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Building Administrative Infrastructure Around Advanced Practice

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- Background & Rationale
- Process
- Survey Questions
  - 30 minutes
- Break-Out Session
  - 30 minutes

BACKGROUND & RATIONALE

- NP/PA Acute Care Leadership Summit 2011
- Seven (7) targeted areas of focus for Advanced Practice Leaders:

1. Professional Advancement
2. Performance Evaluation
3. Billing
4. Mentoring/Preceptorship
5. Administration
6. Orientation
7. Outcomes

BACKGROUND & RATIONALE

- Advanced Practice Providers (APPs) are increasingly more valuable and integral to the healthcare system in the U.S.
  - Expanding system
    - Aging population
    - Baby boomers
    - Increasing lifespan
    - Affordable Care Act ("Obama Care")
  - Graduate Medical Education (GME) restrictions in work hours for training physicians (e.g., residents)
  - Provider/Physician shortage
  - Cost effectiveness; Outcome effectiveness

Thus, two major things are happening as a result

1. Numbers of Advanced Practice Providers (APPs) are growing
   – Especially Nurse Practitioners (NPs) and Physician Assistants (PAs)
   – Nurse Anesthetists (CRNAs), Nurse Midwives (CNMs)
   – Clinical Nurse Specialists (CNSs)

2. Institutions with large numbers of APPs are trying to optimize
   – Legal/Regulatory Compliance
   – Candidate Selection & Retention (Satisfaction)
   – Training and Development
   – Functionality; Scope of Practice

BACKGROUND & RATIONALE

As the administrative infrastructure around Advanced Practice and APPs is becoming more necessary and important, we need to be able to provide examples and standards of design and architecture across the country

What does some of this infrastructure look like?

What's most common; what's "standard"?

When differences are observed, why?

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Timeline

2007: networking group called Advanced Practice Provider Executives (APPex)

– Kevin Letz, Director of Advanced Practice
(Lucile Packard Children's Hospital at Stanford)

2008: first NP/PA Acute Care Leadership Summit

2011: Perrino joins Stanford as Director of Advanced Practice

– Nick has to figure out what he's doing in his job

2011: 4th annual summit participants identify "Administration" as a key topic to focus on

PROCESS

- Network with existing Directors of Advanced Practice (or equivalents) and discuss aspects of Advanced Practice administrative infrastructure
- Identify common themes and issues
- Develop questions to survey
- Categorize/Group questions
- Create and distribute survey

- Identify Advanced Practice leaders
  - Vice-Presidents, Directors, Managers, Leads/Chiefs
  - Chief Nursing Officers

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- Estimated 70 Directors of Advanced Practice in the U.S.
  - Three (3) in California
  - More when encompassing Lead/Chief APPs, and institutions developing to enact the role

- Retained initial contacts from APPex
- Retained contacts from University Healthcare Consortium (UHC)

- Searched/Searching for others

Categories:

- Demographics
- Director of Advanced Practice role (if present)
- Manager of Advanced Practice; Lead/Chief APP (if present)
- Structural Components
- Credentialing & Privileging
- Orientation
- Professional Growth & Development
- Teaching; Mentorship; Preceptorship
- Research
- Billing; Productivity
- Other; Miscellaneous

Highlights/Examples from Categories:

Demographics

– Community hospital, teaching hospital, rehab, LTAC?

– Number of beds?

– Profit, not for profit?

– Magnet?

– Union environment?

– Numbers of PAs, NPs, CRNAs, CNMs, CNSs?

Director of Advanced Practice role (if present)

– Reporting structure?

– Background (NP, PA, MD); DNP-prepared?

– Administrative Assistant/Project Manager support?

– Percentage of Admin v Clinical time?

– Bonus/Incentives?

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Highlights/Examples from Categories:

Structural Components

– Shared Governance; Nursing Councils?

– Council/Committee/Group for APPs?

– Annual Evaluation components?

– Forums, Grand Rounds, Retreats?

– Criteria to add new APP position?

– Supervision requirements?

– Annual Training?

– Reimbursement: Licensure, Certifications

Credentialing & Privileging

– Who credentials & privileges (Medical Staff, Nursing Staff, HR)?

– All APPs credentialed?

– How long does the initial process take; same for MDs?

– APPs have Medical Staff membership?

Highlights/Examples from Categories:

Orientation

– Attend nursing orientation?

– GENERAL orientation program, specific to APPs?

– SPECIALITY orientation programs, specific to APPs?

Professional Growth & Development

– Continuing Education benefit?

– Tuition benefit?

– APPs receive different benefits than others (e.g., RNs)?

– Resources focused around APPs?

Highlights/Examples from Categories:

Teaching; Mentorship; Preceptorship

– Precept students?

– Preceptor Training?

– APPs incentivized to train students?

– APPs teach at the associated school of MEDICINE?

– APPs teach at the associated school of NURSING?

– APP Residency/Fellowship?

Billing; Productivity

– Independent billing; Shared Visit?

– Billing portal specific to APPs?

– Measure APP productivity?

– Track RVUs? Dollars?

– Incentives for APPs?

– Measure Outcomes?

BREAK-OUT SESSION

1. What are other key questions we should ask institutions about their Advanced Practice infrastructure?

2. We have also considered a brief (10-15 question) survey for APPs themselves, to be distributed concurrently. This is valuable? What should be asked?

3. What else should be considered for this project to be successful?