The Evolving Role of the Physician Advisor

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In Olden Times (late 1990’s)

- Too many programs just “happened”
  - Little or no planning or rationale
  - Lack of executive support/understanding
- Physicians who were most supportive of case management discovered one day that they were physician advisors
- On the job training only
- Until recently, little opportunity for networking of new PA’s
What is a Physician Advisor Today?

- 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
Physician Advisor Role Today

• Secondary physician review for medical necessity/status determination

• Case management support
  – Manage care team rounds
  – Discharge planning and other support

• Concurrent commercial denial management

• Utilization management
  – Length of stay
  – Resource use
  – Internal patient flow (level of care transfers)
Physician Advisor Role Today

- Coding support and education
- Recovery audit denials and appeals
- Clinical documentation improvement education (ICD-10 conversion)
- Quality improvement/patient safety support
  - Readmissions, process improvement efforts
- Support to patient satisfaction improvement efforts
- General physician and administration liaison and education efforts
What Does the Future Hold for Physician Advisors?
Future of Healthcare

- Healthcare is a $3 Trillion economy
  - Providers consume over 60% of total
  - Everyone is in self-preservation mode using self-serving data and language (protect your silo!)
- A demographic nightmare is coming
- No new money coming
- A revolution in care delivery coming
- Industry consolidation is here now but bigger does not equal smarter
  - Hospital and physician need to work together
  - A bigger role for physician advisors?
Disruptive Innovation Theory

- Clayton M. Christensen – Harvard University
- The theory helps explain how complicated, expensive products and services are over time converted into simpler, more accessible and affordable ones of good enough quality
  - Examples: Kodak, IBM, music industry
- Highly successful companies have very successful business models
  - Hospital business models of the last century were characterized by increasingly complex and costly technology favoring a centralized care model.
Disruptive Innovation Theory

- A key element of DIT is that it never makes sense for the successful company to change its business model…until it is too late
- The disruptive innovation impacting hospitals is decentralization of services
  - We are just beginning the decentralization process
- “The only way that market leaders…can survive ‘disruptive innovation’ is by disrupting their existing business themselves.” C. Christensen
  - Will hospitals be an exception to the theory?
  - Government schizophrenia
PA’s and New Innovations

• Think population health management and spectrum of care
  – Think outside your hospital “box”

• System role in designing new approaches to patients requiring acute care and interpreting the inevitable rules governing the choice of setting
  – Hospital
  – Hospital at home
  – Acute care at a post acute care facility

• “Air traffic control” role with utilization review, case management support, and patient placement and flow decisions
PA Programs and the Future

- PA’s can be a critical element to generating the income to allow adaptation/innovation
  - PA’s bring clinical and operational knowledge
  - Administrative consolidation occurring across the country and the new generation of leaders often does not have front line clinical experience
  - Documentation education will be increasingly important to ensure proper payment is received and kept
  - Search for non-physician means of documentation capture to reduce physician time demands and stress
PA Programs and the Future

• PA’s can help the organization achieve legal and regulatory compliance
  – Multiple audit types, OIG increasingly focused on clinical service delivery

• PA’s can help lead their organization and medical staff through the transition to the future of healthcare

• PA’s are extremely expensive thus you need a relentless focus on creating value
  – Increase revenue, decrease cost and improve quality and patient safety
What Else Does the Future Hold?

• A “specialty” growing in importance and numbers – true “operationalists”
• As the hospital world is transformed, leadership opportunities will increase
• With rising visibility, expectations and accountability will increase
  – The best docs will stay and more will be attracted and those that don’t provide value will go by the wayside
• How will you fit in?
Education Resources

• ACPA – American College of Physician Advisors
• ACMA – American Case Management Association
• ACDIS – Association for Clinical Documentation Specialists
• AAPL – American Association for Physician Leadership (formerly ACPE)
• RAC Relief
Questions?

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