Advanced Practice Clinicians: A Model for Physician Support

John Gisla MD

Family Medicine Department Chair

Khuram Arif MD

Site Medical Director



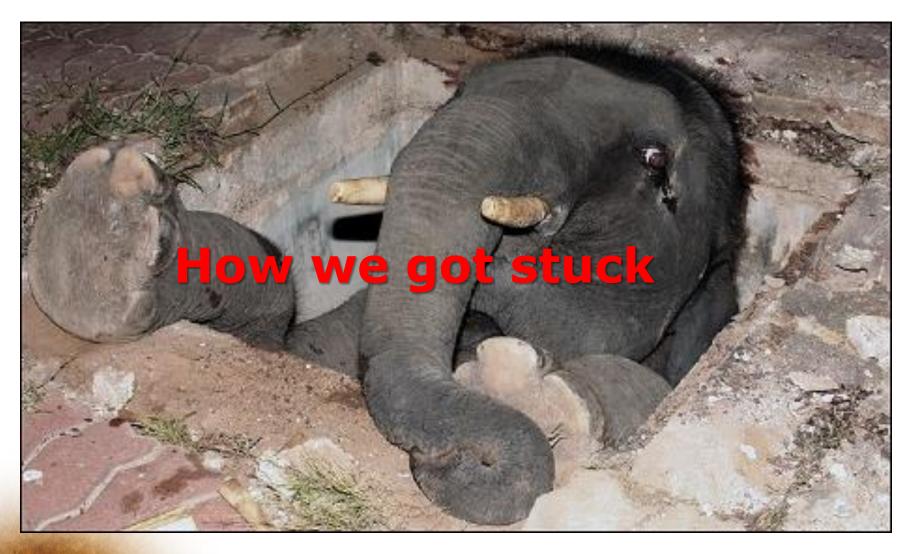


Stuck?













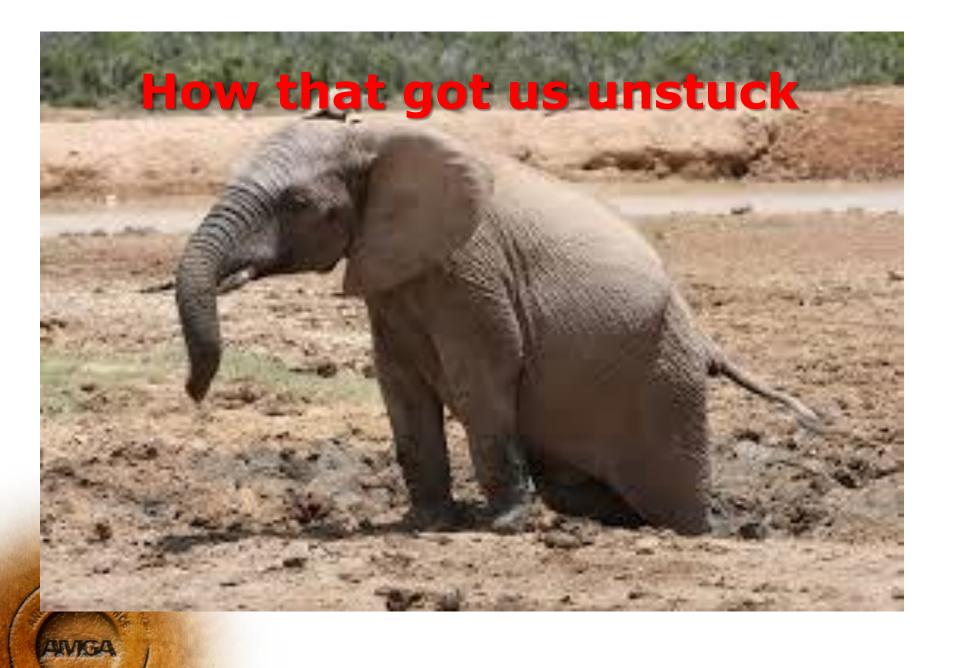
AWIGA

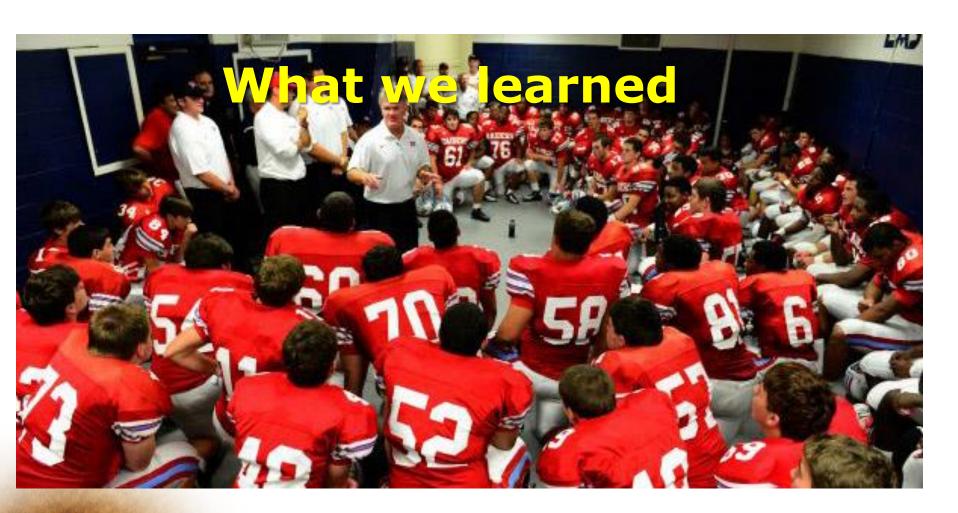


Which solution did we find











Mercy Medical Group, Inc.

- Physician owned private corporation
- Foundation model
 - Dignity Health Medical Foundation
- Physician autonomy is valued
 - Private practice feel



Mercy Medical Group, Inc





Primary Care

- Family Medicine
- Internal Medicine
- Pediatrics
- Obstetrics & Gynecology
- Psychiatry



Specialty Care

- Neurology
- Ophthalmology
- ENT
- Allergy Immunology
- Rheumatology
- Pulmonology
- Cardiology
- General Surgery
- Cardiovascular Surgery
- Thoracic Surgery
- Plastic Surgery
- Gastrointestinal Medicine
- Dermatology
- Urology
- Oncology
- Hospital Medicine

Mercy Medical Group

- 343 Providers, including 287 physicians
- 65 primary care doctors
 - > 32 Family Physicians
 - > 14 Pediatricians
 - > 23 Internists





What happened in 2010?



Fall 2010

Crisis in Primary Care...

Most went to salaried physician models (e.g. Kaiser)

Average age of departing MD's was mid-30's

Nearly all took a pay-cut





Crisis Management









More trouble on the horizon



The Problems Pile Up

- Long work hours
 - EMR documentation overload
- High electronic 'task' volume
- Working from home
- Working on vacation
- Excessive ancillary level work





A Discussion of the Problems





AWIGA

APC MD-Support: The Case Study

 In response to a practice in crisis in Elk Grove

The genesis of an idea...



APC MD-Support: The Case Study



PA Physician-Support

-----The **Change -----**



Pilot Project

Evolution of a Project

- Aim: Decrease physician workload
- Need: Help with tasks
- Physician concern: Supervision of the PA
- Compromise: Worked out
- Protect: PA 'task time'
- Hire A PA: Who could tackle tasks
- Physician: Mentored PA in task dispensation



Discussion of the Pilot



Novel Work For APC's

At the time

- APC's functioned as providers
- They had patient panels
- Serviced physician overflow visits

Novel Work

- Deploy APC's to help with electronic tasks
- Triage, phone calls
- Patient care 50% of the time
- No longer carried a panel
- Pilot Project Implemented





APC MD-Support; What they did?





> Address patient phone calls

Practice coverage when MD on

vacation

Sees overflow patients(50% of schedule for patient visits)

APC MD-Support: The Results I

(by Doctor self-report)

Doctor getting out of the office sooner

Vacations without logging in

Less home-based tasking

Increased work life satisfaction

APC MD-Support: The Results II

Comparison July 2009 to July 2010

- Physician saw more patients
 - Visits increased 9%

- Productivity <u>increased</u>
 - RVU's increased 10%
 - •From 107% of AMGA mean to 134%



•Case Study:

-----Summary-----

- Doctor getting home sooner
- Doctor happier (burn-out averted!)
- Doctor more productive
- Patients happier



The Daily Flow and Physician Satisfaction



- PA satisfaction is good
- Not seeing 'overflow' patients all day
- PA feel integral to primary care team

Tasks and patient visits produce variety





- Increased Physician satisfaction
 - Increased productivity
 - Increased patient satisfaction



- Better Physician retention
- Enhanced Physician recruitment
 - Increased patient demand



Pilot was <u>successful</u>

Potential <u>solution</u> to the crisis

Wider <u>implementation</u> followed





Implementation I

- Current APC's offered an option
- Continue in current pattern
- Or opt into APC support role.

Ultimately, all chose to move to the APC MD-Support Model



Implementation II

- Recruitment of APC's.
 - Department chair and group leadership interviewed all candidates
 - > **Experienced**
 - > Interested in the model
 - Collaborative personality
 - > Ability to multi-task
 - Adaptable to different practice styles

Implementation III

- ➤ Schedule built with 50% patient-visit slots
- Very few pre-booked appointments
- Visits with APC booked at MD's discretion
- > APC MD-Support time *protected* ...
 - New APC shadows each physician
 - Open, regular feedback/communication

Implementation IV

Duties:

- Task Support
- Patient calls
- Vacation coverage
- Patient visits
 - (1st priority=MD's out of office)
- Screen labs, incoming paperwork
- Care Management items
- Med refill evaluation

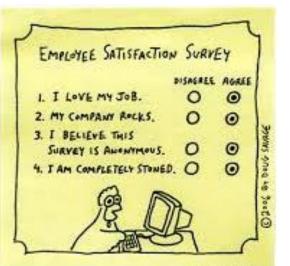


- Survey Conducted among FM and IM PA's and NP's May 2013
 - -16 APC's
- Survey repeated Feb 2014
 - Family Med APC's Only
 - -11 APC's



- 4-Mostly agree
- 3-Neutral
- 2-Somewhat disagree
- 1-Completely disagree





 I have the correct balance of patient care, task support, and other duties to be fulfilled.

- > 13 of 16 "Completely" or "Mostly" agree
- > Average score 3.94
 - 8 of 11 "Completely" or "Mostly" agree
 Average score 3.82

APC Satisfaction III

- My load of patients allows me to provide strong task support to the physicians.
 - > 16 of 16 "Completely" or "Mostly" agree
 - ➤ Average score 4.63
 - > 11 of 11 "Completely" or "Mostly" agree
 - > Average score 4.82



- My load of patients provides me with professional satisfaction as a clinician.
- > 12 of 16 "Completely" or "Mostly" agree
- > Average score 3.75
- ➤ 6 of 11 "Completely" or "Mostly" agree
- ➤ Average score 3.36



- The physicians support me and assist me with consultation when I need it.
- > 12 of 16 "Completely" or "Mostly" agree
- ➤ Average score 3.75
- ➤ 6 of 11 "Completely" or "Mostly" agree
- > Average score 3.36



- The physicians provide clear direction on how I can best assist them.
 - > 16 of 16 "Completely" or "Mostly" agree
 - > Average score 4.94
 - > 10 of 11 "Completely" or "Mostly" agree
 - > Average score 4.64

APC Satisfaction VII

 I find the current MD support model to be satisfying and fulfilling.

- ➤ 11 of 16 "Completely" or "Mostly" agree
- > Average score 4.13
- > 7 of 11 "Completely" or "Mostly" agree
- ➤ Average score 3.64





APC Satisfaction VIII

- I am an important and valuable member of the clinical team.
 - > 15 of 16 "Completely" or "Mostly" agree
 - ➤ Average score 4.50
 - > 11 of 11 "Completely" or "Mostly" agree
 - > Average score 4.64



COMMENTS: "Best Aspects of Model"

- Supporting physicians is the best aspect
- I believe patient care happens in a more <u>timely</u> manner due to my support of the physicians
- Patients have better <u>access</u> to their physicians so they avoid UC or ER visits
- Creates a very <u>collaborative</u> environment between MD's and APC's
- Working closely w/ a <u>team</u> of great physicians
- I work with MD's who are <u>always available</u> to consult, teach, and share their knowledge w/ me. I could not ask for better physicians



COMMENTS: "Needs improvement"

- I feel APC's are underutilized in regard to patient care
- My patient load has reduced over the last several months, thus I have not been able to use my skills to the best of my ability
- Continue to educate staff regarding their role and ours
- There needs to be a better balance between direct patient care and task support
- Ensure schedules are kept full/busy



Feb 2014 Survey: Included extra Q's

 The medical care provided by the physicians at my site is excellent. (on 1 through 5 scale)





I am well-compensated for the work
 I do.
 4.73

 I am fairly treated by Mercy Medical Group.







 I have a good balance between work and personal life.

>4.18

 I am very satisfied with my job at MMG



>4.09





 I trust the leadership of Mercy Medical Group.

> 4.45





The Nurse Practitioner Perspective



Survey given to Physicians to evaluate their APC's

- APC provides a high level of task support to their physician colleagues
- APC seeks appropriate consultation with their physician colleagues when indicated by the medical complexity of the case.



- The APC addresses labs.
- The APC practices to the highest degree of their license.
- The APC is open to MD direction and constructive criticism.
- The APC performs thorough workups, including ordering appropriate labs and imaging.



- The APC refers to specialists appropriately, and at the appropriate time.
- You would feel comfortable in having this APC care for a family member.
- The APC is able to see and manage the appropriate number of patients when their role calls for the service.



 The APC is a strong team player and takes personal responsibility for ensuring excellent medical care is provided to patients.





 Please provide feedback on areas where this Advanced Practice Clinician may need to improve.

 Please provide feedback on what this Advanced Practice Clinician does well or how they go above and beyond for the practice and their patients.

SUMMARY:

- Physician Satisfaction with the performance of their APC's
- RVU's generated
 - (half of the AMGA mean)
- Patient satisfaction
- Tasks closed
- Charges submitted, notes completed



 Survey Conducted in Feb 2014 of physicians to determine their satisfaction with the model.



 I feel the APC Physician-support Model helps me to deliver more efficient care to my patients.





 I would NOT want to go back to the old model of practice without the APC Physician-support Model (please choose N/A if you came out of training into this model).



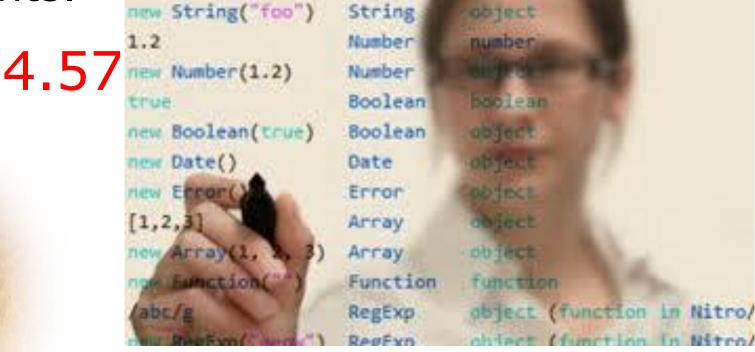
 I feel the APCs who support my practice in this model seek appropriate physician input regarding patient care from me or my colleagues.



 I consider the APCs in my practice under this model to be important and integral members of our practice



 I feel the APCs who support my practice in this model when I am out of the office provide good care to my patients.



I feel the APC Physician-support
 Model has significantly improved my
 satisfaction with the practice of
 medicine (please choose N/A if you
 came out of training into this model).





 I feel the APC Physician-support Model helps me to deliver higher quality-of-care to my patients.





 I am satisfied with the APC Physician support Model which is utilized in my practice.





 I feel that the APC Physician-support Model helps to prevent me from suffering physician burnout.





- Our NP is <u>fantastic</u> and I couldn't imagine practicing without her.
- Our NP is <u>integral</u> to our practice.
- This was a very large part of my decision to join this group.
- The APC support model is great in this clinic.



Physician Satisfaction

- I'd have less access, less productivity, and definitely higher burnout risk without this model.
- Allows me to <u>focus</u> more on patient care in the exam room.
- I love that I am <u>not burned out</u> all the time like I was in my previous practice.

Physician Satisfaction

- It used to be virtually impossible to keep up with my absent partner's patients and tasks while seeing my own patients.
- I would have quit by now if it wasn't for the support of the NP at my site.
- Thank you! Please do not change this model!

What Physicians Say Today





Cost of Program



1. Physician Champion critical to Success...

- Interviews the APC candidates
- Sets expectations with physicians
- Monitors program, troubleshoots
- Involved with APC Performance evaluations





- 2. Some APC's will not prefer this model...
 - ➤ Need experienced APC's who are open to something different than full-time patient care.





3. APC's must have experience

- Managing complex panels
- ➤ Managing complex patient-care visits
- ➤ Patients/visits/tasks cannot be screened to ensure "appropriate" complexity
- There is MD oversight, back-up—but the model is not amenable to "teaching"...

- 4. APC's time must be protected to allow MD-Support to occur.
 - > Avoid pre-booking
 - > Avoid filling schedule with patient visits
 - ➤ Model collapses if APC's used primarily as an outlet for overflow.
 - >Constant vigilance necessary...

- 5. APC's cannot be used to do the job of RN, LVN, MA, Care Managers, Phone staff, etc.
 - ➤ They must be reserved for Physician-level work





- 6. The medical group must be willing to see the hiring of the APC's as a cost-neutral investment
 - ➤ An investment in long-term health of the PCP departments
 - >Income generation if present is a bonus



Successful Turn-around



Successful Turn-around

 No physician lost from the Family Medicine Department due to burn-out since the original exodus in 2010.



