

Developing a Plan to Master Physician Engagement

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By Tammy Combs

Mastering physician engagement can be a challenging process, but it is within reach when you develop a plan of action and have a little patience. During AHIMA's 2016 [CDI Summit: Advancing the Documentation Journey](#), held August 1-2 in Washington, DC, Dr. John Showalter, MD, MSIS, University of Mississippi Medical Center, and Leigh Williams, MHIIM, RHIA, CPC, CPHIMS, University of Virginia Health system, delivered a presentation on this topic titled "Mastering Physician Engagement: An Interactive Session on Achieving Shared Outcomes." In their presentation, Dr. Showalter broke down some of the key elements to consider when designing an action plan to achieve physician engagement, including learning styles, the maturity model, unified themes, and communicating shared outcomes. In this post, I discuss some of the key points from this presentation to better understand the learner's needs and identify the steps required to accomplish your set goals.

Learning Styles

Dr. Showalter discussed four different styles including accommodating, diverging, converging, and assimilating. When you take the time to identify a physician's learning style, you can use this information to then guide your education and discussions.

- **Accommodating:** This type of learner is a hands-on and an intuitive learner. This type of learner will rely on others for information rather than personally carry out their own analysis.
- **Diverging:** This type of learner views concrete situations from several different viewpoints. They are imaginative and a problem solver.
- **Converging:** This learner likes to experiment with new ideas. They do well with simulation of the processes and like working with practical applications.
- **Assimilating:** This learner needs clear explanations and time to think about the information. You will need to be patient with this learner and be ready to answer detailed questions.

Maturity Model

The maturity model breaks down education by domains and then provides stages to build the information you are delivering into the information level in which they are ready to receive. This model uses two focus categories which are data-driven information and engagement.

- Data-driven information has two domains, which are knowledge and analysis. The information within each domain is then assigned a stage. In the first stage there is no data sharing or analytics. As the learner moves into stage two there is data sharing and historic descriptive analytics. Then in stage three the learner is ready for information sharing and current descriptive analytics. By the fourth stage the learner is prepared for knowledge sharing and predictive analytics. Finally, at stage five the learner is ready for sharing actionable knowledge and prescriptive analytics.
- Engagement has three domains: communication, shared outcomes, and metrics. During the first stage there is no communication, shared vision, or metrics. At stage two the instructor begins with intermittent communication, shared vision of problems, and reporting non-shared metrics. Then in stage three there should be routine communication, a shared vision of the problem and outcomes, and reporting shared metrics. By the fourth stage the learner is ready for active communication, shared vision of the problem, outcomes, and indicators of success, and reporting shared metrics. Then at stage five there should be collaborative communication, active evaluation of shared indicators of success, and evaluation of real-time shared metrics.

Unifying Themes

When educating physicians it important remember the themes that unify everyone working in healthcare, which include patient care, patient experience, financial stability, and reputation. When we look at these themes we see that the patient is the driver

in healthcare. It is important that the care provided is reflected in the physician documentation, thus by focusing on this you can help the physician visualize the impact CDI can have in reflecting the care provided. The financial stability is a must as healthcare continues to transition the bases of payment on quality of care. Patients rely on a provider's reputation to choose their physicians; quality of care is the foundation of that reputation.

Communicating shared outcomes with providers will reinforce the point that the physician is part of the CDI team. When discussing shared outcomes it is important to listen actively, remain collaborative, seek understanding, and find common ground. Using these techniques will strengthen the communication that is taking place. When there is strong communication, a strong relationship will likely follow.

When we collaborate together, we grow together. Now it's your turn to share some of your experiences while working toward physician engagement. What strategies are you using or seeing used? Do you have a success story to share? What elements are you using in your organization to promote physician engagement?

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