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New Definition

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Job Descriptions Essential for Hospital Physician Advisors

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Introduction

The Physician Advisor/Director for Case Management Services is a fundamental role in both payer and provider organizations. Due to a general lack of standardization across the industry and within medical governance processes, the role has been left to much interpretation. Although Physician Advisors will be using traditional medical knowledge, they are serving in a business capacity for the organization. This complex balance of the application of medical knowledge with the application of utilization criteria and the provision of other leadership functions requires a job description. The objective of a formal job description is to enhance communication, clarify functions and ultimately provide accountability.

In the course of providing consulting services to hospital Case Management or Utilization Review departments, I have often been dismayed to learn that the Physician Advisor/s conducting second level reviews served without benefit of a formal job description. My discovery occurred when the department manager expressed frustration over the working relationship with the Physician Advisors. Typical issues are the slow turn-around times on cases referred to the advisor, or the Physician Advisors not receiving support from the medical leadership. Alternately, I have interviewed Physician Advisors about their professional responsibilities in providing second level reviews and associated services for the Case Management/Utilization Review department. Again, frustration was apparent as the physician expressed bewilderment with what was expected and how his or her work fit within the overall process flow of the department. Within this expectation gap were endless opportunities for miscommunication and possible harm to patients.

It is confusing that while every role in a Case Management department is formalized by a job description, one for the Physician Advisor is not consistently written or upheld. A common explanation for the discrepancy is that the Physician Advisor is licensed to practice medicine and does not require more than that to be qualified. More and more there is agreement that a well-designed job description would alleviate misunderstandings about the role for both parties, and the organization as a whole. Clearly, it is unreasonable to expect either party to instinctively know what is expected and when.

Role Description and Reporting Relationships

A brief statement defining Physician Advisor is necessary and needs to include reporting relationships. An example is, “The Physician Advisor is a physician serving the hospital through teaching, consulting, and advising both the case management department and the hospital on matters regarding physician practice patterns, over and under-utilization of resources, medical necessity, compliance rules and regulations, collaborative and relationships with payers and the community. The Physician Advisor is a key member of the organization’s leadership team charged with meeting goals of cost and quality”.

continued on page 2

Job Descriptions Essential for Hospital Physician Advisors

continued from page 1

Reporting relationships is another category that can be somewhat sensitive. Physician Advisors minimally have a partnership with the Director of Case Management. Some Some Directors report to the Physician Advisor, while some Physician Advisors report to Vice Presidents of Medical Affairs, or Chief Medical Officers. Other Physician Advisors report to the Case Management director or the person to which the Case Management Director reports. What is most important in the reporting structure is that both the Physician Advisor and the Case Management Director work well with each other, have productive and valued links to the rest of the organization, and are given maximum authority by the Executive Team.

Minimum Requirements

While job description formats vary, there are key elements that must be addressed. A suitable first category might be education and licensure. Minimum requirements would include graduation from medical school and licensure to practice medicine. Board certification might be a requirement as well. Although well-beyond minimal, physicians with MBAs, MPHs, or other extra academic degrees are often attracted to and do well in the PA role.

Experience

Experience is the next category and the organization will need to determine if the physician should be in active practice or not. This issue has implications relating to availability and credibility. Other important experiences are those with third party payers, implementing a new program or tool, designing and/or delivering educational content effectively, leading collaborative groups for performance improvement, etc.

Accountability Targets

Well-designed job descriptions require thoughtful input from all parties and should start with identifying responsibilities and expectations. Many factors will come into play at this point.

Key Elements Of PA Job Description

1. Role Description and Reporting
2. Minimum Requirements
3. Experience
4. Accountability Targets (“Deliverables”)
5. Availability
6. Duties
7. Specialized Skills

In other words, what are the “Deliverables” of the Physician Advisor?? Ideally, the person in this role should be held accountable for the same deliverables as the Case Management/Utilization Review department. These deliverables include all elements in the Data Dashboard of the department, and include targets such LOS, Denials for Medical Necessity, increased Flow and Capacity, Decreased Readmissions, performance on the PEPPER report (Medicare), compliance, quality indicators, and other parameters. The organization has to think carefully about whether one or more people should fill the role, always with an eye to how the physician(s) will best connect with the entire physician population. Nowadays that population includes at least 5 groups, all with different agendas: 1) Primary Care Physicians, 2) Specialists, 3) ED Physicians, 4) Hospitalists, 5) Intensivists.

In order to meet these expectations, a reasonable amount of time, structure, and availability must be negotiated. And of course, remuneration for the time spent is critical to the negotiation. These important roles can no longer continue as volunteer positions.

Availability

The Center for Case Management has found that the larger and more complex the organization, the more full-time work is required of a Physician Advisor. In small or less-complex organizations, the Vice-President of Medical Affairs may have to “double” as the Physician Advisor, although this is usually not ideal. Some organizations are actually beginning to outsource the UR component of the Physician Advisor role. This is an interesting trend and can be helpful, but does not solve the larger issue of a physician willing to be an internal teacher and leader for the wise stewardship of resources and the attainment of important outcomes for each patient and family.

Active practice physicians have minimal “free time” and to do the job properly tasks should not be squeezed in between the practice of medicine. In some organizations the PA will conduct reviews etc. when they have a chance. This approach may have worked when utilization review and/or case management were in their infancy, however, reliable availability is a must today. Depending upon many factors such as payer mix and contractual language to which the hospital is obligated, the average number of routine and expedited reviews experienced daily and other processes impacted by the second level review. Finding reliable time is such a challenge that some organizations have resorted to the use of semi-retired or retired physicians to fulfill the PA role. This can be a workable solution under the right circumstances. I have heard physicians make comments about their retired colleagues that challenge their credibility, citing that advances in medical practice are occurring so quickly that someone not fully engaged could not keep up-to-date and thus their opinions would be suspect. I have heard comments such as ‘he is a heck of a nice guy but he sold his practice several years ago.” On the other hand I have encountered semi-retired or retired physicians actively working as PA’s who have told me that the final years of their full-time practice were so insanely busy that they rarely had the opportunity to read their professional journals. Once they moved beyond the full-time medical

practice they found time to catch up and keep up with current best practice.

Duties

The duties and responsibilities category should start with a narrative description of the role followed by a bulleted list of prioritized responsibilities. There should be sufficient detail so that there is no ambiguity. It may seem like nitpicking but this is the time to lay it all out. I'm sure you have seen vague job descriptions that say something like "will perform case management duties and anything else that management asks", easy to write but virtually useless and counterproductive to accountability. By examining the process flow in detail, internal and external customers who interact with the PA can be identified. Larger and more complex organizations require a significant amount of thought and effort to get it right.

Typical questions to be answered in the job description are:

- Will the physician advisor be expected to communicate directly with admitting and attending physicians or through case managers?
- How will the PA be expected to interact with their counterparts representing third party payers? Writing denial letters, signing denial letters, MD to MD contact?
- Will they serve on or lead the Utilization Review Committee?
- If the PA's specialty is internal medicine, will he or she be expected to handle obstetrical, surgical or mental health cases?
- Will case referrals in need of second level review be sent to the PA electronically and is the physician expected to make their decision and close out the review in using one or more software products?
- Who will lead Complex Care Rounds, Collaborative Practice Groups, Evidence-based Practice initiatives, etc?

Resources for Physician Advisors

1. ABQAURP, Inc. (American Board of Quality Assurance and Utilization Review Physicians: abqaurp.org)
2. ACPE (general management and systems approaches)
3. CCM (Consultation, Intensive Workshops, Coaching)
4. World Research Group (conferences)
5. Training for Criteria (InterQual, MCAP, Millimen)
6. See *cfcm.com/resources/newletter archives/Winter 2001* (Where Process Meets Practice: The New Physician UR Advisor)

Special Skills

Special skills required might include a working familiarity with the hospitals patient care management software so that they can navigate within it as needed. The PA must be familiar with whatever clinical decision support criteria the hospital uses. If an electronic version is used they need to know both the paper based model and the electronic version. Depending on the scope of the practice, the Physician Advisor may need to know how to create various tools such as evidence-based practice guidelines, order sets, and algorithms.