



## ACDIS Leadership Council August Meeting Agenda

**Date:** Friday, August 12, 2-3:10 p.m. eastern

**Location:** GoToWebinar virtual meeting. Claim your spot:

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*In addition to submitting questions and comments in advance at the above link, meeting participants can contribute to the conversation in real time via the GoToWebinar chat pod. We'll pause to address chat-pod feedback after each major agenda item.*

*Unable to attend? Register anyway to share your agenda questions and comments for potential inclusion in the discussion. Following the live meeting, on-demand materials, including the recording and slide deck, will be published to the "[Council Resources](#)" area of ACDIS site. Members will be alerted by email once materials are available.*

### Moderator:

- Linnea Archibald, ACDIS associate editorial director and Council membership manager

### Panelists:

- Karen Elmore, BSN, RN, CCDS, senior clinical documentation quality coordinator, program manager for CDI, physician documentation, and education at BJC HealthCare in St. Louis, Missouri
- Deanne Wilk, BSN, RN, CCDS, CDIP, CCDS-O, CCS, director of CDI at Penn State Health in Hershey, Pennsylvania

### Agenda:

- **Item 1:** Council updates and reminders.
- **Item 2:** Council member panel discussion on the 2022 CDI Week Industry Survey findings
- **Item 3:** Wrap up, on-demand material instructions, and CEU information.

[Agenda and speakers subject to change.](#)

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### Discussion synopsis:

- Did you know that currently, nearly 62% are 100% remote and another 32% said they have a hybrid program of some sort, leaving less than 6% fully onsite? Did you know that nearly 68% of respondents are currently involved in the denials management or appeals process, up nearly 10% from the last time this topic was covered in a survey in 2020?

The data found within this year's CDI Week Industry Survey can offer CDI professionals insight not only into their own professional careers but also into the direction of their CDI programs compared to their peers, and trends within the broader CDI industry.

Each year, the Association of Clinical Documentation Integrity Specialists (ACDIS) surveys CDI professionals nationwide to take the pulse of the CDI industry. This year, more than 700 respondents answered questions regarding productivity, staff engagement in the remote setting, physician engagement, outpatient CDI and risk adjustment, and denial trends and CDI involvement.

### In this session, the ACDIS Leadership Council panelists will explore the following topic areas:

- Introduction of panelists
- Panel discussion:
  - Staff engagement in the remote setting
  - Physician engagement
  - Productivity
  - Outpatient CDI and risk adjustment
  - Denial trends and CDI involvement
- Panelist Q&A

### In this session, Leadership Council panelists will explore the following questions:

- According to the survey results, only 13.43% of respondents were 100% remote prior to the pandemic, during the pandemic the percentage jumped to 77.68%. Currently, 61.9% are *still* 100% remote and another 32.15% said they have a hybrid program of some sort, leaving less than 6% as fully onsite.
  - *Are you still remote? If a CDI program wants to make their temporary COVID-prompted remote work, what do they need to consider? Are there any policies or procedures that make this structure successful?*
- ACDIS asked virtually the same question of those who have remained remote and those who returned to (or remained) onsite. According to those who remained remote, more than 33% said their staff engagement has increased since moving to a remote structure and nearly 52% said their engagement has remained the same.
  - *For the roughly 15% who said their engagement decreased with remote work and they're continuing to work remotely, what methods or activities do you suggest to help increase staff engagement?*

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- Despite frequent concerns that remote work would have a negative effect on physician engagement, respondents who were 100% remote actually reported the same or higher perceived physician engagement than those who reported being onsite. 62.57% of respondents who are 100% remote said their providers with mostly or highly engaged and 60.67% of those who are remote with an option to come onsite said the same, compared to only 45.00% of those who are 100% onsite who said the same.
  - *Obviously, the concern about provider engagement and remote work hasn't been borne out in the data. What do you think makes the biggest difference in fostering engagement with a remote CDI staff? If a remote CDI team is experiencing engagement issues, what would you recommend they do to increase buy-in?*
- The number 1 reported reason respondents said they would consider leaving their current role was management failure (91.27%), followed by lack of raises/low compensation (90.45%). When it comes to leaving the profession, the most impactful reason was burnout generally (52.19%), followed by required overtime (51.43%).
  - *What do you think these concerns say about the state of CDI? How can leaders protect against these risks?*
- The percentage of respondents with “highly engaged” medical staff decreased from 14.44% to 12.09% year-over-year, according to CDI Week Industry Survey data, continuing a downward trend from last year. While only around 14% of respondents said their medical staff is “highly engaged” with CDI staff, another 46.72% said medical staff was “mostly engaged and motivated, with some exceptions.” Collectively, nearly 59% of responses noted overall positive engagement. In fact, only 7.61% said medical staff was “mostly disengaged and unmotivated.”
  - *Can you describe the engagement and collaboration of the medical staff at your organization in CDI? What do you think are the reasons the high levels of physician engagement declined again this year? For those in that 7.61%, what advice do you have to help them move the needle and increase engagement?*
- For the first time, ACDIS separated out the questions about physician advisor and physician champion involvement since many organizations consider these two separate roles. Often the physician *advisor* role is more formal, and the physician *champion* role is more informal/honorary. According to the survey results, more than 28% of respondents have a fulltime advisor and 33.58% have a parttime advisor. Additionally, nearly 16% have a fulltime champion and 24% have a parttime champion. Still more than 17% have no plans of engaging an advisor and 32% have no plans to engage a champion.
  - *Does your department have an advisor (or advisors) or champion? If so, how did you select those individuals? Why do you think an advisor or champion is beneficial to CDI?*
- ACDIS asked respondents about their physician query response and agreement rates. Most respondents (74.33%) said they have a response rate of 81%-100% and the largest portion (34.48%) said they have an agreement rate of 91-100%.
  - *What correlation do you see between response and agreement rates? I've heard people say that an extremely high agreement rate may indicate noncompliant queries. Do you agree?*

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- Roughly 80% of respondents say they have an escalation policy in place for their physicians, but several free-text comments mention that their policy is ineffective.
  - Do you have an escalation policy? What's the benefit of having an escalation policy in place? In your opinion, what makes this type of policy effective?
- ACDIS receives a high volume of questions about productivity from its members.
  - *Why do you think so many people now are looking for broader information on CDI productivity? Why is it important to know where your CDI department (as well as yourself as a CDI professional) compared to national averages?*
- Most respondents (61.37%) say they review an average of six to 10 new records per day and roughly the same amount (56.24%) say management expects them to perform six to 10 new reviews per day.
  - *Being that a similar percentage of respondents say their expected and actual chart reviews per day are in this range, do you think these ranges for new reviews per day are good standards for the CDI industry to hold? Are there risks with having set standards for productivity for the CDI industry as a whole?*
- According to 68.21% of respondents, the most common consequence for a CDI professional not meeting productivity expectations is that the CDI manager or leader would meet with them for a one-on-one discussion.
  - *In your opinion, what is the best way to handle a situation when a CDI specialist is not meeting productivity expectations?*
- More experienced CDI staff are more productive, according to 2022 CDI Week Industry Survey respondents, 63.59% of whom noted that the experience of the reviewer had the largest effect on CDI productivity.
  - *What steps can a CDI professional take to increase their experience and therefore improve their productivity? How long do you think it should take for a new CDI specialist to become proficient in their role? In your opinion, can one-on-one staff mentoring, or CDI/coding collaboration, improve a CDI specialist's record review capabilities?*
- Only 3.05% of respondents noted remote work due to COVID-19 decreased their productivity, down from 6% in 2021.
  - *Has your CDI program returned a pre-pandemic "normal" now? What changes did your organization implement related to CDI during the outbreak that it intends to maintain going forward (if any)?*
- According to the 2022 CDI Week Industry Survey results, 24.27% of respondents either have a dedicated outpatient program or have inpatient CDI also reviewing some outpatient records, which is nearly flat with 2021's results. Additionally, 23.67% of respondents noted that while they do not currently have an outpatient CDI program, they plan to expand into outpatient.
  - *Do you currently review outpatient records? Why do you think now's the time for outpatient expansion and what might be holding folks back from exploring this setting? And what advice do you have for those looking to expand into outpatient CDI?*

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- Among those who current review outpatient records, the most popular focus area was HCC capture (58.52%) and just under half (40.74%) say they review records prospectively.
  - *Why do you think this focus and review timing work well for outpatient programs? The prospective process is obviously much different from the traditional concurrent CDI review; do you have any tips for those expanding to these types of reviews?*
  
- The percentage of respondents who currently have an outpatient query policy has increased year-over-year with 21.48% saying their policy is based on the ACDIS/AHIMA query practice brief and 20% saying their policy is based in ACDIS' outpatient query position paper.
  - *What does the query process look like for your outpatient CDI reviews? Do you have a separate policy for these queries or is it combined with the inpatient query policy? Can you tell us a bit about your program's outpatient query process? Is there a set policy governing those queries? What guidance/resources did you use to build that policy or procedure (i.e., did you reference the Guidelines for Achieving a Compliant Query Practice or Queries in outpatient CDI: Developing a compliant, effective process recommendations into your practices)?*
  
- Nearly 68% of 2022 CDI Week Industry Survey respondents are currently involved in the denials management or appeals process, up nearly 10% from the last time this topic was covered in the CDI Week Industry Survey in 2020 (59%).
  - *Is your CDI department involved with denials management and if so, how? Why do you think the percentage of those involved has jumped over the last two year? Do you think the COVID-related financial implications had an impact?*
  
- The most common denial mitigation tactic was clinically validating high-risk diagnoses concurrently (46.88%), followed by reviewing denials on a case-by-case basis upon request (39.24%).
  - *What methods do you think are most effective and the best use of CDI time? If a CDI team doesn't have access to denial volumes, how can they effectively choose a focus area?*
  
- According to respondents, 30.22% said the majority of their denials originate from private payers and clinical validation denials make up an average of 32.53% of all claims.
  - *Does it surprise you that private payers seem to be surpassing Medicare as the biggest group denying claims? Why or why not? Does this mirror your experience?*
  
- Nearly 70% of respondents reported that sepsis is one of their top denied diagnoses, followed by 52.52% who said respiratory failure was in their top list.
  - *Why do you think these two diagnoses pose such a denial risk? What types of diagnoses do you see most frequently denied? How have you worked to fight against those denials?*