Driving Up Revenue with a Physician Advisor Program

David Kirk, MD

Chief Clinical Integration Officer

Shameka Hooks, MHA,RHIA,CDIP,CCS

Executive Director, Midcycle Operations

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Shameka Hooks is the Executive Director of Midcycle Operations at WakeMed Health & Hospitals in Raleigh, North Carolina, overseeing Hospital Coding, Clinical Documentation Integrity, Revenue Integrity, and Health Information Management. With over 23 years of healthcare revenue cycle experience, she currently serves as the President of the North Carolina Health Information Management Association (NCHIMA). Shameka's career includes roles such as Inpatient Coder, Senior Coder, Coding Educator, Coding Consultant, Clinical Validation Auditor, Manager of CDI & Coding, and Director of Hospital Coding. She holds a Master of Arts in Health Care Administration from the University of Arizona Global Campus and a Bachelor of Science in Health Information Management from Western Carolina University. Shameka is a credentialed Registered Health Information Administrator (RHIA), Clinical Documentation Improvement Practitioner (CDIP), and Certified Coding Specialist (CCS).

Dr. David Kirk, for almost twenty years, has been a pivotal figure at WakeMed Health & Hospitals. He has held several key roles, including Medical Director of Pulmonary/Critical Care Medicine, Medical Director of Tele-Critical Care, and Executive Medical Director of Systemwide Critical Care. Currently, he serves as WakeMed's Chief Clinical Integration Officer, leading strategic initiatives in Precision Medicine, Revenue Cycle, cardiology quality, and various innovation partnerships.

WakeMed

WakeMed Health & Hospitals

Exceptional **People.**
Exceptional **Care.**

Our History

- Founded in 1955 by Wake County Commissioners.
- Wake Memorial Hospital opened its doors on April 21, 1961, with the Raleigh Campus and 4 satellite locations.
- April 1, 1997, conveyed from County ownership to citizen-controlled private non-profit – only hospital based in Wake County
- Known for taking care of everyone, regardless of ability to pay. We provide more than **80%** of the care of Medicaid patients in Wake County.
- Governed by 14-member volunteer Board of Directors.

Our Mission, Vision & Values

Our Mission

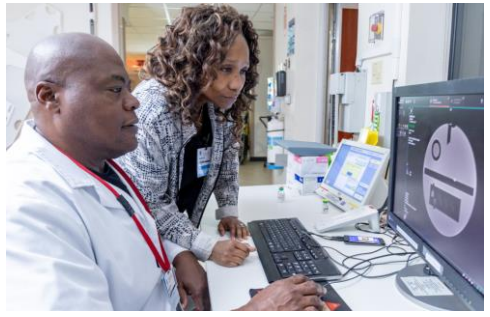
WakeMed is committed to improving the health and well-being of our community by providing outstanding and compassionate care to all.

Vision

WakeMed will be the provider of choice and the preferred partner for quality health care and community health by:

- Collaborating with physicians, employees, volunteers and others to engage, educate and guide our community to take charge of their health and well-being.
- Transforming patient care delivery through high-quality, coordinated services for the best value.
- Ensuring we are the best minds and biggest hearts.

Who We Are



Hospitals

- 3 acute care hospitals
- Rehabilitation hospital
- Mental Health & Well-Being hospital
- 46.4% inpatient market share in Wake County
- 1,003 beds
- Nearly 2,000 physicians

Ambulatory

- 175+ physician offices
- 4 stand-alone Emergency Departments with outpatient Imaging & Lab
- 9 outpatient Rehabilitation facilities
- 4 surgery centers
- Center for Community Health
- Home Health

Highest-Level Services

- Children's
- Heart & Vascular
- Emergency & Trauma
- Brain & Spine Health
- Orthopaedics
- Surgery
- Rehab
- Women's

Operating Stats FY 2024

Inpatient Discharges	66,824
Rehab Hospital Discharges	1,501
ED Visits	338,953
OB ED Visits	11,271
Births	9,915
Surgeries & Endo	55,264
CV Procedures	18,442

At a Glance

WAKEMED AT A GLANCE

WakeMed is the leading provider of health services in Wake County. It all starts with putting patients and families first.

HOSPITALS

3 Acute Care Hospitals
1 Rehabilitation Hospital
1 Children's Hospital
1 Mental Health & Well-Being Hospital

46% Wake County Inpatient Market Share

1,003 Beds

OUTPATIENT/AMBULATORY FACILITIES

176 Physician Practice Locations

8 EDs Including 1 dedicated to children

12 Outpatient Physical Rehab Practices

4 Joint Venture Outpatient Surgery Centers

Home Health & Transitional Care

350,224 EMERGENCY & OB EMERGENCY VISITS

$2.8 B DIRECT COMMUNITY BENEFIT (10 YEARS)

63 YEAR MISSION OF CARING FOR ALL

66,824 DISCHARGES

55,264 SURGERIES & ENDOSCOPIES

467 EMPLOYED ADVANCED PRACTICE PROVIDERS

481 EMPLOYED PHYSICIANS

734,992 PHYSICIAN PRACTICE VISITS

9,915 BIRTHS

More Than $2 Billion TOTAL OPERATING REVENUE

2 ACCOUNTABLE CARE ORGANIZATIONS
210,000 Attributed Lives

$116 Million UNREIMBURSED COST OF TREATING CHARITY CARE PATIENTS

Objectives

1

Understand the role of Physician Advisor Programs (PAPs).

2

Learn how PAPs enhance revenue cycle management.

3

Explore the impact of PAPs on patient care quality and revenue.

4

Discuss the adaptation of PAPs to emerging healthcare trends.

Understanding Physician Advisor Programs (PAPs)

Definition and Purpose

What are Physician Advisor Programs?

- Programs that leverage physician expertise to improve clinical documentation, revenue cycle management, and patient care quality.

Key Roles and Responsibilities:

- Physician advisors ensure accurate clinical documentation.
- They optimize coding and billing processes.
- They support utilization management and regulatory compliance.
- Physician advisors play a crucial role in ensuring the financial sustainability of health systems by bridging the gap between clinical documentation and financial outcomes.

Historical Context

Evolution of PAPs:

- Initially focused on utilization review.
- Expanded to include comprehensive revenue cycle and quality improvement roles.

Economic Impact of Physician Advisor Programs

Revenue Cycle Management

- **Enhancing Clinical Documentation and Coding Accuracy:**
  - Ensures precise and comprehensive documentation.
    - Specificity & documented clinical criteria that will allow the coder to assign the appropriate codes
  - Improves coding accuracy, leading to an accurate reflection of the patient's clinical picture, and better reimbursement.
- **Reducing Claim Denials and Improving Reimbursement Rates:**
  - Identifies and addresses documentation gaps.
  - Reduces the likelihood of claim denials.
- **Challenges with Clinical Documentation:**
- Frontline providers may not understand the financial implications of their documentation, leading to potential revenue losses.
  - -For example, "in the setting of" does not translate to "due to" in the coding world but it makes perfect sense clinically that this is what the provider is implying.

Financial Impact of Physician Advisor Programs

Cost Containment:	• PAPs help reduce clinical variation, denial management costs, and pay-for-performance penalties.
Revenue Enhancement:	• The potential for increased revenue through accurate documentation and reduced denials.
Long-term Economic Benefits:	• Sustained financial performance and stability.

Projected Physician Advisor Return on Investment (ROI)

Chart Reviews to assist CDI and coding
Provider to provider discussions and education to improve query response and agree rates
Support denials and appeals for CDI (and cross cover for UM)

PA Average hourly rate	$150

Calculations based upon Medicare blended rate: $9,135
Conservatively, new PA's to the role have this anticipated change--Avg rw change of .0771 derived from NC Client PA chart review
Calculations can be estimated year over year with a 3% annual growth
Estimates are conservative

ANNUAL COSTS

Salary:	$156,000	(0.5 FTE covered by 1 Provider; estimated 80 hours/month available)
Benefit / Admin Costs:	$46,800	(30% Burden)
Salary Total:	**$202,800**	
PA Training	$12,500	One Time PA Training (1 physician)
Total Cost Year 1	**$215,300**	

Marginal Gain Example Estimations Based on Above:

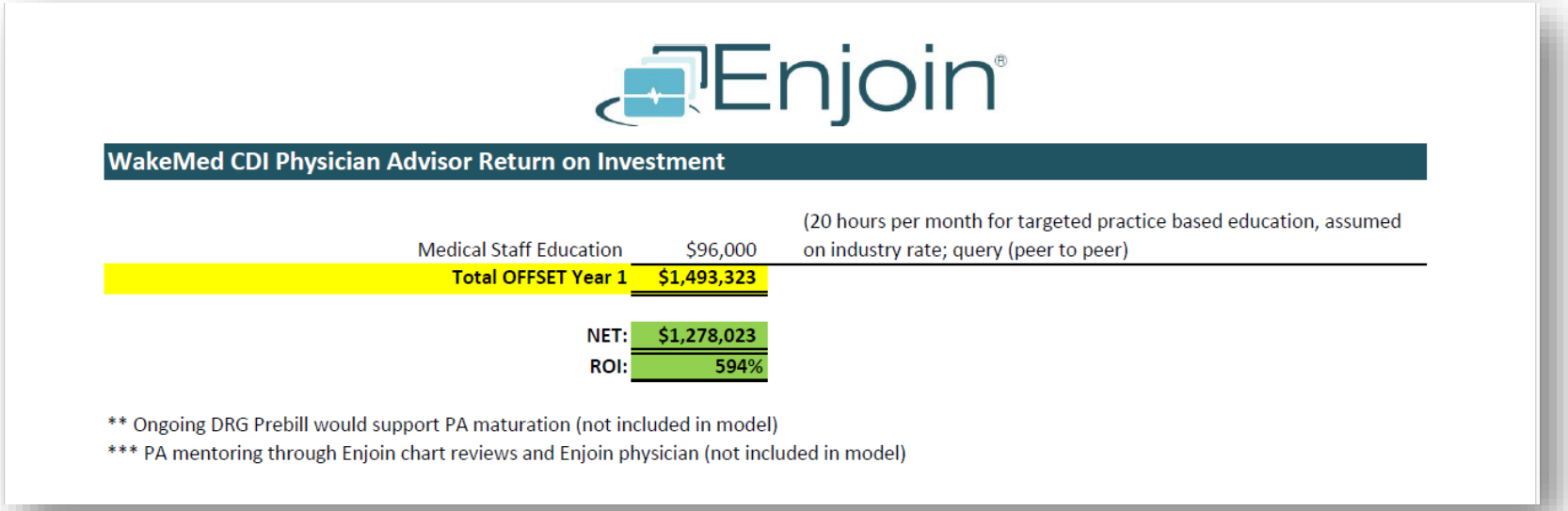
Revenue Lift

CMI Accuracy	$1,014,204	(10 hours of chart review per week with 3 charts per hour; with 0.0771 RW average change per chart; estimating 2 month to get to full production)
Improve Response to Query	$146,919	(based upon public data with an assumed annual concurrent CDS review rate of 80% Medicare and 10% Other payors: Industry average agree rate of 85% assumed: Improve % agree rate by 5% points with 50% gap closure in revenue over 10 months with a 2 month ramp up)

Cost Savings (Add backs)

Reduce dollars at risk for DRG denials by	$200,000	(Would sum the dollars of denials, for this example assuming $1M, write off by payer with top clinical topics and multiple by 20%)
Reduce labor cost in DRG denial mgmt and appeals	$36,200	(National average cost for inpatient denial review, appeal, peer to peer: $181/case; 20 denials/month; over 10 months)

…Return on Investment (ROI)



Enjoin®

WakeMed CDI Physician Advisor Return on Investment

Medical Staff Education	$96,000	(20 hours per month for targeted practice based education, assumed on industry rate; query (peer to peer)
Total OFFSET Year 1	**$1,493,323**	
NET:	**$1,278,023**	
ROI:	**594%**	

** Ongoing DRG Prebill would support PA maturation (not included in model)

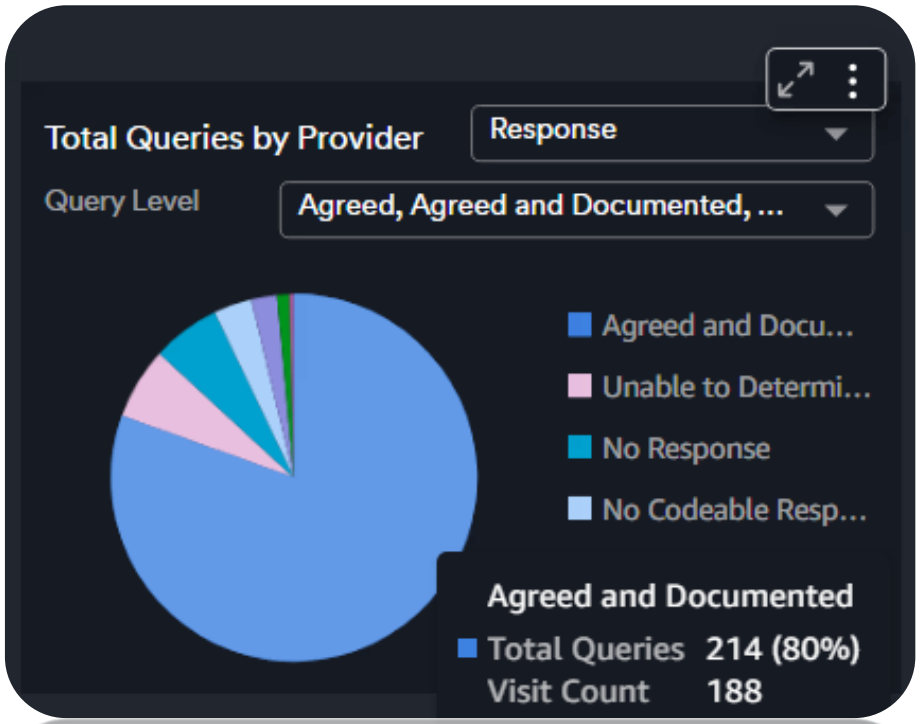
*** PA mentoring through Enjoin chart reviews and Enjoin physician (not included in model)

Physician Advisor Chart Audits with $3M Increase

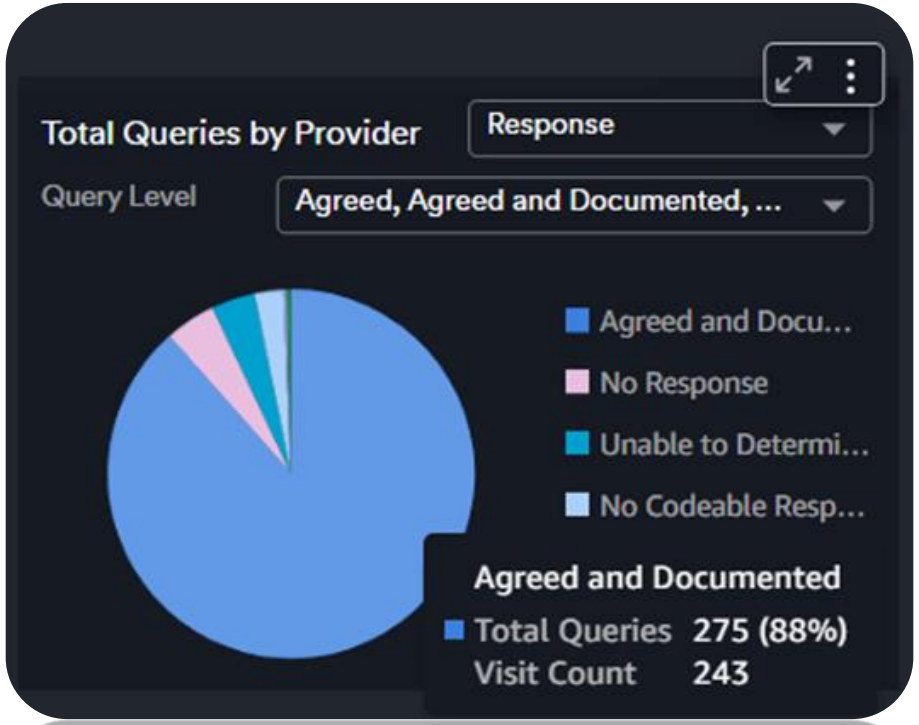
Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
$34,851.44	$47,221.46	$25,382.05	$212,150.99	$232,980.83	$359,728.27	$508,865.24	$428,076.96	$417,569.58	$401,267.61	$327,445.25

Other Metrics

Where We Started

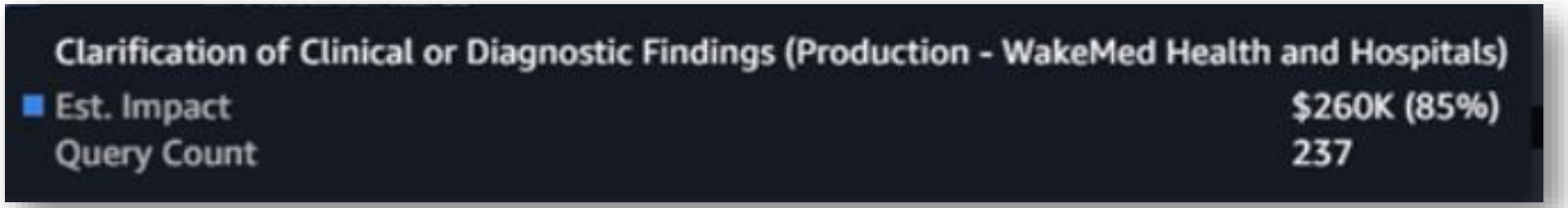


September



Metrics

Where We Started



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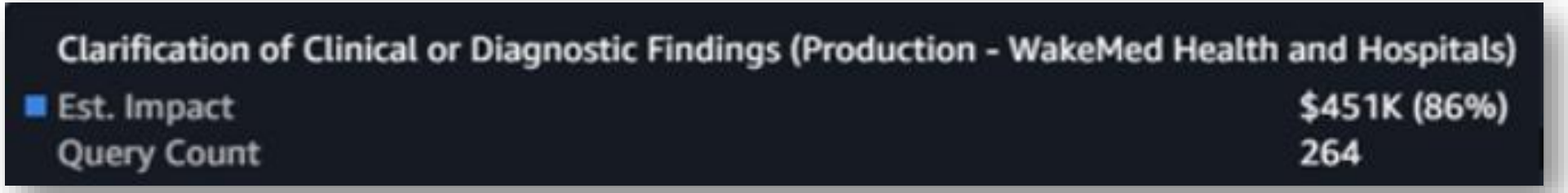

Physician Advisor Integration with CDI/Coding Workflow

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Current State Workflow *(sans PA Integration)*

Medical Record → Concurrent CDI Review/CDI Working DRG → Coding Review/Final Coding DRG → Second Level Review (Prior to Bill) → Coding Completed → Final Billed Encounter → Claims Process

Identified CDI/Coding DRG Opportunities

- Revenue opportunity limited by current P&P
- Query Compliance
- Deference to Med Staff preferences limiting CDI impact

- Clinical Knowledge
- Application of OCG
- Detailed data

- Reconciliation of DRG mismatches
- Clinical/Coding expertise at level of second review
- Detailed data

Quality Focus in '24

- Quality Review (Concurrently)
- Cohort Accuracy/Risk Adjustment Capture
- Review Outcomes of Interest to fuel Strategy
- Query for Clarification as necessary and appropriate

Physician Advisor Integration

Future State Workflow *(PA Integrated Model)*

Medical Record → Concurrent CDI Review/ CDI Working DRG → Coding Review/ Final Coding DRG → Second Level Review (Prior to Bill) → Coding Completed → Final Billed Encounter → Claims Process

Revenue Assurance Collaborative

Physician Advisor Program Implementation

Enjoin

Components of a Best in Practice PA Program

- Education of medical staff (individuals and service lines) and CDI/Coding surrounding opportunities pertaining to DRG and Quality outcomes
- Relationship Development with Medical Staff to serve as a trusted resource for DRG and Quality related issues
- Consistent Case Review (concurrent or retrospective) on selected patients (CDI and/or quality focused)
- Serve to broker the development of a successful program regarding the impact of documentation and coding on pay for performance with the Quality and CDI teams.
- Established as a clinical resource for the Coding and CDI teams for the development of clinically appropriate queries and escalation point for complex case scenarios.
- Commit to leadership roles and participation relevant committees (UM, CDI/Coding, Quality, Clinical Governance) to represent documentation and coding impact/interests across the continuum.

In Focus

QA need to assess application of training

Define program objectives needed for prioritization of efforts with limited resources

ROI 594% (0.5 FTE)*

Improving Patient Care Quality

Clinical Documentation and Utilization Management

- **Promoting Evidence-Based Care:**
  - Ensures clinical decisions are based on the latest evidence.
- **Ensuring Appropriate Care Decisions:**
  - Physician advisors review and guide care decisions to ensure appropriateness.

Patient Outcomes and Satisfaction

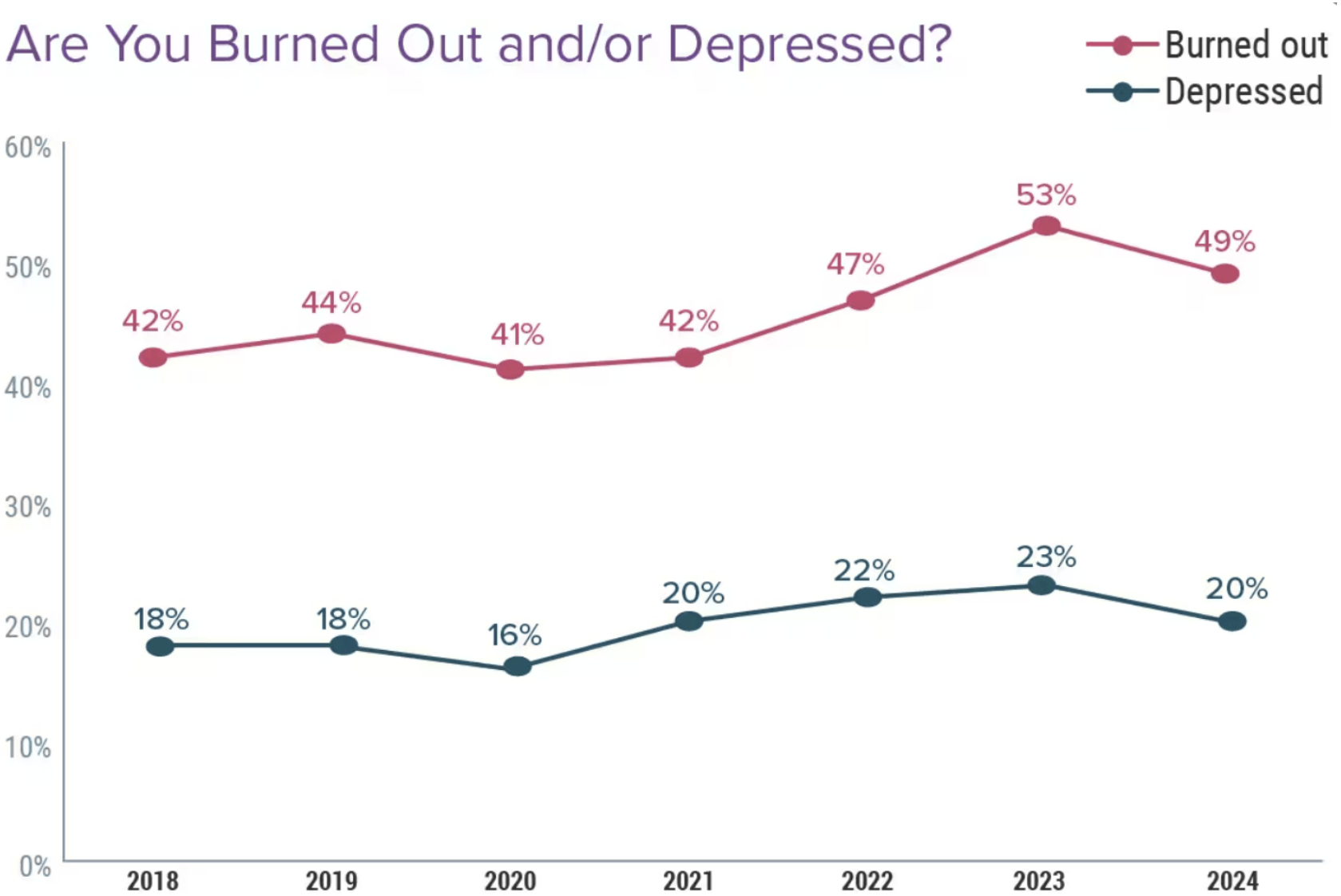
- **Impact on Patient Care Quality and Satisfaction:**
  - Improved documentation leads to better patient outcomes.
  - Higher patient satisfaction due to quality care.

Why We Fear Engaging Providers in Documentation Improvement

Increased provider burnout
(“increased administrative work”)

Upfront investments required

Are You Burned Out and/or Depressed?



Years shown refer to years report was published. Some respondents said they were both burned out and depressed.

EHR and Documentation

This systematic review showed that EHR use was a perceived contributor to clinicians' stress and burnout in hospitals. Poor EHR usability and amount of time spent on the EHR were the most significant predictors that mediated EHR-related stress and burnout.

… the significant contributors to EHR-related burnout may be documentation and clerical burdens, complex usability, electronic messaging and inbox, cognitive load, and time demands.

https://pmc.ncbi.nlm.nih.gov/articles/PMC10734365/
https://journals.sagepub.com/doi/full/10.1177/21501319231166921

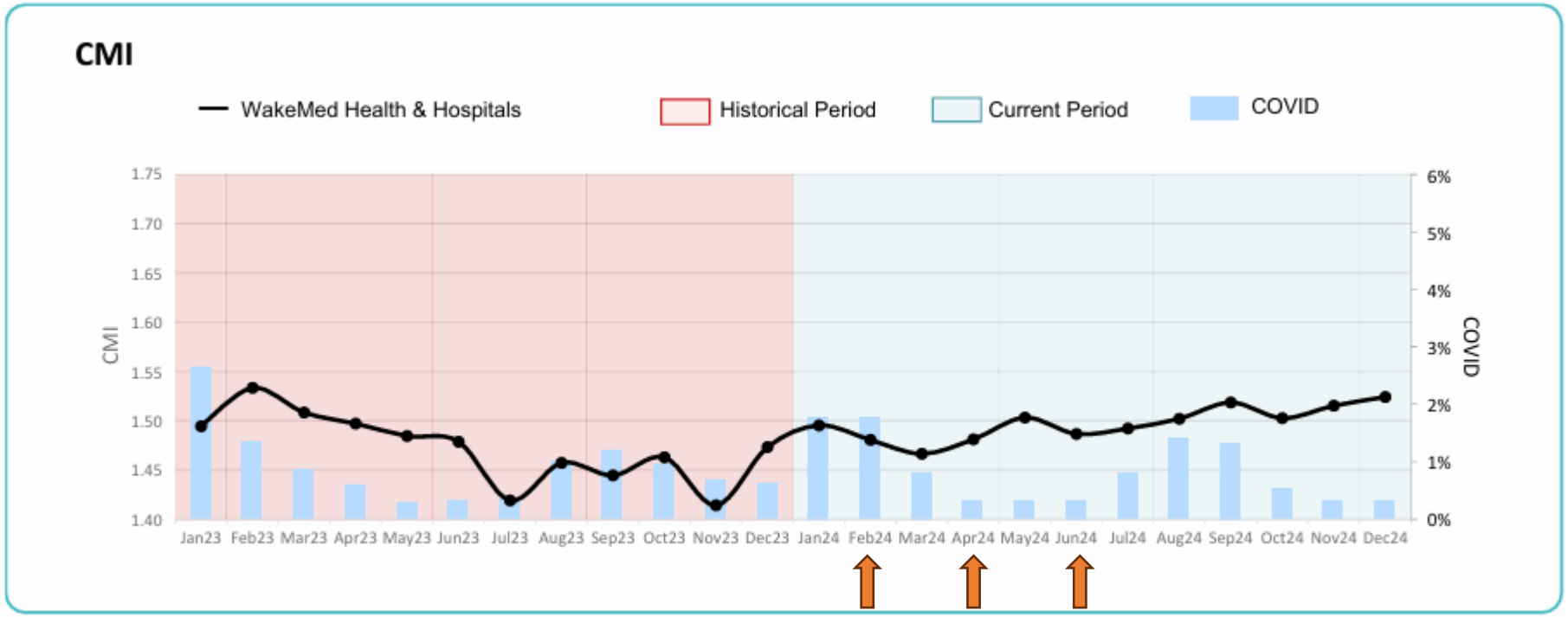
”O/Es do not show the quality of work that my team does."

IDENTIFY, MEASURE, ANALYZE, TRACK, AND TRANSPARENTLY SHARE

AI ASSISTED PHYSICIAN DOCUMENTATION

PHYSICIAN ADVISOR FTES AND TRAINING

Interventions



Hospital and Hospitalist Estimated Accuracy of Documentation

Facility	Hospital CMI Documentation Score		Hospitalist Group CMI Documentation Score	
	CY23	CY24	CY23	CY24
Raleigh Campus	71%	72%	79%	81%
Cary Hospital	66%	71%	74%	78%
North Hospital	55%	61%	58%	65%
System	68%	70%	75%	78%

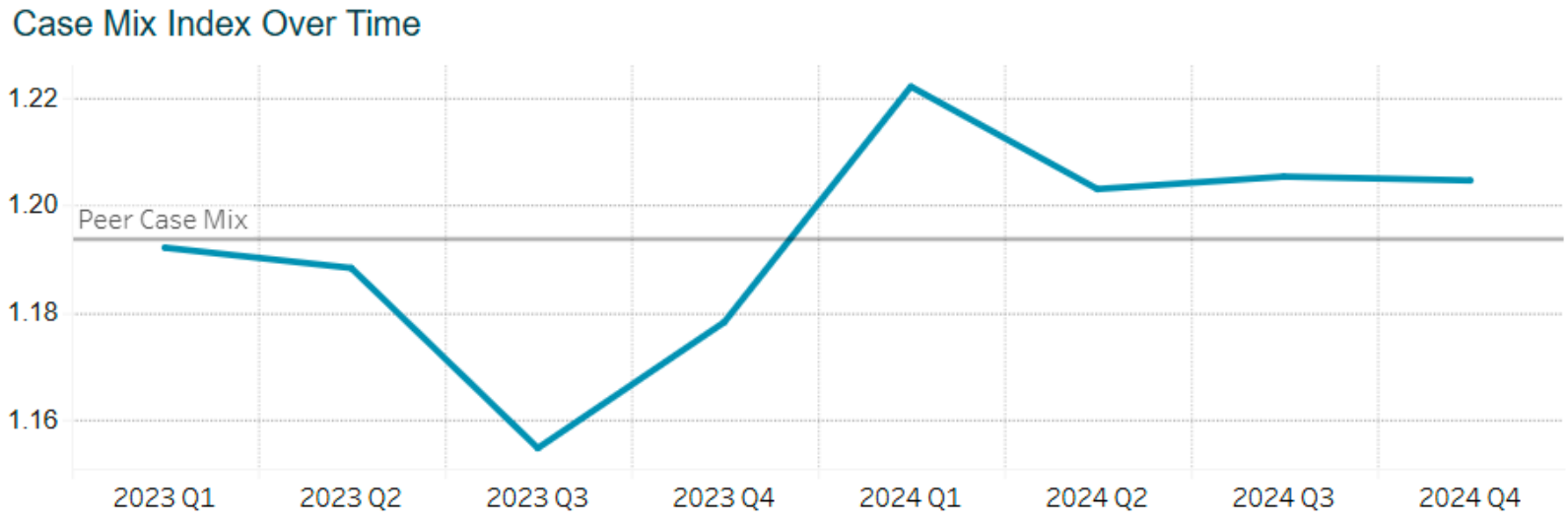
CMS Mortality O/E Improvements

Condition	Improvement
Acute Myocardial Infarction	15.6%
Pneumonia	31%
Severe Sepsis and Septic Shock	22.6%
Stroke	31.3%
Chronic Obstructive Pulmonary Disease	0.8%

Improved Capture

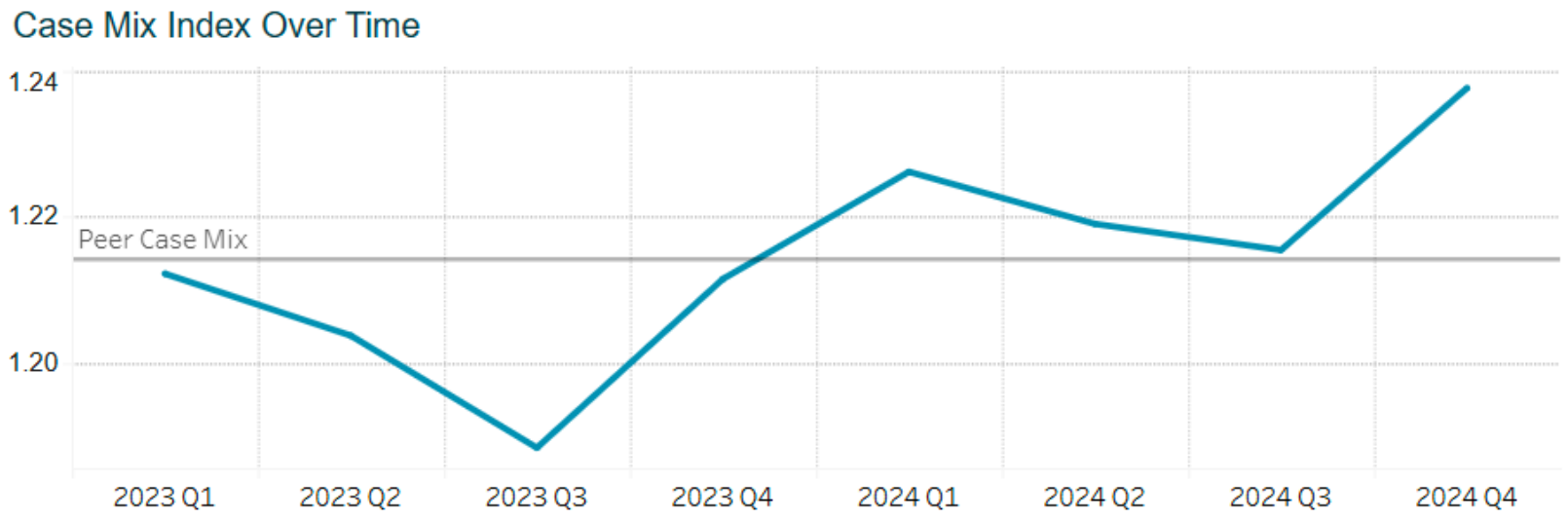
Clinical Condition	Jan 23 - Dec 23	Jan 24 - Nov 24	Change
Malnutrition, Mild, Moderate and Severe	39%	50%	12%
Acute Blood Loss Anemia	57%	69%	12%
Acute Myocardial Infarction	43%	54%	11%
Encephalopathy (All)	47%	57%	10%
AKI With Tubular Necrosis	32%	40%	8%
Chronic Kidney Disease	70%	73%	3%
Pneumonia (All)	60%	61%	1%

CMI Gen Med Business Line



Documentation Improvement

CMI Hospitalists

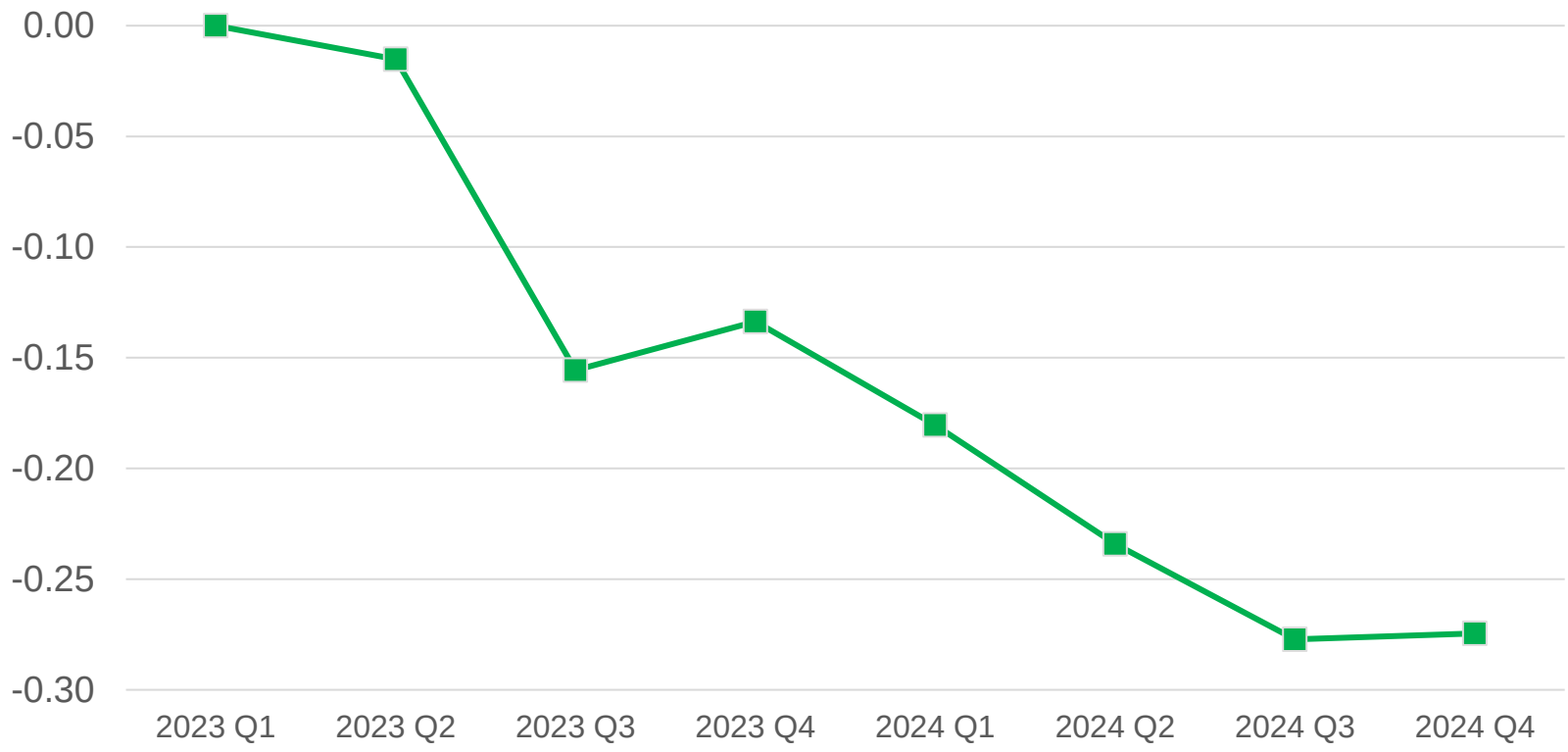


Documentation Improvement

Hospital	Baseline vs. Implementation Period	Doc Score - Baseline	Doc Score - Impl.	Doc Score - Change	Est. Reimb. Impact	Exp. LOS (days) Impact
WakeMed Raleigh Campus Hospital	Jan23-Dec23 vs. Mar24-Dec24	79%	81%	2%	$1,360,000	452
WakeMed Cary Hospital	Jan23-Dec23 vs. Mar24-Dec24	74%	78%	4%	$1,410,000	480
WakeMed North Hospital	Jan23-Dec23 vs. Mar24-Dec24	58%	66%	8%	$1,700,000	454
Total					**$4,470,000**	**1386**

Hospitalist Estimated Reimbursement Impact

Changes in Observed to Expected Mortality Ratio



Mortality Reviews 27%

Documentation Improvement 14%

Lowest Mortality O/E Ever!

AI: Doc/APP Quality of Life

- “Support” – AI surfaces diagnoses and provides additional evidence in coding-friendly language.
- “One-Liner” – AI summarizes the chart to allow clinicians to rapidly see the patient’s most important and active conditions to facilitate faster charting, sign out, or bedside evaluation. Epic and other vendors offer this.
- “Query” – APPs and physicians can ask the AI in normal language any information about the patient that is captured within the existing documentation.

Our Next Planned Steps

- Documentation tool usage and improvements are now part of the hospitalists' incentive and bonus plan
- Epic optimization to improve number, accuracy, and context of queries
- Epic optimization to improve easy of query response
- Analysis to determine next high yield business lines to target for documentation improvement

Steps to Implementing an Enterprise-Wide Physician Advisor Program

Appoint a Physician Advisor Director	Qualifications and responsibilities
Perform a Pilot Program	The importance of assessing opportunity and demonstrating ROI.
Determine Staffing Model	Considerations for staffing, including cross-training and dual roles.
Provide Robust Training	The need for continuous education and training.
Develop Internal Partnerships	Collaboration with various departments.
Leverage Technology	The role of AI and other technologies in enhancing the program.

Key Takeaways

Summary of Main Points

- **Economic Benefits:**
  - Improved revenue cycle management.
  - Enhanced financial performance.
- **Healthcare Benefits:**
  - Better patient care quality.
  - Adaptation to healthcare trends.

Actionable Insights

- **Implementing and Optimizing PAPs:**
  - Steps to integrate PAPs into your organization.
    - Appointing a director, performing pilot programs, determining staffing models, providing robust training, developing internal partnerships, and leveraging new technology.
  - Best practices for maximizing their impact.

Questions

Thank you!

References

1. Enjoin. (2023). *WakeMed CDI Physician Advisor Return on Investment*. Retrieved from data sent to WakeMed regarding our Physician Advisor program.
2. Enjoin. (2024). *Physician Advisor Integration with CDI/Coding Workflow*. Retrieved from data sent to WakeMed regarding our Physician Advisor program.
3. Fee, J., Matacale, V., & Dorf-Biderman, N. (2022). *Physician Advisor Integration with CDI/Coding Workflow. HFM Magazine*. Healthcare Financial Management Association.