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Q Can you describe the engagement and collaboration of the medical staff at your organization in CDI and any advice you have on improving engagement?

A Currently, I am not involved too much in the engagement and collaboration of the medical staff because I work on identifying issues within organizations for CDI to improve upon. However, in my recent former position, engagement and collaboration with medical staff was at the forefront of my career focus. Connecting with providers through collaborating on common goals and engaging in education development is critical to successful documentation. In my experience, collaborating with providers is similar to working in project management or customer relations. We would analyze data, identify key stakeholders, and work with medical staff to develop education and training on documentation opportunities. Learning preferred methods of communicating, remaining flexible, and being creative in your approach goes a long way in engaging the providers on the medical staff.

Q After a long-standing downward trend of the percentage of respondents who reported their medical staff as "highly engaged and motivated," for the first time in years that statistic evened out at 12.62% in 2023, according to CDI Week Industry Survey data. Have you seen improvement at your own organization in the past year? Do you think more CDI professionals will see a high level of provider engagement in coming years?

A Yes, I believe providers are genuinely becoming more interested in the quality of their documentation, whether it be from a personal perspective or a professional perspective. Now that we are able to show the medical staff close to real-time data, providers can see peer-to-peer and organizational comparative information to evaluate their documentation against others'. With the new and ever-changing rules of documentation capture, how that factors into their personal payments, and the organizational payment and overall reporting of quality for organizations or themselves, CDI professionals have become sought out for education.

Q Continuing this upward trend, answering this same question another 51.89% said their medical staff was "mostly engaged and motivated, with some exceptions," compared to 46.72% in 2022. Collectively, about 63% of responses noted overall positive engagement. In fact, just 4.10% said their medical staff was "mostly disengaged and unmotivated." For those in that small group, what advice do you have to help them

move the needle and join this trend of increased engagement?

A I imagine that the small group that is still resistant to changing their practices are the providers who haven't realized how education can help them. Disengagement and unmotivated learners come in many forms, but approaching them from a value alignment helps tremendously. What does the provider value? Is it time with their patients, so they want less tedious work documenting? Is it their Medicare adjustment payments and quality reporting? Figuring out what motivates them and engages them individually is ultimately what will drive them to become more involved and eager to learn.

Q Each year, we hear that provider engagement is a top concern or problem area for CDI programs. Why do you think CDI programs have such trouble in general engaging the medical staff? What have been your biggest challenges with gaining provider engagement? What have you done to address and improve this?

A Providers often are missing the links as to what quality documentation can do for them. There is a disconnect between seeing a patient and documenting everything pertinent to their care, as well as how the quality of that documentation affects many things. One of the biggest challenges when gaining provider engagement is time. Being an effective, efficient communicator and doling out education in the format best for the providers is essential.

Finding creative ways to disseminate education is also key. First, we asked providers how and when they wanted to be educated, and through this we were collaborating with them to find the best method for communication. Then we developed and produced multiple podcasts, which were short 15-minute presentations on multiple platforms and on specific documentation topics that providers could listen to on their way to work. We also used pamphlets in medical staff breakrooms and virtual recorded presentations that providers could view on their own time if they were not available for the live demonstrations.

Q According to the survey results, almost 65% of respondents have a full-time or part-time physician advisor, and another 12.07% plan to engage one in the near future. What advice do you have for a CDI department planning to or just now starting to find a physician champion or advisor? Why do you feel a physician advisor or champion is beneficial to CDI?

A Getting to know your physician advisor's strengths early on improves your relationship with them, helps manage your expectations of them, and provides guidance on how they can help you best. Also, finding a regular time to meet will help alleviate trying to find that time later as their schedule builds. Physician advisors provide a unique perspective to the inner workings of day-to-day lives of providers and what may work best for educational purposes. They also can help with escalations, utilizing a peer-peer approach for difficult conversations or communication. In addition, physician advisors can help with utilization management, length of stay aspects, and denials.

Q About 36% of respondents say providers have a required time frame of two days to respond to a query in their facility, though many free responses say that 48 hours is a goal, not a requirement, and they have an escalation policy in place. Is there an escalation policy at your organization, and if so, what does it entail? Have you found it to be effective, and why?

A We collaborated with our physician advisors to develop the escalation process along with tenured CDI staff and have found it to be effective. We were able to extend the initial 48 hours we had planned to utilize to 48 hours to answer a query before attempting another method of communication, like instant messaging the provider through the EMR to alert them of an outstanding query. Then we allowed another 48 hours to attempt another method of communication. Once that time had expired, we then would escalate that query to the physician advisor to offer assistance with the unanswered query. This provides the medical staff with some grace, as we all know they are under tremendous pressure and patient care is their first

concern. We would also meet with the physician advisor team monthly to discuss any queries still needing to be addressed and catch up on any results, pending or resolved. This process made it extremely effective for escalations and increased our response rate. We also collaborated with our coding team to address these cases with pending queries to prevent them from being completely coded prematurely.

Q **Do you provide formal education to your providers (i.e., one-on-one, group presentations by service line, informal coaching, tip sheets, newsletters, etc.)? How is education content decided (i.e., based on hospital standards, individual provider needs, etc.)? How have your provider education/engagement models changed over the last few years?**

A Yes, we used all of the above along with other creative methods, depending on the method that worked best for that provider or medical staff. New residents also received orientation training with CDI, as well as new employee medical staff transfers. Content usually depended upon the specialty and the historical training we had already completed. In addition to those, we would base content on data we would pull for that provider or group and their specialty, and then complete chart audits to find deficits or opportunities for improvement in the documentation and capture thereof. Centering around denials that a provider or group of providers received was also used to help drive content creation.

Another method we would use to discover opportunities and develop pertinent content was to ask them. Many different groups had specific goals, like earning a spot in the top 100 hospitals in U.S. News and World Report, which we could help them achieve by improving their capture of the quality work they were already doing, but not necessarily documenting.

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Leveraging technology to improve physician engagement and the patient experience

Many know that clinician burnout has increased over the years. According to the Agency for Healthcare Research and Quality (AHRQ), burnout now impacts more than 50% of physicians. 3M Health Information Systems (HIS) leaders Travis Bias, DO, MPH, FAAFP, Beth Wolf, MD, CPC, CCDS, and Kaitlyn Crowther, RHIA, provide examples to four key points about how comprehensive CDI technology can help alleviate the overwhelming time constraints faced by healthcare workers while improving the patient experience.

1. Artificial intelligence (AI)- driven solutions can help physicians document the right thing at the right time.

Those in healthcare know documentation, among other administrative tasks, can be burdensome for physicians because the physician is focused on patient care. AI-driven automation can provide physicians with the right information at the right time, changing how physicians interact with the documentation process while respecting the way they organize their thinking.

AI-driven nudges can be tailored in content and frequency according to specialty. By providing this level of specificity, more physicians will be encouraged to use AI technologies to help with burnout.

Bottom line: Physicians are open to leveraging AI and any technology, if they see that it makes their work easier to accomplish and improves their patients' outcomes. Similarly, physicians need to be able to trust the underlying algorithms or processes that power these capabilities. If those modalities are properly tested and proven to work well, physicians will be happy to adopt them if it will help improve their workday. Using AI and natural language understanding (NLU), physicians can be prompted in an unobtrusive and efficient manner to capture complete documentation to ensure their patient population gets the care and resources they need. — Travis Bias, DO, MPH, FAAFP, chief medical officer for clinician solutions

2. Clinicians are more likely to accept new tools when they understand the "how" and "why" behind it.

The "how" and the "why" promote the tool. It is skillfully done for obvious reasons. If it wasn't my idea, you must convince me of the overall fabulousness—in making my life or my patients' lives better. And that is not the hardest part. The real challenge is supporting solutions when the tool doesn't function as expected or as desired. Effective collaboration ultimately determines adoption and value. —Beth Wolf, MD, CPC, CCDS, physician consultant

3. Leading health systems build clinical documentation in a consistent way across care settings.

Organizations are more focused on capturing complete documentation of the patient population more than ever. Some organizations are building out physician advisor programs to extend CDI teams, while others are investing in new technology, looking for ways in which to augment the CDI teams' work. Technology

can especially help in instances where a human CDI reviewer may not get a chance to address a hospital admission, such as in the event of a shorter length of stay. The next step is capturing a more complete social risk picture for a patient population. The more clinicians can add to this valuable data set, the better healthcare payment and even social policies can address a population's unique needs. —Travis Bias, DO, MPH, FAAFP, chief medical officer for clinician solutions

4. AI-powered, proactive CDI identifies documentation opportunities while reducing physicians' administrative burden.

Technology, and more specifically AI, can augment CDI work by reasoning over the entire patient encounter and identifying documentation improvement opportunities at the point of care. The key is to deliver this clinical intelligence in a way that is not disruptive and enables physicians to respond easily within their normal workflow. When it comes to balancing physician needs, it's important to listen to them and understand what they're looking for in advanced technology solutions because they may have clinical initiatives that we need to make sure are considered with the product. I think making sure they have a seat in the selection is integral to the success of the project. —Kaitlyn Crowther, RHIA, chief product owner

For organizations interested in launching a technology-enabled CDI program that engages the physicians, a good first step is to analyze the CDI team's current query volumes. The goal is to begin with a few high-impact medical conditions that may be good initial candidates for automation through AI and build from there.