2016 Physician Advisor Survey

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Physician advisor opportunities for improvement

When it comes to the role of the physician advisor in CDI, there's room for improvement, according to new survey and poll data. This spring, ACDIS released three separate surveys, including:

- The *2016 ACDIS Physician Advisor Survey,* which garnered 341 responses. Of that number, 56% identified as CDI specialists, 24% as CDI managers, 12% as CDI leads, and 5% as physician advisors. The remaining respondents identified as CDI educators, auditors, or preceptors. (See Figure 1.)
- The *2016 ACDIS Physician Advisor Survey for Physicians,* which was targeted to physician advisors, CDI managers, or members of ACDIS with physician credentials. This survey garnered 62 responses, 34% of whom identified as CDI specialists, 30% as CDI managers/directors, and 26% as physician advisors/champions. The remaining respondents identified as managers/directors of other departments such as HIM, case management, utilization review, or quality. (See Figure 1.)
- An ACDIS website poll, which asked "Is your physician advisor effective?" and garnered 407 responses, 24% of whom indicated their physician advisor was "indispensable" and 20% said they were "moderately effective". (See Figure 2.)

Physician advisor demographics

Despite the difference in the survey's target audience, "there's a lot of interesting overlap in the results," says **Anthony F. Oliva, DO, MMM, FACPE,** Vice President and Chief Medical Officer at JA Thomas/NuanceCommunications, Inc., based in Burlington, Massachusetts.

Most facilities seem to have a physician advisor program in place, as less than 40% in all three surveys indicated they did not have such a position. (See Figure 2.)

The physician advisor is typically an MD or DO, often works as a primary physician or hospitalist, and spends less than 10 hours per week on CDI activities. (See figures 3, 4, and 5.)

"It doesn't surprise me that these guys are part-time," says **Louis Grujanac, DO,** AHIMA ICD-10-CM/PCS trainer, an independent consultant based in the Chicago area.

He also wasn't surprised by the percentage of facility hospitalists serving in physician advisor roles, although he applauded programs savvy enough to pull in physician advisors from the surgical side of the house. Obtaining such support can often yield large returns, says Grujanac, who has been involved in CDI consulting since 1993.

"If you can pull a surgeon in and get that buy-in, you'll be able to win over the hearts and minds of the rest of the surgical staff. These cases often contribute to a facility's case-mix index and prove to be incredibly valuable," Grujanac says.

> **If there's anything this survey data shows, it's that physician advisors need to be trained and that many may need to be retrained.**
>
> *—Louis Grujanac, DO*

Most CDI programs have had a physician advisor involved for one to four years, typical according to Grujanac. "Physicians want to go on to do other things," he says.

Interestingly, a number also indicated they'd had a physician advisor involved for eight years or more. (See Figure 6.)

"I wonder about the consistency of these programs," says Oliva, who suggests that programs may have had *a* physician advisor involved for those eight years, but perhaps not the *same* physician advisor. Another possibility is that participants misread the question and entered the age of their program rather than the length of their physician advisor's involvement.

If the results are taken at face value, it's "pretty surprising" and "pretty good" that some CDI programs have held onto their physician advisor for so long, Grujanac says.

Juggling hats

Physician advisors serve a variety of purposes beyond documentation improvement, including assisting case management, utilization review, quality, and coding departments, among other assignments, the survey shows. (See Figure 7.)

> **How can you accomplish everything and help your CDI program move forward if you have all these competing obligations?**
>
> *—Erica E. Remer, MD, FACEP, CCDS*

The data supports what Oliva's seen across the country, with the CDI physician advisor typically supporting utilization and case management teams, although Oliva and Grujanac think the percentage of respondents supporting HIM/coding seems high and question the effectiveness of advisory duties in that regard.

"The problem you run into is that the physician advisor role gets co-opted," Oliva says.

Open-ended responses show physician advisors serving in other ways as well, such as assisting with audit defense, medical governance, EHR implementation and maintenance, compliance, and accountable care organization/Hierarchical Condition Category subcommittees.

As the physician advisor for a 15-hospital system, **Erica E. Remer, MD, FACEP, CCDS,** clinical documentation integrity advisor of University Hospitals in Cleveland, knows how difficult it can be to manage competing obligations.

"I work full-time in my system, and still it can feel overwhelming," Remer says. "How can you accomplish everything and help your CDI program move forward if you have all these competing obligations?"

CDI areas of focus

The physician advisor's CDI-related tasks vary widely, including helping with outstanding queries, conducting medical necessity review, and providing education for CDI specialists and physicians, among other items. (See Figure 8.)

Most respondents indicated they had a query escalation policy in place—a policy regarding how to handle query discrepancies and/or when to inform a program manager or other individual due to lack of response. The 2013 joint ACDIS/AHIMA practice brief, *Guidelines for Achieving a Compliant Query Practice,* sets forth example escalation policies and recommends facilities create a process that works best for them. (See Figure 9.)

Physician advisors can help with such processes in a variety of ways. Survey responses reflected their efforts, with the majority indicating that the physician advisor handles the escalation process and discusses the matter with errant physicians.

The survey also shows a significant percentage of physician advisors helping CDI and coding staff identify whether escalation is actually warranted and bringing matters to the attention of appropriate medical staff as needed. (See Figure 10.)

Grujanac questions the depth and detail of physician advisor involvement in some aspects of the obligations included in Figure 8. What does it mean to ask a physician advisor to help "close" a query, he wonders, and should physician advisors really be involved in retrospective CDI support, or should that be outsourced using assistance from consultants, for example?

"The vast majority of the job is physician education, not asking queries," says Remer, who thinks that 100% of respondents should have included physician education

as one of their principal responsibilities—however, only 55% of respondents to the larger survey and 80% of respondents to the physician-directed survey did so.

"As the physician advisor, you should be teaching physicians how to document correctly the first time, not punishing them for failing to get the documentation correct," says Remer.

With physician advisors only working five to 10 hours per week, Grujanac wonders how often these tasks actually get addressed.

"Yes," he says, "physician education is one of the fundamental responsibilities of the physician advisor, but how often are they actually doing this? Monthly? Quarterly?"

Without a consistently defined set of expectations, physician advisors essentially catch as catch can, responding to CDI program needs within the limited time allotted, Oliva says.

Education and training efforts

Like many new to the world of CDI, Remer didn't know much about healthcare reimbursement when she first started. She attended the ACDIS Physician Advisor Boot Camp, and availed herself of as much information as she could from her CDI team and ACDIS resources.

Those working part-time in the physician advisor role who scrape together hours to help the CDI team likely have limited time for self-education or for the in-depth learning required to be effective in the role, says Remer.

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>
> *—Tony Oliva, MD*

"As a physician advisor, I don't need to be a coder or a CDI specialist, but I need to be able to speak intelligently to the coders, the CDI specialists, and the physicians," she says.

Sixty-seven percent of respondents to the physician-targeted survey indicated they received some CDI training—although that's still far from a perfect 100%, says Oliva, who recommends some CDI-specific training even if it's modular in nature. (See Figure 11.)

"If there's anything this survey data shows, it's that physician advisors need to be trained and that many may need to be retrained," says Grujanac.

Approval rating

The survey data seems to echo Grujanac's concerns. In the larger survey, sent to all ACDIS members, respondents were essentially split 50/50 in their approval rate of physician advisors. Slightly more than 50% called their physician advisor either "very beneficial" or "indispensable."

The remaining respondents called them only "moderately effective" or "ineffective." Perhaps not surprisingly, the survey to physician advisors themselves showed a higher approval rate, with 68% dubbing the role as "very beneficial" or "indispensable" and 32% as "moderately effective" or "ineffective." (See Figure 2.)

"Essentially, we're saying that only half of all CDI physician advisors working today are effective," says Oliva. "That represents a huge opportunity for improvement."

When asked how programs measured effectiveness, responses ran the gamut; most indicated they had no (or an unknown) formal assessment process in place, and many provided anecdotes based on how much perceived support the physician advisor provides to the CDI staff.

"The physician advisor should be an integral part of the CDI team," says Grujanac. "It would be nice if you could count on them."

Identifying opportunities

CDI programs should take a second look at how they use their physician advisor, Grujanac says. Step one is to develop a comprehensive job description.

At a minimum, "responsibilities should include providing education to the physicians and making themselves available to answer clinical questions from CDI and coding staff," says Oliva.

And while CDI programs need to be flexible, keeping in mind the limited availability of the physician advisor, parameters should be set regarding how much of the advisor's five to 10 hours per week should be spent on which tasks, Grujanac says.

"Sure there's five minutes here and five minutes there, and before you know it that physician advisor's time is spent up and the CDI program has no additional room for larger education efforts, assessments, or growth analysis," he says.

Tracking the physician advisor's time should fall to the CDI program administrator or manager; the time tracking should weigh the advisor's efforts against the larger needs of the program and ensure that individual physicians or CDI specialists aren't monopolizing the advisor's time with minutiae as opposed to bigger-picture educational or program improvement activities.

"CDI program managers need to find ways to be more objective in expectations," too, Oliva says, so that assessments of the physician advisor's effectiveness can be measured just as one would expect to measure an individual CDI specialist's effectiveness.

Step two, says Grujanac, is training. He used to provide two four-hour days of concentrated CDI education during previous consulting engagements, he says.

"Sure, it's difficult to get them out of their daily activities, but that training is crucial. You need to find something that works for everyone," Grujanac says.

Then, add layers. Start off with classroom training or the ACDIS Conference or Physician Advisor Boot Camp, then provide time for job shadowing and ongoing education. Make sure the physician advisor understands how the CDI specialists interact with the physicians and how the overall program works.

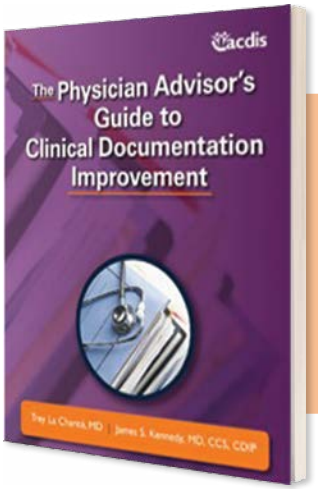
Of course, hiring the right fit matters, too, Grujanac says. He recommends that the physician advisor have broad knowledge of various specialties and be well regarded in the physician community.

Finally, assess the physician advisor's involvement and hold him or her accountable. Respondents to both surveys indicated their physician advisors receive salary compensation, although the sources who reviewed the surveys lent little credence to these responses, since most also reported their physician advisor only works five hours per week. (See Figure 12.)

"What kind of carrot or stick can you use to get the physician advisor on board?" Grujanac wonders.

Regardless of how the physician advisor is compensated (or how much compensation he or she receives), a portion of that compensation should be tied to certain productivity expectations. Those expectations should be clearly spelled out in the job description, taught during the training, and supported through administration's management and assessment of the CDI team's activities, he says.

"Clearly, there is just so much opportunity here to develop additional training, provide support for the physician advisor, and to better leverage their involvement with the CDI team," says Grujanac.



The Physician Advisor's Guide to Clinical Documentation Improvement

Physician advisors are not just needed for case management anymore. ICD-10-CM/PCS and the changing landscape of healthcare reimbursement make their input invaluable in the realm of CDI and coding, too. Trey La Charité, MD, physician advisor for the University of Tennessee Medical Center, and James S. Kennedy, MD, CCS, CDIP, president of CDIMD-Physician Champions in Nashville, collaborated on this volume to help physician advisors quickly understand the vital role they play and how they can not only help improve healthcare reimbursement, but also reduce claims denials and improve the quality of care overall.

FIGURE 1: Survey demographics

	No. of responses	CDI specialists	CDI (or dept.) managers	Physician advisors
2016 Physician Advisor Survey	341	56%	24%	5%
2016 Physician Advisor Survey for Physicians	62	34%	38%	26%

FIGURE 2: Physician advisor effectiveness ratings *(*ACDIS poll results separate from survey calculations)*

	2016 Physician Advisor Survey	2016 Physician Advisor Survey for Physicians	ACDIS poll*
Indispensable	26%	42%	24%
Very beneficial	26%	26%	NA
Moderately effective	28%	14%	20%
Ineffective	20%	18%	17%
We don't have a physician advisor	33%	18%	37%

FIGURE 3: Which credential type does your physician advisor hold?

	2016 Physician Advisor Survey	2016 Physician Advisor Survey for Physicians
MD/DO	92%	93%
NP/PA	2%	0%
FMG	6%	7%

FIGURE 4: What is your physician advisors' area of clinical concentration?

	2016 Physician Advisor Survey	2016 Physician Advisor Survey for Physicians
Medicine (primary)	35%	33%
Medicine (hospitalist)	28%	46%
Emergency	4%	0%
Pediatrics	2%	2%
Medicine (all other specialties)	15%	13%
Surgery (general)	9%	4%
Surgery (all other specialties)	7%	2%

FIGURE 5: How much time per week does the physician advisor spend on CDI activities?

	2016 Physician Advisor Survey	2016 Physician Advisor Survey for Physicians
One to five hours	58%	55%
Six to 10 hours	15%	16%
11 to 20 hours	11%	15%
More than 20 hours	16%	13%

FIGURE 6: How long has your CDI program had a physician advisor involved/employed?

	2016 Physician Advisor Survey	2016 Physician Advisor Survey for Physicians
Less than one year	15%	14%
One to two years	29%	11%
Three to four years	28%	34%
Five to six years	14%	14%
Seven to eight years	5%	5%
Over eight years	9%	22%

FIGURE 7: What other departments does the physician advisor serve?

	2016 Physician Advisor Survey	2016 Physician Advisor Survey for Physicians
Case management	44%	50%
Utilization review	43%	42%
Quality	21%	30%
HIM/coding	19%	44%
Don't know	25%	18%
Other	14%	14%

FIGURE 8: Which of the following are included in your physician advisor's responsibilities?

	2016 Physician Advisor Survey	2016 Physician Advisor Survey for Physicians
Helping to "close" outstanding physician queries	58%	60%
Helping to draft compliant/effective queries	20%	42%
Querying physicians on a concurrent or retrospective basis	14%	26%
Offering coding/query suggestions to CDI/coding staff	33%	49%
Providing pre-/post-bill clinical documentation support	24%	42%
Assisting with auditor appeals/ drafting appeals letters	37%	54%
Reviewing charts for medical necessity of inpatient admissions	30%	40%
Providing documentation/clinical education to CDI and coding staff	30%	47%
Assisting CDI staff with presenting documentation improvement education to physicians	55%	80%
Disciplining noncompliant physicians	34%	19%
Other	14%	10%

FIGURE 9: Does your CDI program have an escalation process in place?

	2016 Physician Advisor Survey	2016 Physician Advisor Survey for Physicians
Yes	61%	60%
No	30%	32%
Don't know	9%	8%

FIGURE 10: What is the role of the physician advisor in the CDI escalation process?

	2016 Physician Advisor Survey	2016 Physician Advisor Survey for Physicians
Helps the CDI staff determine whether escalation is warranted	28%	38%
Handles the escalation and communicates with the errant physician	69%	73%
Works with the CDI/HIM director on resolutions	33%	49%
Communicates escalation matters to the appropriate medical staff leadership	43%	38%

FIGURE 11: Did your physician advisor receive specific training?

	2016 Physician Advisor Survey	2016 Physician Advisor Survey for Physicians
Yes, for CDI	44%	67%
Not for CDI	28%	26%
Yes, for coding	23%	28%
Not for coding	47%	54%
Don't know	42%	13%
Other	16%	11%

FIGURE 12: How is the physician advisor compensated?

	2016 Physician Advisor Survey	2016 Physician Advisor Survey for Physicians
Part-time salaried	12%	14%
Full-time salaried	21%	25%
Hourly	13%	24%
Stipend	4%	5%
Per case reviewed	0%	2%
Don't know	40%	25%
Other	10%	5%