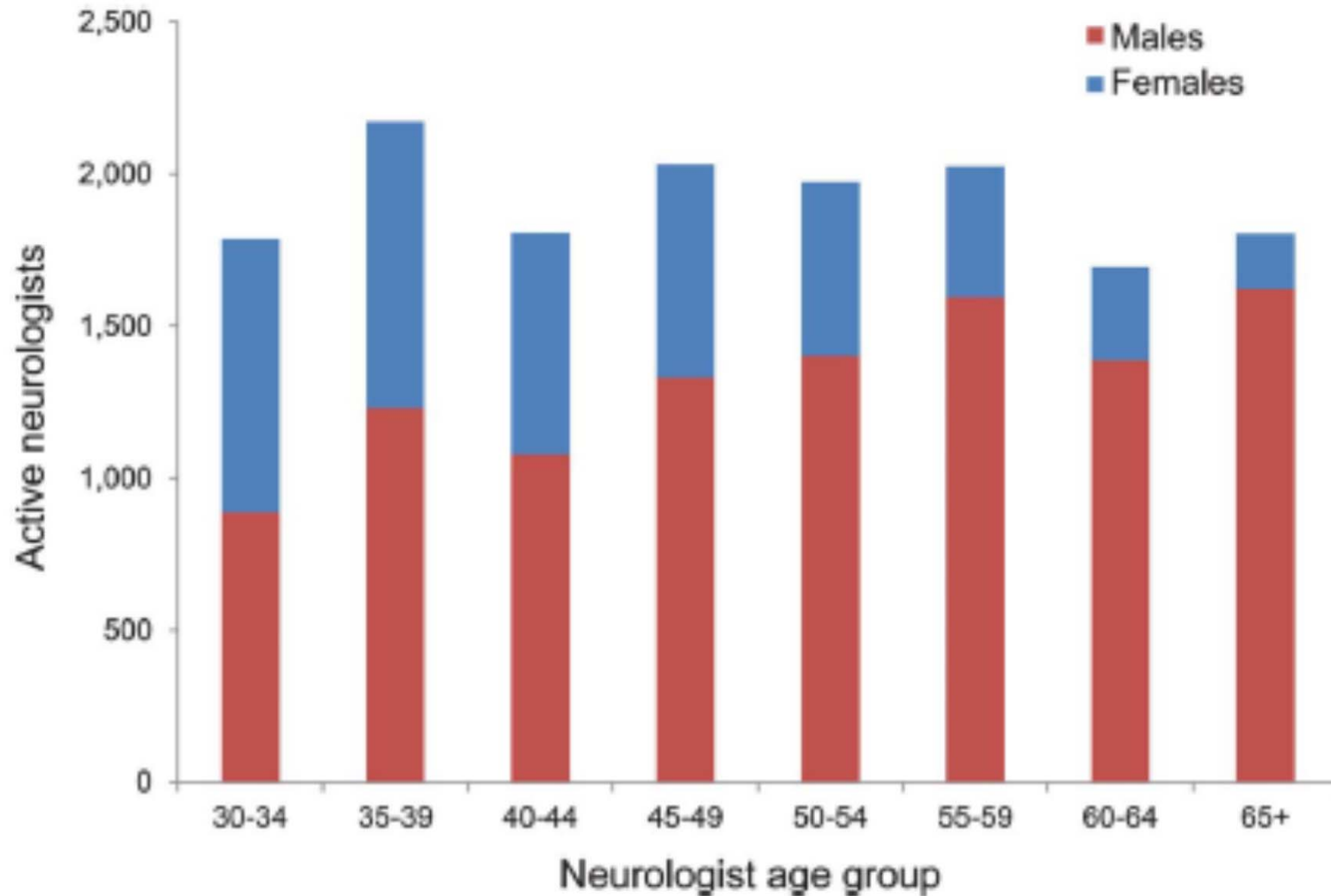




ADVANCED PRACTICE PROVIDERS IN ACADEMIC NEUROLOGY PRACTICE

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Figure 3 2012 active neurologists in the workforce by age group and by sex¹¹



The Workforce Task Force Report.

Clinical implications for neurology

- The pool of available physicians is shrinking, and the incoming number of physicians from medical schools isn't keeping pace with demand.
- The population of seniors is increasing
- The Affordable Care Act has created millions of newly insured patients.
- Strategies to help ensure that provision of neurologic services is adequate to meet anticipated future demand might include the following:
 - Utilize supervised nonphysician providers trained in the essentials of neurologic diagnosis and management.

Advanced Practice Providers (APP)

- Nurse Practitioners (NPs) have been around for 50 years, Physician Assistants (PAs) for 45 years
- All states require graduate degree and national board certification
- Duties: Take history, Conduct exams, Diagnose and treat, Order and interpret tests, Develop treatment plans, Counsel on preventive care, Write prescriptions, Make rounds in hospitals and nursing homes
- NPs are legally autonomous providers, PAs are not
 - Orders written by an NP do not need to be co-signed by a physician, this varies with PAs
 - For PA, Physician needs to be on site or available by telephone

APP Education and Salary

Nurse Practitioner

- 4 years, Bachelor of Nursing—RN
- 2 years, Master of Nursing Practice—CNP
- 4 years (while working), Doctorate of Nursing Practice—DNP
- Collaborative agreement—have own license

Physician Assistant

- 4 years, Bachelor of Science
- 2 years (27 months), Master of Science in Biomedical Science
 - 40 weeks of clinical rotations (=2,000 hours of supervised clinical practice)
- Supervisory agreement—licensed under physician

Advanced Practice Providers (APP)

- There are national competency guidelines, but requirements for education, licensure and scope of practice vary widely between states
- Scope of practice is specified by states, administered through state licensing boards and commissions

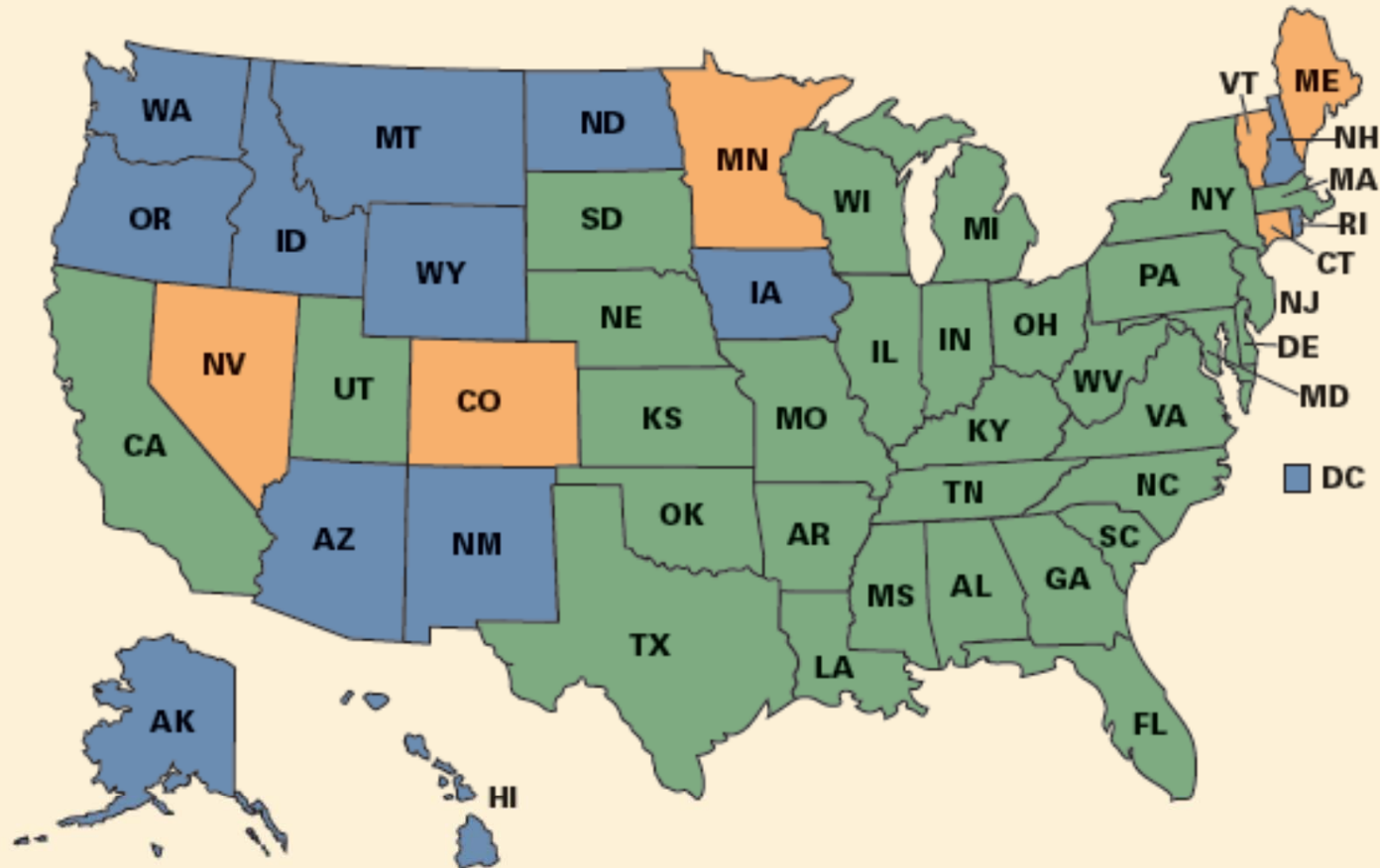
NP EXCLUSIVE



27th Annual APRN Legislative Update

Advancements continue for APRN practice

Summary of Practice Authority for NPs*



■ NPs are regulated by a BON and have full, autonomous practice and prescriptive authority without a requirement or attestation for physician supervision, delegation, consultation, or collaboration: AK, AZ, DC, HI, IA, ID, MT, ND, NH, NM, OR, RI, WA, WY

■ NPs are regulated by a BON and have full autonomous practice and prescriptive authority following a post-licensure/certification period of supervision and/or collaboration: CO**, CT[§], ME[¶], MN[†], NV[¶], VT[†]

■ NPs are regulated by a BON or a combination of BON and BOM oversight exists; requirement or attestation for physician supervision, delegation, consultation, or collaboration for authority to practice and/or prescriptive authority: AL, AR, CA, DE, FL, GA, IL[†], IN, KS, KY, LA, MA, MD, MI, MO, MS, NC, NE, NJ, NY[¶], OH, OK, PA, SC, SD, TN, TX, UT, VA, WI, WV

[Washington, D.C., is included as a state in this table.]

Practice Authority of NPs

- Board of Nursing (BON) regulation in all states
 - Full autonomous practice and prescriptive authority without physician supervision, consultation, or collaboration (**13 states + DC**)
 - Full autonomous practice and prescriptive authority following a post licensure certification period (2-3 years) of physician supervision or collaborations (**6 states**)
 - BON +/- BOM oversight. Requirement for physician supervision, consultation or collaboration for authority to practice and/or prescriptive authority (**31 states**)

Advanced Practice Providers--Benefits

- Improve access to care
- Improve quality of care by providing patient education, chronic disease management
- Increase revenues to the practice, according to MGMA DataDive 2013
- Many subspecialize in several areas of Neurology
- High patient satisfaction

NP STANDS FOR "NO PLEASE"

My wife recently took my 18 month old to a pediatric neurologist that was recommended by our pediatrician.

She may be right, and this pediatric neurologist may be great. However, I would never know because my wife told me that she NEVER EVEN GOT TO SEE HIM!!! No, she saw the Nurse Practitioner (cue scary music). And then when my wife protested, the staff told her “Oh, don’t worry. The doctor will come in to see your child afterward”.

Well, that turned out to be a gigantic load of bird-plop! He wasn’t EVEN IN THE OFFICE!!!

I called the doctor himself to protest this shoddy treatment. He reassured me that his NP was his “partner” for six years, that the NP had published more papers than the doctor had, that the NP’s capabilities were superb.

- I told him that, while all of this may be true, there was one indisputable fact: I know what kind of training (for the most part) a pediatric neurologist has received. I have NO FREAKING IDEA what kind of training a pediatric neurology NP has received. And what's more, I really don't care!

- Also, I object to his use of the word “partner”, as if his credentials were somehow equivalent with the NP's. What is he thinking?

Look, I understand why NP's exist. It's an economic reality of office based practice. It increases the number of patients that can be seen. However, when it comes to a very specialized group of patients, I think an NP is not good enough.

- I will never employ an NP to see my patients for me. End of story. Ditto for PA's. They can draw blood, they can do post visit counseling, they can hold a patient's hand. **But they aren't doctors.**

Advance Practice Providers--Challenges


- Patient/provider expectations of being seen by a physician.
- Patients are attracted into a practice by the reputation of the physician
- Increases number of patients needing to be cared for and supervised by the physician
- Medicare pays only 85% of fee
- Billing can be tricky with “incident to” required
- Difficulty in totally covering salary in Neurology due to complicated nature of patients in Neurology

Advance Practice Providers--Challenges

- Complex subspecialty patient populations
- ??? Order more tests
- Trouble keeping up with documentation
- Requires on the job training for Neurology and its subspecialties—big investment so getting right person is critical to success

Duke Neurosciences Nurse Practitioner Fellowship.

- The twelve month fellowship
 - Outpatient Neurology – 2 months
 - Inpatient Neurology – 2 months
 - Neurosurgical ICU – 2 months
 - Center for Neurologic Emergency Medicine – 2 months
 - Neurosurgery – 2 months
 - Neuroradiology – 1 month
 - Endovascular Neurosurgery – 1 month
 - Clinical rotations will be supplemented with didactic sessions, Grand Rounds, Journal Club and other learning experiences.



J Neurosci Nurs. 2014 Feb;46(1):E10-21.

Advanced practice in neurocritical care: an innovative orientation and competency model. Vicari-Christensen M.

- In the specialty of Neurocritical Care, about half the providers are advanced registered nurse practitioner (ARNPs).
- At the University of Florida & Shands Jacksonville, an innovative orientation and competency model for ARNPs in the Neurocritical Care unit was developed and implemented. The program contains a roadmap for knowledge base and skill acquisition as well as competency training and maintenance. Experience with appropriate hiring and screening standards, internally developed training tools, and identification of necessary advanced classes are discussed. This model may be used as a guideline for Neurocritical Care ARNP training as well as adapted for all other critical care settings.

- J Neurosci Nurs. 2014 Apr;46(2):E3-7.
- **Neurocritical care clinicians' perceptions of nurse practitioners and physician assistants in the intensive care unit.**
- **METHODS:** All members of the Neurocritical Care Society were asked to complete a survey to obtain their perception regarding the addition of NPs and PAs to the ICU team.
- **RESULTS: THE** study cohort was composed of 10% of Neurocritical Care Society members. Additional responsibility of NPs and PAs was associated with higher scores in safety, the ability to promote a team environment, address patient or staff concerns, communication, and most importantly, the ability to anticipate or prevent a neurological deterioration (all $p < .0001$). Number of NPs and PAs, number of years of employing NP/PAs, number of procedures, and amount of documentation also positively affected safety.
- **CONCLUSIONS:** Additional responsibility of NPs and PAs has strong potential to improve staff, patient, and family satisfaction and safety and prevent neurological deterioration. Thus, NPs and PAs should be utilized to the full extent of their role.

APPs at University of Toledo

- Stroke (1 CNP, 0.25 DNP)
 - Movement Disorder's (1 CNP, 0.25 DNP)
 - Headache (2.25 DNPs)
 - Epilepsy (0.25 DNP)
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- All of 4 were Neurocritical Care nurses before obtaining Nurse Practitioner training
 - 2 have terminal degrees, DNP
 - 1 of the DNP has an Assistant Professor appointment in the college of medicine

Use of APPs

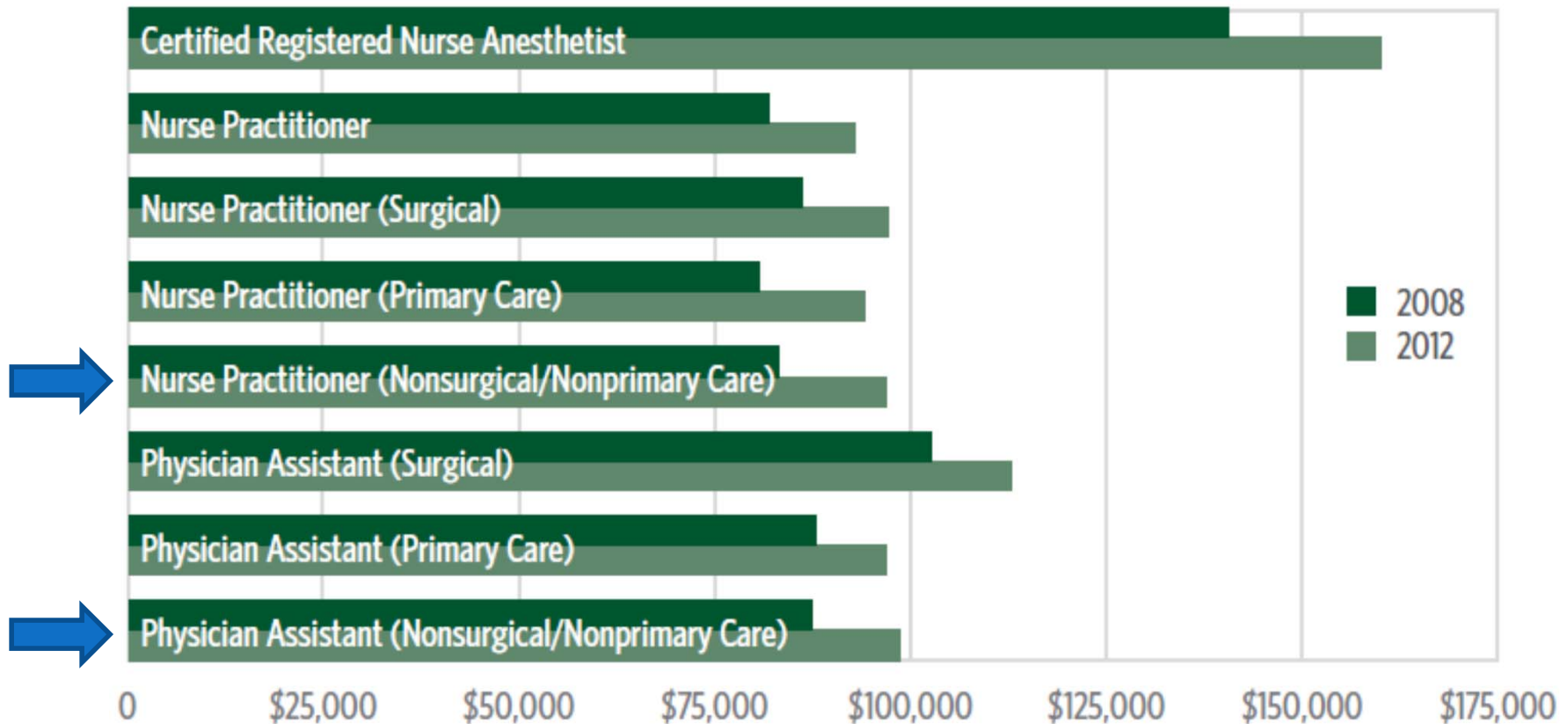
- Clinical Care
 - MD sees New Patient , NP see RVs (alternates visits with MD)
 - Weekly clinic for difficult Headache RVs—2 NPs see patients for 30 minutes, I see each for 10-15min, usually with NP. Able to see 16 patients in half-day clinic. Nurse documents and bills.
 - NP sees urgent add-ons (leave “hidden” spots on schedule)
 - NP sees patients who need additional education, or have a lot of nursing-related issues
 - NP runs Multi-disciplinary Clinics in Headache and in Parkinson’s
 - In Stroke, NP sees New Patients with MDs and bills, and sees RVs on own. She also coordinates the Telestroke network and provides education (with MDs) for ICU and Stroke Unit nurses
 - Serves as sub-investigators on clinical trials

Making it work

- Identify care gaps and determine which MDs want to work with APPs (some view as partners, others as competitors)
- Figure out the optimal number of APPs, and define the APP role
- Establish benchmarks to measure APP performance, including productivity, and patient satisfaction
- Discuss and document standing orders, protocols, collaborative agreements, delegation and supervision agreements
- Develop an orientation program; Start with weeks to months of shadowing in clinic, arrange for CME in subspecialty

Cost of NP

5 Year Trending — Median Total Compensation By specialty



Source: MGMA Physician Compensation and Production: 2013 Report Based on 2012 Data

Models of Payment

- ✓ Pay NPs an annual salary based on their specialty and their full-time equivalent;
- ✓ Pay full-time NPs on salary and part-time NPs hourly; or
- ✓ Provide an annual base salary with a production incentive.³⁹

NPP utilization in the future of US healthcare
An MGMA Research & Analysis Report, March 2014

Models of payment at UTMC

- Model 1-- Full Time employed (Incentive only, hourly paid by dept, or salaried paid by dept)
- Model 2-- Part Time employed (hourly paid by dept, or salaried paid by dept)
- Model 3 – Per Diem or work as needed (hourly paid by dept)
- **Model 4 – Leased from UTMC**, based on clinical time
 - 55% UTMC/ 45% UTP
 - 72.5% UTMC/ 27.5% UTP
 - 80% UTMC/ 20 % UTP
- **Model 5 – Independent Contractor**
 - Paid per patient seen, based on collection



Other Sources of Payment

- Clinical Trials
- Investigator initiated grants
- Teaching stipend from College of Nursing and College of Medicine

Sample Contract

2. Position (check one): Nurse Practitioner, Physician Assistant or Other
Leased Employee will perform the following specific functions for UTP, as well as, other related services :
- 3 Provide comprehensive patient history and physical exams; provide education and counseling to patients and family; manage follow up phone contacts; collaborate with neurologist in evaluation and treatment of patients; manage patient medications and treatments; serve as preceptor and clinical instructor for nursing students; co-direct Intra-disciplinary clinic for Parkinson's patients; demonstrate competence of practice, provide documentation and maintain compliance with core measures and quality protocols and other services as permitted by licensure; supervise clinical research activities in Parkinson's disease and participate as coordinator and/or sub-investigator when needed.
4. Under UTP, Leased Employee will report directly to: [REDACTED]
5. Time Split: Based on average total number of hours worked (not necessarily a 40 hour week). Combined percentages must equal 100%. These percentages may only be amended by way of new mutually executed addendum.
- a. 60% Percentage of time Leased Employee is devoted to UT
 - b. 40% Percentage of time Leased Employee is devoted to UTP
6. Compensation to UT from UTP for Leased Employee: UT will invoice UTP monthly for the Leased Employee services hereunder as follows:
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