Further investigation of the 2009 results shows the breakdown of salary ranges by region and by urban, suburban, and rural locations. The highest wages, according to the data, go to those working in the northeastern and southwestern parts of the country and those in urban areas. However, the division between classifications of municipalities was less pronounced.

Please feel free to share the results of this survey within your organization. When HR staff wants to know what pay scale to use for hiring a prospective CDI specialist, they’ll hopefully find this analysis a useful tool. When CDI program directors look to improve their program structure, perhaps they’ll take a second look at the open responses gathered on pp. 10–12 and 15–17.

We appreciate everyone who took the time to take the survey and leave such valuable, interesting comments.

Sincerely,

Melissa Varnavas
Associate Director, ACDIS

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Professional types

Who are the professionals who call themselves CDI specialists? Nurses. At least, that’s according to the 2009 ACDIS salary survey results illustrated by the graph at right.

“This isn’t terribly unexpected,” says Adriana van der Graaf, MBA, RHIA, CCS, CHP, national director of Health-care Reform Services Integrated Revenue Management in Carlsbad, CA.

Fifty-nine percent (194 of 329) of respondents indicated that they came from a career in nursing. Case management followed nursing as a career path trend with 19% (61), and those with HIM/coding background came in third with 14% (45).

Other observers expected somewhat different results. “I would have thought it would be more even between nursing and coding,” says Heather Taillon, RHIA, manager of coding compliance at St. Francis Hospital in Beech Grove, IN, and a member of the ACDIS advisory board.

Nevertheless, when asked about their related credentials, 325 respondents said they have either an RN or BSN, and 22 indicated they have earned their MSN. Forty-eight respondents listed the Certified Clinical Documentation Specialist (CCDS) credential.

Program organization

Although the survey shows that most CDI specialists come from the nursing field, most CDI programs primarily report to either their HIM/coding or case management department.

In terms of the CDI program structure, it seems like a “pretty typical distribution” of power within the organization, says Lynne Spryszak, RN, CCDS, CPC-A, CDI education director at HCPro, Inc., in Marblehead, MA. The perfect location for the CDI program really depends on the organization itself, Spryszak says. “If there is a really dynamic HIM director in charge of the program who completely supports the roles and responsibilities of the CDI nurses, then that absolutely is the best person to lead the program,” she says.

In other cases, it may be that the quality or case management department leader best understands the importance

continued on p. 4
Program organization

continued from p. 3

of documentation improvement and, therefore, is the best choice for overseeing the program.

“If you are a manager who doesn’t understand what the CDI program is all about, then your program simply won’t work,” Spryszak says.

Taillon was not surprised to see that most programs report to the HIM director. (See related analysis regarding the relationship between a CDI program’s age and its reporting structure on p. 14.)

“It goes back to what I’ve always said: You really want that mix of knowledge and experience” between the clinical and the coding worlds for a CDI program to be effective, she says.

Taillon warns against case management–led CDI programs. “When case management leads the CDI program, there’s a tendency for the staff to lose focus on overall documentation among the other affiliated tasks required of a case management department,” she says.

Dollars and sense

The majority, 32% (106 respondents), of CDI specialists make $60,000–$70,000. The sum is consistent with the 2008 salary range. Only one respondent claimed a salary of less than $30,000, and only one respondent claimed a salary of more than $120,000, the following graphs will not illustrate these outliers. “The results are on par with what we’re finding in the market right now,” says Scott Entinger, senior search consultant for nursing leadership, quality, and clinical documentation at National Healthcare Staffing Solutions in Portland, OR.

Most HR departments use a staff nurse or case manager’s salary range as a benchmark starting rate for CDI specialists, Spryszak says, and that may not always be suitable. “That starting rate simply isn’t appropriate for CDI,” says Spryszak. “The CDI nurse comes to the position with years of nursing experience. It’s a unique position.”

In general, HR departments calculate CDI starting salaries by taking the applicant’s number of years of nursing experience into account.
experience and then adding in the case management salary range, says Entinger.

“They need to reevaluate this for the specific CDI skill set,” he says. “They’re trying to pigeonhole CDI to an RN salary range when the job requires so much more.”

Some CDI specialists take a paycut when they shift from nursing to CDI. Open survey responses bear this out (read comments on pp. 10-12 and 15-17).

Facilities looking to save money during difficult economic times are hesitant about bumping up the CDI salary range, says Devon Santoro, senior search consultant for nursing leadership, quality, and clinical documentation at National Healthcare Staffing Solutions. “It’s evident that hospitals aren’t moving the salary but the candidates are moving physically to facilities that offer more money,” Santoro says.

“Candidates are starting to understand the value they bring to an institution,” Entinger says. “They want to work with systems that share an understanding of that value.”

Salary by job description

The majority of respondents said they work as dedicated CDI specialists. Only one respondent listed a primary role of physician advisor, earning $40,000–$50,000 in that capacity. Only five respondents said they work in case management with additional CDI duties.

The graph illustrates that most respondents work as dedicated CDI specialists and that most respondents make $60,000–$70,000.

The highest-grossing respondents also listed their primary role as dedicated CDI specialist.
Salary by geographic region

The amount of pay a person receives for the services provided varies significantly across the country, primarily due to disparities in the cost of living and quality of life.

The highest CDI salaries go to those living in the Northeastern and Pacific regions of the country, whereas the lowest earners reside in the Southeast even though the highest number of respondents (81) live there.

“Chicago is in the $90,000 to $100,000 range, and some hospital systems in California are offering $140,000, with similar salaries in the Southwest,” Entinger says.

Salary range by geographic region

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast (CT, MA, ME, NH, NY, RI, VT)</td>
<td>61 respondents</td>
</tr>
<tr>
<td>North central (IA, IL, IN, MI, MN, NE, ND, OH, SD, WI)</td>
<td>76 respondents</td>
</tr>
<tr>
<td>West (AZ, CO, ID, MT, NM, NV, UT, WY)</td>
<td>12 respondents</td>
</tr>
<tr>
<td>Middle Atlantic (DC, DE, MD, NJ, PA)</td>
<td>28 respondents</td>
</tr>
<tr>
<td>Southeast (AL, FL, GA, KY, MS, NC, SC, TN, VA, WV)</td>
<td>37 respondents</td>
</tr>
<tr>
<td>South central (AR, KS, LA, MO, OK, TX)</td>
<td>34 respondents</td>
</tr>
<tr>
<td>Pacific (AK, CA, HI, OR, WA)</td>
<td>34 respondents</td>
</tr>
</tbody>
</table>

Salary by metropolitan type

The greatest number of respondents said they work in urban areas (41.4%), followed by those who work in the suburbs (38.3%) and those who work in rural regions (20.2%).

When the survey results were further analyzed to consider the salary range within a given region type, results showed, perhaps not surprisingly, that the greatest numbers of those who make $60,000–$70,000 live in urban areas. Of the 105 respondents who said they make between $60,000 and $70,000, 49 work in urban areas, 37 work in suburban locations, and 19 work in rural cities and towns.

Salaries between urban and suburban areas were fairly evenly divided in each salary range. For example, of those who said they earn $30,000–$40,000, three live in urban areas, three live in suburban areas, and two live in rural areas. Similarly, of those who earn $40,000–$50,000, nine live in urban regions, nine live in the suburbs, and 18 live in rural regions.

Those living in rural areas tend to earn $40,000–$50,000 or $60,000–$70,000, with 18 and 19 respondents respectively. Interestingly, the number of those who said they earn $50,000–$60,000 was 13.
Professional requirements

Most CDI specialists work at either a full-time, exempt rate or under a salaried arrangement, according to survey results, with 35% of respondents in each category. The second largest number of respondents, 25%, work at an hourly, full-time rate.

CDI specialists are essentially divided regarding the number of hours they work per week—51% work between 20 and 40 hours per week, and 43% work between 41 and 50 hours per week respectively. Only 1% of respondents said they work less than 20 hours per week, and only 4% said they work more than 50 hours per week.

The typical workweek runs from Monday through Friday, at least according to 95% of respondents. This causes van der Graaf some chagrin, “primarily because I advocate for this to be a seven-day-a-week process,” she says.
Overtime requirements and compensation

The majority of CDI specialists do not work overtime, according to survey results, which show 33% rarely put in extra hours and 26% never do. Another 26% say they work overtime once or twice per week. The remainder of the respondents, 15%, say they work overtime two to five times per week.

Most CDI are time-exempt employees, says van der Graaf. “They all work overtime; you can be sure of that. They just don’t get paid for it,” she says.

The 15% of respondents who do work overtime illustrate most CDI professionals’ passion for the position, says Entinger. “Most people we talk to expect to work more hours than what they put down on a time sheet,” he says. Much of that work includes professional research online, heading into the hospital early to catch an errant physician, or staying late to polish a physician education piece, Entinger adds.

Such commitment, and the compensation for it, “only becomes an issue if administrators don’t see the benefit of that labor, if the administration of the facility doesn’t also appreciate the value of the CDI program and its staff,” Santoro says.

Santoro’s assessment bears out in the open-ended responses survey participants shared. Many of them expressed dismay regarding the disconnect between the financial effect their CDI programs have on their facility’s bottom line and their own salary rates. (Read participants’ comments on pp. 10–12 and 15–17.)

Annual salary increases

More than 60% of respondents did earn a salary increase of some sort in the past year despite the overall economic downturn. More than 50% earned an increase of 3 to 4%, followed by 35% who indicated an increase of 2% or less.

“That CDI professionals did seem to get a raise is really good,” Spryszak says, “especially in a down economy.”

Those who said they did not receive a raise probably did not receive one due to wage freezes and other factors at their facility, she suggested.
**Bonus and incentive programs**

CDI specialists have limited ability to capitalize on bonus or productivity incentives, according to survey results. Despite this fact, Entinger worries about the percentages of those facilities that indicated the existence of additional compensation opportunities.

“The uptick in performance incentives is a tricky concept,” Entinger says. With compliance concerns and an increased focus from the federal government on Medicare fraud and abuse, any indication that facilities may alter the medical record for the singular purpose of increased revenue could elicit a harsh response from a variety of government auditors and investigative agencies, such as the recovery audit contractors and the Office of Inspector General, he says.

“If a facility director were to tie compensation directly to the dollar amount a specific specialist could collect, it could be a fraud risk,” says Entinger.

Although there could be opportunities for incentives based on overall quality improvement goals and/or simple productivity benchmarks, the incentive plan results are “surprising,” says Taillon. “I just hope these programs aren’t receiving incentives for the amount of revenue they generate,” she adds.

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**Education level and other demographics**

The average age of CDI staff members is between 40 and 60 years old, with 35% of respondents aged 41–50 and 45% aged 51–60. This year’s findings mirrored those from the 2008 survey, in which 42% indicated they were between the ages of 51 and 60, followed by 37% who said they were aged 41–50.

In the 2008 ACDIS salary survey, 42% of respondents said they were between the ages of 51 and 60, followed by 37% who said they were between the ages of 41-50.

Unsurprised by the age ranges, Taillon points to benefits such as a CDI specialist’s ability to influence patient care

*continued on p. 10*
without the physical labor and life-or-death stress of bedside nursing as strong professional lures for the older nursing work staff. Additional incentives for a mature staff include the absence of night and weekend shifts and holiday staffing requirements, she says.

“The average age for CDI staff makes sense for me,” says Taillon.

Although the number of men joining the CDI ranks is increasing, women still dominate the profession at 95%.

According to the 2009 survey results, CDI professionals typically have some college-level education. The largest number of survey participants, 46%, indicated they obtained a bachelor’s degree, followed by 26% of participants who obtained an associate’s degree, 12% of CDI professionals indicated that they had gone on to earn their master-level degrees.

Survey says

Administration values CDI and its ROI

Of the more than 300 CDI specialists who expressed their thoughts about how much their facilities value the role of a CDI specialist and how this view affects compensation, the majority said that they feel appreciated and properly compensated. Below are some of their thoughts, both positive and negative:

» Our organization values our work immensely. We have been very productive and recently had two new full-time equivalent positions approved. Our new hires have begun the process of learning all about the CDI specialist role.

» We do not have any support from the administration in our facility. The corporate office made it mandatory for our facility to have a CDI program, so that is why we are here.

» Our facility is putting renewed emphasis on CDI and the role of the specialist. We have recently become involved in a benchmarking activity for CDI. We received additional compensation to attend educational programs related to our work like ACDIS, RAC preparation, and other Webinars. The facility also allowed us to purchase related books and gave us time and resources to develop and implement physician education presentations.

» I feel very valued for my contributions. It is not just about the pay; I am recognized as a resource and respected for my knowledge base.

» Administration sees this function as unnecessary as nurses should already be documenting appropriately.

» Our facility truly values the role of a CDI specialist. They realize that this is the payment mechanism of the future and are now involving our CDI specialists in all product line services.

» They do value the role, but there are seven RNs covering a 900-bed hospital. It is a matter of supply and
They really like the money, but there is no real acknowledgment from senior management [of our accomplishments]. We were even told that if our query numbers dropped, there was a possibility of discontinuing the program—and our two to three CDIs brought in over $2 million that year. Go figure!

I am paid more than floor nursing staff and case management staff, so I believe [I] am well compensated. Now if you compare what I earn with the money I bring in for increased reimbursement, then I should definitely be better compensated!

I feel that it’s just an expected part of our job to bring in money, but administration doesn’t value what we bring to the hospital.

Bringing in revenue is an expected part of the job, so I feel there should be some form of compensation. The administration pushes the revenue, yet doesn’t really acknowledge what we bring in.

For the amount of money we make the hospital, I think we should be given a bonus.

Part of my job involves tracking the difference in the amount of money that the queries I’ve done has accomplished. I pay for my annual salary in one or two months. It makes a significant monetary difference to the hospital.

I feel that our incentive is not comparable to the impact that we have on revenue.

The CDI role has expanded to include staff instruction at site clinics, ER, and outpatient populations. The facility generated $14 million in profits and attributes almost half of that to the CDI program.

Due to our work, our hospital’s reimbursements have increased significantly. It’s not that we want monetary compensation—acknowledgment of some sort would be nice!

Bottom-line value

Although many expressed overwhelming support for their CDI programs from administrators, others also suggested that facility management only understands the role of documentation improvement in terms of the program’s financial return on investment (ROI). Here’s what some respondents had to say:

This is a new corporate incentive and we are very valued. As we continue to show improvement to the bottom line, we will be even more valued.

Administration says they appreciate what we do; however, I think they only look at increased reimbursement.

We are valued for the money that our program brings in. I don’t feel support for the program in general or support for our role.

Administration places more value on fiscal results than on people. There is no job security in any area of this facility. If CDI financial reports failed to show substantial gains for a three- to four-month period, my solitary CDI position would likely be eliminated with no consideration for my 30-plus years of service.

Physician involvement

Support from hospital administration represents one aspect of overall professional satisfaction, but obtaining physician buy-in for a CDI program can be a hurdle. Respondents generally said they would like to receive

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Administration values CDI

continued from p. 11

additional support from physician leadership regarding their documentation programs:

> While we are well compensated, we do not have a physician champion and seem to be stuck at the beginning level of a CDI program. If the program was more valued, we would have the program support we need. Sometimes money isn’t the only incentive for good work; making a difference can be a positive motivator.

> There is no support at this facility for the CDI specialist and no incentive for the physicians to comply with the query requests. Until these change, this program is just going through the motions.

> My actual facility does not really see the value of the CDI program. However, the hospital system as a whole does. My actual facility is made up of the “good-old-boy” physician base that is many years behind in healthcare and what significance this program can have. Their motto is: “This is the way we have always done it. I’m a physician; you can’t ask me that.” It’s been very frustrating getting cooperation. Many refuse to answer queries, probably because they don’t know the answers. We have tried education programs, but only one or two physicians show up.

> Most MDs don’t respect you.

> Unfortunately, this organization does not see the potential of the role of the CDS. The physician education piece has been dropped from the program, so we spend the day at the tasks of the job.

> I really don’t know about the facility. I do know that the [physicians] do not see the value in the program.

The national economy and CDI

In 2010, the country is beginning to recover from the recession, but in 2009, many facilities faced difficult staffing decisions. Whereas many CDI programs experienced growth or maintained the status quo, others felt the effects of the financial downturn:

> I feel that my boss does value my role as a CDI specialist. He provides positive feedback and is supportive. Hospitals are just up against a lot of financial barriers to trying to fairly compensate their staff.

> My hospital has worked for six years to build the CDI program and last month dropped the program altogether. It doesn’t make sense based on incoming RAC reviews and other auditing groups.

> [I feel] highly valued due to several projects we participate in, and [we] have regular contact with the CMO. Salary and staffing are not reflective of this, however, possibly due to budget cuts at the state level and the overall economy.

> We are just supposed to be thankful we have jobs. I am, believe me, but I still think they could afford to pay us more.

> Many workers are not receiving any pay increases at all or are receiving a reduction. I am still receiving a 2% increase twice a year.

> Our position is considered ‘budget neutral,’’ yet we find more than enough to cover our salaries and have increased the amount of money we have found in each of the three years—literally millions of dollars. However, our pay raise was a tiny percentage for part of the year and then was taken away when the economy took a downturn. Meanwhile, our responsibilities and workload have increased.

“First off, years of experience do influence salary—and I’m afraid to ask you your age, so I can’t guess your salary range.”
Documentation program experience

Generally speaking, salaries are commensurate with experience. CDI programs are no different, although many programs are brand-new.

Only five respondents said their program is more than 10 years old, compared to eight respondents who said they personally have more than 10 years’ worth of documentation improvement experience.

The majority of respondents, 72, said they have one or two years of personal experience in the CDI field and work in programs that are one or two years old. The next highest response comes from programs that are three to four years old with CDI specialists who similarly have between three and four years’ worth of experience.

More than 100 survey participants said their CDI programs are only one or two years old. This result was followed by 79 respondents who said their program is between three and four years old, 52 respondents who said their program is between five and six years old, and 37 participants who said their program is just under one year old.

Salary by program age

Due to struggles with HR’s formulas for compensation and the relative newness of the clinical documentation profession overall, some experts assume that more established CDI programs would provide better compensation for their CDI staff members. The 2009 ACDIS Salary Survey data don’t support that hypothesis, however.

Of the 14 respondents who said they work in a program more than 10 years old, only three of them earn more than $90,000. Five respondents indicated they earn in the $60,000–$70,000 range and work in a facility with a program...
indeed see further salary growth, but Spryszak says CDI specialists shouldn’t expect any drastic changes in the near future. “As new government initiatives come into play and more and more emphasis is placed on the importance of capturing healthcare data, we’ll likely see some movement in the CDI salary ranges,” says Spryszak. “But right now, for the next year or two, I’d suspect this to remain relatively flat as the country emerges from this recession.”

more than 10 years old—roughly 36% of the total number of respondents in that category. Among those who stated that their program is between one and two years old, roughly 30% reported salaries in the $60,000-$70,000 range.

Due to the sample size, however, it is difficult to make generalizations at this time. As CDI programs age, the industry may

### Salary range by program age

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Number of Respondents</th>
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<tbody>
<tr>
<td>Less than $30,000</td>
<td>37 respondents</td>
</tr>
<tr>
<td>$30,001–$40,000</td>
<td>8 respondents</td>
</tr>
<tr>
<td>$40,001–$50,000</td>
<td>28 respondents</td>
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<td>$50,001–$60,000</td>
<td>14 respondents</td>
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<td>$70,001–$80,000</td>
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<tr>
<td>$80,001–$90,000</td>
<td>10 respondents</td>
</tr>
<tr>
<td>$90,001–$100,000</td>
<td>3 respondents</td>
</tr>
<tr>
<td>Greater than $100,001</td>
<td>1 respondent</td>
</tr>
</tbody>
</table>

### Program age by organizational structure

CDI programs with more than 10 years’ experience report to either case management or to quality assurance (40% of responses each).

Programs with nine to 10 years of experience have slightly more diverse organization structure. According to the survey, 42.9% report to case management, followed by 21% to the financial department and 14.3% each to HIM/coding and quality assurance. That ratio remains roughly the same for programs with seven to eight years of experience.

The trend of CDI programs reporting to HIM/coding departments didn’t start until roughly five or six years ago. According to the survey analysis, of programs with five or six years’ worth of experience, 28.3% report to case management and 28.3% report to HIM/coding. The trend of HIM/coding at the helm of CDI programs is clearly a newer phenomenon: 50.6% of hospitals with a three-to-four-year-old CDI program report to HIM. Case management leadership follows at a distant 17.7%, quality at
12.7%, and finance at 10.1%. HIM/coding management of the CDI program earned the highest survey responses among those programs between one and three years old. Such a structure works, van der Graaf says, because of the dual nature of the CDI program’s needs. The CDI program requires an understanding of the clinical needs and expressions of the patient care team on the facility floor as well as an awareness of the difficulties of coding rules and regulations.

“If the HIM and the CDI programs operate in silos, the documentation improvement program falls apart,” van der Graaf says. “The nurse has the ability to look at the clinical picture, but the coder has to prompt the nurse when the coding picture isn’t clear.”

![Organizational structure by program age](image)

**Survey says**

**Compensation underestimates performance, experience**

When respondents were asked to share their thoughts on whether they are compensated appropriately for their efforts, they mentioned three points of potential contention—the differences/similarities between the salaries of CDI professionals and those of floor nurses, a salary sometimes incommensurate with the individual’s years of experience, and differing job expectations.

**Lateral moves**

Many of those who responded to the 2009 salary survey suggest that making the move from nursing to CDI either equaled a lateral move or cost them financially. Although some lament this fact, others feel that the reduced physical and emotional burdens, as well as more regular schedules, make up for it. Still others, however, feel that they are more than adequately reimbursed monetarily for their CDI efforts. Here’s what some of them had to say:

» Having been a “bedside” nurse for 30 years prior to taking this position and being paid far less [in that role] than I receive now, I feel I am more than adequately...
Compensation
continued from p. 15

Because many facilities base the CDI pay scales on a combination of typical nursing wages and case management/administrative salaries, those with many years of experience come into the role already at the highest salary range for their facility:

» With more than 30 years of clinical experience, I often reach the top of the [pay] scale without incentives for longevity.

» I have reached the top of my salary structure for the case management department at my hospital. I feel that with the contribution I offer through the CDI program that I should be able to continue to get raises.

» I have hit the ceiling for my job description and have taken over a lead position, but there is currently no compensation for that.

» [I have] 30-plus years as an intensive care nurse with background in ACLS and CCRN, but this salary pay scale only compensates for straight RN experience up to 10 years’ experience.

» I have a background in coding as well as my RN and CCDS. My prior position as a care manager was a union position and paid at a much higher rate. There is no recognition of past experience in salary consideration.

» I feel that as an RN with a master’s degree and 20 years of experience as a case management director that I am very well compensated.

» I have 28 years of experience as a case manager, discharge planner, and utilization review. This is a new position, and I have lots to learn, but being a nurse for 31 years should count.

Duties, responsibilities

A CDI role isn’t always clear-cut. Some may have greater responsibilities for physician education or data crunching than others. When asked about whether they felt properly compensated, many respondents pointed out this fact, suggesting that perhaps their facilities might provide better tiers of involvement and appropriately counterbalance those responsibilities with additional pay. Respondents say:

» As lead CDS, my duties are much greater than my fellow CDS. I give presentations, attend committees, develop physician tools, and train new CDS. Because my years of seniority are less than my coworkers and I work in a union situation, my salary is actually lower...
than other CDS in the department! I think it would be fair to create a lead CDS position with higher pay for more responsibility. I also bring in much more money than any other CDS here, despite all my other duties.

» There is no additional money for more complex work. Everyone is paid the same. Some people do the minimal requirements, and some of us do much, much, much more (PowerPoint presentations, teaching aids, publicity, pocket cards, etc.).

» The organization has set a fair salary for us and has invested in us. I would not have accepted a position if I didn’t believe that.

» This was a lateral move for me despite additional responsibilities such as program start-up initiatives, education, as well as program development, implementation, and tracking.

» It takes clinical expertise as well as utilization review experience to do this job. The ability to communicate with physicians and other professionals is also a large part of the job—not everyone can do this, so that should also be compensated.

» Our hospital recently regraded the CDI job category and increased the pay to meet the average rate based on the last ACDIS salary survey.