



Bonus Community Meeting

May 12, 2021

Presenter: Council Leadership



Linnea Archibald

ACDIS Associate Editorial Director,
Publications & Membership

Linnea Archibald oversees management and strategic development of the ACDIS Leadership Council and is responsible for ACDIS' publications, managing the Forms & Tools Library Committee, overseeing CDI Week activities, and running the brand-new ACDIS CDI Scholarship Program. If you've ever interacted with ACDIS on social media, read one of ACDIS' publications, or reviewed resources on the ACDIS website, you've likely seen her name before.

Agenda

- Council updates and opportunities
- Council member panel discussion on survey findings related to advancing CDI practice



Upcoming Council Opportunities

What's Next?

- 6/14/2021: Next issue of **CLI** hits your inbox
- Q2 2021
 - Fourth Council survey launching on Monday, May 17, 2021; email will be sent notifying members when it's live.
 - June 11, 2021, council meeting on measuring and valuing quality; send ideas to Membership Manager Linnea Archibald (larchibald@acdis.org)
- Go to the “Current Council Member Info” page on the ACDIS website for more updates. ([Link](#))



Council panel discussion related to advancing CDI practice

Panelists: Council Members



Janice Comer, RN, BSN, CCDS
System Director of CDI
AdventHealth
Altamonte Springs, Florida



Anthony Oliva, DO, MMM, FACPE
Vice President and Chief Medical Officer
Nuance Communications
Boca Raton, Florida



Shirlivia Parker, RHIA, CDIP
CDI Manager
UC Davis Medical Center
Sacramento, California



Council Findings **Demographics**

Job titles

Option	Percentage
CDI specialist	1.28%
CDI lead	4.70%
CDI supervisor	7.26%
CDI manager	37.18%
CDI director	33.33%
CDI auditor	0.85%
CDI educator	0.43%
CDI physician educator	0.43%
CDI informaticist/analyst	0.85%
CDI-coding liaison	0.43%
CDI denials specialist	0.85%
HIM coding supervisor	0.43%
HIM/coding director	4.27%
Physician advisor/champion	1.28%
Hospital executive	3.42%
Other (please specify)	2.99%

Organization type

Option	Percentage
Standalone acute care hospital	14.96%
Healthcare system with multiple sites	81.62%
Outpatient/physician practice	0.43%
Children's hospital/pediatrics	0.85%
Long-term acute care	0.43%
Other	1.71%

Selected "other" responses:

- Payer organization.
- Government/VA medical center.
- ACO healthcare system.

Facility bed number

Option	Percentage
100 or less	1.71%
101-200	5.31%
201-300	10.68%
301-400	7.26%
401-500	7.26%
501-600	9.83%
601-700	3.85%
701-800	8.12%
801-900	0.00%
901-1,000	3.42%
More than 1,000	28.63%
N/A	14.10%

System bed number

Option	Percentage
500 or less	4.70%
501-600	5.13%
601-700	4.27%
701-800	4.70%
901-1,000	7.26%
1,001-1,500	13.25%
1,501-2,000	10.68%
2,001-2,500	7.69%
2,501-3,000	5.98%
3,000 or more	25.21%
500 or less	4.70%
N/A	11.11%

Credentials held

Option	Percentage
ACM	2.56%
CCDS	68.80%
CCDS-O	5.56%
CCM	3.85%
CCS	23.93%
CPC	5.13%
CDEO	1.71%
CDIP	18.80%
CPHQ	2.99%
CRC	4.27%
FACHE	0.43%
MBBS	1.71%
MD	5.13%
MHA	8.12%
NP	0.43%
RHIA	15.38%
RHIT	1.71%
RN	65.81%
Other	29.91%

CDI reporting structure

Option	Percentage
Standalone CDI department	5.56%
HIM/coding	27.35%
Finance	27.78%
Quality	11.97%
Nursing/clinical	1.71%
Case management	6.41%
Other (please specify)	19.23%

Selected “other” responses:

- Executive administration.
- Revenue cycle/management.
- CDI national director.
- Chief medical officer.
- Care coordination
- The business office.
- Clinical informatics.
- Joint reporting to finance and the chief medical officer.
- Clinical effectiveness.
- Payer initiatives.
- Performance excellence.



Council Findings

Advancing CDI practice

CDI program objectives in order of importance. (1=most important; 5=least important)

Option	1	2	3	4	5
To ensure the overall integrity of the medical record.	58.12%	17.95%	5.98%	8.12%	9.83%
To improve the organization's quality scores and/or public standing.	5.98%	26.07%	36.75%	23.08%	8.12%
To ensure the organization receives accurate reimbursement for services provided.	18.38%	24.36%	26.92%	18.38%	11.97%
To prevent backend denials from third party payers.	0.00%	7.26%	14.10%	32.91%	45.73%
To improve patient care through consistent documentation.	17.52%	24.36%	16.24%	17.52%	24.36%

KPIs added or removed in the last year (select all that apply):

Option	Percentage
N/A, we have not changed our metrics in the last year.	49.15%
We added metrics based on shifting departmental/organizational goals.	34.62%
We added metrics based on CDI program expansion into another review area or project (e.g., outpatient reviews or denials management efforts).	21.37%
We added metrics to support increased staffing or resources.	14.96%
We removed metrics based on shifting documentational/organizational goals.	7.69%
We removed metrics based on pulling CDI back from certain review areas or projects (e.g., ceasing outpatient reviews or denials management efforts).	2.56%

Added metrics:

- GMLOS, denial rates by DRG.
- Vizient measures by service line.
- SOI/ROM shifts.
- HCC capture rates.
- Outpatient query metrics.
- Query response timeliness.
- Weekday vs. weekend metrics.
- Potentially preventable complication rates.
- COVID-19 mortality reviews.
- Commercial payer data.
- Retrospective vs. concurrent queries.
- Risk adjustment scores.
- PSI/HAC rates (and other quality measures).
- Coverage and productivity rates.
- Query impact rates.

Rate how well you believe different constituencies understand the use of AI in CDI:

Option	Well-understood	Growing understanding	Limited understanding	Very limited understanding
Me, personally	57.26%	38.46%	3.42%	0.85%
My CDI team	19.23%	56.41%	21.37%	2.99%
Executive leadership	17.09%	45.30%	31.20%	6.41%

Impact of solutions on CDI

Option	Improved productivity	Improved financial metrics	Improved quality metrics	Improved DNFB days	It's too soon to tell the impact	We used to use this solution, but don't anymore	Don't use, but are considering it	Don't use this solution
Prioritization software	35.90%	23.93%	17.52%	6.84%	18.38%	3.42%	12.82%	24.79%
CAPD	14.53%	10.26%	11.97%	5.13%	19.23%	2.56%	18.80%	35.90%
Other solution	7.69%	5.13%	7.26%	1.71%	3.85%	0.85%	3.85%	78.21%

Selected “other” solutions:

- Documentation prompting based on content within the patient’s record.
- Computer-assisted coding.
- We’re working on a prioritization tool with our in-house IT department.
- Auto-generated queries for “low-hanging fruit.”
- NLU software.
- Quality measure indicator alerts.
- Encoder.
- Autosuggested DRGs.
- We don’t have any CDI-specific software; it’s all manual Excel and Access reports.

Expected program changes post COVID-19

Option	Percentage
Our focus will expand toward new review areas.	32.48%
Our focus will narrow, and we'll step back from expansion areas/new review types to focus on inpatient reviews.	4.70%
CDI will become more critical within the organization.	57.69%
CDI will become less critical within the organization.	0.00%
Our focus will shift from primarily financial toward quality concerns.	16.24%
Our focus will shift from quality concerns toward financial.	3.42%
We will remain 100% remote.	28.63%
We will remain partially remote.	46.58%
Other (please specify)	15.38%

Selected "other" responses:

- I don't expect any changes.
- Expanded quality reviews and focus.
- Not sure yet.
- Continued/expanded use of virtual physician education, regardless of remote vs. onsite.
- Expansion to all payers.
- Centralization of CDI across the system.
- CMI and mortality score importance will increase.
- Increased focus on denials management.

Questions?

- **Visit** Council community site: <https://acdis.org/acdis-leadership-council>
- **Contact** membership manager Linnea Archibald at larchibald@acdis.org

Following the live meeting, on-demand materials, including the recording and slide deck, will be published to the “[Council Meetings](#)” area of ACDIS site. Members will be alerted by email once materials are available.

Members who were unable to attend the live meeting will still be eligible for the CEU provided they watch the recording by Wednesday, May 26.

CEUs will be sent out to both live and on-demand attendees on Thursday, May 27.