“PLAY YOUR CARDS RIGHT WITH ADVANCED PRACTICE PROVIDERS”

a.k.a., Utilization of PAs & NPs in Otolaryngology

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Disclosures

• I am a Physician Assistant.
Learning Objectives

• Better understand education and scope of practice of APPs
• Learn ways APPs can be effectively integrated in an Otolaryngology practice, resulting in improved efficiency, access and patient satisfaction
• Understand funding, reimbursement and revenue opportunities associated with the employment of APPs

This session will explain the benefits and responsibilities of adding a PA or NP to an Otolaryngology practice. You will learn to determine whether an APP is appropriate for your practice, how to advertise and interview, and how to utilize an APP appropriately.

“Play Your Cards Right.”
What hand have you been dealt?

“Play Your Cards Right.”
How much do you have to gamble with?

...time, reputation, patients?
...$$$$$$$$$?
How do I know I need an APP?

Making the APP Decision means asking questions first.

- What needs improving? Appointment access, quality, time, $$?
- Retiring physicians? How soon?
- Expansion? Office, surgical, or both?
- EMR issues? Do you really just need scribes?
- What does your state allow? Supervision, collaboration, delegation?
- Can you delegate? If not, can you change, or not?
- What skills do you need? IS there any difference in PAs v. NPs?
- What time horizon? Yesterday, soon, long-term plans?

New or “Pre-owned?”

- New grads take 3-12 months to train in a specialty.
- Consider that there are only 5 ENT fellowship programs for PAs, and they train with intention to keep their graduates.
- One successful approach is to develop an internal “fellowship” program within a practice, & train APPs tailored to your own needs and habits.
- Fully trained and experienced APPs are more costly, but highly productive. To keep them long-term, consider gradual transfer of costs to productivity incentives.
- Fully trained and experienced APPs should be utilized to the highest level of their license to bring most quality and productivity to your practice.
PA or NP?

- PAs are trained in the Medical Model as generalists; complete 1,000 didactic hours and more than 2,000 clinical hours.
- 2015 NCCPA data reports average salary $102,163. SPAO 2017 survey reports average ENT PA salary at $113,702 at average of 8 years of experience.
- Masters Degree required

- NPs are trained in the Nursing Model and choose a population-specific specialty area; complete 500 didactic hours and 700 to 800 clinical hours
- AANP 2015 data reports mean base salary $97,083 with average total income at $108,643. SPAO 2017 survey reports average ENT NP salary at $106,620 at average of 4 years of experience
- Masters Degree required with push for DNP to be standard

PA or NP?

- 115,000 PAs per AAPA
- PAs take board exams and are certified by NCCPA
- PAs are licensed through state medical boards
- PAs recertify every 2 years with CME requirements AND every 10 years with recertification exam

- 150,000 NPs per Bureau of Labor Statistics
- NPs take board exams and are certified by ANNC or AANP
- NPs are licensed through state nursing or medical examiner boards
- NPs recertify every 5 years with min. 1000 clinical hours & CEU requirements, OR by recertification exam

TRAINING AND UTILIZATION: A Progressive Responsibility Model

- Observational learning
  - Scribe
  - Shared
  - Gathers/synthesizes information
  - Documents
  - Teaches
  - Implements plan
  - Physician must provide service elements supporting billing level
- Collaborative
  - Consults
  - Physician supported
  - APP or incident to billing
- Independent
  - Review select charts for quality control
  - APP billing
Hospitalist model?

- Many APPs assist in surgery, make rounds in the hospital, facilitate discharge, see hospital consults and take call
- In an Academic setting, this role can be instrumental in addressing resident work hour restrictions and continuity of care (Journal of Surgical Education, Sept/Oct 2008, Stahlfeld, et al)
- Using an APP in discharge planning and post-discharge follow up can significantly reduce unnecessary ED visits and re-admission rates (Surgery, August 2011, Lourdes Robles, et al)

Results being seen in academic settings

- Increased volume
  - More clinic visits yield more surgical cases
- Physicians can focus on higher intensity care
- Potential for higher level of coding
- Capture of consults
  - 35% improvement in one study

APPs enhance faculty academic career satisfaction.

- Academic time preserved
- Lower ratio of clinic time to OR time
- Decreases after hours record keeping
Continue to learn how to best work as a team of faculty physicians, residents, APPs, and nurses.

- Practice manual
  - Physician preferences
  - Standard procedures
  - Common medications and testing
- Make APPs part of the team
  - Leadership and faculty meetings
- Help APPs transition to a professional role

APPs support residency programs.

- Operative experience enhancement
  - Volume
  - Time
- Duty hour compliance
- Direct teaching
- Continuity of care

Management Issues

- **SUPERVISION**: Rules vary a bit by state, but the physician is NOT required to be on-site with the PA, just reachable by phone, unless required by state or facility policy.
- **BILLING**: APPs need their own NPI and provider numbers. APP services should not always be billed under the physician. Having the physician sign the patient’s chart or discuss with the APP does not qualify the charge to be under the physician’s name, unless incident-to conditions have also been met for Medicare requirements.
- **REIMBURSEMENT**: NO limits on which codes APPs can bill for; we use same CPT as MDs/DOs. *Note that many payers will not reimburse for 90-day global procedures performed by non-physicians.
- **INCIDENT-TO**: MEDICARE rules on whether payment is allowed at 100% physician rate or 85% for PAs and NPs. *Big focus on billing compliance in audits.
Do you understand what allows you to bill Incident-to?

- Patient is initially seen by a physician for the problem, and a plan of care is made.
- PA or NP does the recheck of that problem, under that plan of care, while a physician is physically present within the office suite.
- Recheck visit is billed to Medicare under the present physician’s provider number, and is paid at 100% of the physician fee schedule.

Any other scenario is NOT incident-to.

- Some other payers also follow incident-to rules.
  *see Decision Tree

What can PAs do (and bill for) in Otolaryngology?

- See new and recheck patients. (PAs see an average of 92 office patients & 10 hospital patients per week)
- Order appropriate workups.
- Do procedures within their education and the supervising physician’s scope of practice.
- Run clinics.
- Perform pre-operative H&Ps and Post-op visits.
- Do hospital rounds and consults.
- Take 1st Call (About 28% of ENT PAs currently take call averaging 28 hrs/week in addition to office hours.)
- 1st assist in surgical procedures. (About 45% of PAs assist an average of 7.5 hours per week.) Reimbursement is at 85% of rate for Physician first-assist.
- Participate in MACRA – MIPS or APPM

What procedures can PAs and NPs perform in Otorhinolaryngology?

- whatever their training, experience, and physician delegation allow.

Be sure to know your individual state, hospital, and payer exceptions.
2017 SRAO Survey of Procedures, Part 1

2017 SRAO Survey of Procedures, Part 2

2017 SRAO Survey of Procedures, Part 3
Important Documentation and Billing Guidelines

- Document collaboration with supervising physician as appropriate
- Discuss new problems of established patients as appropriate
- Review & cosign APP’s records *if required by your state
- Know and follow incident-to-guidelines, OR simply choose to use actual provider number every time.
- Have the practice self-audit periodically for compliance.
- Remember that rules change over time and that ignorance of the rules is not excused by the regulators and auditors.

Clinical and Organizational Issues

- PAs and NPs may need to be credentialed for hospitals and some third-party payers.
- Even new providers can still generate revenue during training time.
- PAs and NPs will need support staff when running a full schedule.
- Plan 1-2 exam rooms per provider for greatest efficiency.
- Many PAs and NPs have organizational and administrative skills that may benefit the practice as well, i.e., QA documentation.

Real Life

- A new grad PA will be able to do H&Ps and see minor ENT problems right away.
- A PA who has been training 3-6 months will be able to see 10-15 patients with routine problems per day.
- A PA who has several years of family, pediatric, allergy or general practice before joining an Otolaryngology practice will train much more quickly.
- A highly trained Otolaryngology PA can see a full schedule of patients, take 1st call, perform and assist on procedures, and allow for much more efficient use of physician time.
- PAs privy to productivity information report an average of $642,374 in charges and $460,875 in payments to the practice annually. (*SPAO 2017 Work/Benefits Survey)
- Like physicians, PAs can be much more productive with a scribe.
Real Life: An EXAMPLE of One PA’s Worth to a Practice

Per SPAO 2017 survey the average full-time Otolaryngology PA has 10 years of experience (8 years in ENT) and sees nearly 5000 patient visits including 1800 postoperative visits and 400 office procedures per year. He/she has an average salary of $113,702, a CME allowance of $2,129, 18 vacation days, and paid malpractice, health insurance, professional memberships, and DEA and certification fees. (Average part-time/hourly rate is $55.38.) Using a conservative estimate of $150 of income per physician visit made available to the practice for every post-op done by the PA instead, the PA-related income and expenses to the practice may be as follows:

<table>
<thead>
<tr>
<th>REVENUES</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>Total payments = $378,400</td>
<td>Health insurance $15,000</td>
</tr>
<tr>
<td></td>
<td>DEA, other fees $2,500</td>
</tr>
</tbody>
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Total expenses: $378,791 (allow extra for other overhead)

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

**ESTIMATED NET TO PRACTICE:** $509,669 (before other overhead)

***Additional income is available for PA surgical assist fees on qualifying cases; remember that malpractice insurance cost rises when PA goes to O.R.

***Having additional patients seen by PA also generates more surgical cases.

More Real Life “How can I increase my APP’s productivity?”

- Train them well and trust them to work at the top of their license in your state. This may mean revenue not only from office visits but from running an allergy clinic, a balance lab, doing office procedures, assisting in the O.R., doing hospital consults, E.R. visits, etc.
- Staff them with an MA and/or a scribe to keep them performing efficiently between two rooms.
- Send them to a good coding course with your billing staff to make sure they code appropriately. (Many under-code out of fear of audit. Many staff don’t know how to bill correctly for PA or NP services.)
- Set up a system in your practice to track productivity. Realize that you need a way to track actual provider as well as billing provider, to capture charges and payments posted under the physician but performed by the PA or NP.
More Real Life

“Why should I spend time training a PA when they all run off and take another job?”

**ANSWER:** They don’t. 2017 Survey: ENT PAs report an average of 1.3 jobs in ENT in their career:
- 86% plan to stay in their current ENT job
- 4% are retiring, and 10% are considering a job change for a variety of reasons (some preventable):
  - wanting more O.R. time
  - low pay
  - no longer want to take call all the time
  - too much work/not enough staff
  - poor utilization of PA
  - want to change specialties
  - other opportunities
  - return to school

“Why don’t some APPs seem to pay their own way?”

**What to do about it**

- Many of surgical APP duties are “no-charge” preops and postops.
- Many practices don’t even track no-charge care like postop visits.
- Many insurance companies want APP services billed under the physician.
- Many practices enter charges only under the billing physician, and don’t track the actual provider, so they don’t know what portion of income is really from the APP’s work.
- Some providers are under-coding due to lack of coding knowledge or fear of audits.
- Many practices don’t volunteer productivity information to their APPs.

• Remember that 11% of any surgical payment is for preop care, and 13% for postop care. And that every patient the APP sees at “no charge” frees the physician to see another (billable) patient.
• Track 99214 code for # of postops per provider
• Keep track of # of patients the APP sees.
• Ask your billing or software folks to make sure “actual” or “rendering” provider is tracked, along with billing provider.
• Make sure all providers code accurately.
• Have an open conversation between management, physicians and APPs.

What’s being done to help you...

• AAO-HNSF has worked with SPAO to offer a ENT didactic and procedure training program to new and experienced PAs. We offer coding workshops and lectures, too. Held in various cities as annual event called “ENT for the PA-C,” the next one is April 25-29, 2018 and hosted by the Mayo Scottsdale, AZ.
• Results of new surveys of PAs are released annually on Oct. 6 by AAPA. Otolaryngology PA survey just updated July 2017 by SPAO-HNS.
• MGMA tracks cost vs. productivity data on APPs and updates that every year.
RESOURCES:

• AAPA member PAs can get state-specific PA practice profiles from https://www.aapa.org/advocacy-central/state-practice/state-practice-profiles/?utm_source=connections&utm_medium=email&utm_campaign=connections&utm_content=june

• AAPA member PAs can get reimbursement info online at https://www.aapa.org/advocacy-central/reimbursement/

• There are 225 accredited PA programs listed at http://www.arc-pa.org/accreditation/accredited-programs/

Society of Physician Assistants in Otorhinolaryngology – Head & Neck Surgery (www.entpa.org)

RESOURCES:

• Society of Otorhinolaryngology and Head-Neck Nurses, Inc. – SOHN www.sohnnurse.com/

• American Association of Nurse Practitioners https://www.aanp.org/

• List of NP Organizations and Resources:
  https://www.nursepractitionerschools.com/blog,np-associations-list

RESOURCES: AAO-HNSF Education for APPs

• PAs and NPs can become Affiliate members of the Academy, and utilize Academy U for CME.

• Video of “ENT for the PA-C” 2015 and 2016 meeting lectures are available at AcademyU® for training and CME / CEU credits. 2017 (Chicago) meeting videos are coming soon.

• AAO-HNSF has a task force specifically to develop Non-Physician education.

• SPAO is working on more ENT CME and hands-on workshops and cadaver labs.
RESOURCES: Known Fellowship PA programs in Otolaryngology at this time...

- Mayo -Scottsdale AZ *ARC-PA accredited
- Northwestern -Chicago
- Wake Forest Baptist Health -North Carolina
- Air Force -San Antonio
- Dartmouth Hitchcock -New Hampshire
- Larger private practices are training their own PAs under the Fellowship model.

RESOURCES:

- Healthcare consultancy experts
  www.5g2.com
  https://www.cop2.net
  https://www.korenzupko.com

RECRUITING

- #1 TIP: Invest face time & preceptor at your local PA or NP programs.
- How to interview to find the hard worker
- For PAs: AAPA Job Find https://www.aapa.org/career-central/
  SPAO-HNS www.entpa.org/page-1842432
- For both NPs and PAs: www.HealtheCareers.com
- For NPs: www.jobcenter.aanp.org
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- "Specialty distribution of PAs and NPs in NC"

- Guide for new PAs
  https://www.aapa.org/download/11629/

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All in?

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Thank you.

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