



2017

CDI SALARY SURVEY

Limited growth presents professional opportunities

CDI specialists' salaries continue to grow, according to the 2017 CDI Salary Survey, but participants this year aren't as optimistic as in years past. Similarly, job titles show some diversification but not as much growth as shown previously.

"Many programs are struggling to just get staff to cover the census, and many are still actually focused on MS-DRGs," says ACDIS Advisory Board member **Angie Curry, RN, BSN, CCDS**, CDI director at Conifer Health in Frisco, Texas. "We're in a paradigm shift with half of the industry focused on MS-DRGs and the other half trying to do everything under the sun. At the end of the day, all these concepts are really a dialogue about what we want CDI to become."

Salary growth and career ladders

In 2012, more than 50% of respondents reported earning \$69,999 or less. This year, roughly 20% earned that amount. Those earning the lowest, \$59,999 or less, fell by 4% year-over-year from 10% to 6%. The largest number of respondents (20%) report earning \$70,000–\$79,999—the typical salary over the past three years. However, those earning that amount fell from 22% to 20%, and those earning the next highest payment bracket of \$80,000–\$89,999 increased from 17% to 19%. Those in the \$100,000–\$109,999 bracket increased from 7% to 11%. (See Figure 1.)

Career growth options for CDI professionals decreased this year in favor of step-increases, which reward experience and education level advancements, according to the survey results. While all career ladder options fell somewhat year-over-year, the highest growth opportunity continues to be the CDI team lead position, garnering 44%, followed by CDI education lead at 23% and CDI quality reviewer at 20%. (See Figure 2.)

Team lead positions frequently follow a similar structure to that of step-increases and are often in line with traditional hospital staffing hierarchies, which make them easy to adapt to CDI needs. (Read examples of possible

role advancement in the White Paper "Keep staff growing and engaged with a CDI career ladder.")

CDI efforts focused on quality measures require an advanced skill and knowledge set related to Patient Safety Indicators, value-based purchasing, and readmission reduction, among other items. Having such a role can alleviate mission creep for the rest of the team, enabling them to maintain productivity and core functions.

For Curry, the CDI preceptor role is an individual who provides training and mentoring to new staff. The CDI educator position at Conifer requires developing educational materials for the CDI team, coders, and physicians.

"The educator role seems to be a growing trend," says Curry, who also suggests opportunities exist to layer leadership responsibilities.

Managers, she says, can't always devote the time needed for professional nurturing, and the staff can't take time away from their record review responsibilities for self-education. CDI educators, CDI preceptors, and CDI team leads may all take on portions of tasks traditionally held by managers, freeing up leadership for more strategic focus, data analysis, and engagement with administrator and department heads.

"People want to feel validated about the work they do and the role they fill within the organization," says **Lara Faustino, RN, BSN, CCDS**, a CDI specialist at Boston Medical Center (BMC). One way to do that is providing consistent reinforcement of program goals that align with industry standards and then providing related advancement opportunities.

"As the job continues to grow to support multiple department goals, it becomes more and more diluted," either through additional review responsibilities or a shift to meet productivity measures. CDI staff may begin to think of themselves more like cogs in an industrial wheel than individuals with a specialized skill set who can offer tremendous return on investment for their organization, Faustino says.

“It’s a little sad at the end of the day to hear that other CDI professionals don’t feel a sense of accomplishment,” she says. The survey’s open comment section included a few such responses.

“This job is very stagnant. There is no ladder or room for advancement. I do the same thing day in and day out. There are no special projects, etc., to break up the monotony,” wrote one.

“Senior leadership did not approve for [advanced] CDI levels brought forth by HIM director,” so there are limited opportunities for growth, another wrote. (Read additional comments on p. 7.)

Background, certification, reporting structure

Nursing credentialed CDI specialists represent the greatest number of respondents to the survey (61%), followed by CDI managers (18%) and HIM/coding background CDI specialists (8%). (See Figure 3.) Again, there seems to be little positive movement in roles year-over-year, with just 20% reportedly working in management-level positions. While that’s up from 2016’s 18%, it’s almost identical to 2015’s survey, which showed 20% of respondents in CDI management. (See Figure 4.)

CDI nurses seem to earn more than those with HIM focus/backgrounds, as nearly 50% of nurses earned \$70,000–\$89,999 compared to just 30% of HIM-CDI professionals earning that amount. (See Figure 5.)

“The trend of nurses as CDI specialists in the industry isn’t going anywhere,” says Curry, but it’s important not to underestimate the value HIM/coding professionals bring to CDI efforts.

ACDIS itself is an inclusive association that welcomes all professional backgrounds serving in the CDI role. Establishing at least a healthy comparative salary rate can help ease tensions among the team. Many survey commenters lamented this disparity.

“I think all CDI [professionals] should get paid the same because we are all doing the same job. We are all learning CDI at the same time,” wrote one respondent.

“I’m not saying they can’t hire RNs,” wrote another, “but [an] RN license shouldn’t be the only criteria to become eligible for the position.”

Managers/directors earned the highest wages, with 82% earning more than \$80,000 annually and 35% earning \$110,000 or more.

The RN credential represents the most commonly held certification for CDI professionals at 77%—holding steady at that percentage since 2014. Second most common is the Certified Clinical Documentation Specialist (CCDS) credential with 56%, up 11% year-over-year. Third most common is the Certified Documentation Improvement Professional (CDIP) credential at 7%, up from 5% year-over-year. (See Figure 6.)

More manager/director job titles hold the RHIA/RHIT (17%) and CDIP (13%) credentials, among other credentials (see Figure 7). This perhaps reflects the continuing trend of CDI programs reporting up through the HIM department, with 34% of respondents following that structure, according to this year’s results. (See Figure 8.)

The second choice for reporting structure seems to be having CDI as its own department, according to 19% of respondents, up by just 1% year-over-year. A tie goes to the third most popular reporting structure with roughly 11% each under case management, finance, or “other.” Responses in the “other” category included a hodgepodge of dotted-line and dual reporting as well as nursing, patient safety, and CEO.

The question of reporting structure for the CDI program depends on its overarching goal and focus, says Curry. If the program focuses on documentation for accurate code assignment, then reporting through HIM might make the most sense. If the program focuses on quality, then it might report to quality or to the chief medical officer.

Those holding multiple certifications may expect higher pay; taken in context with the other data from the survey, however, these folks likely serve in upper management roles. (See Figure 9.)

Education

The highest level of education most CDI professionals (47%) obtain is a bachelor’s degree, followed by associate’s degree (nearly 23%). (See Figure 10.) The percentage of those holding a bachelor degree increased by roughly 3%, while those holding an associate degree fell by about

4%. (See Figure 11.) That ties into the proclivity of programs hiring nurses for the role, according to Faustino, as most nurses have an associate's degree at a minimum, and most have obtained their bachelor's degree.

Managers, however, typically have at least some graduate work (8%), their master's degree (30%), or doctorate-level education (3%). Overall, those holding a master's degree increased from 14% to 17% year-over-year, while those with a doctorate-level education fell by 1%.

"There are lots of areas that require a master's-level education," says Curry, pointing to supervisory positions and upper-level management roles. Yet, Curry wonders which type of master's-degree focus best fits the needs of the CDI profession—healthcare administration, business administration, healthcare informatics, or HIM? Considerations regarding the expense and time commitment required for such advanced-degree programs in the face of long-term professional growth also comes into play, she says.

"Right now, for us, we look at the knowledge level and the skill set of the individual, their interest in lifelong learning. Let's face it, there's always something new to learn in CDI," Curry says.

When it comes to salaries, education matters. Sixty percent of those holding doctorate degrees report earnings in the highest bracket, compared to 26% holding master's degrees, 11% of bachelor-level degree holders, and 7% of associate-level degree holders earning that amount. Again, those with the highest levels of education are also more likely to hold manager/director-level positions. (See Figure 12.)

Experience levels

Most CDI specialists (47%) have been in the role three to six years, with roughly 11% each reportedly having seven to eight, nine to 10, and more than 11 years' experience. CDI professionals don't seem to move around too much, with 41% reporting they've been working at their current facility for 11 years or more, and more than 60% having been in their current position more than three years. (See Figure 13.)

What do programs pay for higher levels of CDI experience? It's a mixed bag, really. Of those with more than

11 years' experience, 30% say they earned \$110,000 or more, but 20% earned the typical \$70,000–\$79,999. For mid-level experience of between six and 11 years, 20% earned \$80,000–\$89,999 and 18% earned \$110,000 or above. Of those with five or less years' experience, 23% earned \$70,000–\$79,999, and only 6% earned \$110,000 or more. (See Figure 14.)

Much of the growth of CDI career ladders stems from the experience held by both CDI programs and staff. "There's a lot of discussion about the length of the life of a CDI professional," says Faustino, who puts that life cycle at around five to seven years before either retirement or a new job opportunity sunsets an individual's CDI career.

However, for programs with less than five years' experience, implementing career ladders can be difficult. Young CDI programs need to establish core competencies, goals, policies, query audit practices, and interdepartmental relationships, Curry says.

Just as it takes six months to a year for a new staff member to get up to speed, CDI programs need to take a step back, consider their strategic growth, and set goals for years one through five, and on into the future. Program leaders also need to consistently reassess CDI goals against facility priorities and shifts in healthcare reimbursement policies. Professional growth opportunities for staff can, and should, mirror those priorities.

Raises and reductions

The percentage of those earning raises in the past 12 months fell 3% year-over-year (see Figure 15), but the percentage of those who feel their salary has kept pace with the cost of living increased by 2% (see Figure 16). Of those who received a raise, most (69%) received between 2% and 3%. (See Figure 17.) Raises seem to be merit- or performance-based, according to 49% of respondents, but also contractual, according to most of the respondents (44%) who reported "other" as the reason for their wage increase. (See Figure 18.)

"It's sad to see how many did not get a raise last year," says Curry.

Most CDI professionals (50%) work between 32 and 40 hours per week, followed by 41% who work 41–50

hours, yet 56% indicate they don't receive overtime pay. (See figures 19 and 20.)

"Why in the world would you do that?" Faustino asks. "Such actions don't support an effective work/life balance and establish a recipe for burnout. It's time to take a step back and reevaluate what defines us as professionals and accurately measure what it takes to grow a program."

The biggest hardship for employees (and likely CDI program administrators) comes from reductions in continuing education budgets (43%), travel (33%), meals and entertainment (30%), and health coverage (28%). (See Figure 21.)

"If you want to keep your program growing, you need to invest in your staff," says Curry. While it's "no surprise" that CDI professionals face benefit reductions that are similar to other professions across the country, "if you want to keep that knowledge level in your program," fostering ongoing education is a must, she says.

Demographics

Most CDI specialists (91%) work in the short-term acute care facility (hospital) setting. Of those facilities, 27% have 199 beds or less, 22% are in the 200–299 bed range, and 19% have 600 beds or more. All other settings garnered 1% or less of responses. (See Figure 22.)

"I'm surprised that there weren't more outpatient-focused programs," considering all the anecdotal evidence showing increased interest in such efforts, says Curry.

CDI teams contain five staff members or less, according to 52% of respondents, followed by 21% with six to 10 specialists. (See figures 23–25 for a breakdown of staffing.) Thirty-two percent of respondents plan to hire new staff in the coming year, down by 2% year-over-year. (See Figure 26.)

At BMC, Faustino's team has seven staff and is hiring one more this year, but she "wasn't surprised by that number" of new hires expected. "If you're going to hire additional staff, you have to demonstrate a predicted ROI, and that isn't always easy in our industry. This is especially true now as the CDI review becomes more complex."

CDI professionals are mostly women (94%) and between 40 and 69 years old (84%). Younger

professionals are increasingly interested in the CDI role, though, according to Curry and Faustino.


"It used to be that CDI was a comfortable place for older nurses to escape the physical rigors of bedside nursing," Curry says. "Now, nurses come out of school, work in the role for a dozen years, and are ready to find the next step in their careers. They're still young. They have young children. They're looking for intellectual stimulation and a more flexible schedule. CDI provides these benefits. As the original group of CDI professionals retires, I think we'll see a shift in the average age of CDI professionals."

Regional considerations

Suburban workers eked out top salaries by just 1% over those in urban areas, but by 11% over those in rural regions. (See Figure 27.) Pacific Northwest workers earned the most, with 64% of the 12% who reported working in the region earning \$100,000 or more. Northeast workers (10% of respondents live/work in New England and New York) came in second for the highest earnings, with 27% in the \$90,000–\$99,999 bracket and 20% in the \$110,000 or more tier. (See Figure 28.)

"It's true: A CDI specialist in Massachusetts can earn as much as a CDI program director in Florida. There's talent everywhere," Faustino says, explaining how a CDI manager in Washington had difficulty recruiting talented, experienced staff due to nursing residency requirements. Remote options for CDI professionals might help alleviate staffing needs, but not all CDI programs are in favor of 100% remote options. Of the 1.6% of respondents who replied "other" in response to what region they worked in, most replied "remote" or "all over the country."

Among the lowest earners, those who live/work in the South Central region (Arkansas, Kansas, Missouri, Oklahoma, Louisiana, and Texas), 23% earn \$60,000–\$69,999 followed by 20% each in the \$70,000 and \$80,000 brackets.

"These salary surveys always provide interesting insight into CDI trends," says Curry. "I think this year shows we have more work to do to help advance the profession." 

COMMENTS FROM THE FIELD

Inconsistencies in salaries by professional background top 2017 respondents' gripes

Those completing the 2017 CDI Salary Survey were asked to provide additional feedback regarding their compensation. "I am grateful for the opportunity that I have in using my nursing background and coding skills. I am doing a job that I love," wrote one respondent, but such cheery disposition seemed lacking from most answers in this year's survey. As in previous years, respondents are seeking additional bonus incentives based on their productivity or wishing for better balance in pay across career disciplines. The following comments come from these open-ended responses.

Backgrounds and skill sets

- This field requires a very high clinical background, good coding and management skills.
- Organizations don't know whom to hire and get confused. They ask for dual credentials (like someone has CCDS, CDIP, and CCS, along with RN license) but are not sure what they want from it.
- I'm the only one with CCDS and CCS credential but my coworkers, who are all RNs and began with no experience or knowledge of CDI work, still make more than I do.
- I think all CDI specialists should get paid the same because we are all doing the same job. We are all learning CDI at the same time and nursing experience does not play a role. The oldest person in our office is almost 60, has the most experience as an RN, and yet has the most questions regarding her role in CDI.
- I'm not saying they can't hire RNs, but RN license shouldn't be the only criteria to become eligible for the position.
- Well-qualified candidates (specifically foreign trained physicians, a large pool available in this country) will come forward to work in this field

if they are adequately compensated and when these hiring barriers (only hiring coders or RNs) disappear. I see those well qualified candidates get absorbed into biotech and pharmacological industries where they get better benefits.

- RNs get paid way more for this same role even though as a coding credentialed CDI, I have more experience. Not fair in this industry.

Salaries

- CDI needs more appropriate compensation. In my facility, the compensation is salary based. Case management staff, however, are higher paid and receive reimbursement for overtime.
- I am the coordinator in my department responsible for hiring. Our human resources department has no real idea what CDI is and made an offer to a new employee that was \$20,000 more than I make. I am afraid our salaries are all over the board. I'm working on resolving this and having them evaluate my salary.
- Because the staff do not do bedside nursing, they all take a pay cut when transferring into this department.
- The reason I am well compensated is because I work in a union environment. Administration would much rather we were not compensated at the same rate as the bedside nurses.
- I feel the cost of living and overtime should be included in my annual salary increases. The CDI department currently has a high productivity expectations regarding the number of record review cases to be done daily. This forces one to work overtime without compensation.
- I am not salary, so if I finish my work I am allowed to leave, but my numbers have to remain within or above standards.

- I was switched from salaried status to hourly within the last year. Overtime is highly discouraged even if we are working double duty to cover CDI staff that is off on PTO.

Career ladders

- I never received compensation for receiving my CCDS. Achieving the CCDS was an expectation but there was no compensation related to obtaining it.
- This job is very stagnant. There is no ladder or room for advancement. It's the same thing day in and day out. We have no special projects, etc., to break up the monotony.
- Not many hospitals have career ladders and very few will hire people who are not nurses. We also need to offer more remote opportunities as a job enrichment option.
- I feel there definitely are improvements to be made to keep long term employees/CCDS at their facility rather than losing valuable employees.
- It has been difficult to gain support for a career ladder for the department.

- I received no additional compensation after working as a CDI manager and obtaining my master's degree.
- Senior leadership did not approve for CDI levels brought forth by HIM director. All CDI are on the same playing field. To attract higher level candidates, the CDI salary needs to reflect the complexity of what we do.

Benefits


- Money is not the only reason people work. They work for the flexibility in their work schedule. I think we should be able to work weekends and 24 hours per day to get your 80 hours in per pay period. I also work because I enjoy what I do.
- I believe we should be given paid time to attend conferences annually.
- There is no budget for education so no conferences or pain webinars are an option. We watch for free webinars and other educational opportunities.
- We do not get reimbursement for CDI related education, conference, paid leave, and materials. 

Fig. 1 All CDI salaries year-over-year

	2012	2013	2014	2015	2016	2017
\$59,999 or less	25.7%	18.1%	16.8%	8.6%	10.7%	6.33%
\$60,000–\$69,999	25.9%	25.2%	23.3%	18.2%	15.4%	13.88%
\$70,000–\$79,999	19.7%	23.6%	21.5%	19.6%	22%	20.86%
\$80,000–\$89,999	12.8%	13.7%	14.5%	15.5%	17%	19.53%
\$90,000–\$99,999	6.5%	8.6%	8.8%	13.7%	14.4%	13.88%
\$100,000–\$109,999	4%	4.8%	6.3%	11.2%	7.5%	11.1%
\$110,000 or more	5.4%	6%	8.8%	13.2%	13%	14.4%

Fig. 2 CDI career ladder options

	2015	2016	2017
CDI education lead	26.05%	28%	23.34%
CDI team lead	59.16%	58%	44.87%
CDI denials manager	5.79%	9%	5.3%
CDI quality reviewer	21.86%	27%	20.03%
CDI preceptor	27.01%	29%	15.23%
Step-level increases	NA	NA	30.63%

Fig. 3 Job title

CDI specialist—RN credentialed (primary function is chart review)	61.34%
CDI specialist—HIM/coding credentialed (primary function is chart review)	7.56%
CDI department manager/supervisor/director (primary function is oversight of CDI staff)	18.37%
HIM/quality/finance manager/supervisor/director (oversight of multiple programs, including CDI)	2.58%
Physician advisor to CDI	0.38%
I don't work in CDI	0.1%
CDI consultant (work with facilities to establish, audit, and monitor program success)	2.68%
Other (please specify)	6.99%

Fig. 4 Job title: Year-over-year

	2017	2016	2015
CDI specialist all backgrounds (primary function is chart review)	68.9%	72%	73%
CDI department manager/supervisor/director (primary function is oversight of CDI staff)	20.95%	18%	20%
Physician advisor to CDI	0.38%	0%	0.3%
CDI consultant (work with facilities to establish, audit, and monitor program success)	2.68%	3%	4%
Other (please specify)	6.99%	7%	3%

Fig. 5 CDI salaries: By job title

	All respondents	CDI specialist/RN	CDI specialist/HIM	CDI manager/director
\$59,999 or less	6.33%	4%	27.85%	0.52%
\$60,000–\$69,999	13.88%	17.47%	15.19%	5.15%
\$70,000–\$79,999	20.86%	25.9%	16.46%	8.76%
\$80,000–\$89,999	19.53%	22.31%	13.92%	18.56%
\$90,000–\$99,999	13.88%	13.42%	11.39%	17.53%
\$100,000–\$109,999	11.1%	9.67%	3.8%	12.89%
\$110,000 or more	14.4%	6.86%	5.07%	35.56%
Other	NA	NA	6.33%	1%

Fig. 6 Credentials: Year-over-year

	2013	2014	2015	2016	2017
ACM	0.7%	2%	2%	2%	2.18%
CCDS	32%	41%	44%	45%	56.45%
CCM	5%	5%	7%	6%	5.79%
CCS	10%	10%	10%	10%	11.57%
CDIP	NA	NA	5.5%	5.4%	7.12%
CPC	5%	3%	2.7%	4.6%	3.23%
CPHQ	1%	0.6%	0.9%	0.9%	0.95%
MD	0.4%	1%	1.5%	1.3%	1.52%
MPH	0.3%	0.5%	0.6%	0.5%	0.85%
RHIA/RHIT	11%	8%	8%	7%	8.82%
LPN/RN	72.3%	77.4%	77%	77%	77.8%

Fig. 7 Credentials: By job title

	All responses	CDI specialist	CDI/HIM manager/director
ACM	2.18%	1.66%	3.6%
CCDS	56.45%	53.87%	60.81%
CCM	5.79%	5.52%	7.21%
CCS	11.57%	7.87%	21.62%
CDIP	7.12%	4.97%	13.06%
CPC	3.23%	2.21%	3.6%
CPHQ	0.95%	0.55%	2.7%
MD	1.52%	0.69%	1.35%
MPH	0.85%	0.69%	1.35%
RHIA/RHIT	8.82%	6.49%	17.12%
LPN/RN	76.28%	80.11%	70.72%

Fig. 8 CDI department reporting structure

	2014	2015	2016	2017
Case management	20.5%	16%	14.3%	11.24%
Chief financial officer	10.4%	11.4%	13.7%	11.62%
Chief medical officer	2.2%	3%	2.6%	2.5%
CDI manager/director	17.7%	25.1%	18.4%	19.88%
HIM manager/director	39.9%	34.2%	31.9%	34.77%
Quality manager/director	9.3%	10.2%	8.1%	8.26%
Other	NA	NA	11%	11.72%

Fig. 9 CDI salaries: By credential

	RN	CCDS	CDIP	CCS	RHIA/RHIT
\$59,999 or less	2.96%	2.69%	5.33%	7.38%	13.19%
\$60,000–\$69,999	14.04%	10.59%	5.33%	9.84%	10.99%
\$70,000–\$79,999	21.55%	20%	9.33%	12.3%	15.38%
\$80,000–\$89,999	20.81%	19.5%	13.33%	10.66%	12.09%
\$90,000–\$99,999	14.9%	14.62%	10.67%	12.3%	10.99%
\$100,000–\$109,999	11.45%	12.77%	9.33%	9.84%	9.89%
\$110,000 or more	13.8%	19.15%	42.66%	36.08%	18.69%
Other	0.49%	0.67%	4%	1.64%	8.79%

Fig. 10 Highest level of education: By job title

	All responses	CDI specialist	CDI/HIM manager/director
High school	0.19%	0.14%	0%
Some college	3.8%	2.9%	2.7%
Associate's degree	22.96%	26.93%	13.51%
Bachelor's degree	47.44%	51.66%	40.99%
Some graduate work	6.26%	6.08%	8.56%
Master's degree	17.46%	11.74%	30.63%
Doctorate	1.9%	0.55%	3.6%

Fig. 11 Highest level of education: Year-over-year

	2016	2017
Associate's or some college degree	30.5%	26.95%
Bachelor's degree	44.5%	47.44%
Some graduate work	8.2%	6.26%
Master's degree	14.6%	17.46%
Doctorate	2.2%	1.9%

Fig. 12 CDI salaries: By education level

	Associate's (some college degree)	Bachelor's degree	Master's (some graduate education)	Doctorate
\$59,999 or less	12.32%	2.6%	1.6%	0%
\$60,000–\$69,999	20.42%	14.8%	6%	0%
\$70,000–\$79,999	20.07%	25.4%	13.6%	5%
\$80,000–\$89,999	17.96%	20%	21.2%	10%
\$90,000–\$99,999	11.62%	14.2%	15.6%	15%
\$100,000–\$109,999	9.15%	10.6%	14.4%	10%
\$110,000 or more	7.04%	11.2%	26%	60%
Other	1.41%	1.2%	1.6%	0%

Fig. 13 Years' experience

	Years as a CDI specialist	Years in current position	Years at current facility
Less than 1 year	4.17%	11.39%	6.74%
1–2 years	13.28%	25.33%	12.52%
3–4 years	25.14%	27.13%	12.71%
5–6 years	21.92%	16.98%	10.44%
7–8 years	11.86%	6.55%	6.17%
9–10 years	11.67%	6.07%	8.25%
11 years or more	11.29%	5.98%	41.65%
Other	0.66%	0.57%	1.52%

Fig. 14 CDI salaries: By years of CDI experience

	5 years or less	6–11 years	More than 11 years
\$59,999 or less	7.57%	3.76%	0%
\$60,000–\$69,999	19.38%	10.44%	6.72%
\$70,000–\$79,999	23.83%	18.37%	20.17%
\$80,000–\$89,999	19.38%	20.88%	14.29%
\$90,000–\$99,999	14.03%	14.61%	10.92%
\$100,000–\$109,999	8.69%	12.11%	15.13%
\$110,000 or more	6.01%	18.59%	30.24%
Other	1.11%	1.25%	2.52%

Fig. 15 Received a raise in the past 12 months

	2013	2014	2015	2016	2017
Yes	69.2%	70.4%	73.2%	76%	73.81%
No	30.8%	29.6%	26.8%	24%	26.19%

Fig. 16 Believe salary has kept pace with cost of living

	2013	2014	2015	2016	2017
Yes	32.3%	35.6%	46.4%	43%	45.07%
No	67.7%	64.4%	53.6%	57%	54.93%

Fig. 17 Percent raise received in past 12 months

1% or less	14.85%
2%	40.22%
3%	29.46%
4%	6.44%
5%	4.33%
6%–10%	3.22%
More than 10%	1.49%

Fig. 18 Reason for raise

Obtaining a CDI-related credential (such as the CCDS)	4.48%
Completing additional college-level course work (in coding, anatomy, management, etc.)	0.54%
Merit/performance-based (i.e., taking on additional CDI-related projects)	49.12%
Productivity-based (i.e., meeting query quotas, physician agree rates, CC/MCC capture)	12.21%
Other (please specify)	44.5%

Fig. 19 Number of hours worked per week

Fewer than 24 hours	0.66%
24–31 hours	0.95%
32–40 hours	50.95%
41–50 hours	41.46%
More than 50 hours	5.98%

Fig. 20 Overtime compensation

I do not work overtime	22.68%
I don't get paid for overtime	56.64%
I receive my regular pay rate for overtime	2.18%
I receive one and a half times my regular pay rate	9.20%
I receive twice my regular pay rate	0.47%
I receive time off in lieu of additional pay	2.37%
Other (Please specify)	6.45%

Fig. 22 CDI program setting

	2015	2016	2017
Acute care hospital	90.34%	88.6%	91.65%
Ambulatory surgery center	0%	0%	0.38%
Critical access hospital	1.66%	0.7%	1.14%
Home healthcare facility	0%	0.2%	0.28%
Inpatient rehab hospital	0.26%	0.3%	0.19%
Long-term care hospital	0%	0.6%	0.57%
Pediatric/children's hospital	1.55%	1.3%	1.9%
Physician practice setting	NA	NA	1.14%
Other (please specify)	6.19%	8.3%	6.36%

Fig. 21 Have you experienced a reduction in any of the following in the last 12 months?

Hours	5.33%
Salary	4.8%
Health coverage	28.77%
Retirement plan match	10.48%
Pension plan	5.51%
Travel budget	33.39%
Tuition reimbursement	13.32%
Continuing education budget	43.69%
Meals and entertainment (e.g., holiday parties, department lunches)	30.73%
Other (please specify)	20.25%

Fig. 23 CDI team staffing

0–5 team members	52.87%
6–10 team members	21.62%
11–15 team members	10.22%
16–20 team members	5.65%
More than 20 team members	9.64%

Fig. 24 Number of facility beds

	2015	2016	2017
99 beds or fewer	9.5%	9%	9.01%
100–199 beds	16.4%	17.7%	18.03%
200–299 beds	17.3%	19.2%	22.2%
300–399 beds	14.9%	13.2%	9.77%
400–499 beds	10%	9.4%	9.58%
500–599 beds	7.7%	8%	7.21%
600 or more beds	19.2%	16.4%	19.26%
I don't work in a hospital	5%	6.8%	4.93%

Fig. 25 CDI staff: By number of beds

	0–5	6–10	11–15	16–20	More than 20
99 beds or fewer	97.85%	1.08%	1.08%	0%	0%
100–299 beds	78.85%	17.31%	0.96%	0.72%	2.16%
300–499 beds	40.4%	40.91%	10.61%	3.54%	4.55%
500–599 beds	13.16%	42.11%	28.95%	10.53%	5.26%
600 or more beds	6.5%	14%	26.5%	20%	33%

Fig. 26 Plan to hire new staff

	2015	2016	2017
Yes	39.80%	34.40%	32.56%
No	35.70%	41%	43.90%
Don't Know	24.50%	24.60%	23.55%

Fig. 27 CDI salaries: By location type

	Rural	Suburban	Urban
\$59,999 or less	10.48%	4.88%	1.83%
\$60,000–\$69,999	20.97%	11.38%	12.13%
\$70,000–\$79,999	25.4%	20.6%	18.31%
\$80,000–\$89,999	16.13%	18.7%	22.2%
\$90,000–\$99,999	7.66%	15.72%	15.79%
\$100,000–\$109,999	11.29%	10.03%	11.9%
\$110,000 or more	6.05%	17.36%	16.94%
Other	2.02%	1.36%	0.92%

Fig. 28 CDI salaries: By geographic region

	Northeast (CT, MA, ME, NH, NY, RI, VT)	North Central (IA, IL, IN, MI, MN, ND, NE, OH, SD, WI)	West (AZ, CO, ID, MT, NM, NV, UT, WY)	Middle Atlantic (DE, MD, NJ, PA, DC)	Southeast (AL, FL, GA, KY, MS, NC, SC, TN, VA, WV)	South Central (AR, KS, LA, MO, OK, TX)	Pacific (AK, CA, HI, OR, WA)
Where do you live?	10.72%	21.92%	7.12%	9.39%	23.81%	13.19%	12.24%
\$59,999 or less	2.65%	6.06%	4%	3.03%	7.57%	5.76%	1.55%
\$60,000–\$69,999	6.19%	16.45%	5.33%	11.11%	19.12%	23.74%	3.88%
\$70,000–\$79,999	13.27%	26.41%	14.67%	19.19%	30.28%	20.14%	6.2%
\$80,000–\$89,999	15.04%	25.11%	28%	20.2%	20.32%	20.86%	7.75%
\$90,000–\$99,999	27.43%	7.79%	21.33%	17.18%	7.57%	13.67%	15.5%
\$100,000–\$109,999	15.04%	5.19%	16%	20.2%	4.38%	6.47%	24.03%
\$110,000 or more	20.34%	9.52%	10.67%	9.09%	9.97%	7.92%	40.3%
Other	0%	3.46%	0%	0%	0.8%	1.44%	0.78%