Finding and Training Physician Advisors

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Objectives

• Describe the various roles a PA can play
• How to maximize the use of your PA
• Discus the training of your PA
• Discuss the challenges and barriers for your PA
• What are the pros and cons of the “Super PA”
• How do you handle the ineffective PA
Types of P.A.s

- Utilization review
- Quality
- Coding
- Case Management
- Combination
- “Super PA”
P.A. Issues

• Do you want one?
• Do you need one?
• Does senior management support idea?
• Can you afford one?
• Any potential physicians available?
• Inside vs... outside source
• Will medical staff accept?
P.A. Requirements

- 5+ years medical staff experience
- Good communication skills
- Credible
- Respected
- Leadership capabilities
P.A. Requirements
(Cont.)

• Acceptable to medical staff
• Willing to keep up to date
• Not afraid to take unpopular stand
• Willing to educate/counsel peers
• Willing to commit time
P.A. Requirements
(Cont.)

• Type of Physician  ? What is the best
  – Emergency room physician
  – Internal medicine
  – Family practice
  – Surgeon
  – Retired
  – Active staff
PA Selection

• Issues regarding:
  -- retired physicians

--”nice guys”
UR/Case Management PA

• Good utilizer of resources

• Knowledge re: Inter-Qual, Milliman criteria, medical necessity, etc.

• Knowledge re: observation/inpatient issues, case management issues

• Willing to counsel/advise physicians
UR/Case Management PA (cont)

• Not afraid to “push” colleagues
• Peers will listen to him/her
• Liaison between U.R. nurses, case management, physicians
• Time commitment - 2 hours week → FT
UR/Case Management
PA Advisor Functions

• Educate medical staff periodically on Medicare, Medicaid, Managed Care, JC, QIO, new regulations, UR data
• Orientation new medical staff
• Review referred cases
UR/Case management
PA Functions (Cont.)

• One on one and department presentations re:
  – inappropriate utilization
  – LOS issues
  – Avoidable day issues
  – inappropriate status (obs/inpt)
  – potential denials
UR/Case management

PA Functions (Cont.)

• Refer to quality management, risk, ethics, MEC when appropriate, etc.
• General medical staff and board of trustees presentations
• Communicate PRN with medical directors, payers
• Member UR Committee
UR/Case management
PA Functions (Cont.)

- Educate medical staff on alternate placement (HH, SNF, Hospice)
- Participate in family conferences
- Attend interdisciplinary meetings when appropriate
- Assist in analysis of UR data and process improvement
UR/Case management PA Functions (QIO)

- Educate medical staff re: SOW and periodic updates when appropriate
- Review, respond (when appropriate) to all QIO issues/correspondence re: hospital and medical staff
- Meet regularly with QIO liaison
- Denials, appeals when appropriate
- Administrative law judge hearing when appropriate
Advantages of UR/Case management PA

- Decreased LOS
- Decreased avoidable days
- Decreased denials
- Decreased cost
- Improved documentation
- Improved use of resources
Advantages of Decreased LOS

- Decreased denials
- Decreased nosocomial infections
- Decreased DVT’s/PEs
- Decreased falls
- Decreased likelihood of fraud
Physician Quality Advisor
Physician Quality Advisor

- Strong medical background
- “A quality performer”
- Credibility
- ? Medical school affiliation
- Knowledge of “best practices”
Physician Quality Advisor
(Cont.)

• Knowledge of “standards of care”

• Knowledge of “evidenced based medicine”

• Liaison between quality management and medical staff

• Well respected
Physician Quality Advisor Functions

• Review quality issues referred by QM, RM, administration, etc.
• Refer quality issues to appropriate depart.
• Educate medical staff on
  – evidence based medicine
  – best practices
  – standards of care
  – process issues
  – outcome data
Physician Quality Advisor Functions

- Present data, and educate administration, Board of Trustees

- Meet regularly with quality management director, VPMA

- Interface with quality management, utilization management and risk management
Advantages of Physician Quality Advisor

- Evidence based practice of medicine ("Best Practices")
- More standardized care
- Improved documentation
- Improved outcomes
  - LOS, cost, morbidity, & mortality.
- Legal Issues
Physician Coding Advisor
Coding P.A.

- Knowledge re: coding guidelines
- Ability to work with coders, clinical doc. team and physicians
- Must keep up to date
- Be able to take criticism from coders
- Be strong enough to “push” if coder is wrong
- Be able to meet with coders regularly
- Liaison between coders and medical staff
Physician Coding Advisor
Functions (General)

• DRG Validation
  – Principle DX
  – Principle procedure
  – Comorbidities
  – Complications

• Documentation Issues

• Legibility Issues

• Quality/Peer Referrals

• Education, counseling
Physician Coding Advisor Role With the Coders

• Daily review of charts for documentation to support DRG or CC.
• Daily review of charts assist coders in finding additional significant CC.
• Provides clinical support when coders have questions.
• Recommends physician query when appropriate.
Physician Coding Advisor Role With the Coders (continued)

• Assists coders when there is no physician response to the query.
• Educate the coders daily and prn when appropriate.
• Clinical support for “timid” coders.
• Safeguard for overly aggressive coders.
Physician Coding Advisor Role With Medical Staff

• Education regarding documentation on DRGs and CCs.
• Education regarding audits and RACs.
• Education regarding Pepper Reports.
• Contact physicians regarding significant documentation to justify DRG or CC.
• Contact physicians regarding their lack of response to coders’ queries.
Additional Roles of the Physician Advisor

• Clarity of patient status (OSV vs Inpt)

• Physician behavior issues

• Quality of care issues

• POA/HAC issues
Advantages of Physician Coding Advisor

• Improved documentation
• Improved case mix
• Improved reimbursement
• Decreased DNFB
• Decreased denials
• Decreased fraud potential
Physician Coding Advisor Training

• Coding courses
  - Basic ➔ Advanced
• Weekend crash course
  - PAs and Coders
• Meeting with external consultants for review of previous cases
• Attendance at coding meetings
“Super PA”

- UR
- Case management
- Coding
- Quality
- Clin doc
Advantages of “Super PA”

• Cost effective
• Cross trained
• Covers all the bases
• Can handle all issues
Disadvantages of “Super PA”

- Who can do it all?
  (?backup person)
- Who will do it all?
- Additional training
- Availability of time
- Difficulty keeping up
- Cost issues
How to initiate process

• Letter from senior management to medical staff
  – Position available
  – Supported by administration
  – Reimbursement
  – Time commitment
  – Training necessary
Physician Response

• Resume
• Previous experience
• Why they want the position
• Why they should get the position
• References (physicians, U.R. personnel, case management, etc.)
PA Selection

• Interview all candidates
• Selection team, CMO/VPMA, PA
• Select best, most willing, most experienced (if any)
• May have only one option
How To Justify the PA (SOC Proposal)

• Impact on LOS
• Impact of avoidable days (cost per day)
• Impact on denials (dollar figure)
• Potential RAC denied reversals (dollars)
• Resource utilization impact (dollars)
• Physician behavior impact
Picking the Right PA

- Internal candidate-- pros:
  Known commodity
  Knows: - the physicians
    -the system
    -senior mgmt
    -the politics
Picking the Right PA (cont)

• Internal candidate-- cons:
  – Availability of physician
  – Lack of knowledge
  – Lack of experience
  – Potential impact on referrals
Picking the Right PA (cont)

• External candidate—Pros:
  – Readily available
  – Time commitment not an issue
  – Knows the “lingo”
  – Experienced
Picking the Right PA (cont)

- External candidate—Cons:
  - Not many available
  - Will need to be full time
  - Not known to medical staff and mgmt.
  - Unknown style, knowledge base
  - Potential credibility, communication issues
P.A. Payment

- None
- Hourly
- Weekly
- Annual
- Per chart review
- Per encounter
Start Up Issues

- Physician availability
- Training cost, salary
- Time to train
- Medical staff acceptance
- Commitment
PA
Performance Incentives

- Decreased LOS
- Decreased denials
- Decreased avoidable days
- Change in reimbursement/DRGs
- Increased utilization of Protocols/Standing orders
Physician & Performance Incentives (Cont.)

• Improved documentation (How to measure)
• Increased case mix
• Increased documentation of complications/
  Comorbidities
  – Improved DRG reimbursement
  – Decreased denials
PA Training

--State, National meetings:
  (Case Mgmt, Coding, Clin Doc, Quality)
-- Senior PA coaching, mentoring
--Shadow senior PA, case managers, coders, clinical documentation specialists
--OJT
--PA training meetings
Combined P.A. Advantages

- Cost effective
- Cross trained
- Covers all the bases
- Can handle all issues
Disadvantages of Combined P.A.

- Who can do it all?
  - ?Backup person
- Who will do it all?
- Additional training
- Availability of time
- Difficulty to keep up
- Cost issues
Committee Responsibility

- UR
- Case management/discharge planning
- Medical staff quality
- Board quality
- Coding team
Potential P.A. Evolution

- Medical staff leadership
- Medical director
  - MCO, PHO, PPO
- VPMA/CMO
- Lecture circuit
- Consulting
- “Expert”
- State, national task forces
PA Challenges and Barriers

- Physician acceptance
- Time availability
- Credibility with medical staff
- Acceptance by team, senior management
PA Challenges, Barriers

• PA now on the “dark side”
• Difficulty dealing with “protected physicians”
• Difficulty reaching physicians
• No incentive for medical staff to change behavior
• No process to address noncompliant physicians
Ineffective PA

- Not available as previously agreed to
- Too busy to intervene with physicians
- Unwilling to take on protected physicians
- Not meeting goals, objectives
- Not a team player
- Uncomfortable in challenging situations
- Unable to change physician behavior
How to Handle the Ineffective PA

• Needs feedback early on
• Reset goals, objectives
• Need senior PA, VPMA, CMO involved to counsel
• Give reasonable time frame for improvement
• If all above fail, need to reconsider the relationship
QUESTIONS ???
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