Mark S. Michelman, MD, MBA
Sharon Mass, PhD, ACM
Donna Ukanowicz, MS, RN, ACM

Optimizing the Physician Advisor in Case Management

A Guide to Creating and Sustaining Measurable Program Results

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Mark S. Michelman, MD, MBA, Author
Sharon Mass, PhD, LCSW, ACM, Author
Donna Ukanowicz, MS, RN, ACM, Author
Gail P. Grant, MD, MPH, MBA, Reviewer
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Fax: 781/639-2982
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About the Authors

Mark S. Michelman, MD, MBA

Mark S. Michelman, MD, MBA, has been practicing in Clearwater, FL, since 1974 and has been a clinical associate professor of medicine at the University of South Florida College of Medicine for more than 20 years, where he has taught on a part-time basis. He is clinical director at FMQAI (the quality improvement organization for the state of Florida) and served on the board of directors from 1996–2001. For more than 20 years, he has functioned as a "super physician advisor" working with the departments of utilization management, case management, quality management, risk management, and coding. In addition to his clinical practice, he is currently physician quality advisor, medical director of quality management, medical director of utilization management, medical director of case management, and physician coding advisor, all at the Morton Plant Mease Health Care System in Clearwater, FL. In 2006, his healthcare system received the Franklin Award of Distinction, an American Case Management Association/Joint Commission recognition for exceptional hospital and health system case management. He also works closely with the clinical documentation specialists and the evidence-based medicine team at Morton Plant Mease, interfacing between all these teams, the medical staff, and senior management.

He received his MD from Boston (MA) University School of Medicine and completed his internship, medical residency, and hematology fellowship at Albany Medical Center Hospital. He is board-certified in internal medicine, hematology, quality assurance, and utilization review.

Michelman was actively involved, along with his colleagues at FMQAI, in the development, implementation, and hospital/medical staff education of the original "admit to case management protocol," a successful CMS pilot in the state of Florida. He and his colleagues are currently working with quality improvement organizations in several states on a special CMS project on another admit to case management protocol.

Michelman has written and presented on admit to case management protocol at the local, state, and national level. In his role as physician coding advisor, he regularly interfaces with coders, case managers, billing department, and denials personnel. He frequently lectures at the local, state, and national level on coding, DRGs, documentation issues, and medical necessity issues. He recently was the first physician to receive the Distinguished Service Award from FHIMA, which is Florida's state health information management association. He has also been working with the Florida Hospital Association and the Florida Agency for Health Care Administration on the development, implementation, and education for the new CMS present-on-admission indicator and related hospital-acquired conditions.

He is a member of the Florida Medical Association, the American Medical Association, the National Association of Managed Care Physicians, the American College of Managed Care, the American College of Physicians, the American Society of Internal Medicine, the American College of Physician Executives, the American Health Information Management Association, the Florida Health Information Management Association), the Gulf Coast Health Information Management Association, the American Case Management Association, and the Florida chapter of the American Case Management Association.

Sharon Mass, PhD, LCSW, ACM

Sharon Mass, PhD, LCSW, ACM, is the director of case management and palliative care services at Cedars-Sinai Medical Center in Los Angeles. She has more than 25 years' progressive experience in healthcare, ranging from clinical social work to administration of a case management department, in community hospitals, multifacility healthcare systems, and academic/medical centers.

Mass is a founding member of the American Case Management Association. She has published in the fields of thanatology and case management and has spoken on topics related to social work, ethics, case management, and end-of-life issues.

Mass is an adjunct professor at the University of Southern California (USC) School of Social Work. She holds a PhD in clinical social work from the USC School of Social

Work, a master's in social work degree from Hunter College School of Social Work of the City University of New York, and a bachelor's degree from Brooklyn College CUNY. She has received honors including the USC School of Social Work Distinguished Alumnus Award, the American Hospital Association's Southern California Chapter of the Society for Social Work Leaders Social Work Director of the Year, and the Cedars-Sinai Medical Center President's Award.

Donna Ukanowicz, MS, RN, ACM

Donna Ukanowicz, MS, RN, ACM, is a registered nurse with more than 25 years' experience in healthcare, currently serving as director for case management at The University of Texas, M. D. Anderson Cancer Center in Houston. She is a founding member of the American Case Management Association (ACMA), is the immediate past president of the ACMA Board of Directors, and is the current chair of the National Board for Case Management. During her years serving on the ACMA Board of Directors, she assisted with the development of the Franklin Award, the Innovation in Case Management Award, and the Accredited Case Manager (ACM™) certification examination for nurses and social workers practicing in hospital and health system case management.

Ukanowicz's nursing career began as a staff nurse at Yale-New Haven Hospital in New Haven, CT, and she developed the care coordination department at Yale-New Haven in 1995. She received her nursing degree from the University of Bridgeport and her master's in healthcare administration from the University of New Haven (CT). She has presented locally and nationally on topics related to nursing, case management, and leadership.

About the Reviewer

Gail P. Grant, MD, MPH, MBA

Gail P. Grant, MD, MPH, MBA, is medical director of the Resource and Outcomes Management Department at Cedars-Sinai Medical Center in Los Angeles. In that capacity, she works with other department members, medical staff, nursing staff, executive leadership, and line management on quality improvement efforts throughout the Medical Center, through the provision of clinical data analysis and decision support.

Previously, she worked with the department of case management as associate medical director, serving in the physician advisor role. In that role, she supported case managers and social workers in case review and discharge planning. In addition, she facilitated interventions with the hospital's medical staff through physician profiling efforts.

A board-certified internist, Grant received her MPH and MBA after completing the health services management program at UCLA. Her medical management background includes extensive experience in utilization management, case management, and disease management.

Her prior positions include regional medical director at Cost Care, Inc., a major utilization review and network management company, where she was active in case management and protocol development for large, self-insured employers. At Value Health Sciences, she worked on the development of disease management programs in the position of senior research scientist.

How to Use the Tools on the CD-ROM

Benefits of *Optimizing the Physician Advisor in Case Management: A Guide to Creating and Sustaining Measurable Program Results*

Whether you're building a new physician advisor (PA) program or struggling to revitalize an existing one, this book offers the guidance and tools you need to ensure optimal returns on your PA program. All of the book's tools and templates can be found on the accompanying CD-ROM. Put your organization's name on the forms, customize them to fit your needs, and print them out for immediate staff use.

How to Use the Files on Your CD-ROM

To adapt any of the files to your own facility, simply follow the instructions below to open the CD. If you have trouble reading the forms, click on "View," and then "Normal." To adapt the forms, save them first to your own hard drive or disk (by clicking "File," then "Save as," and changing the system to your own). Then change the information to fit your facility, and add or delete any items that you wish to change.

The following file names on the CD-ROM correspond with tools listed in the book:

File name	**Document**
Fig 1-1	Plan of Care Not Evident
Fig 3-1	Observation Status Decision Tree
Fig 3-2	Avoidable Delay Reasons/Variances to Discharge
Fig 5-1	Case Manager/Physician Advisor Communication Tool
Fig 6-1	Checklist for PA Interview
Fig 6-2	PA Job Description
Fig 7-1	Patients Whose Plan of Care May Be Inappropriate
Fig 7-2	LOS Snap Shot
Fig 8-1	Goals and Incentives for PA
Fig 9-1	Long-Stay Summary Report
Fig 9-2	Long-Stay Summary Report Codes
Fig 9-3	Avoidable Delay Report

Installation Instructions

This product was designed for the Windows operating system and includes Word files that will run under Windows 95/98 or later. The CD will work on all PCs and most Macintosh systems. To access the files on the CD-ROM, take the following steps:

1. Insert the CD into your CD-ROM drive.
2. Double-click on the "My Computer" icon, then double-click on the CD drive icon.
3. Double-click on the files you wish to open.
4. Adapt the files by moving the cursor over the areas you wish to change, highlighting them, and typing in the new information using Microsoft Word.
5. To save a file to your facility's system, click on "File" and then click on "Save As." Select the location where you wish to save the file and then click on "Save."
6. To print a document, click on "File" and then click on "Print."

CHAPTER 1

Case Management and Physician Advisors

CHAPTER 1

Case Management and Physician Advisors

LEARNING OBJECTIVES

After reading this chapter, the participant will be able to:

- ✔ Identify the types of case management models
- ✔ Discuss where PAs can fit in different case management models

Shared Goals

A strong physician advisor (PA) program can greatly increase the success of an organization's case management program. But this is a relatively new role for hospitals; ten years ago, few hospitals thought of using a physician as a regular resource for case management. However, as clinical issues have gained greater prominence in revenue cycle management, many hospitals have added this role to their cadre.

If your facility is considering beginning a PA program or wants to revitalize an ineffective program, this book will provide insight on what PA programs can achieve and strategies for crafting the most useful program.

Organizations often struggle to obtain resources for a full-time PA because there are no road maps to show what their responsibilities are, what traits are critical to their success, and what sort of training infrastructure must be created. This book will discuss these issues so organizations can craft a model suitable to them, as well as techniques for successful collaboration and metrics for success when creating a program.

Case Management Programs

Case management is not a new concept, but its focus was once on social services rather than healthcare. About 80 years ago, following the advent of private insurance providers, case management's focus shifted to medical necessity in acute care. Case management subsequently developed as a means to provide comprehensive care and services for specific patient populations, especially frail, elderly, or mentally ill patients in the outpatient setting.

In 2002, members of the American Case Management Association defined case management as follows:

> *Case Management in Hospital/Health Care Systems is a collaborative practice model including patients, nurses, social workers, physicians, other practitioners, caregivers, and the community. The Case Management process encompasses communication and facilitates care along a continuum through effective resource coordination. The goals of Case Management include the achievement of optimal health, access to care, and appropriate utilization of resources, balanced with the patient's right to self determination.*
>
> *—American Case Management Association, 2002*

Case management programs should align with the strategic plan of the organization. Organizations shape the model or program that best suits their needs and decide which features, services, or tasks should fall under the model. These might include issues such as whether to combine case management and social work into one program, whether the program should include clinical documentation improvement and outcomes, whether it should assume responsibility for throughput, whether to extend services to include oversight of palliative care and hospice services, and whether a PA has a role within each component of the program.

Every hospital must also determine which disciplines within its case management program are responsible for the various aspects of care management. This chapter will explore the following traditional case management program models to identify areas in which a PA role might be beneficial:

- Service line model
- Unit-based or geographic model
- Physician-assigned model

Service line model

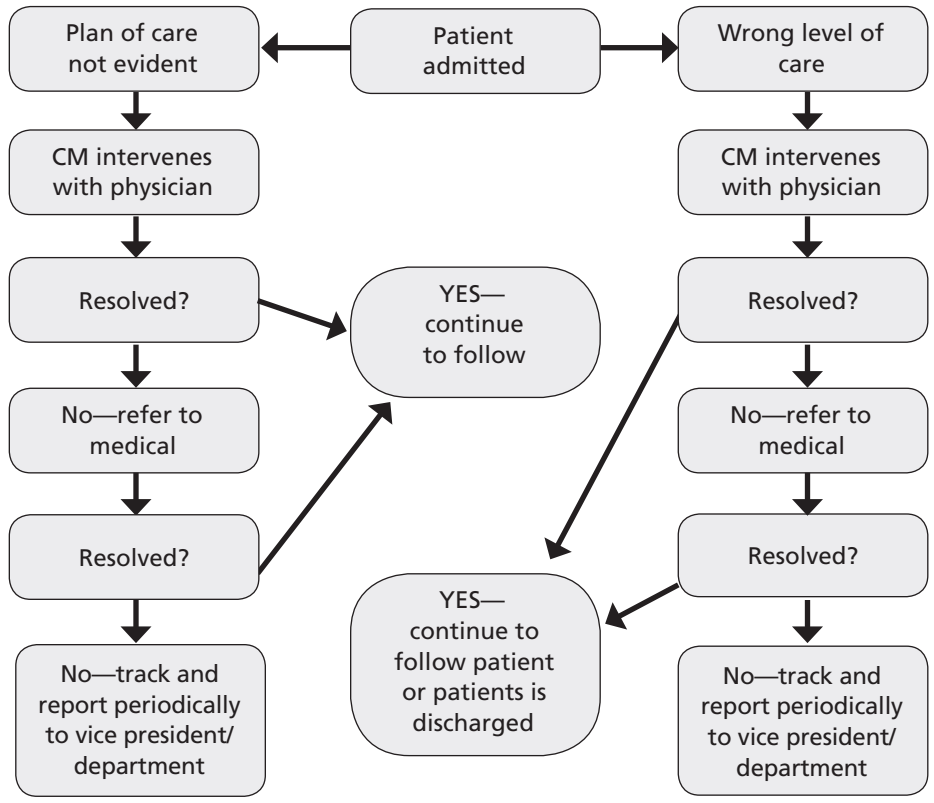
Service line case management allows for the development of a specialist who is an expert in the disease entity, specific patient needs, and payer expectations. Admitting or transferring patients from one unit to another precludes service line case managers from deploying their expertise in a defined specialty. Service line case managers follow patients throughout the hospital stay, and when patients travel from unit to unit, case managers are expected to do the same. This model is not the same as geographic or unit-based localization of patients under a defined grouping of physicians.

This model serves the patient, as it provides continuity of care and allows for an enhanced clinician-patient relationship. Strategic goals to be achieved are: patient satisfaction and condition-specific plans of care (e.g., clinical pathways, reduction in avoidable delays/days, and an efficient length of stay.)

The type of PA who best fits a service-line model has expertise in a given clinical area, such as oncology, orthopedic surgery, or cardiology. PAs need to have the clinical expertise to support the review of cases throughout the patient's hospital stay. PAs who are physicians actively practicing medicine in that specialty will be accepted more readily by other physicians and will have a better understanding of the physician's perspective.

Figure 1.1 is a chart that shows when to call in the PA if a plan of care is not evident. It can be used in any case management model. If a physician is not responsive to a case management (CM) request, refer to the PA.

FIGURE 1.1 **Plan of Care Not Evident**



Source: Reprinted with permission from Cedars-Sinai Medical Center, Los Angeles.

Unit-based or geographic localization model

Unit-based or geographic localization models allow for more flexibility and teamwork than service line models. This is particularly important in an inpatient setting. The model focuses on team communication, meeting individual complex patient needs and reviewing all patients on the unit. Unit-based case management also allows for greater accessibility to patients and higher visibility of case managers with the interdisciplinary team. Case managers should know each patient on the unit and be able to provide timely services.

This model can result in breaks in continuity for patients who are transferred between units. Also, a unit's case managers might not have the level of clinical expertise they need for all types of patients admitted to the unit. These areas are aided by the input of PAs. Key case management needs for this model include:

- Providing clinical expertise in complex medical or surgical cases
- Discussing with the attending physician when additional specialty consultations might be needed
- Advising on quality of care issues

Physician-assigned model

Physician-assigned models involve a few case managers who are assigned to specific physicians. The rest of the case managers in the organization are usually assigned by unit. Physician-assigned models are particularly effective with high-volume surgeons or in large medical group practices, but this model provides challenges and limitations, depending on the type of physician practice an organization is working with.

PAs can be a vital addition to this model, providing education, guidance, and problem-solving that will help resolve challenges.

The challenges with this model are the same that case managers may face when working with physicians in any model, but are magnified if the case manager is working one-on-one with a physician. Physician-assigned case managers may experience the following situations and issues:

1. Problem physicians

This category includes physicians with behavior problems, those who neither understand nor value the services provided by case management, and those displaying issues that occur in all models, such as:

- Routinely admitting patients who do not meet acute care criteria
- Overusing services while the patient is in the hospital
- Using services that could be rendered in another setting
- Incomplete or poor documentation of the plan of care
- Poor communication between caregivers and patients

Some consequences of assigning case managers to problem physicians are that the case managers may experience burnout, request to change assignments, or simply decide to leave the organization. But the PA role can help case managers resolve many of their issues. A PA can assist in alleviating or resolving these issues through early intervention in cases attended by problem physicians, proctoring, and referring to the medical staff's disciplinary process as appropriate.

PAs who are seen as trusted colleagues and are aligned with the case management function are valuable allies to case managers, as they educate case managers regarding clinical issues and also mentor problem physicians by modeling more appropriate clinical care suggestions and better communication techniques.

2. Hospitalists

Hospitalists employed by the organization understand the need to facilitate patient care that results in timely, efficient, and safe discharge. Hospitalists generally understand the role and expectations for case management, and case managers who work with hospitalists often become well-entrenched members of the team. Many case managers find success rounding on patients with hospitalists and jointly coordinating plans for discharge. They usually communicate well with one another. PAs may be called in when the team encounters interdepartmental barriers to a patient's care. The PA, through his or her interactions with the hospital's administrative staff, can help remove the barrier to escalate the situation's importance and find ways for resolution.

3. Physicians on the teaching service

Case managers working with physicians who conduct teaching rounds need to be assertive with moving patients along the continuum of care. Lengthy teaching rounds sometimes delay processes of care that require physician documentation if the rounds supercede writing orders for patients nearing discharge. PAs can work with case managers and the interdisciplinary team to prioritize needs for patients and therefore avoid delays in care or discharge. For example, after critically ill patients are seen, a case manager can ask the team to next round on those patients nearing discharge, so that discharge orders can be completed and patients be discharged without delay. This frees up beds for the next admission.

Discharge times for the physician teams can be tracked, and if the times need improvement, PAs can intervene and coach physicians through process improvement. Additionally, PAs can take on an educator role by advising on the different levels of care, the influence of the payer on discharge planning, and the role of home healthcare and skilled nursing facilities in the continuum of patient care.

PAs can coordinate education sessions and serve as peer mentors for physicians to provide education regarding documentation requirements to support their practice.

Education sessions may cover the following topics:

- Levels of care
- Criteria sets used to support levels of care
- Payer contracts and role of the physician with the payer's medical director
- Overview of Medicare, Medicare Advantage Plans, Medicaid
- Pharmaceutical coverage, including Medicare Part D
- Different services available postdischarge in the community:
  - Home health
  - Durable medical equipment
  - Infusion therapy
  - Physical therapy/occupational therapy/speech therapy
  - Social work services
  - Hospice services
- Requirements to meet placement for:
  - Nursing home (skilled, intermediate, or custodial)
  - Long-term acute care hospitals

4. Staff model physicians employed by an academic medical center

These physicians might be caught in the midst of balancing clinical practice with academic research. Case managers can assist physicians with understanding the need to advance patients to the next level of care. The PA can assist with educating the staff physician regarding payer practices, medical necessity determination, different levels of care (and services available at each level), regulatory requirements, and doing what is best for patients and the organization.

5. Community physicians in private practice

These physicians have privileges to practice in the organization and usually embrace case management and seek its guidance to produce effective and efficient outcomes. However, they are often caught in a balancing act of time spent rounding on hospitalized patients and time spent seeing patients in their office. Case managers assigned to community physicians need to know the supports provided to the physician from their office locations, so that case managers can work with the other members of the practice and call on them for issues such as provision of laboratory and imaging results that facilitate the progression of the plan of care or peer-to-peer review for potential denials due to lack of medical necessity. PAs should know the community practice physicians and work with them to see whether their needs are being met as customers of the hospital. Ideally, PAs should know the rounding practices of community physicians in order to assist them with progression of the treatment plan of their patients.

6. Combined situations with academic faculty and community-based physicians

In this models, it is critical that the case manager and the PA know who to call since there may be many physicians, residents, interns, and so on involved in patient care and it may be confusing as to who should be contacted as the main point person.

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