
The Impact of Queries on Physician Behavior: A Double-Edged Sword

By Cesar M Limjoco, MD

Introduction

Communication between physicians and medical coders or clinical documentation specialists plays a pivotal role in ensuring accurate patient care and proper billing practices. One often overlooked aspect of this communication is the use of queries directed at physicians. While these queries can be a valuable tool for improving documentation and patient outcomes, they can also inadvertently influence physician behavior in both positive and negative ways. Human nature plays a significant role in changing behavior; it often begins by making something “normal.” When a behavior is repeated consistently, it gradually becomes the accepted standard.

Positive Behavioral Changes

1. Enhanced Awareness and Education: Regular queries to physicians about specific conditions or presentations can heighten their awareness of documentation standards and clinical guidelines. This encourages a deeper understanding of the conditions they treat, prompting them to stay updated on the latest research and best practices. When physicians receive consistent feedback through queries, they may become more vigilant and proactive in their diagnostic and treatment approaches.
2. Improved Documentation Quality: Queries serve as reminders for physicians to provide thorough documentation. By addressing specific aspects of a patient’s presentation, these queries encourage physicians to be more meticulous in their record-keeping. This enhanced documentation leads to more accurate diagnoses, better continuity of care, and ultimately, improved patient outcomes.
3. Encouragement of Evidence-Based Practices: When queries align closely with clinical guidelines and evidence-based practices, they can motivate physicians to consider these recommendations in their decision-making. This not only benefits patient care but also fosters a culture of accountability and adherence to best practices within the healthcare organization.

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Negative Behavioral Changes

1. Stress and Fatigue: In contrast, receiving frequent queries can lead to stress and mental fatigue among physicians. If queries are perceived as repetitive or excessive, they may create a sense of being scrutinized, resulting in frustration and decreased job satisfaction. This can ultimately impact their clinical performance and interactions with patients. KPIs on productivity, such as volume of queries and response rate, may have unintended consequences.
2. Resistance to Change: If physicians perceive queries as micromanagement or unnecessary interference, they may become resistant to adopting new practices or protocols suggested in the queries. This resistance can stifle innovation and hinder the implementation of evidence-based practices that could enhance patient care.
3. Potential for Defensive Documentation: An increased emphasis on queries may inadvertently prompt physicians to engage in defensive documentation. This occurs when clinicians exaggerate diagnoses to avoid potential inquiries. While this approach may temporarily elevate the severity of illness scores, it can result in wasted resources due to payer denials and ultimately detract from the quality of patient care.

The SEP-1 Phenomenon

The SEP-1 criteria (aka SIRS criteria) have high sensitivity for detecting early sepsis, but they also generate a considerable number of false positives. When the SEP-1 criteria were published in 1991, Clinical Document Improvement (CDI) teams began implementing them in queries. Whenever two of the four criteria were met, queries were generated for physicians. This practice altered clinician behavior, legitimizing the process and leading clinicians to document sepsis whenever two of the four criteria were met—often to avoid further queries. Prior to 1991, the average sepsis admissions across the country consistently hovered around a quarter of a million. Shortly after the introduction of SEP-1, this number skyrocketed to nearly a million. One wonders how much of this fourfold increase represents false positives.

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The Message Behind the Queries

The key to leveraging queries positively lies in how they are presented and the context in which they are received. Consistent queries, reflecting the true nature of the patient's condition and sound pathophysiology, send a message—whether intentional or not—that can reshape a physician's way of thinking.

- **Intentional Messaging:** When queries are formulated constructively and aligned with a clear objective—such as improving patient outcomes or adhering to best practices—they can foster positive behavior. Physicians may feel supported and valued for their efforts, resulting in increased engagement and compliance. Although queries have traditionally been designed to be “neutral,” meaning they are not intended to lead responses, the mere act of generating a query can convey an unintended subliminal message. Therefore, it is essential to utilize them wisely and at the appropriate time.

- **Unintended Consequences:** Conversely, if queries are perceived as merely bureaucratic or revenue-driven, they can hinder open communication. Physicians may view these inquiries as part of a revenue enhancement strategy, which can diminish the quality of healthcare data and jeopardize patient outcomes.

Conclusion


Queries to physicians represent a double-edged sword that can significantly influence behavior in healthcare settings. When based on sound science and employed thoughtfully, they can enhance awareness, improve documentation, and promote adherence to best practices. However, it is crucial to avoid overwhelming physicians and undermining their confidence. By fostering an environment of collaboration, respect, and continuous learning, healthcare organizations can maximize the positive impact of queries, ultimately leading to improved patient care and outcomes. Most importantly, a proactive continuing education strategy is far more beneficial than relying solely on reactive corrective queries.

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The patient must be at the center of healthcare—the true north guiding all our efforts. To achieve true representation of the patient, we must ensure that the accurate narrative is documented in the health record. Transparency is essential, as patient outcomes depend on it.

For information on a dynamic Clinical Documentation Integrity continuing education program for adult acute care hospitals and health systems, designed to align all stakeholders (Clinicians, CDI, Coders, Utilization/Care Management, Denials/Appeals Management, Quality Management, Compliance, etc.), use your smart phone to scan the QR code in banner to learn more about the CDI MasterClass.



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