

Physician Advisor Job Description

Organizational Background

At Mount Sinai Medical Center in Miami Beach, Florida, we are a few years into a revitalization of our Care Management department. We began with a new department director and the rebranding from Case Management to Care Management, which embodies the fact that our scope of practice must change from being focused on the hospitalization only to caring for the patient across the continuum of care. We have made a lot of positive strides within the department, and a dedicated physician advisor will allow us to continue our improvement. Ideally our physician advisor will have experience with utilization management, understand the state and federal regulations, have knowledge about the denials and appeals process, have experience with physician documentation and electronic health records, and be willing to be a part of our teaching clinic. We estimate that approximately 70% of the physician advisor's time will be dedicated to the care management functions with the remaining time split between clinical documentation improvement, medical informatics, and other projects as they arise.

Position Summary

The Physician Advisor (PA) conducts clinical reviews on cases referred by care management staff and/or other health care professionals to meet regulatory requirements and in accordance with the hospital's objectives for assuring quality patient care and effective, efficient utilization of health care services. The PA meets with care management and health care team members to discuss selected cases and make recommendations for care, interacting with medical staff members and medical directors of third party payers to discuss the needs of patients and alternative levels of care. The PA acts as consultant to and resource for attending physicians regarding their decisions relative to appropriateness of hospitalization, continued stay, and use of resources. The PA further acts as a resource for the medical staff regarding federal and state utilization and quality regulations.

As the CDI physician advisor, the PA will act as a liaison between the CDI professional, HIM, and the hospital's medical staff to facilitate accurate and complete documentation for coding and abstracting of clinical data, capture of severity, acuity and risk of mortality, in addition to DRG assignment.

As the Medical Informatics physician advisor, the PA will act as a liaison between the electronic health record (EHR) implementation team and the medical staff ensuring that the system is optimized for effective physician use. The PA helps facilitate training for the physicians.

*Note: Based on the volume of work, two PAs may be appropriate. Work will be divided and modified based on individual strengths/preferences and the needs of the organization.

Principal Duties and Responsibilities

Acute Inpatient/Care Management Functions

- Reviews medical records of patients identified by care managers or as requested by the healthcare team in order to:
 - Assist with level of care and length of stay management
 - Assist with the appeals and denial management process (includes both managed care and government payors, generally following discharge of patient)
 - Review and make suggestions related to resource and service management
 - Assist staff with the clinical review of patients
 - Determine if professionally recognized standards of quality care are met
- Provides feedback to attending and consulting physicians regarding level of care, length of stay, and quality issues. Seeks additional clinical information from the attending and consulting physicians. Recommends and requests additional, more complete, medical record documentation. Recommends next steps in coordination of care and evidence-based medicine indicators.

- Reviews cases that indicate a need for issuance of a hospital notice of non-coverage/Important Message from Medicare. Discusses the case with the attending physician and if additional clinical information is not available, discusses the process for issuance and appeal to the physician.
- Documents patient care reviews, decisions, and other pertinent information. Understands and uses InterQual and other appropriate criteria. Documents response to case management referrals. Supports Care Management in a data-driven approach.
- Notifies the care manager of any conflict of interest in reviewing a particular patient record. Assists with identifying a physician to review such record.
- Acts as a liaison with payers to facilitate approvals and prevent denials or carved out days when appropriate. Facilitates, mentors, and educates other physicians regarding payer requirements.
- Participates in review of long stay patients, in conjunction with the Care Management Leadership, Care Management Team and other members of the multidisciplinary team to facilitate the use of the most appropriate level of care. Participates in patient rounds with the Healthcare Team as indicated.
- Identifies patients who are appropriate for transfer to LTACH facilities and works with physicians to facilitate referrals as needed.
- Provides guidance to ED physicians and ED Care Management regarding status issues and alternatives to acute care when acute care is not warranted.
- Works with Care Management and an interdisciplinary team to ensure appropriate continuity of care and to reduce readmissions.

Physician Support and Education

- Provides education to physicians and other clinicians related to regulatory requirements, appropriate utilization, alternative levels of care, community resources, and end of life care. Works with physicians to facilitate referrals to the continuum of care.

Hospital Process Improvement

- Identifies quality, safety, patient satisfaction and efficiency issues leading to suboptimal care. Takes appropriate action to resolve.
- Promotes and educates healthcare team on a team approach to patient care. Promotes coordination, communication and collaboration among all team members.
- Supports the organization in quality improvement efforts requiring physician input and/or involvement.

Clinical Documentation Support

- Educates individual hospital staff physicians about ICD coding guidelines (e.g., co-morbid conditions, outpatient vs. inpatient) and clinical terminology to improve their understanding of severity, acuity, risk of mortality, and DRG assignments on their individual patient records.
- Educates specific medical staff departments (e.g., Internal Medicine, Surgery, Family Practice, etc) at departmental meetings regarding:
 - Reasons why individual physicians should be concerned about correct disease reporting and the subsequent ICD code capture of severity, acuity, risk of mortality, and DRG assignment, such as: Physician performance profiling, Physician E&M payment and pay for performance. Appropriate hospital reimbursement and profiling for patient care.
 - Ways to provide improved health record documentation that specifically affect ICD code assignment capture of severity, acuity, risk of mortality, and DRG assignment.

Medical Informatics Support

- Works with the EHR team to ensure the system appropriately supports the physician's ability to provide best-practice medicine by creating logical processes and providing the necessary order sets and practice guidelines.
- Participates in physician education and outreach efforts.
- Works in collaboration with the IT team to be sure all necessary physicians are trained and training is appropriate for the physicians.
- Participates as part of the physician advisory council to assist IT with clinical decisions for the EHR.
- Assists with order set development, review, and implementation to coordinate quality, efficiency, and utilization of the order sets.

Additional Job Functions

- Actively participates in Hospital committees to develop protocols related to evidence based medicine and supports optimal standards of care.
- Presentations to Medical Staff, Board, Administration as warranted.
- Chairs or serves on the Utilization Management Team.
- Participates in the peer review process; makes suggestions on ways to improve this process.
- Assists with the evaluation of the hospital utilization management program.
- Maintains current knowledge of federal, state, and payer regulatory and contract requirements.
- Attends continuing education sessions pertaining to utilization and quality management.
- Additional functions as deemed appropriate and warranted.

Minimum Qualifications

Education: Graduate of an accredited medical school. Additional education in quality and utilization management through continuing medical education programs and self-study.

Experience: Minimum of 5 years recent experience in clinical practice. Utilization management experience as a member of the UM oversight committee or past physician advisor experience preferred.

Licensure: Licensed physician in Florida

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