



ABSTRACT SUBMISSION GUIDE

- Deadline for submission is September 30, 2024
- Speakers will be notified in November 2024 if they have been selected for presentation

The American College of Physician Advisors’ 2025 National Physician Advisor Conference (NPAC 2025) is on a mission to reach new heights in physician advising. We’re looking for **YOU** to join our league of extraordinary thinkers. It's time to reveal your hidden powers and contribute to the premiere physician advisor conference of the year!

Physician advisors are healthcare heroes called to solve complex problems and bridge departmental silos to create processes and outcomes benefiting the patients cared for at their hospitals. By reaching new heights of expertise, physician advisors leap into action using professional insight to protect their hospitals and patients, adapt to new challenges, and create collaborative efforts across the care continuum.

As the physician advisor role transforms while leading change, this conference is a perfect opportunity for professional engagement, discourse, and sharing experiences. Your contribution and in-person attendance will be invaluable to you and your organization!

We have compiled a list of scenarios, projects, and experiences physician advisors frequently encounter working within hospitals and health systems. If you have been involved with any of them and feel you have helped drive change and transformation, please consider sharing your experience with your peers. Instructions for submission to speak at NPAC 2025 follow the “Submit Materials” header, below.

PROFESSIONAL LEADERSHIP

Sessions in this category will focus on management and leadership experiences, skills training, and functional activities related to the advancement of physician advisor program efforts and could include any one of the following:

- Development of physician advisors into physician executives
- Physician advisor engagement with an organization's C-suite
- Defining, promoting, and tracking the value of the physician advisor role to an organization (physician advisor return on investment (ROI))
- Alignment of the physician advisor with the Chief Medical Officer as a liaison between hospital C-suite and medical staff
- Establishing the physician advisor as a resource, subject matter expert, and liaison between the C-suite, medical staff, Care Coordination, Compliance, and Revenue Cycle
- Development of the physician advisor skill set for success within an organization
- Certification, formal training, or an advanced degree's impact (e.g., MBA, MPH) on the physician advisor role

REGULATORY STRATEGY

Sessions in this category will focus on regulatory or payment issues that physician advisors should be aware of and involved in, in part, within Utilization Management. They could include any of the following or similarly related topics:

- Conditions of Participation (CoP) vs. conditions of payment
- Best practices for an effective hospital Utilization Management Committee (UMC)
- Components of an effective hospital Utilization Management Plan
- How to prepare for and navigate a governmental audit involving a Quality Improvement Organization (QIO), Recovery Audit Contractor (RAC), Medicare Administrative Contractor (MAC), etc.
- Medicare Inpatient-Only list changes and their implications now and in the future
- Medical necessity status determinations and the importance of clinical documentation
- Role and goals of Observation Care
- Updates on current legislative initiatives for the provision of healthcare in the United States
- Developing a good relationship with your organization's Compliance Department
- Risk managing and adjusting

FINANCIAL STRATEGY

Sessions in this category will focus on how physician advisors should or could function within the revenue cycle chain or finance divisions for revenue integrity as well as the physician advisor's impact within novel revenue streams including risk arrangements and full capitation. *Payors are also encouraged to offer their insights into contracting strategy and payor-specific issues and challenges.*

Revenue Cycle: Essentials

Early-revenue cycle (contracting), mid-revenue cycle, or late-revenue cycle (billing and payment) Elements for payment

- Management of Observation Services hours
- Observation Units: Effective or not?
- Conditions of payment and other payment guidelines

Denials Management

- Levels of appeal for all payors
- How to effectively appeal all types of denials including peer-to-peer reviews
- Performing root cause analyses for your organization's denials
- Risk managing/adjusting for denials based on root cause analyses

Payor Strategy

- Collaboration on payor strategy with your hospital's contracting department
- Establishing Joint Operating Committees (JOCs) with payors

Value Based Care

- Payment model changes now and into the future within the Medicare and Medicare Advantage scope and where and how physician advisors can provide ROI within these models
- Collaboration between hospitals and Accountable Care Organizations (ACOs) on risk-based contracting
- Best practices for Joint Operating Committees (JOCs) with payors for value-based contracts

CLINICAL DOCUMENTATION INTEGRITY (CDI)

Sessions in this category will cover basic coding and documentation guidelines as well as common high-value diagnoses impacting revenue and quality.

- Case Mix Index (CMI) and other basics about CDI and coding
- Risk adjustment models and the role of CDI in risk adjusted quality performance
- CDI and hospital quality metrics
- CDI in non-traditional clinical areas such as surgical service lines or the Emergency Department
- Queries: Judging, compliance, creating templates
- Condition-specific direction on high-value diagnoses
- Clinical validation (i.e., Diagnosis-Related Group (DRG)) denials
- Leveraging the Electronic Health Record (EHR) to improve documentation
- Hierarchical Condition Categories (HCCs)
- Tracking and promoting the worth of a CDI program

PEDIATRICS

Sessions in this category will focus on the unique opportunities and challenges of serving in the physician advisor role within children's hospitals or health systems with large pediatric populations.

- Pediatric quality reviews
- Approaches to pediatric-specific denials
- Advocating with your state's Medicaid plan
- Pediatric CDI
- Physician advisor strategies for addressing situations unique to pediatric populations (e.g., Neonatal Intensive Care Unit (NICU) care, newly-diagnosed complex congenital malformations, inborn errors of metabolism)

EVOLVING ROLES AND SPECIALTIES FOR PHYSICIAN ADVISORS

Population Health

Sessions in this category will cover how physician advisors play a role in Population Health initiatives for an organization.

- Continuum of Care (pre-acute, acute, post-acute)
- Transitions of care and discharge planning
- Value Based Models
- Medicare Shared Savings Program (MSSP) and other value-based programs from the Centers for Medicare and Medicaid Services (CMS) such as Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH), Bundled Payments for Care Improvement (BPCI), etc.
- Medicare Advantage through the lens of value based care
- Hierarchical Condition Coding (HCC) and impact on risk adjusted quality and payment
- Joint Operating Committees (JOCs) and the role of physician advisors
- Social Determinants of Health (SDoH)
- Preventative care
- Advancing technology

Behavioral Health

Sessions in this category will focus on the unique role of physician advisors working in behavioral health facilities or health systems providing behavioral health services.

- Behavioral health reviews
- Behavioral health payments
- Understanding your state's Medicaid plan
- Behavioral health CDI
- Challenges providing care for behavioral health populations

Procedural Services

Sessions in this category will focus on physician advisors' role in supporting medical and surgical service lines for optimal performance and payment of procedures.

- Pre-authorizations for outpatient and inpatient procedures
- Managing high-cost and high-risk procedures
- Denials management
- Service line revenue analysis

Ancillary Services

Sessions in this category will focus on physician advisors' role in supporting various aspects of outpatient and inpatient ancillary services.

Pharmacy and Pharmaceuticals

- Pharmacy collaborations (e.g., physician and pharmacist advisors)
- Medication authorizations
- Medical necessity requirements
- Data and analytics
- Denials management
- Service revenue analysis including for Infusion centers

Radiology, Laboratory, and Pathology Services

- Imaging, interventional radiology, specialty laboratory, and pathology authorizations
- Medical necessity requirements
- Data and analytics
- Denials management
- Service revenue analysis

HEALTH INFORMATICS AND TECHNOLOGY

Sessions in this category will focus on optimizing the role of technology in the delivery of physician advisor services. *Payors are also encouraged to offer their insights into use of analytics and access to hospital Electronic Health Records (EHRs) and how these tools drive their payment structure and quality metrics.*

- Artificial intelligence
- Electronic Health Record (EHR) optimizations aiding in all facets of the physician advisor role
- Leveraging the Electronic Health Record (EHR) to collect more concise data allowing analytics to support process change
- Examples involving common Electronic Health Records (EHRs) demonstrating how customization was created and what internal processes it improved upon or optimized
- Use of data and analytics to drive change in healthcare

TO SUBMIT YOUR SPEAKER APPLICATION MATERIALS

- Deadline for submission is September 30, 2024
- Speakers will be notified by the end of November 2024 if they have been selected for presentation
- All speakers are encouraged to attend the entire three and 1/2-day conference and be involved in NPAC 2025 promotion and follow up
- One conference registration fee will be discounted per accepted presentation

1. Choose a **Session Topic Category** (see above)

2. **Session length**

All sessions should contain 45 minutes of content and will be followed by 10 minutes for questions.

3. **Submissions**

You may do **either of the following**:

Fill out the “Abstract Form” with details about your topic of interest

-OR-

Submit an abstract or completed presentation.

TIPS:

- Do not use abbreviations, symbols, or nomenclature. If an acronym is used, please spell it out the first time it is stated.
- Things to consider when writing your abstract may include lessons learned; why is this a “must-know” message for NPAC 2025 attendees; is this an initiative you would recommend others implement or is it an initiative that you instead learned from and would recommend against implementation; pertinent data that supports conclusions.
- If the initiative described is underway, please include initial results and describe ongoing work anticipated in the months leading up to the conference.

A. Abstract form

1. Define the problem encountered
2. Proposal Title (maximum 12 words)
3. What assets and resources were available and/or absent/needed?
 - Stakeholders
 - Available tools or other such resources
 - Support, e.g., data analyst
4. How did you engage the problem, or what did you do to solve it?
 - How did you convince stakeholders about the problem or potential solution?
 - How did you secure needed assets?
5. What were the challenges along the way?
6. How did you navigate them?
7. What was the outcome?
8. What is the future of this issue at your organization? (Optional)

B. Developed abstract or completed presentation

- Your abstract should be approximately **500 words**. This should include an overview of the desired topic to be presented, including its relevance to the Physician Advisor field. If your initiative is based on a project you completed, please include background information, methods of intervention, and outcomes with pertinent data as applicable. You may be contacted for further information.
- Proposal title (maximum 12 words)
- Include supporting images or data tables (optional)
- You can submit up to two (maximum) images with your abstract, saved in one of the following formats: JPEG (*.jpg), PNG image (*.png), or GIF (*.gif).

1. Provide at least **two learning objectives**
 - ***This is a requirement for all CME credits.*** Objectives should be written keeping in mind what the learner will obtain from the information in your talk. Use Action Verbs when able (Bloom's Taxonomy is a great resource).

2. Provide the **background information for the lead presenter and co-presenters**

We recommend a maximum of two presenters per session. Submissions must include the following information for all presenters/co-presenters:

 - Name (first, last) with credentials
 - Employer
 - Address you would like materials to be sent to
 - Phone number & email address
 - Disclosures
 - Conferences speaker has presented at in the past (if applicable)
 - Reference (please provide a minimum of one) of someone who can speak to your speaking skills and expertise in your topic area. Contact information should be included (name and phone and/or e-mail).

3. Provide **biosketch(es) for presenters**
 - This should be contained to **150 words** and should include pertinent biographical information about yourself and your role.

QUESTIONS? NEED MORE INFO?

All questions regarding the NPAC 2025 submission process may be directed to Tracy Mitchell, tracy.mitchell@conferencedirect.com or 630-258-7570.