

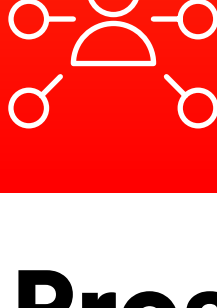
# Finally close the loop between physicians and CDI

Though physicians and clinical documentation integrity (CDI) teams are both invested in a complete and accurate patient record, their workflows often don't naturally merge. For physicians facing increasing administrative burden, documentation integrity may not be their first priority. CDI teams are being challenged to do more with less, and can't afford to rely on time consuming, manual workflows to engage physicians anymore.

The cost of sticking with the status quo is more physician burnout, revenue cycle friction, reimbursement challenges and poorer quality metrics. Read on to see how innovative health systems are tackling this problem proactively, and driving substantial improvement to revenue integrity, physician well-being and quality care.



CDI teams consistently cite physician engagement as **a top challenge**.<sup>1</sup>



About **half** of physicians report **not having enough time** to complete clinical documentation.<sup>2</sup>

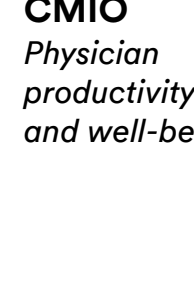


Expanded CDI scope increasingly includes quality and mortality reviews—but **CDI staffing has not kept up**.<sup>3</sup>

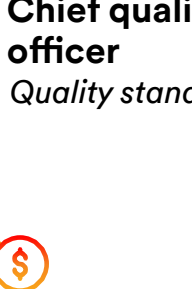
## Proactive, AI-powered CDI. One platform.



## Many downstream benefits



**CMIO**  
Physician productivity and well-being



**Chief quality officer**  
Quality standards



**CIO**  
Technology optimization

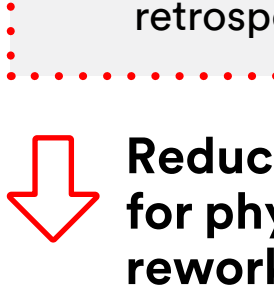


**CFO**  
Financial sustainability



**VP, revenue cycle**  
Revenue cycle efficiency

## Starting at the point of care



### Physicians

- In-workflow nudges powered by advanced AI close care and documentation gaps, before the note is saved in the electronic health record (EHR).
- Proactive clinical insights delivered at the point of care minimize retrospective queries.



**Reduces need for physician rework**



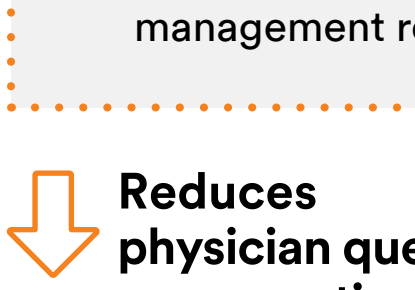
**Reduces administrative burden and burnout**



**Creates time to care**



Receiving more than the average number of system-generated in-basket messages was associated with **40% higher probability of burnout**.<sup>4</sup>



### CDI and HIM teams

- Visibility to physician nudge interaction closes loop between front-end and back-end workflows.
- AI-driven prioritization, evidence sheets and query workflow management reduces CDI administrative load.



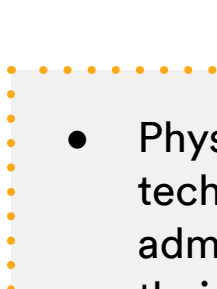
**Reduces physician query response time**



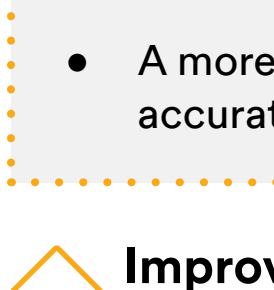
**Improves CDI efficiencies**



**Improves documentation integrity and appropriate reimbursement**

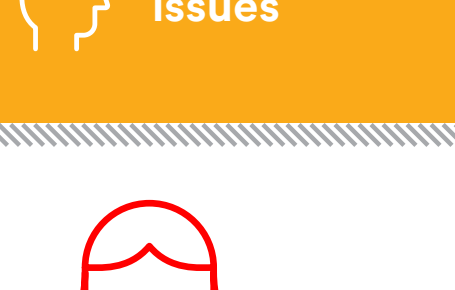


Physician engagement consistently ranks as the **#1 concern** for CDI departments.<sup>5</sup>



### Chief medical information officer

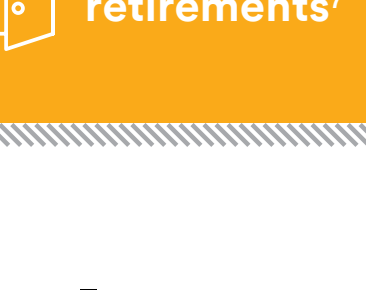
- Physician-supportive natural language understanding (NLU) technology helps improve documentation while reducing administrative burden, letting physicians work at the top of their licenses.
- A more complete capture of patients' conditions provides more accurate physician quality scores.



**Improves physician support and well-being**

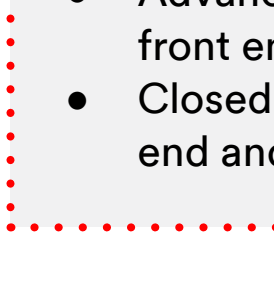


**Promotes true picture of physician quality**

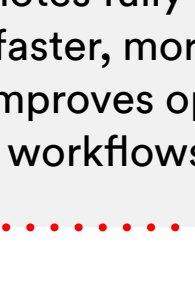


**Improves patient care**

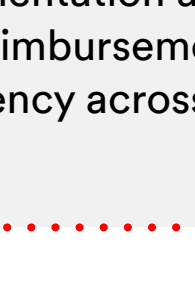
**Burnout harms physicians' well-being**,<sup>6</sup> with CMIO-reported downstream consequences that include:



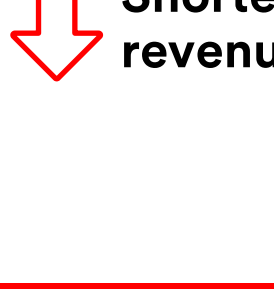
**Productivity issues**



**Recruitment/retention problems**<sup>7</sup>

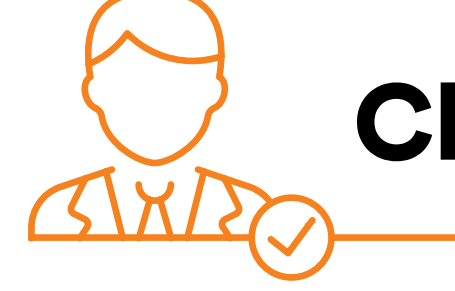


**Early retirements**<sup>7</sup>



### VP, revenue cycle

- Advanced AI promotes fully specified documentation at the front end, driving faster, more appropriate reimbursement.
- Closed loop CDI improves operational efficiency across front-end and back-end workflows.



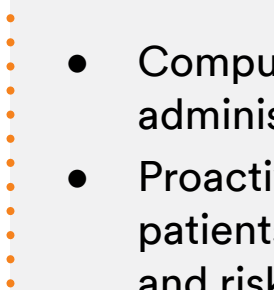
**Shortens the revenue cycle**



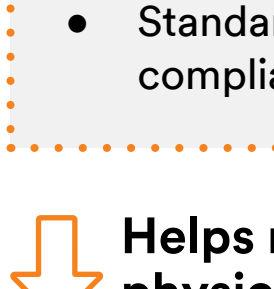
**Improves completeness and specificity of the patient record**



**Improves reimbursement**



Health care leaders report that they're aiming to solve revenue cycle management problems **by proactively focusing on fixing and improving front-end processes** rather than reactively dealing with problems on the back end.<sup>8</sup>



### Chief quality officer

- Computer-assisted physician documentation (CAPD) relieves administrative burden and gives your physicians time to care.
- Proactive nudges using your clinical protocols help capture patients' true clinical picture, including severity of illness (SOI) and risk of mortality (ROM).
- Standardized, automated nudge and query workflows promote compliance and reduce risk.



**Helps reduce physician burnout**



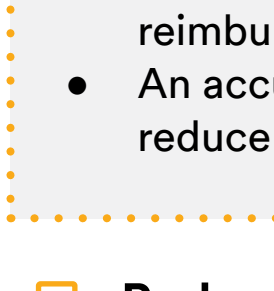
**Improves compliant documentation**



**Improves patient experience and quality patient care**

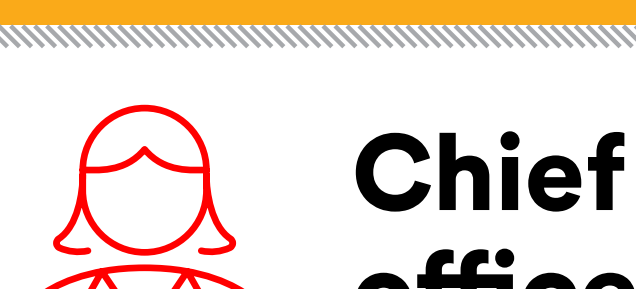


Quality leaders report that they face the challenge of inspiring change among people **who are increasingly burned out**.<sup>9</sup>



### Chief financial officer

- Supporting physicians with AI and automation accomplishes twin goals: Reduced administrative burden with improved reimbursement.
- An accurate, complete and fully specified patient record helps reduce inappropriate denials.



**Reduces physician administrative burden**



**Improves financial outcomes**



Physician burnout costs the health care industry **between \$2.6 billion and \$6.3 billion each year**, from turnover, reduced productivity and other burnout related factors.<sup>10</sup>



### Chief information officer

- Automated clinical intelligence embedded in physicians' existing EHR workflows makes the most of health care IT investment.
- Advanced AI, plus data from across the patient encounter provides nudges that are highly clinically relevant.
- Secure, cloud-based architecture reduces support burden.



**Enhances EHR and augments existing workflows**



**Single mid-revenue platform from capture to code eases complexity, provides comprehensive solution**



CIOs and other health system leaders report that revenue cycle management is the area that **has the greatest need for innovation and disruption like AI**.<sup>11</sup>

## Bridging the gap between physicians and CDI teams

3M is bridging the gap between CDI teams and physicians with an innovative approach to proactive physician engagement and clinically driven CDI prioritization.

**3M™ M\*Modal CDI Engage One™** uses advanced AI and NLU to automatically embed clinical intelligence into normal physician and CDI workflows—helping to engage physicians in documentation integrity upfront, within the EHR, before the note is saved. It helps reduce administrative burden and burnout while completing the clinical picture, improving both revenue integrity and patient care.

#### References

<sup>1</sup> ACDIS 2020 Industry Overview Survey <https://acdis.org/cdi-week/2020-cdi-week-industry-overview-survey>  
<sup>2</sup> Rebekah L Gardner, Emily Cooper, Jacqueline Haskell, Daniel A Harris, Sara Poplau, Philip J Kroth, Mark Linzer, Physician stress and burnout: the impact of health information technology, Journal of the American Medical Informatics Association, Volume 26, Issue 2, February 2019, Pages 106–114, <https://academic.oup.com/jamia/article/26/2/106/5230918>.  
<sup>3</sup> ACDIS 2020 Industry Overview Survey <https://acdis.org/cdi-week/2020-cdi-week-industry-overview-survey> p8-9  
<sup>4</sup> Health Affairs, Vol. 38, No. 7, Physicians, nurses, disparities and more <https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05509>  
<sup>5</sup> <https://issuu.com/cdijournal/docs/01-38528julyaugustcdijournal>  
<sup>6</sup> Assessment of Physician Well-being, Part One: Burnout and Other Negative States (nih.gov)  
<sup>7</sup> PowerPoint Presentation (amdis.org)  
<sup>8</sup> Research Report: COVID-19 Pandemic Shifts Innovation Priorities at Health Systems | The Center for Connected Medicine  
<sup>9</sup> What's Keeping Quality Leaders Up at Night? (ih.org)  
<sup>10</sup> Physician burnout costs industry \$4.6B annually | Healthcare Dive  
<sup>11</sup> Providers Want Innovation, Disruption for Revenue Cycle Management (revcycleintelligence.com)