



Defining Roles, Leveraging Technology Top the List of CDI Leadership's Challenges

By Melissa Varnavas

In some respects, the hurdles facing clinical documentation improvement (CDI) program managers/directors mirror those of CDI staff. Like staff, these leaders strive for physician engagement, juggle competing responsibilities, and gather and leverage data—just at a higher level.

Those in managerial roles, however, have additional challenges in adapting to ongoing industry shifts. They need to make sure emerging CDI targets represent goals that reflect their system's vision, mission, and priorities. They need to ensure they have experienced and informed staff, in sufficient numbers, to address those challenges. And while CDI specialists need to know how to gather data to support their queries and make the case for documentation improvement to physicians, managers and directors need to mine data

systems for a variety of reasons and effectively communicate relevant points to a host of stakeholders—including the return on investment related to new CDI focus areas.

Divisions of labor

As CDI departments grew, staff often crafted their own job descriptions and taught themselves how to be successful in the role. Developing concrete responsibilities and career

paths for professional development not only helps with staff retention but, done well, can serve as a lynchpin for solving other leadership challenges. (For additional information, read *Developing effective CDI leadership: A matter of effort and attitude* and *Keep staff growing and engaged with a CDI career ladder*, both published by the Association of Clinical Documentation Improvement Specialists [ACDIS]).

For example, a director generally “has a broader bandwidth, juggling more than one aspect of the CDI role and representing the program at the executive leadership level. A manager deals more with the daily operations, personnel, etc.,” says Robin Jones, RN, BSN, MHA/Ed, CCDS, regional director of CDI for the West Florida Division of Adventist Health Care, based in Tampa, Florida, and an ACDIS Advisory Board member. Managers handling personnel concerns need to contend with things such as behavioral and productivity issues, personal and family leave, and general core competencies and educational/training needs for staff, Jones says.

The role of the CDI program manager lies within the day-to-day staff and record review needs, adds Debbie Squatriglia, BSN, MS, MBA, CDI director at Duke University Health System in Durham, North Carolina. “They also build up the CDI team itself through continuous learning and managing the localized work culture,” she says, communicating

Doing More With Less: What CDI Managers Should Know

Your CDI specialists (CDIS) are highly trained, valuable assets. The deluge of documentation, the changing regulations, and the ever-present push to “do more with less” puts significant pressure on you as a CDI manager. Your challenge is to attract and retain good CDIS, help them work to their full potential, and manage day-to-day operations—despite the many pressures.

Fortunately, new technologies that use artificial intelligence (AI) can offer significant advantages to managers and their teams, says Anne Robertucci, director of strategic product management for Optum360.

Q: What are some of the main factors in attracting and retaining CDIS?

Robertucci: In today’s world, the ability to support flexible schedules and telecommuting—even part-time—is key. Offering CDIS an option to work when and where it makes the most sense is very attractive, and with the tools to enable and monitor productivity, their physical location becomes less important. It also broadens the talent pool to include candidates outside of your local area, which can be critical in more remote locations. Technology enables more efficient processes for both managers and CDIS while automating much of the manual work that reduces productivity and job satisfaction.

Q: How can AI-based technologies support CDIS satisfaction?

Robertucci: AI technology can reduce much of the administrative or non-clinical work that’s required in a traditional CDI program. It allows your team to focus their clinical knowledge and skills on case reviews instead of manually calculating a working DRG or documenting their work, so they’re more efficient and their work is more fruitful. They also have more time for other tasks, including physician education and query follow-up. Not only does AI-powered technology monitor activity and provide robust analytics for managers, it can identify cases that may have gaps in documentation (“automated case-finding”). With those cases prioritized for review, your CDIS are able to work on cases for which they can make a difference, and it’s satisfying for them to know they’re delivering results.

Q: How do AI-based technologies help managers?

Robertucci: Technology can provide valuable dashboard reporting and analytics that serve a number of purposes. It allows managers to easily identify trends and areas needing extra attention or physician education to improve efficiency and documentation accuracy. This information can also help to determine whether improvements to EMR documentation templates could drive better documentation at the point of care. In addition, with automated reporting and analytics, managers are able to provide the needed metrics in less time with less effort. They’re also better able to showcase their department’s accomplishments to internal leadership.



Anne Robertucci
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Q: Can CDI managers really accomplish more without increasing staff?

Robertucci: Yes. Today’s technology significantly transforms CDI operations. With rising administrative costs in health care, managers are pressured to find ways to cut spending and use staff more efficiently. At the same time, they’re being asked to expand the scope of case review, and incorporate additional review components, such as identifying quality events. AI allows them to do those things very efficiently. The more sophisticated AI technology continuously evaluates documentation throughout a patient’s stay to identify potential deficiencies. The CDIS is relieved of all of the manual work required up to that point, and can focus on clinically relevant reviews. The entire staff is no longer burdened with manual reporting and case reconciliation, and the automation ensures that every case is reviewed. As a result, CDI operations can provide impactful improvements to documentation accuracy.



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data and information related to these operations both down to staff and physicians and up to the department director.

“As CDI director, I am more conscientious about communication of our vision internally and externally, developing strategy, and steering the program at a system level versus involvement in the day-to-day operations,” says Abby Steelhammer, MBA, MHA, RN, CDI director at Novant Health, a multi-facility system based in Winston-Salem and Charlotte, North Carolina.

Steelhammer had to enhance her delegation and communication skills in order to free up managers and their staff to carry out operational decisions, trusting in the staff and the program structure when challenges arose.

Additional roles in advanced programs include CDI educator, team lead, and CDI specialist—steps one through three or higher, according to the *2018 CDI Salary Survey*. Divvying job responsibilities can enable all team members to operate at their highest capabilities and focus on specific tasks.

For example, an educator can work with the department manager to identify through data which staff need additional training on which topics, then develop and deliver that training; team leads can serve as touch points between CDI and coding, answering questions from either

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—Karen M. DiMeglio, RN, MS, CPC, CCDS, CDI director, Lifespan Corporate Services, Providence, Rhode Island

artificial intelligence, or electronic query templates will be required.

Directors and managers must identify which data points they need to illustrate ongoing program effectiveness and understand how to coordinate data and information flow among stakeholders to cull relevant information for new CDI review targets.

“Metrics/data to support the return on investment of your program and expansion is critical,” says Karen M. DiMeglio, RN, MS, CPC, CCDS, CDI director at Lifespan Corporate Services in Providence, Rhode Island.

First, managers and directors need to understand what information to collect, says DiMeglio. For productivity concerns, most programs assess the number of records reviewed per day per staff member, the number of queries issued, the number of positive physician responses (agree rate), and the reason for querying (diagnosis capture, clinical validation, etc.). Most programs also capture basic financial outcomes such as case-mix index changes; differences between initial, working, and final Medicare Severity Diagnosis Related Group capture rates; and so on.

“You need to know how to evaluate technology and how to leverage that technology once it is implemented,” says DiMeglio. “Having accurate data to share with physician leaders is a must, and you need to understand the importance of which data points will help your program collaborate with leaders of other departments in order to help the whole system move forward.” ■

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