Leading Leaders: Keys to Creating an Advanced Practice Structure

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Objectives

• Identify key elements and organizational value of a successful Advanced Practice Provider (APP) Program
• Understand strategies for maximizing APRN and Physician Assistant practice to full scope
• Understand current challenges and opportunities of APP programs
• Identify strategies for developing, supporting and empowering APP leadership and infrastructure at your organization
Advanced Practice Provider (APP) Programs - Successful Model Profiles
Profile UMMC

• **Title:** Director of Nurse Practitioners and Physician Assistants
  – Administrative Responsibility of APRNs and PAs
  – Authority for Advanced Practice Provider (APP) budget, recruitment, hiring onboarding, orientation, practice, licensing, compliance, credentialing, privileging, continuing education, and training.

• **Report to:** CNO

• **Scope:** 70% Administrative, 20% Faculty, 10% Clinical

• **FTE Reports:** 240

• **Org Structure:** 770 bed AMC
  – 1000 medical staff members inclusive of APRN/PAs
  – APRNs and PAs do not vote

• **Employer:** All Admitting providers must have SOM Faculty status

• **Credentialing:** credentialed & privileges via the medical staff process with cosignature.

• **FPA status:** Passed in April, 2015; Regulations in process
History of the APRN Leadership Model at UMMC

- 2004- Established an APRN council
- 2008- Established Director role
- 2009- Revenue responsibility of NP/PA budget for NPs/PAs
- EXPANSION of LEAD NP/PA Role (16 Leads)
- 2009- Director Membership at the Medical Executive Committee (Department Chairs, CMO, Division Chiefs, the CNO, the CEO)
- 2010- sign off on the APP credentials
- 2012 NP Post-graduate Critical Care Fellowship
- 2013: Professional Advancement Model for APRNs/PAs
Profile Akron Children’s Hospital

- **Title:** Director of Advanced Practice Center
  - Administrative Responsibility of APRNs and PAs in the organization. Expert resources on Advanced Practice Provider (APP) onboarding, orientation, practice, licensing, compliance, credentialing, privileging, continuing education, and training. The center is also the liaison for medical staff services office, nursing staff, human resources, administration, and management staff regarding practice and development of advanced practice services throughout the organization.

- **Report to:** CNO, CMO

- **Scope:** Consultant 60% Administrative/40% Clinical NP

- **FTE Reports:** No direct reports, many dotted lines

- **Org Structure:** 372 bed freestanding pediatric integrated system with >80 locations. 740 medical staff members inclusive of APRN/PAs with voting membership. 600,000 visits annually, with >9K admissions

- **Employer:** open medical staff, >90% are employed (physicians and APPs) still offer privileges to private physicians and APPs

- **Recruitment:**

- **Credentialing:** credentialed & privileges via the medical staff process and offered active voting membership and med staff committee membership

- **FPA status:** Bill introduced this 2015 cycle
History of the APRN/PA Leadership Model at Akron Children’s Hospital

• 2002 Voting Members of Medical Staff
• 2002 APP Credentials Committee (sub committee of the med staff credentials committee)
• 2009 Design Team for an APRN Center came together
• 2011 Business Plan adopted for an APRN/PA Center with a Director
• 2011 APP Council formed as part of Shared Governance Model, with sub committee reporting to MSEC
• 2011-2015 EXPANSION of Lead APP Roles (14 Leads)
• 2013 APPs report to Leads and Admin Directors, JD redefined
• Leads report in a dotted line fashion to APP Director
• 2012 Inpatient Revenue Pro-Fee billing initiative expanded organization wide with education and implementation of billing and coding teams with inclusion of APP Director
• 2013 Systematic onboarding process of all APP providers at time of credentialing
• FPPE and OPPE integration of the medical staff (all physicians, APRN, PA, dentist, psychology)
• 2015 medical staff bylaws revised to include APPs with admitting privileges as allowable by law and rules surrounding evaluation of patient care in the hospital
• 2015 bylaws revised to include APP Director (2011) and 1 APP at large rep with votes on Medical Staff Executive Committee
Profile Cincinnati Children’s

- **Title:** Clinical Director - Advanced Practice Nursing
  - Administrative Responsibility of APRNs and PAs in the organization. Expert resources on Advanced Practice Provider (APP) onboarding, orientation, practice, licensing, compliance, credentialing, privileging, continuing education, and training. Liaison for medical staff services office, nursing staff, human resources, administration, and management staff regarding practice and development of advanced practice services throughout the organization.

- **Report to:** CNO 100% administrative

- **Scope:** APRNs-Direct Reporting, PAs-Consultant, variable direct PA reports, Anesthesia matrix

- **FTE Reports:** 372 budgeted APRN positions (including CRNAs)

- **Facility:** 628 bed freestanding pediatric integrated system including 93 Psych IP, 36 Psych Residential (30 additional pediatric specialty beds open mid Aug 2015 Liberty Campus)

- **Patient Encounters:** >30K admissions, >99K ED Visits, >944K OP Visits, >31K surgical procedures

- **Medical Staff:** 1734 medical staff members (inclusive of 20% APRN/PAs but no APP voting membership). Faculty:APP ratio is 2.6:1

- **Employer:** open medical staff, 80% are employed, privileged physicians and 100% employed APPs. Do not credential/privilege community APPs

- **Recruitment:**

- **Credentialing:** credentialed & privileges via the medical staff process with active voting membership at Credentials Committee but not MEC

- **FPA status:** Bill introduced this 2015 cycle
History of the APRN Leadership Model at Cincinnati Children’s Hospital

- 2004 - APRN “Committee” formalized into APRN Shared Governance
- 2005 - APRNs credentialed and privileged under medical staff, 2 APRN positions on Credentials Committee with voting privilege, APRN outpatient independent billing pilot
- 2006 – Recruited APRN Director, APRN budget centralized, APRN outpatient independent billing spread
- 2007 Development of leadership infrastructure-divisional APRN Program Leads and APRN Education Consultant roles, system wide billing spread
- 2012 APRN Clinical Manager role developed, APRN Education Consultant replaced APRN Director on Credentials Committee
- 2013 Restructure Education Consultant roles-Central/Divisional
- 2015 Proposal for APRN on MEC-vote in October 2015
Advanced Practice Provider (APP) Program Models: Key Elements & Organizational Value
Julie Eliopoulos-Tsirambidis
Basis for the APP Model

- Key drivers for APP models supporting growth in number of APRN and Physician Assistant (PA) providers include:
  - ACGME resident work hour changes
  - ACA and need for access to care
- Literature (Ackerman, 2010), (Bahouth, 2012) report evidence of model development and evolution as a result of the growing APP workforce in organizations addressing:
  - Fragmented reporting structures
  - Lack of standardized process for hiring, credentialing and orientation
  - Multiple entry points into practice within the campus
  - Variable scope of practice among NP/PAs
  - Inefficiencies in addressing NP/PA professional issues
  - Difficulty with recruitment and retention
  - Lack of centralized budgeting and resource utilization creating duplication and waste
  - Lack of a Professional ladder
  - Role confusion
Key: Collaborative Process

• CNO, CEO & CMO engage & collaborate with APP Councils/Clinical Leaders/Advisory Group(s) as well as divisional/departmental nursing and physician leadership in establishing an APP Structure

• Discuss roles, expectations, initiatives
  Billing
  Credentialing
  Recruitment and Retention
  Physician/Nursing buy-in, relationships
  Structure
APP Leadership: Key Functions

• APRN/PA Role Clarification & Development
• Recruitment & Retention
• Onboarding New Hires/Succession Planning
• Credentialing & Privileging
• Compliance/Organizational Readiness
• Peer Review/Practice Oversight/Performance Management & Team development
APP Leadership: Key Functions

• Academic Partnerships/Pipeline
• Transition to Practice & Standardized Subspecialty Orientation
• Professional Education/CE/CME Programs
• Training, Mentoring & Preceptor Development for APP staff/leaders
• Professional Advancement Models
• APP Fellowships
APP Leadership: Key Functions

• Professional Leadership, Communication & alignment with organizational strategy
• APRN & PA Shared Governance and Self-Governance
• Health Policy-Support removal of barriers to APRN & PA practice to full scope
• Value/Financial ROI
• Strategic Planning & Program Development
## Differentiating the Roles

<table>
<thead>
<tr>
<th>APRN Director</th>
<th>APRN/PA Lead or Manager</th>
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<tbody>
<tr>
<td><strong>Strategic Planning</strong></td>
<td><strong>Team Planning</strong></td>
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<tr>
<td><strong>Organizational Representation of APRN Providers</strong></td>
<td>Represents a team of NPs who are responsible for a patient focused population</td>
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<tr>
<td>Manager responsibility for hiring Lead NPs, contributing to model development, Lead NP mentoring</td>
<td>Manager responsibility for hiring, orientation, annual appraisal, corrective action, mentoring</td>
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<tr>
<td>Fiscal direction and accountability for Salary, market analysis, salary equity, professional advancement, credentialing process, medical staff office and risk, quality and safety reporting</td>
<td>Local team responsibility for managing moonlighting and allocation of manpower within the teams</td>
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<tr>
<td>Utilization of the NP Provider Role across departments</td>
<td>Utilization of the NP Provider Role within teams</td>
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Advanced Practice Provider (APP) Programs: Maximizing APRNs and PA Scope of Practice
Carmel A. McComiskey
IOM Recommendations

1. Nurses/APRNs should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the US.
4. Effective work force planning and policy making require better data collection and improved IT.
APRN Consensus Model: LACE

- **Licensure** is the granting of authority to practice.
  - Population and Role of the APRN
- **Accreditation** is the formal review and approval by a recognized agency of educational degree or certification programs in nursing or nursing-related programs.
- **Certification** is the formal recognition of the knowledge, skills, and experience demonstrated by the achievement of standards identified by the profession.
- **Education** is the formal preparation of APRNs in graduate degree-granting or postgraduate certificate program.
  - Three Ps (Consensus Model, 2008)
APRN & PA Practice

**APRN**
- License: Board of Nursing-scope variable by state
- Accreditation: Graduate programs and certifying bodies are accredited
- Certification: National APRN Board Certification in specialty consistent with the APRN Consensus Model
- Education: Graduate degree in Nursing

**Physician Assistant**
- License: Board of Medicine-scope variable by state
- Accreditation: Graduate programs and certification program accredited
- Certification: National PA Board Certification
- Education: Graduate degree
Scope of Practice of the APP

- Provide primary and specialty care services and health maintenance for individuals of all ages
- Diagnose, treat, evaluate and manage intensive, acute and chronic illness and disease
- Perform health histories and provide complete physical examinations
- Order, perform and interpret diagnostic studies
- Prescribe medications and other therapies
- Counsel and educate patients on health behaviors, self-care skills, and treatment options
- Refer patients to other health professionals as needed
APRN Scope of Practice Variability

- APRNs are authorized to practice across the nation and have prescriptive privileges, of varying degrees, in 49 states.
- APRNs perform services as authorized by a state's nurse practice act.
- Nurse practice acts vary state-to-state, with some states having independent practice for APRNs (not requiring any physician involvement), some with collaborative agreement required with a physician.
Full Practice Authority Challenges

• Restrictions of Practice by individual State Nurse Practice Acts

• Lack of physician-nurse practitioner collaboration

• Need for physician champions as the culture of advanced practice emerges

• Education of Physicians, nursing leaders, staff RNs, and patients about the role

• Organizational Bylaws
FPA: Changes for Maryland
Repeal of the Attestation Requirement

• Attestation was initiated in 2010 when the collaborative agreement was repealed
• Established as a safeguard to assure the collaborative process would continue
• Attestation form was submitted for approval from the Maryland Board of Nursing
• Included Maryland physician name and license number with whom the NP agreed to collaborate and consult with in practice
• Had a lengthy approval process at the board. Variability about if or how to attest to more than one MD or practice
Considerations of the FPA legislation: no change in collaboration

**Pros**
- Safe, better health care outcomes
- Limits barriers
- Potential to decrease the time for NPs’ entry to practice
- Increases NP accountability
- Innovation and flexibility to deploy the health care workforce in ways that best meet the needs of communities and patients
- Cost effectiveness of NP practice
- Increase care and decrease cost of Medicare and Medicaid patients

**Cons**
- Physician confusion regarding NP practice
- Perceived fear that there will be less collaboration among disciplines
Challenges for APRN Practice

• Medical Staff Offices do not understand the LACE model or the variability in education/licensure/population that exist as a result.
• There is variability across the country about how to credential APPs in the hospital setting.
• There may be a need for APRNs to assist with APRN hiring and credentialing.
• Incorporation of APPs with the Medical Staff is crucial to continuity of care and collaborative practice between the APP and the Physician Providers.
Hiring New Graduate NPs

• There is variability across the system regarding credentialing and privileging APRNs to practice
• Challenge of onboarding and hiring new graduates
  – Expert nurses transition to novice provider need support and guidance to make the transition
  – Physician expectations do not always match the NP work or training
  – Delineation of Privilege forms need to be reviewed
  – Aligning the NP workforce to the LACE model
Role & Scope Clarity

• Lack of clarity about the APRN & PA role and scope, physician replacement role, lack of awareness around APRN & PA scope of practice, “intern” role that morphs into “fellow” role as the APRN or PA develops

• Education of staff RNs and patients about the roles to ensure optimal experience

• Lack of consistent and clear APN/PA expertise to guide and standardize expectations
Utilization

• Ineffective utilization of the APRN/PA provider
• Lack of accountability for a standardized APRN and PA scope with variability by site/services
• No institutional awareness regarding role development or scope of practice alignment
• Utilize the APRN/PA to the full scope of practice
• Establishing financially viable APRN/PA roles
APRN & PA Scope of Practice Variability by State


Advanced Practice Provider (APP) Programs: Future of APP Practice & Opportunities
Nancy Roberto
Golden Circle: Great Leaders Inspire Everyone to Take Action *Sinek, 2009

- **What?**
  - APRN/PA Services

- **How?**
  - APP Program Leadership

- **Why?**
  - 2013 Appreciative Inquiry → Glue → Bridge → **Shared Vision as Accountable Care Leaders**
  - (Medicine ← APP → Nursing)
  - Re-thinking health care delivery isn’t a choice
Essential Keys to Success

- Buy-in From the Top Down
  - Agreement on resource support
  - Agreement regarding APP Structure
- Role of Director of APPs
  - Balance Clinical & Administrative
- Structure of APPs
  - Leads/Managers (unit/service line bases)
  - APRNs/PAs report to Leads/Managers
  - Leads/Managers report to Director APP
- Seat at the table
  - C-suite meeting
  - Physician Executive Meetings
- Resourced: budget, assistants, hiring authority APPs
Impact of APP Programs

Leading leaders and motivating others to create new processes through rapid and successful change management & improvement strategies

• Addition of new/innovative APP services
  • Cross-trained NP/PA in under-resourced areas secondary to FML, education, patient volume, emergency conditions: FLI, disaster response, EVD Unit provider coverage, new surgical models

• Retention & cost savings, improve employee engagement
APP Leadership & Organizational Alignment

- Ineffective communication & collaboration between APRN/PAs and both nursing and medical leadership
- Blending of the APP role into the academic teaching model
- Conflict between service and teaching missions in academic medical center
- Lack of APP leadership visibility and alignment with organization’s mission/vision
Opportunities: Current State

- Support for removal of APP practice barriers at all levels (federal, state, institution) including FPA
- Understand impact of the DNP and the “DNP gap”
- Fellowships, Residencies and Transition to Practice
- APP leadership support & professional development
- Measuring APP value & establishing benchmarks
  - Quality of care through unit based and system level QI projects, nursing and patient education, patient outcomes in team-based care
  - Utilization to full scope-Billing, Revenue, and Salary Recovery
  - Provider staffing models/caseload ratios/productivity
  - Access improvements through addition of new services/models (APP run or blended)
Opportunities: Strategic Planning

• APP involvement in the design of sustainable team-based care delivery models given projected changes to future payment models
• APP positioned to partner with physician and nursing leadership in standardizing care delivery, improving patient and family experience and outcomes
• Need for physician and nursing champions as the culture of advanced practice emerges and scope of health care workforce continues to evolve
Summary: 
APP Program Leadership Models
Examining models from the external recruiter’s lens
Jill Gilliland
Melnic Consulting Group

• President & CEO: Jill Gilliland, Owner since 2005
• Education: University of Virginia Darden School of Business, MBA
  University of Southern California, BA Business
Focus: national recruitment of NPs, PAs, CNS
  Pediatrics
  Neonatal
  Adults
Currently working with 38 Hospitals including 30 children’s hospitals and 3 nursing schools
  165 jobs
Help organizations through:
  –Recruitment Marketing for organizations, APP role, APP structure, APP, nursing, and physician leadership
  –Salary surveys, benchmarking, support APP Service development, strategy, and execution
  –Support APP, nursing, and physician leaders: through leadership development, strategic planning and implementation
APP STRUCTURES: A SPECTRUM
10 Years Old

APP
Nurse Practitioner
Physician Assistant
= Advanced Practice Provider
Change is the catalyst for innovation, redesign, and process improvement

How you get there depends on where you start

- Physicians or nursing hires APPs
- APPs start to think about role, support, and leadership needs
- APPs meet, set up a council
- APPs meet with nursing and/or physicians to discuss issues/needs- unit level
- APP Lead or Manager role established- unit level
- APP Council begins to meet with CNO or CMO
- APP Director Role established
- APP Director Role empowered
- APP Leadership, CNO, and CMO alignment to address organizational goals

Leadership

Got time?

Lead the Charge
Create the Structure
Chart the Course

Empowerment
Authority
Resources

Where do you want to start?

Jill@melnic.com
Leadership: 4 Key Levers for Success

CNO influence on APP programs

Organizational culture

State/Institution practice restrictions removal

Organizational resources

Academic and Organizational Partnerships and alignment with Mission & Vision
Recruitment: Do you have a streamlined process?

Challenge:
On average 6-18 months to recruit and hire an APP- with a potential loss of upwards of $1,000,000 a year per FTE in revenue (including downstream) or cost savings. (Newhouse et al)

Recommendation:
Leverage APP Leadership to:

• Standardize processes for justifying the role and scope
  – Definition of qualifications (credential, certification, experience)
  – Clear purpose with defined metrics and measurements of success
  – Is this the job aligned with the role/scope of an APP vs other provider

• Create an efficient process for APP FTE approval and hiring
Role requested & justified based on new role conception or staffing model need (numbers) → budget approval → HR notified → job posted, hired, and APP credentialed & privileged (State and hospital) → APP starts in role
Retention: What is your strategy?

**Challenge:** Cost of turnover upwards of $130,000 of direct cost and $1,000,000 plus in loss of direct or downstream revenue

**Recommendation:** Create an APP Leadership Structure to achieve results:

- APP Role and scope clarity
- Billing and cost savings to the organization, meet upcoming quality based reimbursement standard
- APP Orientation program: time frame, gradual addition of patients/ responsibilities, didactic education and support, mentor, preceptor-trained and with time to precept, new grad support
- APP Professional/personal development opportunities- informal leadership, formal leadership, education of nurses, families, residents, continuing education, personal/professional interpersonal communication skills, higher education, and time allocated to professional development
- APP Team development-APP, physician, and nursing
- APP Career lifespan planning: schedule flexibility
- APP Collaborative projects, research, initiatives
- APP Scheduling/staffing ratios, workforce planning, innovative roles
- Other APP specific needs: credentialing, salaries, etc
Summary

• Make it work for your organization- “one size does not fit all”

• Understand greatest areas of risk and prioritize- Assessment: current state, strategic plan, gap analysis

• Focus on partnerships at all levels- 360 Leadership

• Look internally and externally to get the best APP leaders on the “bus”
Development and Impact of Organizational APP Models: CNO Q&A and Discussion
CNO Questions

• **Question:** How do you manage sub-specialty referrals when the expectation from the referring physician is that the patient will be seen by another physician?

• Other questions...
References

• The Advisory Board Company: Medical Group Strategy Council (2013). Fully leveraged care team drives value for practice: Strategically deploying advanced practitioners to expand access and coordinate care. The Advisory Board Company. Advisory.com