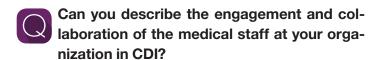# Q&A

CDI WEEK

Physician Engagement

NUANCE

As part of the eighth annual Clinical Documentation Improvement Week, ACDIS has conducted a series of interviews with CDI professionals on a variety of emerging industry topics. **Johanne "Jo" Brautigam, RN, BSN, CCDS,** the manager of clinical documentation integrity program at Roper Saint Francis Healthcare in Charleston, South Carolina, a member of the South Carolina chapter of ACDIS, and a member of the 2018 CDI Week Committee, answered these questions. Contact her at *johanne.brautigam@ropersaintfrancis.com*.

Q Can you describe the engagement and collaboration of the medical staff at your organization in CDI?

A At Roper Saint Francis Healthcare, we are in a unique situation as a part owner of our system is the Medical Society of South Carolina. The society members are the doctors themselves. The majority have buy-in because this is their business venture.

Q According to the 2018 CDI Week Industry Survey, only 12% of respondents said their medical staff is "highly engaged." Why do you think so many CDI programs have such trouble engaging the medical staff?

A One area we worked heavily on is to standardize our queries, to make them easier to answer by having all the pertinent information right at the provider's fingertips. Assuming the provider has time to go back and research is not realistic. With clinical validation and some of the very complex queries now needed, programs need to keep evolving to perfect the questions and formats and yet keep that communication form consistent so it's easy for the physicians to understand. Our goal is for every query to look the same, so you can't tell which CDI specialist wrote it.

Also, in these days of remote CDI, and because space on the floors is at a premium for computers, we took the CDI specialists off the floors. I am sad we did that, because that face-to-face time with the providers is important. I am trying to make us visible again, but it is taking creativity. I just can't let the providers forget who we are.

Q What has been your biggest challenge and most successful approach with gaining physician buy-in?

A Two things:

Firstly, about five years ago, we picked a "uniform." Black or tan pants, any shirt, and a turquoise scrub jacket. The men on our team have turquoise polo shirts. We found that the color stood us apart from the rest of the staff. Service lines have asked to "have the people in blue" help them.

Secondly, after we left the floors, and seeing that queries were never getting answered, I leveraged a couple CDI specialists to be in the doctor's lounge cheerfully reminding the providers daily that they have to answer queries. We call them CDI MD liaisons. I found that this is a time when the doctors are relaxed, focused, and are not as intimidated when we question their documentation. This has helped our response rate, days to respond, and took our "No Response" rate to zero.

Q **Does your department have a physician advisor or champion? If so, what has been the result of that relationship and how much time do they devote to the CDI department?**

A We do! We have the best physician advisor, Dr. Beth Wolf. When she started, she was pretty green, but she proved to be such a great fit for our team. Working with the Roper Saint Francis CDI team, she has really come into her own now. She speaks at ACDIS events regularly, works with us to develop queries, and helps us amend our workflows. She helped develop our sepsis criteria, working with physician groups to help us get site-specific definitions, and even helps us with those tricky escalations if we need them. She spends a third of her time with us, one-third working as a contractor for a well-known company, and still keeps her hand in hospital work, doing palliative care. Everywhere I go, I warn people they can't have her, she's mine!

Q **Do you have uncooperative/unresponsive physicians, and how do you handle them?**

A Just like everyone else, we do. It tends to come with the job. One thing I did do when I started as manager of this team was to put all of us through the human resources lateral violence (violence or abuse against one's peers) class. I did it for two reasons: for the CDI to understand how they can come across, and for coping mechanisms with those uncooperative providers. It is discouraging, for all the work you put into a query, then to get nothing.

We do escalate the "no responses" to myself and Dr. Wolf, but the CDI specialists in the doctor lounges really are unrelenting. I also report, after a specified time period, the financial impact of what a potential response could bring in. I often remind my specialists "we own the question, not the response."

Q **Do you have an escalation policy of sorts to deal with them?**

A We do, and I really don't mean to brag, but we don't have to use it very often. We probably leave queries open longer than normal, but we are really trying to get answers. I was worried doing this would hurt "discharged, not final billed" numbers, but it didn't make a difference. And again, the CDI MD Liaisons work really hard to close out those queries.

Q **According to the Industry Survey, less than half (44.50%) of the respondents have a 91%–100% physician query response rate and 5.50% of respondents don't track the rate at all. Do you track that rate? Why or why not? How have you gone about improving your query response rate? What do you recommend to those looking to improve their own response rate?**

A I do track the rate monthly, and we are a 99%–100% response rate. We dropped severely when we went to the electronic health record (EHR). During that time period, our response rate dropped from 91%–99% to 88%. That's when I grabbed one of my CDI specialists and sat him at a desk in the doctor's lounge, no warning, no permission (that day). It was a huge risk, because I took him out of reviews to do it. Luckily, he found his way, we evolved the workflow for efficiency, and eventually added a second CDI MD liaison at another hospital.

My recommendation is to find the right personality to work with the providers, and make sure they can speak on the fly about whatever queries they need to get answered. Not everyone is cut out for that, and that's OK.

Q **How long do you give physicians to answer a query? Why did you choose that time frame?**

A We partnered with the medical records department, and our queries are now part of the suspension process. So, after a query is 23 days old, I scrutinize it to make sure it is understandable, appropriate, has been followed up per our policy, and

compliant. Then the medical records department sends a notification of pending suspension. That usually does the trick! Otherwise, after the query is 30 days old, they are suspended.

I think this year, I had one no response after about three months because the provider was suspended, and our query was then moot.

Q **Do you provide formal education to your physicians, one-on-one/informal coaching, or both?**

A We try all kinds of things. Dr. Wolf does profiles with providers on their specific data, we put out tip cards and documentation alerts when a code changes, and I will go to meetings as needed. I have a few CDI specialists on committees. Anything to help the providers.

When we changed over to ICD-10, I had bowls of ICD-10 lifesavers. We have a few data collection services that we use to compile information and work with our quality team as well.

Q **Could you tell us about an experience you had winning over a physician to CDI?**

A Recently, I found out about the interaction that one of my CDI MD liaisons had about not providing chocolate. When one of our sterner physicians asked why the hospital stopped, my CDI explained honestly it was coming from his own pocket. The next day a giant bag of chocolates appeared with a thank-you card for all we do for them.

I think he had no idea the vested interest the CDI specialists had for our doctors. Since then we have noticed a rise in physician interaction and discussions, over a bowl of chocolates!

Q **How has the changing reimbursement landscape affected the way you interact with physicians?**

A We review and query very differently. For the last two quarters of this year, out of all queries, 14% were for clinical validation. We don't just take the MCCs and close the chart anymore; we look for many other documentation issues to make the chart that much easier on the backend. Doctors are smart and learn what we need from documentation, so we have to stay busy working on new strategies.

Preventing denials proactively has been my summer project for the CDI department. We understand that can appear to be challenging the word of the provider, which makes everyone uncomfortable. Trying to show the partnership we have with them is sometimes a three-ring circus, especially when there is only a short window of interaction and so much to explain.

Q **Does your program regularly share CDI data with its physicians (either one-on-one or in group format)? Does your program leverage publicly reported data in its physician education?**

A I share data with the administration. We also have a hierarchy of physician leadership that we can report to. I share data with any provider who requests it and have built a documentation scorecard for queries.

More than that, I like to honor our outstanding documenters with a quarterly award called the "Doc Do Write." We started that program, and made a few physician champions along the way, but dropped it when the EHR came online. It is more than a popularity contest; we use data. We even had one provider who had no queries one quarter with no deficient findings. This fall I will have enough data that we can pick that up again.

Anthony F. Oliva, DO, MMM, FACPE, is the vice president and chief medical officer of Nuance Communications, Inc., in Boca Raton, Florida. He is board-certified in family medicine and has more than 15 years of experience in primary care health clinics, community hospitals, multi-hospital systems, and integrated delivery systems. He is a Fellow of the American College of Physician Executives and continues to practice clinically as faculty for a family medicine residency program. Here, Oliva discusses the role of CDI and technology in physician engagement.

As physicians and care teams face mounting pressure and stress, many are struggling to find enough time to spend with patients while completing their administrative duties, which often includes re-doing work and adding details to satisfy regulatory and administrative functions. The unrelenting cycle leads to more rework and burnout, longer hours, and more fatigue. According to the American Medical Association, burnout causes a 200% increase in medical errors.

To help curb rework, U.S. health systems are turning to Nuance and their artificial intelligence (AI)-powered solutions for help. Computer-assisted technology helps improve the first-time accuracy of documentation, which significantly reduces rework and improves staff satisfaction and retention. Specifically, the impact includes:

- 40% reduction in retrospective queries

- 36% and 24% improvement in capture of severity of illness and risk of mortality, key measures reflecting quality of care

- 20% increase in case review rates by the CDI team

With the significant amounts of data physicians and care teams must listen to and capture while tending to their other hospital-related responsibilities, details can slip through the cracks. The lasting impact of incomplete documentation can be significant, potentially compromising patient care, causing an increase in claim denials and proper reimbursements. Missing details means rework and delays for the CDI and coding teams as well. Therefore, it's no surprise that, according to a recent CHIME survey, 48% of CHIME CIOs are planning to deploy AI within the next five years to help address these issues.

Nuance is helping customers leverage the real-time intelligence and clinical guidance made possible with AI to dramatically improve both the quality and speed with which each patient's story is captured. Making sure every instance of the patient story is always right the first time gives physicians the confidence that they are accurately documenting all the details required to describe the level of complexity and care provided to each patient. AI-powered solutions help CDI teams prioritize their efforts, expand coverage, and use their skills to focus on complex cases. AI brings a better experience to the care team and in turn to every patient.