Query survey shows areas of both growth and stagnation

It’s been nearly four years since ACDIS’ last survey regarding query practices. The 2017 Physician Query Benchmarking Survey, released in January, garnered 361 respondents. The previous survey, released in 2013, attracted 517 respondents. Though the numbers shifted, the distribution of professional titles remained statistically similar. In 2013, 71.95% of the respondents identified as CDI specialists; in 2017, 65.96% identified as CDI specialists.

The 38-question survey illustrates many ways the CDI profession has matured in recent years. Yet, in some areas, it also reveals stagnation or even backpedaling.

Purpose of reviews

At the beginning of CDI’s existence, most programs focused on MS-DRG assignment and CC/MCC capture; however, the practice of CDI has evolved over time. With the advent of new quality reporting systems, one might assume CDI departments would continue to shift away from traditional CC/MCC capture reviews to a more holistic approach.

“Compliance-wise, we had to start focusing on all opportunities. Once you step into the quality world, though, it can be overwhelming and complicated,” says Melinda Scharf, RN, BSN, CCDS, CCS, a regional clinical documentation integrity educator at St. Joseph Health in Irvine, California.

The 2017 survey showed an upturn in the number of people reviewing primarily for financial impact (from 20.8% in 2013 to 37.89% in 2017), while the percentage of those reviewing for any documentation clarification went down from 67.37% in 2013 to 51.93% in 2017. (See Figure 1.)

“On the one hand, those numbers were really very surprising and, quite frankly, alarming. On the other hand, though, maybe it’s not so surprising. We’re under so much pressure to prove a return on investment,” says Shelia Duhon, MBA, RN, CCDS, CDIP, the national director for CDI education at Tenet Healthcare in Spring, Texas.

Perhaps even more troublingly, 40.91% of respondents who identified their position as “CDI specialist” said they primarily review for financial effect. This number was only slightly eclipsed by CDI specialists who said they review for any documentation needing clarification, at 51.24%. Both percentages are significant changes from 2013, when only 16.98% of CDI specialists said they reviewed primarily for financial impact and 72.41% said they reviewed for all documentation clarification.

“If that’s the case in the CDI industry, I think I might be in the wrong field and should go work in the auditing industry,” says Dee Banet, RN, CCDS, CDIP, director of CDI at Norton Healthcare in Louisville, Kentucky.

An encouraging number of people said they query for any clarification regardless of reimbursement at 41.27%, yet 0.55% still said they never query this way.

“The fact that we’re reviewing for primarily reimbursement is really going to put the industry behind the curve of value-based purchasing. We’re supposed to be looking at the bigger picture,” says Mark Dominesey, MBA, RN, CCDS, CDIP, CHTS-CP, the manager of excellence in clinical documentation at Children’s National Medical Center in Washington, D.C.

Productivity expectations

For new record reviews, 43.95% of respondents said they review 6–10 charts per day, whereas 30.09% review 11–15. In the 2013 survey, these two numbers were essentially flipped.

Overall, the number of expected new reviews has gone down slightly, with the number of people reviewing more than 16 new charts per day remaining static from the previous survey—21.81% in 2013 versus 21.23% in 2017. (See Figure 2.)

The overall number of expected re-reviews also decreased. In 2013, 30.24% of respondents said they
conducted more than 16 re-reviews per day. In the 2017 survey, the number of respondents re-reviewing more than 16 charts per day dropped to 20.46%. Almost 40% of respondents conduct 11–15 re-reviews per day, while 31.70% re-review 6–10 per day. The 2013 survey showed most (31.28%) re-reviewing between 11–15 charts and 25.93% reviewing 6–10.

“The days of getting right in and out of the chart are way behind us,” Duhon says.

The depth and type of review conducted highly affects productivity standards, according to ACDIS’ 2017 White Paper “Set CDI productivity expectations, but don’t look for a national standard.”

“Not all reviews are created equal; some reviews may present more opportunities for documentation clarification or face-to-face discussion with the attending provider—which, of course, require additional time,” according to the White Paper.

With the rise in CC/MCC- and DRG-focused reviews, however, one might expect to also see a rise in the overall review numbers. This proved not to be the case, according to the 2017 survey. The middle ranges stayed fairly similar to 2013, while the higher ranges actually dropped by about 10%.

Part of the drop in higher numbers could be linked to electronic health record (EHR) implementation, according to Scharf. “For us, we have three different applications we’re working in each day. That definitely affects productivity,” she says.

**Expansion of review focus and review timing**

With all the discussion regarding expansion of review focus, one might expect the percentage of those conducting reviews for concerns like severity of illness/risk of mortality (SOI/ROM), core measures, quality, or ICD-10 code specification to have increased.

The data show, however, a leveling out of such reviews if not an outright drop in certain cases. The 2013 survey showed that 7.44% of respondents reviewed primarily for SOI/ROM information; the 2017 survey showed a slight drop to 4.99%. Likewise, the number of respondents reviewing for quality or core measures dropped from 1.15% in 2013 to 0.55% in 2017.

Clinical validation (meaning, according to the survey question, querying “to confirm the presence of a documented diagnosis lacking clinical support”) remains a CDI focus, with 44.41% of respondents saying CDI alone reviews and queries providers for this information; however, 38.55% of respondents say coders also place these queries. (See Figure 3.)

According to the 2017 ICD-10-CM Official Guidelines for Coding and Reporting:

> “[T]he assignment of the diagnosis code is based upon the provider’s diagnostic statement that the condition exists. The provider’s statement that a condition exists is sufficient. Code assignment is not based on clinical criteria used by the provider to establish the diagnosis.”

While some take this as an elimination of clinical validation queries, this statement is not directed at querying, but at coding, Banet says. Additionally, Recovery Auditors (RA) scrutinize diagnoses considered unsupported by the clinical documentation. This means the practice of clinical validation queries will not be going anywhere any time soon.

“We’re probably doing more clinical validation [reviews] for the fear of something getting coded that’s not supported. The guideline has actually created some more issues for us. We have to work harder now,” says Banet.

As far as the review timing, the 2017 survey shows the majority of CDI specialists reviewing concurrently (98.06%). About half of respondents—48.75%—said they review retrospectively as well, and another 14.96% also review post-billing. Of the 4.71% who answered “other,” the majority said they conduct retrospective reviews only in mortality cases to fully capture the patient’s SOI/ROM scores. (See Figure 4.)

When it comes to outstanding query follow-up post-discharge, most respondents (56.51%) said CDI staff are responsible for that follow-up, with coding or HIM trailing at 22.71%. Respondents who answered “other” are the third place holder at 12.47%. Most of the “other” respondents said that the person who initiates the query is always responsible for the follow-up, even post-discharge. (See Figure 5.)
Only 1.66% of respondents reported conducting prospective reviews—reviewing the patient’s chart prior to an appointment (typically done related to outpatient care, such as that provided in a physician practice or ambulatory surgery center). The plurality (39.20%) of respondents said they do not have an outpatient CDI program. Of the respondents who are reviewing outpatient records, only 20.10% said they follow the most recent ACDIS/AHIMA query guidance for their prospective reviews, while 9.50% do not. Of those who do not follow the advice, 7.30% said they are developing compliance procedures. (See Figure 6.)

“That amount of noncompliance is kind of scary to me, really. It’s such a new area that people just don’t know what they’re getting into yet,” Scharf says.

**Implementation of EHRs/e-query systems**

The percentage of respondents using an EHR or electronic query (e-query) system has risen since the 2013 survey. According to the 2017 survey, 67.02% of respondents use an EHR versus 20.70% who still use paper records. In 2013, 43.89% of respondents used paper records versus 34.73% who used electronic. (See Figure 7.) Of those who use an EHR system, the percentage of respondents who can query within the system also went up, from 43.6% in 2013 to 71.75% in 2017. (See Figure 8.) This significant percentage jump seems to correlate to the CMS EHR initiative program, which took effect in 2011 but did not affect facilities’ reimbursement until 2015 after the closing of the observation period.

According to the 2017 data, more respondents also use query templates built into the EHR. In 2013, less than 50% had templates in the EHR, whereas now 67.17% do.

“I think the use of EHR and query templates is great for creating consistency in our industry,” Banet says.

A surprising 31.90% of respondents said computer-assisted coding (CAC) and natural language processing (NLP) software has improved the quality of their clinical review and brought new query opportunities to their attention. Of the 31.29% of respondents who answered “other,” most either do not have CAC/NLP software or do not trust it. (See Figure 9.)

“For the most part, the CAC/NLP is pretty good. I think it can be a dangerous thing with new CDI specialists, though, because they don’t totally understand how a code is actually built,” says Duhon.

**Query templates**

Potentially due to the rise in EHR/e-query use for CDI programs, template use has also risen since the previous survey. In 2013, 38.6% of respondents reported using some form of query template. In 2017, 45.98% use templates. (See Figure 10.) This could be due to the rise in EHR use, or the maturation of CDI programs nationwide.

“If you make a query process that the physicians can understand, you don’t have to spend every moment explaining how to read and understand the query,” a potential benefit of templates, says Dominesey.

Most respondents said CDI specialists themselves developed the query templates (62.75%). Next on the list were CDI managers at 39.22% and HIM/coding departments at 31.65%. (See Figure 11.)

Template components included:

- Space to include clinical data from the patient’s medical record (92.63%)
- Open-ended options (81.59%)
- Specific diagnosis phrase options (70.82%)
- Pre- and post-query DRG information (2.27%)
- DRG relative weights (1.42%)

“It shocks me that some respondents include the relative weights. They’re asking to get themselves in trouble. Just wait till the RAs get a hold of that,” Duhon says.

More respondents now report following recent ACDIS/AHIMA query guidance than in the previous survey. In the 2017 survey, 67.04% reported adherence to the guidance completely, whereas in 2013, only 59.35% said the same thing. (See Figure 12.)

“Honestly, we’d rather hold back from sending a query at all if it’s not going to be compliant,” says Banet.

**Policies and procedures**

Use of facility-wide query policies for all query types—written, electronic, and verbal—increased to 74.52% in
2017. Some respondents reported having varied query policies (for example, 6.93% said they have procedures only for written queries), while 9.70% of respondents said they do not have any facility-wide policies. (See Figure 13.)

Most respondents said the CDI department is responsible for developing the query policies (56.16%). While the next highest percentages belonged to the HIM/coding departments and the compliance department, with 36.64% and 21.02% respectively, 10.21% reported “other.” Of these respondents, most said the CDI manager or director develops their facility’s query policies.

Another major change from the 2013 survey was the percentage of CDI programs retaining queries as a part of the patient’s permanent medical record—from 32.8% in 2013 to 58.45% in 2017. Though 19.39% of respondents said they did not retain them in the medical record at all, 18.28% said some were retained. Many of the “other” respondents (2.49%) only retain retrospective reviews. (See Figure 14.)

In addition, the percentage of respondents who said they never submit their queries to an auditor has gone down since the 2013 survey—16% in 2013 said they would submit their queries to an auditor versus 30.98% saying the same in 2017. This could be linked to the rise in facilities complying with query practice briefs.

“If you have a conversation with them, then that education takes place and your number of queries to a given physician will go down,” says Duhon.

9.42% of respondents said they prefer faxing queries to the physician office. Of the 9.42% of respondents who listed “other” as their preferred form of physician communication, most said they use a secure texting application to notify the physicians of an outstanding query. Some said they page the physicians. (See Figure 16.)

The 2017 survey also showed more transparency regarding physician query response rates between the physicians and CDI staff, with 53.40% saying they share the response rates with the physicians. In 2013, this percentage was lower at 45.06%. (See Figure 17.)

“I think that’s really great. Transparency is excellent. Plus, a lot of physicians are competitive, so sharing the response rates can help spur them to be better” and improve engagement, Dominesey says.

**CDI benchmarks and program accountability**

As far as query metrics, the percentages of respondents in 2017 who have a set query quota and those who do not were nearly the same, with “yes” garnering 47.22% and “no” garnering 46.91%. Of those who do have a quota, the expected percentages of charts queried was quite varied—although the norm seemed to be a quota of around 21%–25% of charts reviewed. (See Figure 18.)

These expectations appear well founded, as 28.09% of respondents say that 21%–30% of their chart reviews result in a query. This number remains fairly static from the 2013 survey, which saw 25.01% placing queries on 21%–30% of their reviewed charts.
The plurality of respondents have seen a decrease in the number of needed queries as their program has matured (37.27%); however, 22.91% have seen an increase in the number of needed queries.

As far as monitoring the quality of the queries, 24.10% of respondents said they audit their queries “as needed,” with the next largest percentage saying they audit on a monthly basis (22.71%). (See Figure 19.) The majority of those who have a query audit procedure in place (60.98%) reported that their CDI manager/leader conducts the audits. (See Figure 20.)

“Auditing needs to happen not just for the CDI specialists, but for everyone. It can even be completed by other CDI specialists. Sometimes, it’s actually more helpful to have a more peer-level review,” says Dominesey.

Most options for audit focus presented in the survey garnered about 50% of respondents’ support, though there were some outliers, such as “leading queries,” which received 63.71%. “Inaccurate information on the query form” received the lowest percentage at 43.21%, perhaps due to the overall increase in template use. (See Figure 21.)

“If a CDI specialist’s queries are compliant and there’s no additional opportunities for additional queries, then I’m fine with a lower query percentage. When it comes to query metrics, it all depends on the quality of the queries themselves. You have to use your brain and do some critical thinking about it,” says Duhon.
Fig. 2 How many records do you review per day?

<table>
<thead>
<tr>
<th>Records Per Day</th>
<th>0-5</th>
<th>6-10</th>
<th>11-15</th>
<th>16-20</th>
<th>21-25</th>
<th>26-30</th>
</tr>
</thead>
<tbody>
<tr>
<td>New patients</td>
<td>0%</td>
<td>20%</td>
<td>30%</td>
<td>10%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Re-Reviews</td>
<td>10%</td>
<td>50%</td>
<td>40%</td>
<td>15%</td>
<td>25%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Fig. 3 Do you query for clinical validation?

- Yes, our CDI specialists and coders do this: 38.55%
- Yes, but this is a CDI function only: 44.41%
- No, we code what is documented by the physician: 6.70%
- Don’t know: 8.94%
- Other: 1.40%
Fig. 4 What type of queries does your CDI program issue?

- Prospective (prior authorization or before the patient)
- Concurrent
- Retrospective (pre-bill)
- Post-bill
- Other

Fig. 5 Which department follows up on outstanding queries post-discharge?

- CDI department
- HIM/coding department
- Case management department
- Any department, depending on query type
- Don’t know
- Other
Fig. 6 If you conduct prospective reviews/queries, do you follow recommended policies and procedures?

- Yes: 39.2%
- No: 20.1%
- Don’t know: 9.5%
- We are developing policies: 23.8%
- Other: 7.3%

Fig. 7 Are the majority of your queries

- Written (paper-based)
- Written (electronic)
- Verbal (face-to-face)
- Roughly a mix of verbal and written
- Other

<table>
<thead>
<tr>
<th>Category</th>
<th>2013</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written (paper-based)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written (electronic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal (face-to-face)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roughly a mix of verbal and written</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Fig. 8 Does your facility have an electronic query system either

<table>
<thead>
<tr>
<th>Response</th>
<th>2013</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No, but we are in the process of implementing one</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fig. 9 How has CAC and/or NLP affected your chart reviews and queries?

<table>
<thead>
<tr>
<th>Impact</th>
<th>2013</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved the quality/depth of clinical review and query opportunities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased the quantity of queries posted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diminished the quality/depth of clinical review and query opportunities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased the quantity of queries posted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Fig. 10** Do you use templates in your written/electronic queries?

- Yes, always
- Yes, frequently
- Yes, occasionally
- No, never
- Other

**Fig. 11** Who was involved in developing your query templates/forms?

- CDI staff
- Physician advisor/champion
- Other medical staff
- HIM coding staff
- Nursing/ancillary staff
- CDI manager
- Case management staff
- Legal department
- Compliance department
- Primarily a consultant or a software vendor
- We do not use templates
- Other
### Do your query practices follow the latest ACDIS/AHIMA physician query guidance?

<table>
<thead>
<tr>
<th>Response</th>
<th>2013</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, fully</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, partially; we have read the guidance and included applicable suggestions in our CDI program policies and procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, partially; we have read the guidance and included applicable suggestions, but have different policies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, partially; we have separate policies for CDI specialists/HIM staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know/have not read the latest guidance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No, we follow our own internal set of query guidelines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fig. 12
**Fig. 13** Does your facility have standard query policies and procedures?

- Yes, for all query types regardless of department: 74.52%
- Yes, but they only apply to written queries: 6.93%
- Yes, but they only apply to coding staff: 9.7%
- No: 6.65%
- Don’t know: 2.22%

**Fig. 14** Are your query forms part of the patient’s permanent medical record?

<table>
<thead>
<tr>
<th>Response</th>
<th>2017</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No, but they are archived as administrative information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some are a permanent part of the record and some are not</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Fig. 15 What is your percentage of physician response to queries?

- Under 40%
- 41%-50%
- 51%-60%
- 61%-70%
- 71%-80%
- 81%-85%
- 86%-90%
- 91%-95%
- 96%-98%
- 99%-100%
- Don’t know
- We don’t measure/track this
- Other

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Fig. 16 Which of the following techniques do you find most effective when querying?

- Leave a paper query in the patients medical record
- Leave an electronic message in the medical record
- Have a verbal conversation/discussion with the physician
- Email the physician daily
- Fax the physician office
- Hand a query form to the physician
- Hand a query form to a physician extender
- Other

Fig. 17 Do you share your query response rates with physicians?

- Yes
- No
- Don't know
- Other

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Fig. 18 What percentage of charts does your program expect CDE specialists to query?

- 0%-5%
- 6%-10%
- 11%-15%
- 16%-20%
- 21%-25%
- 26%-30%
- 31%-35%
- 36%-40%
- 41%-45%
- 46%-50%
- Greater than 50%
- Don’t know
- We don’t track this metric
- Other, please specify
Fig. 20  **Who reviews/audits your query forms for compliance?**

- Self-auditing
- CDI peers
- CDI manager/leader
- Consultant
- Compliance department
- HIM/coding department
- Physician advisor/champion to CDI
- Other, please specify

Fig. 19  **How often do you review/audit your query forms for compliance?**

- Monthly: 24.1%
- Quarterly: 11.36%
- Biannually: 22.71%
- Yearly: 14.96%
- Once every two or three years: 11.63%
- As needed: 9.14%
- We do not review them: 3.32%
- Other, please specify: 2.77%
**Fig. 21** Do you audit/monitor the following indicators for query quality?

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2013 (%)</th>
<th>2017 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unnecessary queries</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>Leading queries</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Poor choice of wording/clarity</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>Missed query opportunity</td>
<td>70%</td>
<td>60%</td>
</tr>
<tr>
<td>Noncompliance with query standards</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>Not clinically appropriate and supported</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Inaccurate information on the query form</td>
<td></td>
<td>50%</td>
</tr>
<tr>
<td>We don’t monitor queries for quality</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>Other, please specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **2013**: Orange bar
- **2017**: Purple bar