

POSITION PAPER



PART 1: Introduction

Summary: This paper is the first in a series on provider engagement. The objective of this series is to discuss and define 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 of organizations of diverse sizes, financial structures, and cultures, provided by members of the ACDIS board and our membership, offering strategies and tips for how these barriers may be overcome. It will also identify ways to define and measure provider engagement so that initiatives can be evaluated for efficacy.

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Healthcare has always been a physically, intellectually, and emotionally demanding industry. Long days and intense work environments are just “part of the job” when it comes to caring for patients’ complex medical needs. In recent years, due to numerous factors, increased pressure has been put on physicians as they provide care to patients within the changing healthcare landscape. Dig into any healthcare journal, or even into mainstream publications, and you will find many articles on the topic of physician burnout, which is estimated to impact 78% of physicians at least some of the time (Jha et al., 2018). A report issued by the National Academies of Sciences, Engineering, and Medicine (NASEM) in October 2019 revealed that 35%–54% of doctors and nurses experience burnout. The report also indicated that 60% of interns and residents experience burnout, which portends poorly for the future of healthcare workers (NASEM, 2019).

Work dissatisfaction, emotional exhaustion, and depersonalization associated with burnout are often blamed on an increase in “administrative tasks.” Many of these tasks are necessary to improve on safety and quality standards for patient care. However, they have also placed an ever-increasing burden on providers. One of providers’ most common complaints is the amount of time they must spend documenting care in the electronic health record (EHR). For example, a 2017 *Annals of Internal Medicine* study demonstrated that emergency department physicians spend 43% of their time entering data into the EHR (Erickson, Rockwern, Koltov, & McLean, 2017). A 2018 study also in *Annals* found that providers in ambulatory settings were spending over two-thirds of their time on paperwork as opposed to interacting with patients (Sinsky et al., 2016).

Within this complex and challenging climate, CDI professionals are asking providers to devote additional attention to documentation detail. Even if organizations possess well-trained and highly motivated staff, an effective EHR, and responsive leadership, CDI program outcomes depend on provider engagement with CDI initiatives. Queries must be responded to, education must be received with open ears, and the CDI team must be viewed as valuable professionals if a CDI program is to succeed. Involved providers will answer queries in a timely manner, are interested in learning about common

documentation opportunities, and seek out CDI staff to assist in accurately describing and capturing patient severity of illness.

Despite widespread understanding that physician engagement is essential to an effective CDI program, CDI professionals continue to struggle daily with securing this engagement. Physicians who already feel overburdened with administrative tasks may resist participating in documentation integrity initiatives. This has led many CDI programs to investigate innovative methods that engage physicians more efficiently, allowing the programs to achieve accurate and complete documentation while respecting physicians’ time and workflow.

Building the CDI-provider relationship

Provider engagement builds the relationship between healthcare providers and healthcare organizations. Proven benefits of engaged providers include enhanced patient care and improved patient outcomes.

A CDI program’s success hinges upon providers who are well informed of documentation requirements and view the CDI department as a resource. But achieving this goal is challenging, as providers often see documentation as an administrative task that interferes with their ability to spend time with patients. CDI professionals must take the time to demonstrate the impact of specific and accurate documentation and how it translates to the reported quality of care.

What provider engagement looks like varies from organization to organization, depending on CDI staff’s job descriptions and responsibilities. While most CDI programs include some form of written or electronic query process, some spend more attention on record review query creation, while others prefer that their CDI staff spend the majority of their time interacting directly with providers through rounding, 1:1 dialogue, or presentations at provider meetings.

Programs that are focused on provider interaction are likely to measure engagement through attendance at educational sessions, while record review-based programs typically monitor provider query response rates and acceptance rates. Both types of programs are likely to monitor program outcomes including improved case-mix index, capture rates, and quality scores.

CDI professionals expend substantial time and energy identifying, creating, and submitting queries. When providers ignore them, or reply inappropriately, the result is frustration and occasionally CDI staff burnout. If providers remain disengaged after a series of educational sessions, or if there is lack of support from the administrative team, CDI staff can lose focus and energy. Even more worrying is the fatigue that comes with placing the same kind of query day in day out—an indication that providers are not fully engaged in the CDI program.

In these instances, the “why” behind CDI likely needs work. If providers understand the value of accurate and complete documentation, they are more likely to respond appropriately. Processes that allow for easy identification and communication of the query, with a quick and appropriate response from the

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provider, result in accurate reporting of conditions, a positive working experience, and greater CDI job satisfaction.

While queries can be a resourceful way to support provider knowledge of documentation integrity principles, true engagement should result in a reduction of queries, easing potential query fatigue and provider burnout. Providers must view CDI professionals not as a mere financial tool leveraged by administration, but as partners in improving patient care.

Successful organizations with high provider engagement provide education—structured or unstructured—that demonstrates how documentation impacts observed to expected length of stay. These sessions can be an eye-opener for providers. Use of real-life examples demonstrates how their documentation impacts the reporting of the quality of care provided. Some successful CDI programs take advantage of the physicians’ competitive nature by sharing provider comparative data, which can spur engagement in CDI program initiatives and ensure better documentation.

In this ongoing series, we look forward to sharing some of the successes and challenges CDI programs have experienced, and how they have managed to leverage resources, develop workflows, and integrate with their clinical team to meet documentation needs. We will share case studies of programs including “at the elbow” clinical integration, programs that operate with 100% remote staff, and hybrid programs combining both of the above. These programs have one thing in common: They all recognize that provider engagement is at the heart of their success.

Part two of this paper will cover the need for varying models of provider engagement based on organizational size and resources, as well as methods for measuring provider engagement.

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References

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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.

