Summary: This paper presents a look at the advantages and disadvantages of remote CDI. It is intended for CDI managers/directors and HIM directors/administrators with CDI oversight who are considering whether to implement remote CDI wholly or partially. It is also applicable to CDI staff reviewers who might be pondering remote work and/or switching to working on-site.

In today’s world of electronic health records (EHR), remote CDI work has become not only a possibility, but a common topic of conversation in healthcare organizations across the country. Many organizations are trying to attract CDI staff in a competitive environment, or seeking to prevent CDI staff from accepting lucrative offers from consulting companies or rival healthcare systems. Remote CDI lets managers attract a wider network of candidates and retain job-seeking staff by offering them a professional satisfier—the opportunity to work from home.

However, remote work is not a panacea, and it is not a simple black-and-white option to implement without thought. Many CDI professionals enjoy the autonomy and flexibility offered from working remotely, but off-site work can make it extremely challenging to build relationships and communicate effectively with physicians. Unlike remote workers, on-site CDI professionals can attend interdisciplinary rounds and work on nursing units, collaborating closely with ancillary team members. This type of integrated work can make CDI professionals feel more included within the healthcare team.

On the other hand, even when CDI is on-site, working in clinical units alongside busy providers is not always possible—nor do all clinicians desire it. Also, some CDI professionals are not as productive from a “chart touch” perspective as they would be if engaged through remote work. A recent ACDIS survey demonstrated that remote CDI professionals often enjoy productivity increases over on-site staff due to fewer distractions and more efficient access to records.

While the decision to implement a remote program may appear simple at first glance, many factors must be considered to build such a program sustainably. Remote CDI work requires managers to develop structured policies and agreements, then ensure staff are following these policies. Often, remote CDI professionals should first meet and then exceed on-site productivity standards, returning to a site-based role if they fail to keep their metrics up. Managers must also ensure that individuals possess the proper personality for remote work, and can work effectively and efficiently without direct supervision.

1 For the purposes of this white paper, remote CDI is the practice where CDI professionals are not located in a hospital or other clinical setting, but perform their daily functions via electronic communications, most commonly from home. In some cases, CDI professionals may operate out of a clinical area; however, if there is no face to face interaction with providers, this practice may also meet the definition of remote CDI, with some differences as outlined in this paper.
This paper explores the pros and cons of remote CDI. It discloses the hidden costs that must be considered, including hardware, software, and potential travel costs. It provides insight into the type of professional most suited for remote CDI work. It discusses practical implementation strategies for starting a remote CDI department and/or a hybrid (on-site and remote) department. It offers suggestions to ensure proper timing for this type of organizational change as well as suggestions for hiring or retaining CDI professionals who are fit for remote work. Finally, it offers a sample telecommuting policy, a related job description for hybrid staff, and a checklist for getting started.

### Pros and cons of remote CDI

When considering a remote CDI program, administration must carefully weigh the associated pros and cons. Each facility and CDI department has unique characteristics, strengths, and challenges that must be taken into account.

The first consideration is the change in culture, particularly the impact of remote staff on current processes, productivity, and relationships with other disciplines. The most obvious concern surrounding remote work is the lack of face-to-face interaction with providers and other key stakeholders (quality, HIM, utilization review, care coordination, and so on). Moving a CDI program off-site means loss of all or most of CDI’s capability to meet directly with providers. For a remote program to be successful, providers must instead actively participate by responding to emails and phone calls. Provider engagement is critical to the success of CDI initiatives, and a department that relies on in-person contact may struggle if it loses direct access to providers.

However, there are several process benefits to remote CDI programs that must be weighed in decision-making. Recent ACDIS survey data demonstrates that chart review productivity often increases when staff work remotely. Because remote work allows schedules to flex around life demands (meeting a repair technician, caring for sick children, etc.), it can promote more consistent reviews and reduce coverage gaps. Particularly for hospital systems, remote work can ease coverage demands for small facilities or during situations when staff are on leave. Working remotely can also be a job satisfier for veteran staff if it’s not possible to offer them a salary increase or promotion.

Impact on employees is another significant consideration. Many CDI programs struggle to attract and retain qualified staff. Training new staff is time-consuming, disruptive, and potentially costly to facilities, and remote programs are generally seen as a way to mitigate this issue (by retaining staff rather than hiring and train-

---

41% of respondents to the 2017 CDI Week Industry Overview Survey indicated their chart review productivity was better than on-site staff, as opposed to about 4% that said it was worse (31% said they were the same). In addition, 23% of respondents indicated their query rate was better than on-site staff, as opposed to 3.29% that said their query rate was worse than on-site. See [https://acdis.org/system/files/cdi-week/39056_CDI_Week_Industry_Survey_Report_2017.pdf](https://acdis.org/system/files/cdi-week/39056_CDI_Week_Industry_Survey_Report_2017.pdf)
The pros and cons of remote CDI: Evaluate before you implement

Offering remote work means that an organization can appeal to job candidates who would otherwise need to relocate to join the facility. This flexibility increases job satisfaction, improving employee retention. Additionally, if existing staff relocate, they can elect to stay in their current CDI position, adding to team stability and minimizing turnover.

On the other hand, remote work arrangements are not ideal for all employees. Some staff prefer on-site work. Staff development and promotion of team cohesion can be more challenging in a remote environment, as direct contact will be less frequent and meetings must be conducted via conference call or instant messaging/video conferencing. Not all employees thrive in unstructured environments without direct “over the shoulder” oversight. The transition to remote work can be isolating, and some people find it difficult to separate their work and personal lives when working from home. Additionally, moving CDI staff off-site creates more responsibility for on-site leadership staff (managers, directors, etc.) to oversee remote workers and be more available to providers and stakeholders.

There are also logistical concerns surrounding remote work. Employees must have access to a dedicated workspace that satisfies the privacy requirements of working with protected health information (PHI). Fast and consistent internet is essential to productivity, and IT concerns must be handled remotely in conjunction with hospital IT staff. In some hospitals, electronic tools or shared drives may only be available to employees on the physical network. Facilities must identify what equipment will be required for employers and consider what will be provided by the organization versus the employee. Remote programs can reduce the costs associated with CDI’s physical footprint, additionally helping to alleviate the lack of space plaguing many hospitals. However, these cost savings may be erased through travel expenses if programs require remote workers to periodically appear on-site for training, education, team building, or other department activities.

All concerns will not carry equal weight among facilities. For example, a program that is already 100% electronic with adequate response rates to CDI queries from staff working off the floor may not feel that remote work would significantly harm provider interaction. However, a program with numerous novice CDI specialists may find the lack of access to face-to-face staff mentorship problematic.

The key to evaluating the pros and cons of a remote program is to carefully assess the current state of the CDI program, recognize current resources and challenges, and identify top priorities to allow the program to meet organizational goals. Figure 1 in this paper’s appendix provides a detailed list of pros and cons that hospital administration and CDI management should consider prior to initiating a wholly or partially remote CDI department.3

3 Because this trend is new, it is not clear what the long term outcomes will be and what impact remote work arrangements will have on CDI supply, use, or income—if any. Other industries may provide some representative comparisons. For example, the technology company IBM was an early adopter in letting employees work from home, and reported savings and increased
The pros and cons of remote CDI: Evaluate before you implement

Please note that outsourcing/use of overseas labor to replace U.S. jobs is a separate issue beyond the parameters of this paper.

Qualities and qualifications of remote CDI staff

A manager investigating remote CDI must consider the similarities and differences in remote CDI work vs. a traditional, on-site specialist role. All CDI professionals have a duty to work in a manner consistent with best-practice standards. They must:

- Adhere to a common mission and set of goals
- Use common and standardized workflows
- Work to ensure proper reimbursement
- Promulgate accurate reporting of risk factors used to support quality measurements
- Collaborate effectively with medical staff, coding staff, and all other stakeholders

Beyond these core similarities, working on-site often has a different cadence and workflow than a remote role. On-site CDI professionals can engage in face-to-face meetings and discuss the facts of a complex case with a provider, case manager, or other treating clinician during daily clinical rounds. Onsite CDI may attend teaching rounds with residents, multidisciplinary rounds on units, provide educational material at medical staff meetings, or round in the ED, for example. Even if on-site staff do not perform clinical rounding—for example, if they review charts on a computer in a department office—they can turn to an experienced colleague or manager for assistance. In contrast, remote employees often lack the means to discuss complex cases adequately with clinical staff, coding professionals, quality team leaders, and other stakeholders. These interactions can be facilitated, but they will require a more creative mechanism, such as scheduled virtual meetings or conference calls.

It takes about six months of training and mentoring to train a new CDI specialist, according to industry conventions. Given this rule of thumb, some sites insist that only workers with a proven record of success and ample experience be allowed to work remotely. Additionally, some sites prefer remote CDI specialists possess the CCDS and/or the CDIP certification, as these credentials demonstrate experience and a core set of knowledge likely not found in someone new to the profession. Fundamentally, a remote CDI specialist should possess all of this core knowledge.

ACDIS recommends that newer CDI specialists be employed exclusively on-site to provide them adequate mentoring, oversight, and progression of skills.
professionals often benefit from individual formal training from their manager, and also from formal and informal “peer-to-peer” coaching—experiences not always provided to remote workers. After six months in the role, a CDI manager can assess whether a CDI specialist is fit to perform full or part-time remote CDI work.

Managers must consider the general aspects and personality factors of remote CDI staff. Some people thrive on and seek out face-to-face professional interactions, both formal and informal. Remote work may not be a good fit for individuals that prefer these personal interactions; they may feel disconnected or isolated by working off-site, diminishing their productivity.

Consider how a remote CDI professional will remain engaged with peers. Managers should schedule regular interactions to promote and share best practices and organizational and industry updates. All CDI professionals must be actively engaged in formal and informal learning activities to stay knowledgeable and relevant. Connections can be made and enhanced in a variety of ways, such as through professional organizations or live or remote educational sessions. Consider sponsoring ACDIS local chapter meetings, annual conferences, a boot camp, or other educational seminars created and sponsored by the employer.

Managers need to ensure that remote workers foster and maintain a viable and meaningful relationship with coding professionals. This includes developing a mechanism to ensure CDI staff can review and discuss difficult cases with their coding counterparts during the reconciliation process. Managers may provide some remote CDI staff access to a coding contact that works exclusively with the CDI team, discussing complex cases, coding issues, and regulations as well as negotiating final DRG assignments. This can be an informal process in which both parties call or email as needed, or it can be a regularly occurring event.

Certain CDI professionals, particularly those with proven experience, can thrive working remotely and use websites, journals, seminars, and virtual meetings to keep up to date with continuing education. Others, however, may find working at home to be a distraction. While there is no formula that can predict a person’s suitability for remote work, productive remote workers share some common characteristics, including independence, self-motivation, and the ability to stay on task with little oversight. Discipline is required, as it can be difficult to avoid handling personal responsibilities while working remotely. Remote workers need to know how to communicate in a clear and concise manner via both email and phone. They need to be responsive, be reachable during business hours, and return messages quickly.

Managers must ensure that there is an adequate process in place to monitor the productivity of remote CDI professionals. They should assess each employee to determine if the staff member has the “self-starter” traits to ensure maximum pro-
The pros and cons of remote CDI: Evaluate before you implement

ductivity with a minimum of supervision.

Starting a remote CDI program

Prior to implementing a remote CDI department, CDI managers must explain the concept to hospital administration. The CDI management team must perform due diligence prior to any proposal. Consider performing a cost-benefit analysis to provide hospital administration with a snapshot of the cost savings of remote capabilities, including the elimination of office space and associated overhead costs. If your organization has a remote coding department, obtain its existing policies and procedures—these may shed light on how current employees are reviewing health records securely in the comfort of their homes.

Review your organization’s internal security requirements to ensure a remote program will comply with Health Insurance Portability and Accountability Act (HIPAA) regulations. ACDIS recommends implementing a remote CDI “beta test” so that administration can evaluate employees’ real-life data performance.

Next, consider the following changes:

- CDI department process changes
- IT considerations
- HR considerations
- Development of remote/telecommuting policies and procedures

CDI department process changes

Depending on your organization’s current setup, the process flow for a remote work model, whether 100% remote or a hybrid of on-site and remote workers (which we will discuss later in the paper), will likely look different than an on-site CDI program—even in organizations where on-site staff principally work in front of a computer.

Since you will already be implementing process changes, use the opportunity to get creative. For example, you might implement a workflow whereby staff is remote for part of the week and on-site for the rest. Remote days may involve record reviews and query writing, while on-site days may include elbow-to-elbow education with providers and peers. You will need to answer the following questions based on your organization’s chosen remote model:

- 100% remote model:
  - How will providers be alerted to queries, and how will they communicate with the CDI team to answer them?
  - How will provider education (webinars, live on-site training, etc.)
The pros and cons of remote CDI: Evaluate before you implement

be performed?
- How will CDI team meetings be conducted? Will they be done through a conference call, or must staff travel on-site to attend?
- How will CDI maintain its multidisciplinary team approach with coding, quality, and ancillary departments after going remote?
- What will remote workers’ hours look like? Will they be regular work hours (8–4, 9–5) or will they be flexible?

Hybrid remote model:
- What will the schedule look like (i.e., how many days will the CDI team be remote and how many days on-site)? OR
- Will there be two teams, one working remotely to review records and the other following up on-site with queries and provider education?
- If there are two teams, who will work remotely vs. on-site? Is there a career ladder in place? Must individuals apply for remote positions?
- How will the remote CDI team alert the on-site CDI team about pending queries?
- As with the 100% remote model, what will remote workers’ hours look like?

IT considerations

Your organization also must decide who will pay for a remote employee’s computer workstation and internet service. Will the organization provide and maintain PCs, or will employees be responsible for purchasing and maintaining their own equipment? There are pros and cons to both options. Having employees use their own equipment saves money. However, compatibility or security issues can rear their head if employees run an older operating system on their personal computer or do not keep up with software updates. Additionally, a fast internet connection is very important for employees to maintain productivity. If your organization requires your employees to have higher-speed internet access than they possess at home, you must decide who will pay for the monthly service charges.

Again, you may not need to reinvent the wheel: Check with your IT department to determine if it has policies that address remote work issues, office ergonomics, and safety requirements.

HR considerations

Working remotely is a privilege, and some organizations have implemented a requirement that CDI professionals work on-site for a minimum of six months or a year (unless authorized by management) and maintain high productivity standards.
The pros and cons of remote CDI: Evaluate before you implement

before being allowed to work from home. ACDIS recommends this approach. Managers must be satisfied that the job can be effectively performed off-site, that the employee has the required skills to work independently and is not currently undergoing any corrective action, and that the employee’s off-site environment is appropriate for duties to be performed.

Salaries are another important consideration. An employee’s salary often varies based on experience and geographic location. For example, if a remote employee lives in a lower-wage state with a lower cost of living, should the employee’s salary be adjusted to reflect this, or will salaries be standardized for all staff? In addition, will your organization require your CDI team to be close to the hospital (“locally remote”) while working from home? If so, the policy and procedure should include guidance on who is responsible for travel expenses in the event that remote staff must travel to the hospital for an on-site meeting or training session.

Consult your HR department on whether your organization requires CDI specialists with a registered nurse (RN) license to obtain state-specific licensure. Currently there are 25 states operating under the Nursing License Compact (NLC), and its terms require RNs to possess a license in the state where they reside. Some organizations have reported that this is a requirement.4

Development of remote/telecommuting policies and procedures

The final step in starting a remote CDI program is to develop and get approval of policies and procedures. These items should address the following:

- Confidentiality/HIPAA regulations
- Productivity standards
- Scheduled hours of work and operation
- Call-in procedure/downtime/time sheet completion
- On-site availability requirements (travel time)
- Reimbursement (if any) for mileage/travel
- Reasons for termination of the remote program and/or individual remote privileges
- Remote access to system (i.e., EHR, encoder, etc.)
- Hardware/software evaluation
- Work area, equipment, and safety requirements

Establishing these policies from the beginning minimizes confusion and contrib-

4 Ask ACDIS: Remote CDI staff need state-specific licensure: https://acdis.org/articles/ask-acdis-remote-cdi-staff-need-state-specific-licensure
The pros and cons of remote CDI: Evaluate before you implement

utes to overall department success. Once the policy is approved with HR and administration, review with potential remote CDI staff. All employees who wish to work remotely should sign an agreement relating to telecommuting and confidentiality/security. These agreements will help the department establish expectations for all parties involved. The confidentiality agreement should address the remote office location within the home, the need for a separate secure location that is inaccessible when the CDI specialist isn’t working, and the need to lock the computer and/or sign out of applications when the CDI specialist is not physically in front of the workstation.

Remote employees access patient health information, and this must be considered in home office setups. Each employee’s office space should be private, with the ability to restrict access by others (e.g., family members). Considerations should be made as to the ergonomics of the workstation and ability of the employee to work comfortably and effectively. The home office should be inspected by the manager regularly, either in person or via internet communication, to ensure identified parameters are met and enforced.

The appendix of this white paper contains a sample policy and agreement for consideration.

Managing and running a remote CDI program

Staff management is always a challenge, but managing remote staff is even more so. Thoughtful planning, clearly communicated expectations, and a system of monitoring are required elements in order to ensure high productivity and quality of reviews.

Once a remote CDI department has been approved, the real work of day-to-day management begins. Managers must clearly outline and communicate expectations related to productivity and quality of work. Discuss and define work hours, including whether employees can flex around personal demands and how flex time is requested and approved. Staff must understand the consequences of not meeting expectations, which may include removal of remote work privileges.

Remote staff should sign a contract or agreement (see the sample CDI telecommuting policy and agreement in the appendix of this paper) that outlines the parameters and expectations related to management of work hours, expected productivity standards, communication with coworkers, attendance at staff meetings/educational opportunities, and any expectations for on-site work. The contract should also outline required actions related to power or internet outages and inability to work during expected hours. It should communicate expectations related to the home office environment and how to handle caring for dependents and children during work hours. Expectations of employee response time to
The pros and cons of remote CDI: Evaluate before you implement

phone calls, emails, and messages during work hours should be clearly outlined.

Just as on-site staff require productivity monitors and quality audits, remote staff need regular monitoring for query rates, response rates, reconciliation, and other staff metrics. Require submission of weekly productivity reports. Your processes should facilitate frequent communication between remote staff and managers via email and phone. Managers should proactively schedule meeting times to check in with remote staff—even if it’s just a 15-minute check-in each week, this time allows for 1:1 conversation, problem solving, and feedback.

Often, the greatest challenge faced by remote CDI departments is maintaining high levels of provider engagement. Most remote programs include designated on-site roles (typically managers, but also CDI educators) to allow for more personal provider interaction. Remote staff should be available for provider communication during business hours. Their contact information should be applied to queries so that providers can easily identify whom to contact with concerns. Being remote should not impede provider/CDI interaction.

Following is sample language from a policy manual that you may wish to consider adapting/modifying as standards for eligibility, ongoing oversight, and staff management:

**TELECOMMUTING PROGRAM** *(Sample/for consideration)*

1. The opportunity to work remotely may be presented to the CDI specialist.

2. In order to be eligible to work remotely or telecommute, the following standards must be met and maintained:
   
a. Productivity – per the CDI productivity standards (please refer to the CDI Productivity Policy).

b. Quality of reviews – the reviews must meet quality standards when a random, retrospective audit of the CDI reviews is performed:
   
i. Minimal missed query opportunities per the CDI auditor and CDI manager.

   ii. Appropriate usage of query forms, and correct verbiage in queries sent to the physicians.

   c. Additional requirements set forth in the HIM Telecommuting Policy.

3. Once the CDI specialist meets the above mentioned criteria, they may be allowed to telecommute, as determined by the CDI manager and the needs of the organization.

   a. Standards set forth above must be maintained even when working remotely.

4. If assigned work is not completed or productivity or quality expectations
The pros and cons of remote CDI: Evaluate before you implement

are not being met, the employee may be returned to the hospital environment at the discretion of the CDI manager or the HIM director. The medical center reserves the right to return the employee to the hospital environment at any time and for any reason.

a. Productivity and quality will be monitored initially biweekly, and then monthly; if production and/or quality standards fall below minimum departmental standards for one quarter, the employee will be required to return to the on-site location on a mutually agreed-upon date, for a minimum of four weeks. Failure to do so will result in disciplinary action and/or termination of telecommuting privileges.

i. With the return to the hospital environment, the employee is to undergo education and performance evaluations by the CDI manager to effectively increase productivity, as well as perform quality reviews.

b. If the employee is returned to the hospital environment due to either productivity or quality standards not being met, the employee may not return to telecommuting until the standards are maintained for a minimum of one month (four weeks) after the education/performance evaluations, per discretion of the CDI manager.

5. The medical center may discontinue the telecommuting program at any time, with or without notice, within its sole discretion. After sufficient notice of two weeks, the telecommuting employee would be required to return to their regular, on-site Monday–Friday work schedule.

The hybrid model of CDI

Debates on which CDI model is the most practical and efficient often consist of black-and-white analyses of the effectiveness of on-site staff vs. remote staff. But many fail to consider the hybrid model, which can offer the best of both worlds. One size does not fit all, and a hybrid model allows for individuality and flexibility in deciding what mix of staffing works best for the organization. The versatility of having an option to work on-site or remotely can accommodate staffing needs, workflows, and processes. The hybrid model serves as a valuable option for an organization struggling to hire experienced CDI staff, or for a rural hospital whose patient population may not be sufficient to warrant the salary of a full-time CDI specialist.

There are many hybrid options available. Staff can be permanently on-site, permanently remote, or rotate between sites (i.e., the same staff may work part of the week on-site and part of the week remotely). Alternatively, all staff could work on-site, with the ability to earn at-home days for good performance.

CDI staff operating in a hybrid model can split their responsibilities in several ways. On-site staff may serve as “boots on the ground” and take on a larger role in face-to-face provider education, while remote employees may principally per-
The pros and cons of remote CDI: Evaluate before you implement

form chart review and present provider education via technology such as video conferencing. Remote staff may be asked to review a higher number of cases per day, whereas on-site staff may round on the floors with physicians and ask questions during daily huddles with providers and case management, UR, and nursing staff. Regardless of whether hybrid staff are on-site or at home, maintaining strong relationships with CDI colleagues, providers, coding, case management, HIM, and other departments is vital to ensure cohesive teamwork.

Providers often appreciate different approaches when it comes to interaction. Some providers prefer CDI staff rounding and being able to meet with CDI on-site. Others prefer answering an email or EMR message when they have time. Many residents appreciate the ability to answer messages via smartphone. This makes involving providers in any changes to your CDI program model an important consideration.

ACDIS suggests a hybrid model as the ideal since it tends to satisfy on-site requirements while giving staff the option to work remotely. However, many factors and variables need to be taken into account to find a model that works well for your particular institution and CDI staff.

A hybrid model should incorporate an intensive orientation and training period. During this period, the CDI specialist should be on-site, building trust and relationships with the providers. CDI managers/supervisors should create and implement policies and procedures for remote work and perform regular assessments. All staff (on-site and remote) benefit from educational meetings, consider conducting these monthly or at minimum quarterly. The meetings should include opportunities to review complex case studies for documentation and coding opportunities, clinical indicators and treatment of challenging diagnoses, and clinical validation queries. In some cases, remote CDI specialists may be asked to come on-site to meet with providers for educational sessions and feedback.

CDI specialists working remotely in a hybrid model should possess the following characteristics:

- CDI, coding, and query competency (i.e., knowledgeable in documentation and coding practices, rules and guidelines, and the ability to formulate effective, compliant queries)
- Strong written and verbal communication skills for provider interaction and education
- The ability to work independently without direct oversight to accomplish complete and accurate record reviews, and maintain program goal metrics and expectations

Clinical educator5 and CDI quality & education specialist positions can enhance

---

5 Clinical educator (or CDI educator) is a new role with responsibilities that include specialized education of CDI staff and clinicians. See a complete job description at https://acdis.org/resources/job-description-clinical-educator
any CDI program by providing timely feedback to the staff, and they should be considered when constructing a hybrid CDI team. (See a sample job description of the latter in Figure 4 of the appendix.) These positions perform monthly quality and query audits for the CDI staff, addressing deficiencies with educating and mentoring.

CDI managers or CDI educators should conduct quality and query audits as part of ongoing assessments for both on-site and remote employees. Audit results determine educational requirements and/or mentoring needs, and depending on their outcome, remote CDI specialists may need to come on-site for additional training.

**Acknowledgments**

ACDIS would like to thank the following advisory board members for principal authorship of this white paper:

- Angie Curry
- Paul Evans
- Katy Good
- Robin Jones
- Laurie Prescott
- Judy Schade
- Anny Yuen

**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.
### Appendix

**Figure 1: Pros and cons of remote CDI**

<table>
<thead>
<tr>
<th>Pros of remote CDI departments/staff</th>
<th>Cons of remote CDI departments/staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved staff retention</td>
<td>Reduced interaction with providers</td>
</tr>
<tr>
<td>- Prevents staff from leaving to take more lucrative offers from other organizations</td>
<td>- Less or no face-to-face time with providers</td>
</tr>
<tr>
<td>- Retaining staff that may need to relocate but still wish to work</td>
<td>- Diminished engagement with providers</td>
</tr>
<tr>
<td>- Protects the costs associated with training and developing new staff</td>
<td>- Fewer educational sessions with providers</td>
</tr>
<tr>
<td>- Satisfier of working from home (i.e., no traffic, commuting costs)</td>
<td>- May be harder to engage resistant providers</td>
</tr>
<tr>
<td>- Improved staff recruitment</td>
<td>- Increased difficulty of discussing a particularly challenging case</td>
</tr>
<tr>
<td>- Allows hospitals to recruit experienced CDI specialists without the added demands of relocation</td>
<td></td>
</tr>
<tr>
<td>- Rural staff can be attracted to work at a facility in an area with a high cost of living</td>
<td></td>
</tr>
<tr>
<td>- Improved continuity, reach of reviews</td>
<td>- Diminished staff cohesion</td>
</tr>
<tr>
<td>- Flexible work schedule allows for reviews in and around life demands—reviews can be done in evening hours, weekends, etc.</td>
<td>- Fewer team-building opportunities</td>
</tr>
<tr>
<td>- Eases coverage demands across multiple facilities and/or into small hospitals that are part of a hospital system</td>
<td>- Primary communication will be through email or chat/instant messaging</td>
</tr>
<tr>
<td>- Could more easily allow weekday and weekend CDI coverage</td>
<td>- Less visibility within the facility</td>
</tr>
<tr>
<td>- Networking with other departments (e.g., coding, quality, nursing, ancillary staff) may suffer</td>
<td></td>
</tr>
</tbody>
</table>
## The pros and cons of remote CDI: Evaluate before you implement

<table>
<thead>
<tr>
<th>Pros of remote CDI departments/staff</th>
<th>Cons of remote CDI departments/staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Additional cost savings</strong></td>
<td><strong>Added hidden costs for organization and/or employee</strong></td>
</tr>
<tr>
<td>▪ Reduced facility costs (space)</td>
<td>▪ Newer/faster computers needed</td>
</tr>
<tr>
<td>▪ Car/gas/tolls reduced for staff, possible tax deductions on home office (may not be applicable in all states)</td>
<td>▪ Company phone may be needed</td>
</tr>
<tr>
<td><strong>Improved productivity</strong></td>
<td><strong>Potential for decreased productivity</strong></td>
</tr>
<tr>
<td>▪ <em>ACDIS survey data</em> (see questions 30 and 31) shows chart review productivity increases with fewer distractions from other employees</td>
<td>▪ Not suitable for all personalities/those unable to work without supervision</td>
</tr>
<tr>
<td>▪ Decreased missed workdays; work can be done while children are at home sick, etc.</td>
<td>▪ Distraction of working in a home setting</td>
</tr>
<tr>
<td>▪ Assistance easier to provide when a CDI specialist is taking time off, on family leave, or sick</td>
<td><strong>Increased demands on CDI managers</strong></td>
</tr>
<tr>
<td>▪ Newer/faster computers needed</td>
<td>▪ Additional responsibility to monitor remote CDI work habits/track hours and reviews</td>
</tr>
<tr>
<td>▪ Company phone may be needed</td>
<td>▪ Training new staff is more difficult</td>
</tr>
<tr>
<td>▪ Potential travel costs to bring staff on-site for quarterly/biannual meetings</td>
<td>▪ Conducting meetings with remote staff especially regarding group projects and new initiatives is difficult</td>
</tr>
<tr>
<td>▪ IT issues, including slow VPN or internet, may result in review gaps</td>
<td></td>
</tr>
</tbody>
</table>
### The pros and cons of remote CDI: Evaluate before you implement

<table>
<thead>
<tr>
<th>Pros of remote CDI departments/staff</th>
<th>Cons of remote CDI departments/staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting up the home office</td>
<td>Requires a home office due to sensitivity of PHI</td>
</tr>
<tr>
<td></td>
<td>Employees need a dedicated workspace with few to no distractions</td>
</tr>
<tr>
<td></td>
<td>Potential diminishment of CDI role</td>
</tr>
<tr>
<td></td>
<td>Potentially lower base salary (lowering salary to lowest common denominator)</td>
</tr>
<tr>
<td></td>
<td>May open door to complete outsourcing/overseas staffing</td>
</tr>
<tr>
<td></td>
<td>CDI may become query driven/transactional rather than proactive/educational</td>
</tr>
</tbody>
</table>
The pros and cons of remote CDI: Evaluate before you implement

FIGURE 2: CHECKLIST OF REMOTE CDI CONSIDERATIONS

1. Before implementing a remote component to your CDI program, consider the following questions:
2. What are your current priorities/challenges, and how does a remote CDI program help or hinder them? For example, do you have issues with provider engagement, review coverage, staff retention, etc.?
3. How mature is your CDI department? Is the department’s purpose and mission sufficiently “sold” to providers, and will they understand the importance of query response and compliance?
4. How mature are your CDI staff? Remote work is often considered a privilege and not suited for new CDI specialists or for those who cannot work independently. Are your staff experienced and reliable enough to work remotely?
5. How engaged are physicians with the CDI program? If providers have not bought in to the work your program does, remote CDI will not be effective.
6. Do your employees want to work remotely? Have you asked them?
7. What are your current pay scales for CDI?
8. What type of on-site support will you have (if any)? For example, will you have a manager and/or staff liaison who can handle an on-site discussion of a query? Do you want someone on-site Monday–Friday for questions, etc.?
9. Have you considered a 100% remote vs. a hybrid model?
10. How remote do you want your program to be? Will it be locally remote (staff are able to drive in if needed) or nationally remote (staff would need to fly in for a site visit)?
11. What monitoring capabilities do you have for remote staff?
12. Have you put approved policies in place?
13. Have you put approved contracts in place—ones that outline expectations and include a clause to return staff to on-site work if they are not meeting productivity goals?
14. Have you cleared policies and contracts with your HR and compliance departments?
15. Have you spoken with IT to address any technical needs related to remote CDI (for example, to determine if staff need a VPN connection set up for access)? Does your system have other remote employees you can model?
16. Will equipment be provided, or will employees provide their own?
17. What on-site meeting cadence do you wish to keep (for example, with providers/monthly section meetings, or staff education on new updates)? Can some or all of these meetings be conducted remotely?
The pros and cons of remote CDI: Evaluate before you implement

Figure 3: Sample CDI telecommuting policy and agreement

Policy: Clinical Documentation Improvement Telecommuting Policy and Agreement

Supportive Data: HR Policy #1334

Parameters:

1. The telecommuting program is neither a universal employee right nor a universal employee benefit. The telecommuting program is a management option that is available to some employees when a mutually beneficial situation exists for the institution and the employee. Telecommuting contracts may be terminated at any time the beneficial situation ceases to exist.

   - Every employee involved in the telecommuting program must agree to and complete the Telecommuting Agreement, and sign the Telecommuting Confidentiality Policy and Agreement.
   - Employees who are on probation or who have received corrective or disciplinary action are not eligible for the telecommuting program. Telecommuting will be restricted to experienced professionals with at least one year of CDI experience who have established a proven track record and consistently meet benchmarking standards.
   - Telecommuting participants must not provide primary care during contractually agreed-upon telecommuting hours for children or elders who would otherwise require a provider’s care.
   - Telecommuting participants’ salary, job responsibilities, benefits, and company-sponsored insurance coverage will not change due to participation in the telecommuting program.
   - The amount of time telecommuting participants are expected to work will not change due to participation in the telecommuting program. Employees will work their established work hours. Any modification to the work schedule is to be approved by management and based on staffing needs.
   - Telecommuting participants must maintain a secure workspace.
   - The employee agrees to maintain the level of encryption and protection of confidential information as is required by the Medical Center. The employee understands that this provision is governed by the Medical Center’s policy statement on Privacy, Information Security and Confidentiality (including HIPAA and HITECH) as affirmed by the renewed signature statement attached to this agreement.
   - Telecommuting participants must set aside a dedicated workspace for use. They must ensure that confidential material cannot be accessed or viewed by any unauthorized person during their working hours. Employees will not print out any work-related information that contains protected health information (PHI). This includes but is not limited to a daily census, work queues, completed queries, etc.
The pros and cons of remote CDI: Evaluate before you implement

- For privacy reasons, telecommuting participants must ensure that household noises are not audible as they conduct business by telephone from their home office, and these telephone conversations should not be audible to others. Therefore, employees will need to isolate their work area from other household activity during the workday.

- The employee agrees to report work-related injuries to the supervisor immediately within the same or next business day via phone or e-mail. The employee agrees to deny access to other persons at the work site during work hours and to hold the employer harmless for injury to others at the alternate work site.

2. The facility will not purchase or reimburse a telecommuting participant for:

- Ergonomic furniture, including chairs, answering machines, printers, or fax machines
- Out-of-pocket expenses for supplies normally available in the department
- Supplies purchased such as special networking equipment or anti-glare screens
- Installation of an additional telephone line or internet connection
- Any costs that are associated with the use of the employee’s home as an alternate work site (for example, maintenance, insurance, and utilities)

3. Expenses not specifically covered above will be dealt with on a case-by-case basis, taking into consideration the appropriateness of the expense, other expenses reimbursed for similar positions in non-telecommuting programs, and the overall budget.

4. The telecommuting participant agrees to follow the assigned work schedule, unless otherwise instructed. In addition, the participant agrees to the following:

   - Benchmark metric standards will remain in place on days the employee is telecommuting, with an expected 10% increase in productivity rates.
   - A decline in performance may be grounds for canceling the telecommuting arrangement.
   - If the home system is expected to be down for over two hours, the employee will come into the hospital to work the required hours. The employee is to notify management of any system issues within 15 minutes of their occurrence.
The pros and cons of remote CDI: Evaluate before you implement

- The employee’s workstation should be locked when he or she is not monitoring the computer.
- Work-related communication, such as emails, phone calls, or texts, must be responded to within 30 minutes.
- Education meetings and staff meetings must be attended in person where the meeting is being held.

Nothing in this agreement precludes the employer from taking any appropriate disciplinary or adverse action against an employee who fails to comply with the provisions of this agreement.

EQUIPMENT

1. The facility will provide key fobs or soft tokens for staff members to participate in the telecommuting program.
2. Any equipment originally provided by the facility, such as a laptop, remains the property of and will be returned to the employer at the conclusion of the telecommuting agreement or upon the employee’s termination or retirement.
3. The telecommuting participant must exercise reasonable care for equipment provided by the facility. The participant will be held liable for damage caused by negligence. Equipment provided by the facility is not for personal use.
4. The telecommuting participant is responsible for the cost of maintaining all of his or her own equipment and approved business internet connection. There will be no in-home support from the facility’s information systems department.

Print staff member’s name

__________________________

Staff member’s signature & date

__________________________

Manager/supervisor’s signature & date

DOCUMENTATION:

- Telecommuting Agreement
- Telecommuting Confidentiality Policy and Agreement

CONTRIBUTORS/AUTHORS:

Human resources – recruitment and compensation
## The pros and cons of remote CDI: Evaluate before you implement

**Figure 4: CDI quality & education specialist job description**

**Position:** CDI QUALITY & EDUCATION SPECIALIST

<table>
<thead>
<tr>
<th>Organizational Relationships:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Directly reports to: Manager of Hospital Operations</td>
</tr>
<tr>
<td>- Collaborates with: Medical Director, hospital physicians, nursing staff, administrative leadership, other finance department leadership, CDI staff, and various support staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position Overview (Major Functions and Non-Essential Functions):</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CDI Quality &amp; Education Specialist:</td>
</tr>
<tr>
<td>- Provides leadership based on the vision, mission, philosophy, and core values of the organization.</td>
</tr>
<tr>
<td>- Ensures clinical documentation is present, quality metrics are abstracted, and patients’ admission and continued stay status is documented as medically necessary.</td>
</tr>
<tr>
<td>- Ensures compliance with external and internal measures for CDI and quality improvement programs.</td>
</tr>
<tr>
<td>- Advocates for and allocates appropriate resources to ensure quality services are provided.</td>
</tr>
<tr>
<td>- Is responsible for ongoing staff growth and development alongside the CDI Manager and Supervisor.</td>
</tr>
<tr>
<td>- Acts as a resource and facilitates ongoing collaboration and communication with numerous individuals and roles within and outside of the department to ensure continued program growth and development.</td>
</tr>
<tr>
<td>- Continuously monitors the progression of staff performance and productivity metrics while providing mentorship, education, and guidance on meeting departmental goals.</td>
</tr>
</tbody>
</table>
The pros and cons of remote CDI: Evaluate before you implement

### Minimum Qualifications:

<table>
<thead>
<tr>
<th>Registered Nurses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor’s degree required (in nursing, HIM, or equivalent)</td>
</tr>
<tr>
<td>Minimum 5 years recent experience in adult medical/surgical acute care, utilization review, case management</td>
</tr>
<tr>
<td>Current nursing (RN) license in the state of employment</td>
</tr>
<tr>
<td>Experience with ICD-10 coding and DRG assignment</td>
</tr>
<tr>
<td>CCDS or CDIP credential required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIM / Coding Professionals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor’s degree required</td>
</tr>
<tr>
<td>Minimum 5 years recent experience as an inpatient coder</td>
</tr>
<tr>
<td>Minimum 2 years of DRG validation</td>
</tr>
<tr>
<td>CCS and CCDS or CDIP credential required</td>
</tr>
<tr>
<td>RHIT or RHIA preferred</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Healthcare Professional:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate education leading to MD, DO, or equivalent degree required</td>
</tr>
<tr>
<td>Current clinical licenses (e.g., ECFMG, respiratory therapist, physician assistant, etc.) in the state of employment</td>
</tr>
<tr>
<td>5 years of experience in acute care, health care administration or commensurate experience</td>
</tr>
<tr>
<td>Demonstrated knowledge and clinical experience relevant to clinical and regulatory aspects of care and reimbursement</td>
</tr>
<tr>
<td>Experience with ICD-10 coding and DRG assignment</td>
</tr>
<tr>
<td>CCDS or CDIP credential required</td>
</tr>
</tbody>
</table>
## Preferred Qualifications for all:

- Working knowledge of coding principles and guidelines or willingness to obtain
- Working knowledge of federal, state, and payor-specific regulations and policies pertaining to documentation, coding, and reimbursement or willingness to obtain
- Strong interpersonal and leadership skills
- Excellent written and oral communication skills
- Excellent critical thinking and multi-tasking skills
- Willingness to devote the time required to complete assigned tasks
- Ability to work on active nursing units interfacing with physicians and interdisciplinary team required
- Application of coding clinic guidelines and knowledge of DRG’s
- Clinical knowledge and knowledge of coded data for documentation requirements to improve overall patient quality and capture severity, acuity, and risk of mortality