How One of the Nation’s Leading Healthcare Systems Optimized Physician, APN and PA Roles

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Vice President, Clinical Services, MCHC

Please note that the views expressed by the conference speakers do not necessarily reflect the views of the American Hospital Association and Health Forum.
About Advocate Health Care

- 12 acute care hospitals with more than 3,300 beds
  - 250 sites offering outpatient, home health, hospice and physician services
  - 5 Magnet Recognized Hospitals
- More than 35,000 employees
- The region’s largest medical group with more than 200 locations across metropolitan Chicago
- 6,300 affiliated physicians; 1,200 employed
- Largest ACO in the United States
About Advocate Health Care

• Over 700 total credentialed APNs and PAs
• Currently employ 322 APNs and 66 PAs
New Nomenclature - APC

Certified Registered Nurse Anesthetists (CRNA)

Clinical Nurse Specialists (CNS)

Physician Assistant (PA)

Certified Nurse Midwives (CNM)

Advanced Practice Registered Nurse (APRN)

Nurse Practitioner (NP)

APCs = Advanced Practice Clinicians

* Eliminated mid-level and physician extender language
Current State of Advocate Acute Care APCs

- Wide variation in practice patterns
- Turnover in APCs not practicing to top of license
- Confusion due to continuous role evolution
- Lack of infrastructure
Evolving State of Advocate Medical Group APCs

• Almost 200 APCs
  – Used in multiple specialties
• Represented on governance committee
• Recognized as independent providers
  – Billing under their own NPI
  – Pro forma required for hire
Center for Advancing Provider Practices (CAP2)

- MCHC work began driven by CNO/CMO request
  - Hiring more APNs and need to better understand roles, regulations and infrastructure to support
  - 2009

- Partnered with UHC
  - Participants requested ability to access data, benchmarks, and toolkits in real time
  - 2012

- Developed first of its kind, web-based, interactive management tool
  - 2014

- Continuously recognized as Best Practice by the Joint Commission and Advisory Board

- Will launch Ambulatory and Leadership Assessments
  - 2015

- Received Innovation Award from the American College of Healthcare Executives and the Chicago Health Executives Forum

Additional notes:
- Partnered with UHC participants requested ability to access data, benchmarks, and toolkits in real time, leading to the development of a first-of-its-kind, web-based, interactive management tool.
- The Center for Advancing Provider Practices (CAP2) has continuously been recognized as a Best Practice by the Joint Commission and Advisory Board.
- In 2015, CAP2 will launch Ambulatory and Leadership Assessments.
- MCHC work began in 2009 driven by a CNO/CMO request, with a focus on hiring more APNs and better understanding roles, regulations, and infrastructure.

Center for Advancing Provider Practices (CAP2) is a national collaboration of UHC+ and MCHC.
About CAP2

• Data represents:
  – 210 organizations
    • Hospitals, healthcare systems
    • Academic medical centers → critical access
  – Over 21,000 APNs and PAs
  – 27 different states
  – 50 different specialty areas
  – And growing
  – One of a kind
About CAP2

- Advocate Health Care
- Catholic Health Initiatives
- UnityPoint Health
- OSF Healthcare
- MedStar Health
- Carolinas HealthCare System
- Northwestern Medicine
- University of Michigan Health System
- University of Colorado Hospital
- University of Iowa Hospitals & Clinics
- NYU Langone Medical Center
- Henry Ford Health System
- Presence Health
About CAP2

• Organizational Assessments
• Benchmarking reports
  – Organization, system, state, national, and defined compare groups
• Multiple resources and toolkits
• National Thought Leaders Council
• Members-only Best Practice webinars
• *Assessments and Benchmarking Reports Coming in August 2015:*
  – *Ambulatory Organization*
  – *Ambulatory Models of Care*
  – *Emerging Advanced Practice Leadership Structures*
A picture is worth a thousand words...

<table>
<thead>
<tr>
<th>APN Core Privilege List</th>
<th>CAP2 Database</th>
<th>Illinois Hospitals</th>
<th>Advocate System</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Hospitals Privileging APNs</td>
<td>% of Total (n*=199)</td>
<td># Hospitals Privileging APNs</td>
</tr>
<tr>
<td>Write discharge orders</td>
<td>128</td>
<td>64%</td>
<td>41</td>
</tr>
<tr>
<td>Write transfer orders</td>
<td>114</td>
<td>57%</td>
<td>34</td>
</tr>
<tr>
<td>Obtain history and physical</td>
<td>156</td>
<td>78%</td>
<td>56</td>
</tr>
<tr>
<td>Order and interpret diagnostic testing and therapeutic modalities</td>
<td>156</td>
<td>78%</td>
<td>57</td>
</tr>
<tr>
<td>Order and perform referrals and consults</td>
<td>138</td>
<td>69%</td>
<td>45</td>
</tr>
<tr>
<td>Order blood and blood products</td>
<td>131</td>
<td>66%</td>
<td>41</td>
</tr>
<tr>
<td>Order and manage conscious sedation</td>
<td>132</td>
<td>66%</td>
<td>41</td>
</tr>
<tr>
<td>Order inpatient non-schedule medications</td>
<td>89</td>
<td>45%</td>
<td>22</td>
</tr>
<tr>
<td>Order inpatient schedule (II-V) medications</td>
<td>123</td>
<td>62%</td>
<td>46</td>
</tr>
<tr>
<td>Order topical anesthesia</td>
<td>128</td>
<td>64%</td>
<td>43</td>
</tr>
<tr>
<td>Prescribes outpatient non-schedule medications</td>
<td>131</td>
<td>66%</td>
<td>40</td>
</tr>
<tr>
<td>Prescribes outpatient schedule (II-V) medications</td>
<td>112</td>
<td>56%</td>
<td>30</td>
</tr>
<tr>
<td>Incision and drainage with or without packing</td>
<td>111</td>
<td>56%</td>
<td>34</td>
</tr>
</tbody>
</table>
## Emergency Medicine – PA Privileges

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CAP2 Database</th>
<th>Illinois Hospitals</th>
<th>Advocate System</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Hospitals Privileging PAs</td>
<td>% of Total (n*=122)</td>
<td># Hospitals Privileging PAs</td>
</tr>
<tr>
<td>Anterior nasal cautery</td>
<td>56</td>
<td>46%</td>
<td>19</td>
</tr>
<tr>
<td>Anterior nasal pack epistaxis</td>
<td>72</td>
<td>59%</td>
<td>22</td>
</tr>
<tr>
<td>Arterial line insertion and removal</td>
<td>29</td>
<td>24%</td>
<td>5</td>
</tr>
<tr>
<td>Arterial puncture</td>
<td>57</td>
<td>47%</td>
<td>17</td>
</tr>
<tr>
<td>Athrocentesis</td>
<td>41</td>
<td>34%</td>
<td>10</td>
</tr>
<tr>
<td>Central line insertion and removal</td>
<td>34</td>
<td>28%</td>
<td>8</td>
</tr>
<tr>
<td>Digital block</td>
<td>57</td>
<td>47%</td>
<td>18</td>
</tr>
<tr>
<td>Foreign object removal (eyelid)</td>
<td>58</td>
<td>48%</td>
<td>21</td>
</tr>
<tr>
<td>G tubes, j tubes, small bowel tubes and cecostomy tubes insertion and removal</td>
<td>28</td>
<td>23%</td>
<td>7</td>
</tr>
<tr>
<td>Gynecological exams, including Pap smears</td>
<td>70</td>
<td>57%</td>
<td>22</td>
</tr>
<tr>
<td>Immobilization/splinting/reduction of simple fractures</td>
<td>88</td>
<td>72%</td>
<td>30</td>
</tr>
<tr>
<td>Intraososseous needle insertion</td>
<td>47</td>
<td>39%</td>
<td>9</td>
</tr>
<tr>
<td>Joint Aspiration</td>
<td>58</td>
<td>48%</td>
<td>18</td>
</tr>
<tr>
<td>Knee taps</td>
<td>46</td>
<td>38%</td>
<td>11</td>
</tr>
<tr>
<td>Local anesthesia infiltration</td>
<td>73</td>
<td>60%</td>
<td>21</td>
</tr>
<tr>
<td>Lumbar puncture</td>
<td>53</td>
<td>43%</td>
<td>14</td>
</tr>
<tr>
<td>Moderate/procedural sedation</td>
<td>35</td>
<td>29%</td>
<td>9</td>
</tr>
<tr>
<td>Nasal and endotracheal intubation</td>
<td>43</td>
<td>35%</td>
<td>10</td>
</tr>
<tr>
<td>Needle decompression of the chest</td>
<td>24</td>
<td>20%</td>
<td>4</td>
</tr>
<tr>
<td>Non-complex burn care</td>
<td>75</td>
<td>61%</td>
<td>23</td>
</tr>
<tr>
<td>Ocular tonometry</td>
<td>52</td>
<td>43%</td>
<td>18</td>
</tr>
<tr>
<td>Paracentesis</td>
<td>25</td>
<td>20%</td>
<td>1</td>
</tr>
<tr>
<td>Regional block</td>
<td>29</td>
<td>24%</td>
<td>6</td>
</tr>
<tr>
<td>Slit lamp examination</td>
<td>61</td>
<td>50%</td>
<td>19</td>
</tr>
<tr>
<td>Stain eye for abrasion</td>
<td>59</td>
<td>48%</td>
<td>20</td>
</tr>
<tr>
<td>Subungal hematoma</td>
<td>51</td>
<td>42%</td>
<td>15</td>
</tr>
<tr>
<td>Superficial foreign bodies removal</td>
<td>81</td>
<td>66%</td>
<td>24</td>
</tr>
<tr>
<td>Surgical drains insertion and removal</td>
<td>37</td>
<td>30%</td>
<td>6</td>
</tr>
<tr>
<td>Thoracentesis</td>
<td>32</td>
<td>26%</td>
<td>4</td>
</tr>
<tr>
<td>Trephination and removal of nail</td>
<td>63</td>
<td>52%</td>
<td>22</td>
</tr>
<tr>
<td>Ventilator management</td>
<td>17</td>
<td>14%</td>
<td>1</td>
</tr>
<tr>
<td>Wound closure/suturing</td>
<td>89</td>
<td>73%</td>
<td>31</td>
</tr>
</tbody>
</table>

*Total = # hospitals providing privileges in the general specialty. For example the "n" used as the divisor for "Airway Management Techniques" is the number of hospitals that said they privilege for anesthesia.
Perceived Effectiveness of Competency Assessment Process

![Effectiveness Bar Chart]

- **Very effective**:
  - Advocate: 11%
  - Database: 13%

- **Somewhat effective**:
  - Advocate: 78%
  - Database: 74%

- **Not effective**:
  - Advocate: 11%
  - Database: 12%
Perceived Effectiveness of APN/PA Orientation

No Advocate organization with an orientation perceived it as very effective.
### RN Activities Not Requiring Privileges

<table>
<thead>
<tr>
<th>Activity</th>
<th>Advocate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application and removal of casts, braces, or splints</td>
<td>56%</td>
</tr>
<tr>
<td>Clinical breast exam</td>
<td>33%</td>
</tr>
<tr>
<td>Compression wrap for venous disease</td>
<td>22%</td>
</tr>
<tr>
<td>Conduct nursing research</td>
<td>67%</td>
</tr>
<tr>
<td>Conduct preventative screening</td>
<td>56%</td>
</tr>
<tr>
<td>Develop and implement research</td>
<td>67%</td>
</tr>
<tr>
<td>Drain management</td>
<td>22%</td>
</tr>
<tr>
<td>Initial care of newborn</td>
<td>22%</td>
</tr>
<tr>
<td>Initiate ACLS to include defibrillation/cardioversion</td>
<td>44%</td>
</tr>
<tr>
<td>Initiate BLS (CPR)</td>
<td>33%</td>
</tr>
<tr>
<td>Initiate Neonatal ACLS</td>
<td>56%</td>
</tr>
<tr>
<td>Performs waived tests</td>
<td>33%</td>
</tr>
<tr>
<td>Placement of synthetic or biological dressings</td>
<td>11%</td>
</tr>
<tr>
<td>Removal of casts</td>
<td>44%</td>
</tr>
<tr>
<td>Removal of pleural chest tube</td>
<td>44%</td>
</tr>
<tr>
<td>Removal of venous access</td>
<td>33%</td>
</tr>
<tr>
<td>Update and record changes in health status</td>
<td>67%</td>
</tr>
</tbody>
</table>

Would a physician ever ask for these?
Advocate Healthcare
APC Strategy

Create a standardized, attractive care model focused on patient safety and outcomes

Create a model that supports the Advocate Health Care business strategy and clearly defines the role, required competencies and experience critical to efficient and effective operations

Recruit and retain the best APC candidates to practice throughout our continuum
Key Players

• Executive sponsors
  – Medical Group President, System CNO

• Steering committee
  – System VPs of Professional Practice and Human Resources, Medical Group CNO, Hospital CNO

• Workgroup members
  – Multiple Physicians, Service Line Leaders, CMOs, CNOs, APNs and PAs
  – Representatives from Medical Staff Office, Human Resources, and Quality

• MCHC advisory team and CAP2 resources
Creating an Attractive APC Model

The Advocate Health Care
APC standardized process

- Recruit
- Orient
- Privilege
- Integrate
- Engage
- Optimize

- Develop and Standardize:
  - Job Descriptions
  - Orientation
  - Privileges
  - Competency Assessment
  - Reporting Relationships
  - Billing and Reimbursement
  - Governance Structure
  - Engagement Strategies
APCs are encouraged to discuss patients with physicians regularly.

APCs can conduct history and physicals, lead discharge planning, follow up on test results, complete medication reconciliation, and lead patient/family meetings.

APCs should be granted all core and specialty privileges they are competent to perform.

APCs will be able to see new as well as established patients, and conduct consults.
Credentialing and Privileging

Key Decisions

- Centralized Verification Office
- Key decisions guiding future state:
  - APC will be included as members on the Allied Health/APC Committee responsible for credentialing
  - A physician must be a member of the Allied Health/APC Committee
  - CNO or designee will participate in the credentialing, privileging and competency assessment process for APNs
  - APC core and specialty privileges will be standardized across the system
Human Resources
Key Decisions

1 Job description and performance review form for each role
Physician Assistant | Nurse Practitioner | Certified Nurse Midwife | Certified Nurse Anesthetist | CNS-Provider

35 Reduced job descriptions
5
1 Page
Addendum per specialty
Human Resources
Key Decisions

• Develop new APC recruiter role
• Hiring manager, physician and team of APCs will be involved in the interviewing process
• Annual performance review will include self, physician and coworker feedback
• APC will receive standard orientation to system, specialty and site
Billing and Reimbursement
Key Decisions

• Guiding Principles
  – Ensure compliance with CMS and other payer regulations
  – Ensure physician, APN and PA bill whenever appropriate
  – Negotiate managed care contracts to reimburse for services agnostic of provider
  – Ensure APCs have correct status in the EMR
  – Provide initial and ongoing education and feedback about documentation, coding, revenue capture and denials to APCs
Competency Assessment

Key Decisions

- Competency will be assessed for all APCs no matter where they practice: Inpatient, Ambulatory, Home Care, Skilled Nursing.

- APC competency assessment process will be the same process used for physicians and be supported by the medical staff office and quality department.

- CMOs and CNOs will oversee the process in the hospitals and medical group.

- APC competency assessment will include chart review, direct observation, and physician/peer review.

- The EMR and data systems should be used to collect quality and outcome data at the team and individual level.
CAP2 Guiding Principles for Competency Assessment

• The process for APNs and PAs should be the same process used for physicians.
• When possible, data collection should be done electronically to ensure accuracy.
• APNs and PAs must have provider level status in the EMR to be able to extract data to assess competency and impact.
• APNs and PAs should be educated what to document to ensure compliance with regulatory and billing requirements and to ensure easier extraction of data.
Clinical activity should be assessed for APRNs and PAs in the same way it is for physicians. Examples include: # procedures, consults, visits, etc.

Each medical specialty has indicators used to assess physician competency. This same list should be used for APRNs and PAs, as appropriate.
CAP2 Resources Utilized

• Human Resources
  – APRN Job Description | PA Job Description | Interview Guidelines | Hiring Process Checklist | Orientation Checklist

• Credentialing and Privileging
  – Core and Specialty Privilege Lists | RN Activities List

• Competency Assessment
  – Documentation Review, Procedure Review, and Peer Review Forms

• Billing and Reimbursement
  – Checklist | FAQs

• Business Case Template
Barriers to Solutions

- Medical staff bylaws
- Co-signature requirements
- No recognition of APC in inpatient EMR
- Confusion with billing and reimbursement regulations
- Minimal recognition in managed care contracts
Bylaws

• Change process:
  – Conduct current state assessment of Medical Staff Bylaws

• Strategies for success:
  – Clarify medical staff understanding of APC role and scope
  – Standardize bylaw verbiage to support APC Practice
  – Educate medical staff and executive committees
EMR Status

• Change process:
  • Identify APC status in EMR

• Strategies for success:
  • Elevate EMR authorization to “Provider”
  • Automate data capture linking provider to outcomes and to support competency assessment
Competency Assessment

- **Change process:**
  - Benchmark with high performing organizations and utilize CAP2 best practices

- **Strategies for success:**
  - Standardize core and specialty privileges
  - Identify data elements to assess competency and ensure supporting infrastructure
  - Request resources from Quality and IT
Advocate APC Strategy Metrics

• APC Workforce Metrics
  – Turnover
  – APC satisfaction
  – Time to fill position
  – Hires from within Advocate

• APC Practice Metrics
  – Volume increases
  – Quality measures
  – Access measures (wait times, time to appointment, etc.)
  – Patient satisfaction
  – Readmission rates
  – In network care
Implementation Strategy Design

Executive Sponsor: System CNO | Medical Group President | Project Manager

Executive Team
Site Chief Nurse, Sr. VP – Nursing Practice, AMG* Chief Nurse, AMG VP HR, AMG CMO

Billing and Reimbursement
- Executive Sponsor: Sr. VP Nursing Business Operations
  - AMG Finance
  - Corporate Finance
  - Revenue Cycle
  - Site Patient Accounts
  - VPMM (Ad Hoc)
  - Corp. Compliance
  - Billing Compliance
  - Managed Care

APC Hiring
- Executive Sponsor: VP HR AMG
  - Marketing
  - Community Relations

Orientation/Onboarding
- Executive Sponsor: Sr. VP Nursing Development
  - 5 Specialty Reps.
  - Med. Staff Office
  - Clinical Informatics
  - Site CNE
  - Physician and PA
  - Director System Phys. Affairs

Competency Assessment
- Executive Sponsor: Sr. VP Nursing Practice and Innovation
  - Med. Staff Office
  - Quality
  - Bylaws
    - Legal
    - Compliance
    - Physician
    - VP Medical Management

Ad Hoc – Regulatory
Nursing Communication and Engagement

*AMG – Advocate Medical Group
The Journey...

- Culture implications
- Change management
The Future
CAP2 Ambulatory Optimization

- Primary Care
- 29 Specialty Clinics
- Retail Clinic
- Immediate/Urgent Care
## CAP2 Ambulatory Optimization
### Primary Care

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>CAP National Compare Group</th>
<th>Your Organization</th>
<th>Site 1</th>
<th>Site 2</th>
<th>Site 3</th>
<th>Site 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>What type of patients can APs at this site see? (choose all that apply)</td>
<td>New</td>
<td>66%</td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Established (acute care)</td>
<td>75%</td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Established (chronic/ongoing</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>management)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sample output report for your organization with four primary care clinics participating in the Ambulatory Clinic/Site Assessment.
## CAP2 Ambulatory Optimization
### Primary Care

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options – Number of Patients, per day</th>
<th>CAP National Compare Group</th>
<th>Your Organization</th>
<th>Site 1</th>
<th>Site 2</th>
<th>Site 3</th>
<th>Site 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many patients is an AP expected to see per day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-10</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-15</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-20</td>
<td>15%</td>
<td>25%</td>
<td>25%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21-25</td>
<td>50%</td>
<td>25%</td>
<td>25%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26-30</td>
<td>20%</td>
<td>25%</td>
<td>25%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;30</td>
<td>5%</td>
<td>25%</td>
<td>25%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sample output report for your organization with four primary care clinics participating in the Ambulatory Clinic/Site Assessment
## CAP2 Ambulatory Optimization
### Surgical Specialty Clinic

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>CAP National Compare Group</th>
<th>Your Organization</th>
<th>Site 1</th>
<th>Site 2</th>
<th>Site 3</th>
<th>Site 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>What resources are available to support AP practice at this site?</td>
<td>Registered Nurses</td>
<td>60%</td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical Assistants</td>
<td>75%</td>
<td>75%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Registration Clerks</td>
<td>80%</td>
<td>75%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No additional resources</td>
<td>10%</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sample output report for your organization with four primary care clinics participating in the Ambulatory Clinic/Site Assessment.
Models of Care

AP to Physician Ratios

Your Organization – Orthopedic Clinics

Considerations: Physician Productivity

Sample Data
The Future...Emerging Trends

- Executive Leaders and Centers for Advanced Practice
- Employment in the Medical Group/Faculty Practice
- Representation on governance and committee structure
- Formal residency programs
- Team based compensation
- Workforce planning
Questions

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