PA Utilization and Practice

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Objectives:

- Review the training, certification, licensure and privileging of a PA in Ohio
- Discuss measures necessary before a PA begins practice
- Identify 4 areas of utilization of PAs within your system and reimbursement
- Discuss reporting structures of the PA to physicians and administrators

Physician Assistants practice

- Physician Assistants are health care professionals licensed to practice medicine with physician supervision. PAs are educated in the medical model designed to complement physician training.
- Only 4 professions are licensed to practice medicine: MD, DO, DPM, and PAs
- CCHS employs over 350 PAs with > 45 open positions at this time

PA Education

- Almost 164 accredited physician assistant programs
- All educated PAs to be generalist in medicine
- All accredited by ARC-PA
- Housed in schools of medicine or allied health
- Education based on medical model
- Full time study: 29 to 32 months
- Builds on prior knowledge in various health fields

(www.aapa.org)

PA's Certification

- In all 50 states, a physician assistant must pass the national certification examination (PANCE).
- Certification by one organization – NCCPA.
- Must re-certify every 6 years with the NCCPA - PANRE exam.

  (www.nccpa.net)

- Must acquire 100 CME every 2 years to maintain registration and certification. (same requirements as a physician). 12 additional hours required in pharmacology CMEs to maintain CTP

Licensure and Certification

- PAs
  - Masters prepared
  - Nationally certified –NCCPA
  - Licensed to practice medicine thru OBM
  - Certificate to prescribe
  - Function with a supervision agreement
  - Recertifies every 6 yrs
- APNs
  - Masters or doctorally prepared
  - Nationally certified in specialty (adult, peds, acute care…)
  - Granted certificate of authority by OBN
  - Certificate to prescribe
  - Function under collaboration agreement

Ohio Law

- http://www.med.ohio.gov/pdf/statutes/4730.pdf
- ORC: 4730

Physician Supervision Agreement

- PA's work with a physician supervision agreement or plan, approved by OSMB.
- PA's work with autonomy, with direct, in-direct, off site supervision.
- PA's may see new patients, new conditions, without physician present.
- No co-signature of notes or orders

Physician Supervision Agreement

- All Physicians supervising a PA must have a Physician supervision AGREEMENT (Hospital based), or PLAN (private practice), approved by the OSMB
- Link for supervision agreement: http://www.med.ohio.gov/pdf/Applications/physician_assistant/PAsupervisionagreement.pdf
- Link for addendum to add a PA to supervision agreements: http://www.med.ohio.gov/pdf/Applications/physician_assistant/PAaddendumsupervisionagreement.pdf
- Link for supervisory PLAN: (non health care facility): http://www.med.ohio.gov/pdf/Applications/physician_assistant/PAsupervisoryplan.pdf

PA prescriptive authority

- In all 50 states PAs may prescribe
- PA's in Ohio are able to prescribe; schedule III, IV and V.
- Must have master's degree to be eligible in Ohio for practice and prescribing
- Follows PA Formulary
- Formulary may be found on OSMB website
- www.med.ohio.gov

PA Privileging Process

- All PA's must be privileged prior to beginning practice *JC standard, Jan. 04; JC just confirmed must be the same process as medical staff (1/11)
- PAs fill out AAHP (application for allied health professionals) provider packet
- All references & primary sources are checked through credentialing office
- PA Privileging committee reviews and recommends
- Board of Governors committee approves
- No special privileges given within the first 90 days unless attestation from previous supervising physician
- Must be completed within 90 days of receipt of packet

PA Privileges

- Core
  - History & physical
  - Order diagnostic tests & therapies
  - Prescribe (with CTP) according to formulary
  - Re-evaluate and modify plan of care
  - Additional procedures (ORC 4730)
  - Assist in surgery

- Special Procedures
  - May be granted additional special privileges based upon education, competency by hospital credentialing body

Sample delineation form

- Initial and ongoing assessment of patients' medical, physical, and psychosocial status, including: conducting history and physical assessments, development and implementation of treatment plans, performing rounds, recording progress notes, ordering tests, examinations, medications and therapies, providing consultations, and writing discharge summaries, based on interpretation of data.
- Other duties may be assigned by the supervising physician and approved by the privileging process.

Delineation cont.

- Core privileges for PA-C's acting in the scope of Surgical Physician Assistants include, but are not limited to: Performing as a 1st assistant, providing exposure, tissue handling, suturing, providing homeostasis and using instruments.
- May open and close surgical sites with supervision of the supervising physician

Delineations cont.

- All privileges are conducted in accordance with the Supervising Physician Agreement and in accordance with the scope of practice of the supervising physician.

Delineation cont.

- Emergency Privileges

During an emergency, any PA-C who has clinical privileges is permitted to provide any type of patient care necessary as a life-saving measure or to prevent serious harm (regardless of his or her clinical privileges), provided that the care provided is within the scope of the individual's license.

"Emergency" is defined as a condition in which serious or permanent harm would result to a patient, or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

Core privileges

- Core Privileges:
- -Obtaining comprehensive patient histories;
- -Performing physical examinations, including audiometry screening, routine visual screening, and pelvic, rectal, and genital-urinary examinations, when indicated;
- -Ordering, performing, or ordering and performing routine diagnostic procedures, as indicated;
- -Identifying normal and abnormal findings on histories, physical examinations, and commonly performed diagnostic studies;

Core privileges cont.

- -Assessing patients and developing and implementing treatment plans for patients;
- -Monitoring the effectiveness of therapeutic interventions;
- -Exercising physician-delegated prescriptive authority pursuant to a certificate to prescribe;
- -Carrying out or relaying the supervising physician's orders for the administration of medication, to the extent permitted by law;

Core continued

- -Providing patient education;
- -Instituting and changing orders on patient charts;
- -Performing developmental screening examinations on children with regard to neurological, motor, and mental functions;
- -Performing wound care management, suturing minor lacerations and removing the sutures, and incision and drainage of uncomplicated superficial abscesses;

Core cont.

- -Removing superficial foreign bodies;
- -Administering intravenous fluids;
- -Inserting a foley or cudae catheter into urinary bladder and removing catheter;
- -Removing intrauterine devices;
- -Performing biopsies of superficial lesions;
- -Making appropriate referrals as directed by the supervising physician;
- -Removing Norplant capsules;
- -Performing penile duplex ultrasound;

Core continued:

- -Changing of a tracheostomy;
- -Administering, monitoring, or maintaining local anesthesia;
- -Ordering of patient restraints and seclusion;
- -Gastric tube manipulation/replacement;
- -Anterior nasal packing and tampon insertion;
- -Nail removal;

Core privileges cont.

- -Venipuncture and cannulation;
- -Nasogastric intubation sumps and ewalds;
- -Arterial puncture, peripheral;
- -Spinal immobilization;
- -Cardiac defibrillation, CPR and Cardioversion wiht successful completion of an Advanced Cardiac Life Support course

SPECIAL PRIVILEGES

- Must show competency for additional procedures before obtaining privilege:
- Example: LP, Joint injections, harvesting veins, IABP, sheath removal, jugular lines, Arterial lines. Etc.
- QA must be done; so many procedures observed, so many done with direct observation
- Reference material

Scope of Practice Direct pt services

- Perform H&P
- Diagnose & treat
- Develop & implement plan of care
- Order medications, Dx tests & therapies
- Advanced procedures
- Care coordination & communication
- Patient follow up
- Patient rounding
- Patient /family education
- Discharge planning/post discharge management
- Compliance with core measures, quality protocols (VAP, sepsis)
- Assist in OR
- Facilitate documentation
- Research support

Indirect (patient) services

- Pt follow ups:
  - Medication refills
  - Phone calls
  - Pt education
  - Coordination of care of the pt: referrals, transfers
  - Review labs
  - Med authorizations
  - Disability forms
  - Discharge summaries
  - Support of infusion services
  - Improved documentation
  - POA (present on admission)

Utilization of PA's: 4 models

- OUTPATIENT CLINICS
- HOSPITALIST
- "SURGERY PLUS"
- Facilitates Throughput

Four different models for utilizing a physician assistant in a hospital or office based practice.

Outpatient clinics

- See new patients
- See established patients
- Perform procedures
- Bill independent or shared service
- If conditions are met, bills “incident to” in outpatient setting.

Outpatient Practice Models—Autonomous Practice

- Practice Model
  - Own schedule of new and former pts
  - Focus on chronic disease mgmt, health promotion, pre & post-op mgmt.
  - Bill under own name & number (85-100%)
- Value:
  - ↑ billable revenue
  - patient access
  - ↓ wait times for pts
  - ↑ pt satisfaction
  - ↑ physicians productivity

Outpatient Practice Models—Shared Service Model

- Team approach– MD/PA team
- Facilitates communication with patients, caregivers
- Improves patient satisfaction
- Improves transitions of care-- ↑ pt safety
- Maximizes utilization of providers skills
- Increases physicians productivity
- Increased revenue (100% reimbursement)

Consult service or Hospitalist

- Used in consult specialty services
- Answer most consults for specialties in ED, all hospital floors
- Perform all work ups, admissions, orders
- Facilitates the care of patients on hospital services as hospitalist

Inpatient Models of Care Service Line

- Member of multidisciplinary care team
- Daily rounding, progress notes, implement plan of care
- Assure compliance with CORE measures, documentation of POA indicators, VTE prophylaxis
- Decrease unnecessary testing
- ↑ nursing satisfaction
- Care coordination, promotes earlier discharge, ↓ LOS, decrease Opportunity days
- Provide continuity of care- facilitates communication & handoffs, ↓ risk for error
- Prompt patient assessment → ↑ patient satisfaction
- Prevent complications
- Patient education & follow up → ↓ readmissions

Tangible productivity measures

- Decrease readmit rates to floors who utilize PAs
- Decrease opportunity days
- Increase patient satisfaction (HCAPS) (Press Ganey)
- Increase physician satisfaction (gallop)
- Decrease documentation errors
- Increase nursing satisfaction (gallop)
- Increase in quality documentation standards: POA, etc.

INPATIENT SERVICE LINE
Low Acuity Clinic (LAC) and Split Flow

- Model
  - Level 4 - 5 acuity patients triaged to LAC upon presentation to the ED
  - PAs do all triaging; assessment in triage, order necessary studies
  - 2-3 midlevel providers (M-F; 10am-11pm)
  - >28% of daily ED volume (55,000 / year)

- Results
  - Patients discharged 38% sooner than similar patients placed in other areas of ED
    - LOS Average = 108 minutes
  - Overall Patient Satisfaction: 4.90 / 5
  - Confidence in Caregiver: 4.95 / 5

LAC & Split Flow

- PA average patient load/week: 300
- PA average % of volume: 28% (24 hr total ED volume)
- LOS average 108 minutes w benchmark target of 90 minutes (level 3 pts seen)
- Avg. arrival to continuing care room from triage: 32 minutes
- 2 PA students every month

Surgery

- First and second assist in surgery
- All specialties and general surgery
- Billing as first assist
- Most providers recognized

Throughput PA

- Facilitates patient throughout the stay
- Throughout the entire hospital
- Attends “huddles” on floors each morning
- What ever needs to be done
- Communicator for doctors if needed

Models of Care

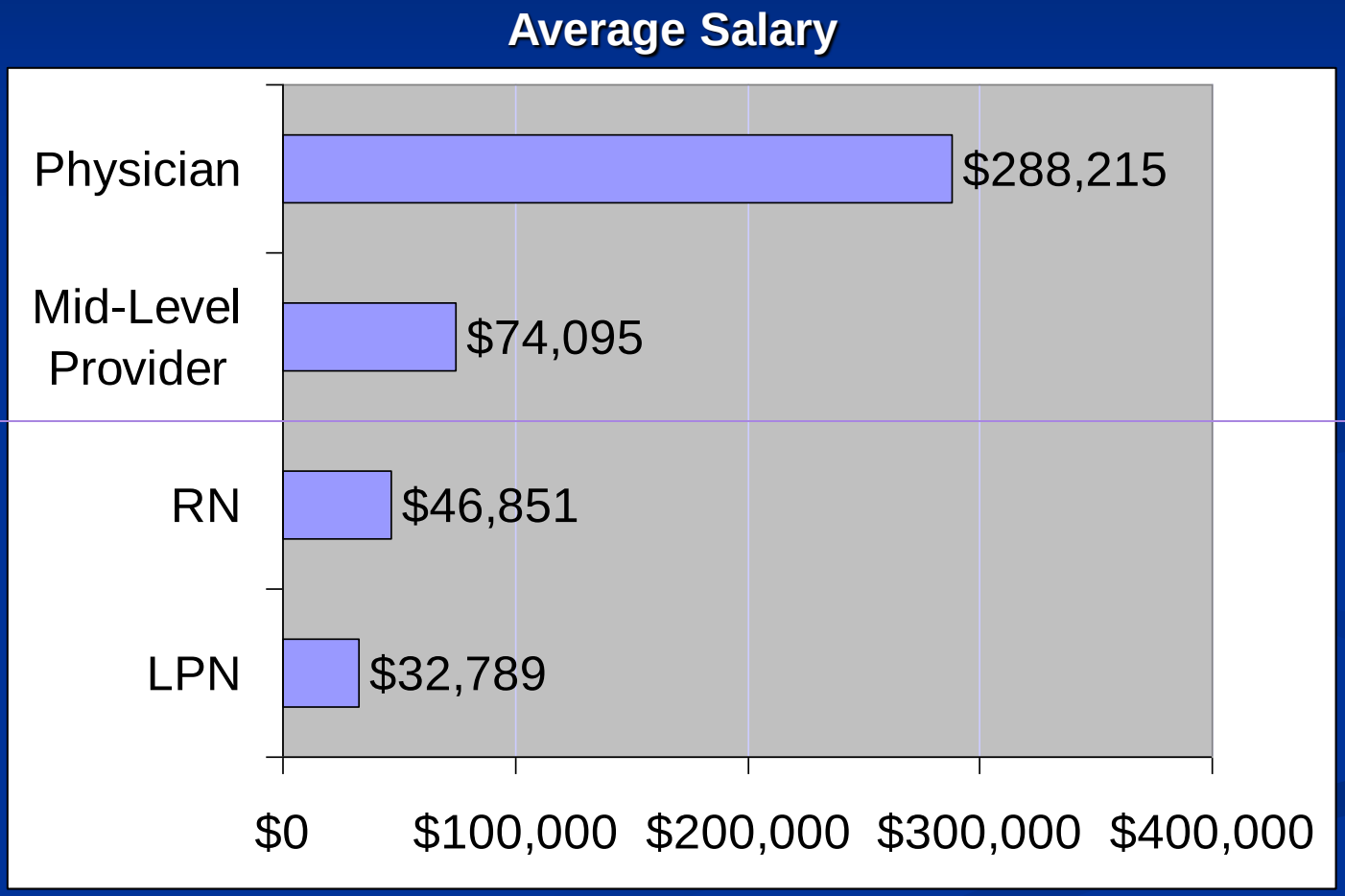
Key Metrics	OUTPATIENT / INDEPENDENT	INPATIENT/OUTPATIENT SHARED SERVICE	INPATIENT SERVICE LINE
Cost	↑ Billable revenue ↑ Physician productivity ↑ PA & Physician satisfaction	↑ Physician productivity ↑ PA & Physician satisfaction	↑ Physician productivity ↑ PA & Physician satisfaction
Quality	↑ Patient Safety / Quality	↑ Patient satisfaction ↑ Patient Safety / Quality ↓ LOS ↓ Readmissions	↑ Patient Safety / Quality ↑ Patient satisfaction ↓ Readmissions ↓ Opportunity Days
Access	↑↓ Patient access ↓ Patient wait times	↑ Inpatient management and throughput	↑ Inpatient management and throughput

How do we expand MLP utilization to further improve cost, quality, and access?

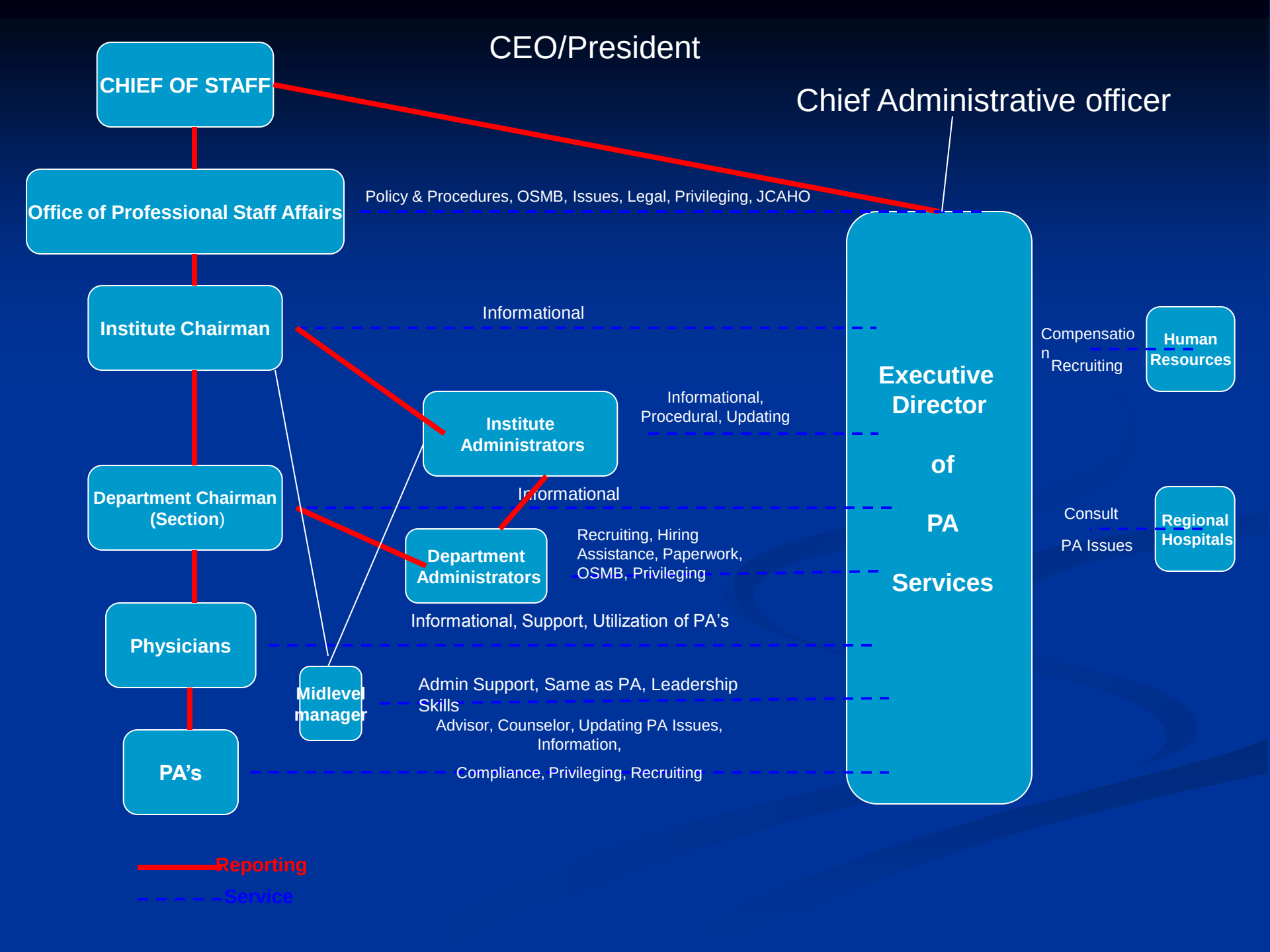
Current CC Staffing levels:

Physician	**>3,000**
MLP	**732**
RN	**9,793**
LPN	**986**

MLPs are reimbursed at 85%-100% of a Physician at 25% of salary*



** CC average annual salary exclusive of benefits*


CEO/President
CHIEF OF STAFF
Chief Administrative officer
Office of Professional Staff Affairs
Policy & Procedures, OSMB, Issues, Legal, Privileging, JCAHO
Institute Chairman
Informational
Executive Director of PA Services
Compensation
Recruiting
Human Resources
Institute Administrators
Informational, Procedural, Updating
Department Chairman (Section)
Informational
Consult
PA Issues
Regional Hospitals
Department Administrators
Recruiting, Hiring Assistance, Paperwork, OSMB, Privileging
Informational, Support, Utilization of PA's
Physicians
Midlevel manager
Admin Support, Same as PA, Leadership Skills
Advisor, Counselor, Updating PA Issues, Information,
PA's
Compliance, Privileging, Recruiting
Reporting
Service

Summary

- PAs are low cost reimbursable providers
- Improve patient access
- Quality of care– (core measures, patient experience) equivalent or better than physician only model
- Decrease waste and unnecessary testing
- Maximizes physician productivity

PA's for your practice?

- PA's -
  - Increase patient access
  - Increase the quality of care to the patients
  - Increase continuity of care to the patients
  - Increase patient satisfaction
  - Increase the productivity of the practice
  - Increase revenue for the practice
  - Work as part of the health care team as a

    PARTNER IN MEDICINE

Where to find PA info?

- OSMB website: www.med.ohio.gov
- OAPA website: www.ohiopa.com
- AAPA website: www.aapa.org
- Cleveland Clinic website: http://my.clevelandclinic.org/careers/physician-assistants/default.aspx

Questions?

- Thank you!