HELPFUL HINTS

Communication problems? Follow the script!

Every CDI program needs to respond to certain common physician criticisms and questions: everything from physician complaints about their lack of time to answer queries, to the accusation that CDI is only about the money.

Veteran CDI professionals often develop rote responses to these types of interactions—anecdotes coupled with knowledge, data, and skills—that help resolve on-the-spot conflicts and provide physicians with the information needed to better understand CDI program goals.

"I drank the Kool-Aid a long time ago, so I eat, drink, and sleep CDI," says **Charrington "Charlie" Morell, RN, CCDS,** director of CDI at HCA West Florida Division Office in Tampa, Florida. But some staff members "get tongue tied when a physician starts questioning them," she says. "Our providers sometimes seem to think that we're just making this stuff up and that we're just doing these queries to irritate them."

So Morell, charged with educating and supporting her staff across the facilities, created a tip-sheet of sorts that scripts common discussion points with concrete, succinct answers including a sentence or two related to each of the most common physician push-back sentiments.

"These were really the most common questions and problems my CDI teams were calling me about," says Morell. "Sometimes they would have a situation and it wouldn't go as well as planned and they would say 'what would Charlie say?' So, this was my answer."

The entire team has access to the tool on the organization's SharePoint server (along with many other resources), but Morell works with newer staff, too, leveraging the script to help them anticipate the physicians' complaints and come prepared with easy-to-understand answers that help them explain why queries were issued and why each query requires a timely, meaningful response.

"It's really helpful for new or insecure CDI specialists who aren't comfortable with the providers, as a document for role-playing. It gives them consistency and some confidence," she says.

To go along with the scripting document, Morell has developed resources that include links to the applicable *Official Guidelines for Coding and Reporting*, the CMS inpatient prospective payment system final rule, and a document titled "Responsibilities of the Attending Provider," which cites the 2004 International Federation of Health Records Organizations Congress and the AHIMA Convention Proceedings (October 2004) outlining the official duties of the attending physician when it comes to documentation. When a CDI team member is having trouble with a physician or a group of physicians who ask why they in particular are receiving a query, the CDI specialist can easily provide these resources, including the links, so the physicians

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understand that queries are an industrywide standard practice.

"The CDI specialists need the website links so they have something to back up what they're saying," Morell says. "That way, when they use one of the stock answers provided in the scripting document, they can immediately provide the supportive materials to avoid further pushback."

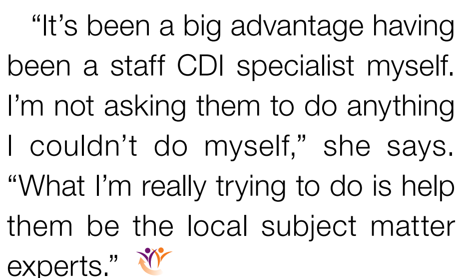
The script also helps keep Morell's staff aligned in their dialogues with physicians, ensuring that physicians receive the same important information regardless of her staff's experience level or physical location within the hospital system. It establishes a consistency of message that unifies the CDI team and the medical staff they serve.

"It helps us make sure all the information relayed to the physicians is the same systemwide," she says. "The physicians really play up the differences if they can find them."

Responding to inquiries and physician skepticism isn't easy, regardless of skill level, but Morell hopes her scripting tip sheet helps.

Dealing with difficult physicians is never easy, but Morell speaks from experience and builds her team's confidence in ways she knows will work.

"It's been a big advantage having been a staff CDI specialist myself. I'm not asking them to do anything I couldn't do myself," she says. "What I'm really trying to do is help them be the local subject matter experts."



SCRIPTING FOR CDI PROFESSIONALS

Charrington "Charlie" Morrell, RN, CCDS, director of CDI at HCA West Florida Division Office in Tampa, Florida, developed several scripted scenarios to help her CDI team members gain confidence and approach physicians with a solid knowledge base.

Here are a few of her role playing exercises.

Scenario 1:

Physician: "You're only issuing queries to make the patient look sicker and make money for the hospital."

CDI specialist: "Our goal is a complete and accurate medical record that withstands scrutiny. Many times, the queries we issue don't make the patient look sicker at all and in fact, end up in removal of diagnoses that aren't clinically supported. As an example of this might be when an ED physician documents pneumonia but there is no other physician documentation that confirms or negates it. According to the coding rules, the diagnosis would be coded. If the CDI specialist reviewing the record didn't find clinical support such as vital signs, chest x-rays, labs, or IV antibiotics, we would query you (the attending) to ask if pneumonia was ruled in or ruled out, unable to clinically determine, or other more appropriate diagnosis."

Scenario 2:

Physician: "I don't understand what the query is asking."

CDI specialist: "Here's my business card. I'm available to assist you with queries even if I'm not the one who authored the query in the first place. I can explain what documentation triggered the query, what information is needed, and how to avoid queries in the future. A query is simply asking you for more information. On the form, the query will cite clinical indicators from the medical record that may help you provide more detail and offer clinical support for the diagnosis in question. We hope you see the CDI team as a physician resource, so you contact us anytime you need assistance even if it has nothing to do with queries. We'll make sure to have the proper person contact you to address your concerns."

Scenario 3:

Physician: "Why is the query addressed to me?"

CDI specialist: "The query can be addressed to a consultant on the case if the subject is in his or her specialization, to the author of the documentation, or to the attending physician. In the case of conflicting information, the attending physician is captain of the ship and therefore receives the query so he or she can weigh in. The attending physician is responsible for reviewing all consultant notes, labs, and tests, and that is why he or she is the one to receive queries for conflicting information."

Scenario 4:

Physician: "I don't know why I received the query. The answer is in my note."

CDI specialist: "The query was issued because there was missing or incomplete information in the note. Code assignment is based on physician documentation and if it's unclear or incomplete, a query is required. CMS and other payers require specificity with diagnoses whenever possible. This specificity helps reflect the appropriateness of acute inpatient hospitalization and length of stay."

Scenario 5:

Physician: "I'm not going to answer the query."

CDI specialist: "Respectfully, I understand you're busy, but our query follow-up process requires me to remind you that you have an unanswered query and more information is needed. If physicians don't answer queries, medical records can be very inaccurate. Did you know one facility had a record that said that the patient received a carotid stent at Wal-Mart? Really! Apparently, the physician dictated the report and the computerized transcription program picked up Wal-Mart. Physicians are supposed to read their notes before they sign, but sometimes that doesn't happen. Luckily, the CDI specialist brought it to the attention of the physician who was able to correct the medical record. The patient had received a carotid stent in Vermont. So, as you can see, CDI specialists want to help ensure a complete and accurate medical record."

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