

Compass for Physician Advisors (2017)

Course Name	Module Name	Objectives
101-17: Scope of Services	Basic Principles of Physician Advising	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

		<ul style="list-style-type: none"> Identify ways to tailor education to learning style and personality of the audience as well as the situation.
	Change Management	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Discuss CMS 1599-F.

		<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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		<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.