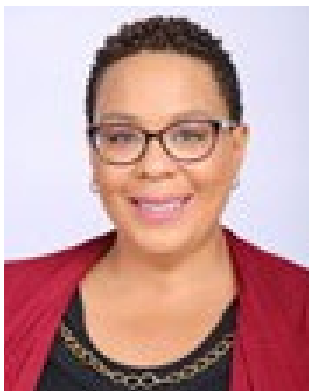




## Serving your customers: Physician engagement

As part of the eleventh annual Clinical Documentation Integrity Week, ACDIS conducted a series of interviews with CDI professionals on a variety of emerging industry topics.

**Keisha Downes, BSN, RN, CCDS**, director of CDI at Wellforce in Braintree, Massachusetts, answered these questions. She is a member of the ACDIS Leadership Council and of the 2021 ACDIS Furthering Education Committee. For questions about the committee or the Q&A, contact ACDIS Editor Carolyn Riel ([criel@acdis.org](mailto:criel@acdis.org)).



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

**A** Engagement has definitely changed during the pandemic. We used to attend multidisciplinary rounds weekly and visit the units regularly for education and query follow-up. Now, many of the interactions that we have are via an online platform or telephone. Although we are currently 100% remote, we continue to seek out different ways to keep the providers engaged. Outside of telephone and online platforms, we occasionally visit the main hospital campus to provide in-person education where allowed.

**Q The percentage of respondents with “highly engaged” medical staff decreased from 20% to 14% year-over-year, according to CDI Week Industry Survey data. What do you think are the reasons physician engagement declined this year, when otherwise we’ve generally seen an increase year over year?**

**A** I believe that the physician engagement declined specifically in the past year because many CDI specialists went 100% remote. While some CDI departments had a hybrid model pre-COVID-19, many departments were new to navigating this new space. In my experience,

building relationships and trust with the providers is easier when you can directly interact with them. Instead of interacting with the CDI specialist when the provider saw them on the floor or even in the cafeteria, the main mode of interaction became solely the query. As we know, the CDI query may feel like just another task to some providers. These tasks may have felt like an additional frustration during a time of medical uncertainty and high acuity that we have not witnessed before.

**Q Each year, we hear that physician 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 physician engagement? What have you done to address and improve this?**

**A** I believe that unfortunately many providers see queries as an additional task added to their already busy day. Documentation clarification and coding is not taught to many providers so the concept seems foreign, frustrating, and time-consuming. Even providing education on what to consider when documenting may feel like yet another task that needs to be done.

The biggest hurdle that we have had to overcome is helping the providers understand that our honest-to-goodness

goal is to ensure the integrity of the medical record and verify that the documentation reflects a complete and accurate reflection of the inpatient stay. To keep this message consistent, when providing feedback during education sessions, we share case studies of cases with an array of impacts—not just financial. We show how documentation helps with exclusions for Patient Safety Indicators (PSI), mortality risk models, and paints the true picture of how sick the patient was. Our providers have been very receptive to this approach.

**Q According to the 2021 CDI Week Industry Survey, 66% of respondents currently have a physician advisor or champion with an additional 10% planning to get one in the future. 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? What are the possible risks of not having a physician advisor?**

**A** We are very grateful to have a part-time physician advisor devoted to CDI along with several physician champions. As a reminder, a physician advisor is a physician who is assigned to CDI to assist with education, engagement, and clinical support. A physician champion is a provider that, while not officially assigned to CDI, understands and values the skill set of the CDI team and is willing to convey that message to their peers.

Having both the advisor and champion have played a vital role in provider engagement. I am sure this rarely happens at other facilities, but here we sometimes hit a roadblock with not being able to get a query response or we will obtain a response that is not aligned with the clinical indicators provided. In these cases, while maintaining a non-leading conversation, I have found that the advisor and champions are able to have a discussion with the query recipient to talk through the case and clinical indicators and arrive at a diagnosis that will help reflect the patient's condition. While this conversation could be done with the CDI specialist, often a peer-to-peer conversation helps with a faster resolution.

**Q Conversely, almost 13% of respondents do not have a physician advisor and do not plan to employ one in the future. What are the risks to CDI or to the organization as a whole of not having a physician advisor? Do you feel it is imperative to have a physician advisor?**

**A** I feel that the presence of our CDI advisor has been a great asset to not only our CDI team but to the coding team as well. While you may be able to recruit a physician champion, that person is only best utilized within their specialty. The advisor would be a universal asset to all providers within the facility. While the message may be the same as the advisor, often the query recipient is more receptive to the peer-to-peer conversation. That professional courtesy may be important and come in handy with challenging providers.

**Q According to the 2021 CDI Week Industry Survey, 65% of respondents share their physician advisor with another department. That number is up more than 20% (from 42% of respondents on the 2020 survey). Why do you think the number of respondents who share a physician advisor has jumped although the amount of organizations with advisors has stayed virtually the same year over year?**

**A** We share our physician advisor with denials, PSI and mortality committees, primary care clinic, and rotation as a hospitalist for inpatients. I feel that the physician advisor has a special skill set: understanding complex clinical diseases while also understanding the importance of documentation and the many rules surrounding accurate code capture. Because of this special skill set, they may be asked to be involved in different areas (as our advisor has been asked to do).

While we definitely utilize our physician advisor as much as possible, I think it may be a challenge for that provider to identify 40 hours per week worth of utilization. The flat curve of facilities with physician advisors indicates that the value in these professionals has been noticed and maintained these positions. I believe this is why other facilities have also expanded the responsibilities of their physician advisor. Facilities have identified

the great work done by these professionals and want to expand their reach.

**Q Do you provide formal education to your physicians? How is education content decided? How have your physician education/engagement models changed due to the pandemic?**

**A** We provide both formal and informal education to our physicians. We provide group education, tip sheets, and one-on-one sessions. We provide the group education to the specific service lines so that the education is geared towards them and their patient population. We also provide service line–specific top queried diagnoses. This helps keep the providers engaged and understand why the education is important as it is directly relatable. We provide tip sheets on the overall facility top queried diagnoses. As these diagnoses are queried for equally across all service

lines, we share them with everyone. There are times when a provider will reach out to ask about specific documentation practices and we provide that one-on-one education as needed.

For fun, we do “Candy Rounds.” We print easy documentation tips on a label sticker and adhere to the candy. When passing out the candy, we state that it is to say “thank you” for responding to the queries in a timely matter. The documentation tips often help initiate an impromptu education session amongst the providers as they compare which tip they have received. While how we present the education to the service lines may be more of a virtual experience, someone will come on-site occasionally to do the candy rounds. Having that engagement helps the providers remember that we are not just a name attached to a query but a true partner in this documentation journey.