Q&A

Physician engagement

Clinical Documentation Improvement Week

*As part of the third annual Clinical Documentation Improvement Week, ACDIS has conducted a series of interviews with CDI professionals on a variety of emerging industry topics. **Waheed Baqai, MPH, CPH,** the director of clinical decision support in the Department of Patient Safety and Reliability at Loma Linda (Calif.) University Medical Center, answered the following questions regarding physician engagement. Contact Baqai at wbaqai@llu.edu.*

Q **What have been your biggest obstacles to attaining physician buy-in to CDI?**

A *The culture and history of our organization have been the biggest challenge related to CDI implementation at our institution.* We are 108 years old, located in a little city of about 2,000 people, and owned by the Seventh-day Adventists, whose mission is healing and nurturing. The perspective that CDI programs could help improve our case-mix index, CC/MCC capture, and overall revenue left the physicians and administration with the impression that our focus was about making money and not about patient care. It was a massive hurdle. We overcame it simply by focusing our efforts on improving the quality of our documentation, accurately describing the quality of the care our physicians were providing.

There was also a lot of education (did I mention a lot?) on how coding and billing works, the difference between physician bills and hospital bills, what external agencies do with the data, and how all of these rating sites impact potential patients/customers.

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

A *Yes, there is formal and informal education.* For-mal includes grand rounds' presentations and workshops. Informal includes hallway conversations, communication via the electronic medical record, and during one-on-one conversations between CDI staff and physicians/residents out on the hospital floors.

Q **Do you have any uncooperative or unresponsive physicians, and if so, how do you deal with them?**

A *Isn't the better question whether anyone doesn't have those physicians?* Our process has been to not give up on them, but if a personal approach (in person, not just email) does not work after two or three attempts, we work with the service chiefs/medical directors who have agreed to be notified of such situations as they arise. If necessary, our vice president of quality and patient safety may also intervene. In these situations, we try to work on a physician-to-physician level.

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

A *Sure. We had a physician who was completely against the program.* She balked at every query and belittled our program. She didn't understand

the importance of the effort and how we could help improve not only her quality scores, but the hospital's as well.

Frankly, our data and outcomes didn't look good. We knew the data didn't reflect the severity of illness of our patients. We take that data and compare it against other facilities. The physicians want to know how those other hospitals fare, why their data looks so good and ours just didn't. No amazing physician wants to work at a subpar hospital.

Once this physician took some time to see the effect documentation had on severity, she became a great supporter of CDI. She did a complete 180-degree turn in terms of her opinion and was so inspired she started giving monthly CDI/documentation presentations to her group of physicians.

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Q **Have you found a way to help out physicians with their professional E/M billing through CDI?**

A *This question comes up often when we do presentations and we try to clearly explain the difference between hospital billing and physician billing.* While we do not formally perform CDI reviews for physicians billing, we do provide additional education and reach out to specific E/M coding experts to help the physicians in this area. While none have taken advantage of the offer, we feel they are more willing and open to what our team does because of our willingness to help them and not just the hospital.

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