



Successful Integration of an Advanced Practice Provider into a Specialty Practice

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Goals

Improve Access to care

- Address provider shortages
- Recruitment challenges
- Burnout



(2033) 139,000 MD Shortfall
1:3 Healthcare workers to
reduce hours

Improve APP productivity

- Align compensation model
to business goals



\$49 left on the table for every
patient a PCP sees that an
APP could have seen

APPs to function as autonomous providers

- Reduce inconsistencies in
knowledge base
- Consistent Clinical Training



APPs shown to have equal
quality outcomes as MD

Healthcare Cliff



35%

Voters who had trouble finding a doctor in the last 2-3 years



139,000

Provider Shortfall by 2033

Related to an aging physician workforce and patient population



20%

Percentage of physicians who plan to retire within the next two years



45%

Physician workforce over the age of 55

1 in 3

Healthcare workers who plan to reduce work hours in the next year



69

Studies in a systematic review showing APPs can provide care equal to or better than an MD



1.3%

Malpractice claims that involved an APP



44%

Higher contribution margin of an APP vs MD in clinic

Barriers

Quality
Training
Regulatory

Opportunities



- Improve Access
 - Reduce wait-times
 - Triage acute care

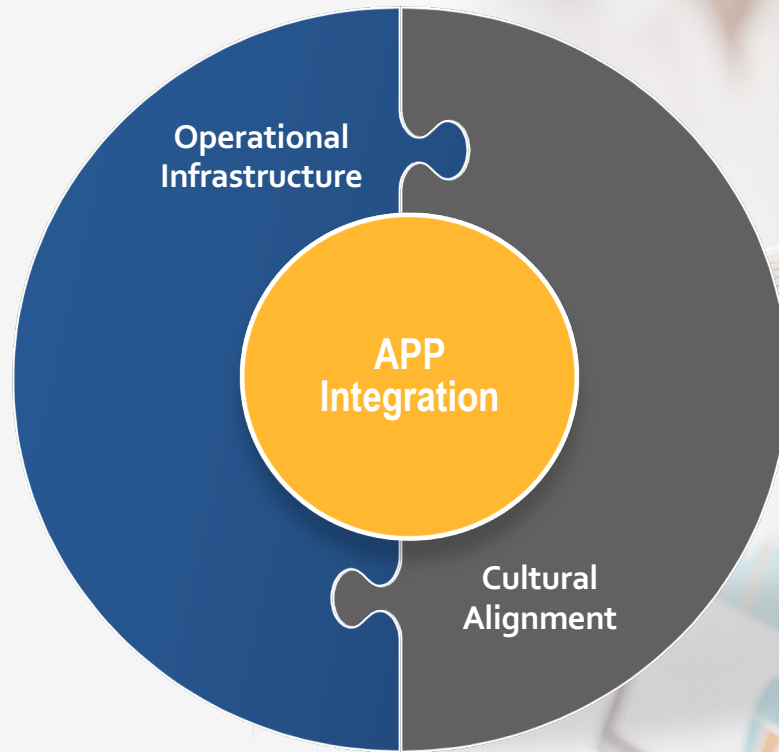


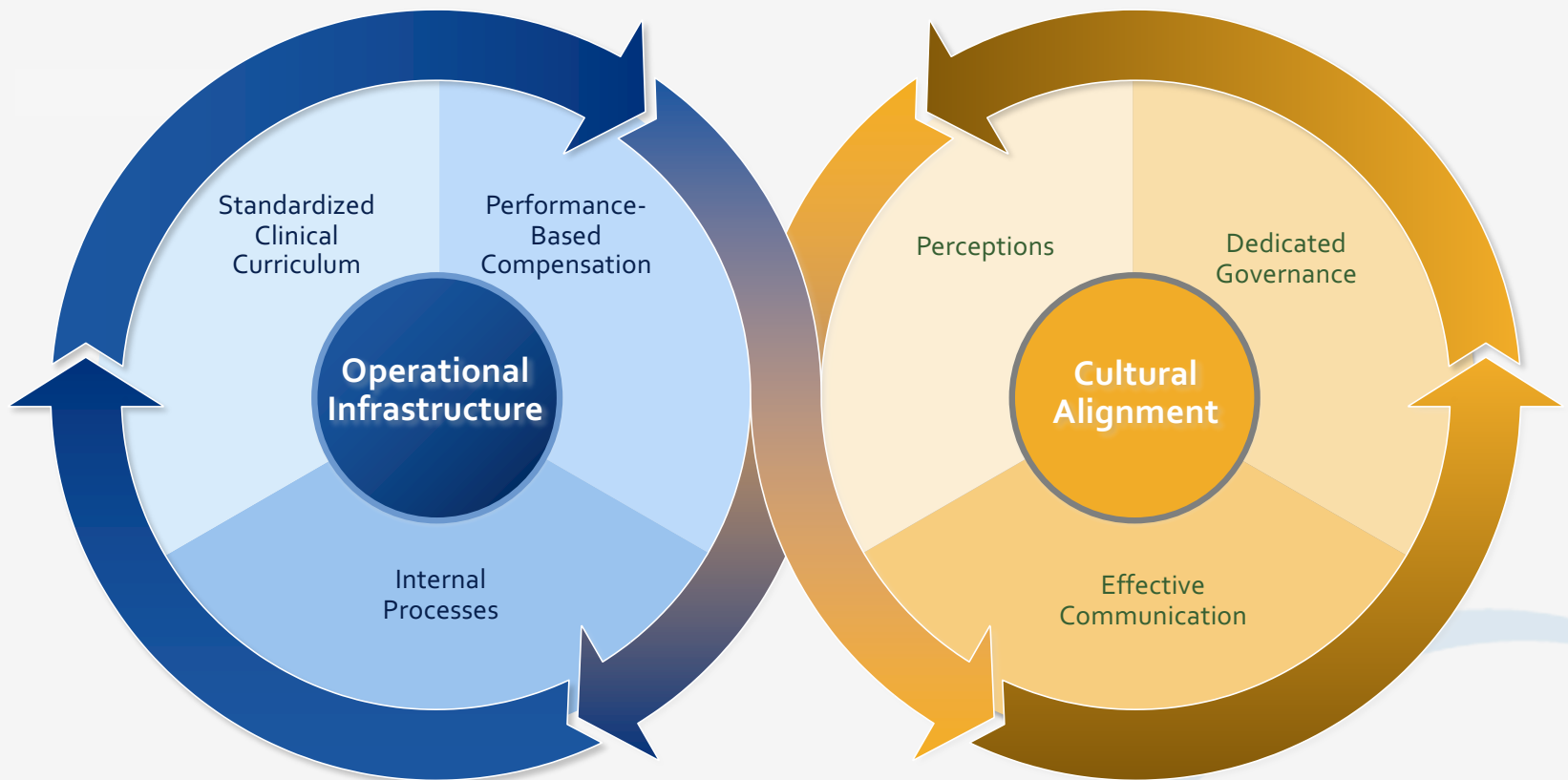
- Improve Efficiency
 - Increase schedule density



- Improve Profitability

Two Keys to Successful APP Integration



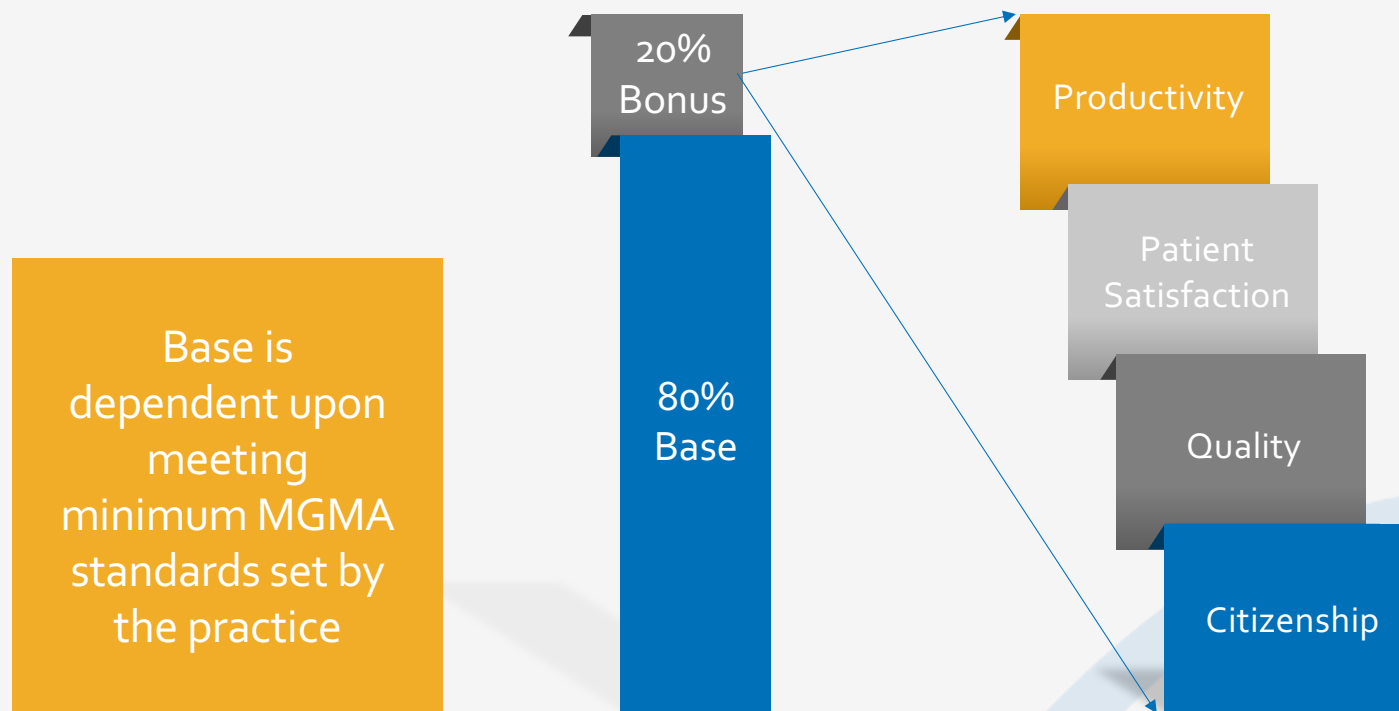


Clinical Core Curriculum

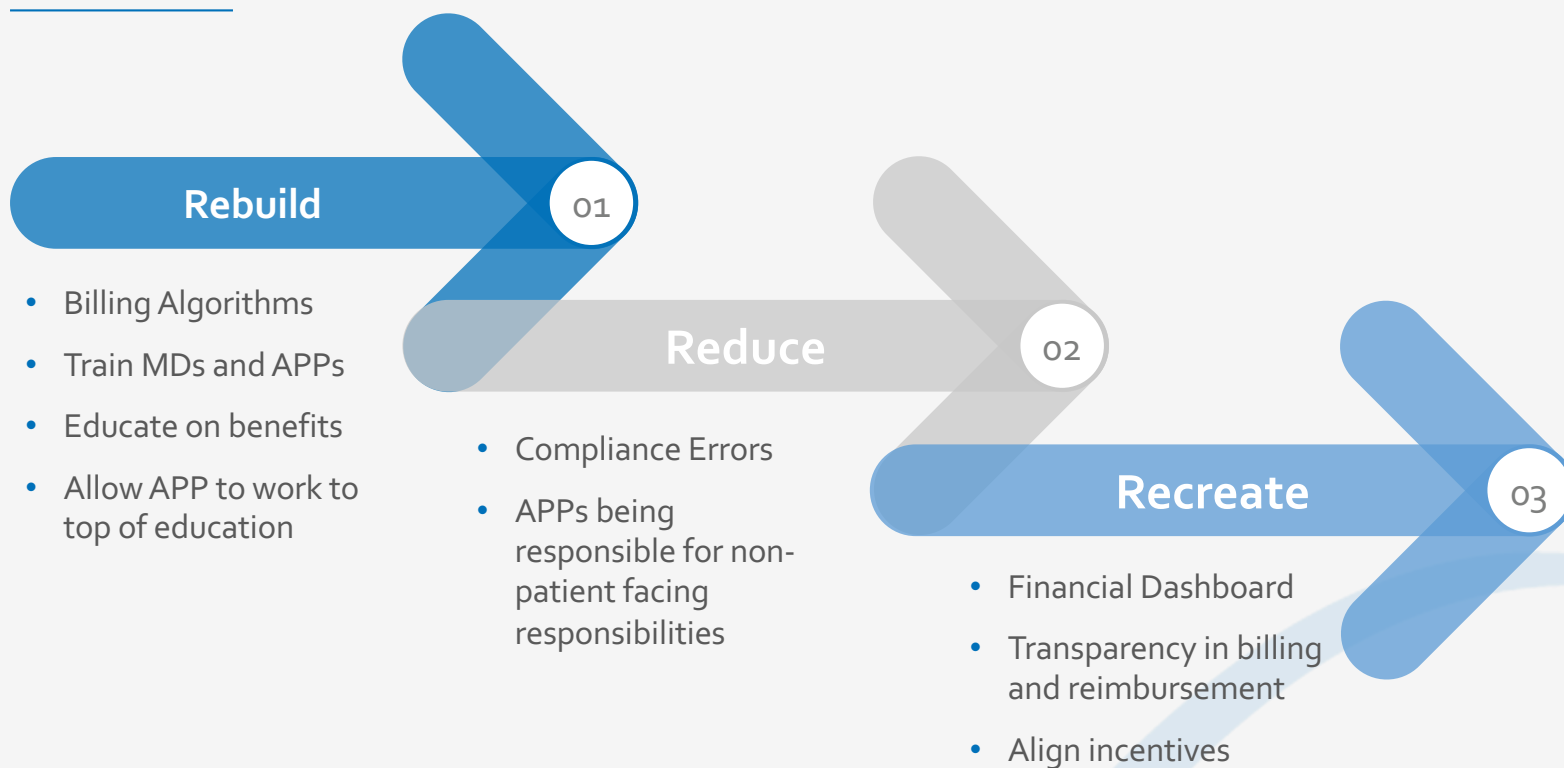
Physician SME/Mentor	Disease State	Webinar	Text References	Company and Societal Guidelines (Link)	Observe Patient Interactions	Advanced Therapy or Procedure	Complications of Therapies	Present Patients	Certified to Treat
					Dates of 10 patient interactions (5 NP and 5 EP)	Any potential advanced therapies 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.

Sample Compensation Model



APP Billing Algorithm



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.

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")

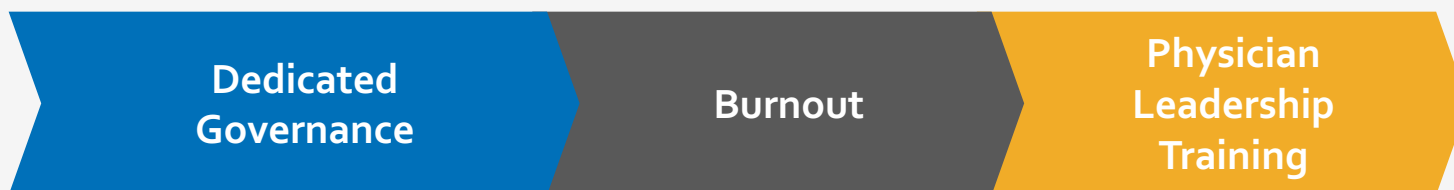
- Only EPs
- Must see MD first to establish the diagnosis and begin treatment
- Cannot be a new problem or NP
- MD must be on the premises for consultation
- MD does not have to see the patient
- MD and APP employed by the same group
- Nonhospital; clinic-based only
- Recommended to have a cosignature,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

Comparing physician vs APP Capacity Cost and Contribution Margin

Medical University of South Carolina following implementation of a billing algorithm

	Surgeon	NP or PA	Scribe	Office Assistant
Total clinic costs	\$546,400	\$120,000	\$51,000	\$61,000
Personal capacity (minutes/year)	91,086	89,086	89,086	89,086
Capacity costs rates (\$/minute for clinical staff)	\$6	\$1.35	\$0.57	\$0.68
Comparing contribution margin at MUSC – the profit or contribution margin is higher in a specialty service when the NP or PA provides the service, even at the 85% reimbursement rate				
All-day Tuesday clinic			Physician (100%)	NP or PA (85%)
Receipts providing the same level of service (Medicare rate x 28 visits)			\$2,079.56	\$1,767.63
Wage per day (cFTE salary/260)			\$1,120.20	\$385.37
Contribution			\$959.36	\$1,382.26

Cultural Alignment to Support APP Retention



- Leadership tracks
- Engage in training and onboarding

- Job stressors have strongest relationship to burnout and poor engagement
- Work-family balance can be protective against job stressors

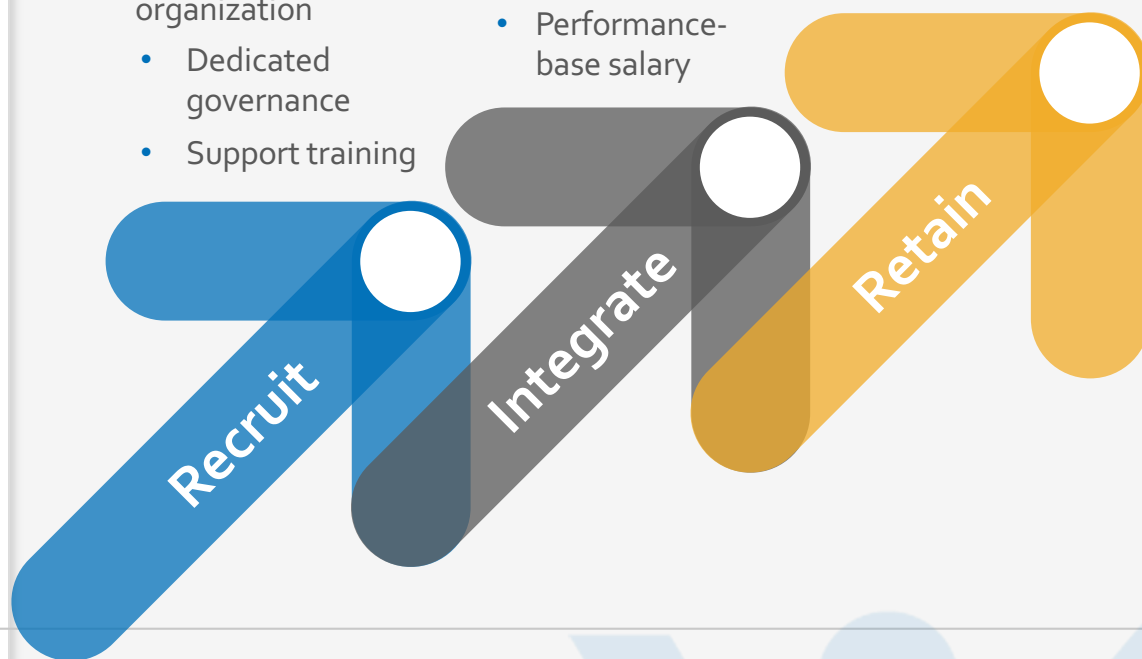
- Transformational physician leaders improve APP job satisfaction
- Readiness assessment of physicians and change management

Work-Life Balance



Cultural Alignment to Support APP Retention

- Differentiate the organization
 - Dedicated governance
 - Support training
- Dedicated clinical onboarding
- Performance-base salary
- Foster physician relationship
- Promote work-life balance and prevent burnout



- One in five APPs plan to reduce their clinical hours
- One in three APPs plan to leave their current practice



Thank You!