Compass for Physician Advisors (2018)

Course Name	Module Name	Objectives
101-17: Scope of Services	Basic Principles of Physician Advising	- List key characteristics of a successful physician advisor. - Explain potential advantages of an effective physician advising program - Give examples of case-based reviews. - Provide examples of basic case-series reviews and more advanced topics. - Recognize limits on physician advising vis-à-vis peer review. - List outcomes from a broad, balanced approach to utilization management. - Describe a PA advocacy activity spanning the continuum of care.
	Part 1 and 2: Core Conceptual Topics of Physician Advising	- Understand and define system-based practice. - Understand the role that patient safety, quality improvement and patient advocacy play in the physician advisor's work. - Understand health insurance plan fundamentals and payment methodologies. - Recognize and understand health plan design and various care and payment models including: accountable care, transitions of care, the patient-centered medical home, value-based purchasing and chronic disease management models. - Define basic terms related to PA practice and the variety of health plans.
	General Approach to Reviews	- Understand the structure of the review process and apply the structure to an effective case reviews. - Identify policies and regulations required for patient care and appropriate utilization. - Recognize the necessary documentation needed in medical record for denials or appeals.
201-17: Communication	General Communication for the Physician Advisor	- Describe communication theory and methods of successful communication. - Identify what enhances and what creates roadblocks to successful communication. - Identify with whom the Physician Advisor will communicate with on a regular basis. - Define collaboration and the value of collaboration to achieve desired outcomes.
	Utilization Management: Tools and Responsibilities	- Understand the CMS Conditions of Participation governing the Utilization Management (UM) Plan. - Identify the required composition of the UM Committee. - Understand the clinical case review process. - Know the Electronic Health Record (EHR) and its uses. - Define Secondary Review. - Understand the PA role in documentation and Secondary Review.
	Physician Advisors as Teachers	- Understand the Physician Advisor's role as teacher. - Identify the stakeholders and audience for teaching efforts. - Understand how to identify education content, setting and tools. - Use Adult Learning Theory to tailor education for maximum comprehension, recall and impact. - Understand when and how to transition from teacher to coach.

		• Identify ways to tailor education to learning style and personality of the audience as well as the situation.
	Change Management	• To learn to recognize impediments to change. • To understand what change management is and how it works. • To identify the steps involved in change management to maximize effectiveness.
	Conflict Management	• To learn to recognize conflict, particularly as it arises in the change management process. • To learn the multi-step conflict resolution process. • To understand when and how to escalate unresolved conflicts.
301-17: Medical and Legal Topics	Understanding Medicare Program Oversight	• Define the roles of the RAC, MAC other regulatory auditors. • Explain the impact that regulatory auditor activity has on healthcare organizations. • Discuss proactive strategies that case management departments can use to minimize risk and provide successful appeals. • Define the five levels of appeal.
	EMTALA and the Medical Screening Exam (MSE)	• Define EMTALA and associated terminology. • Understand the requirements of a Medical Screening Exam (MSE). • Understand the regulatory requirements of a dedicated Emergency Department (ED). • Know the regulations governing the transfer of patients to another facility. • Understand when EMTALA investigations occur and what is involved.
	HIPAA, Patient Rights and Conflicts of Interest	• Define HIPAA, its intent and the Privacy Rule. • Understand the application of HIPAA to covered entities and business associates. • Recognize the implications of the ACA on patient rights and know the premise of the "Patient Bill of Rights." • Understand the various types of conflict of interest, their appropriate reporting and potential legal implications.
401-17: Patient Classifications	Patient Status, Level of Care and Observation	• Define patient status. • Differentiate between patient status and levels of care. • Describe the application of clinical criteria in determining patient status and level of care. • Define observation services. • Describe requirements for managing patients receiving observation services. • Describe implications of the Balanced Budget Act of 1997 on use of observation services. • Define the new rules applied to observation services associated with reimbursement in 2010.
	Inpatient Admission and Observation Services in Action	• Differentiate between inpatient admissions versus patient placement with observation services. • Determine appropriate classifications based on individual case studies. • Understand the rationale behind patient status and observation services.
	The Two Midnight Rule	• Discuss CMS 1599-F.

		• Understand the "Two-Midnight Rule" and its implications for case management practice. • Discuss requirements for the 20-day certification statement. • Discuss the qualifying nights for a skilled nursing facility transfer. • Define the use of provider liable.
	Medicare Patient Notifications	• Become familiar with the tools available to comply with Medicare Conditions of Participation. • Provide examples of how and when to utilize the tools. • Understand the regulatory requirements that govern the 'Important Message' from Medicare regarding discharge.
501-17: Utilization Management	General Review Principles	• Understand and be able to identify the general principles of Utilization Management (UM). • Identify the types of UM reviews. • Understand the UM structure and functions. • Understand the CMS Conditions of Participation and the requirements of a Utilization Review (UR) Plan. • Define medical necessity.
	UM Committee and Related Functions	• Understand the UM committee structure and functions. • Understand the CMS Conditions of Participation and the requirements of a Utilization Review (UR) Plan. • Identify where escalation may be necessary outside of the UM Committee. • Apply appropriate judgment when determining scope and function of UM committee.
	Coverage and Clinical Appropriateness	• Understand the distinction between coverage and clinical appropriateness. • Understand and identify the role of documentation and other criteria in coverage determinations. • Identify proactive tools and processes to help in denial management and appeals. • Understand the role of consumer-driven healthcare in utilization of services.
	Metrics, Feedback and Peer-to-Peer Discussions	• Identify useful metrics for tracking variances, provider liable cases, waits and delays. • Understand the application of metrics to effective utilization management. • Identify useful feedback and recommendations to attending physicians to minimize variances. • Recognize appropriate strategies for peer-to-peer discussions. • Highlight the roles, functions and advantages of Physician Advisors in overall utilization management.
	High Value Care and High Cost Outliers	• Understand the stewardship role the PA has in resource management. • Outline key influencers on resource management. • Identify the measures of cost of care. • Identify cost reduction interventions. • Identify common high cost outliers.

601-17: Resource Management		• Recognize alternatives to outlier treatments when appropriate and strategies to minimize impact on net reimbursement when alternatives are not appropriate.
	Part 1 and 2: Readmissions, Transitions and Barriers to Care	• Understand the impact and cost to hospitals of readmissions. • Increase awareness of the types of tools that support reductions in readmissions. • Understand the discharge planning mandate in the CMS Conditions of Participation. • Become familiar with EMTALA regulations. • Identify and define the post-acute levels of care. • Identify some of the most common barriers to care and resources to address them.
701-17: Reimbursement	Payment Types, Implications and Risk Models	• Understand the different types of payment models. • Describe cost containment strategies and their impact on care providers. • Describe risk-based payments. • Describe Population Health and Accountable Care Organizations.
	Medicare Overview	• Identify the individuals covered under Medicare. • Describe Medicare Part A, B, C and D. • Understand Medicare reimbursement policies. • Describe Medicaid.
	The Impact of Documentation and Coding	• Describe the role of the Physician Advisor in reimbursement practices. • Describe DRG, APR-DRG and high volume/high risk DRG. • Describe MDC and MS-DRG. • Understand the reimbursement implications of various coding options and the role of the CMI.