Advanced Practice Providers: 
Onboarding, Partnership, & Retention

Laura A Kirk, MSPAS, PA-C, DFAAPA 
Senior PA, Supervisor 
Department of Otolaryngology, Head & Neck Surgery

Disclosures

• I have no financial disclosures.
What is an APP?

Nurse Practitioners (NP) 400 in OHNS

- Training
  - Nursing model
  - Population-based specialty
  - 500 didactic hours
  - 700-800 clinical hours
  - Master’s degree → DNP

- Avg salary - $106,620
  - at avg 4yrs experience

- License & Certification
  - Every 5 years
  - 1,000 CEUs –or- recert exam

Physician Assistants (PA) 1000 in OHNS

- Training
  - Medical model
  - Surgical + medical training
  - 1,000 didactic hours
  - > 2,000 clinical hours
  - Master’s degree

- Avg salary - $113,702
  - at avg 8 yrs experience

- License & Certification
  - Every 2 years
  - 1,000 CME hours
  - q10 year recert exam

**Why an APP?**

**A Shortage of Otolaryngologists**

Projected: by 2025, a shortfall of 2500 otolaryngologists

“This specialty needs to actively plan for the coming otolaryngologist shortage and train mid-level providers within the specialty.”


**Patient satisfaction with APP care**

93% of patients agree that APPs:

- are trusted healthcare providers
- provide excellent patient service
- add value to healthcare teams
- explain things in ways that I understand
- make it easier for me to get an appointment

*Harris Poll, Attitudes Toward Physician Assistants, 2014
The Advisory Board Company – Survey 2015*
### APP Scope of practice:

**Ambulatory Setting**
- New patient visits
- Urgent & routine follow-up visits
- Procedures
- Surveillance clinics
- Answer patient questions
- Provide study results
- Patient education
- QI and research projects
- Triage referrals
- Telehealth visits
- 1st call

**Inpatient Setting**
- Procedures
- First assist surgery
- Rounds, discharges
- Consults – ED, ward

**Other**
- Administration
- Teaching
- Research

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Hooker, et al. *Patient Satisfaction: Comparing PAs, NPs and MDs.*
https://www.mbc.ca.gov/Licensees/Physicians_and_Surgeons/Physician_Assistants_FAQ.aspx
How can an APP cross-cover?

**Ambulatory:** access to care & continuity
- More access for new & f/u patients
- Urgent add-ons accommodated
  - Fewer overbooks on your schedule
- Patient care doesn’t stop when you’re away
  - Education and vacation without interruption
  - Fewer distractions in OR

**Inpatient:** rounds & discharges
- Cross-coverage for you & trainees
- Consistent transitions in care
  - Fewer readmissions and ED visits

Mackavey, C Care Management Journal, Sept 2018.

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Survey of Procedures by PAs - General Otolaryngology

- Pre-op H&P: 67.4%
- The majority of Postop: 57.6%
- Hospital rounds: 31.0%
- Hospital consults: 31.0%
- Excision/biopsy skin lesion: 48.1%
- I&D PTA: 43.0%
- Allergy testing: 15.8%

©2017 SPAO-HNS Work/Benefits Survey: Procedures Performed by PAs
Survey of Procedures by PAs – Head & Neck Surgical Oncology

Where are your workflow bottlenecks?

• Backlog of charting?
  - APP  ➔  scribe

• Getting cases to the OR?
  - APP  ➔  surgeon

• Patient access to medical, procedural, & postoperative care?
  - APP  ✔️
APP Onboarding: Based on Practice Setting & APP’s experience

**ORIENT**
- Learn HC system, standards, & culture
- Learn EMR
- Orient to team, network

**OBSERVE**
- Observe seasoned providers
- Learn (sub)specialty standards
- Procedures under direct supervision

**SHARE**
- H&P intake documentation (shared)
- Simple procedures
- Review, approve, & implement plan

**COLLABORATE**
- Independent encounters & documentation
- Collaborate frequently
- Case review regularly
- Independent and/or shared billing

**AUTONOMY**
- Case review as needed
- Full clinical capacity
- Audits & adjustments documentation/billing
- Full productivity

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**Non-productive period**
- 3 – 10 days

**Limited productivity**
- 2 weeks – 3 months

**Modest productivity**
- 1 – 2 months

**Progressive responsibility & productivity**
- 2 – 6+ months
- After 2 – 12 months

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**Progressive responsibility & productivity**
APP Independent Billing Model

- Obvious financial gain
  - ↑ Outpatient E/M billing
  - Procedure billing
  - ↑ Capture of consults
  - ↑ Level of coding

- Hidden financial gain
  - Outpatient AHP volume → ↑ Surgical volume
  - Global period visits seen by AHP → MD sees billable visits

## EXAMPLE Return on Investment:

<table>
<thead>
<tr>
<th>REVENUES ON APP’s CHARGES</th>
<th>EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>3200 paid visits @ $105 per = $336,000</td>
<td>Salary $113,702</td>
</tr>
<tr>
<td>1800 postops @ no charge = $0</td>
<td>CME allowance $2,129</td>
</tr>
<tr>
<td>400 office procedures = $42,400</td>
<td>Malpractice $5,000</td>
</tr>
<tr>
<td><strong>total payments</strong> $378,400</td>
<td>Health insurance $15,000</td>
</tr>
<tr>
<td></td>
<td>DEA, other fees $2,500</td>
</tr>
<tr>
<td><strong>total expenses</strong> $138,331</td>
<td><strong>total expenses</strong> $138,331</td>
</tr>
</tbody>
</table>

Plus 1800 available **physician recheck visits** @ $150 per = **$270,000**

**ESTIMATED NETTO PRACTICE: $509,669**

(allow extra for other overhead)

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**Kaplan; Porter. Solving the Healthcare Cost Crisis, Harvard Business Review, 2011.**

### Independent billing breakdown

<table>
<thead>
<tr>
<th>Physician</th>
<th>APP</th>
</tr>
</thead>
<tbody>
<tr>
<td>$300K ($144/hr)</td>
<td>$100K ($48/hr)</td>
</tr>
<tr>
<td>100% reimbursement</td>
<td>85% reimbursement</td>
</tr>
<tr>
<td>• $100 payment</td>
<td>• $85 payment</td>
</tr>
</tbody>
</table>

$100 x 22 visits = $2200
- $1152 wage
**contrib margin $1048**

$85 x 18 visits = $1530
- $384 wage
**contrib margin $1146**

> $98
Billing & Reimbursements

• Average PA productivity in OHNS:
  • Nearly 5,000 patient visits annually
    • 1,800 post-op visits
    • 400 in-office procedures
  • $642,374 annual charges
    • $460,875 annual payments

2016 SPAO-HNS Work/Benefits Survey
Rules and Regulations
State & National

• Practice governed by state boards
• Indirect supervision/collaboration (California)
  • Physician does not need to be available on-site
• Full prescriptive privileges
  • NP furnishing license with BRN
  • DEA for all APPs
• Maximum 4 APPs per physician

https://www.mbc.ca.gov/Licensees/Physicians_and_Surgeons/Physician_Assistants_FAQ.aspx

Rules and Regulations
Organization & Practice

• Hospital by-laws re: APPs
  • Medical Staff Office (MSO)
  • IDPC (InterDisciplinary Practice Committee)
• Practice-level designation of scope of practice
  • Approved by IDPC
  • Oversight required
  • Standardized Procedures
  • Formulary
• PAs – Practice Agreement
• NPs – Delineation of Privileges

• APP Scope of Practice based on:
  • FPPE/OPPE
  • Setting
  • Training
  • Experience
  • Procedural competence
Immeasurable APP value

- Favorable ratio of clinic to OR time
- Higher quality (screened) patients
  - APP-run surveillance clinics
  - Undifferentiated patients
- Rewarding collaboration
- Academic (and leisure!) time preserved
Do what only **YOU** can do

**Right-sizing roles:**
- Right provider
  - Right patient
    - Right location
    - Right time
    - Right support

**Best Practices for Teams**
- Intentional introduction to patients
  - By scheduling staff
  - By physician colleagues
- Part of the team
  - Website presence
  - Team meetings
- Routine physician/APP communication
- Availability for collaboration
Best Practices for Teams

• APP Professional growth & development
  • Education PTO & funding
  • AAO membership & meetings
  • SOHN or SPAO membership & meetings

Community opportunities/visibility
• Presenting at grand rounds and in-services
• Offering referring provider “lunch & learn” education

APPs in OHNS - Job Satisfaction

• 86.4% of APPs plan to stay in ENT
  • 8% plan to change jobs for:
    • More OR time
    • More pay
    • Less call
    • Optimized schedule
    • Overworked/understaffed
    • Poor scope of practice

SPAO-HNS 2016 Work/Benefits Survey
Questions?

Laura.Kirk@UCSF.edu