

POSITION PAPER



PART 2: Measurement

Summary: This paper is the second in a series on provider engagement. The objective of this series is to define and discuss provider engagement and its value in clinical documentation integrity (CDI). It will identify concerns and challenges to provider engagement in today's fast-paced landscape. The series will offer case studies from organizations of diverse sizes, financial structures, and cultures, provided by members of the ACDIS board and our membership. Each paper will offer strategies and tips to overcome barriers to provider engagement. The series will also identify ways to measure provider engagement so that initiatives can be evaluated for efficacy.

FEATURES

- What are the “hard metrics” of provider engagement? 2
- What does an engaged provider base look like?..... 4
- Summary 6
- Recommendations 7
- Acknowledgments 7

Most CDI programs seek to foster provider engagement in documentation integrity initiatives but differ—sometimes widely—in their methods and approach. Large academic medical centers and teaching hospitals engage residents, who by nature of their role are usually willing to learn and can be held accountable in their practice. But these facilities often struggle with rapid turnover of residents and a corresponding need to continually train new arrivals. Smaller organizations might enjoy a more consistent provider base and better access to providers, but their physicians often maintain private practices and do not always understand how documentation integrity will personally benefit them. Regardless of organizational size, location, or number of service lines, providers must understand the value of complete, consistent, and accurate documentation, and CDI programs must be providers' go-to resource.

With engagement as the clear goal (see Part 1 in this series, *Provider engagement and the “why”*), the next step is to define what constitutes an engaged provider base. Some state that engaged providers are those who respond in a timely manner to queries, emphasizing response rate. Others state that if providers are engaged, queries should decline or become unnecessary as lessons stick and they learn how to document appropriately. However, just looking at one measure—whether query response rate or declining query rate—is unlikely to accurately capture a facility's level of provider engagement.

Organizations that require providers to answer queries or risk suspension of admitting privileges, or organizations staffed by employed providers who must answer queries as part of their job descriptions, might seem to have an advantage in engaging providers—but this is not necessarily the case. Providers who are forced to participate in CDI initiatives or answer queries in given time frames may not offer meaningful responses that lead to documentation integrity. Requiring queries to be answered does not substitute for educating providers on the value of accurate and consistent documentation. A CDI program can be made or broken by how well it teaches providers the effects of documentation, both on their individual profiles and on how others (payers and patients) perceive their care. Communicating this value reduces the “what's in it for me” thought process

among physicians, even among non-employed providers who may believe that CDI exists only to drive organizational financial gains.

Clearly, a culture of collaboration, one that supports CDI as a partner in providers' success, is preferable to rigid accountability. And while there is no "one size fits all" solution by which organizations can best engage providers, CDI staff should look for teachable moments with providers to support engagement that results in accurate and complete documentation. Education and teaching the "why" behind CDI is perhaps the best way to guarantee an engaged provider base.

When determining what is best for your CDI program, assess your providers' engagement in other organizational objectives. Examples include participation in committees such as the medical record committee, or in quality improvement meetings. Providers who are aligned with organizational goals and actively work to achieve these goals (whether contractually or culturally motivated) are more likely to be engaged in the documentation process. Although CDI teams may not be able to change organizational culture, they should recognize how the culture impacts their CDI initiatives. If you are faced with the uphill battle of engaging reluctant providers, implementing a culture of partnership with CDI can help make progress, however slight.

Much like the CDI profession itself, there is no single metric that points to true provider engagement. This paper will outline some of the difficulties of measuring provider engagement while also offering possible solutions, including metrics to consider and what an engaged provider base ought to look like.

What are the "hard metrics" of provider engagement?

So, how do you effectively measure provider engagement? This question has proven difficult to answer. Traditionally, CDI programs have measured provider engagement by analyzing:

- Query rate
- Type/volume of queries generated
- Type of query response
- Timeliness of query response
- SOI/ROM capture
- CC/MCC capture

All of the above can *help* indicate provider engagement if analyzed in the right context. But hard metrics often do not supply the whole picture. Here are some notes on the pros and cons of various hard engagement metrics:

If you are faced with the uphill battle of engaging reluctant providers, implementing a culture of partnership with CDI can help make progress, however slight.



A skillful assessment of the education provided and the documentation patterns after education can offer a glimpse into how well the education is received by the providers and ultimately indicate the level of provider engagement.

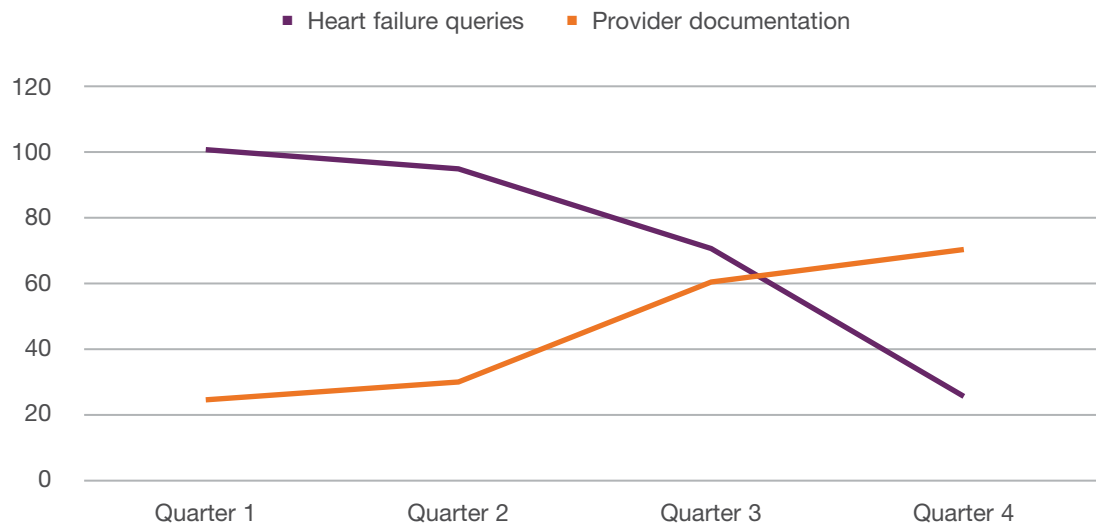
Query response rate is defined as the number of responses received compared to the number of queries placed. While this might seem like a clear measurement, it can be misleading to assume that a high query response rate indicates fully engaged physicians. You need to dig deeper: Out of those responses, how many were agree, disagree, or unable to determine? What percentage of the responses resulted in accurate and complete documentation? A high query response rate with a high disagree or unable to determine rate does not reflect provider engagement—in fact, it can actually show that CDI is issuing the wrong query type or not writing appropriate queries, or that physicians are not understanding the query process and the value of the CDI program. As noted earlier, organizations with residency programs may require that residents answer queries, but that also does not necessarily reflect high engagement. Those residents may answer queries out of obligation, without providing meaningful responses, because they fail to understand the “why” behind the query process.

Timeliness of query response can be an indicator of provider engagement, but again, it may not be truly reflective. Physicians may respond within seconds to a CDI query, but if almost all their responses are “unable to determine,” those queries have not resulted in better documentation. Instead, providers are trying to get through their query queues without paying attention to the queries’ content—a clear sign of disengagement from the CDI process.

Declining query rate may actually be a good indicator of provider engagement. To engage providers in the CDI process, CDI leaders frequently organize educational sessions or provide education during department meetings, often offering CMEs to providers to further encourage attendance. The education is typically designed to “train” providers regarding the documentation needs for a given condition. If successful (i.e., if providers retain the information and use it in their documentation practice), then query rates associated with that condition should decrease. A skillful assessment of the education provided and the documentation patterns after education can offer a glimpse into how well the education is received by the providers and ultimately indicate the level of provider engagement.

As seen in the chart below, subsequent to focused education on heart failure documentation, CDI leadership noted a steep decline in the need for provider queries for this condition and an increase in provider documentation of heart failure specificity. These changes were gradual, demonstrating a peak decline in queries for heart failure in the fourth quarter. Organizations that measure CDI performance based on query rate will need to regularly assess their performance metrics to account for a declining query rate due to improved documentation practices.

Heart Failure Specificity Queries vs. Provider Documentation



“Outcomes should be used as a starting point to take a deeper dive into how providers are being educated.”

Improved outcomes. Do outcomes (i.e., CC/MCC capture rate, CMI improvement, Patient Safety Indicator [PSI] rate, O/E measures, or a combination of these items) provide an accurate picture of provider engagement? It depends on the facility type and on the specific outcomes examined. We can safely assume that a high O/E ratio reflects poor documentation practices and low provider engagement, especially if there is actually a high-acuity patient population. A high query response rate coupled with a low CC/MCC or SOI/ROM capture rate can point to a problem with either the type and quality of queries sent or a lack of provider engagement in best documentation practices. A low PSI rate may mean that providers are hesitant to document PSIs, even when warranted, due to the fear of harming their public scorecard. But it may also signal engagement if providers have taken to heart CDI education on expected vs. unexpected outcomes of surgery.

In summary, hard metrics are an important piece of the puzzle, but CDI leaders must not fixate on outcomes as a sole indicator of provider engagement. Instead, outcomes should be used as a starting point to take a deeper dive into how providers are being educated. And as the next section will show, “soft metrics” and CDI are equally important in measuring provider engagement.

What does an engaged provider base look like?

When asked about provider engagement, hospital leadership often uses query response rates as an indicator. However, when we talk about a child who is “engaged” in school or an adult who is an “engaged” employee, we are not typically describing someone who simply submits the required work or completes



the essential tasks. Therefore, in CDI, an engaged provider is not one who merely responds to queries. In fact, provider engagement cannot be measured with a single outcomes measure. Instead, it must be viewed holistically and include “soft” or subjective measures.

Provider engagement reflects an emotional commitment to the program and its goals. This commitment drives action that will further program success. Therefore, before providers can be engaged, they must first understand the goals of the CDI program and how those goals relate to the organization. Once knowledge is attained, they must actively seek ways to help meet these goals. In turn, an engaged provider base trusts, respects, and supports CDI professionals, seeking them out as subject matter experts and critical members of the hospital team. This is evidenced by a system in which CDI is integrated into both culture and workflow.

Though there is no definitive way to determine provider engagement in the CDI process, various indicators can suggest whether CDI is meeting with success. These include the following:

- Presence of physician advisors or physician champions. Even (or especially) if physician advisors are not full-time or part-time salaried members of the CDI department, service line champions who voluntarily serve as “point people” for CDI initiatives often are a clear indicator of engaged providers.
- CDI involvement in hospital committees related to clinical practice and quality, not just the revenue cycle.
- Medical staff proactively inviting CDI to attend medical/department meetings and including CDI as speakers/presenters when appropriate.
- Administrative consideration of CDI as integral to the success of an organization. Leaders of these organizations will provide appropriate CDI staffing, supply educational resources, and promote accountability with providers.
- Accessibility of providers to the CDI team. This may look different depending on the organization (for example, some providers may prefer that CDI specialists engage them on the floor, while others prefer contact through email/phone). The key factors are an understanding between the CDI team and providers regarding preferred methods of communication, that CDI works to use the provider’s preferred method of communication, and the provider works to answer CDI’s queries in good faith.

Let’s look at a specific example of an organization with an engaged provider base.

A hospital is considering a transition to Sepsis-3 criteria. They acknowledge this decision will have implications beyond patient care. Medical staff leadership contacts CDI leadership to inform them of the transition and asks that CDI be part of the conversation. A CDI representative joins the committee, attending biweekly

Provider engagement reflects an emotional commitment to the program and its goals. This commitment drives action that will further program success.



meetings with an interdisciplinary group including physicians, pharmacists, nurses, laboratory techs, and hospital administration. CDI shares their knowledge, helping to ensure that diagnostic terminology will translate appropriately into the code set, diagnoses will be defensible against denials, and physician documentation will be consistent. The CDI representative keeps the CDI team apprised of clinical updates so that the CDI staff may adopt Sepsis-3 criteria when querying for sepsis. CDI is further asked to assist in promoting provider adoption by utilizing these criteria in clinical validation efforts. A plan is established to track which providers consistently diagnose sepsis when Sepsis-3 criteria are not met so that these providers can be targeted for education. CDI staff commits to work with a designated physician advisor to develop and deliver this education.

The above example shows the physician team understood downstream clinical care implications on documentation, reimbursement, denials management, and more. They demonstrated commitment to the organizational goals of documentation integrity. Accordingly, physician leadership reached out to CDI as valued subject matter experts and integrated them into the team working on this issue. Instances like this, coupled with some additional indicators (listed above), would point to overall provider engagement at an organization.

It is possible to blend soft engagement indicators such as the above with hard metrics reporting. For example, you may wish to track the percentage of medical staff that attend CDI training sessions and trend that over time. Other measurements could include the number of meetings CDI staff attend with providers, or the total percentage of providers trained.

The end goal of any engagement effort is for providers to be willing and vested participants in the CDI process.

Summary

The end goal of any engagement effort is for providers to be willing and vested participants in the CDI process. One size does not fit all, so try again if you meet with initial failure. Be flexible in your approach and tactics: What works with one service line may not work for another.

Communicate changes in documentation practices and outcome trends with your providers and administration. Share results. Remember that engagement is not a final outcome, but an ongoing process. An influx of new residents, or a newly hired hospitalist, ensures that CDI's work in engaging and educating providers is never complete.

What is an ACDIS Position Paper?

An ACDIS Position Paper sets a recommended standard for the CDI industry to follow. It advocates on behalf of a certain position or offers concrete solutions for a particular problem. All current members of the ACDIS Advisory Board must review/approve a Position Paper and are encouraged to materially contribute to its creation.



Recommendations

This paper recommends a blended approach to measuring provider engagement. While no specific recommendation will perfectly fit every organization, consider the following:

1. **Establish 3–5 hard metrics.** This might include query response and timeliness, decreasing query volume for common diagnoses, and an O/E mortality ratio that improves over time, for example.
2. **Monitor soft metrics.** Are your physicians offering time on the agenda for CDI to provide 10 minutes of focused education at their service line meetings? Is CDI viewed as a valued partner at the table? Do providers attend CDI educational sessions?
3. **Evaluate performance over time.** As noted, a decline in query rate for a specific diagnosis may be a great indicator of engagement as CDI education sticks, but only if the capture rate of the diagnosis remains consistent or increases. Recalibrate your engagement efforts according to the progress made.

“A decline in query rate for a specific diagnosis may be a great indicator of engagement as CDI education sticks, but only if the capture rate of the diagnosis remains consistent or increases.”

Acknowledgments

ACDIS would like to thank the following Advisory Board members for principal authorship of this position paper:

- Katy Good
- Fran Jurcak
- Chinedum Mogbo

The contents of this paper were reviewed and approved by the entirety of the ACDIS Advisory Board.