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# Hospitalists As Physician Advisors

How to Incorporate the Advisor role into  
their daily function

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# Disclosures

- I have no direct or indirect affiliation with any product or company either financially or otherwise , pertaining to the content of this presentation other than serving as the current President of the American College of Physician Advisors as a non-employed, volunteer member of the BOD.



# Objectives

**At the end of the session, the participant should be able to:**

- Describe the various specialty options for the surrogate Physician Advisor Roles
- List why hospitalists have been often identified to provide Physician Advisor services.
- Describe strategies to engage the hospitalist as Physician Advisors



# \*What Physician groups are potentially good choices to train as part time Physician Advisors?

- Hospitalists
- ED Physicians
- Physician Champions
- UM Committee leaders
- Consider combination of specialties





# Why Hospitalists? What Makes Them “Special”?

- Captive Audience
- Most are Internists or primary care specialists
- Familiar voices and faces to the staff
- See a proportionally Large Volume of patients
- May have Performance Metrics tied to compensation
- Interact Directly with ED Physicians
- Frequent interaction with CM’s



# What Makes Hospitalists Special? (cont.)

- Understand and Appreciate Complexities of admissions and discharge planning
- Play a key role in patient throughout
- In House or Available 24/7
- May be looking for Alternative Administrative Career Paths
- Often Participate in Hospital and Medical Staff Committees
- Welcome Additional Sources of Revenue



# Compensation Arrangement Options:

- Tied To Overall Services Agreement
- Paid Per Hour of “Call Coverage”
- Paid Per Call or Per Chart Review
- Separate Contract for Additional Services





# Other Considerations

- Training Manual
- Orientation with Care management and UM
- Posted Schedule with contact information
- Set Expectations

## Monitor Performance Metrics

- # of Calls
- # of Case Reviews
- # of CC 44's
- Response Time
- CM/UM Satisfaction



**Decision: “All In” or Selected Hospitalists Leaders**

# Conclusion

**The Hospitalists and Utilization  
Management Nurses =**

**Potentially GREAT UM Team “DIAD” Model**

## **But Requires:**

- Set Expectations
- Proper Training
- Defined Performance Metrics
- Team Oriented Process





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# Thank You!

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