Physician Advisors and PA Programs

Larry T. Hegland, MD

System Medical Director for Recovery Audit and Appeal Services

Chief Medical Officer:
Ministry Saint Clare's Hospital
Ministry Good Samaritan Health Center
The Diagnostic and Treatment Center

MINISTRY HEALTH CARE

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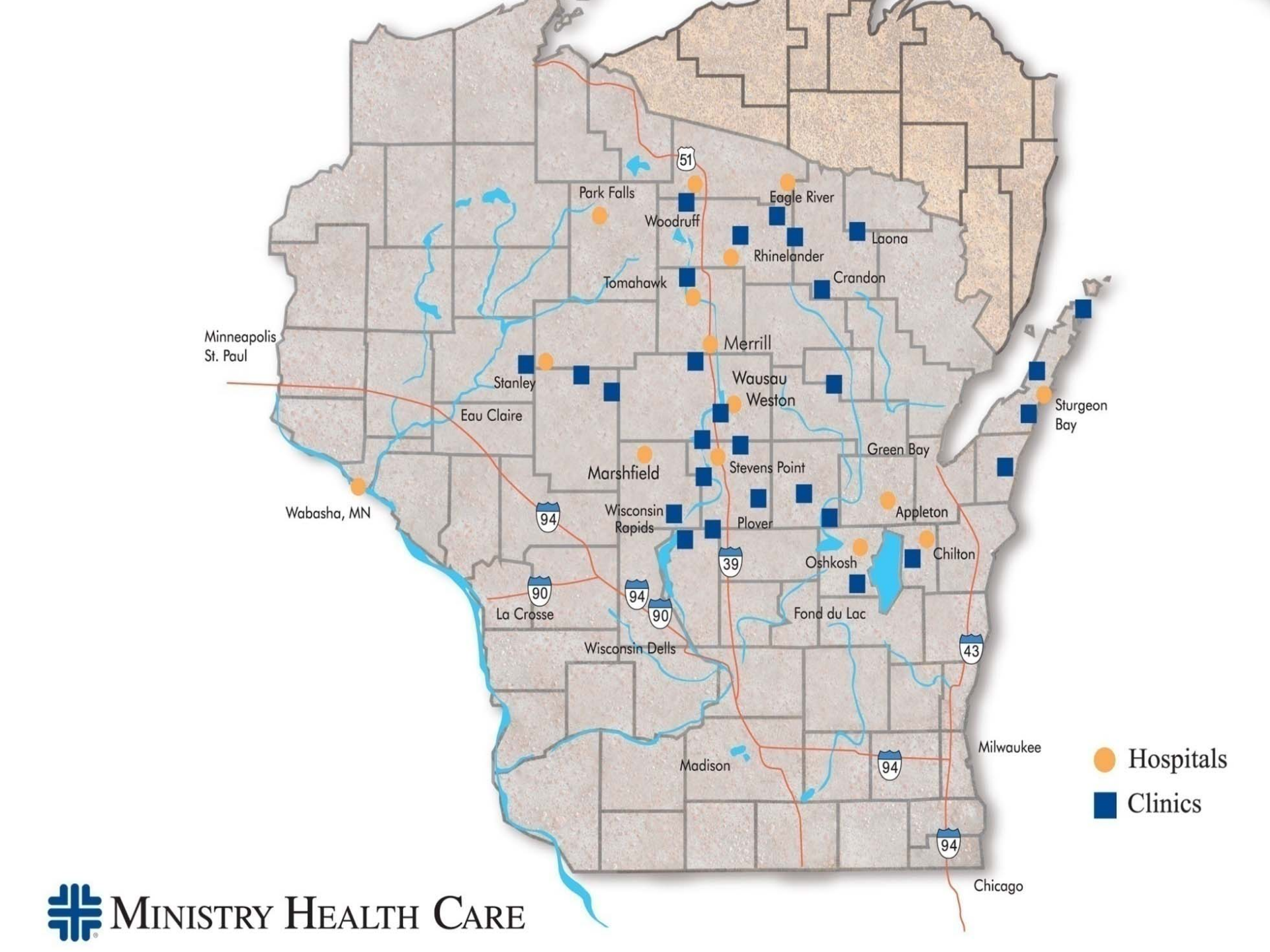
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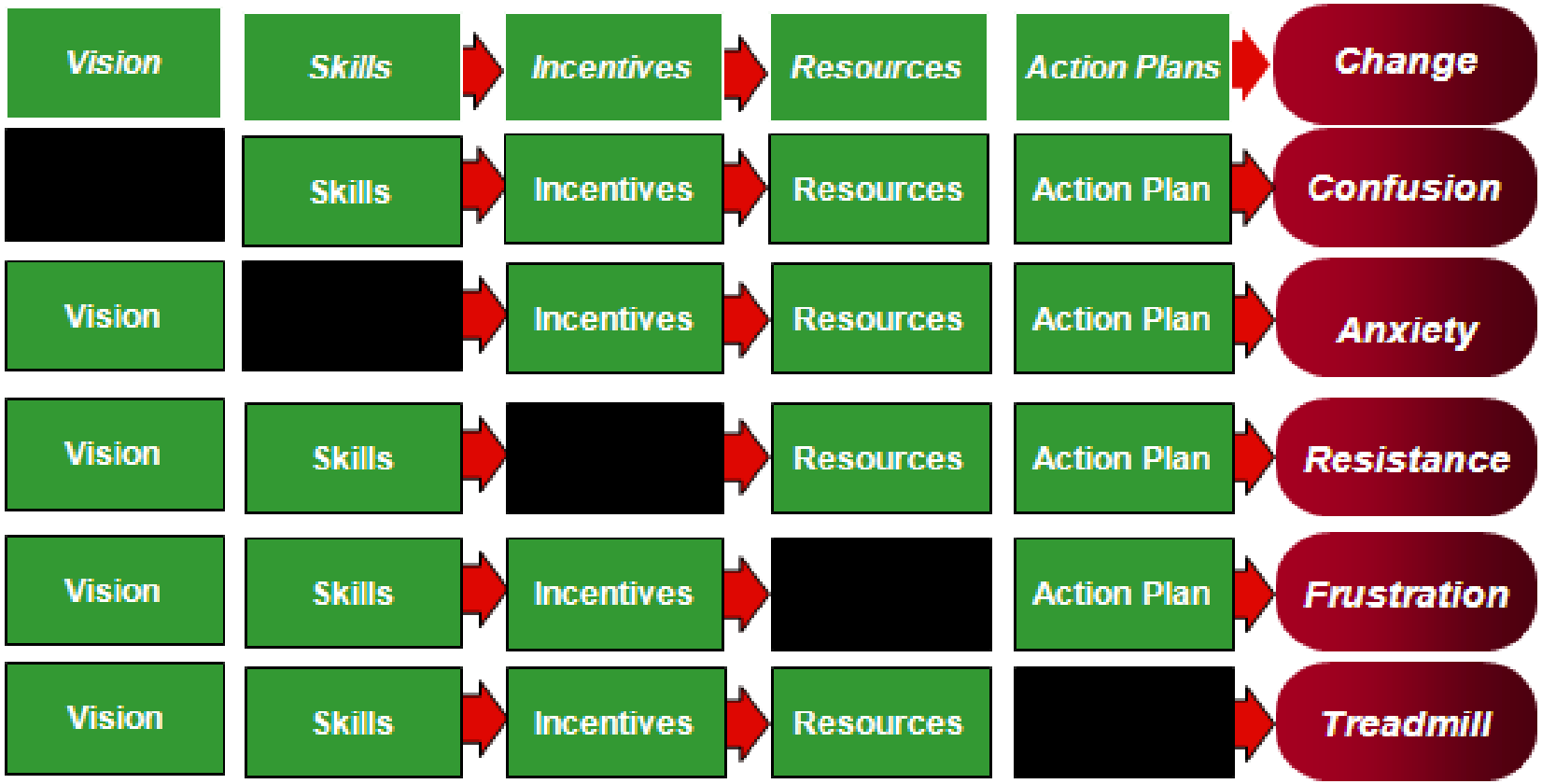
What is a Physician Advisor?

- There is no single definition
- “Operationalists“
- A Physician Advisor (PA) provides advice and support to processes related to the medical necessity of medical services as part of care management and utilization review activities.
  - Key elements include advising, consulting, teaching, analyzing and serving as a liaison
  - Cross organizational layers and functional silos

What Kind of PA Program?

- Too many programs just “happen”
  - Little or no planning or rationale
  - Lack of executive support/understanding
- Physician(s) who are most supportive of case management discover one day that they are a physician advisor
- There has been little opportunity for education or networking of new PA’s
- Program development should be based on physician resources and organizational willingness to invest in the program

The Change Model
Managing Complex Change



PA Program Services

- Secondary physician review for medical necessity (status determination prior to October 2013)
- Audit denials and appeals
- Concurrent commercial denial management
- Clinical documentation improvement education (ICD-10 conversion)
- Utilization management
  - Length of stay
  - Resource use
  - Internal patient flow (level of care transfers)

Program Services (cont.)

- Case management support
  - Manage care team rounds
  - Discharge planning
  - Family/patient conferences
- Support to quality improvement and patient safety efforts
  - Readmissions, process improvement efforts
- Support to patient satisfaction improvement efforts
- General physician and administration liaison and education efforts

Program Drivers?

- Where does the impetus for the program come from?
  - Case management
  - Medical staff
  - Administration/finance
- How well are drivers/problems understood?
  - Prioritization of needs
  - Develop process maps to understand the resources needed, especially time
  - Avoid scope creep
  - Magical thinking

Development Constraints

- Executive support and understanding
  - Critical element to long-term program success
  - Rarely understand how clinical care translates into the final bill
  - No end-arounds
- Physician resources
  - Willingness to participate/time commitment
  - Skills
- Program leadership
- Financial
  - Avoid magical thinking
  - Cost vs. FTE philosophy

Development Constraints

- Silos and politics
  - Medical staff perceptions/understanding
- Physician secondary review for medical necessity determination
  - Commonest driver and most expensive
  - 24/7 multi-portal coverage is often desired
  - May require greater numbers of physicians to provide coverage
  - Physician training required
  - Medicare Conditions of Participation and the new Two Midnight Rule

Justifying the PA Program

- Financial and quality benefits
  - Proper medical necessity and status determinations
  - Reduced concurrent inpatient commercial denials
  - Reduced pre-payment, RAC and other recovery audit denials
  - Reduced avoidable days (delay days)
  - Reduced length of stay
  - Improved resource utilization
  - Improved HCAHPS/Value based purchasing metrics
  - Improved physician behavior/support

Physician Advisor Selection

- Although the life of a PA is glamorous and exciting, attracting candidates for the work can be surprisingly difficult
- PA's require a unique set of skills, thus this is not a job for just anybody
- Defining the program scope is important in defining the physician needs
  - Full time vs. part time
  - Generalized vs. specialized PA's
- Hiring right is a key to success

Defining the Ideal PA

- There is no one size fits all model
- Needs to “believe” in the role
- Minimum of five years of clinical practice
  - Currently practicing vs. retired physicians
  - Team player
- Specialty vs. primary care physicians
- Internal vs. external candidates
  - Respect of and for peers
  - Leadership capability

Defining the Ideal PA

- Excellent verbal/written communication skills
  - Physician-to-physician
  - Physician to lay audience (families, non-clinical staff, administrative law judges, etc.)
  - Enjoys education
- Critical thinker, comfortable with “gray zone” issues
  - Medical necessity issues
  - Willing to learn on an ongoing basis (criteria, coding and documentation rules, regulations)

Defining the Ideal PA

- Politically astute and self-secure
  - A relationship manager that must not be conflict-averse and is willing to be persistent
  - Good negotiation skills
  - Physical presence is critical
  - Flexible and approachable
- Ability to multi-task and react to the changing demands of daily workflow
- Generally positive outlook to avoid burnout

Program Leadership

- The case for the Physician Advisor
  - Clinical knowledge and “complex medical judgment”
  - Understanding of how clinical documentation translates into coding
  - Can more effectively turn audit and denial lessons into physician and staff education as well identify process improvement to improve patient care and prevent future audit denials
  - Integrate coding, documentation improvement, case management and CPOE

Program Options

- The ideas discussed so far will guide the choices of how to build a program
  - Case management/UR Committee (the almost no program approach)
  - Internal
  - External (outsourced)
  - Hybrid
- Programs come in almost infinite variety as there are almost infinite situations

Case Management/UR Committee

- Pros
  - Traditional model that is rapidly disappearing
  - Cheap and easy to implement
- Cons
  - Limited availability and relies on local physicians for support
  - Limited local expertise or regulatory knowledge
  - Large missed opportunity cost and potential compliance issues
  - Difficult to demonstrate commitment to compliance should OIG audit

Internal Pros

- Maximum flexibility to design program to fit needs
- Familiarity with local medical staff, processes, customs and politics
  - Credibility and relationships with physicians and staff
  - Direct chart/patient access facilitates exercising “judgment”
- Can focus on physician education to improve compliance, documentation and quality
- Incentive is to reduce denials
- Internal PA in a better position to judge medical necessity
- Cost effective for larger programs and keeps $ local
- Internal PA can support internal process improvement

Internal Cons

- Lack of internal physician resources
  - Insufficient coverage schedule
- Lack of knowledge and difficulty in maintaining ongoing training
  - Difficult to keep up with legal/regulatory changes
- PA turnover
- Quality control and inter-PA variation
- For PA's with clinical practice – negative impact on their practice

External Pros

- Primary focus on secondary physician review
- Minimal lead time to launch program
  - Little or no internal PA support needed
  - Extensive reporting capabilities
- Better quality control with reduced variability
- A variety of services may be available
- Extensive expertise in audit appeals
  - Up to date legal and compliance knowledge
- Predictable cost/case
  - Can be more cost effective for smaller facilities
  - Can provide more hours of coverage

External Cons

- Limited scope of services
- Lack of local physician relationships and knowledge of local practices
- Communication by phone and e-mail
- No physician education
  - Does not enhance local expertise
- Difficult adapting to the Two Midnight Rule
- Need to demonstrate compliance education
- Can be extremely expensive
- Requires internal oversight

Hybrid Pros

- May combine the advantages of internal and outsource programs
- Allows internal PA's to focus on education and improvement while external PA's focus on physician secondary review
- Most practical solution for most organizations as fewer physician resources are required internally
- Can be a transitional model to a full in-house program
- Strong internal leadership required to maximize the value of the program

Hybrid Cons

- Tendency for internal and external PA programs to operate in silos limiting education opportunities for internal PA's and medical staff
- Difficulty in coordinating work and may lead to inconsistencies in approach
- Many of the cons of outsourcing persist
- Cost of external component may limit dollars for internal PA program

Education Resources

- ACMA – American Case Management Association
- ACDIS – Association for Clinical Documentation Specialists
- AHIMA – American Health Information Management Association
- ACPE – American College of Physician Executives
- Commercial resources – Report on Medicare Compliance, Accretive PAS Update, AppealMasters, Day Egusquiza's Info Line
- RAC Relief

Questions?

For additional information or to be added to the RAC Relief Listserv, please direct requests to:

larry.hegland@ministryhealth.org

or

http://groups.google.com/group/rac-relief

or

715-393-2487