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Realizing Value Through Innovation

Four key elements for successfully engaging physicians in a CDI program *By Michael Powell, MD*

I ncreasing scrutiny of hospital and physician performance has made complete and accurate clinical documentation essential to succeeding in today's healthcare environment. Physician documentation directly influences hospital reimbursement and physician billing, and determines outcomes data published in hospital quality profiles. Clinical documentation also plays a major role in appropriate patient placement and medical necessity determination under the "two-midnight rule" and in managing safety, risk, and denials. The challenge facing hospitals and health systems is developing documentation strategies that achieve physician buy-in, an essential ingredient for success. Here are four proven elements for effectively engaging physicians in a clinical documentation improvement (CDI) initiative.

Step One: Involve Physicians in the Design of a CDI Quality Initiative

Too many hospital executives mistakenly believe they can build a CDI infrastructure within their finance or revenue cycle department, bring in external consultants, and hire and train CDI specialists—all without attaining physician input. CDI programs that are launched on the assumption, "If you build it, they will document," will struggle to achieve success.

A more effective strategy is to make CDI part of a broader quality initiative, which will appeal to physicians since patient care is their top priority. The first step is involving physician leaders such as the CMO and Medical Executive Committee in the planning and design process. Once engaged, they must show visible and vocal support, keeping CDI at the forefront of physician communication. Hospital administration should be aligned around a common mes- ➔

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sage: Strengthening CDI is about quality, not revenue, and physician participation is not optional. Stress that the initiative doesn't require significant hours or coding knowledge. Even when communicating the "right" message, hospitals should be prepared to address standard push-backs: "This is really all about money for the hospital;" "This has nothing to do with patient care;" or the question, "What's in it for me?"

If a CDI initiative is structured properly as a patient-centered, physician-directed quality initiative, the revenue will follow. Reimbursement should improve through better documentation. Just as important, however, it will lead to:

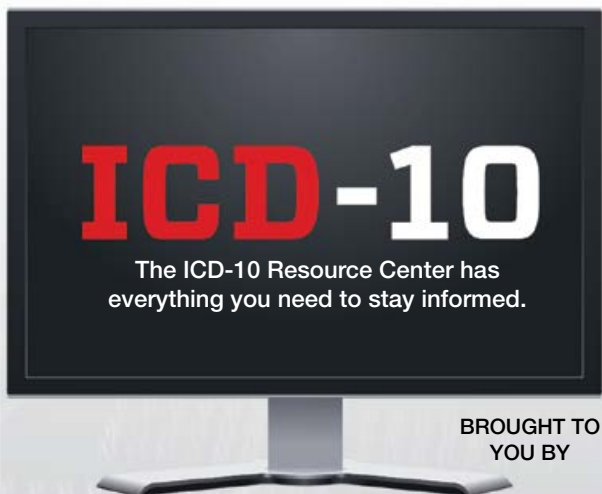
- Better outcome indicators in quality ratings, on consumer websites, for managed care contracting and risk sharing/value-based purchasing
- Enhanced support for length of stay (LOS) and medical necessity
- Fewer denials
- Added support for physician billing
- Improved safety and risk management
- Better quality of care for the patient

Step Two: Identify and Train a Physician Champion

Every CDI program needs an effective in-house physician advocate. Choose a physician champion (PC) who is an excellent clinician and respected by colleagues as a leader, a skilled communicator and educator. This physician should be passionate about clinical documentation (i.e., be a good documenter) and comfortable working on a team with other healthcare professionals. The PC must be adept at diplomacy since the role requires discussing sensitive documentation issues with colleagues. A PC can be a key medical staff member, as long as CDI responsibilities are a daily priority. Some hospitals may want to consider two champions – one for medical and one for surgical – to address different documentation issues. The PC will commonly be compensated for their time (avoid choosing the physician whose first two questions are, "How much does it pay?" and "How much time do I have to spend?")

The PC needs dedicated training, usually physician-to-physician, either from a consultant or through self-directed educational offerings. The PC then becomes the physician driver for complete and accurate documentation within the organization's medical community. The role of the PC includes: →

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- Ongoing education of providers (physicians, residents, mid-levels) via case and data presentations at medical staff and departmental meetings
- Serving as a clinical resource for CDI specialists, leveraging peer-to-peer relationships to resolve unanswered queries and handle appeals management
- Tracking data reports and taking action where necessary, to ensure accurate capture of severity of illness (SOI), risk of mortality (ROM), and other relevant indicators that impact quality outcomes data

Step Three: Develop a Comprehensive Physician Education Program

Physician engagement depends on highly confident and competent CDI professionals. These specialists are responsible for reviewing documentation and constructing evidence-based and compliant queries that concurrently prompt physicians to close documentation gaps. Whether they are clinical nurses, health information management (HIM) professionals, or physicians, they should always have a solid clinical background and be comfortable approaching physicians. There are numerous specialized tools available to help produce queries and track physician responses.

Training programs should reinforce the message that CDI education is about bolstering quality of care and patient outcomes. Begin with 30-minute sessions that focus on complete capture of patient severity of illness to ensure accurate outcomes data and quality reporting. This is more enticing than asking physicians to spend time learning about “coding and documentation.” The hospital may need to use its relationship and leverage with physicians to encourage – even require – them to attend an educational session. Most physicians will recognize the benefits of CDI after attending a high-quality educational session—the challenge is getting them to the first one.

From a physician perspective, a high-quality educational session would include:

- A peer-to-peer presentation, led by a physician and followed by discussion of case examples and hospital-specific CDI process issues
- Specialty-specific content, which is evidence-based and ICD-10 updated
- Robust data (drilled down to the physician level) and case examples

- Handouts, including specialty-specific “cheat sheets” for documentation

The physician champion and CDI specialists should attend training sessions to cement relationships with physicians and establish themselves as the hospital’s CDI experts. Also, attendance by senior administrative and medical leadership sends a powerful message to physicians about the value of the program.

Step Four: Performance Monitoring and Support

One of the greatest challenges of any CDI initiative is sustainability. Regardless of how engaged physicians are in the initial stages, it is critical to keep them involved and participating over the long-term. Hospitals should share frequent and reliable performance data updates at least quarterly. The PC will monitor this data and provide ongoing feedback to physicians while designing educational opportunities and improvement processes. Hold joint sessions with the quality/performance improvement department to present individual performance data. This will demonstrate to physicians—particularly those challenging the data—how CDI can improve their performance scores.

Other strategies include scheduling orientation sessions for new physicians and offering online access to specialty-specific physician training modules. Recent advances in EMR technology have enhanced drop-down menus to provide more clinically relevant diagnoses and automated tools can prompt with CDI intelligence during the documentation process. Hospitals can also use advanced analytics—such as root cause analyses of poor quality scores—to engage physicians in identifying and addressing CDI opportunities, and build CDI performance incentives or requirements into physician employment contracts.

Successfully engaging physicians in a CDI program is not an easy task. It requires a comprehensive, multi-level, quality-centric strategy that asks all stakeholders to invest in a shared vision for achieving better patient outcomes. It requires early and meaningful involvement of physicians and ongoing communication by senior administration. Careful selection and training of a physician champion and CDI specialists, combined with high-quality medical staff educational sessions, will promote physician buy-in. Finally, ongoing monitoring and support with continuous feedback at the individual physician level will ensure initial success and sustainability over time. EI

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