



Leading APPs Through Regulatory Restraints at the Organizational Level

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Objectives

- To describe the regulatory requirements for Advanced Practice Professional (APP) credentialing and privileging in facility based practice.
- To discuss successful leadership approaches for facility based APPs.
- Illustrate the potential success of a facility based APP practice where the APP functions at top of license.



Credentialing and Privileging

Prescriptive Authority Agreement vs. Delegation Protocol

Prescriptive Authority Agreement (PAA)

- Limited ratio of 1 Physician: 7 APPs
- Required for multi-site practice
- Quality Assurance and Improvement Plan
 - Monthly meeting with documentation through 3rd year
 - After 3rd year can move to quarterly with monthly electronic meetings
 - Review 10% of charts or total of 2 – whichever is greater

Delegation Protocol (DP)

- Traditional facility based practice (FBP)
- Physician can only delegate via FBP at only one site
- Less cumbersome

FPPE

FPPE – General Privileges

- History and physical exam, basic skills and knowledge
- Proctoring to verify competency

FPPE – Specialty Specific Privileges

- Procedural skills
- Specialty specific such as chemotherapy ordering and administration, immunosuppression
- Combination of didactic education and proctoring

OPPE

OPPE Survey (eValue)

- Survey twice annually
 - Supervising MD and APP Colleague
- Six core competencies
 - Patient care, Medical Knowledge, Practice and Learning Improvement, Professionalism, Interpersonal skills and communication, and Systems based practice

OPPE – Quality Indicators

- Outcome measures – best practice

Schedule II Drug Ordering

Ordering

- Facility-based practice only – ED, inpatient stay of >24 hour, and hospice
- DEA/DPS

Prescribing

- Prescribing for home use is not permitted.
- Can prescribe Schedule III-V for home use with own DEA/DPS

Professional Billing

Hospital Employment

- APP can submit professional charges for reimbursement
- Hospital employer is assigned as recipient for payment
- Group practice – general pediatrics

Practice Plan/University Employment

- APP can submit professional charges for reimbursement
- Practice plan/university is assigned as recipient for payment
- Can facilitate other reimbursement models:
 - Incident to
 - Shared visits



Leadership of Hospital System APPs

Interviewing and Hiring

- Everyone Interviews
- Targeted Selection
 - Past behavior predicts future success
- These qualities above all else:
 - Astute, bright individuals
 - Eager to work
 - Eager to learn
 - Works well with others

Onboarding, Orientation, & Assimilation

- Set expectations during the interview
- Organized, coordinated onboarding
- Orientation
 - Assess needs
 - Customize to the individual
- 30, 60, and 90 day checklist & rounding tool
- Assimilation
 - Role Transition/Retention

Service Organization and Leadership

- Servant Leadership
- Rounding
 - Close the loop
- Just Culture
 - Investigate – listen and validate both perspectives
- Sense of Community

Service Organization and Leadership

- Engage in shared decision making and planning
- Share information
 - Transparency
- Positive outlook and reinforcement
 - Focus on the good

Leadership Video

- http://www.ted.com/talks/simon_sinek_why_good_leaders_make_you_feel_safe



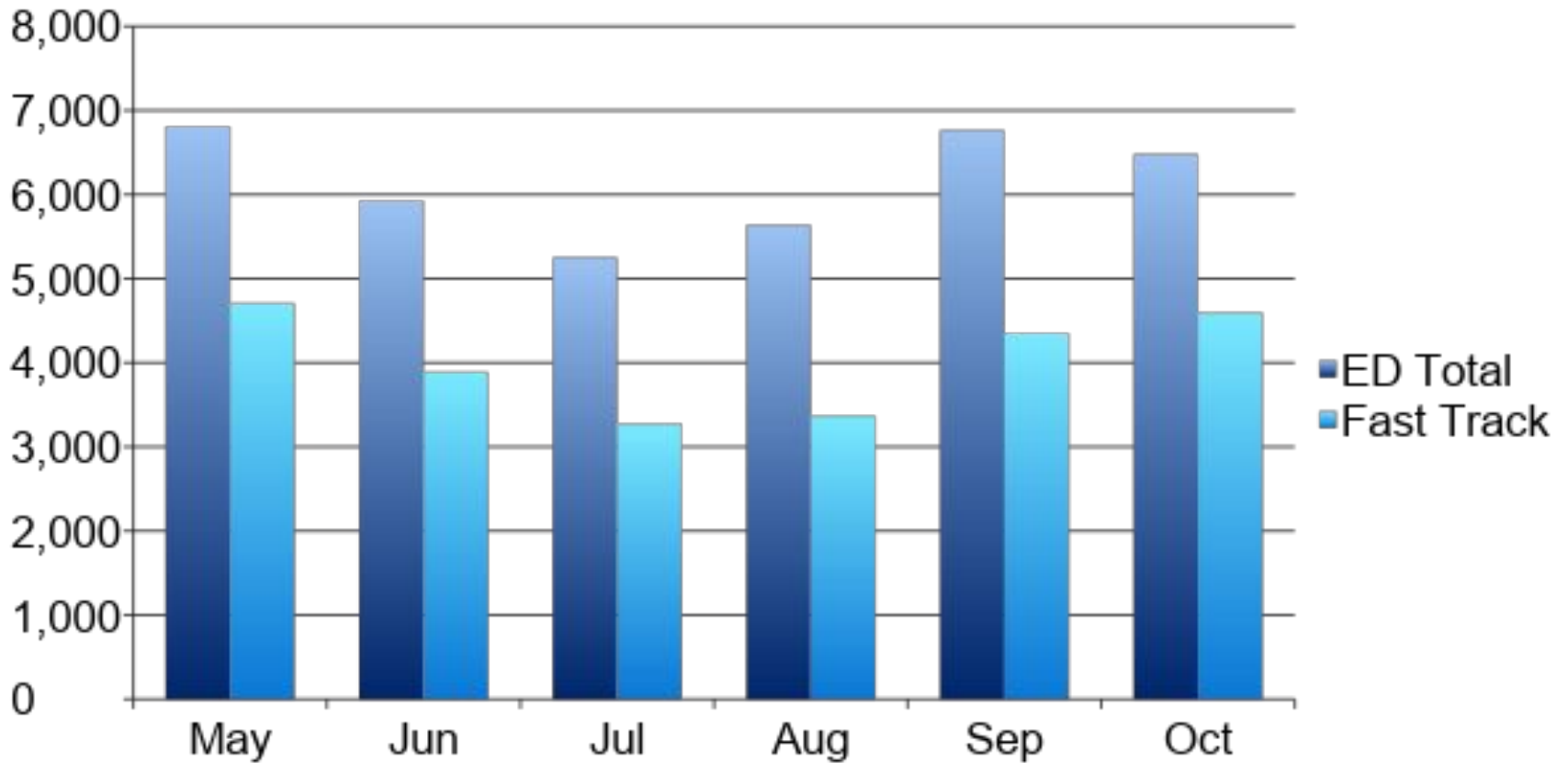
Top of License Practice

Emergency Department Fast Track

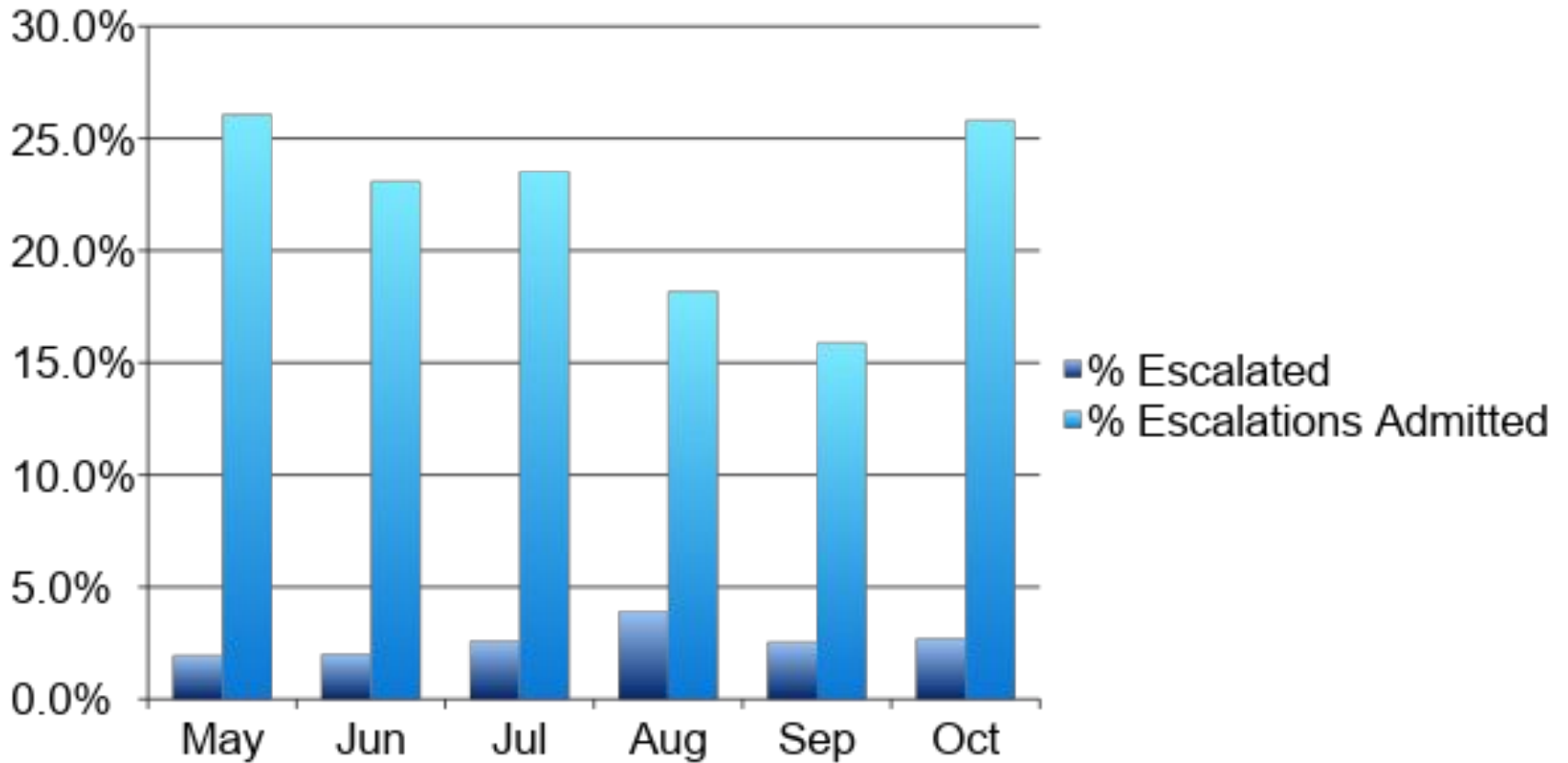
Fast Track

- Low Acuity – Levels 4 and 5
- Previously contracted out (on-site) to a private group
- Realized an opportunity to improve efficiency, satisfaction, and control costs
- 24 months of planning and preparation
- Staffed entirely by APPs
 - Careful selection and onboarding of staff
 - Focus on patient satisfaction training
- Reduced hours from 24 to 16 – matched highest volume

Volume May to October 2014

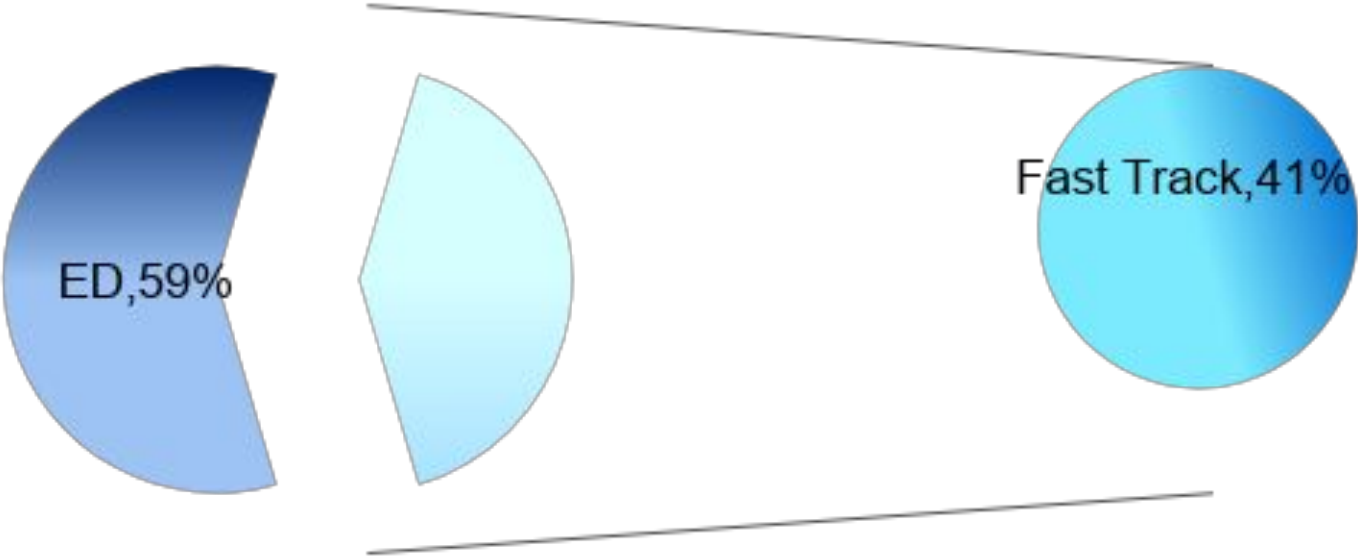


Escalations May to October 2014

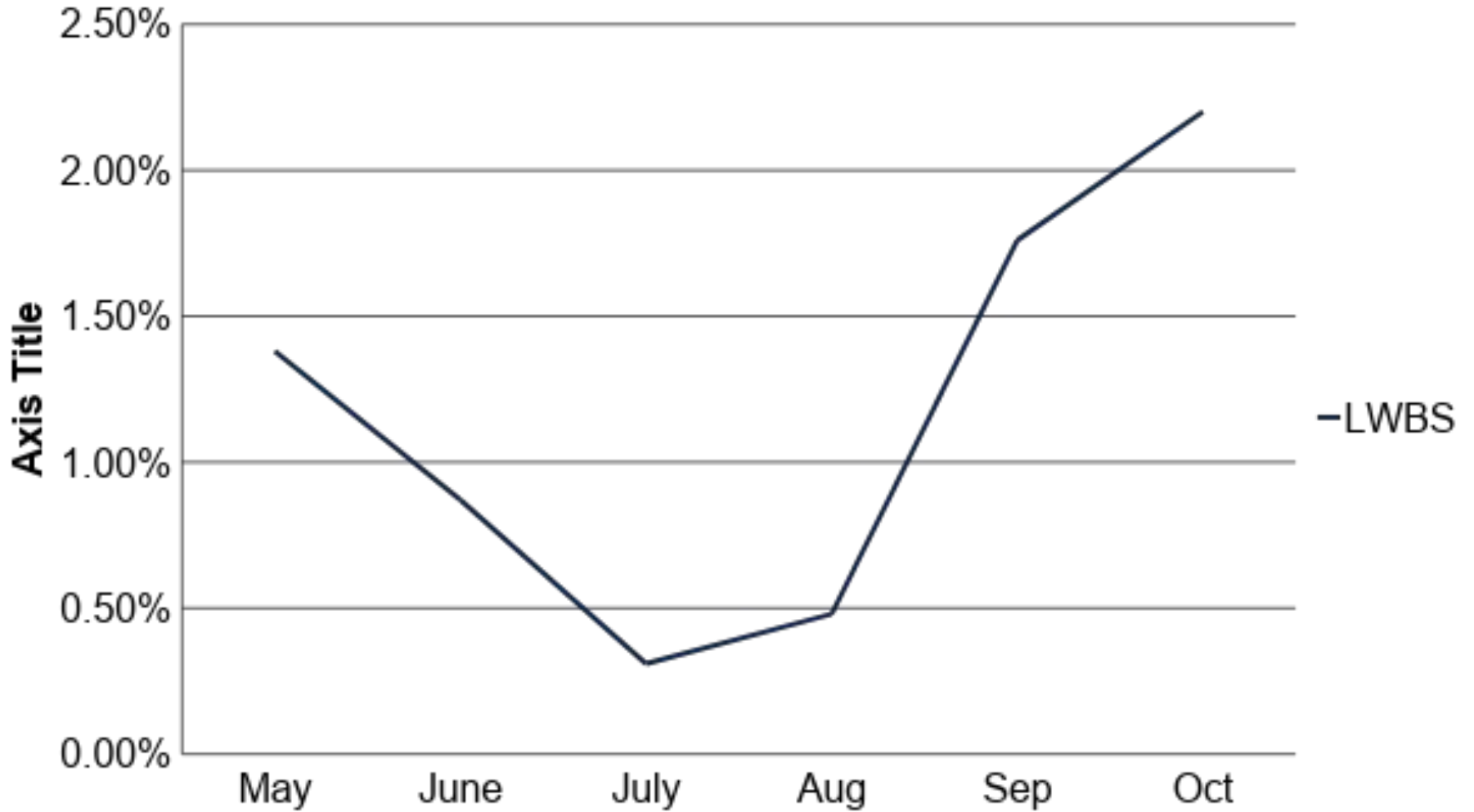


Volume May to October 2014

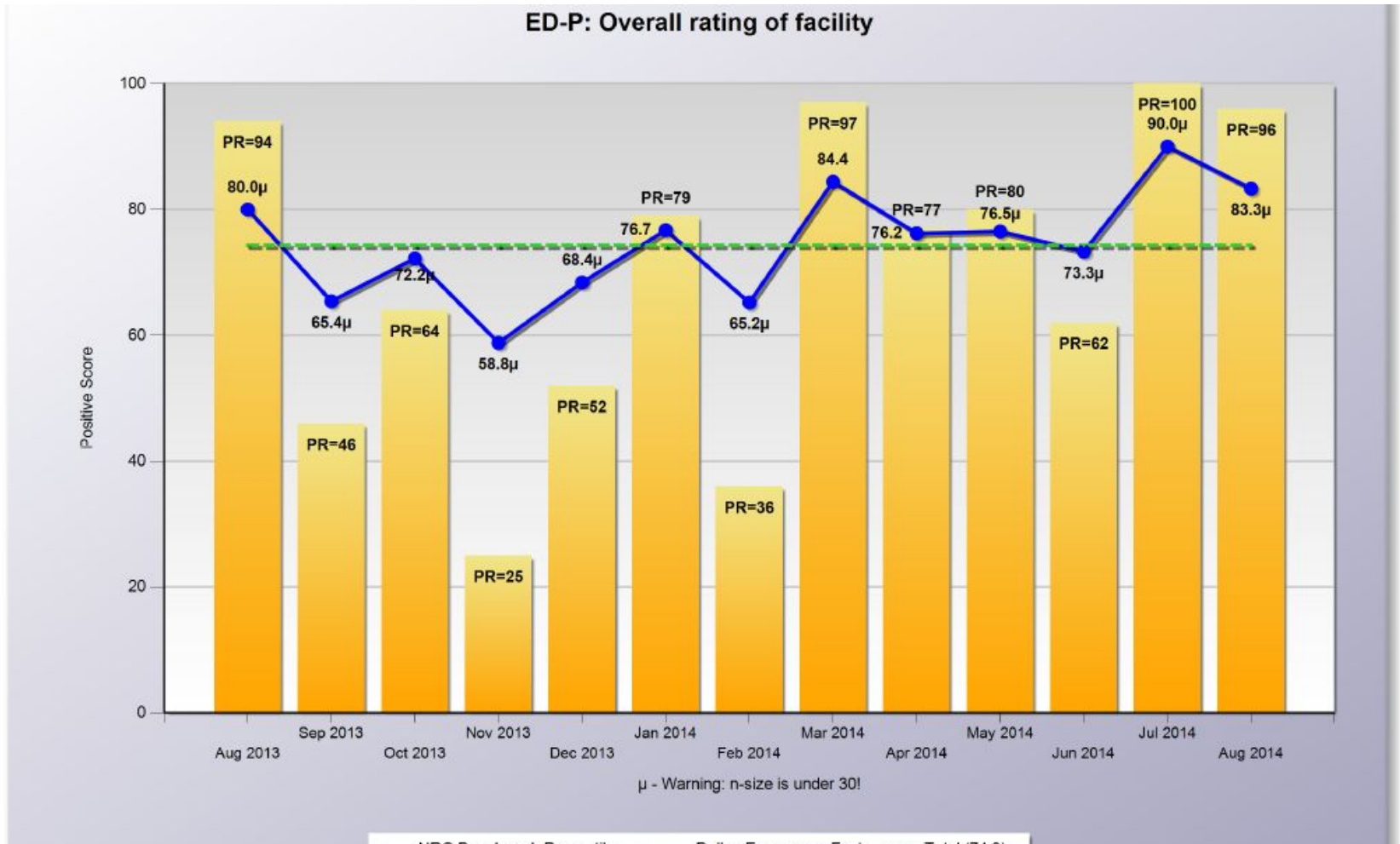
ED Total



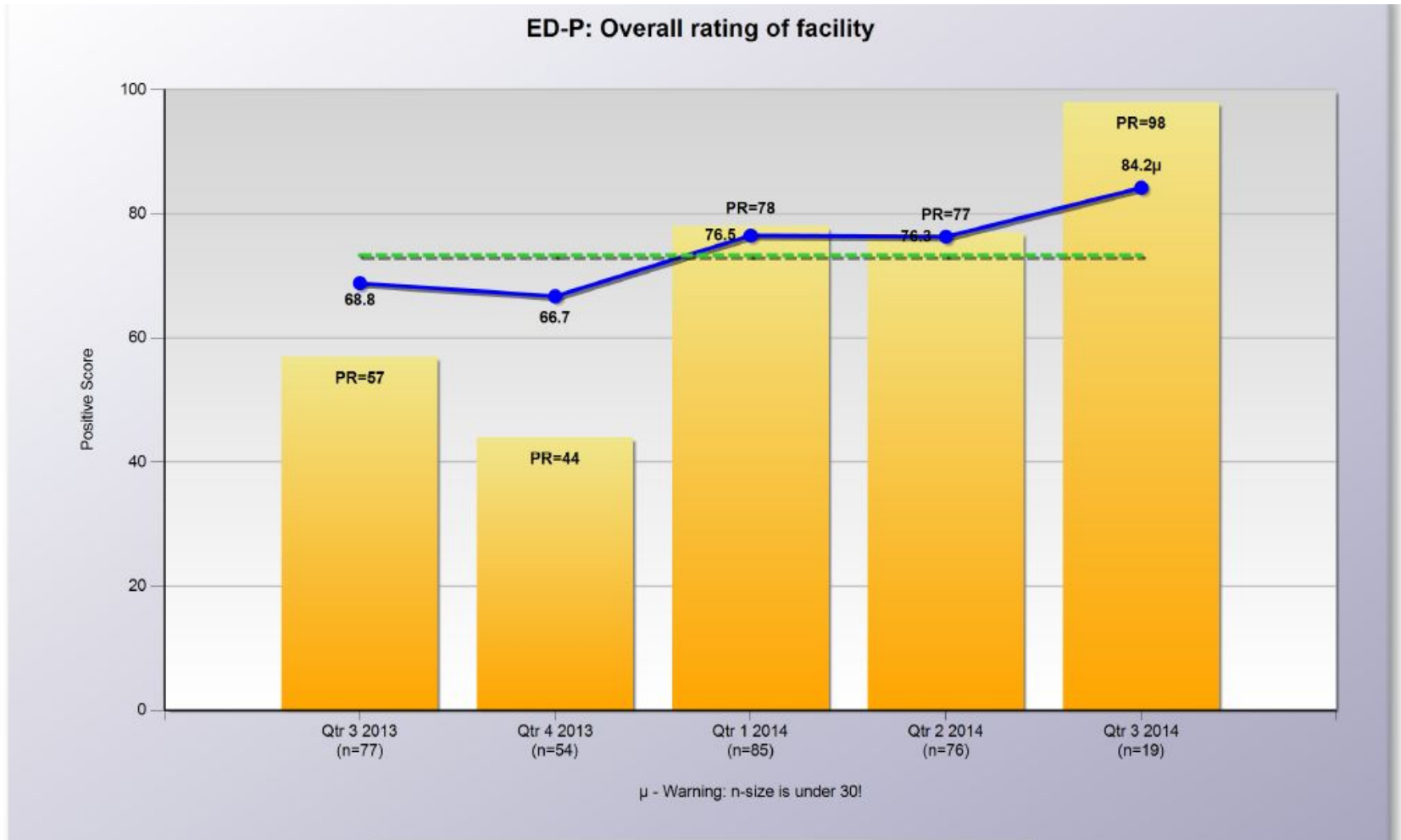
LWBS



Patient Satisfaction – Overall Rating by Month



Patient Satisfaction – Overall Rating by Qtr





Thank You!