

How to Help Physicians Accept CDI Programs

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By Tammy Combs

Have you ever gone to a staff meeting only to hear the news that a process you've been following for years is about to change? How does that make you feel? Maybe you love change and welcome any opportunity to improve a process. But maybe you are a creature of habit and the thought of a change makes you want run out the door and hide. Either reaction is understandable and expected; change happens all the time and we all react a little differently. Hopefully you have a leader who welcomes questions or concerns, and then will help walk you through the change process.

Clinical documentation improvement (CDI) programs can bring major change to physicians and they may react just as you did when a change to one of your processes was announced. There will be those who welcome it with open arms and those who will want to run and hide from it. I don't know about you, but when I was on the floor reviewing records I knew all the physicians' hideout spots. So what can we do to help them accept the CDI program and develop a strong working relationship between the CDI team and the physicians? One option I have always found beneficial is to be a leader who welcomes questions or concerns, and then walks them through the process. With this approach you must be ready for any question—even if you don't have the answer on the spot, you make a commitment to finding the answer for them.

So where do we find the answers? A good starting point is identifying the impact CDI can have for them. Many times, some of the items that impact hospitals will not have a big impact on physicians, so if you just discuss those they may think CDI is only there to support the hospital. There is one big change that is impacting physicians who are Medicare providers which is important for CDI professionals to be aware of: the Medicare Access & CHIP Reauthorization Act (MACRA).

MACRA was approved in 2015 and repeals the sustainable growth rate (SGR). If you are not familiar with SGR, that was the method the Centers for Medicare and Medicaid Services (CMS) used to control Medicare spending for physician services. This change will turn the focus of physician payments from pay-for-service to pay-for-quality. If that sounds familiar, it might be because it sounds like the changes with value-based purchasing in the inpatient hospital setting. With MACRA, there will be two payment options for physicians: the merit-based payment system (MIPS) and alternative payment models (APM). We will briefly discuss these two options below. If you want learn more about MACRA you can attend one of the AHIMA [CDI Academics](#) where we discuss quality payments in greater detail.

- MIPS is a program which combines the Physician Quality Reporting System (PQRS), the Value Modifier Program, and the Centers for Medicare and Medicaid Services' (CMS) Electronic Health Record (EHR) Incentive Program. The MIPS program measures physicians through four performance categories that make up a performance score. These categories are: resource use, clinical practice improvement, quality, and advancing care information. The performance score would then determine if they received a positive, negative, or neutral Medicare payment adjustment.
- APM is the other payment option for physicians. There are several APMs available. As of January 1, 2016 CMS has 10 approved APMs. One example of an APM is the Medicare Shared Savings Program (MSSP). The MSSP was created by the Affordable Care Act in which Medicare fee-for-service providers become accountable care organizations (ACOs). An ACO is a group of hospitals, doctors, and other healthcare providers who coordinate the care of their Medicare patients. If the ACO is successful in providing high quality care, they get to share in the savings earned.

Here are some helpful links if you would like to learn more about MACRA and the two payment options.

- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/NPRM-QPP-Fact-Sheet.pdf>
- <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-03-03.html>

Whatever healthcare setting it is that we examine, high quality care must be supported by high quality documentation to receive accurate quality scores. By taking the time to understand the impact that high quality documentation has on the physicians, you can provide a more in-depth education plan and shine the light on what a valuable resource CDI is for physicians.

Are any of you incorporating MACRA into your training and education? Have any physicians brought up this subject? Feel free to share in the comments below.

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