Learning Objectives

- At the completion of this educational activity, the learner will be able to:
  - Define the operational responsibilities of the resident physician in modern-day clinical documentation
  - Discuss the unique advantages and challenges of CDI specialists in the teaching hospital setting
  - Identify the role of the resident physician in the multidisciplinary clinical documentation team
  - Discuss strategies for collaboration and partnering between CDI and the resident physician
The Role of the Resident Physician in Clinical Documentation

In 2011, a survey of resident physicians demonstrated documentation as one of the most frequent skills of first-month residents yet with the least amount of attending physician supervision.

Unique Resident Physician Challenges

• Lack of clinical experience results in more time and effort needed for resident physicians to render care
• Lack of clinical experience increases the likelihood that documentation will not consistently identify clinical indicators or disease patterns, impairing the reliable capture of important diagnoses
• Teaching institutions are referral centers with high-complexity patients needing the highest degree of specification
• Training in clinical documentation is frequently lacking within the residency program educational curriculum

Challenges of the EMR and Healthcare Reform in Resident Documentation

• Electronic technologies are diminishing the communication effectiveness of even experienced physicians’ clinical documentation
• Electronic platforms are making physician documentation more readily accessible for third-party review and audit
• Resident physicians often do not appreciate the impact of their documentation on downstream quality, resource, regulatory, and reimbursement ramifications
The Role of the Resident Physician in Clinical Documentation

- Role dilemma:
  - Teaching institution and program structures often operationalize much of the clinical documentation responsibilities to be performed by resident physicians
  - Early learner physicians have less experience with highly effective clinical documentation and face unique challenges

- BUT ... clinical documentation is important to patient care
  - Clinical documentation is an important medium of communication between healthcare providers
  - Documentation ALSO serves as a legal record of events occurring during a hospitalization
  - Written documentation is the KEY medium of transitions of care
  - SO, clinical documentation is actually a part of clinical care and as treating providers, resident physicians are responsible for rendering this documentation

- So what about the clinical documentation’s role in the coding of the medical record?
  - Resident physicians are often the primary providers and therefore responsible for rendering documentation to best depict their patient’s diagnoses and treatment during a hospitalization
  - BUT, lack of experience does not abolish responsibility, and in 2014 the ACGME/ABIM reported “appropriate utilization and completion of health records” as a trainee milestone for independent practice
The Role of the Resident Physician in Clinical Documentation

- What about the attending physician?
  - Attending physician attestation:
    - “I have seen and evaluated and agree with the above assessment” is not always enough...
    - Attending physician attestation offers the opportunity for experienced clinicians to express more deliberate specification in the documentation of clinical indicators, complicating conditions, acuity, and the relationship between disease processes
  - IMPORTANT: Resident physicians are able to respond to CDI queries, while only the attending physician can respond to HIM/medical coding queries post-discharge

Scenario #1

- You hire a new CDS. She has never worked in the academic setting and is performing concurrent review on a teaching service. She is unsure whom to reach out to for clinical clarification and wonders who is responsible for documentation. What do you tell her as her manager?
Unique Advantages and Challenges of CDI in the Teaching Hospital Setting

Key Factors for Consideration

* The impact of trainees, complex physician staffing structure, and the mission of an academic medical center on CDI workflow
  * Often difficult to know whom to address queries to
    * Very service-dependent
    * Multiple service lines and disciplines involved with each patient
  * More opportunities to educate providers
  * More transitions of care

Key Factors for Consideration

* The impact of a patient population that is more resource-intensive with higher CMI and SOI/ROM on CDI workflow
  * More opportunities to query for clarification
  * Need for CDSs to have current clinical knowledge of disease processes
  * CDS positions need to be staffed with those who have relevant clinical experience for the service being covered
  * Clinical queries are often complex given the complexity of patient presentation
Scenario #2

During an employee's annual review, she voices frustration with the challenges of dealing with the rotating workflow of physicians and the multitude of clinical services in her institution. She thinks CDI should adopt new strategies to optimize efficiency. What are some ideas for innovation?
Strategies for Collaboration and Partnering Between CDI and the Resident Physician

• The role and responsibilities of resident physicians to respond to CDI queries
  – Institution-specific: Encourage CDI to partner with a physician advisor with graduate medical education oversight to develop a structure for query response AND the escalation process
  – Advocate for a model in which the resident physician who is the primary/first author is included early in the query process

• The role and responsibilities of resident physicians to respond to CDI queries
  – Recognize that teaching teams are not the same as working one on one with hospitalists
  – Teaching teams often have multiple trainees at different levels working together AND share responsibility for clinical care and documentation
  – Supervising physicians often include faculty with multiple responsibilities beyond overseeing inpatient care, including additional clinical, administrative, educational, and research responsibilities

• The role of CDI and clinical queries in resident education on clinical documentation
  – Clinical documentation queries offer the opportunity for physicians in training to receive feedback on their documentation
  – Queries can help resident physicians recognize opportunities for improvement in their documentation
  – Queries assess for skill in effective communication, medical knowledge and clinical reasoning, AND professionalism
Strategies for Collaboration and Partnering Between CDI and the Resident Physician

• The role of CDI and clinical queries in resident education on clinical documentation

“Deliberate practice”

• Practice difficult areas
  • Repetitive performance of intended cognitive or psychomotor skills
  • Rigorous skill assessment
  • Specific feedback
  • Better skill performance

Strategies for Collaboration and Partnering Between CDI and the Resident Physician

• The role of the physician advisor and teaching physician in facilitating the resident physician-CDI relationship
  – Role modeling by attending physicians and resident leadership to reinforce the importance of collaborating with CDI is key
  – Supervising physician leadership that instills the importance of CDI in the multidisciplinary model of care will increase the likelihood of a constructive relationship between CDI and residents
  – Supervising physician has final discretion in the escalation process regarding resident accountability for clinical queries

Strategies for Collaboration and Partnering Between CDI and the Resident Physician

• The role of the physician advisor and teaching physician in facilitating the resident physician-CDI relationship
  – Consider collaborating with your physician advisor:
    • Advocate for a role for CDI to provide onboarding and continuing educational curriculum for resident physicians
    • Consider face-to-face introductions, creating learning aids, and rounding with the resident team
    • Collaborate to align educational opportunities for CDI to complement traditional platforms within the residency program
Strategies for Collaboration and Partnering Between CDI and the Resident Physician

- CDI works with clinician leaders at WFBH to create pocket cards for providers that aid in point-of-care clinical documentation.

Scenario #3

- You are having difficulties with the clinical query response from a particular service line composed of teaching teams. What strategies could CDI use to facilitate constructive progress?
Thank you. Questions?
jcrista@wakehealth.edu
thicks@wakehealth.edu

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