






Process for Expanding Advanced Practice Professionals (APPs) in the Medical Model and Practices

Robert Probe, MD

Andrejs E. Avots-Avotins, MD, PhD

Scott & White's APP Story Learning Objectives

- The appearance of APPs within our organization
- The realized effectiveness of the model
- The problems with our success
- The emergence of APP leaders
- Where are we going from here

S&W Integrated Medical Model

S&W Clinics
- Covering 34 counties
- 1,300+ employed providers
- Over 2.2M+ patient visits
- Covering ~29,000 sq miles

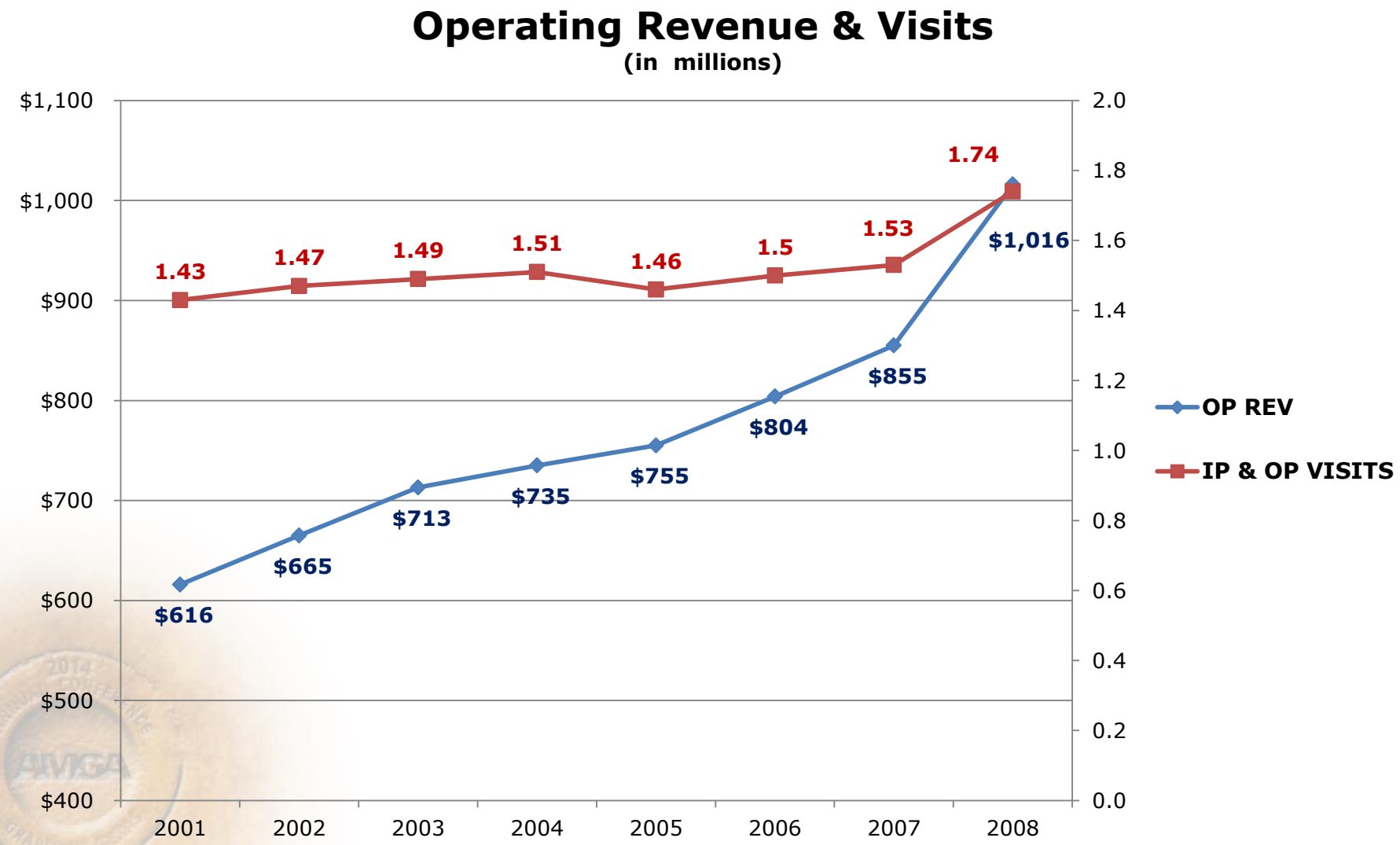
S&W Hospitals
- 12 Hospitals - owned/managed/invested
- Over 50,000 IP discharges FY12
- Operating 57% of IP beds in PSA

Academic Operations
- 692 Students/Residents - 37 Programs
- 275 Active Research Projects
- Full 4-yr A&M track in Temple ('07)

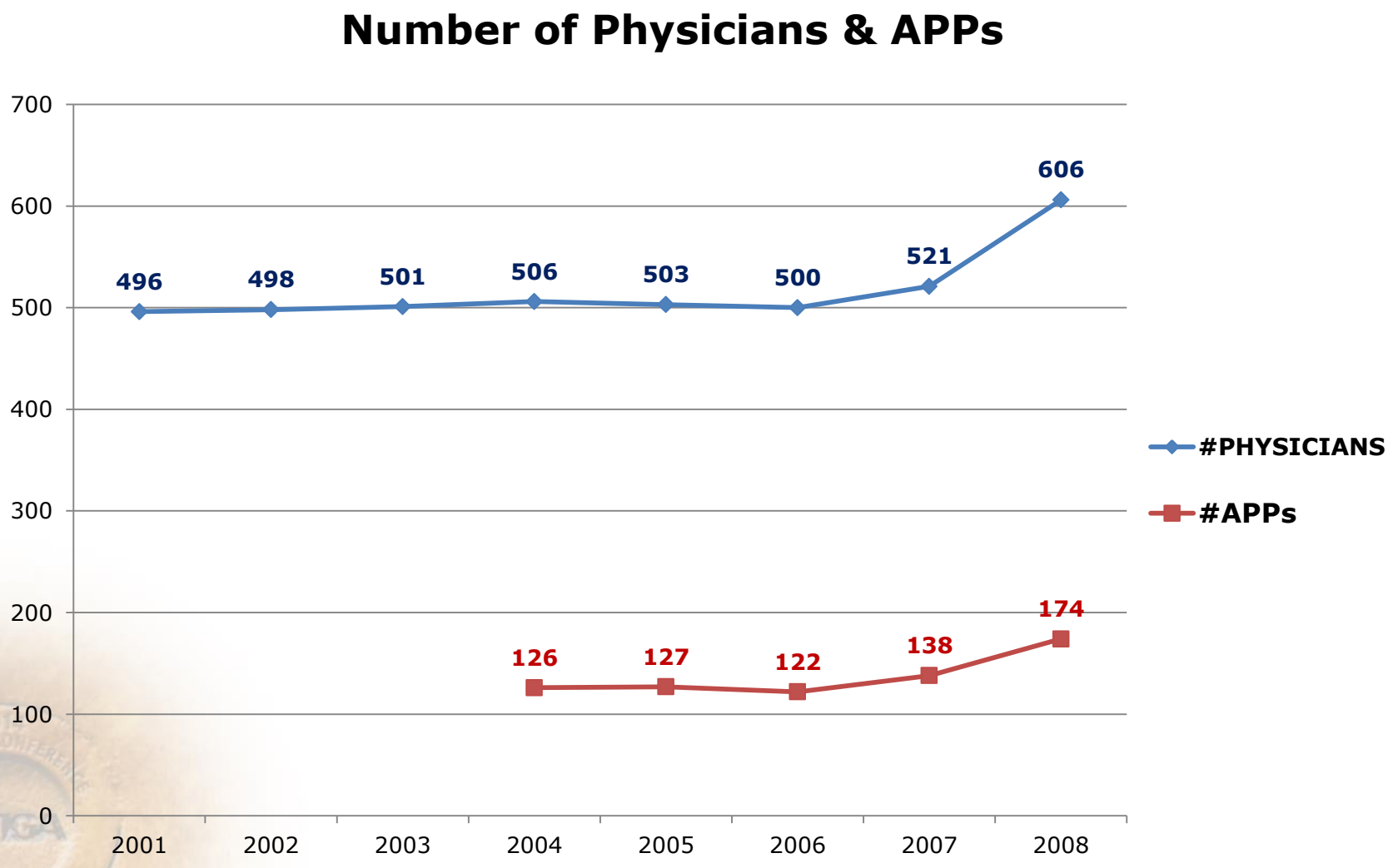
Health Plan
- ~225,000 Enrollment
- Covering 71 counties
- Offering: Commercial, ASO, Medicare, Part-D, and PBM
- Medicaid product March 2012 adds 65,000 members

Integrated Medical Model provides opportunities for:
- Physician management and control
- Care coordination
- Economies of scale
- Integration vs. Employment (14,000+ employees)

Scott & White Growth



Scott & White Growth



How did we come upon the APP Strategy

- Access & capacity
- Recruitment & retention of physicians
- Focus on team based quality care
- Many physician duties are well suited for collaborative practice
- Financial Drivers
- Isolated successes with in the system

What did we learn from the APPs

Administrative Leadership Dinners

(Issues addressed)

- CME (time and funding)
- Training
- Annual evaluation by a physician
- Improved system communication
- Committee involvement
- Recruitment under a physician model

What did we recognize

- Rate of Growth Exceeded Governance
- Inconsistent practice agreements
- Poor communication with a valued provider group
- Ineffective performance review
- Limited recognition by administration
- Variable physician acceptance

What do we believe

- The Scott & White model is one of team based care.
- APPs work closely with physicians in care delivery regardless of their certification and/or licensure.
- Team collaboration will help us achieve the Triple Aim

Advanced Practice Professional: Inclusion Criteria at Scott & White

- A licensed, certified non-physician health care provider
- Renders direct patient care
- Have *delegated* prescriptive authority
- Credentialed and privileged
- Billed independently

Scott & White Criteria for Advanced Practice Professionals

	Title	Capable of Receiving Prescriptive Authority by Statute	Actually Possesses Prescriptive Authority at S&W	Recognized as Individual Billing Provider by Medicare	S&W Bills for Provider's Service		Credentialed by S&W	Privileged by S&W
					Medicare	Medicaid		
1	Nurse Practitioner	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2	Clinical Nurse Specialist	Yes	Yes / No	Yes	Yes	Yes	Yes	Yes
3	Certified Registered Nurse Anesthetist	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4	Certified Nurse Midwife	Yes	No	Yes	Yes	Yes	Yes	Yes
5	Physician Assistant	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	Registered Nurse First Assistant	No	No	No	Not eligible	Not eligible	Yes	Yes
7	Surgical Assistant	No	No	No	Not eligible	Not eligible	Yes	Yes
8	Registered Dietitian	No	No	Yes	Yes	Yes*	No	No
9	Physical Therapist	No	No	Yes	Yes	Yes	No	No
10	Occupational Therapist	No	No	Yes	Yes	Yes*	No	No
11	Speech & Language Therapist	No	No	Yes	Yes	Yes*	No	No
12	Audiologist	No	No	Yes	Yes	Yes	No	No
13	Licensed Clinical Social Worker	No	No	Yes	Yes	Yes	No	No
14	Licensed Master Social Worker	No	No	Yes	Yes	Yes	No	No
15	Licensed Baccalaureate Social Worker	No	No	Yes	Yes	Yes	No	No
16	Licensed Marriage & Family Counselor	No	No	No	Not eligible	Yes	Yes	Yes

How did we bring the APPs together as a team

- Rejected the terms; mid-levels, allied health providers, or extenders
- Designated them as an Advanced Practice Professionals (APPs)
- Provided the APPs the same training as medical students and residents – learning not truncated
- Recruitment under a physician model
- Designated recruiter for APPs
- APP Council formation

The APP Council Formation

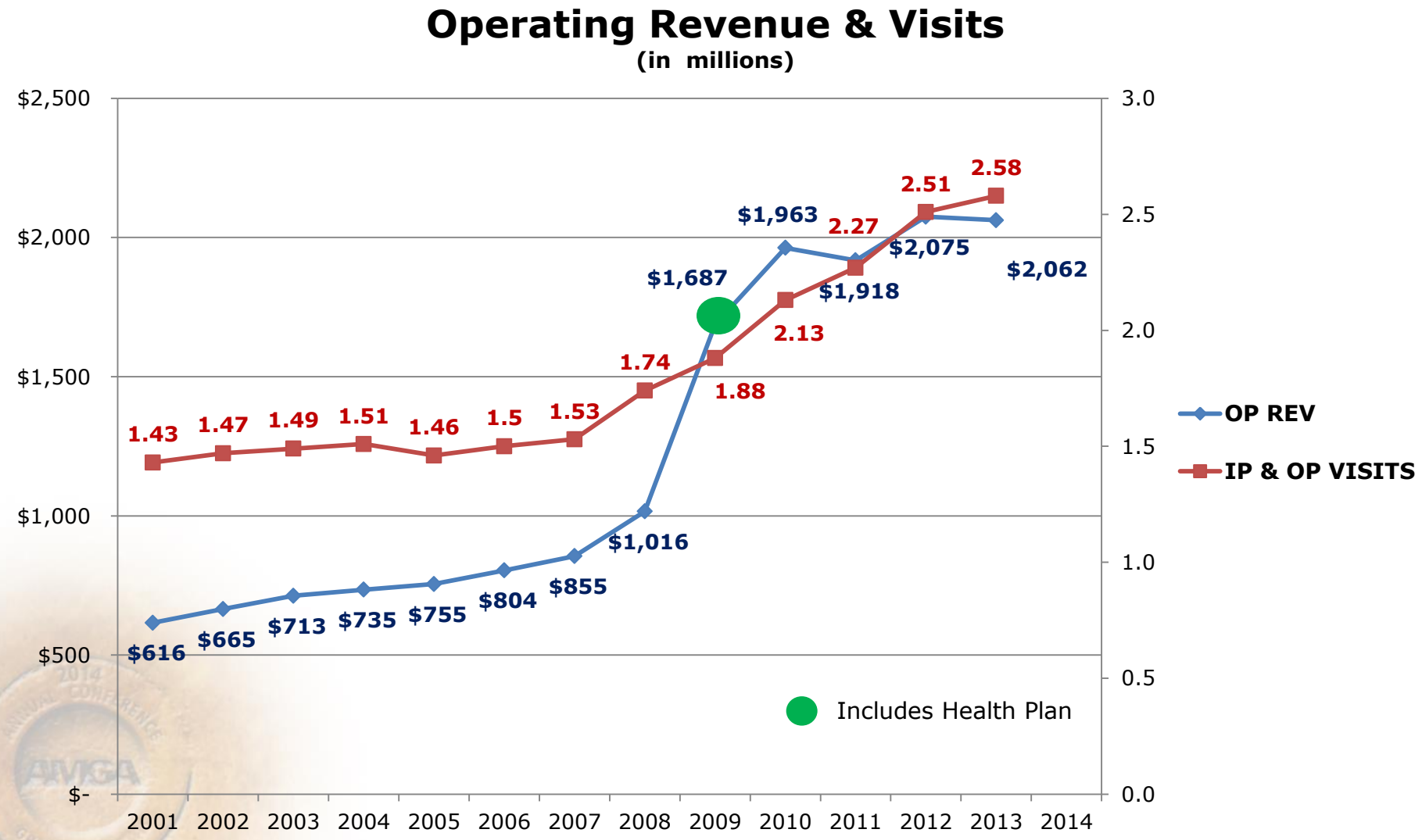
- APP applications reviewed by physician leaders
- 15 positions appointed
  - Regional diversity
  - Licensure diversity
  - Practice specialty diversity
  - Experience diversity

APP Council (APPC) Charter

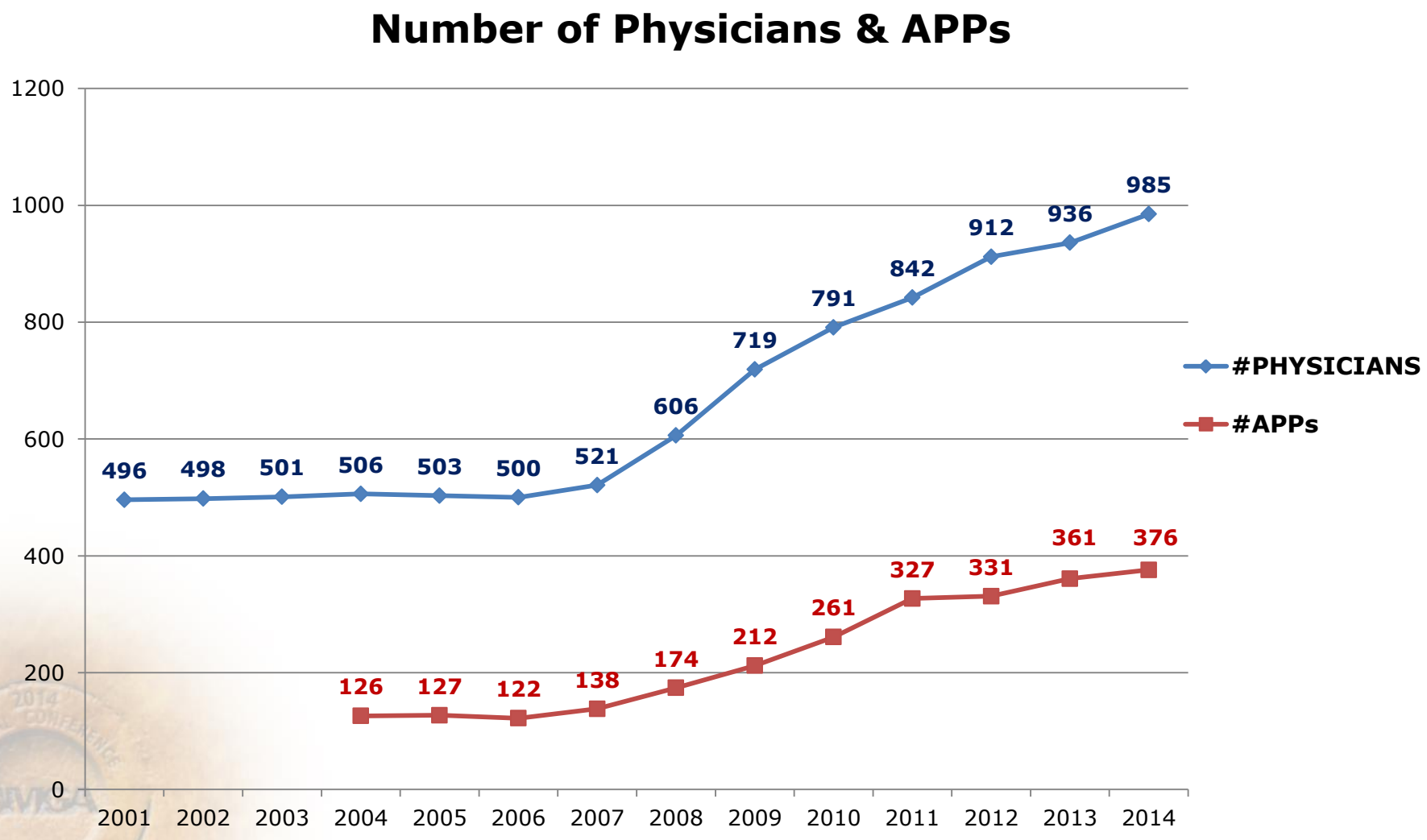
- Elected Advanced Practice Professional Council (APPC)
- Representation from Regions and APP Specialties
- Scott & White Clinic Physician Board of Director Advisor
- Legal Representation
- APPC Committees
  - Regulatory / Charter Committee
  - Physician Relations Committee
  - Recruiting Committee
  - Education Committee
  - Marketing / Practice Environment Committee
  - Salary and Benefits Committee

.

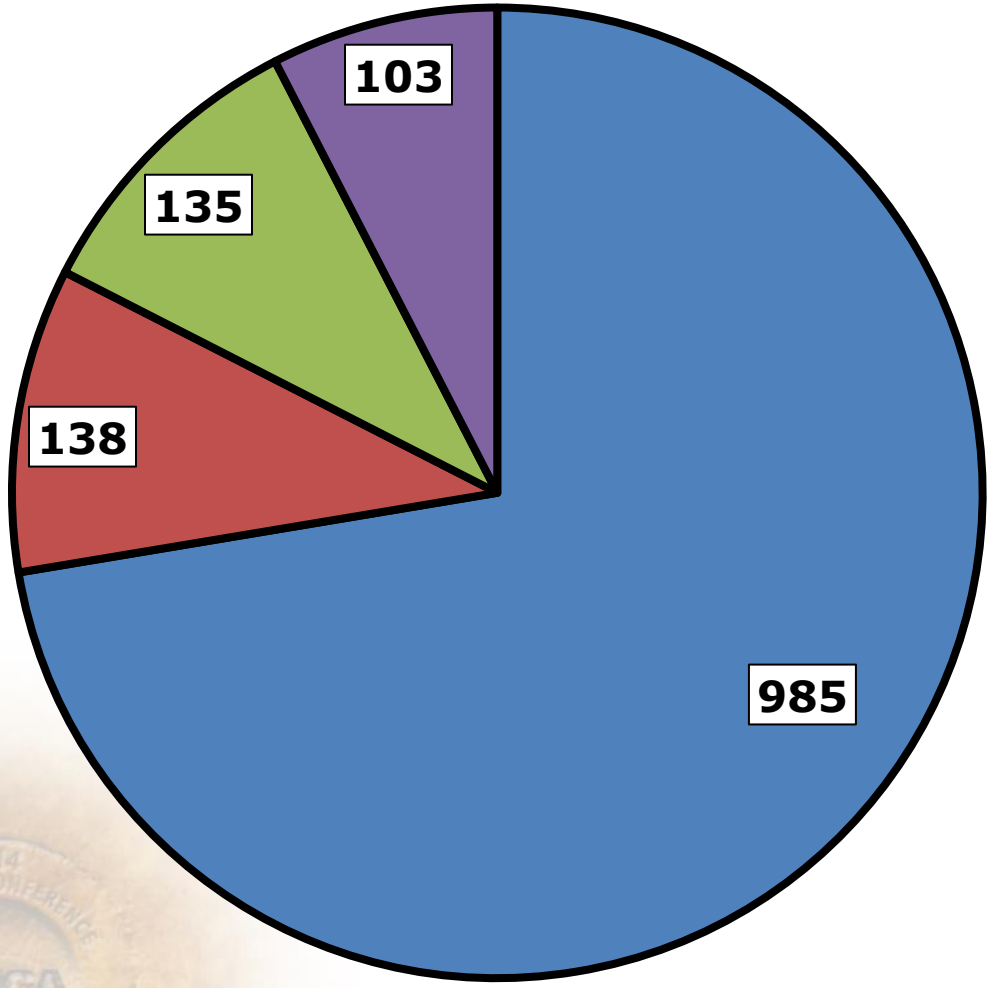
Scott & White Growth



Scott & White Growth

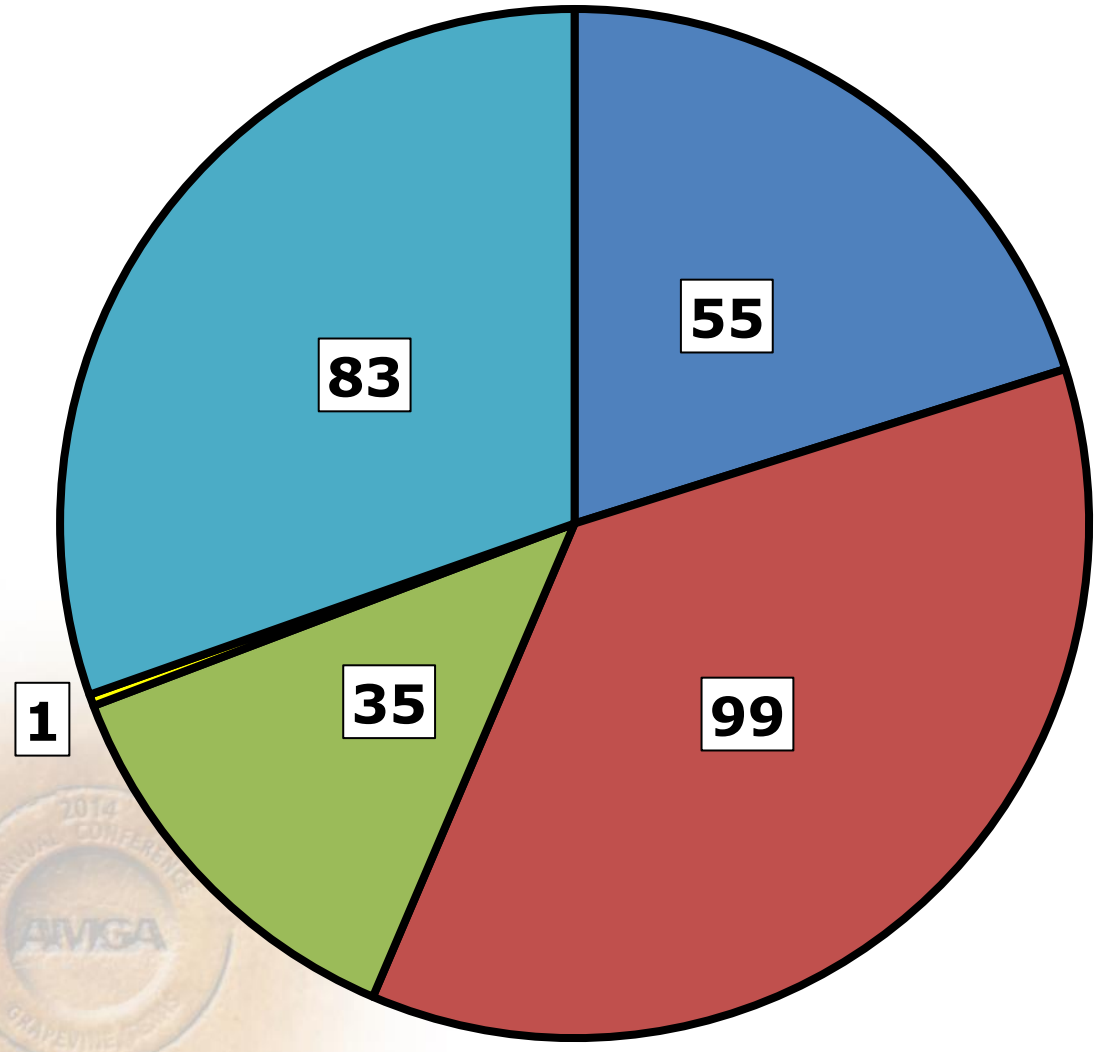


Baylor Scott & White Central Texas 2014



- Physician(FTE)
- Physician Assistant (PA-C)
- Advanced Practice Nurse (ANP)
- Certified Nurse Anesthetist (CRNA)

APP Employment Demographics 2014
Baylor Scott & White Central Texas



- Surgical
- Specialty
- Hospitalist
- Administrative
- Primary Care

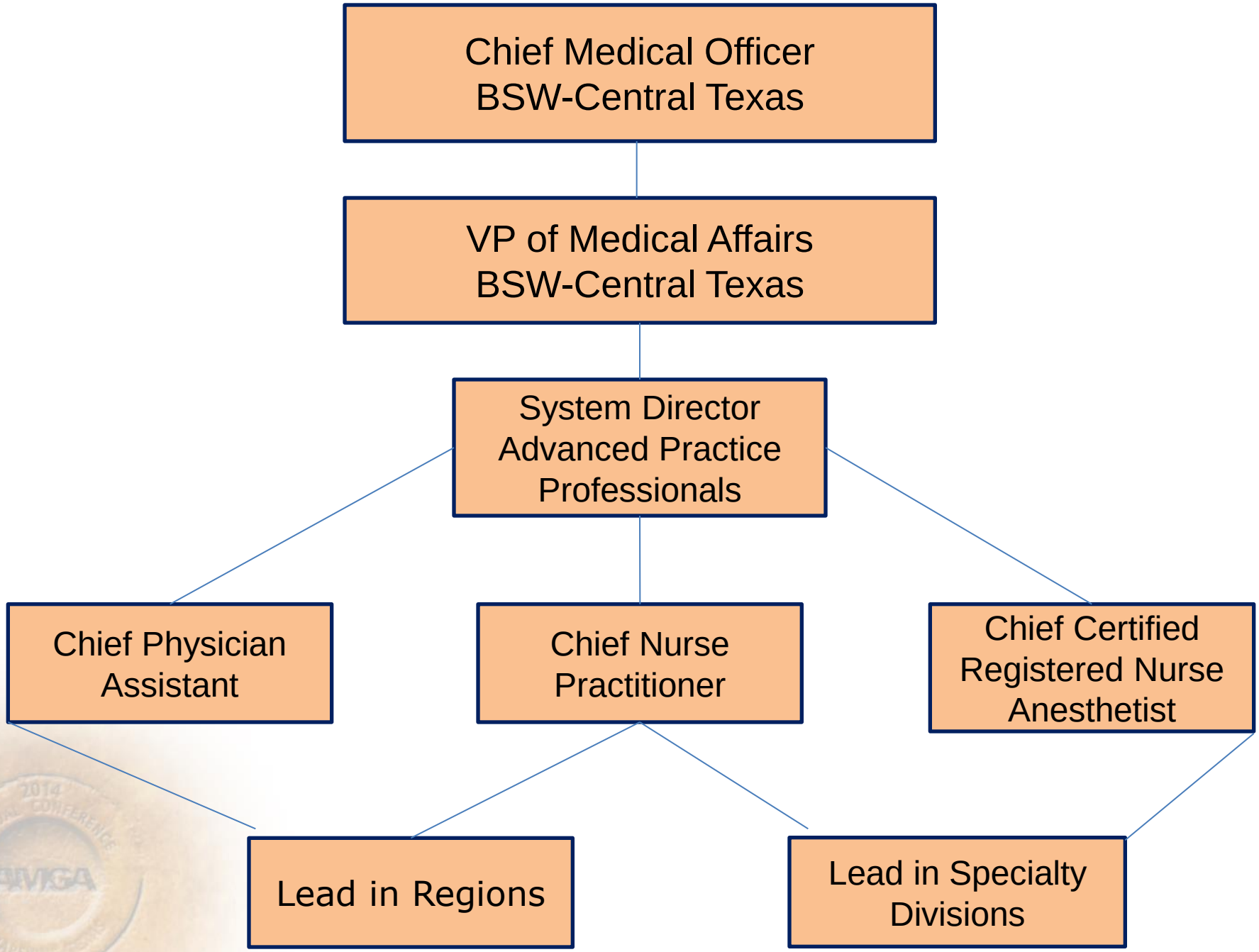
Advanced Practice Nurse
Physician Assistant

The Next Step: A Role In System Governance

- Physician BOD approved a system level APP director
- Limited APP applicant pool
- Selected a strong internal candidate; mentored in the administrative medical model
- A seat at the table
  - Physician Board of Directors Meetings
  - Clinic Staff Organization
  - Credentials Committee
  - System Quality Committee
  - Clinic Operations

Director Of APPs - 2013

- Oversee APPs in S&W Health System
- Regulatory, Compliance, Legislative Issues
- Board and Committee Representation
- Physician/APP Onboarding, Recruitment
- Assist in credentialing, privileging process, promote appropriate utilization of APPs
- Mediate issues between APPs and Physicians or other support staff


Chief Medical Officer
BSW-Central Texas
VP of Medical Affairs
BSW-Central Texas
System Director
Advanced Practice
Professionals
Chief Physician
Assistant
Chief Nurse
Practitioner
Chief Certified
Registered Nurse
Anesthetist
Lead in Regions
Lead in Specialty
Divisions

Case Study – GI 2010

- Central Texas GI Group (Temple, Killeen, Waco)
  - Physicians – 9 FTE
  - APPs – 1 FTE
  - 530 requests for consultation per month
    - 2/3 or 360 consults for endoscopy
    - All were seen in the clinic to have procedures scheduled
    - Patient dissatisfaction – 2 visits
  - Open access for screening/surveillance colonoscopy established in 12/2010
    - Criteria for endoscopy without consult (60%)
    - Criteria for consult prior to endoscopy (20%)
    - Criteria for physician review (20%)

Criteria for Consult Prior to Colonoscopy

- On dialysis
- Active alcohol abuse
- Active drug abuse
- Significant psychiatric disease
- Dementia, retardation, foreign language that requires an interpreter

Criteria for Consult Prior to Colonoscopy (cont.)

- Awaiting organ transplantation
- Inflammatory bowel disease
- Severe pulmonary disease or home O2 requirement
- Anticoagulation patients that can’t be off meds for 5 days

Case Study – GI 2014

- Central Texas GI Group (Temple, Killeen, Waco)
  - Physicians – 10 FTE
  - GI APPs – 5 FTE
  - 1200 requests for consultation/month
    - 2/3 or 800 consults for endoscopy
    - 20% or 160 requests each month meet criteria for a pre procedure consult
  - All are seen by APPs - GI Physicians available for other consults/procedures

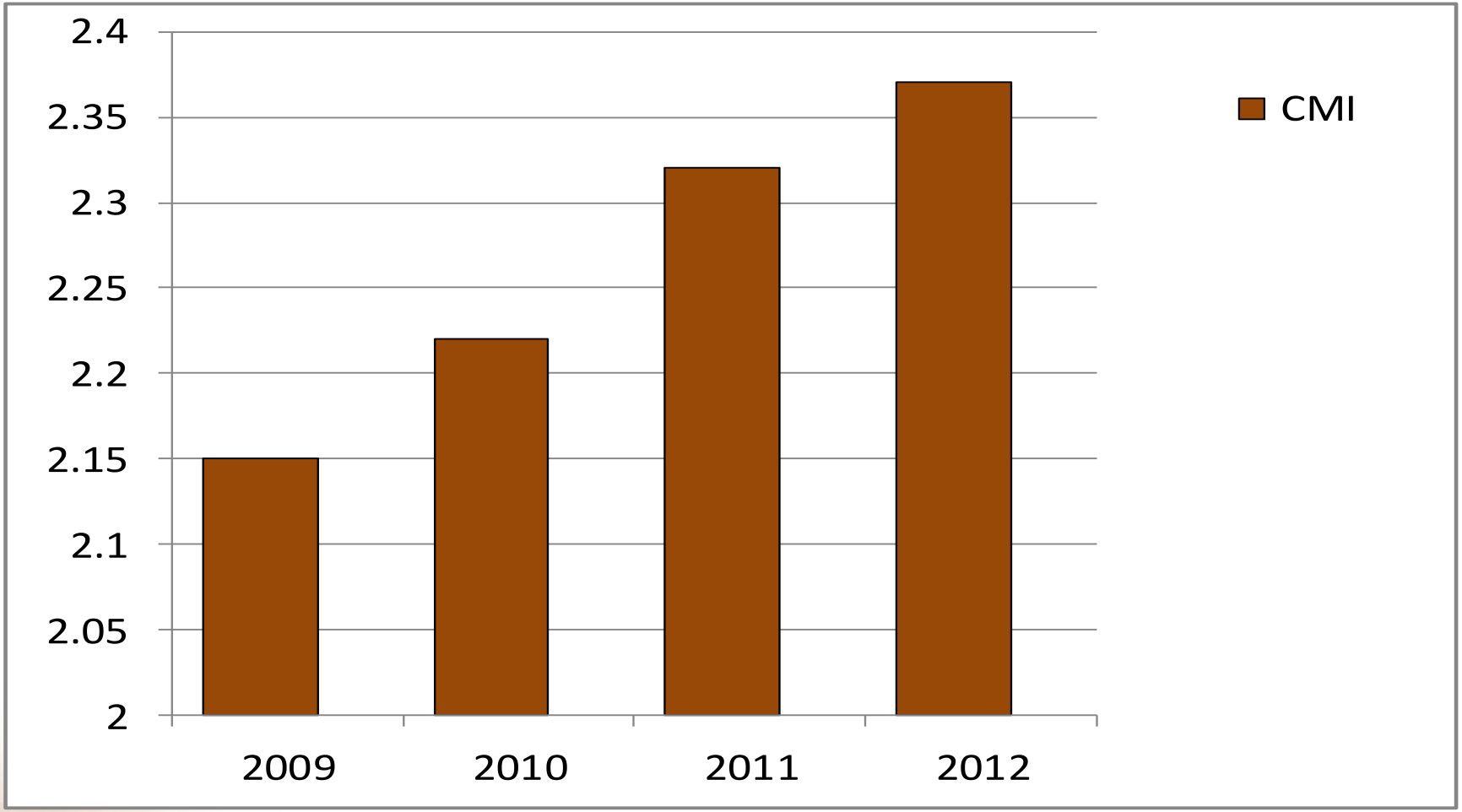
Additional Responsibilities Gastroenterology APPs

- One trained in Inflammatory Bowel Disease – Chronic disease management
- Two trained in nutritional support – Work with dieticians, management of enteral and parenteral patients
- Two trained in chronic liver disease – Management of hepatitis, cirrhosis, pre and post transplant patients
- All five see basic GI problems/schedule procedures
- All five supervised by the GI Physicians

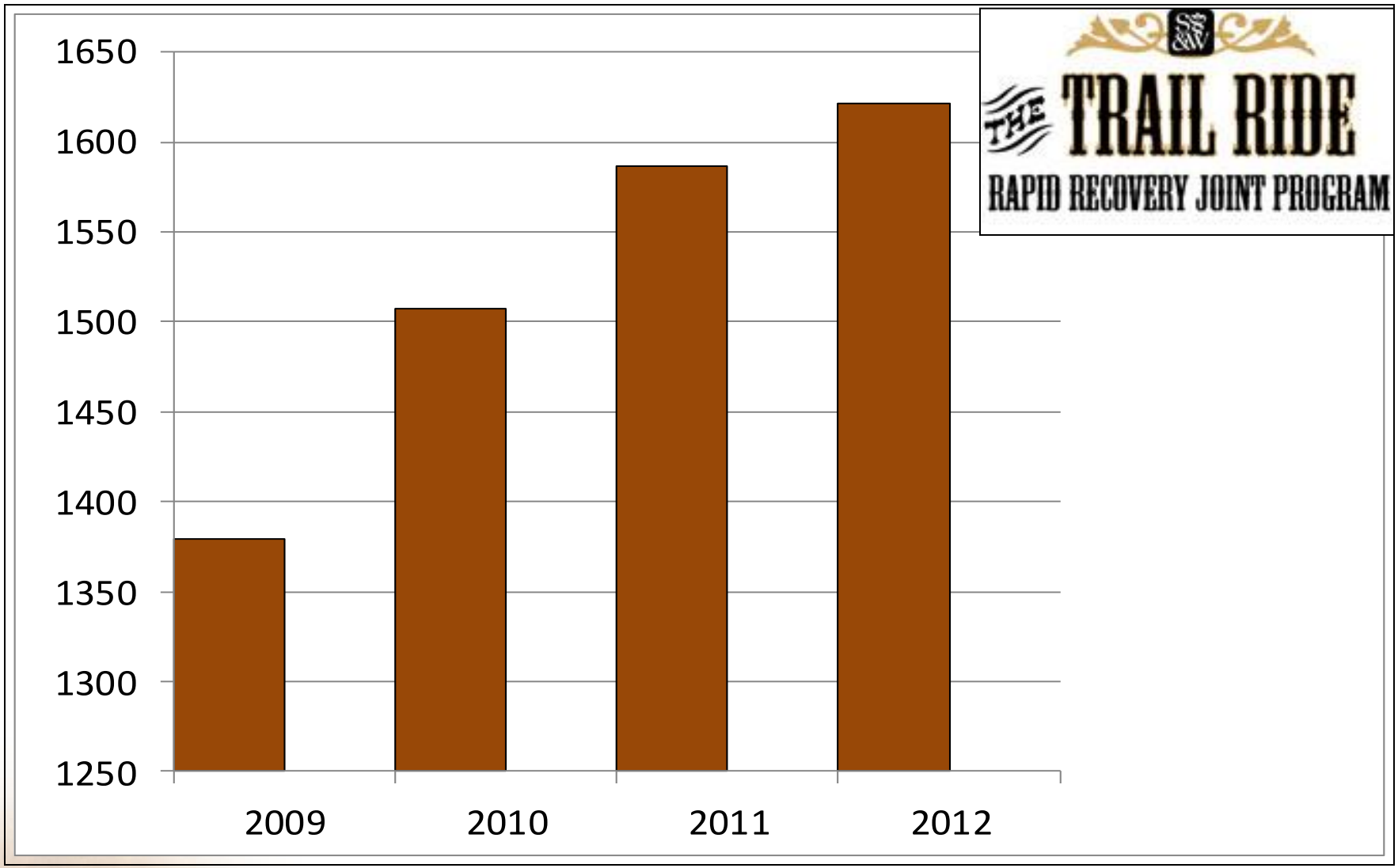
Ortho Case Study

	PA #1	PA #2	PA #3	Average p/PA
RVUs	3,148	2,525	2,576	2,750
$ Paid p/Professional RVU	$ 82.00	$ 82.00	$ 82.00	$ 82.00
Net Revenue (Professional)	**$ 258,136.00**	**$ 207,050.00**	**$ 211,232.00**	**$ 225,472.67**
Salary	$ 107,994.00	$ 116,397.00	$ 96,284.00	$ 106,891.67
Benefits (19%)	$ 20,518.86	$ 22,115.43	$ 18,293.96	$ 20,309.42
CME	$ 4,000.00	$ 4,000.00	$ 4,000.00	$ 4,000.00
Expense (Professional)	**$ 132,512.86**	**$ 142,512.43**	**$ 118,577.96**	**$ 131,201.08**
Contribution Margin (Professional)	**$ 125,623.14**	**$ 64,537.57**	**$ 92,654.04**	**$ 94,271.58**

Case Mix Index



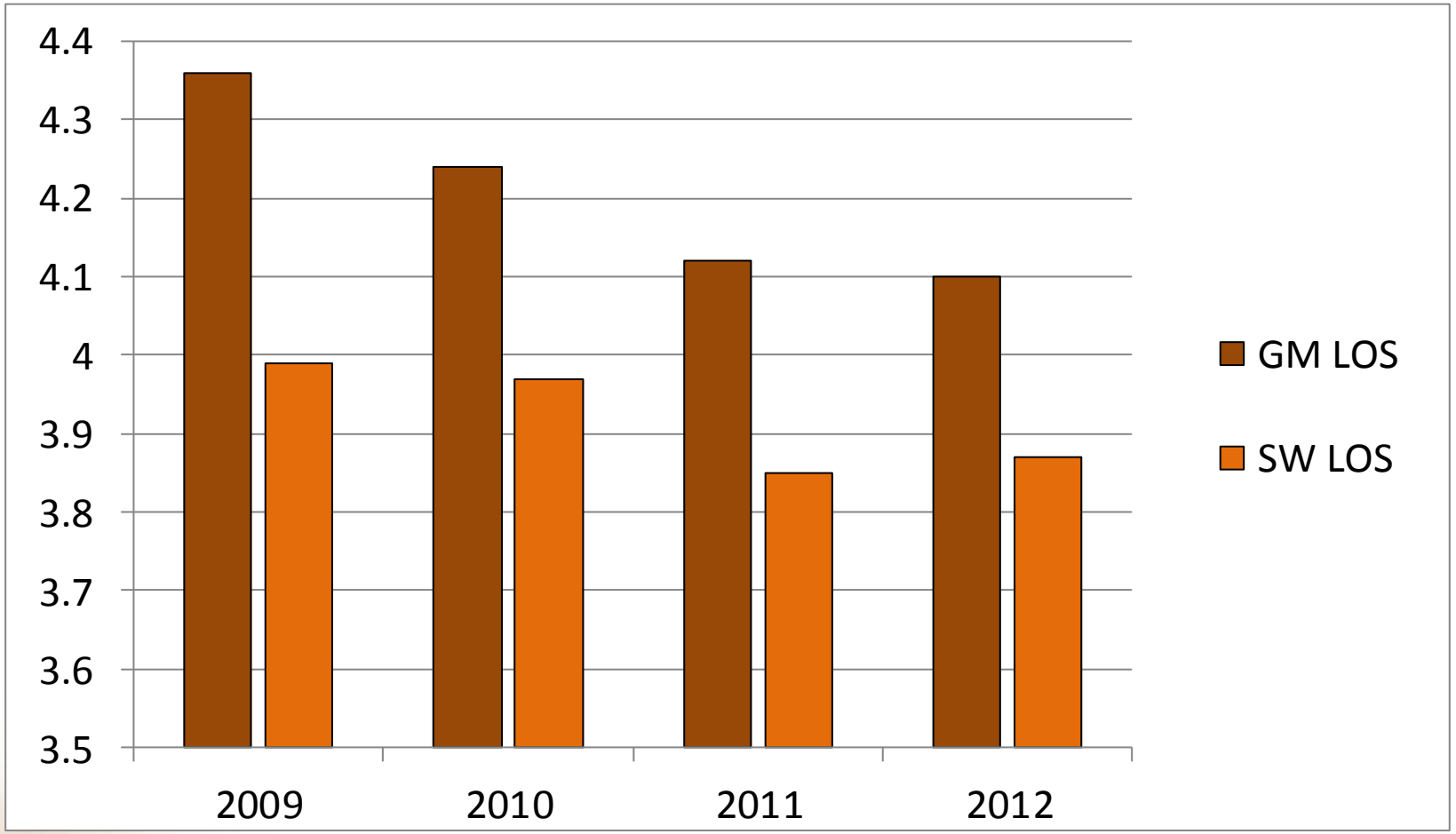
- 2009 added a Physician Assistant (PA-C) to Inpatient Hospital Ortho Coverage
- 2011 added a second PA-C to Inpatient Hospital Ortho Practice



THE TRAIL RIDE
RAPID RECOVERY JOINT PROGRAM

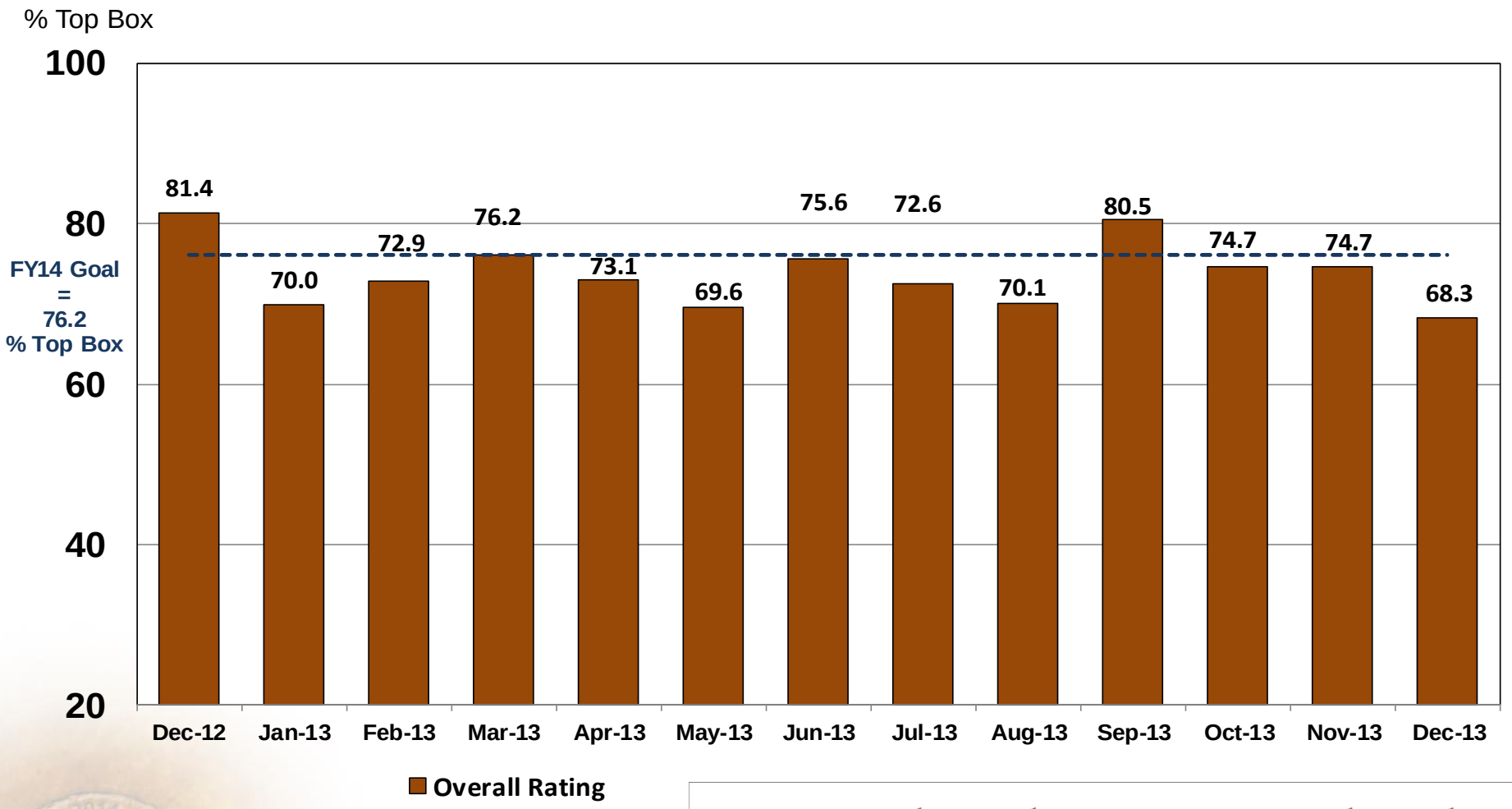
- 2009 added a Physician Assistant (PA-C) to Inpatient Hospital Ortho Coverage
- 2011 added a second PA-C to Inpatient Hospital Ortho Practice

Length of Stay



- 2009 one Physician Assistant (PA-C) to Inpatient Hospital Ortho Coverage
- 2011 added a second PA-C to Inpatient Hospital Ortho Practice

Delivering Patient Satisfaction



APP Council Successes

- Regulatory compliance
- Mandatory annual review completed by physician
- System and regional committee representation
- Listed along with physicians as recognized providers
- Enhanced educational funding

Senate Bill 406

- Reduces site-based language from 5 settings to 2 (community and facility-based).
- Delegation of schedule II medications to PAs working in Hospitals or for patients in Hospice.
- Increases the number of PAs that a physician can delegate prescriptive practice from 4-7.
- Allows for unlimited delegated prescriptive practice in underserved and rural areas.
- Clarifies language that allows for unlimited delegated prescriptive practice at Hospitals.
- Removes the limitation for physicians to delegate prescriptive practice only at one Hospital.
- Removes distance limitations for physician supervision.
- Removes the percentage of charts that a physician must review and co-sign.
- Improves PA Board collaboration with the Medical Board and Nursing Board.
- Prescriptive Practice Agreements that list the parameters of APN and PA prescriptive authority.
- Quality Assurance processes that allow the physician, APN and PA to determine: if chart review is needed; what processes are used to implement improvement in patient care; how emergencies are handled; the general process for referrals; and, indicating alternate supervising physicians in the event the primary supervising physician is unavailable.
- Regular face-to-face meetings between physicians, APNs and PAs that take place at least monthly to discuss patient care and practice issues.
- Removes requirements for a percentage of hours of operation that a physician must be present at a practice.

Scott & White Model

- APPs are encouraged to practice at the highest level of their licenses.
- Scope of practice battles not an issue.
- APPs involved in education and academic mission at local, state and national levels.
- APPs involved in quality initiatives
- Recognition of APPs has promoted the model of team based care.
  - Chronic disease management
  - Preventative services
  - Hospital management

Scott & White APP Advantages

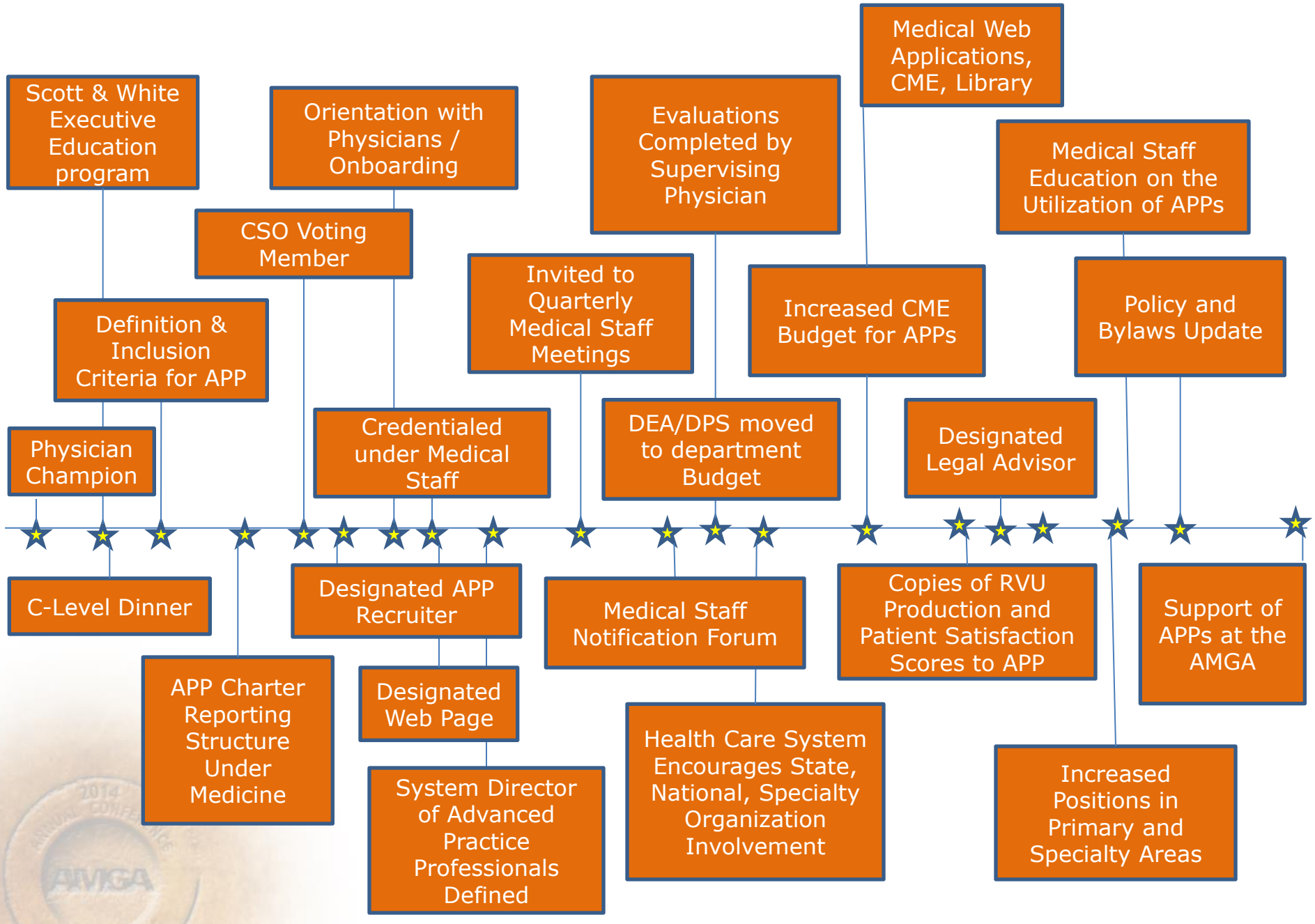
To APP's:

- Consistency in practice agreements
- Improved communication system wide
- Improved benefits
- Increased recognition
- Annual review completed by physician
- Increased educational opportunities
- Credentialed and recruited under a medical model

Scott & White Advantages

To Scott & White:

- Improved access
- Team based care
- Improved recruitment and retention
- Cost savings
- CMI improvement /decreased LOS
- Preventative care enhanced


Scott & White Executive Education program
Orientation with Physicians / Onboarding
Evaluations Completed by Supervising Physician
Medical Web Applications, CME, Library
Medical Staff Education on the Utilization of APPs
CSO Voting Member
Invited to Quarterly Medical Staff Meetings
Increased CME Budget for APPs
Policy and Bylaws Update
Definition & Inclusion Criteria for APP
Credentialed under Medical Staff
DEA/DPS moved to department Budget
Designated Legal Advisor
Physician Champion
C-Level Dinner
Designated APP Recruiter
Medical Staff Notification Forum
Copies of RVU Production and Patient Satisfaction Scores to APP
Support of APPs at the AMGA
APP Charter Reporting Structure Under Medicine
Designated Web Page
Health Care System Encourages State, National, Specialty Organization Involvement
Increased Positions in Primary and Specialty Areas
System Director of Advanced Practice Professionals Defined

Where do we see continued opportunity

- Informational sessions for supervising physicians
  - Regulations / Utilization
  - Teamwork model
- Increased structure in specialty training and credentialing
- Expansion of onsite training
- Increased participation in quality
- Use of protocols to further improve team care delivery

What would we do different

- Early education of physicians
  - Value of APPs in the team model
  - Familiarize with APP scope of practice
- Educate our patients
  - Team based coordinated care
- Early succession training in the medical administrative model
  - Physicians and APPs
- Define the role of specialty care APPs
  - Supporting specialty physicians in the consultative and treatment practice model
  - Promoting preventative care value and education

Summary: 10 Tips on Expanding APPs in Practice

1. If you want to bring value (quality/cost) to healthcare, develop an APP growth strategy.
2. APPs to report under a medical model and to be evaluated by Physicians
3. Allow APPs to practice at the top of their licenses
4. Include APPs in communications as you would the Physician providers
5. If organizational size merits
   - Begin developing APP leadership under a medical model
   - Identify a designated APP recruiter
6. Protocol driven care for APPs and physicians.
7. Involve APPs in committees and administrative functions.
8. Encourage APP participation in educational activities and quality initiatives.
9. Communicate with your patients about the value of team based, coordinated care.
10. Educate and recruit physicians that are comfortable in a “team based care” environment.

Questions?

Baylor Scott & White HEALTH

CONTACT INFORMATION

- Robert Probe, MD
  rprobe@sw.org
- Andrejs Avots-Avotins, MD, PhD
  aavots@sw.org
- Laurie Benton, PhD, PA-C, RN
  lbenton@sw.org

Phone number: 254-724-2736


2014
ANNUAL CONFERENCE
AMGA
GRAPEVINE, TEXAS

Criteria for Colonoscopy without Consult

- Age 50 – 76
- Age <50 if Family History of Colon Ca in one 1º relative or multiple 2º relatives
- Family History of Colon Ca
- Personal History of Colon Ca and/or adenomatous polyps and/or Breast Ca
- Polyp on Flexible Sigmoidoscopy
- Guaiac + stool

Criteria for Physician Review

- Age <50 or >76
- Unstable health problem(s)
- Severe COPD
- Iron deficiency anemia
- Consult for colonoscopy but other sx listed on request (i.e. bloating, pain, diarrhea, constipation, change in bowel habits)
- *History valvular heart disease or congenital heart defect*
- On anticoagulants (plavix, persantine, etc) not given ok by PCP on consult request to stop for procedure

Criteria for Physician Review (cont.)

- Chronic significant use of pain meds
- Flex sig for screening w/in 48 months (Medicare will not pay)
- Colonoscopy for screening w/in last 10 years in which no problem was identified or no new reason to screen (Medicare will not pay)
- Any other issue not covered by above
- Prior poor tolerance to colonoscopy
- “Allergy” or intolerance to sedative meds used for endoscopy.

Compensation of APPs

S&W Midpoint (Range)

- PAs $105,400 ($69,100 - $132,700)
- NPs $104,300 ($75,800 - $125,100)
- CRNAs $160,000 ($150,000 - $170,000)

Market Midpoint (Range)

- PAs $102,800 ($87,000 - $116,300)
- NPs $102,800 ($87,000 - $123,600)
- CRNAs $160,000 ($157,000 - $181,500)