VECTOR MEDICAL GROUP

# Successful Integration of an APP into a Specialty Practice: **Toolkit**

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# APP **Toolkit**

- **Onboard** — Checklist and Timeline
- **Training** — Deliberate Incorporation of Clinical Curriculum into Training
- **Billing** — Medicare Billing Requirements and Algorithm
- **Financial** — Compensation Models
- **Ready** — Readiness Assessment of Current Physician Attitudes Towards APPs
- **Burnout** — Burnout Inventory Index

# Onboarding

## Advanced Practice Provider Onboarding Checklist

### Equipment

- ❑ Computer
- ❑ Headphones/ Speaker
- ❑ Office supplies
- ❑ Name Tag
- ❑ White Coat
- ❑ Rx Pad
- ❑ Desk
- ❑ Business Cards

### Access

- ❑ Office(s)
  - o Codes/keys/Badge
  - o Parking
- ❑ EHR
  - o Login
  - o CDS E-Prescribe
- ❑ Remote Desktop
- ❑ Imaging
  - o Private Center(s)
  - o PACS
- ❑ **Hospital**
  - o Badge
  - o EHR Login
  - o Parking

### Clinical Systems

- ❑ EHR Training
  - o Hospital
  - o Office (including Portal)
- ❑ Imaging Training
  - o Hospital(s)
  - o Private Imaging Center(s)
  - o In-office
- ❑ Dictation System

### Administrative Systems

- o Benefits (IRA, Health,…)
- o Leave Requests
- o Messaging (Skype, Teams, Slack…)
- o Email

### Phone Applications

- ❑ Secure Messaging
- ❑ Societal and other guidelines
- ❑ Epocrates
- ❑ Doximity
- ❑ Multi-Factor Authenticator

### Training

- ❑ Clinical
- ❑ Telehealth
- ❑ Operational/ HR
- ❑ Billing/Coding

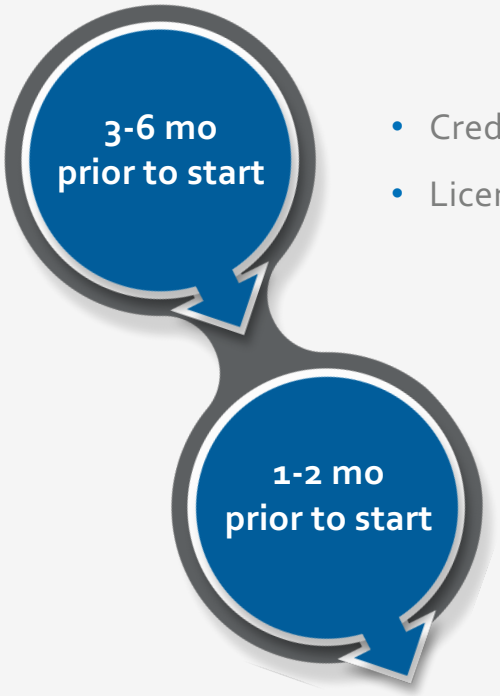
### General Information

- ❑ Phone Directory
- ❑ Supervisory agreement
- ❑ Professional Photo
- ❑ Performance Check-ins (Quarterly first year) with Lead APP
- ❑ Credentialing
  - o Payers
  - o Hospital(s)

### Introductions

- ❑ Partners
- ❑ APPs
- ❑ Referring physicians
- ❑ IT Support
- ❑ Human Resources
- ❑ Office Manager
- ❑ Office Staff
- ❑ Hospital
  - o OR
  - o ED
- ❑ Risk Management

# Onboarding Timeline




- Credentialing (Hospital, Payers)
- Licensing

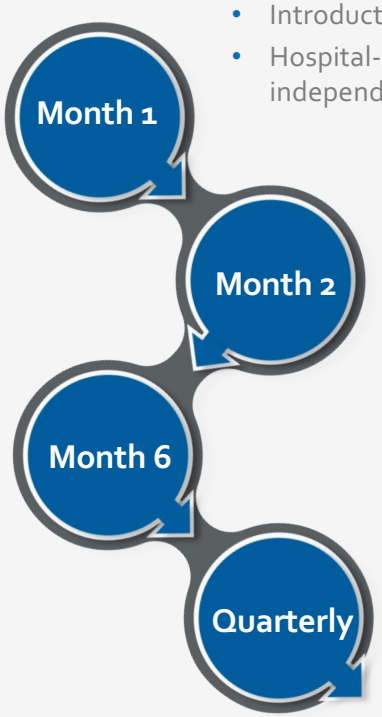
- Equipment
- Professional Photo
- Phone Apps: Societal, Guidelines, Doximity, Epocrates
- General: Schedule 1st year performance checks (quarterly with lead APP), Phone Directory, Supervisory agreement

# Onboarding Timeline


- Introductions: HR, Office Manager, IT Support, Risk Management
- Access: Office(s), EHR, Remote, Imaging
- Admin. Systems: Benefits, Leave Requests, Messaging, Email
- Phone Apps: Secure Messaging, MFA
- Training: Operational/ HR, Billing/ Coding**

- Clinical Systems: EHR Training (Hospital and Office), Imaging Training, Dictation System
- Introductions: Partners, APPs, Office Staff (Welcome aboard luncheon)
- Training: Clinical*

# Onboarding Timeline




- Introduction to Hospital Staff (OR/ ED)
- Hospital-based APP begins to see inpatient consults independently with supervision

- Introduction to referring providers
- Open in-office schedule for independent patients at 50% capacity for urgent visits and top 5 diseases in core curriculum ("Certified to care for")
- Communicate advancement to phone triage staff, MDs, Office staff, and other APPs
- Track MD referrals of EPs

- Open in-office schedule for independent patients at 100% capacity for urgent visits and top 10 diseases in core curriculum ("Certified to care for")
- Communicate advancement to phone triage staff, MDs, Office staff, and other APPs
- Train on Telehealth
- Track MD referrals of EPs

- Review of progress through core curriculum
- Meet with Lead APP and Supervising physician for feedback
- Feedback from Disease State mentors

# Clinical Onboarding


- Clinical Orientation (Labs, Imaging, Procedures, OR)
- Review Expectations
- Introduce Core Curriculum (Mixture of synchronous and asynchronous learning)
- EHR Training
- Billing Algorithm
- Exposure to procedures

- Sign-off of 5 disease states ("Certified to see")
- Begin to perform appropriate procedures

- Certification of top 10 disease states
- Mastery of appropriate procedures

# Clinical Core Curriculum

| Physician SME/Mentor | Disease State | Webinar | Text References | Company and Societal Guidelines (Link) | Observe Patient Interactions | Advanced Therapy or Procedure | Complications of Therapies | Present Patients | Certified to Test |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Dates of 10 patient interactions (5 NP and 5 EP) | Any potential advanced therapies or procedures associated with the disease state | | Present 10 patients (Include evaluation, management) | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Identify top 10 diseases, in order of prevalence and appropriateness for an APP, for initial clinical onboarding.

# Core Competencies by Disease for Certification

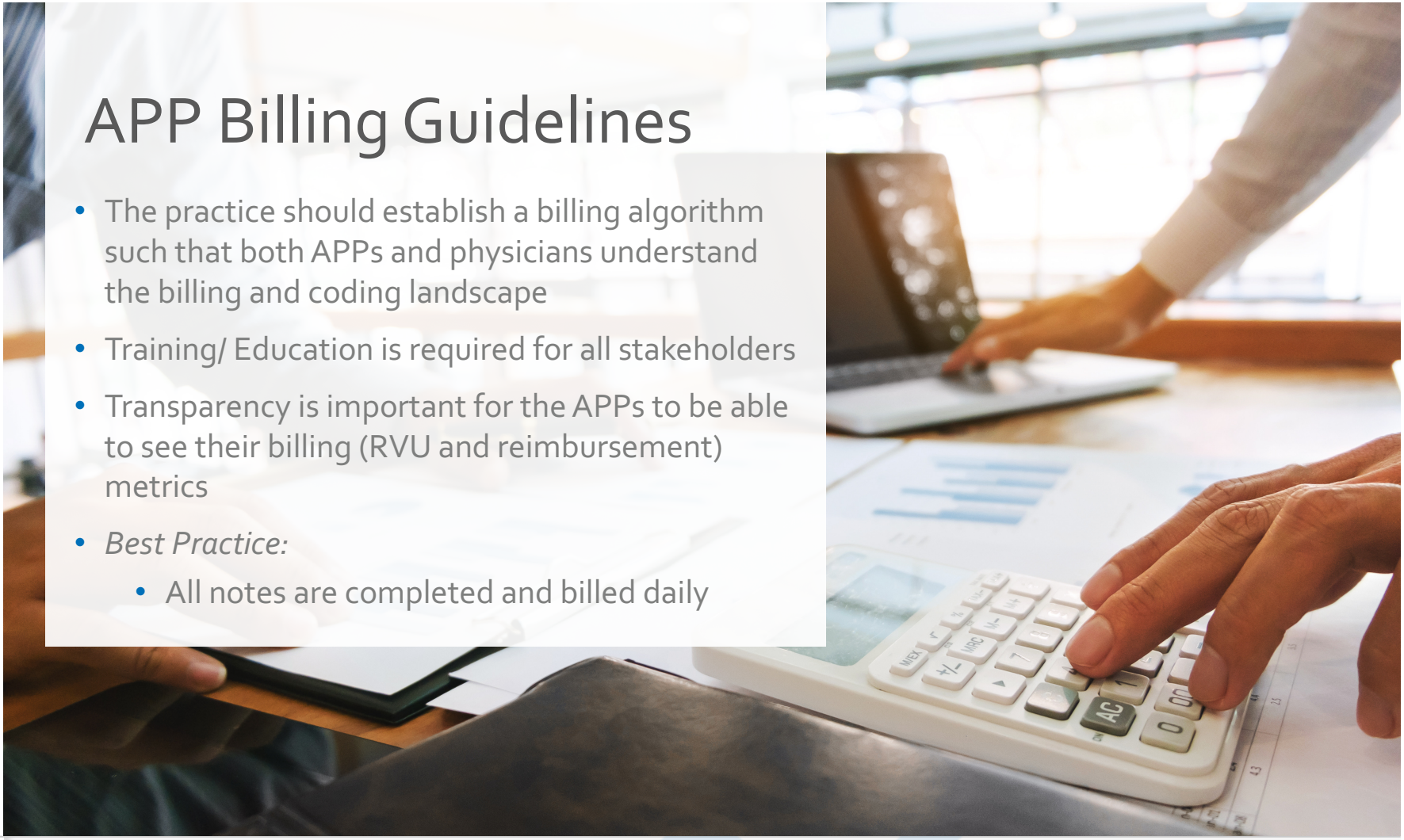
| | |
|---|---|
| **History and Physical** | Obtains essential health information, including pertinent positives/ negatives, past medical, surgical, family and social history. Understands critical components of the physical exam. |
| **Diagnostic Testing** | Orders and interprets appropriate radiographic or laboratory testing |
| **Comprehensive differential diagnosis** | Exhibits knowledge of "most likely" and "worst case" scenarios for symptoms |
| **Plan** | Orders appropriate evaluation, follow-up, and patient education required, including reasons to call for concern |
| **Prescription** | Obtains medication and allergy history to review for potential interactions of new prescriptions, review potential side effects of therapies, appropriate expectations of response, and cost implications |
| **Interventions** | Recommends, initiates, and/or performs appropriate procedures or interventions. Understands risk/ benefit profile of interventions |

# APP Billing Assumptions

- Reimbursement tracking is critical to understand the ROI and to have a sustainable APP integrated practice
- The APP also offers some intangible benefits that will not be captured in their coding (i.e. assistance to the physician)

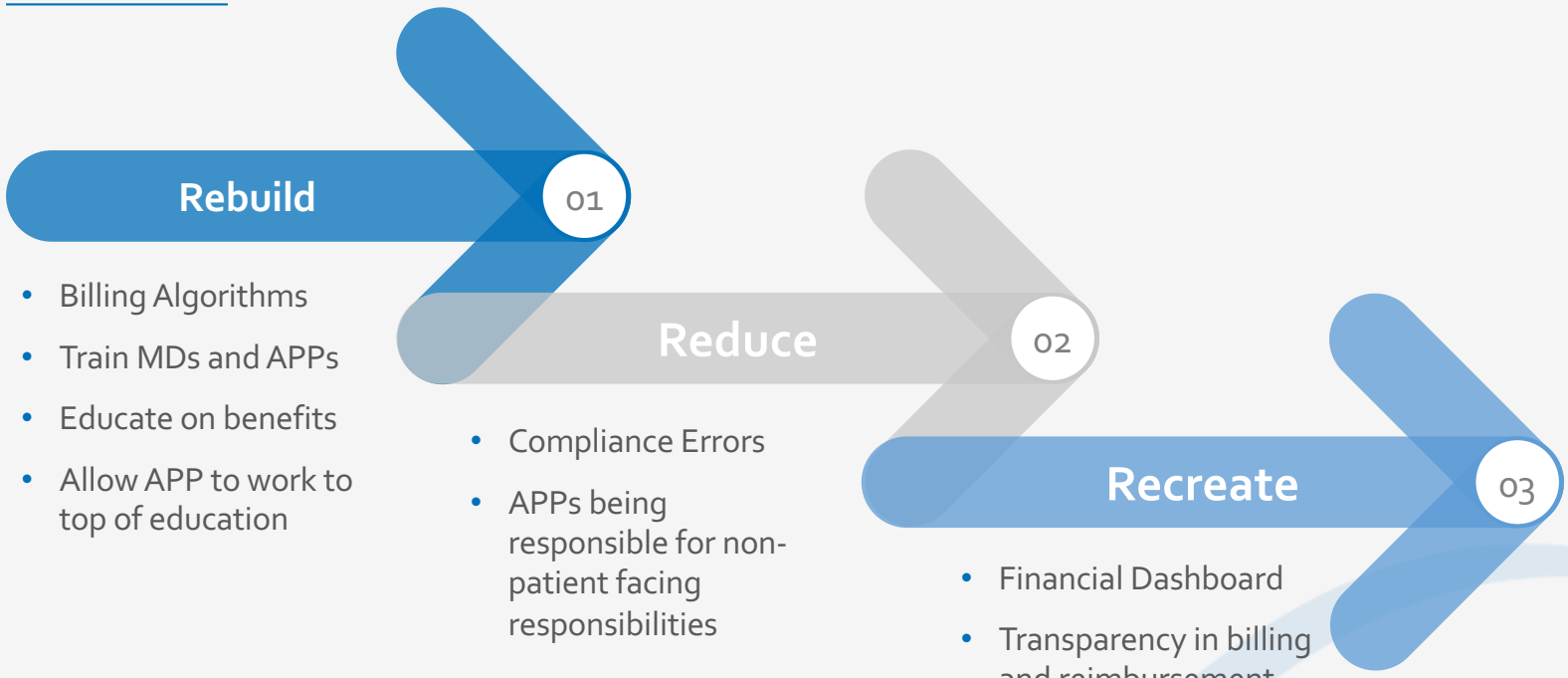
# APP Billing Guidelines

- The practice should establish a billing algorithm such that both APPs and physicians understand the billing and coding landscape
- Training/ Education is required for all stakeholders
- Transparency is important for the APPs to be able to see their billing (RVU and reimbursement) metrics
- *Best Practice:*
  - All notes are completed and billed daily



| Independent APP | Shared/ Split | Incident-To |
|---|---|---|
| APP sees patient alone | Medical necessity to see both MD and APP | Only established patients |
| Procedure done by APP (within their scope of practice) | MD and APP must both see the patient on the same day | APP sees the patient for the same medical issue as before (nothing new) and follows treatment plan |
| APP sees pt and MD does a brief check-in | MD must personally document necessity in the history, exam or assessment/ plan | MD must be on site for consultation and must remain actively involved in care but does not need to see the patient. |
| APP sees patient and speaks to MD but MD does not document | Must be in a hospital (cannot be a procedure or critical service) | MD and APP employed by the same group |
| Does not meet criteria for shared or incident-to | | Non-hospital, outpatient clinic |
| | | No cosign required but recommended for MD to review |
| APP NPI | MD NPI | MD NPI |
| 85% Medicare Reimbursement | 100% Medicare Reimbursement | 100% Medicare Reimbursement |

# APP Billing Algorithm






Brooks P, Fulton M. Demonstrating advanced practice provider value: Implementing a new advanced practice provider billing algorithm. JAPA. 2019;32(2).

# Inpatient Billing Algorithm

**APP Billing Provider**

- APP sees patient alone
  - Or if MD just does brief check-in
  - Or if APP speaks to MD but MD does not perform or document PE or medical decision-making
- Procedure done by APP
  - Must be in their scope of practice
- 85% Medicare Reimbursement

**MD Billing Provider ("Shared")**

- APP and MD both see the patient (On the same day!)
  - MD performs and documents
  - portion of PE
  - And/Or if MD documents part of face-to-face medical decisionmaking
- Medically necessary for MD to see
- 100% Medicare Reimbursement

*Confirm with healthcare system and state/ payer regulations regarding need for MD co-signature for admission H&Ps, consults or d/c summaries.



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# Outpatient Billing Algorithm

**APP Billing Provider**

- APP sees pt alone (NP or EP)
  - Or if MD just does brief check-in
  - Or if APP speaks to MD but MD does not perform or document PE or medical decision-making
- Does not meet criteria for Incident to billing
- Procedure done by APP
  - Must be in their scope of practice
- 85% Medicare Reimbursement

**MD Billing Provider ("Incident-To")**

- Only EPs
  - Must see MD first to establish the diagnosis and begin treatment
  - Cannot be a new problem or NP
  - MD must be on the premises for consultation
  - MD does not have to see the patient
  - MD and APP employed by the same group
  - Nonhospital; clinic-based only
  - Recommended to have a cosignature, but not required
- 100% Medicare Reimbursement



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# Results of Utilizing The Billing Algorithm

| | Prealgorithm | Postalgorithm | *P* value (P≤ .05, CI 95%) |
|---|---|---|---|
| **APP wRVUs** | | | |
| Hematology/oncology (N = 15) | 10,853.6 | 13,189.7 | 0 |
| Gastroenterology medicine (N = 6) | 3,468.67 | 8,065.24 | .01 |
| Neurosurgery (N = 11) | 2,482.55 | 4,701.83 | .01 |
| Internal medicine (N = 4) | 1,274.02 | 9,019.12 | .04 |
| **APP collections** | | | |
| Hematology/oncology | $565,994.70 | $885,329.30 | .05 |
| Gastroenterology medicine | $309,220.20 | $892,623.80 | .05 |
| Neurosurgery | $123,798.10 | $238,225 | 0 |
| Internal medicine | $52,611.54 | $457,178.50 | .0392 |

**APP/physician wRVUs and collections without new hires for the general internal medicine group**

| | FY 2017 wRVUs | FY 2018 wRVUs | wRVU variance | % variance | FY 2017 collections ($) | FY 2018 collections ($) | Collections variance ($) | % variance |
|---|---|---|---|---|---|---|---|---|
| Physician total | 35,924 | 37,086 | 1,162 | 3 | 1,637,975 | 1,715,268 | 77,293 | 5 |
| APP total | 1,274 | 9,019 | 7,745 | 608 | 52,612 | 457,178 | 404,567 | 769 |
| Group total | 37,198 | 46,105 | 8,907 | 24 | 1,690,586 | 2,172,446 | 481,860 | 29 |

Adjustments made for new hires.



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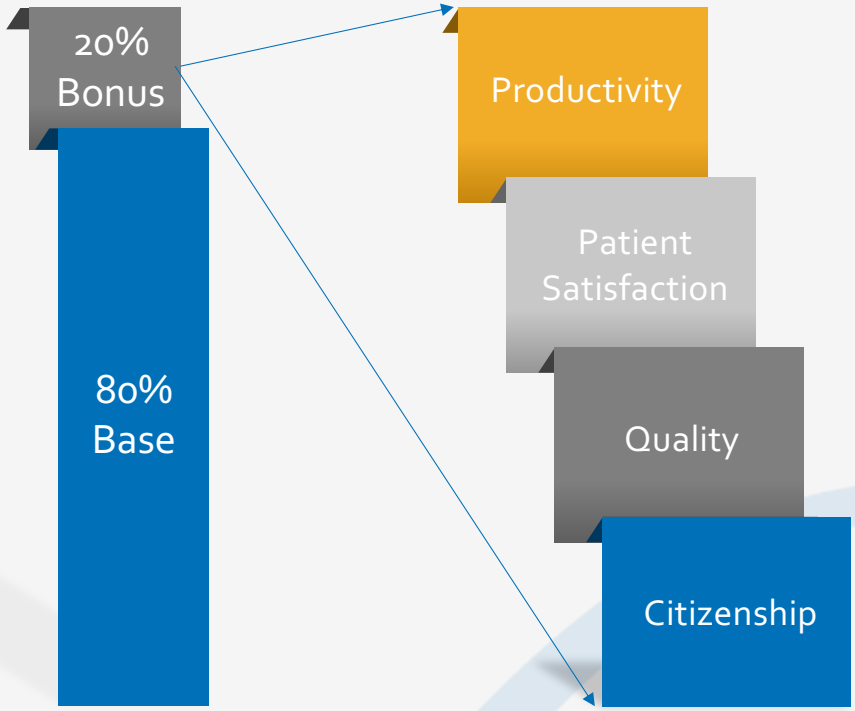
# Sample Compensation Model

Base is dependent upon meeting minimum MGMA standards set by the practice



# Assessment of Physician Attitudes Towards APPs

**Demographics: What best describes you?**

- Years out of residency: 0-5, 5-10, 10-20, 20+ years
- Male/ Female
- Specialty

**Rate on a scale of 1-5 your attitudes towards: (1 being strongly disagree and 5 being strongly agree)**

Working with an APP can improve patient care.

Working with an APP can improve my quality of life.

Working with an APP can be profitable.

**APPs should be trained to independently see (check all that apply):**

- Established Patients
- New Patients
- Limited Procedures (please list any)
- APPs should not have an independent clinic

**If you currently have an APP who works in your office, please describe their responsibilities (check all that apply):**

- Has an independent schedule and sees new patients
- Has an independent schedule and sees established patients
- Co-sees a patient with me, but I bill
- Is a scribe
- Assists me in answering phone calls from my patients
- Rounds in the hospital
- Sees consults in the hospital

**Which of the following is/ has been your concern about an APP having an autonomous practice: (Check all that apply and rank order)?**

- Increased Liability
- Increased Complications
- My referring doctors only want me to see the patient
- I will not be as busy
- I will make less money
- My patients do not want to see an APP
- No concerns

**True/ False:**

I currently participate in the clinical training of APPs

I would be interested in assisting with the training of APPs

Our APPs can be more productive

**Anything else you would like to share? (Free Text)**

# Burnout

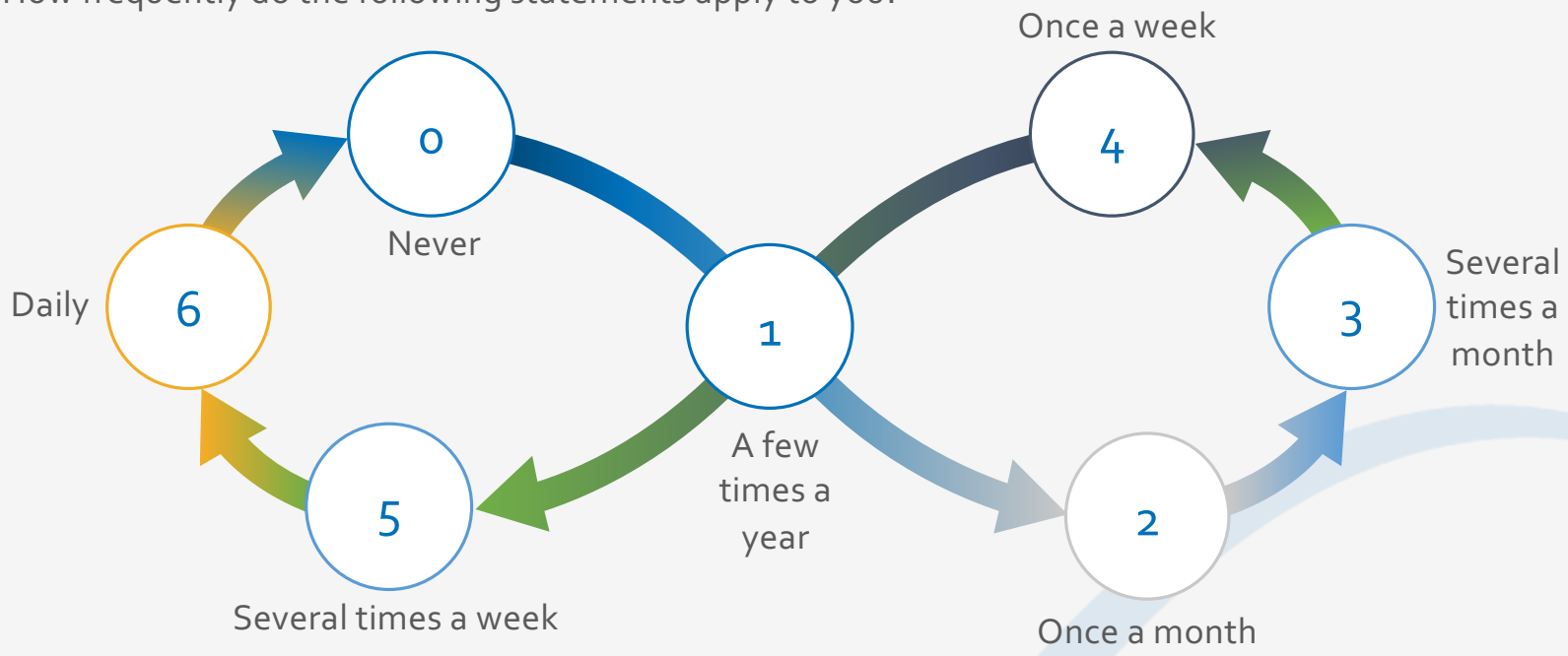
**Maslach Burnout Inventory:**

Human Services Survey for Medical Personnel available for purchase

# Burnout Inventory: Occupational Exhaustion

**Occupational Exhaustion Burnout Index**

How frequently do the following statements apply to you?



# Burnout Inventory: Occupational Exhaustion

| | Score |
|---|---|
| I feel emotionally exhausted because of my work | |
| I feel worn out at the end of a working day | |
| I feel tired as soon as I get up in the morning and see a new working day stretched out in front of me | |
| Working with people the whole day is stressful for me | |
| I feel burned out because of my work | |
| I feel frustrated by my work | |
| I get the feeling that I work too hard | |
| Being in direct contact with people at work is too stressful | |
| I feel as if I'm at my wits' end | |
| **Total** | |

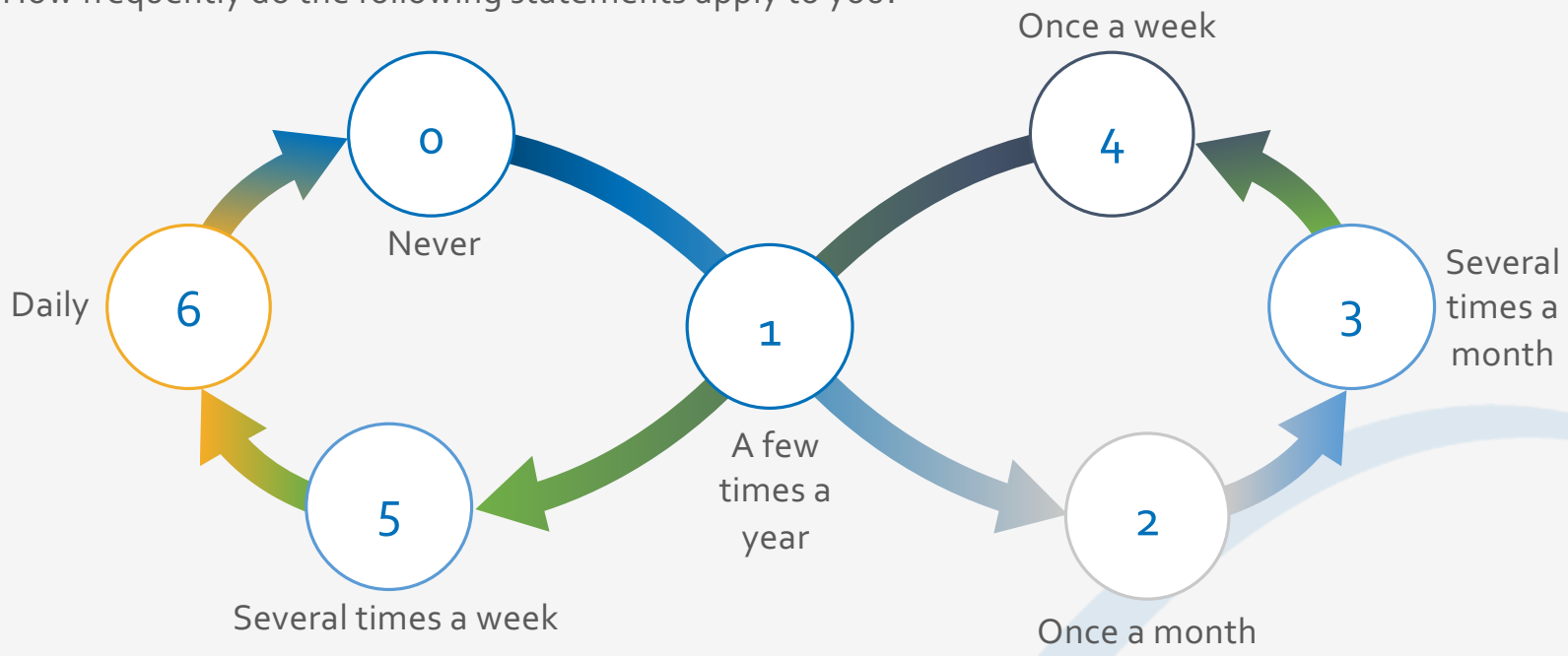


https://www.psychosomatik.com/wp-content/uploads/2020/03/Maslach-burnout-inventory-english.pdf

# Burnout Inventory: Depersonalization

**Depersonalization/ Loss of Empathy Index**

How frequently do the following statements apply to you?



# Burnout Inventory: Depersonalization

| | Score |
|---|---|
| I get the feeling that I treat some clients/ colleagues impersonally, as if they were objects | |
| I have become more callous to people since I started doing this job | |
| I'm afraid that my work makes me emotionally harder | |
| I'm not really interested in what is going on with many of my colleagues | |
| I have the feeling that my colleagues blame me for some of their problems | |
| **Total** | |



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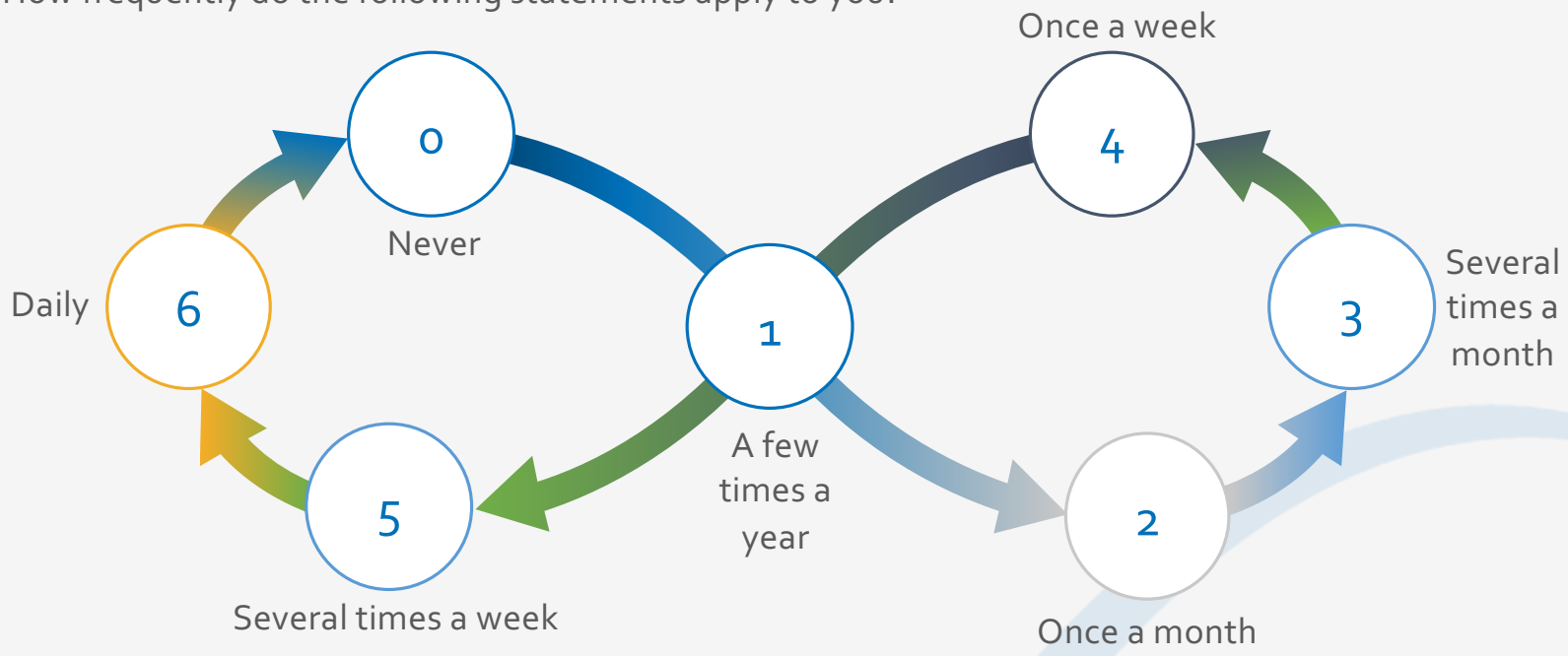
# Burnout Inventory: Personal Accomplishment

**Personal Accomplishment Index**

How frequently do the following statements apply to you?



# Burnout Inventory: Personal Accomplishment

| | Score |
|---|---|
| I can easily understand the actions of my colleagues/ supervisors | |
| I deal with other people's problems successfully | |
| I feel that I influence other people positively through my work | |
| I feel full of energy | |
| I find it easy to build a relaxed atmosphere in my working environment | |
| I feel stimulated when I have been working closely with my colleagues | |
| I have achieved many rewarding objectives in my work | |
| In my work I am very relaxed when dealing with emotional problems | |
| **Total** | |

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## Occupational Exhaustion Score Results

| <17 | 18 -29 | >30 |
|---|---|---|
| Low | Moderate | High |

High scores indicate classic "burnout" and employees would often notice improvements during a leave from work.

## Depersonalization/ Loss of Empathy Score Results

| <5 | 6 - 11 | >12 |
|---|---|---|
| Low | Moderate | High |

Loss of empathy and cynicism.

## Personal Accomplishment Score Results

| <33 | 34 - 39 | >40 |
|---|---|---|
| Low | Moderate | High |

Having a high personal accomplishment score is protective.

*Individuals who score high for occupational exhaustion and depersonalization and low for personal accomplishments (highlighted red) have significant risk for burnout, poor job satisfaction, and altering of career plans without intervention.



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Thank You!