

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
- Discuss 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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