



# Physician Advisors: Bridging the Gap Between Revenue Cycle and Clinical Care

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## What Does It Mean?

Healthcare leaders are becoming increasingly aware of the positive impact hiring physician advisors may have on their organizations' revenue flow. In fact, according to a 2018 Healthcare Business Insights survey, a little more than half (57.89%) of organizations reported having an internal physician advisor to conduct concurrent patient status reviews. Traditionally these roles have been seen working in close association with clinical staff while furthering the administrative and financial objectives of a health system. Backed with clinical knowledge gained from years of practicing as a clinician and an understanding of revenue cycle processes, physician advisors can effectively bridge the communication gap between clinical and revenue cycle staff. This article reviews the experiences and strategies of physician advisors from two different health systems who over the years have mastered this role.

With each passing year, the spectrum of responsibilities physician advisors may handle is evolving. The physician advisor role initially grew out of a staffing need—a role with clinical knowledge that also understands government and commercial payer regulations in order to assist with administrative functions, such as conducting peer-to-peer reviews for medical necessity denials, reviewing inpatient versus observation status, and more. Over time, healthcare leaders have leveraged this role to relay crucial nonclinical information to the provider community and also to drive targeted education efforts. As their responsibilities have expanded, physician advisors have found themselves collaborating with staff in different areas of the middle revenue cycle like utilization review, denial management, coding, and clinical documentation integrity—all of which are areas of the revenue cycle heavily reliant on clinical staff following appropriate administrative guidelines. In recent years, physician advisors have also become more involved in front- and back-end processes.

To learn more about the workflows of a physician advisor role and key strategies for success, the revenue cycle research team at Healthcare Business Insights recently connected with Howard Stein, associate director of medical affairs and senior physician advisor at CentraState Healthcare System, and Juliet B. Ugarte Hopkins, physician advisor of case management, utilization, and clinical documentation at ProHealth Care, Inc.

**PROFILE:****CentraState Healthcare System**

- Nonprofit health system in Freehold, New Jersey
- One teaching hospital, six Family Practice of CentraState clinics, and two Women's Health Specialists locations
- Cerner (inpatient) and NextGen Healthcare (ambulatory) EHR

**ProHealth Care, Inc.**

- Nonprofit healthcare system in Waukesha, Wisconsin
- Two hospitals, one rehabilitation hospital, an inpatient hospice facility, and 15 ProHealth Medical Group clinics
- Epic EHR

## The Evolving Role of a Physician Advisor

In 1993, CentraState Healthcare System hired Dr. Stein as a part-time employee to review and appeal level-of-care denials. The decision to hire a staff member with a clinical background for the sole purpose of managing a type of clinical denial was a foresighted step that has since become a popular trend among healthcare organizations. Over the years, his role as a physician advisor has transformed and expanded; in 1997, he received the additional responsibility of utilization review, and in 2003, he became a full-time physician executive at CentraState Healthcare System.

"The role of the physician advisor has really grown a lot, and it has grown tentacles into all of the different clinical areas and revenue streams in the hospital setting," Dr. Stein explained. "Years ago, physician advisors learned to do work such as utilization review, reviewing records to justify insurance payments, and appeal work. They would also do second-level reviews where nurse case managers refer them cases—usually Medicare cases—to make level-of-care decisions. But the role has grown to handle other areas, such as CDI and coding. There are a lot of areas within the hospital and its revenue streams that a physician advisor can affect and bridge the gap between the clinical side and the finance side."

In recent years, the organization hired two additional physician advisors, one part time and one full time. The part-time physician advisor—also a practicing physician at the organization—is responsible for reviewing and auditing quality referrals and clinical documentation. The full-time physician advisor, also known as the physician informaticist, taps into his clinical and data-focused background to design items such as order sets, progress notes, patient clinical history charts, the visual look of applications, and user-friendly interdepartmental interfaces. He also extracts crucial data from the informatics system and generates reports targeted at the physician community.

The three physician advisors at CentraState Healthcare System report to the chief medical officer, but Dr. Stein noted that previously he had reported to various other C-suite roles, such as the chief operating officer and the chief executive officer. He also has significant interactions with other leaders throughout the organization, including the directors of patient access, case management, and social work and the assistant vice president of finance, as a part of his day-to-day workflows.

In addition to his full-time role as a physician advisor, Dr. Stein also provides bioethics consultations to patients or their family members from time to time.

## A Sample Schedule of Dr. Howard Stein's Typical Day at CentraState Health System

Time	Activity
7:00 AM	Reviewing charts of patients with six days or longer stays and taking preparatory notes for multidisciplinary rounds
8:30 AM	Six sets of multidisciplinary rounds, spending approximately 35 minutes in each inpatient unit discussing patient statuses with clinical staff, such as the bedside nurse, assistant nurse manager, physical therapist, respiratory therapist, nurse case manager, social workers, and clinical pharmacist
11:30 AM	One-on-one discussion with physicians on different patient cases and answering physician queries
12:30 PM	Half hour lunch break
1:00 PM	Reviewing second level referrals from case managers, usually about Medicare patients
1:30 PM	Evaluating and dictating second-level appeal letters, conducting peer-to-peer reviews with medical directors of payer organizations, and attempting to overturn or appeal denials
3:00 PM	Rounding through patient floors for discharge planning and bedside discussion with attending physicians
4:00 PM	Wrapping up administrative duties as the assistant director of medical affairs and sometimes providing bioethics consultations

Based on the recommendations of a consulting firm, ProHealth Care, Inc. hired one physician advisor, Dr. Ugarte Hopkins, just over seven years ago. At the time she was a practicing pediatric hospitalist with 10 years of clinical experience, but was looking for a role change and found herself inclined towards administrative roles offered by health systems.

"I'm kind of a testament to the fact that you don't need to go into this role being an expert or even being an adult medicine doctor," Dr. Ugarte Hopkins noted. "There are many different subspecialties that transition into this administrative role. You just need to be able to find the information that you need to inform your health system and serve as a strong advocate for your case management, utilization review, clinical documentation, and coding teams. It's about making sure you can break down the messages these teams need to get across on the rules and overall concepts of hospital utilization and also, that you can break it down to medical staff and providers in a way they can understand and appreciate."

Dr. Ugarte Hopkins reports to ProHealth Care's vice president of continuum of care, who looks into care processes involving clinical documentation integrity (CDI), care management, and utilization review teams. She also reports to the chief physician operating officer, collaborating on issues directly involving medical staff at the organization.

As the sole physician advisor at ProHealth Care, Inc., Dr. Ugarte Hopkins juggles a variety of responsibilities that can differ from day to day. One of her larger responsibilities is to help determine the appropriateness of patient statuses for cases where the evidence in support of or against the assigned status is not clear. These cases are identified by the utilization team, which is responsible for reviewing charts to determine the appropriate level of care using Milliman Care Guidelines criteria while keeping in mind payer-specific regulations. If the team finds a discrepancy in the physician's documentation or the appropriate status is still not entirely clear after their review, the utilization team refers those cases over to Dr. Ugarte Hopkins. During other parts of the day, she works with the CDI team to resolve challenging physician queries and clarify payer requirements. From time to time, she will also collaborate with mid-cycle teams to identify improvement opportunities or help mitigate challenges in their daily workflows around tracking patient flow, auditing quality and performance metrics, navigating coding rule changes, and more.

"With this role, you have to be well versed in going with the flow, able to alter what you're doing, and always be up for new challenges," Dr. Ugarte Hopkins added. "Because it's definitely not the same thing every day."

Another large part of her role is helping out with organizationwide projects that involve change impacting the physician community, such as Medicare's recent regulation removing approximately 300 musculoskeletal-related procedures from their list of inpatient services. She helps to notify the physician community about such changes and provides support as they navigate new workflows.

## Supporting Clinical Staff

Establishing a positive rapport with clinical staff is crucial to the success of a physician advisor. Having a clinical background gives physician advisors the ability to relate to, speak to, and empathize with the clinical community. They also understand that physicians' main focus is patient care, and that it is their responsibility as physician advisors to help physicians adhere to administrative guidelines. They

can do this by relaying complex regulatory updates in a language that clinical staff appreciate and, most importantly, not overburdening clinical staff by sharing only the most vital information that they need to know. In this way, physician advisors are able to minimize the amount of time and effort physicians spend learning about important administrative and regulatory guidelines, allowing them to focus more on providing quality patient care.

Dr. Stein also emphasizes the importance of gaining the trust of nursing staff along with physicians, and frequently collaborating with them on patient cases as they might have critical information to share on patient care. Similarly, having a clinical pharmacist accompany him during his floor rounds helps the pharmacist gauge patients' care needs and avoid issues like anticoagulation, duplication of antibiotics, and prescribing inappropriate drug dosage.

"I think you need to have the right personality to be a physician advisor," Dr. Stein suggested. "You have to be able to get along with everybody. I always joke with others that I have to be the good cop. I can't be the one delivering bad news to other physicians or nurses because their cooperation in my work is critical to my success. They are very much a member of my team, and when a physician might do something that adversely affects the continuum of care of a patient—and perhaps it even costs the hospital more money to do it the way they're doing it—I look at it as an educational opportunity."

Dr. Stein finds one-on-one training sessions with physicians to be the most effective method of delivering education, though he also uses departmental, directorial, and board of trustees meetings as a platform to disseminate vital information across the organization. To ensure HIPAA compliance and protection of patient's personal information, he uses encrypted messaging tools and emails to discuss patient cases with physicians as needed. From time to time, he will also post new policies or information in the organization's physician lounge, such as information on the two-midnight rule.

At ProHealth Care, Inc., Dr. Ugarte Hopkins employs a number of methods and uses electronic platforms to train and educate nonclinical and clinical staff on changing payer regulations and administrative guidelines. She regularly compiles tip sheets outlining different patient scenarios that staff may face ranging from situations that are more straightforward to handle, like administering Advanced Beneficiary Notices (ABNs) to patients, to more complex issues like handling inpatients undergoing legal proceedings. These tip sheets are saved in a centralized location within the organization's computer system that staff can access as required or when such situations crop up. Dr. Ugarte Hopkins also collaborates with front-line staff and managers when developing these documents to ensure that the language is comprehensible at all levels.

"The utilization team and I actually have a huddle for about a half an hour to an hour every other week," Dr. Ugarte Hopkins added. "It's just a time set aside for us to talk about any particularly challenging cases or concepts that they've seen over time. This allows us to hash out specific ideas regarding patient status and avoid days, with a little more emphasis on how to make decisions one way or another."

Since the pandemic, she has been working remotely, using Webex to conduct her team huddles and collaborating with staff through emails and phone calls.

## Collaborating With Revenue Cycle

Patient access and the business office are also developing into potential areas that physician advisors may positively impact and collaborate with—especially as the industry continues to shift from fee-for-service to value-based reimbursement, which ties organizations' clinical outcomes to their ability to get paid. A physician advisor can help bridge the gap between these two realms, ensuring clinicians adhere to workflows that are necessary for revenue cycle staff to successfully obtain reimbursement and avoid regulatory violations. At the same time, they can communicate the concerns and needs of clinical teams to areas of the revenue cycle where clinical staff are not directly involved, such as patient access and business office. At CentraState Health System, for example, Dr. Stein engages with front-end staff in ensuring the availability of inpatient beds as per patient care demands.

"Somedays there are people waiting for beds, and you need to create or try to attain the number of discharges necessary to place those admitted or observation patients in beds," he explained. "Sometimes, for example, there are too many patients on telemetry, and through multidisciplinary rounds, the physician advisor can identify those patients who might not need that service any longer. Physician advisors can also work with patient access on inpatient versus outpatient surgery patients coming in a day or two earlier for a clinical reason, to find out if that's a legitimate reason to put a patient in the hospital prior to their surgery."

Dr. Stein also collaborates with patient financial services staff and other senior leaders on the finance team to go over CMS and managed care rules. He emphasizes that conversations with these teams are mutually beneficial since opportunities exist for a physician advisor to educate them and vice versa. These staff also participate in monthly meetings held by Dr. Stein with other teams involved in care coordination. Physician advisors also have a crucial role in organizations' contract management workflows as they may provide input on inpatient and outpatient procedure rates, and help introduce favorable language in contracts to overcome certain negative payer practices during negotiations.

At ProHealth Care, Inc., Dr. Ugarte Hopkins has regular interactions with the billing team over, for example, delivering ABNs and other Medicare notices and then following that through with appropriate billing after patient discharge. She actively participates in denial management processes within the organization by analyzing denial root causes and payer trends. She also works with a point-of-entry case manager who reviews incoming surgical cases for appropriate status and investigates cases where prior authorization was not secured. On a quarterly basis, she holds meetings with the billing, coding, and HIM departments to discuss patient scenarios that may require interdepartmental collaboration with case management, utilization management, and the CDI teams.

## Setting up for Success

Healthcare organizations looking to establish a physician advisor program must consider a few criteria when selecting the ideal candidate for this role. Some organizations have benefitted from appointing internal candidates with years of experience working as a medical professional in the same organization, since they have an established rapport with the in-house physician community. Finding candidates with a background in primary care, family practice, internal medicine, or pediatric care can also be beneficial, as those individuals may be more versed in a variety of cases within the hospital setting—though successful candidates can come from specialty care backgrounds, too. Regardless, having strong communication skills is a vital attribute to look for in a candidate, as they will need to interact with a variety of teams and departments across the organization and distill complex information in a clear, concise manner. In addition to their professional medical degree, organizations might also consider candidates with a master's degree in health administration or business administration or medical executive management.

Organizations with established physician advisor programs can onboard new physician advisors through mentorship with existing ones. Physician advisors hired into organizations that do not yet have the framework in place for this position will need to carve it out as they go, as Dr. Ugarte Hopkins and Dr. Stein did. Today, however, there are a number of national physician associations and nonprofit organizations that new and existing physician advisors can also tap into to learn more about the job, expand their skills, and connect with peers across the country. These organizations also provide webinars, conferences, certification courses, and other resources that physician advisors may reference while preparing for this role.

### Industry Resources for Physician Advisor Support

- **American College of Physician Advisors<sup>1</sup>:** A nonprofit organization dedicated to educating physician advisors along with other middle revenue cycle leaders. It offers:
  - Access to a membership community, including committees focused on pediatric physician advisors, observation issues, government affairs, and CDI.
  - Educational resources, such as webinars, articles, and tip sheets.
  - Yearly conference held by the organization.
- **American Board of Quality Assurance and Utilization Review Physicians<sup>2</sup>:** An association that provides subspecialty certification as physician advisor, and board certifications in healthcare quality and management among other industry certifications.
- **RAC Relief<sup>3</sup>:** An open-access listserv including around 1500 active members posting information and questions on trending topics about patient status, hospital utilization, and clinical documentation from across the country.
- **Pediatric Physician Advisor Forum<sup>4</sup>:** An open-access listserv where pediatric physician advisors and other hospital leaders involved with pediatric patients from across the country post information, questions, and suggestions on trending topics related to hospital pediatric populations.

*Dr. Ugarte Hopkins was appointed as the president of the American College of Physicians Advisors on January 1, 2021, and Dr. Stein is one of the founding members of this organization and currently serves as a board member.*

In order to gauge the impact of physician advisors within a health system, organizations may track and measure their performance through several key metrics, such as appropriate determination of length of patient stay, reduction in avoidable days, reduction in clinical denials, improvement in cost per case, and appeal success rate. Identifying key areas where physician advisors' efforts may have the greatest impact can also help organizations make the case for investing in such a role.

"I would focus on the areas where there is a large return on investment, such as doing second-level Medicare reviews, running observation reviews, doing insurance appeal work, and doing peer-to-peers," Dr. Stein said. "And then, some expansion into other areas of the organization can occur, but I think organizations that don't have physician advisor programs are probably leaving significant amounts of money on the table."

## CentraState Health System's Return on Investment From One Physician Advisor Role



Average Success Rate in  
Overturning Clinical Denials

**75%-80%**

CLAIM

APPROVED

### Clinical Denials Overturned

276 denials successfully appealed in 2019

226 denials successfully appealed in 2020

*Using his clinical expertise, Dr. Stein has been able to successfully appeal denials through peer-to-peer reviews, each of which generates around \$7,000-\$10,000 in revenue.*

"There used to be a number of different people who maybe had a little bit of information here and there, but my role is not only to be that source of truth in a greater scope but also to be the person that people go to figure out their issue," Dr. Ugarte Hopkins explained. "Even if I don't know what the answer is right away, I know where to go to find it, and [the physicians] know that I'm going to help them in getting to the root of whatever their question or problem is."

Healthcare organizations that are considering employing physician advisors or restructuring their existing physician advisor programs may draw insights from the strategies CentraState Healthcare System and ProHealth Care, Inc., shared to achieve success in this field. From providing support to clinical staff in carrying out their administrative responsibilities to being an advocate for case management, utilization review, and CDI efforts, this role has enormous potential to recognize and recover missed revenue opportunities.

Have a question about this topic or another altogether? The Healthcare Business Insights' research team is on the case. Send a message to [askHBI@clarivate.com](mailto:askHBI@clarivate.com) with your questions!

### Citations

1. "American College of Physician Advisors," American College of Physician Advisors, accessed May 14, 2021, <https://www.acpadvisors.org/>.
2. "American Board of Quality Assurance and Utilization Review Physicians," American Board of Quality Assurance and Utilization Review Physicians, accessed May 14, 2021, <https://www.abqaurp.org/>.
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4. "Pediatric Physician Advisor Forum," Google Groups, accessed May 28, 2021, <https://groups.google.com/g/pediatric-physician-advisor-forum>.