TRANSCRIPT

EPISODE 105: Being a Physician Advisor - What's the Scoop?

With guest Dr. Timothy Owolabi

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HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hello, hello and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode 105. Today we're talking about a very interesting nonclinical job. That of being a physician advisor, where you get to wear a number of different hats and use your clinical experience and expertise, as well as learn new skills.

To help us dive into the role of the physician advisor, we have a wonderful returning guest, family medicine physician, Dr. Timothy Owolabi. Dr. Owolabi first joined us on the podcast for episode 44, where he talked about his career path out of clinical practice,

which involves several different positions. Dr. Owolabi had six years of experience working as a physician advisor, and he is going to share his expertise on what this role entails, why he likes it, and even came back to it after trying a different direction, the type of physician who would make a good fit, the training involved, and other important topics such as compensation and schedule.

This podcast is going to be great for those of you who would like to learn about the physician advisor role, but also for anyone who would like to hear how your career path can evolve and change over time. You don't have to find the perfect job out of the gate. There can be some zigging and zagging. Let's get to it. I am truly honored and delighted to welcome my dear friend, Dr. Timothy Owolabi to the podcast. Well, howdy, howdy, Tim.

TO: Hi, Heather. I'm so happy to chat with you again today. Thanks for inviting me back.

HF: It's my pleasure. I feel so grateful that I've been able to know you since 2011 and watch your amazing career path and journey.

TO: It's been quite a journey, I'll tell you, and I feel fortunate that our paths crossed all those years ago because I think taking the first step was really enabled by the work that I did with you initially, and then as you mentioned, it's been a journey ever since.

HF: Well, I want to tell a little story if you don't mind, about when we met. It was when you had just recently got your first physician advisor role, and you were at this physician advisor bootcamp in San Antonio. I decided to go there and attend the conference just to learn more about this whole new area and also to meet you. I got there and I was down in the cafe area where the coffee was, and I was texting you like, "Hey Tim, I'm here. I'm down by the coffee. You're here, come and meet me." And I just sent the text and then I hear, "Hello Heather" in your great deep voice. I was like, "Did this text just

talk to me?" And I turned around and there you were. And that was the first time I'd ever seen you.

TO: I remember that. That definitely wasn't planned. And yeah, that was a treat.

HF: It was like, you just found me. Oh, it was perfect. I had mentioned in the intro that you were doing this physician advisor role, and then you left to go try a slightly different direction and decided to come back. You mentioned on the podcast in episode 44 a bit about this new position. And now let's have you catch us up to why you decided to come back before we dive into more specifics about being a physician advisor.

TO: I'd be happy to. As I recall, I believe I mentioned the learning process of the various positions that I've had over the years, including my first move into management and administration and how that wasn't a great fit, but it really taught me a lot about my preferences and the things that, as it was coined in that previous podcast, my area of genius. And that's really where I learned that data was a place that I really could focus a lot of my talents, and that's what led me to pursue a position in analytics. And that was the role that I was in at the time, that we last spoke.

And that analytics position was amazing. There were a lot of tools that aren't usually available in the provider space that I was able to work with and a lot of talented people, including data scientists in the payer space that I worked with in my previous position.

And even though there were lots of amazing opportunities, I learned that there were some things that weren't such a great match as far as the way of working and the amount of managerial sorts of things that I needed to be involved with that weren't so much focused on actually looking at the data.

And what changed was I became aware of a new opportunity that was back in the physician advisor space that I was more familiar with that would allow me to focus on

data, but then would allow me to do more of the familiar physician advisor work that I've kind of grown attached to over the years. In fact, I never actually stopped being a physician advisor even while I was doing that analytics work. One of the nice things about being a physician advisor is you don't have to do it full time. And so, I continued to do it on weekends and on holidays. And it was through those continued contacts that I became aware of this opportunity.

HF: Initially you decided to take this job at a health insurance company where you thought you could do even more data analytics than you were currently involved in, and you were also doing the masters in healthcare data analytics. And so, this seemed like a natural career progression.

TO: Right. And I'm still working on that masters actually. Getting pretty close to its completion.

HF: Oh, wonderful. Wonderful. So, you got into this position, and as we can experience in life, sometimes what we think is going to be isn't exactly what it turns out to be. Did you have a hard time thinking, "Oh my gosh, here I changed again. Do I just need to just stick it out longer? Can I make yet another change?"

TO: I think that thought is always there, and it's for that reason that I didn't make that decision very quickly. I sat on it and I took inventory of the experiences that I've had in the past, and this is part of why I never really see them as failures or things that didn't work out. But they're really learning opportunities.

And so, based on everything that I learned about myself and what I knew I needed in a position going forward, it made it a lot easier to make the decision when it was time to choose because the opportunity that was presented was time limited. It wasn't something that would be there indefinitely. So, fortunately I didn't feel at all like I was making the wrong decision, even though I have had changes over the years here. I think

this perhaps was one of the easiest ones to make because of the experiences that I've had.

HF: Obviously, there were a lot of things you liked about it, and we're going to be talking about that. To give the listeners an idea about this area physician advising, what can you tell us? Especially because there's often this misconception of this is like physician coaching or giving advice. So, help us out here.

TO: Well, I think at a basic level, it's important to understand where the physician advisor fits within the health system. Every hospital that's licensed or bills Medicare is required to have various committees that oversee the clinical management of that hospital. And so, every physician who's been on medical staff knows that it's a requirement to serve on one of these hospital medical staff committees, be it the ethics committee, the pharmacy and therapeutics committee, the credentialing committee or the UM committee.

And unless you move around, you oftentimes don't really understand what these various committees are doing unless you're serving on them. But the UM committee specifically is charged with ensuring that the resources that are being utilized in the hospital are being done compliantly as far as the laws and regulations like CMS. But also, we are being good stewards of limited resources.

This is what the aim of the UM committee is. And physician advisors are agents of the UM committee. They're physicians that are on medical staff who are responsible for executing that responsibility of the medical staff. And so, let's say the difference between an internal physician advisor and let's say a vendor such as Sound Physicians or R1, some of these companies that offer physician advisor services, the only difference is whether or not the hospital is using a physician who is already part of the medical staff or outsourcing this responsibility to a vendor.

HF: Can you give us an example of what they're actually looking at in terms of UM or utilization management?

TO: Sure. The process by which someone enters the hospital is once a physician determines that either you've come through the ED and you're too sick to leave the hospital from the ED or even from the physician's office, they need to come into the hospital directly from the physician's office. That condition of participation in order to bill a payer like Medicare is that you have to have a process in place to screen and certify that that patient actually needs to be in the hospital and the services that are being provided meet the standard that's required to bill for that service.

And so, the first part of that process is usually a UM nurse will screen the patient based on the clinical information in their chart to determine if the criteria are met to bring the patient into the hospital and to bill the insurance for the hospital care. And if that screening process isn't met, then this is the first place a physician advisor might be involved in helping to ensure that we are meeting the requirements for billing and also, we are being good stewards of resources. We will review the chart and then write a note indicating what we feel is the justification for bringing the patient into the hospital and what level of care would be appropriate.

And then the next UM step would be that the clinical information that was collected by that UM nurse will be sent to the insurance, and insurance will then have their own process for reviewing whether or not they agree with that medical necessity determination. And then they will either approve the stay or not. And if there is a denial, this is the second point of the UM process that a physician advisor may be asked to review that insurance company's determination and decide either to accept their decision or to appeal their decision and either write a written appeal or schedule a peer-to-peer discussion with the insurance company's medical director.

And so, these two functions I have described, the level of care determination and also the appealing of denied stays are the bread and butter of what physician advisors do for the UM committee.

HF: How much of your time are you spending involved in these determinations?

TO: Well, it depends on the physician advisor. My role has evolved over time. When I first came into this, it was 100% of the time. But as I developed the program, and at that time back in 2016, I was the only physician advisor in the program that I joined, I expanded that program to bring other physician advisors in to help with the level of care determinations and the appeals work.

And I got into some other administrative tasks that were involved in trying to reduce readmissions, optimize length of stay, reduce denials and really optimize other metrics that were important as far as patient safety and optimizing revenue for the hospital. And so, as there were other physician advisors to do some of the bread-and-butter work, and I was able to work more on these process improvement activities, I would say I was close to 50-50 in terms of doing the appeals work and level of care work and the administrative work.

And as I've returned to this physician advisor role and doing analytics work, I would say that I've shifted more to being heavy on the bread-and-butter physician advisor work. And maybe a third of my time is probably devoted to focusing on analytics. And so, this could change over time as we develop more sophisticated reporting and I'm asked to do more in the analytics space.

And so, I think my journey just shows how much variability there could be as a physician advisor. There may be some who are focused more on the education role and they may spend more of their time providing feedback to medical staff concerning cases that are

getting denied or level of care determinations that are frequently different than what the initial physician put on the chart.

HF: Why might a physician who's listening to this be interested in this type of job?

TO: I think if you are interested in the business of medicine, if you're interested in understanding insurance contracts, regulations and rules concerning how billing works and you enjoy chart review, these are all things that I think are core competencies of being a physician advisor. And for me, in particular, I am an introvert. And so, as much as I really enjoyed being a clinician and the many years that I was a family physician, I find that I'm more able to get into flow when I'm able to work independently.

A lot of this work is done other than when you're having to converse with your peers or do peer to peers. A lot of this work is done in a solitary space. I work out of a home office. Although, in the earlier part of my tenure as a physician advisor, I worked out of a hospital-based office. But the only difference was it was in the hospital versus at home. Because the original question was, “Why would someone who looks into this, want to do this?”

And I think there could be a wide range of reasons, but for me, what was most attractive was the fact that I've been able to, to work on my own. I've been able to set my own schedule. The fact that I'm able to work remotely. These were all things that I think were the most appealing parts of this role.

HF: I think flexibility is a huge desire of physicians. And if a physician had this role that you had, would they be able to make an appointment during the day, like a doctor's appointment or go pick up their kids at school and then come back to the work? Does it have that kind of flexibility?

TO: Definitely. Most of the work that is done is not time sensitive except for scheduling peers to peers. When one is lucky, these can be set at a specific time so that you know when to anticipate it. But other times, they may come in at unexpected times. And so, it's important to realize if you have an outstanding peer to peer, you'll need to make yourself available. But even then, it's possible to take your laptop with you. And as long as you have access to internet, these can be done even away from your office in a pinch. But I think you bring up a really good point that this job allows a lot of control over one's time. And so, that is definitely something that was very appealing to me.

HF: Now, when you mentioned peer to peers and also looking at these determinations that physicians are making, how would you describe your relationship to your peers in this role?

TO: I think it's very cordial and it required a few steps for me personally. The first step being that I was a seasoned clinician who was already established in my community and was already a known commodity within my community. And so, having to approach a peer, usually was not having to approach a stranger. And I think that goes a long way. And it also is a reason why many health systems are moving more towards having that model of an internal physician advisor as opposed to using a vendor.

But in addition to being a known commodity, I think making myself known among the medical staff, even to those that I don't know through the education efforts that I made in the initial part of this role, where in some cases I would go every month to the department meeting for the hospitalist group to present cases or present on specific UM topics, I became even more of a known commodity.

And so, I think that relationship building makes it easier to approach other clinicians, but also it helps to develop some degree of trust. And so, I myself don't like confrontation and this job can sometimes involve some tense discussions. But the longer I spend in it, I

find that I really don't feel tense very often nowadays because I'm very familiar with the docs that I speak with, even those with the insurance companies.

And I seem to understand that although we may be working from different perspectives, we all really want the same thing. We want the right decisions to happen and for the health system to be paid for the services it's providing. But this work is sausage making. I find myself describing that a lot when it comes up that the rules sometimes seem to change, especially Medicare it updates its rules from time to time. And insurance companies don't all use the same rules. And so, things aren't always black and white. But I think what helps is developing those collegial relationships so that disagreements don't have to be tense.

HF: It sounds like it would take a fair amount of EQ - emotional intelligence to be good at this. I want to talk a little bit more about the qualifications to be a physician advisor, but before we do that, we're going to take a quick break. Don't go away. We'll be right back.

If you are applying to a nonclinical job, it's a great idea to convert your CV to a resume. A well-crafted resume helps recruiters see why you are the right person for the job. My resume kit is a downloadable PDF that walks you step by step through creating an impressive resume of your own. You'll have everything you need, including templates and a bonus on writing a winning cover letter.

To get immediate access to this kit that I use with my coaching clients, go to doctorscrossing.com/resumekit or simply go to the Doctor's Crossing website and hit the products tab at the top of the page. Now back to our podcast.

We're back here with my lovely guest, Dr. Timothy Owolabi, and we're talking about the role of physician advisor. Tim, what else do physicians need to have besides the basics to be eligible for this role?

TO: Well, what I found in looking at many job descriptions is that most require that you have at least five years of clinical experience. I think being seasoned and being comfortable with how healthcare works and how care is provided to most basic patients, that's important.

The specialty matters a little less although there tends to be more commonly internal medicine, family medicine, hospital medicine, really primary care types of specialties, although I work with a couple emergency medicine doctors that are physician advisors. And so, there's no limit on the type of physician that can do this role.

As far as subject matter expertise, it's possible to come into this green and not really knowing anything. And there's some positions where you can get trained on the job. I think a lot of physicians in the system that I'm working in now came in that way where they hadn't been a physician advisor before and there was an onboarding process to help them get up to speed.

If you don't have that opportunity, there are organizations that provide educational opportunities including the American College of Physician Advisors. It's a nonprofit organization that is membership based so you actually pay an annual membership fee to belong to that, but it's part of your membership fee. I believe they still offer a physician advisor textbook that was written, I believe, by one of its members that they give to you electronically free with your membership. That's definitely a way to pick up things if that's the way that you learn.

They're definitely boot camps and introductory types of CME events that are offered by the American College of Physician Advisors and their other similar organizations that offer educational opportunities in that way.

HF: You're reminding me that I went to a physician advisor meeting before that bootcamp I met you at because I wanted to understand this role better, and I was really incredibly

impressed with how nice these people were there. They really were there to mentor and support other physicians who were new to this area. And I thought, "These just are great people." And it made me think if I were a physician and looking for opportunities, just the collegiality and this sense of mentorship would make me look into this as a possibility.

TO: I really have had an experience that mirrors what you saw there in that snapshot in going to conferences. And what you'll find is you'll tend to see the same faces as you go to these different conferences.

HF: Yeah, that's so true.

TO: It's not a huge world, even though there are physician advisors all over the country. And it doesn't take too much effort to get plugged into the various spaces where interactions are happening for the physician advisors. There's a Google group called RAC Relief that I've been a member of since I began as a physician advisor.

HF: What is it called, Tim?

TO: It's called RAC Relief.

HF: Oh, RAC Relief. Okay.

TO: Yeah. And I've been a member since I started as a physician advisor. And daily there are conversations in that message board about what various physician advisors are experiencing around the country, but also other members of the UM team, care managers, compliance officers. It's not just physicians that are on that message board. And that's what I've noticed. Even though there's collegiality within the physician advisor community, I think it expands to the whole UM team and to care managers. There's really a vibrant ecosystem of sharing of information and support.

And to your original point about how nice these people are, I think at the root, everyone who's involved in this space really cares about people and about helping people through the maze that is our healthcare system.

HF: Wow, that's really great to hear. Before we wrap up, could you give us a little guidance quickly about the compensation?

TO: Sure. My understanding in seeing surveys that have been done with physician advisors in the past is that, dependent on your specialty, where you are in the country, how many years you've been in it, how many beds are in your hospital, the salary range per year can range anywhere between $200,000 and $300,000 a year. And I don't think that's changed too much from when I first heard about these sorts of surveys back in 2016. It is possible maybe things have shifted a little bit, but I think somewhere in that ballpark is probably what would be a competitive rate for a full-time physician advisor.

HF: All right. I appreciate you sharing a lot about this physician advisor role, and I thought to end here, it would be helpful if you could briefly retrace your path to this point and let the listeners know what this has been like for you.

TO: Well, as you started, I began this journey around 2011 when I was a full-time family physician seeing patients in an outpatient family practice. And I did that for about four years before pivoting to that role at the work site clinic where I was a medical director with some direct reports and had some more administrative tasks, but was primarily still a full-time clinician.

And so, in all, I probably spent six or seven years as a full-time clinician with gradual increases in the administrative task that I was involved with before I really made this huge shift into this physician advisor world. I was bringing seven years of full-time

clinical experience into my physician advisor role, and I spent about five years or so doing that.

But then similarly, transitioning from just that frontline bread and butter physician advisor doing level of care determinations and denials into a medical director who is helping to optimize length of stay and decrease readmissions and get a better understanding of the patients and the health system that were the highest utilizers of care.

And really finding my zone of genius in analytics. That was the impetus for me to seek out more opportunities to focus on analytics and use them in a more sophisticated way. And I seized on the opportunity to do that in the payer environment. And I discussed that before. That was really wonderful. The thing was that it wasn't the perfect fit. And I was fortunate to find an opportunity that paired the physician advisor work that I really felt more comfortable with along with focusing on analytics.

And so, each one of these moves that I've made has been informed by what I did before and what I learned about myself and my preferences. And so, I've landed where I'm at now, where I'm really happy to do the physician advisor work and able to carve out a space to really focus on the analytics work that I think is something that I am uniquely qualified to provide to the health system.

HF: Now you had mentioned on that earlier episode 44 that you had to get more comfortable with uncertainty. Physicians often feel when they're making this change, they have to get it right. And there's often this fear of “What if I don't like it? What if it's not the right thing?” Your story is very illustrative of you don't have to get it perfect.

TO: I agree totally. And in fact, I think the more changes that I have made where things didn't go wrong, but I was able to gain more experiences and gain more skills, the more comfortable I came with the uncertainty of having to make a change when an

opportunity arose. And I think that's really what has been in the similarity with all of my changes. I was willing to seize on an opportunity as opposed to feeling like any change that I made was a failure.

HF: Thank you for coming here to tell your story in this new iteration and share a lot of helpful information about the physician advisor role.

TO: It's been my pleasure. I really appreciate the invite back. Thank you.

HF: Yeah. Well, thanks again Tim, and thank you for listening guys. I'll put some links in the show notes about how you can find some different options for training and learning more about the physician advisor role. So, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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