ACG GI Practice Toolbox:

Adding Advanced Practice Providers to your Practice

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INTRODUCTION:

The term "Advanced Practice Providers" (APPs) is defined as licensed non-physician healthcare professionals, and applies to nurse practitioners (NPs) and physician's assistants (PAs). Over the past two decades, APPs have increasingly provided care in a variety of practice settings, including gastroenterology. APPs can benefit health care delivery by increasing access to care, improving the efficiency of practices in the hospital and office settings, improving patient satisfaction/engagement/education, and reducing physician burnout. Since services provided by APPs are reimbursable, the economics of adding APPs are usually favorable, or at least break even. The shortage of physicians in many markets is propelling APPs into increasingly important roles in health care. While integrating APPs into the practice offers multiple benefits, it may also add potential liability and risks. For successful integration of an APP into a practice, an atmosphere of collegiality, respect, and appropriate oversight and teaching is essential.

TOPIC OVERVIEW:

The Increasing Demands on Physicians

Multiple factors have escalated the increased demand for gastroenterology services. There is a projected shortfall of at least 1050 gastroenterologist by 2020 (https://www.aamc.org/download/100598/data). The Patient Protection and Affordable Care Act (PPACA) of 2010 has improved access and universal coverage for millions of people who now need evaluation of acute and chronic medical problems. In addition, PPACA moved the health system from a fee-for-service to a value-based reimbursement system and pushed for electronic health care records (EHR), which subsequently resulted in evaluating fewer patients per office session to improve the patient experience and meet the increased burden of data input. In addition, the Medicare Access and CHIP Reauthorization Act (https://www.congress.gov/114/plaws/publ10/PLAW-114publ10.pdf) has created alternative and more burdensome payment reporting requirements. According to the 2016 Physicians Foundation Biennial Physician Survey Report (https://www.physiciansfoundation.org/uploads/2016_Physicians_Founadtion_Biennial_Physici

an_Survey_Report.pdf), 49% of providers often or always experience feelings of burnout, 80% of physicians are overextended or at capacity, 72% feel that external factors such as third party authorizations significantly detract from the quality of care they are able to provide, and 48% of physicians plan to cut back on hours, retire, take a non-clinical job, switch to "concierge" medicine, or take other steps limiting patient access to their practices.

These forces have propelled APPs into increasingly important roles in health care delivery to fill the physician provider gap. APPs are often able to spend more time facing patients than physicians thus improving the health care experience for patients and decreasing burnout for physicians.

Advantages of Adding Advanced Practice Providers

Integrating APPs into the gastrointestinal practice offers multiple benefits. These benefits include improved patient access, increased provider face time, improved patient education, which in turn leads to greater patient satisfaction, improved physician work-life balance, and increased practice efficiency and revenue (2,3). There is evidence showing improved health-care outcomes and patient satisfaction with NPCs and primary care physicians (2).

1. GIVING PHYSICIANS MORE TIME FOR PROCEDURES: APPs can reduce the physician's time seeing patients in the clinic and can increase procedure volume.
2. INCREASING PRACTICE EFFICIENCY: For most practices, the revenue generated by the clinical work of the APP generally exceeds salary and benefits.
3. REDUCES PHYSICIAN COMPETITION: APPs do not increase the supply of gastroenterologists in the market the same way bringing in another gastroenterologist does.
4. EASIER EXIT STRATEGY: Adding physician partners results in some loss of autonomy and ownership with every new partner and can result in difficult separations when the partnership is ended. APPs are employees and the issues inherent with partnership/ownership are not in play.

Considerations When Choosing an Advanced Practice Provider

1. New Graduate versus Experience: New PA/NP graduates have a base of medical knowledge but need time/supervision to learn common GI problems and approach to evaluation and work up including indications/contraindications for procedures. Teaching the rhythm of patient assessments will take time and may take months to accomplish. As mutual confidence and trust grows, APPs become proficient at assessing, triaging and managing common GI disorders. APPs with previous experience in surgical practices or emergency departments may be disappointed with the exclusively office and consult work that is usually the scope of practice in GI groups. Therefore, setting expectations up front is critical. Ideal candidates will have

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1-2 years' experience in family medicine, internal medicine, hospitalist medicine, or medical subspecialties that involve inpatient and outpatient care.

2. Nurse Practitioner versus Physician's Assistant: Both can see patients in hospital and office settings and to bill either independently or incident-to with physician supervision. NPs have a prior work history of an RN, particularly for hospital-oriented work, which can be an asset. Most APPs work defined hours; however, some take call and work flexible hours depending on volume of work that needs to be done. APPs taking call and working longer hours are compensated accordingly compared to those working fixed hours. PAs receive training that more closely resembles medical training. Regardless, both NPs and PAs can become integral to a GI practice and the individual and supervision are more critical than whether NP or PA.

Contract Negotiation with an APP

The Medical Group Management Association (MGMA) will give you the salary ranges for APPs in your region. In general, salaries for APPs in GI are similar to those in primary care, but lower than salaries for APPs in dermatology, surgery, emergency medicine, etc. It is not uncommon for contracts to have a base salary plus bonus for productivity based on revenue generated or RVUs, similar to physician contracts. Contracts will also often contain an expectation as to number of patient encounters performed or RVUs generated a week. As with physicians CME time and stipend in addition to vacation time is often offered. In addition, employment contracts for APPs often contain a "scope of practice" describing the range of services the provider will provide and the extent of supervision in place.

Scope of Practice for Advanced Practice Providers

The scope of practice for APPs is not clearly defined but the common roles are to see new and established follow-up patients in both the outpatient and inpatient setting. In the outpatient setting, APPs may perform patient history and physical examinations, formulate differential diagnosis and treatment plans, order laboratory and radiographic studies, and prescribe medication. APPs may also oversee counseling and education programs for chronic conditions, such as non-alcoholic fatty liver disease, hepatitis C treatment, liver cirrhosis pre- and post-transplant, irritable bowel syndrome and inflammatory bowel disease. In some states, APPs have been trained and credentialed to performed diagnostic and therapeutic procedures, such as paracentesis, liver biopsies, manometry, and assisting providers in PEG tube placements. APPs may coordinate post-hospital discharge follow-up and manage clinical trials. Incorporating APPs into a practice may increase the practice's exposure to some liability risks. Three methods commonly used to attach liability for errors of APPs and which should be reviewed are vicarious liability, negligent supervision, and negligent hiring (3,4,5,6).

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APPs are incorporated into gastroenterology using one (or a combination of) 4 general strategies.

1. **Limited office-based practice**: This means the midlevel provider's primary function is to see patients in the office, but with a limited range - screening consults who require an office visit, low complexity (rectal bleeding, iron deficiency anemia), and hepatitis C. APPs often manage their own panels of patients, sometimes concentrated in an area of focus like hepatitis C. Downside: It may be more challenging for office staff to distinguish between APP and MD/DO patients for scheduling and concentrates difficult or complex patients onto the physician's schedule. Physicians may feel like they are supervising the care of patients they never see.
2. **Full office-based practice**: This allows APPs practicing primarily in the outpatient setting to see the same range of patients that the physician sees. While this makes scheduling easier and reduces patient back-log, referring providers and patients may feel they are not getting the appropriate level of care for a sub-specialty practice. This is often overcome as the patients and referring providers gain confidence in the APP and/or have confidence in the group employing the APP to provide appropriate and adequate supervision.
3. **Hospital-based practice**: Many practices have their APPs based in the hospital part or all the time. Most commonly, they will see hospital follow-up patients after the initial consultation. Some practices have APPs see simple inpatient consults, such as to screen for contraindications for requested procedures. In this role they also manage communication with inpatient providers increasing efficiency of patient care in the hospital setting. This also frees up more time for the gastroenterologist to perform add-on procedures.
4. **Physician extender**: In some models, APPs work alongside of physicians as assistants without independently seeing their own patients. In this setting, they respond to patient phone calls, assist with triage, and compose notes while physicians see patients. This can be an expensive option since much of this work can be done by less expensive staff.

<u>Billing Compliance</u>

Many practices experience difficulty incorporating APPs due to problems with billing compliance. Each payer has a different policy as it relates to APPs and a few will not credential APPs at all. Most have specific criteria that will need to be met in order for the APP to bill under the physician's name. The criteria used by CMS is referred to as "Incident to." It is beyond the scope of this document to provide billing and coding advice, but in general CMS allows a practice to bill a patient seen by a midlevel under a physician's name if they are continuing a plan of care established by a physician. This means that new consults or new problems assessed by an APP should always be billed under that APPs NPI and not the physicians. For patient follow up visits billed under the physician, a physician should be on-site and it is prudent practice to demonstrate some supervision by the attending physician (co-sign note, etc.). It is

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good practice to review billing guidelines for each payer with your billing staff or billing company every 1-2 years to ensure compliance.

State by State Variations

Your practice should review all credentials and references and take into account the specific states supervision requirements. Be sure to properly train and supervise APPs and review work regularly. One of the challenges is different styles/approaches of different physicians that supervise and work with the APPs. Planning for those differences and emphasizing evidence based best practices and using resources available from the GI societies to help train and integrate APPs is crucial. Subspecialty work by APPs requires an environment that encourages regular interaction with physicians, sets high standards of care, and stresses documentation and compliance monitoring (4).

CONCLUSION:

The use of APPs in practice can provide many tangible benefits, including an increase in patient access and satisfaction, improving physician quality of life, and increasing practice productivity. Clearly delineating the role of the APP, understanding the state licensure requirements, implementing a supervision policy, and establishing a well-defined standard of practice will help avoid the pitfalls of working with these valuable professionals.

REFERENCES:

1. Moses RE, McKibbin RD. Non-physician clinicians in GI practice part 1: current status and utilization. Am J Gastroenterol 2017; 112 : 409 – 1
2. Dorn SD. Mid-level providers in gastroenterology. Am J Gastroenterol 2010; 105: 246 – 51.
3. Wilson LJ, Yepuri JN, Moses RE. The advantages and challenges of measuring patient experience in outpatient clinical practice. Part4: acting on patient satisfaction results. Am J Gastroenterol 2016; 111: 916 – 7.
4. Moses RE, McKibbin RD. Non-physician clinicians in GI practice part 2: current status and utilization. Am J Gastroenterol 2017; 112: 530 – 31.
5. Moses RE, Feld AD. Legal risks of clinical practice guidelines. Am J Gastroenterol 2008; 103: 7 – 11.
6. Moses RE, Feld AD. Physician liability for medical errors of nonphysician clinicians: nurse practitioners and physician assistants. Am J Gastroenterol 2007; 102: 6 – 9.
7. Moses RE, Jones DS. Physician assistants in health care fraud: vicarious liability. J Health Care Compliance 2011; 13: 51 – 6.

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