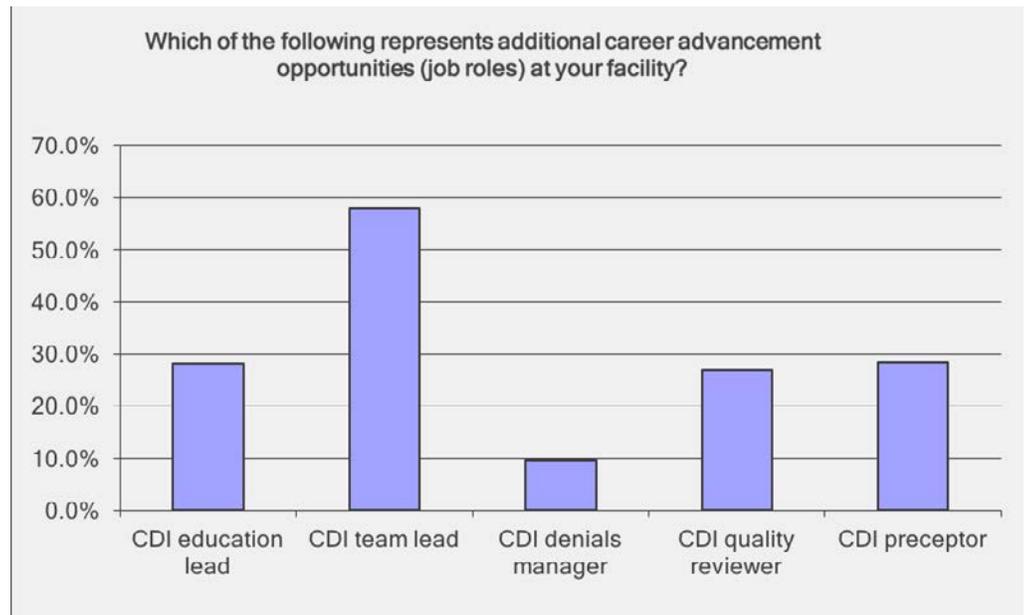
The 2015 salary survey indicated that 72.4% of respondents did not have a career ladder at their organization. However, in the 2016 survey respondents reported they had positions like CDI team lead, CDI preceptor, CDI education lead, and CDI quality reviewer as potential career advancement opportunities at their facilities. The data illustrates that CDI team lead (named by 57.9% of respondents) is by far the most common next step in a CDI specialist's career path. (See Figure 3.)

Additionally, as illustrated in Figure 4, approximately 42% of the respondents to the 2016 survey reported that they fell between the ages of 50 and 59, with 27% in the 40–49 age range, 20% in the 60–69 age range, and 12% under the age of 40. As the CDI profession continues to develop and more CDI specialists retire, the need for career advancement opportunities to fill these vacancies will increase. Today's limited management opportunities and advancement levels for CDI reviewers have created a level of competitiveness and lack of structure in terms of career comparison and benchmarking. Many CDI programs have a wide range of staff fulfilling the duties of a CDI specialist, with many different career paths and experiences. A career ladder that considers each employee's experience and growth within the industry can reduce this competitiveness by establishing comparable job titles and promoting a sense of fairness when comparing differently tenured CDI specialists.

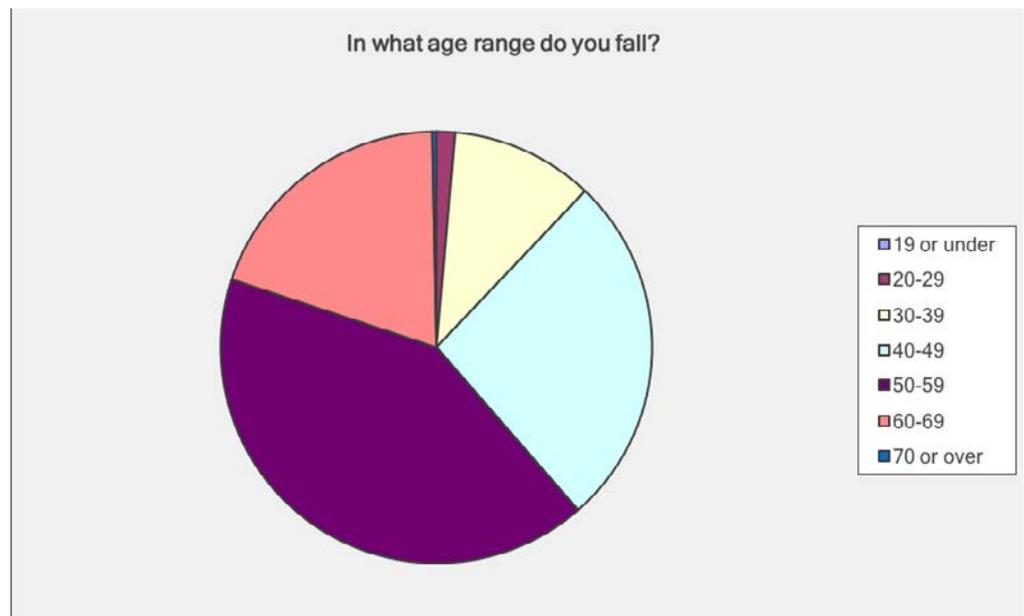
Additionally, a career ladder can help create an industry standard to enable benchmarking in the future progression of CDI and promote the progression of CDI specialists' skills and competencies. According to the 2016 CDI Salary Survey, approximately 52% of respondents have less than four years of experience as a CDI specialist, and approximately 40% of respondents have five to 10 years of experience. Given this volume of new CDI professionals, a career ladder can help provide a new CDI specialist with a sense of structure on developing a broader depth of industry expertise while striving to become a tenured CDI professional. The level of employee engagement and retention within an organization may also increase as a result, since CDI specialists would be provided with transparent pathway options to advance their career. Further, an organization may attract new and experienced candidates by demonstrating that it values its employees and cares about their future success through establishing a career ladder.

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**Figure 3**



**Figure 4**



**Set a clear goal—how the department will look in the future—so you can develop a structure flexible enough to accommodate this growth.**

### Consider implementing a CDI career ladder

There are many benefits to providing a structured means for growth within a CDI department. As noted above, a career ladder demonstrates CDI is more than a temporary stop, and it may keep experienced CDI staff engaged and excited about their role and future career within their facility. A career ladder also provides the incentive to explore CDI as long-term career option for healthcare professionals. These incentives can increase staff engagement, promote professional growth, deepen department outreach and expertise, increase the complexity of team members' skill sets and knowledge, assist with staff retention, and strengthen relationships within the CDI team and with its provider partners.

Creating a career ladder for the CDI department provides organizational structure and a visual demonstration of how CDI specialists can grow within the department and organization. There are many strategies for development of a departmental career ladder, including the cultivation of specific CDI job roles; development of individual and team expertise; broadening of individual work experience; maximization of the scope of available resources; providing direction for departmental growth and expansion; and optimization of both the department and its individual members.

When considering a CDI career ladder for your organization, you must take into account the following factors:

- Organizational expectations of the department
- Existing organizational structure and organization convention for these structures
- Feedback from your staff concerning CDI career goals and aspirations
- Departmental scope, performance, mission, and vision
- Current state of provider and multidisciplinary team engagement
- Current individual and team skill set and expertise

Using your current state (compared to your vision for the future) is a useful way to begin to view a career ladder. Set a clear goal—how the department will look in the future—so you can develop a structure flexible enough to accommodate this growth. For example, if you are reviewing inpatient admissions and considering expansion into the outpatient arena and/or quality outcomes, consider structuring your career ladder to meet the necessary growth in staff skill set and responsibility.

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A potentially useful structure can include incrementally increased levels of CDI skill along with a combination of specialty skill sets. Consider establishing criteria for each level by length of experience, level of CDI skill set and expertise (including certifications), individual contributions to the department above minimum expectations, contributions to provider/department education (content development, speaking/presentation skills, etc.), contributions to the department's growth toward its ideal state, and other factors significant to your mission and vision.

This white paper outlines one option for a career ladder structure that provides opportunity for growth within the CDI department, keeping the vital relationships with providers and the mission of providing accurate and complete medical records for all patients at the heart of the department's goal and vision. This organizational structure and inclusion of a career ladder includes CDI I, CDI II, and CDI III, while maintaining an additional lateral CDI position outside of the structured career ladder.

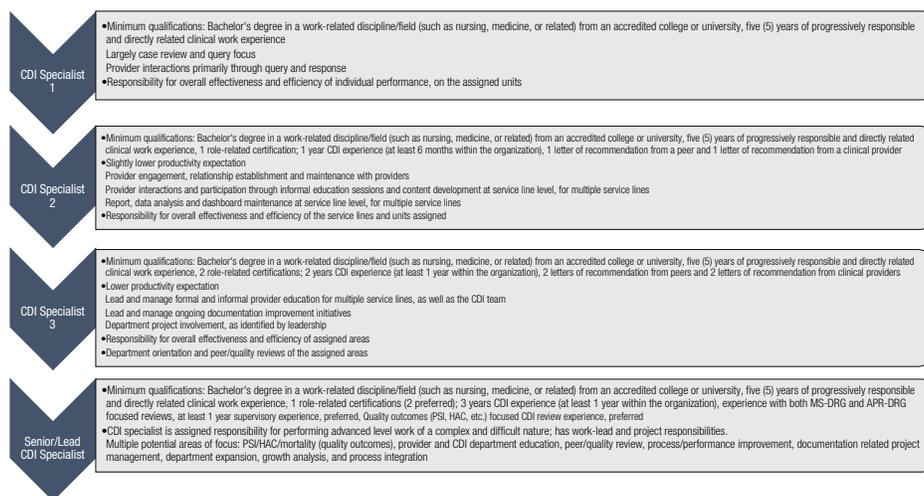
One way to differentiate between CDI I, CDI II, and CDI III is by growing levels of CDI experience, as well as enhanced provider education and service line management skills (see Figure 5 for a summary of qualifications and a sample model). For example:

- **CDI I** begins at entry level and grows the team member from chart review and query (assigned by units, which are associated with their assigned CDI II and CDI III service lines) to beginning engagement with providers on the clinical floors and potentially some education forums. The CDI I is responsible for communicating issues with provider responsiveness, process concerns, or educational gaps to his or her CDI II colleague.
- **CDI II** expands on the CDI I role to include reporting and data analysis and creation of service line dashboards. It includes additional focus on provider interaction during rounds and educational sessions, and creation of educational content for several assigned service lines, incorporating the clinical units that house the majority of the patients these service lines follow. The CDI II is responsible for ensuring efficiency and productivity of the processes and workflows of his or her team, participating in orientation of new staff, reporting any issues to the CDI III or leadership, and potentially getting involved in committees/projects.

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- **CDI III, Lead CDI, or CDI Educator** expands on the CDI II role to include managing the overall data analysis for the service lines assigned to the CDI II, recommending and creating new educational content for the CDI department, and provider education. The CDI III is also responsible for identification of process improvement opportunities, orientation of new CDI staff, serving on committees and projects, and addressing any concerns identified by the CDI II, getting leadership involved when necessary.
- **CDI Quality Specialist** is a lateral role that requires an additional skill set for focusing on quality outcomes and project management capability, as it includes potential departmental scope expansion. Staff in this role focus on specific documentation opportunities and projects identified by leadership and others within the organization to be impacted by documentation (e.g., PSI, HAC, and mortality cases). Your CDI career ladder could leverage this position to expand the CDI scope incrementally, exploring process creation and efficiency in new areas (outpatient CDI including ED, same-day stays, observation cases, clinic, denials, medical necessity, length-of-stay management, etc.), as well as opportunities outside of the ICD-10-CM/PCS code set (E/M, HCPCS/CPT, HCC capture, population health, etc.). Once firm processes are established, these new areas could be considered for allocation to staff within the career ladder.

**Figure 5**  
Sample career ladder role description



The best process for creating any career ladder is a collaborative approach involving leadership and human resources (HR), including the compensation team. Current pay scale and job descriptions are a great starting point for conversations about compensation and role responsibilities. In addition, identifying an existing career ladder and application process within your organization can provide an initial model/structure to build upon. Most HR departments will know of other departments with career ladders, as well as their associated compensation structures.

Other points to address with HR include the following:

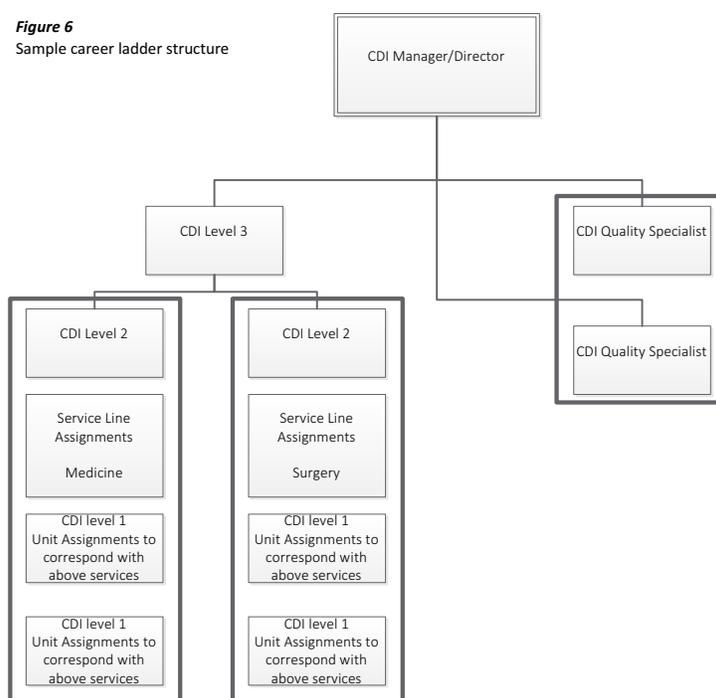
- How to assign roles to existing staff (keeping all staff at CDI I and requiring application for promotion, promoting current staff based on performance evaluations and interests, etc.)
- Salary impacts related to pay range adjustments
- The number of positions at each CDI specialist level
- Reporting structure changes
- Whether there will be a probationary period when a staff member enters a new role

Your HR department will be able to guide you regarding any organizational preferences, or provide recommendations when preferences are not present.

Change management and messaging to staff is vital for successful implementation. Creating talking points that are addressed in FAQ documents and leadership-guided conversations will help provide a consistent message. Clearly identify the rationale for the career ladder implementation, including the importance of balancing organizational and operational needs, individual and departmental development and growth, and the increased ability to leverage team members’ strengths to support mobility within the career ladder. Also, provide specific information regarding how to move from one position to another—supply staff members with copies of minimum qualifications, selection criteria, and applications, if possible.

See Figure 6 below for a sample career ladder structure.

**Figure 6**  
Sample career ladder structure



As you develop the incentive plan, be sure to include your new hires, as they are important in bringing in fresh ideas for future enhancement. Recognize degrees and certifications such as the Certified Clinical Documentation Specialist (CCDS) certification from ACDIS.

### Can't implement a career ladder? Consider a CDI incentive plan

Not every organization can implement a full career ladder such as the one described above. Some small hospitals operate with very few CDI staff, lacking either a critical mass to allow for a stratified formal ladder, or the budget to provide pay increases for CDI specialists promoted up that ladder. If this is the case, a CDI recognition program or incentive plan may be a viable alternative.

CDI recognition or incentive programs can help with employee satisfaction and retention. The purpose of such a program is to reward performance for eligible employees based on results of predefined recruiting measures such as requirements for the position, competencies, and certifications (see Figure 6 below). This type of incentive plan typically runs during a calendar year but can be adjusted per organizational guidelines.

Keep the following in mind as you gather information to begin an incentive program.

**Define eligibility.** Work with your organization's HR/compensation department to define the following:

- Who is eligible for the plan?
- Does the organization give a competency test to CDI employees? If so, recognize this in the organizational incentive plan.
- Will the organization factor in years of service? Since retention is important, ACDIS recommends doing so. Include years as an RN/coding professional and years as a CDI specialist.
- What is the employee's standing within the organization? ACDIS recommends that a CDI incentive program recognize employees that stand in high regard.
- Is the organization part of a healthcare union? If so, the organization may need to allot time for program approval and work within the constraints of the union's contract. Timing is everything.

**Recognition.** As you develop the incentive plan, be sure to include your new hires, as they are important in bringing in fresh ideas for future enhancement. Recognize degrees and certifications such as the Certified Clinical Documentation Specialist (CCDS) certification from ACDIS. These are important to show professional involvement and dedication to the role.

**Projects.** Projects are essential to develop CDI departments. They can involve initiatives such as physician engagement (including response rates); administration engagement (including what metrics are important other than CMI); an expansion to ambulatory/point-of-entry CDI; and measurement of productivity standards. As you develop an incentive plan, keep in mind the future of CDI—not only within your organization but industrywide as well—and how your projects align with the direction of the profession. If your CDI department differentiates CDI reviewers and CDI leads/supervisors, include both levels to ensure you continue to meet your CDI department’s vision.

Figure 7 below is an example of a worksheet you may wish to consider as part of a CDI incentive program:

**Figure 7**

Measurement	Goal	Completion date	Monetary value
	1. MSN/BSN	12/01/16	\$100
	2. CCDS certification receipt or recertification	12/01/16	\$200
	3a. CDI specialist—Acted as a site point person in Quarters 1, 2, 3, and 4	12/01/16	\$300
	3b. Supervisor—Traveled to another region and assisted another CDI supervisor with a team project (greater than two weeks throughout the year)		
	4. Years of tenure with organization: 2+ years: \$100 3–5 years: \$200 6–10 years: \$300 > 10 years: \$400	12/01/16	\$400 (up to)
	5a. CDI specialist—Presented research to physician group/nursing group/revenue cycle leadership	12/01/16	\$400
	5b. Supervisor—Met and exceeded site-based metrics for greater than six months		
	6. Perfect attendance	12/01/16	\$100
	<b>Potential total</b>		<b>\$1,500</b>
<b>Calculation</b>	A calculation of the obtained target items will be made. Performance and payouts between these points will be calculated. Payouts can range from \$0 to \$1,500 each year in total		

**Example of a payout calculation:**

Goal	Completion date	Monetary value
1. MSN/BSN	12/01/16	\$100
2. CCDS certification receipt or recertification	12/01/16	N/A*
3a. CDI specialist—Acted as a site point person in Quarters 1, 2, 3, 4  3b. Supervisor—Traveled to another region and assisted another CDI supervisor with a team project (greater than two weeks throughout the year)	12/01/16	\$300
4. Years of tenure with organization: 2+ years: \$100 3–5 years: \$200 6–10 years: \$300 > 10 years: \$400	12/01/16	\$200
5a. CDI specialist—Presented research to physician group/nursing group/revenue cycle leadership  5b. Supervisor—Met and exceeded site-based metrics for greater than six months	12/01/16	N/A*
6. Perfect attendance	12/01/16	\$100
<b>TOTAL BONUS</b>		<b>\$700</b>

\*N/A denotes that the participant did not qualify for or complete the listed goal.

**WHAT IS AN ACDIS WHITE PAPER?**

An ACDIS white paper discusses CDI best practice, advances new ideas, increases knowledge, or offers administrative simplification. It can be written by an ACDIS Advisory Board member or a smaller subset of the board, or written by external sources subject to board approval. It is less formal than a position paper.