



# 2024 CDI Leadership Council Research: Annual Benchmarking for All CDI Programs



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CDI programs have become an integral part of most healthcare organization's ecosystems, supporting reimbursement accuracy, denials prevention, quality performance, clinical care, and more. With such far-reaching potential impact, CDI leaders must choose their priorities, build an interdisciplinary approach, and monitor their department's performance to ensure their staff's time is well spent.

In collaboration with Solventum, ACDIS issued a survey in January 2024 to members of the ACDIS CDI Leadership Council to gauge the ways CDI programs are making a difference for their organizations and shaping their practice in response to shifting priorities.

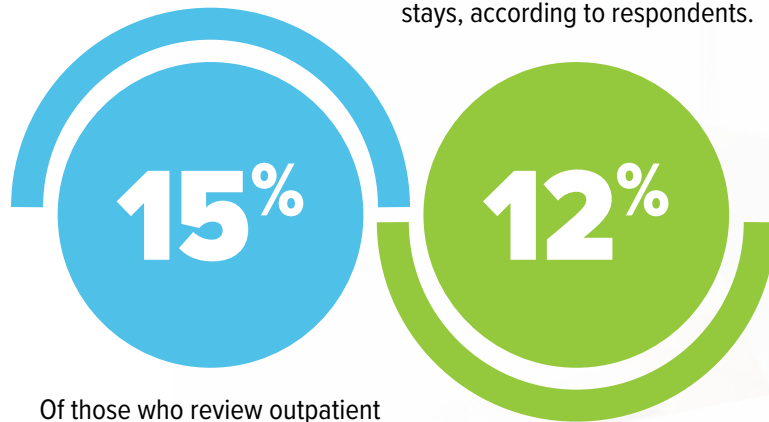
The survey gathered data on the current state of outpatient CDI expansion, CDI as a team sport, and AI's impact on CDI work.

After conducting the survey, ACDIS convened three 70-minute panel sessions with Council members to review and interpret the survey results and share proven best practices from their own organizations. Following is a summary of the findings and highlights.

“I would say that what you really need to do is to carefully evaluate the skill sets of the folks that want to do these reviews,” says **Tanna Lambert, RHIA, CCS**, the outpatient CDI manager, enterprise information management, at WVU Medicine in Morgantown, West Virginia. “We have had [utilization management] nurses come forward that, though they were very highly experienced clinical nurses, they did not have the CDI knowledge that they needed to understand how documentation was affecting their medical necessity and their leveling of care.”

### Settings reviewed, expansion plans

The outpatient area with the most growth potential was observation stays, according to respondents.



Of those who review outpatient records, the largest portion of respondents reported reviewing physician practice/clinics/Part B services.

“Inpatient has just been around for so much longer, leaving much more time for solutions to be built, then also for necessary performance and tweaks to allow for new and different processes. The technology for outpatient CDI is still very new and emerging, which is challenging because solutions might have kinks that need to be worked out,” says **Kristen Viviano, MHA, CPC, CRC-I**, a product manager of outpatient CDI at Solventum in Albany, New York. “What you need to see, how you want to see it—really scope it out ahead of time, and then you can go into those meetings with the IT department or your vendor and have those conversations around, ‘This is what I need, can you do it?’ ”

### Technology and consultant use

2%

Though it’s becoming more common on the inpatient side of CDI, very few respondents reported having CAPD technology for outpatient.

21%

Just under a quarter of respondents reported that they share electronic grouper access across their inpatient and outpatient CDI groups.

“From an organizational perspective, it’s about ROI, and in challenging times—which we have been in challenging economic times for almost 15 years now—preventing revenue leakage and understanding regulatory requirements become a really big piece that organizations want to know about,” says **Mary Alice Dewees, BSN, RN, CCDS, CRC**, director of CDI at Hartford HealthCare in Hartford, Connecticut.

### Metrics for outpatient ROI

26%

More than a quarter of respondents said they use HCC capture rate to show their outpatient ROI.

23%

Just under a quarter of respondents said they use risk adjustment factor score year-over-year to show outpatient ROI.



“You want to have a really strategic approach to make sure you don’t overwhelm them, and it’s not a ‘set it and forget it’ type of thing either,” says **Tiara Minor, RN, BSN, CCDS**, CDI director at University of Miami Health in Florida. “You have to have a good partnership with your vendor, someone within your organization that is going to be kind of the point person to keep [the interface] maintained and who will really work with the vendor to make sure that the fine-tuning and customizations are needed and that all of those things stay up to date.”

### Provider-facing technology

**57%**

More than half the respondents reported using best practice alerts/advisories as one of their provider-facing assistance tools.

**74%**

The most common provider-facing assistance tool employed by respondents was dictation software.

“There’s parts that CDI owns, right?” says **Rebecca McDade, RHIA, CCVTC**, director of revenue integrity at Washington Regional Medical Center in Fayetteville, Arkansas. “That’s the process metrics. With the outcome metrics, there’s so many other hands that go into play in those. However, they do go hand in hand, and I think when we look at outcomes, [...] how the query responses play into those is something that is important for CDI leaders to pay attention to and report back on.”

### Metrics to determine CDI success

8%

Readmission rates were the least commonly used metric for determining departmental success, with only a small percentage using this metric.

88%

Most respondents reported using query rate as a measure for determining departmental success.

## CDI as a team sport

“These metrics and department success metrics—the ability to track, trend, and communicate these things to your team really go hand in hand with CDI as a team sport,” says **Chana Feinberg, RHIA**, CDI product specialist at Solventum in Silver Springs, Maryland. “When you have metrics and you can see success and areas for improvement, that’s when the team can come together, celebrate their successes, as well as work together to optimize and improve their areas of opportunity.”

### Platforms to track success



**73%**

The most commonly used solution to track and trend success was a dashboard built into the software, according to respondents.

**42%**

Still, just under half of all respondents reported using Excel® spreadsheets to track and trend success.



## AI's impact on CDI

“We’ve learned a lot from our early [CAPD] adopters and we’re getting to kind of a golden moment with sites rolling it out. We’re having now those best-practice rollout recommendations. We particularly see benefits when this [technology] is coupled with CDI workflows and the CDI specialist gets to see the same clinical rationale that physicians are receiving CAPD feedback on,” says **Kaitlyn Crowther, RHIA**, chief product owner at Solventum in Pittsburgh, Pennsylvania.

### CDI software use

**15%**

The solution with the most growth potential in the next year is CAPD with 15% saying they planned to implement the solution in 2024.

**75%**

The most commonly used CDI software solution that also has a positive impact on performance is the electronic grouper.

“Sometimes you do have a higher cost associated with [customization], and usually they’re kind of complex when it comes to making sure that all those customizations meet the needs of your organization,” says **Leah Ainsworth, RHIT, CCDS, CDIP, CCS**, director of coding/CDI at Springhill Medical Center in Mobile, Alabama. “When you look at those things, and look at the budget constraints that you may have (if you are someone who has those), then those needs probably have to be the first considerations that you take note of.”

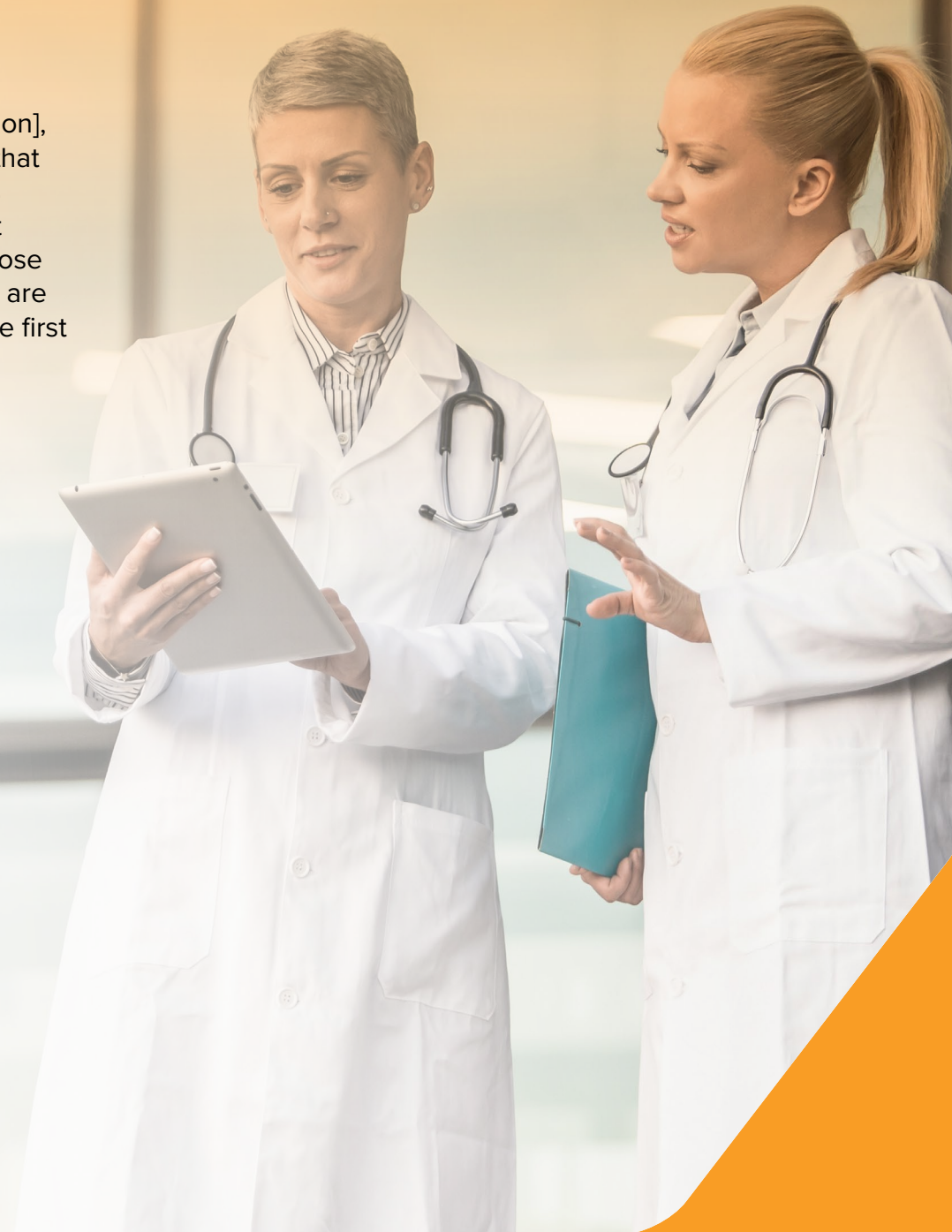
### Adoption and implementation challenges

**31%**

Resistance to change from CDI staff represents the smallest challenge to implementing AI with 31% saying it's their lowest concern.

**60%**

Budget restrictions are the biggest challenge for implementing AI solutions with most respondents rating it as the #1 challenge.



“I think it is absolutely crucial for the CDI leadership to be involved in this new technology solution selection. They should definitely have a seat at the table, to be there for those product demonstrations, so that they can give those pros and cons of any new potential solution that’s being proposed,” says **Marci Pease, RN, BSN, CCDS**, CDI system manager at HHC in Hartford, Connecticut.

### Involvement in selecting technology



**49%**

CDI specialists are most likely to be involved in piloting solutions after they've been selected, according to nearly half the respondents.

**86%**

CDI directors are most likely to be involved in the process of selecting new solutions, according to most respondents.

From technology to new expansion areas, to larger impacts for their healthcare organizations, the opportunities for CDI are ever increasing, making it an exciting time to be in the industry. As organizations continue to recover from pandemic-related financial concerns, they increasingly turn to CDI teams to provide value and now they're increasingly investing in the resources needed to help CDI reach those lofty goals.

Much of a CDI leader's work today revolves around showing how CDI can impact the broader organization for the better and proving that the investments in staffing, technology, and other support is worth it from the organizational perspective. CDI programs have become indispensable and CDI leaders are tasked with showing that continued impact and modeling what the future of CDI could hold—whether that means further expansion into outpatient reviews, more sophisticated technology, or greater collaboration across the organization.

We hope you enjoyed this collaboration and found value for your program. We recommend you download and read the complete three-part series on [www.acdis.org](http://www.acdis.org).