

Establishing an Internal Physician Advisor Program

Beaumont Health

May 2022

Beaumont Health + Spectrum Health

- Forming 2 leading health systems in Michigan, Beaumont Health + Spectrum Health, is now Michigan's largest health care system and employer in the State.
- The not-for-profit organization's more than 64,000 employees are committed to providing health care and coverage that is accessible, affordable, equitable and exceptional.
- The system includes 22 hospitals, 300+ outpatient sites and several post-acute facilities, more than 11,500 affiliated physicians and advanced practice providers, more than 15,000 nurses.
- Also included is Priority Health, the nation's third largest provider-sponsored health plan, which currently serves over 1.2 million Michigan members

Dr. Liz Wilson, DO, FACOI

- Dr. Wilson is a graduate of the University of Michigan and the Michigan State University College of Osteopathic Medicine. She completed her residency training through Henry Ford Health System. She currently works for Hospital Consultants P.C. as an internal medicine hospitalist at Beaumont Hospital - Troy.
- Dr. Wilson is interested in patient safety and quality and is a member of the Troy Sepsis committee. In the past she has served on the pharmacy committee, peer review, and critical care committee with another hospital system. Over the last year, she has served as a Regional Physician Advisor for Beaumont Health.

Tanya Thomas, BA, MPH

- Tanya Thomas currently serves as the Project Manager for Care Management at Beaumont Health. In her role, she creates several data driven dashboards for the Care Management and Finance departments across the health system, supports various standardization initiatives across all 8 hospitals within Beaumont and works closely with the directors and VP of Care Management with other various projects and initiatives.
- Prior to her role at Beaumont Health, Tanya worked as a Project Manager at Northwestern Medicine in Chicago for 4 years. She earned her Bachelor of Arts in Psychology from the University of Illinois at Chicago and her Master of Public Health from Benedictine University in 2014.

Diane DiFiore, DNP, MHSA, RN, NEA-BC, ACM-RN

- Diane DiFiore currently serves as the Beaumont Health Director for Care Management Development and Education. In this role, Diane is involved in facilitating system wide alignment for Care Management.
- In her 30 + year career, Diane has served in a variety of Nurse Educator and leadership roles. She is a member of Sigma Theta Tau, Emergency Nurse Association and International Women's Leadership Association. Diane is published in several journals regarding onboarding care management staff and making compassionate connections with patients. She is certified by the American Nurse Credentialing Center as an Advanced Nurse Executive and the ACMA.
- Diane earned a Bachelor of Science in Nursing from Mercy College of Detroit, a Master of Science in Health Service Administration from the University of Detroit Mercy, and Doctorate of Nursing Practice from Quinnipiac University.

Objectives

Upon completion of this session, the participant will be able to...

- Describe the benefits of designing an internal Physician Advisor (PA) program
- Explain the steps taken to plan and implement the program
- Define the outcomes achieved with the new internal PA program

Vision:

SUPPORTING THE NEED FOR AN INTERNAL PA PROGRAM



Vision: Supporting the need for an internal PA program

Situation:

- Physician Advisor support in care management across health system was varied and fragmented (how PAs were paid, number of hours worked, inefficient and expensive)
- Large gaps in coverage and expertise were common
- Varied payment practices and utilization existed
- Met with other health systems, preformed literature searches

Vision: Supporting the need for an internal PA program

Analysis:

- An assessment was completed of current state, associated costs and future state costs
 - Internal audit regarding the use of external and internal PA services- wide variation
 - One year to gather information and data- consulted with Finance about FMV, Legal and Contracting
 - Difficult to quantify costs due to wide variation across the system- cost projections were used to create a plan
- Estimates showed that an internal PA model would deliver a superior value and coverage to the system for no additional cost
 - CFOs endorsed

Vision: Supporting the need for an internal PA program

Proposal:

- An Executive Summary was created by the Vice President of Care Management delineating current and future state costs
- A subgroup of Care Management and Physician leaders met to develop the internal PA model
- The proposal demonstrated benefits of an internal PA model providing consistent coverage and value along with being budget neutral

Vision: Supporting the need for an internal PA program

Proposal:

- Internal PA Program future state: Designed a 3-tiered model
 - Medical Director (site-based)
 - Associate Medical Director (site-based, optional)
 - Physician Advisor (system-based)

Vision: Supporting the need for an internal PA program

Proposal:

- Deliverables-
 - Consistent high-quality reviews
 - Timely reviews
 - Length of stay ownership and management
 - Observation management
 - Enhanced site Utilization Management Committee participation
 - Decreased use of external physician advisors
 - Enhanced payer contracting negotiations

Plan:

DESIGNING THE INTERNAL PA PROGRAM



Plan: Designing the Internal PA Program

- Offer opportunity to physicians from within the health system
- System CMO shared the announcement and invitation to physicians across the system
- Interested candidates emailed their request to the Vice President of Care Management

Plan: Designing the Internal PA Program

- Each physician candidate's Executive Summary was submitted to Contracting for contract review and approval
- The contracting review and approval process was lengthy with many steps
- A weekly meeting with the Care Management corporate team and Contracting was established to track progress and remove barriers

Plan: Designing the Internal PA Program

- Corporate Care Management team designed materials for the new Physician Advisors to reference once the contract was approved
 - PA workflows
 - Resource contact and escalation lists
 - Medical Necessity details

Implement:

EXECUTING THE INTERNAL PA PROGRAM



Implement: Executing the Internal PA Program

- Corporate Care Management team met with each PA to welcome them and review Onboarding expectations
- Physician Advisor onboarding checklist contained:
 - PA Compass modules required to complete
 - Specific documents pertaining to PA workflow, medical necessity, payer portals to access, contact lists to escalate issues, and the procedure to sign up for shifts
 - PA had 4 months to complete the checklist requirements

Implement: Executing the Internal PA Program

Additional education/ training:

1. Offered Physician Advisor/Care Management webinar sessions through a Physician Advisor consulting company
2. Provided training related to the new referral and documentation process when changing from Allscripts to Epic

Implement: Executing the Internal PA Program

Msg	Refresh	Edit Pools	Manage Pools	Preferences	Search	Manage QuickActions	Attach	Out	Properties
Home > PA Secondary Review 4 unread, 15 total									
Done Encounter									
Status	Msg Date	Msg Time	Subject	Patient	Unit/Room/Bed				
+ Read	07/26/2021	11:43 PM	PA Secondary Review Needed	Test, MonaOne [9002548]	5NFH-515A/B-515A				
? New	08/05/2021	3:06 PM	Secondary Review Needed	Test, Transfer [9007158]	1INTRO-1616-1616				
? New	08/06/2021	5:54 PM	Secondary Review Needed	Pie, Cherry [9000028]	OHMC 5NOR-OHMC0558-055801				
? Read	07/27/2021	2:15 PM	PA Secondary Review Needed	Test, Danny [9000178]	OHMC 5NOR-OHMC0581-058101				

Implement: Executing the Internal PA Program

- Payroll established a timecard for each PA
- Each month, the PA signs up for shifts in electronic scheduling system (first come first serve basis)
- Each quarter, PA receives updates regarding work hour adherence to their contract agreement

Implement: Executing the Internal PA Program

- PAs participate in monthly corporate Utilization Management Committee meetings
- PAs also participate in site Utilization Management meetings several times per year at 2 hospitals within the health system

Physician Advisor Perspective

Dr. Liz Wilson

Physician Advisor Motivation

- Learn nonclinical skills
- Learn remote work
- Compensation
- Approaching patients from a payer perspective, not just as clinicians
- Improve insight into observation and inpatient criteria

Physician Advisor Process

- Application
 - Recommendation
 - Qualifications
- Committee Work
 - Utilization Review
- Training
 - Allscripts
 - EMR training
 - OBRA
- Challenges
 - Pandemic
 - Communication

Physician Advisor Quality Improvement

- InterQual App
- ACMA
- Outside PA Lectures
- Fellow PA support
- Throughput Reports
- UR Committee Feedback

Physician Advisor Growth

- Committee Work
 - Hospital and System Utilization Review
- Changes in patient care
 - Approach to surges
 - Improvement in observation times
 - Changes in documentation
- CMPC certification

Evaluating the Internal PA Program

TANYA THOMAS



Evaluate: Evaluating the Internal PA Program

- Established metrics to measure performance (i.e., case load per hour, peer to peer volume, etc.)
- Created PA Dashboard to display metrics

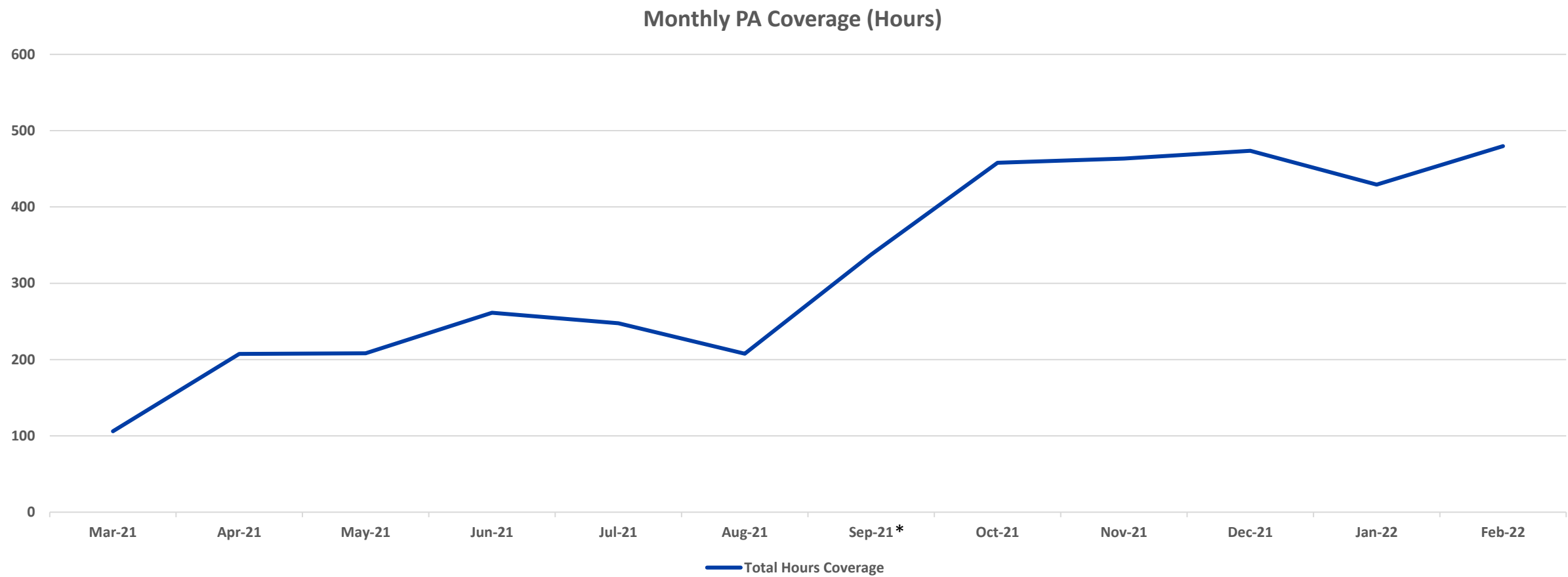
Completed Reviews

	# of Reviews Completed	# of Reviews per Hour
March 2021	169	1.59
April 2021	332	1.61
May 2021	408	1.96
June 2021	693	2.68
July 2021	852	3.24
August 2021	644	3.91
September 2021	811	3.01
October 2021	855	3.63
November 2021	920	3.62
December 2021	445	1.75
January 2022	893	4.08

Daily Coverage

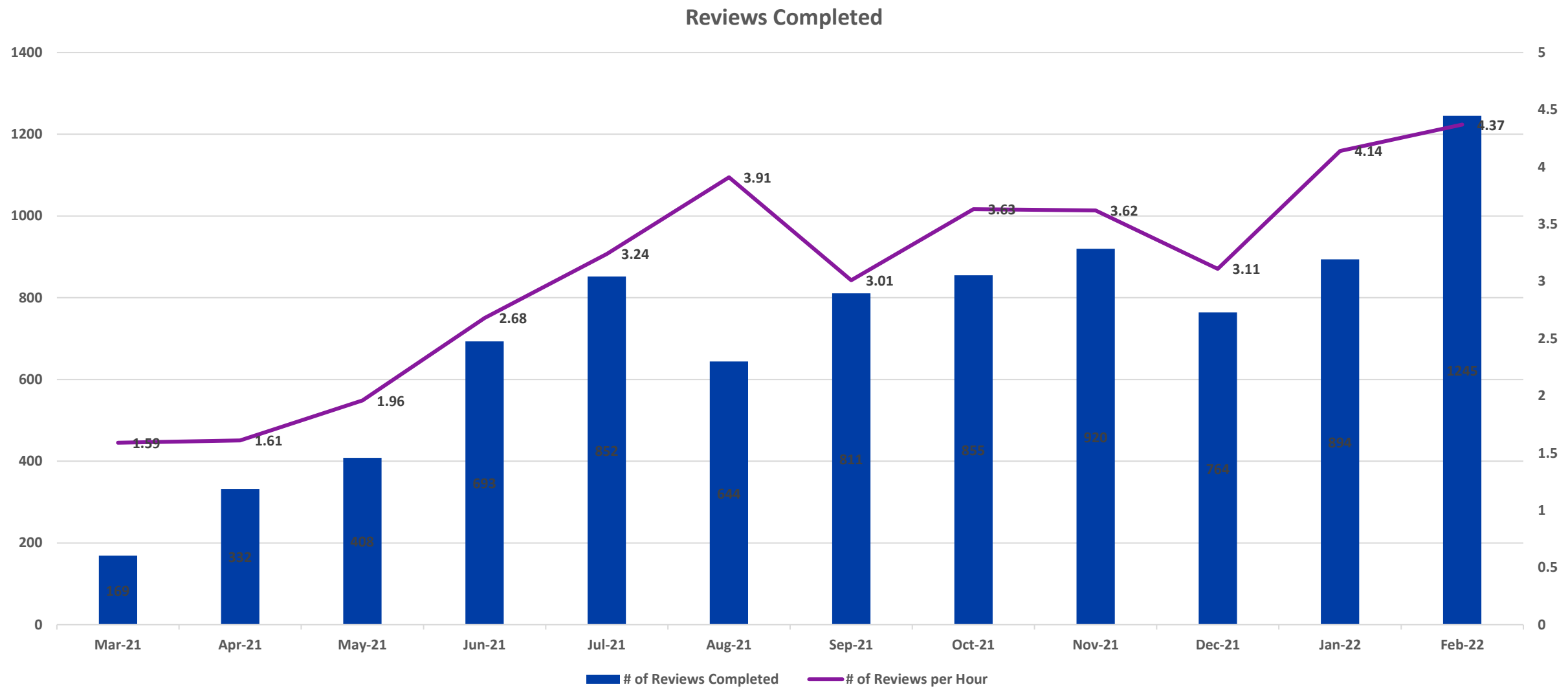
PA Coverage Type	Total Daily Coverage
Region 1 (2 Hospitals)	4 Hours M-F
Region 2 (2 Hospitals)	5 Hours M-F
Region 3 (3 Hospitals)	2 Hours M-F
OBRA (8 Hospitals)	8 Hours M-F, 4 Hours Sat, Sun

Metrics: PA Coverage (Hours)



**OBRA coverage began September 2021*

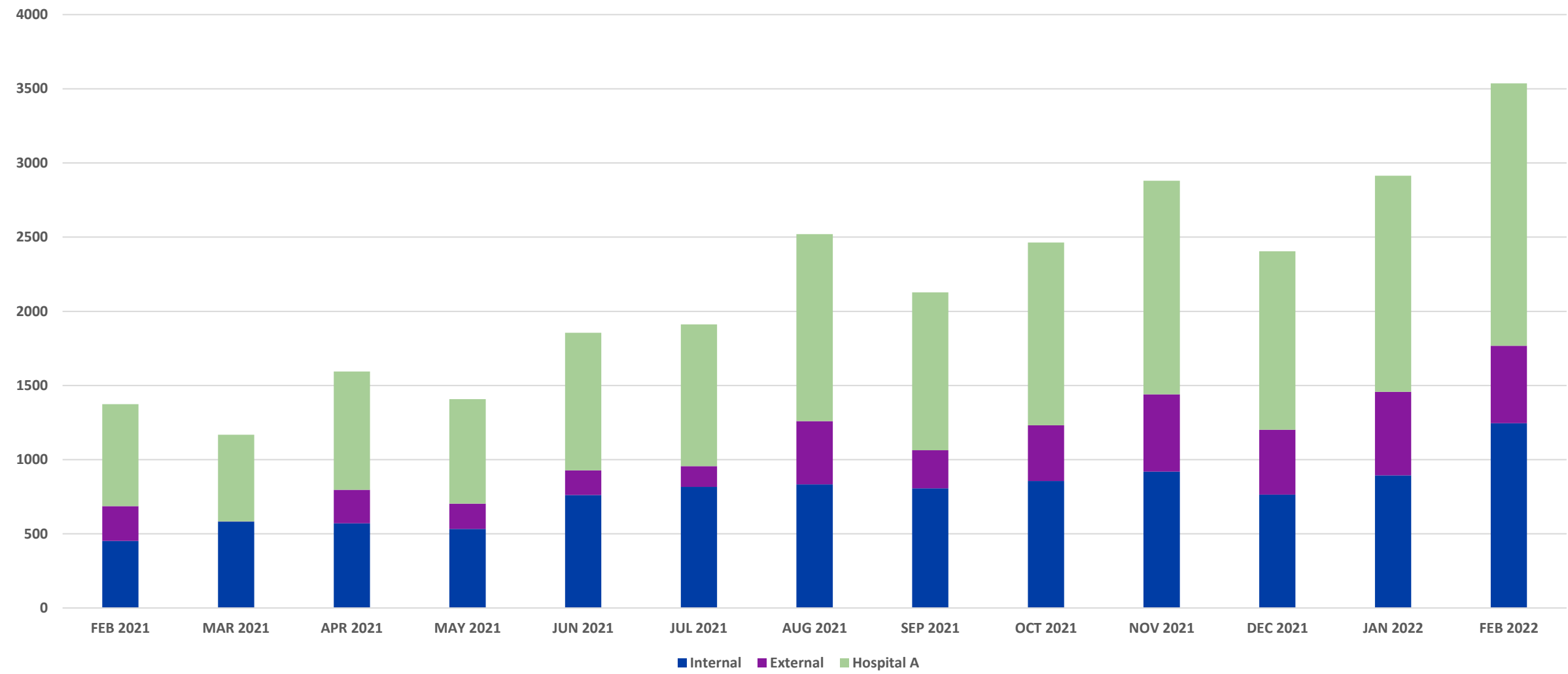
Metrics: Reviews Completed



Metrics: OBRA Cases

- M-F cases per hour completed: 3.30
- Weekend cases per hour completed: 1.19

Metrics: Internal Vs External PA Referrals



Learnings to share



Lessons learned...

- Communicate often to all parties involved
- Listen to key stakeholder feedback (PA, Care Management staff and leaders, etc.)
- Be flexible
- Improve as we go
- Expect that some do not want to change with the process

Lessons learned...

- *Communicate often to all parties involved*
 - Corporate team provided ongoing updates, educational and professional opportunities through email announcements and meeting updates
 - Host quarterly PA Staff meetings to formally meet in between informal communication methods
- *Listen to key stakeholder feedback (PA, Care Management staff and leaders, etc.)*
 - PAs and CM staff and leaders shared updates, observations, and recommendations via email, phone, meetings with the Care Management corporate and local teams

Lessons learned...

- *Be flexible*
 - As the program ensued, changes were made to improve scheduling coverage, provide scheduled educational offerings, and enhance workflow processes
- *Improve as we go*
 - The Internal PA Program is dynamic, and fluid and have accommodated suggestions and recommendation for continuous improvements
 - 14 Physicians currently onboarded, 4 in credentialing process

Where we are going

- 14 Physicians currently onboarded, 4 in credentialing process
- New hospital added for internal PA coverage
- Formation of System UM Regional Physician Advisor Oversight Group





**thank
you!**