Learning Objectives

- At the completion of this educational activity, the learner will be able to:
  - Understand the “physician personality”
  - Discuss strategies to engage physicians in CDI
  - Discuss strategies to incorporate the CDS into the medical team
  - Manage the “difficult” physician
  - List the nine “keys to success”

Disclaimer

- The opinions expressed here are my own
- The model we built is very successful
- Some of this may be feasible at your institution ... 
  - ... some of it may not
  - Trial & error
  - Informal, interactive
  - Interrupt with questions any time

No disclosures
Sometimes We End Up in Places We Didn’t Plan to Go …

... Places We REALLY Didn’t Plan to Go

CDI at Cooper

- Launched in 2014
- Hybrid team (remote & on-site)
- Inpatient and ambulatory
- Patient Safety Indicators/hospital-acquired conditions and infections
- National presentations
- Peer-reviewed publications
- **100% physician response rate to queries**
The Issues

- The healthcare environment is constantly changing
- We have many competing priorities
- We want our patients to have good care and do well
- The stakes can be VERY, VERY high
- Unpredictability and change is STRESSFUL
- We struggle with a lack of needed skills

The Reality

What we are taught ...
- Basic sciences
- Clinical medicine
- Procedural skills
- Communication

& what we are not ...
- DOCUMENTATION
- Compliance
- Appropriate/efficient use of the EHR
- Value-based purchasing
- Coding/billing
- Revenue cycle
LAS VEGAS – Doctors are dreading what some have started to call EHR “pajama time.” “That’s the hour or two that physicians are spending—every night after their kids go to bed—finishing up their documentation, clearing out their in-box,” according to Dr. Christine Sinsky, vice president of professional satisfaction at the American Medical Association.

Physician Burnout

- 46% of physicians are experiencing at least one symptom of burnout
- Common drivers include paperwork, feeling undervalued, difficult patients, medico-legal issues
- 300–400 physicians die by suicide each year in the U.S.

CDI Foundation

- Engage physicians early, understanding that:
  - We want the healthcare system to do well
  - We want our patients to receive great care
  - We need HELP achieving these goals (but most of us don’t know how or don’t want to ask for it!)
- Be mindful of physician workflow
- Be sensitive to deficiencies in skills
- “We are here to ease the burden, NOT add to it”
Building the Team

Team Members
- Coders
- Medical Director & CDS(s)
- Compliance
- Physician Champions

Administrative Support
- Who “owns” CDIP at your organization?
- Is there a plan to promote CDIP?
- Whom do the physicians ultimately answer to?
- Are you able to obtain necessary resources?
- Are you considered a “value-added” service?
Medical Director

- This person has to **OWN** the role
- Should be hired by senior administration
- Should be
  - A practicing clinician
  - Well known by the medical staff
  - LIKED by the medical staff
  - A leader and communicator
- Disclaimer: May need **EDUCATION**

Medical Director

- Should make the team visible in the organization
- Establish relationships with all stakeholders
- Provide/be present at physician education activities
- Serve as an intermediary between physicians and the team
- Be deployed to handle the difficult physician
- Share results with administration, physician leaders
  
  “Give credit where credit is due ...”

The CDS/Physician Relationship

- It’s all in the **EXECUTION**
- CDS with clinical background
  - Consider hiring from within
  - ICU experience is a +
- Assign by specialty/area
- Medical director facilitates initial meeting
- Incorporate CDS into rounds when appropriate
- Department/division meetings
- Be prepared with **FEEDBACK**
P.S. and the Trauma Service

- Former ICU RN
- Outgoing but succinct
- Rounds once/week
- Personal calls/emails
Establish an Escalation Process

1st notice: Email to physician
2nd notice: Email to physician & medical director
3rd notice: Email to physician, chairman/division head, & medical director
CMO notified of noncompliance

Feedback

• Get your team on the agenda for:
  – Division/department meetings
  – Grand rounds
  – Medical executive committee
  – Any forum where physicians are present
• Use this time to identify physician champions
• Use this time to promote your CDSs
• Solicit feedback on your program

Feedback

• Prepare clean, concise reports:
  – CMI shift
  – Most common queries
  – Response rate
  – Agreement rate
  – Quality & safety metrics
• Try to use clinical examples and actual notes
• Make it a dialogue
• Be prepared to answer: “Why should I care?”
Table 1. Summary of FDI Results by Surgeon (n=9)

<table>
<thead>
<tr>
<th>Variable</th>
<th>S1</th>
<th>S2</th>
<th>S3</th>
<th>S4</th>
<th>S5</th>
<th>S6</th>
<th>S7</th>
<th>S8</th>
<th>S9</th>
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<tr>
<td>No. of Queries</td>
<td>34</td>
<td>25</td>
<td>66</td>
<td>20</td>
<td>17</td>
<td>24</td>
<td>38</td>
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<td>CMI Shift</td>
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<td>0.45</td>
<td>0.58</td>
<td>0.07</td>
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<td>0.33</td>
<td>0.14</td>
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<td>Clinical FTE (%)</td>
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<td>0.90</td>
<td>0.95</td>
<td>0.50</td>
<td>0.50</td>
<td>1.00</td>
<td>0.95</td>
<td>1.00</td>
<td>0.60</td>
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<td>Financial Impact (USD)</td>
<td>50,483</td>
<td>91,888</td>
<td>213,627</td>
<td>91,612</td>
<td>24,536</td>
<td>170,955</td>
<td>221,248</td>
<td>169,532</td>
<td>98,700</td>
<td>154,092*</td>
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<tr>
<td>Response Rate (%)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<td>Agreement Rate (%)</td>
<td>97%</td>
<td>84%</td>
<td>97%</td>
<td>76%</td>
<td>82%</td>
<td>93%</td>
<td>80%</td>
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<td>96%</td>
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<td>MCC</td>
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<td>8</td>
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<td>9</td>
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<td>5</td>
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<td>2</td>
<td>2</td>
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<td>1</td>
<td>2</td>
<td>4</td>
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</tr>
</tbody>
</table>

*Average per clinical full-time equivalent (FTE)

Figure 2. Most Common MCCs captured
Professional vs. Facility

- Realize that physicians may not understand:
  - Professional coding/billing
  - Facility coding/billing

- Be prepared to offer assistance with both
  - How are these teams different?
  - How do they overlap?
  - **Unify** as much as possible

Expanding the Scope

- Find ways to stay relevant
- Promote and support education for your team
- Get **outside** the walls

- Areas for expansion:
  - Quality & safety
  - Revenue integrity
  - Ambulatory
  - Professional services
The Disruptive Physician

- 80% of physicians NEVER have a disruptive incident
- 16%-18% will have a singular event (provoked by circumstances or personal issues)
- 2%-4% will display REPEATED disruptive behavior

What DOES NOT Work

- Becoming confrontational
- Using terminology that is unfamiliar or confusing
- Delivering mixed messages
- Lack of rationale behind requests (no behavior changes without reason and logic)
What Works

• Non-confrontational approach
• Peer to peer
• Acknowledge concerns, **LISTEN**
• Do not be intimidated
• “Choose carefully the hills you are willing to die on …”

Keys to Success

• Administrative support
• Engaged medical director & physician champions
• Clinically oriented CDSs
• Friendly, unobtrusive query process
• Tangible, regular feedback
• Escalation process
• Expand scope over time
• Ongoing education
• **SHARE KNOWLEDGE**
Thank you. Questions?
fox.nicolet@cooperhealth.edu

In order to receive your continuing education certificate(s) for this program, you must complete the online evaluation. The link can be found in the continuing education section at the front of the program guide.