

# Q&A



## Roles and responsibilities of the CDI physician advisor

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As part of the second annual Clinical Documentation Improvement Week, ACDIS has conducted a series of interviews with CDI professionals on a variety of emerging industry topics. **Lisa A. Woll, MD, MPH**, Diablo service area chief coding and documentation specialist, NCAL Revenue Cycle, of California-based Kaiser Foundation Health Plan, Inc., and Hospitals, answered the following questions regarding the role of CDI physician advisors. Contact her at [Lisa.Woll@nsmt.p.org](mailto:Lisa.Woll@nsmt.p.org).

### Q What qualities and skill sets comprise an ideal physician advisor?

**A** *The CDI physician advisor should enjoy medical recordkeeping of the hospitalized patient.* For example, he/she needs a thorough knowledge of compliance, quality, HIPAA, and evolving CMS guidelines for coding and reporting. The CDI physician advisor also needs familiarity with emerging electronic record developments and how such interfaces affect how documentation is captured and translated.

Furthermore, the lead physician should enjoy working with a broad spectrum of hospital employees as well as the medical, surgical, and consultant physicians. He or she should be a natural teacher, willing to use every opportunity to learn and find teachable moments for others.

I also believe that the CDI physician advisor should be a credentialed hospital physician, preferably from the general medicine field, and that such an individual would ideally obtain their CDI credential.

### Q What are some of the basic, critical functions that a physician advisor should perform?

**A** *The basic function/role of the CDI physician advisor is to engage other physicians in the CDI effort.*

The physician advisor needs to participate in daily reviews of key chart documentation training. Queries are teach-

able moments without leading communication.

The CDI lead should lead or participate in weekly conferences or communication with reviewers, physicians, and facility or system leadership. The CDI physician advisor is the ethical leader for chart documentation per the ACDIS Code of Ethics ([www.hcpro.com/content/282245.pdf](http://www.hcpro.com/content/282245.pdf)). As such, any CDI physician advisor should actively inspire all members of the CDI team as well as [inform] the physicians and leaders of the hospital about the positive effect [of] the CDI program efforts.

### Q What tangible benefits can a physician advisor bring to a CDI program?

**A** *A CDI physician advisor can provide in-house, ongoing training for physicians in quality, coding, and chart documentation and analysis skills.* The attention and support they provide can help the CDI team improve reimbursement, quality, and severity of illness outcomes. They also serve a role in helping to get new CDI specialists engaged and educated, training them in all aspects of the CDI process.

The other way it helps is that the better they document, the better we can do service-line analyses. So with orthopedics, for example, how well they document in their H&P improves their mortality statistics, resource use, and length of stay statistics because we have better data to provide them for improvement efforts. So when we're working with them on an improvement project, we know what we're working on is

more spot on because the documentation is better. That's true of any hospital, whether it's academic or community based.

outcomes would include quality metrics (sepsis and pneumonia death rates), never events, and percent of acted-upon queries as well as missed opportunities.



***If you have a physician advisor that is ineffective or perhaps was appointed as a "figurehead," what is the best way to find a replacement?***

***One way to handle the situation of an ineffective leader is to train additional leaders from within the staff who report to the CDI director and their local chief medical officer.*** The physician advisor should be accountable to regional and local leaders by their outcomes. The

## Find the right candidate for your physician advisor to CDI

*Steven Robinson, MS, PA-O, RN, CPUR, senior director of CDI at Maxim Health Information Services in Cleveland, says the role of the CDI-dedicated physician advisor is on the rise. His comments follow.*

There has been more emphasis on the roles and responsibilities of the CDI specialist in the past 10 years than ever before, and physicians are increasingly supportive of their efforts. There is also a real increase in the need for a physician advisor (or advisors) dedicated to the CDI program. When I started working in the field, the CDI specialists trained physicians. Now, physician advisors play a major part in this role. Also, administrators can see the importance of CDI efforts, so they employ physician advisors to increase that peer-to-peer buy-in.

Depending on the extent of that administrative support, physician advisors have varying degrees of success. Some simply "catch as catch can." They may have responsibilities to case management or quality in addition to their CDI-related duties, and frequently play a reactive role. If a physician refuses to answer queries, the physician advisor intervenes, and that is typically the extent of their involvement.

The more effective physician advisor takes that role a step further and explains to the noncompliant physician how the lack of documentation affects not only hospital reimbursement but the physician's own quality and financial outcomes as well.

To be effective, physician advisors need training on CDI practices. They need to understand what the CDI staff does and why it is important. They need to understand the different query types and appreciate the rules and regulations associated with the *Official Guidelines for Coding and Reporting*. Of course, they do not need to be coders, and they do not need to be practicing CDI specialists, but they do need a comprehensive awareness of the benefits and difficulties of the job.

To support CDI efforts, physician advisors need to employ proactive educational efforts and engage in peer-to-peer relationship building to make sure that the perception of CDI throughout the organization remains consistent and positive. Where problems are found, the physician advisor should work with CDI staff and the physician population to improve.

The physician advisor should also know how to interpret CDI-related metrics so they can speak to different specialties and communicate progress regarding specific documentation issues. That isn't to say the physician advisor should take over the CDI director or manager role in terms of overall program analysis, but the two individuals need to work together to target communication of goals and outcomes to various stakeholders.

When choosing an advisor for your program, look for someone who has worked in your facility for years and years and wants to learn how to be a CDI advisor. Such an individual will have a lot of value because he or she already knows the culture and the community and, thanks to his or her experience, already has the buy-in.