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Optimizing Physician Advisor Programs: Enhancing Engagement, Documentation, and Financial Outcomes

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James P. Fee
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Dr. James Fee is the President and Chief Medical Officer at Enjoin. He is native of New Orleans, Louisiana, and a distinguished healthcare executive, recognized for his ability to lead strategic innovation and operational efficiency in the healthcare industry. With a proven track record of driving revenue growth and enhancing financial performance, Dr. Fee specializes in aligning business innovation with operational excellence to create best-in-class company strategies.

A graduate of Tulane University Health Sciences Center, Dr. Fee is double boarded in Internal Medicine and Pediatrics and maintains a clinical practice in Hospital Medicine in Baton Rouge. His unique combination of clinical expertise, operational leadership, and thought leadership in clinical documentation integrity (CDI) has earned him recognition as an industry innovator. Credentialed by AHIMA (CCS) and ACDIS (CCDS), Dr. Fee applies his extensive experience to bridge the gap between clinical practice and business success.

A thought leader dedicated to professional development, Dr. Fee serves on advisory boards, including the ACDIS Advisory Board (2015–2017) and HIM Briefings Editorial Advisory Board, and frequently presents at local, state, and national conferences such as ACDIS, AHIMA, CHIA, and NCHIMA. Through his commitment to education, Dr. Fee empowers colleagues and clients alike, aligning CDI practices with physician workflows to address challenges like burnout while delivering targeted, efficient, and resource-aligned solutions.

Shameka Hooks
MHA, RHIA, CDIP, CCS

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).

Objectives

1

Understand the role of Physician Advisor Programs (PAPs).

2

Learn how PAPs enhance revenue cycle management.

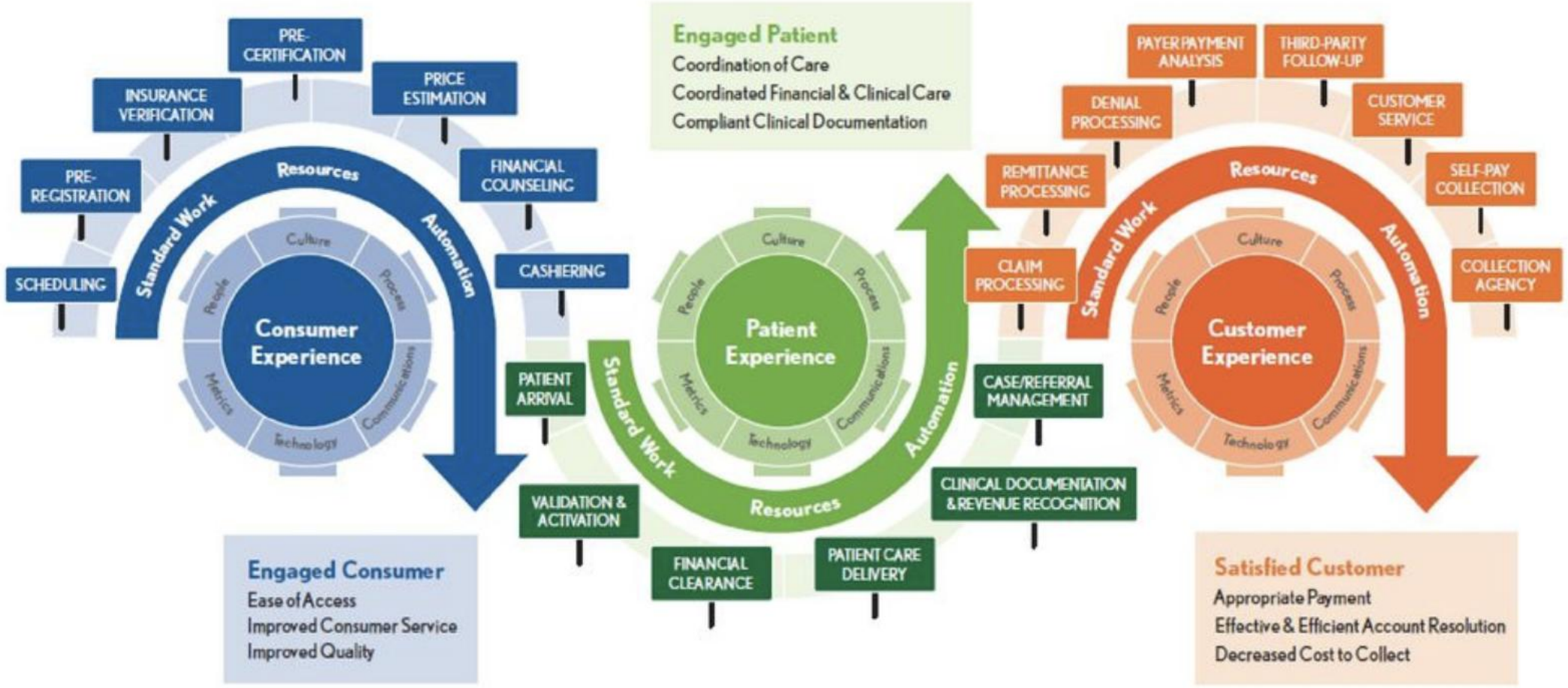
3

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

4

Discuss the adaptation of PAPs to emerging healthcare trends.

Clinically Integrated Patient Centric Revenue Cycle



Understanding Physician Advisor Programs (PAPs)

What are Physician Advisor Programs?

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

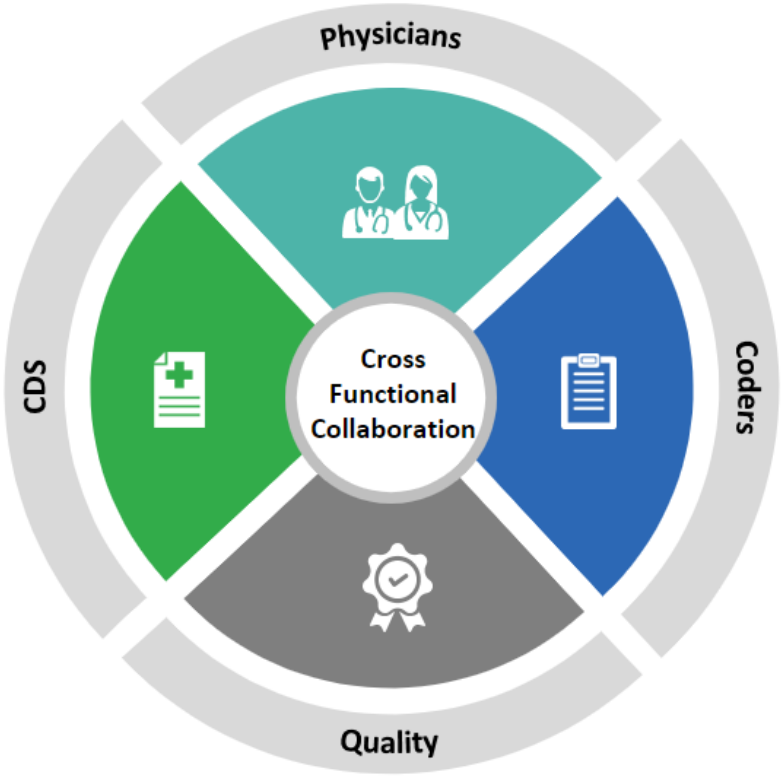
Key Roles and Responsibilities:

- 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.

Evolution of PAPs:

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

Physician Advisors and Mid-Revenue Cycle



Clinical Documentation

Revenue Integrity

- Financial accuracy (MSDRG, APR-DRG, Per Diem, Contractual, Capitated)
- Denial prevention and management
- Alternative payment models

Care Coordination

- Utilization
- Medical necessity (LCD, NCD, Status)

Patient Outcomes

- Quality (care plans, sentinel events, avoidable events, reporting)
- Customer satisfaction / leakage / reputation

Care team collaboration

- Leadership understanding
- Provider engagement
- CDI/Coding
- Quality

Financial Impact of Physician Advisor Programs

Cost Containment:

Reduction in clinical variation, denial management costs, and pay-for-performance penalties.

Revenue Enhancement:

Increased reimbursement through accurate documentation and reduced denials.

Long-term Economic Benefits:

Sustained financial performance and stability.

Key Areas of Impact for Physician Advisors

- 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.

Enhancing Clinical Documentation and Coding Accuracy

- Identifies and addresses documentation gaps.
- Reduces the likelihood of claim denials.

Reducing Claim Denials and Improving Reimbursement Rates

- 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.

Challenges with Clinical Documentation

Align Impact with Revenue Cycle KPIs

Revenue integrity	Care coordination	Patient outcomes	Care team collaboration
• Revenue recovery • Compliance • DNFB (query response / query agree rate) • CMI; CC/MCC • Cost to collect (functional-HIM) • Denial rate / denial write-off at percentage of NPR	• Avoidable days (ALOS); LOS/CMI • Authorizations • Observation: inpatient ratios • Medical necessity denials	• Clinical variation • Quality O:E (mortality, readmissions, PSIs) • Performance penalties • Hospital-Acquired Condition rates • Third party reporting (US News and World Report)	• Team engagement (reduce provider burnout, retention)

WakeMed - 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.

WakeMed - Who We Are

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

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

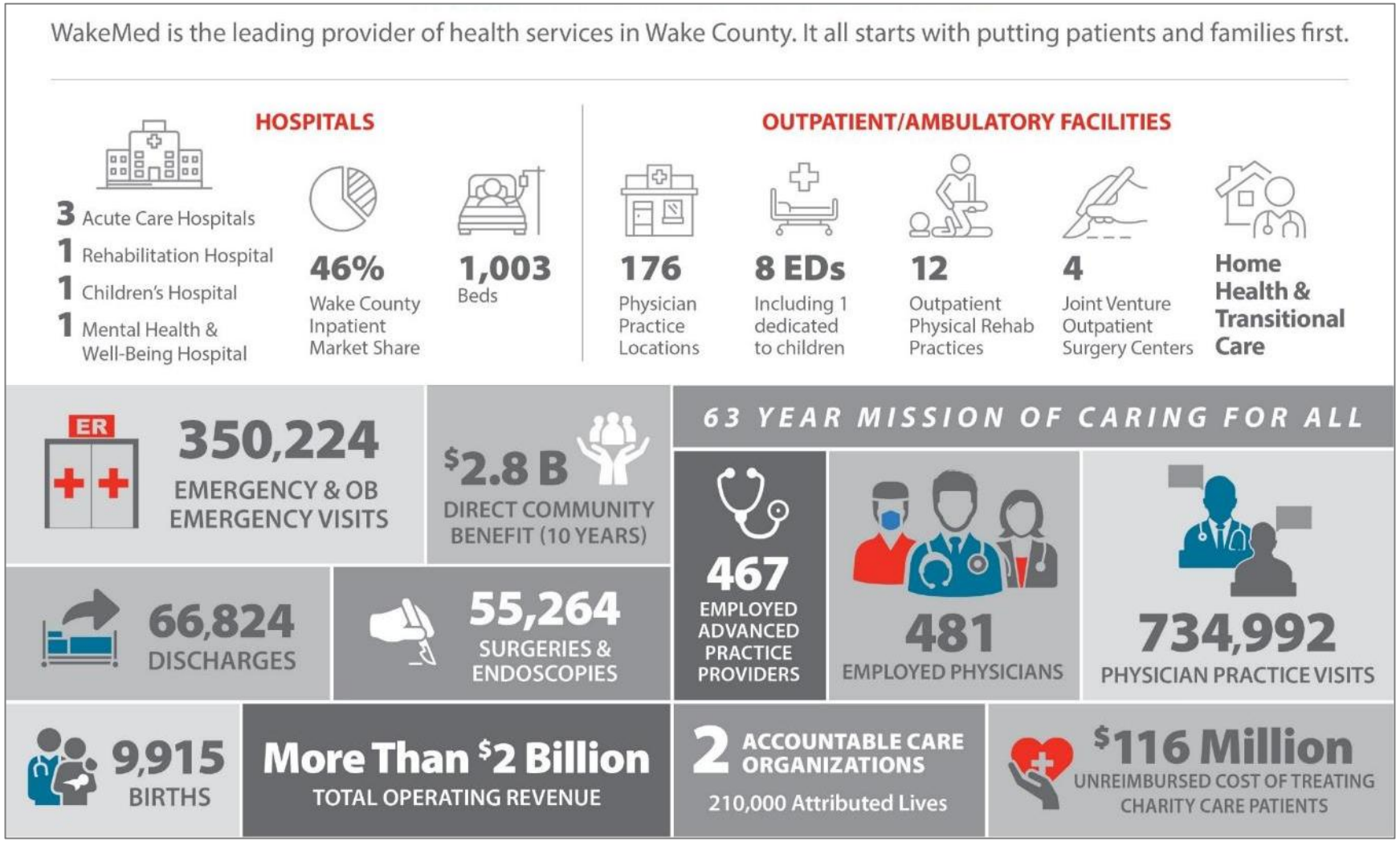
Ambulatory

- 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

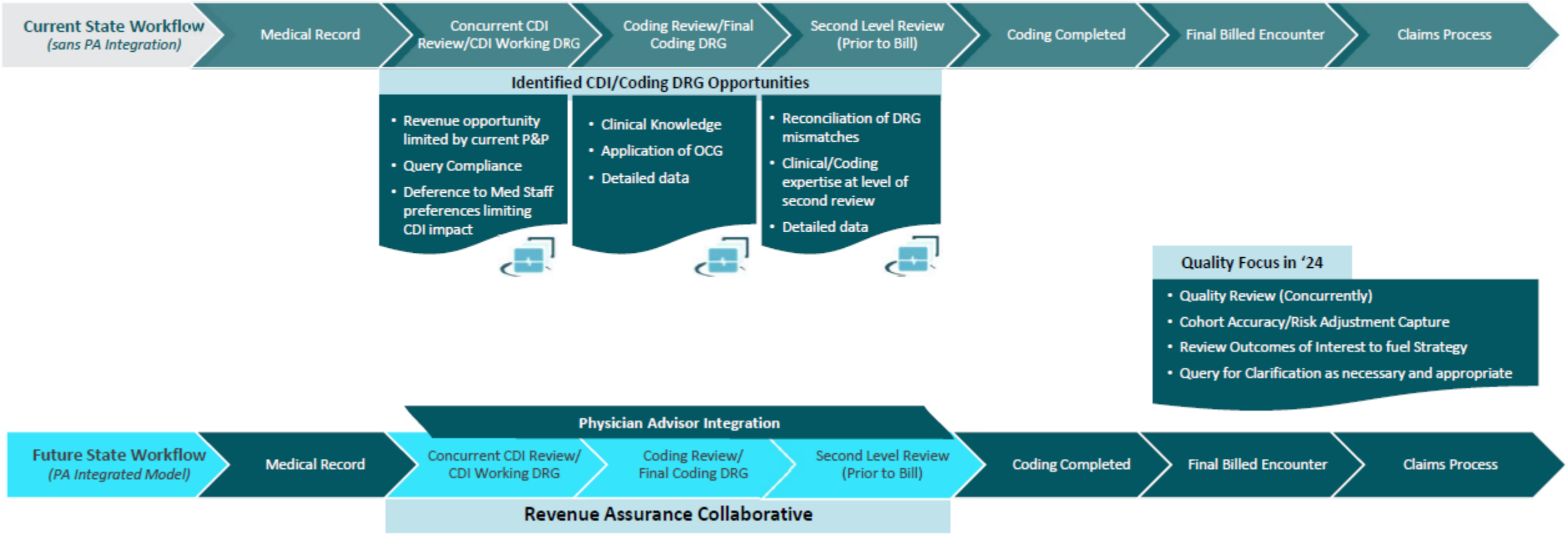
WakeMed - At a Glance



Integrating Physician Advisors Within a Mature CDI Program

Physician Advisor Integration with CDI/Coding Workflow

WakeMed Health & Hospitals



Strategic Planning Yields Long Term Success

Physician Advisor Program Implementation

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)*

Projected Physician Advisor Return on Investment

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%)

…Return on Investment (ROI)

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)

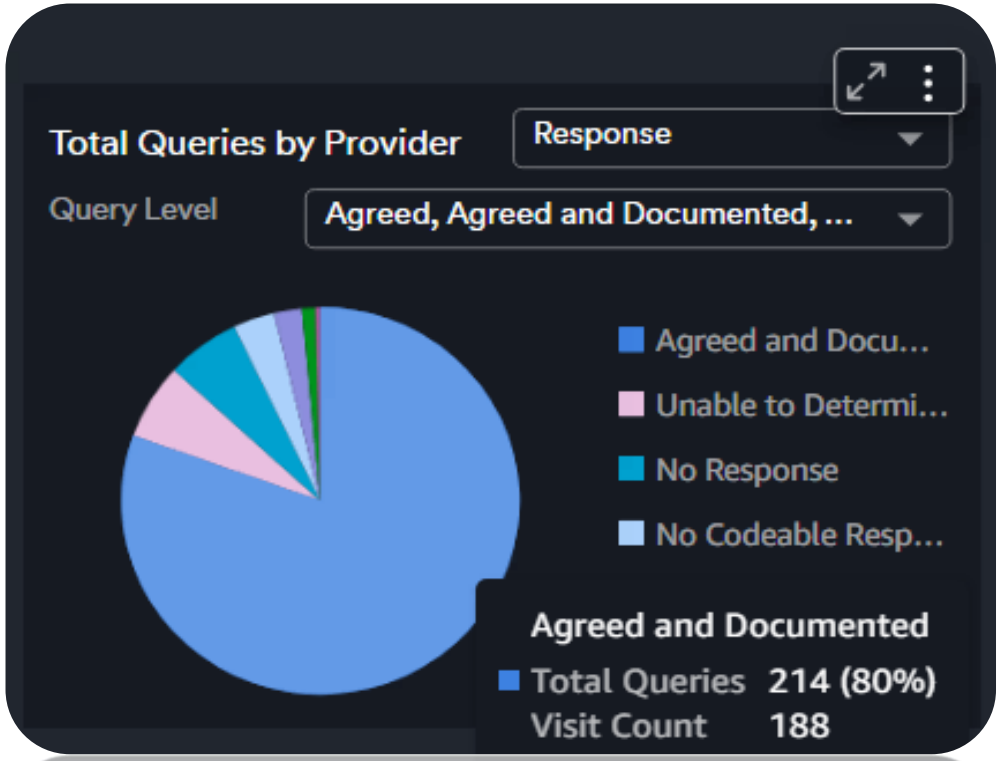
Physician Advisor Chart Audits with $3M Increase

Feb-24	Mar-24	Apr-24	May-24	Jun-24
$34,851.44	$47,221.46	$25,382.05	$212,150.99	$232,980.83

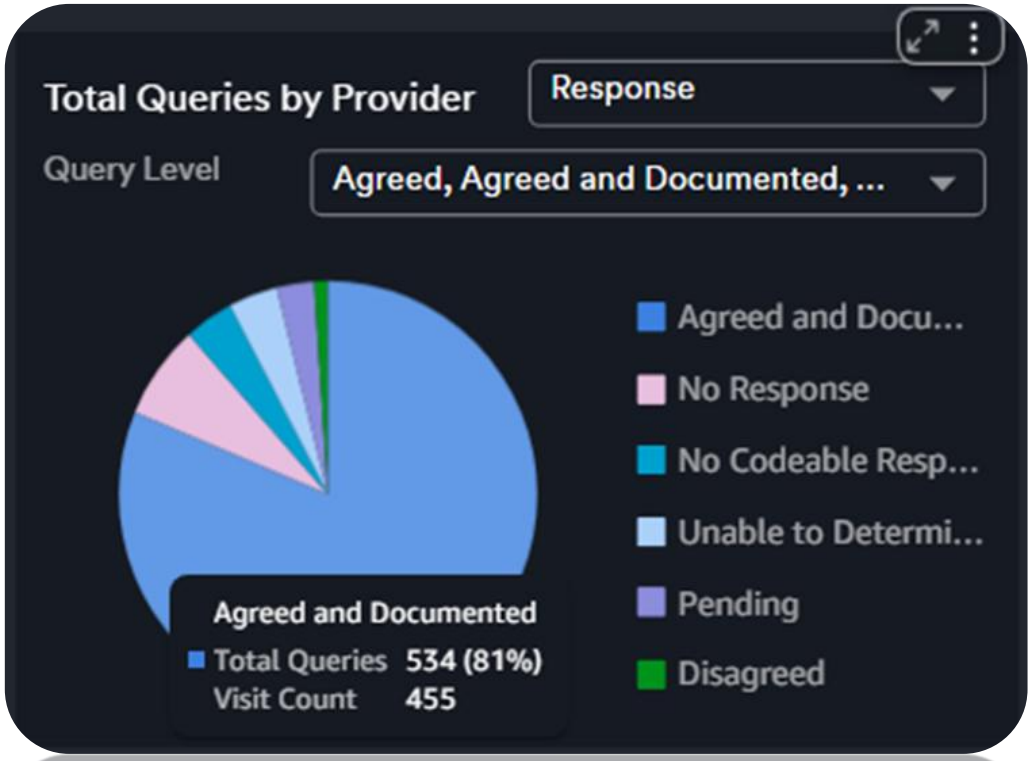
Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
$359,728.27	$508,865.24	$428,076.96	$417,569.58	$401,267.61	$327,445.25

Other Metrics

Where We Started



December



Response Rate: 89.95%

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

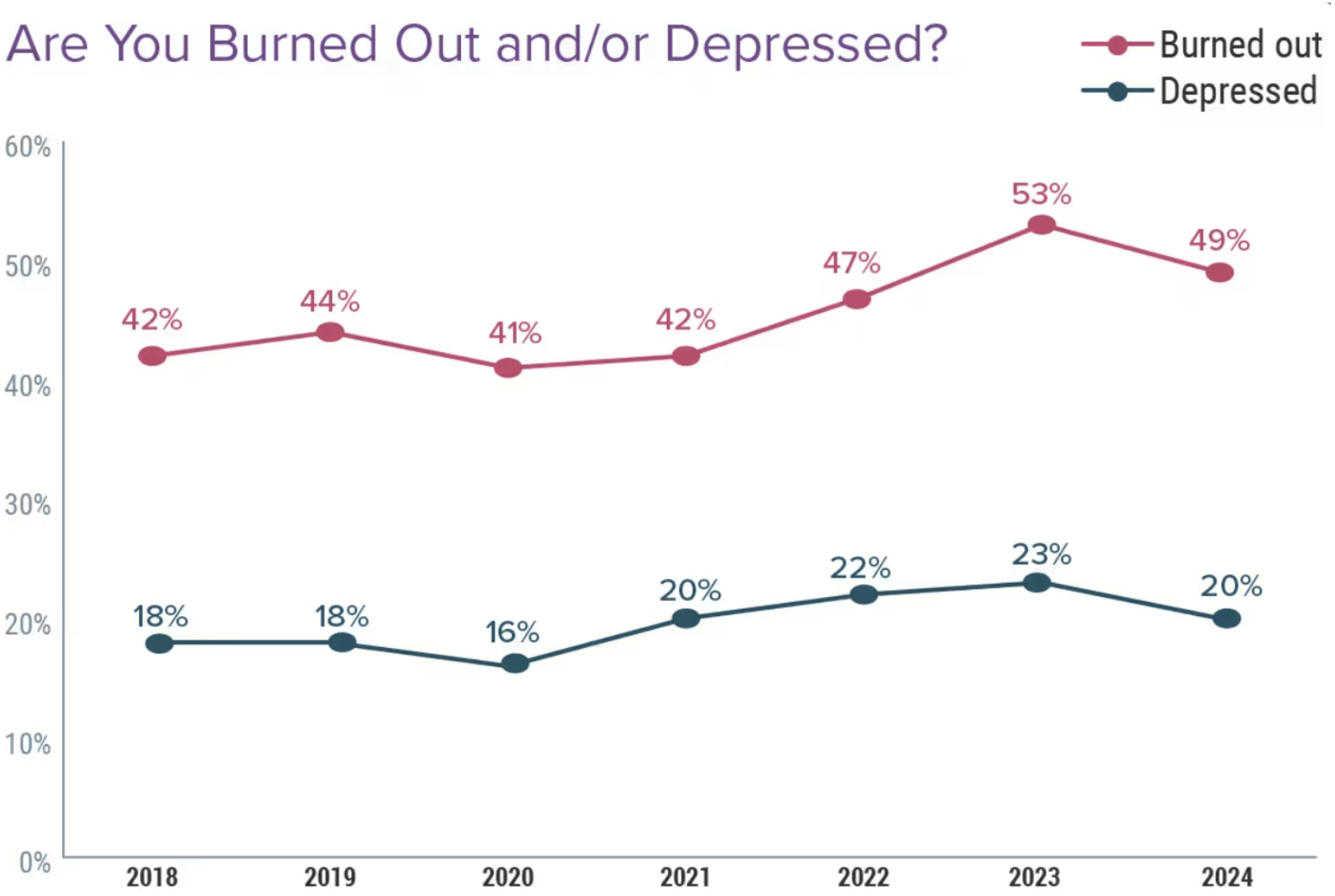
- **Impact on Patient Care Quality and Satisfaction:**
  - Improved documentation leads to better patient outcomes.
  - Higher patient satisfaction due to quality care.

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.

2024 Medscape Physician Burnout & Depression Report

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."

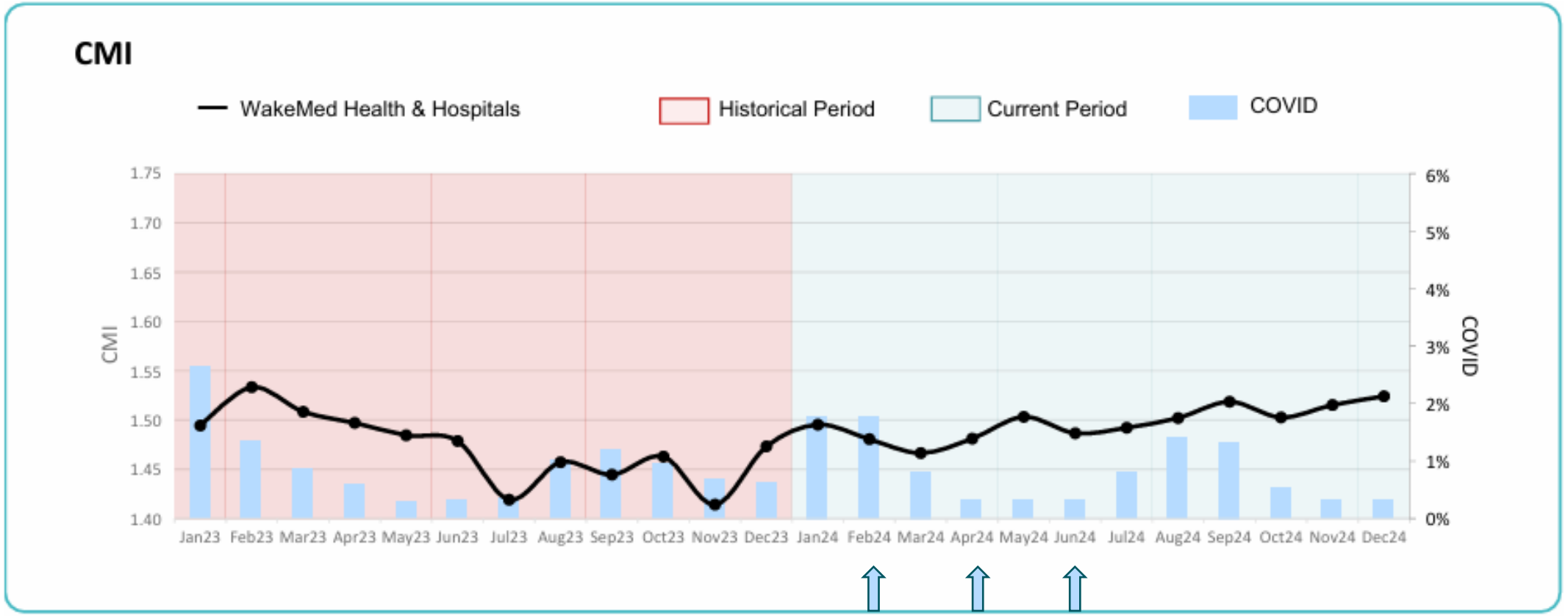
Plan

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%

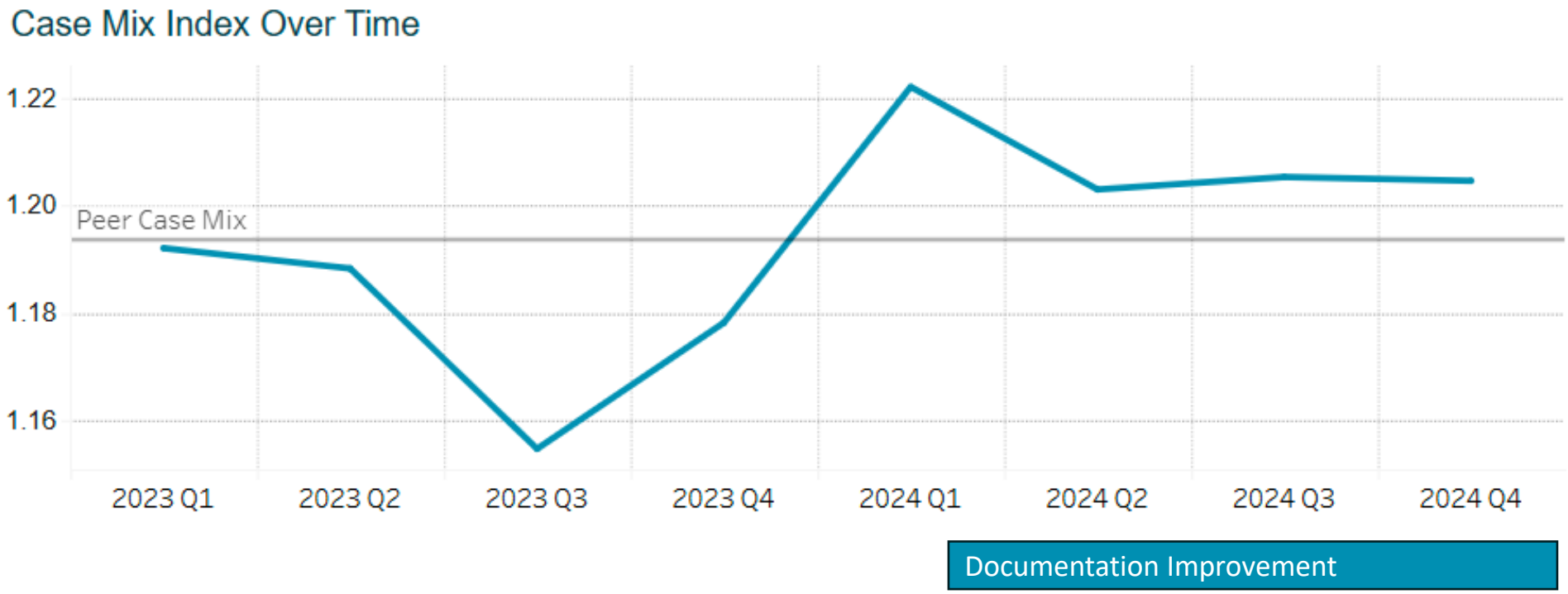
CMS Mortality O/E Improvements

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%

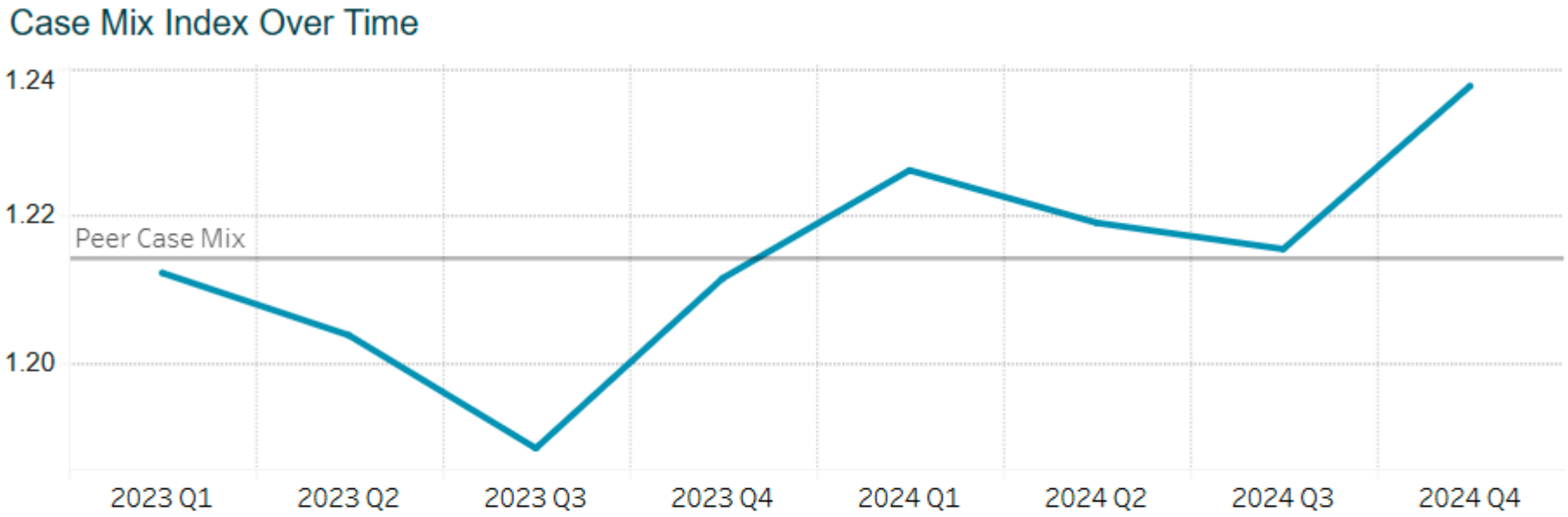
Improved Capture

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



CMI Hospitalists

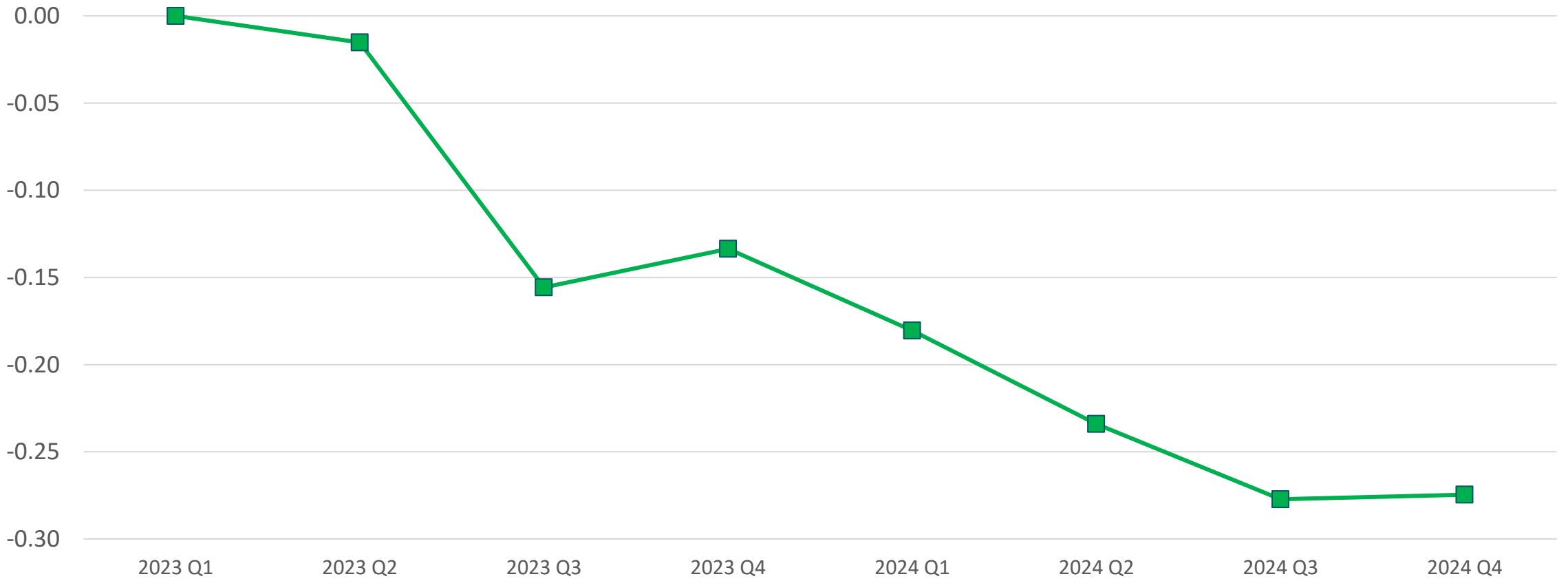


Documentation Improvement

Hospitalist Estimated Reimbursement Impact

Hospital	WakeMed Raleigh Campus Hospital	WakeMed Cary Hospital	WakeMed North Hospital	**Total**
Baseline vs. Implementation Period	Jan23-Dec23 vs. Mar24-Dec24	Jan23-Dec23 vs. Mar24-Dec24	Jan23-Dec23 vs. Mar24-Dec24	
Doc Score – Baseline	79%	74%	58%	
Doc Score – Implementation	81%	78%	66%	
Doc Score – Change	2%	4%	8%	
Est. Reimb. Impact	$1,360,000	$1,410,000	$1,700,000	**$4,470,000**
Exp. LOS (days) Impact	452	480	454	**1,386**

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

1	Documentation tool usage and improvements are now part of the hospitalists' incentive and bonus plan
2	Epic optimization to improve number, accuracy, and context of queries
3	Epic optimization to improve easy of query response
4	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.	

Thank you!

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Questions?

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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.