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The State of Provider Engagement

Norwood Special Report

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CDI trends come and go.

Retrospective reviews become concurrent and then, prospective. At the elbow record review goes remote. Regulations and code sets change, too: ICD-9 gives way to ICD-10, DRGs to MS-DRGs and HCCs.

Today artificial intelligence is the buzzword and the reported cure for all our ills.

These are all important … but they mean nothing without one critical ingredient.

Provider engagement.

Nothing works in CDI if your physicians aren't bought in. You can have the best review team, the best query policy, the best tech. But nothing works if your physicians aren't documenting to the highest degree of specificity and actively engaged in good documentation practice.

The bad news is many providers are disengaged due to burnout; some studies show that nearly half of physicians nationwide describe themselves that way.

The good news is: CDI, coding, and mid-revenue cycle leadership are perfectly-positioned to help, and armed with the right strategy can make a demonstrable difference.

With that in mind we present to you *The State of Provider Engagement*. This special report offers a snapshot of where we are in the industry with clinician buy-in, analyzes recent survey data from the Association of Clinical Documentation Integrity Specialists (ACDIS) and other sources, and concludes with our "top 10" list of best practices and tips for improvement.

Because who doesn't love a Top 10?

Where Are We Now?

In September ACDIS published its annual Industry Overview Survey, and the results for provider engagement were at best, a mixed bag.

32% of respondents reported that their medical staff is "very" engaged in CDI, meaning they understand the importance of CDI and actively participate in documentation integrity efforts.

57% reported they are "somewhat" engaged, meaning they understand CDI concepts but inconsistently put them into practice or do so incorrectly.

While a minority indicated that their providers were hardly engaged (7%) or not at all engaged (1%), nearly 60% of "somewhat" engaged providers is not a ringing endorsement for the most important barometer of CDI and coding health.

What Causes Disengagement?

While provider engagement numbers aren't as high as we'd like to see them, we're also not surprised. These days physicians are suffering from a burnout epidemic.

A 2021 study of U.S. physicians found that 63% reported at least one symptom of burnout; in 2023 the rate dropped but remained high (about 45%). Workload and system stress remain a big issue. Physicians work more than other employees — in 2023 about 32% log 60 or more hours a week (Medical Economics).

In addition to long hours, one of the biggest causes of burnout for providers is the growth of administrative tasks, compliance demands (e.g., prior authorizations, quality reporting), and time spent interacting with electronic health records (EHRs) rather than direct patient care.

And sorry, CDI and coders—this also includes answering queries and clarifying documentation. Other reasons for burnout and general disengagement include inefficient use of time due to administrative requirements. "For every hour spent on patient interaction, the physician has an added one-to-two hours finishing the progress notes, ordering labs, prescribing medications, and reviewing results without extra compensation" (Physicians Anonymous).

Teach Physicians Why Documentation Matters– shock example

Accurate documentation of types of shock—such as septic, cardiogenic, or hypovolemic—has a major impact on hospital quality metrics. Shock diagnoses signal extreme physiological derangement and drive higher risk of mortality and severity of illness scores in risk-adjusted models (CMS, Vizient, 3M APR-DRG).

When a provider documents shock, the patient's expected mortality rises appropriately to reflect clinical reality. If the patient survives, this improves the facility's observed-to-expected (O/E) mortality ratio, indicating better-than-expected performance. Incomplete documentation ("sepsis with hypotension," for example) underestimates risk, making outcomes appear worse than they truly are.

Getting accurate documentation and improving O/E morality—typically the most important metric for providers —can win them over and drive engagement.

In an episode of the Off the Record podcast, CDI Educator Kalee Vincent described a provider concerned about a gap between he and his peers in the reporting of shock. She performed an audit of his documentation and then scheduled a one-on-one. The physician had cases where patients were in the ICU, the shock resolved, but in their transition to the floor did not document "shock resolved." In other instances, patients had worsening hypotension despite fluid resuscitation and were on three pressors, but the provider failed to document shock.

"I educate them that to ensure that gets reported, you can't just drop diagnoses, but must carry it through the record. Just showing them their own data, and explaining there is that disconnect, that helps a lot," she says.

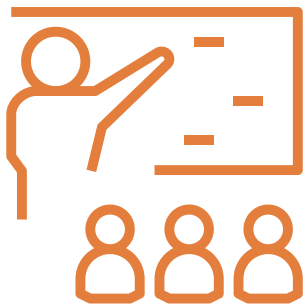
Re-Engage Your Providers
Top 10 Tips

1 Mix Up Group and 1:1 Education sessions

1:1 sessions will always be the most impactful, as you can give providers the time they need to open up and ask questions.

The problem is it doesn't scale. So include both 1:1 and group sessions. Monthly seems a good cadence for the latter; ACDIS survey data indicates 36% offer monthly sessions, up from 30% in 2024.

Group sessions should be by service line and focused on conditions pertinent to that specialty (i.e., brain compression and cerebral edema for neurology/neurosurgery).



2 Use Their Own Documentation as a Teaching tool

Generic medical records are good teaching tools, but nothing is as powerful as a provider seeing his/her own documentation.

Use recent encounters so they'll remember the patient.

3 Encourage (Friendly) Competition With Peers.

Physicians people and so like people are unique. But as a type, they tend toward competitiveness.

Show them how they are performing against their organizational peers but also the like hospital across town. They'll respond.

4 O:E Mortality for the Win

Many providers believe they are treating the sickest patients, and any death on their watch must be because the patient was terminally ill. A sepsis mortality that looks like a UTI due to nonspecific documentation will hurt their profile—and their pride. O:E mortality is almost always the most impactful metric.

5 Engage a Physician Champion

Peer-to-peer works. If you're part of a sufficiently large organization the ideal is one physician advisor for every major service line, still practicing medicine. We don't recommend 100% dedicated to CDI; practicing physicians will garner respect more than an MD who had moved fully into documentation.

Per ACDIS survey data, 71% of respondents have a full-time or part-time physician advisor, a notable increase from about 61% in 2024.

6 Operate at the Top of Your License.

Get clinical. Stop asking nonsensical queries for the sake of filling out a multiple-choice query. Offer to help clean up their problem lists; there is no regulation that says you cannot.

7 Make It About Their E/M.

Providers care on some level about facility payment when it helps them purchase new equipment, but they are a lot more about their own professional fees.

Good E/M documentation lessons will spill over into what you need for facility coding.

8 Teach providers to "Think in Ink."

You don't need to teach them to be coders, nor even capture every buzzword. Just ask them to document their thought processes.

For example, why did you prescribe Farxiga—we need the accompanying diagnosis. Why did you start IV fluids without an accompanying diagnosis? Can you write that down?

9 Get Around, and Round

Physicians are busy—busier than most of us can imagine. It's easy to forget in this remote age. Rounding with a provider on the floor for a few hours once a month can earn back respect and give you more visibility into their busy workday.

You might be able to suggest places in their workflow for better documentation. This does require flexibility and meeting physicians on their hours, not yours.

10 Supplement with technology.

AI is everywhere and often overblown in its promises and advertised ROI, but an actual proven winner is ambient AI. This might be one area where you make the case for investment.

A study published in the Journal of the American Medical Association found that 30 days with an ambient AI scribe reduced ambulatory provider burnout from 51.9% to 38.8%. (JAMA Network)

Bonus Tips
Avoid These or Risk Disengagement

We'll conclude this paper with a couple no-no's, from a pair of veteran physician advisors who have spent decades in the trenches of provider engagement.

1
THINKING THAT DOCTORS WILL DO IT BECAUSE YOU SAY IT WAS IMPORTANT

(courtesy Trey LaCharite, physician advisor for University of Tennessee Medical Center).

"We're a bunch of highly educated but probably socially dysfunctional individuals," LaCharite explains.

"If you tell a doctor to do something, they're not going to do it, unless you can come up with some reasons they can buy into it. Directives from on high aren't going to be very productive."

2
DELIVERING MESSAGES IMPERSONALLY

(courtesy Vaughn Matacale, physician advisor for ECU Health).

"It's necessary and we have to do it, especially when there are changes, but ***I can't tell you how many times we've sent out large format, blanket education and resources,*** *and you get to a small meeting, and someone always says,* ***"how come I've never seen this before,"*** Matacale says. ***"You could send it 10 times. Those things are not sticky, they just got lost in the noise a little bit."***

Norwood: Your Re-engagement Ally

If your providers aren't engaged, an external parter with deep expertise and the right data can win them over in a hurry.

To schedule a zero pressure conversation

contact us at consulting@norwood.com

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