Webinar Purpose

01. Definition of Practice for PA and NP Team Members

02. State Scope of Practice Guidelines for the APP

03. Contemporary Role of the APP in Cardiovascular Medicine

04. Potential Daily Work Plans for the APP

05. Possible Production Metrics for the APP

06. Potential APP Staffing Ratios

07. Tools/Considerations for a Successful Hire and On-Boarding for APPs

Definition of the APP Practice

All APPs are licensed practitioners and are able to provide medical level care and decision-making.

States differentiate between the scope of services the various categories of APP may provide however **The Joint Commission** identifies the role of the **Cardiac NP or PA** as part of the **credentialed medical staff of a hospital entity** to perform the following function:

01. Writing orders for medications, tests, and procedures

02. Interpreting tests and treatments

03. Performing history and physicals

04. Performing wound debridement

05. Inserting Central Lines

06. Assisting with interventional or surgical procedures

TJC, **Credentialing Guidelines11-23-2022**

NP State Practice Environment
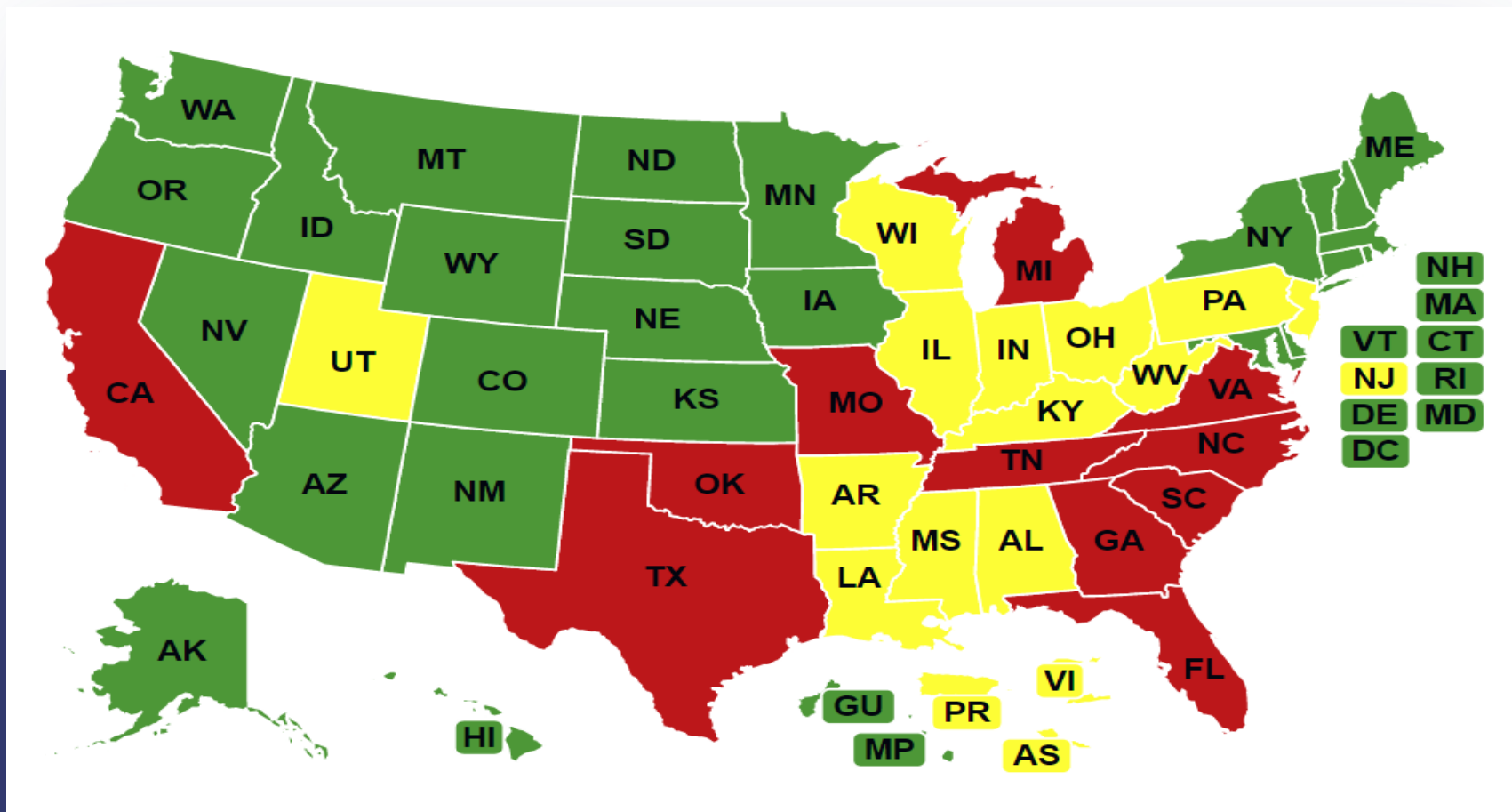
Legend

- 🟩 Full Practice
- 🟨 Reduced Practice
- 🟥 Restricted Practice

https://www.aanp.org/advocacy/state/state-practice-environment

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Scope of Practice - NP

01 Full Practice

State practice and licensure laws permit all NPs to evaluate patients; diagnose, order and interpret diagnostic tests; and initiate and manage treatments, including prescribing medications and controlled substances, under the exclusive licensure authority of the state board of nursing. This is the model recommended by the National Academy of Medicine, formerly called the Institute of Medicine, and the National Council of State Boards of Nursing

02 Reduced Practice

State practice and licensure laws reduce the ability of NPs to engage in at least one element of NP practice. State law requires a career-long regulated collaborative agreement with another health provider in order for the NP to provide patient care, or it limits the setting of one or more elements of NP practice.

03 Restricted Practice

State practice and licensure laws restrict the ability of NPs to engage in at least one element of NP practice. State law requires career-long supervision, delegation or team management by another health provider in order for the NP to provide patient care
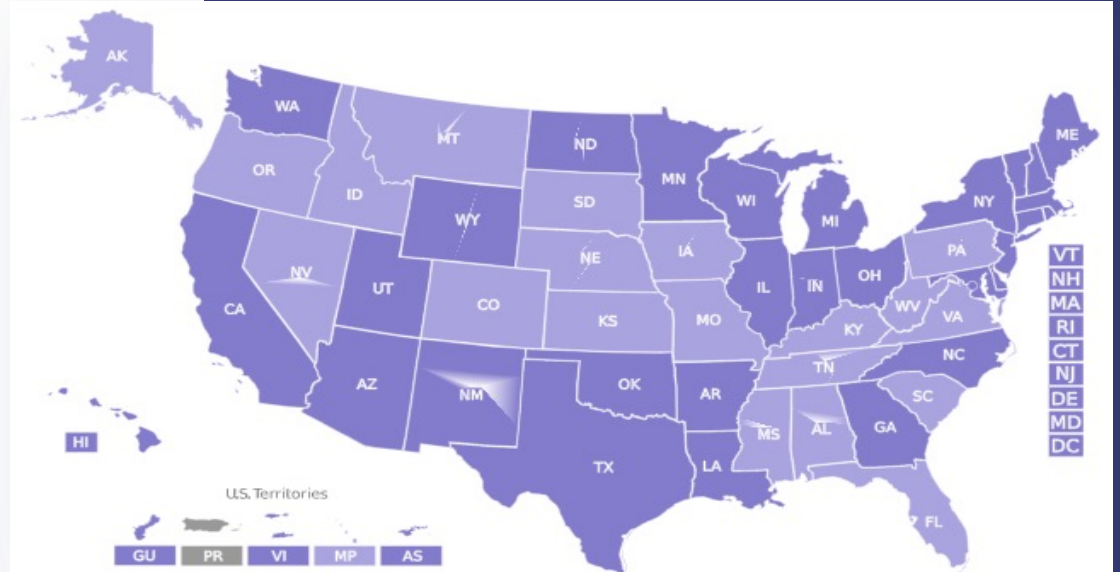
PA Supervision Requirements

State may have requirement on how many APRNs are under a physician license

For example:

01.   One physician – 9 APRNs allowed

02.   But can only concurrently supervise 3

http://scopeofpracticepolicy.org/practitioners/physician-assistants/

SUPERVISION REQUIREMENTS

U.S. Territories

| GU | PR | VI | MP | AS |

Interactive map: Select a state to get more information

Legend

■ Supervision determined by the State Medical Board or law

■ Supervision determined at the practice level

Scope of Practice – PA

Florida Example

Supervision Requirements

The law outlines the exact means of responsible supervision. Direct supervision is not required, but the supervising physician must be easily available or be physically present for consultation. **Fla. Admin. Rules §64B8-30.001(3)**, **Fla. Stat. §459.022(f)**

Prescriptive Authority for Physician Assistants

A written agreement between the PA and the supervising physician outlining prescribing privileges is required. PAs may prescribe controlled substances under current supervisory standards **Fla. Admin. Rules §64B8-30.007**, **Fla. Stat. §458.347.**

Scope of Practice Determination

The duties delegated to the physician assistant must be within the supervising physician's scope of practice. The PA may work in any setting that is within the scope of practice of the supervising physician's practice. **Fla. Admin. Rules §64B8-30.012**

Arizona Example

Supervision Requirements

The supervising physician is responsible for all aspects of the performance and supervision of a PA. Both the PA and the physician must ensure that the relationship and access to the supervising physician are defined and there is a process for evaluation, among other items. **Ariz. Rev. Stat. Ann. §32-2533**

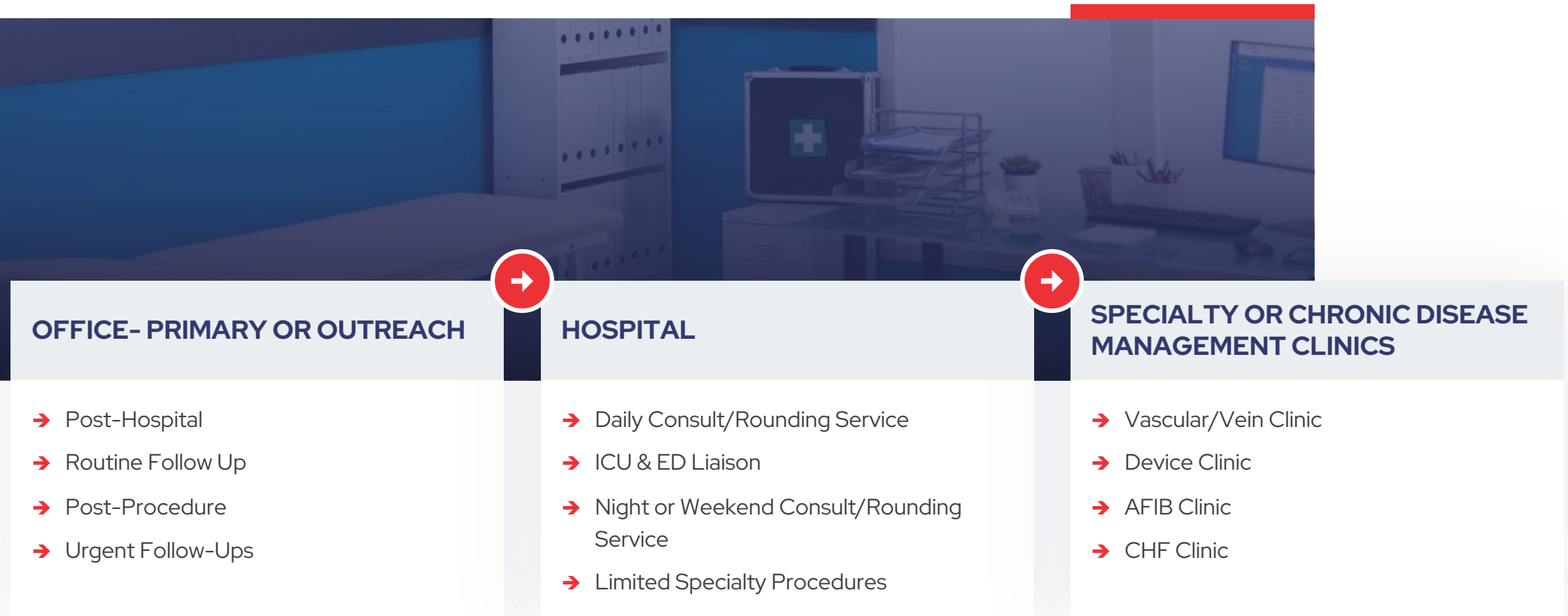### Prescriptive Authority for Physician Assistants

The PA may prescribe drugs and Schedules II–V controlled substances with delegation from the supervising physician. **Ariz. Rev. Stat. Ann. §32-2532**

Scope of Practice Determination

The supervising physician delegates tasks to the PA that are within the PA's skills and the physician's scope of practice. **Ariz. Rev. Stat. Ann. §32-2531**

Contemporary Role of the CV APP

OFFICE- PRIMARY OR OUTREACH

→ Post-Hospital

→ Routine Follow Up

→ Post-Procedure

→ Urgent Follow-Ups

HOSPITAL

→ Daily Consult/Rounding Service

→ ICU & ED Liaison

→ Night or Weekend Consult/Rounding Service

→ Limited Specialty Procedures

SPECIALTY OR CHRONIC DISEASE MANAGEMENT CLINICS

→ Vascular/Vein Clinic

→ Device Clinic

→ AFIB Clinic

→ CHF Clinic

Daily Work Considerations for the APP

OFFICE-BASED ↑

OFFICE DEDICATED

- ➜ Hospital F/U
- ➜ Procedure F/U
- ➜ Routine Established F/U
- ➜ ALL Med Titrations
- ➜ Chronic Disease Management
- ➜ In-Box Management
- ➜ Nurse Supervision
- ➜ Night First Call

HOSPITAL DEDICATED

- ➜ Consult /Admit Service
- ➜ Subsequent Day F/U Visits
- ➜ ED & ICU Liaison
- ➜ Cath Lab Coordination
- ➜ Procedures
- ➜ Daily Billing Reconciliation
- ➜ Weekday Coverage
- ➜ Night Coverage
- ➜ Weekend ONLY Coverage

HOSPITAL-BASED ↓

← **COMBINATION OF OFFICE/HOSPITAL COVERAGE** →

Sample Office Template

Time	Type	Time	Type
8:00AM	Est Pt.	1:00PM	Est Pt.
8:30AM	Est Pt.	1:30PM	Hosp F/U or Chronic Care
9:00AM	Hosp F/U or Chronic Care	2:00PM	Est Pt.
9:30AM	Hosp F/U or Chronic Care	2:30PM	Est Pt.
10:00AM	Est Pt.	3:00PM	Est Pt.
10:30AM	Est Pt.	3:30PM	Est Pt.
11:00AM	Hosp F/U or Chronic Care		
11:30AM	Est Pt.		

14 Total Patients

Time	Type	Time	Type
8:00AM	Est Pt.	1:00PM	Est Pt.
8:20AM	Est Pt.	1:20PM	Hosp F/U or Chronic Care
8:40AM	Hosp F/U or Chronic Care	1:40PM	Est Pt.
9:00AM	Hosp F/U or Chronic Care	2:00PM	Est Pt.
9:20AM	Est Pt.	2:20PM	Est Pt.
9:40AM	Est Pt.	2:40PM	Est Pt.
10:00AM	Hosp F/U or Chronic Care	3:00PM	Hosp F/U or Chronic Care
10:20AM	Est Pt.	3:20PM	Est Pt.
10:40AM	Est Pt.		
11:00AM	Est Pt.		
11:20AM	Est Pt.		

19 Total Patients

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APP Production Metrics

Typical APP Production Metrics are Calculated as WRVUs or Patient Encounters

ACC/MedAxiom 2021 APP Survey Results:

➜ WVRUs Range: 1K–4K Per Year

➜ Patient Encounter Range: 12–22 Visits Per Full Day

ACC/MedAxiom 2021 APP Provider SURVEY

CPT CODE	BILLABLE VISITS PER YEAR	Annual RVU
99213	1,620	2,106
99214	1,800	3,456
99215	180	504
Grand Total	3,600 Encounters	6,068 RVU

15 PATIENTS/DAY FOR 48 WEEKS

Staffing Metrics APP to Physician

Full Time Office Support

- APP support is based upon MD total number of unique patients

- Tenured MD with 3000 active unique patients yield minimum of 5000 office visits/if 1000 are seen only 1/yr.

- If Tenured MD has 3 office days/week, 46 weeks/yr., capacity = 138 days year – 20 pts/day OR 2760 slots

- Tenured MD excess patient load to APP = 2240

- CONCLUSION: Sharing an APP may only occur between New MD Recruit and Tenured MD. Ratio of support must be reviewed, calculated, and revised annually especially within practices with high new patient growth.

Staffing Metrics APP to Physician

Hospital Time Support

- Typical Ratio is 1 APP to 1 Physician based upon a daily patient load or service of approximately 25. Patient load is defined as:

  - # of your practice's inpatients that must be seen for daily care, plus

  - # of all NEW CONSULTS, plus

  - # of your practice's patients and unassigned patients coming through the emergency room or in chest pain OBS, plus

  - # of your practice partners patients requiring discharge, plus

  - # of your practice's patients incoming by transfer, PLUS

  - All the orders, interpretations, drive by work associated with representing your practice in the hospital each day!

- THIS DOES NOT INCLUDE CATH LAB CASES

APP Success Orientation Guide

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Cardiovascular APP New Grad Orientation Schedule (16-week)			

Week 1 Direct Observation and Training	Explained (Date & Initials or N/A)	Observed (Date & Initials or N/A)	Sign-off (Date & Initials or N/A)
Shadow MD Clinic (One or Varied MDs)			
Observe Rooming Process for MD with MA or RN			
Observe MD Complete Workflow, Prep to Seeing Patient to Completing Notes & Orders			
Observe Med Refill Process			
Observe CV DX Order Process			
ATTEND PRACTICE EMR/PM TRAINING, Login Set Up, Required New Hire Practice/System Orientation			
Comments:			

Week 16 Resource	Explained (Date & Initials or N/A)	Observed (Date & Initials or N/A)	Sign-off (Date & Initials or N/A)
Perform Independent APP Clinic Visits (14/day)			
Independently Order Prescriptions and CV DX Testing as Req			
Accept Phone Triage Messages/Assist			
Independent MD Collaboration as Req			
TOUCHPOINT with Physician Mentors and Practice Leadership ⭐			
Comments:			
Certification of Completion	Practice Leadership Sign-off & Completion Date		

Prioritize time to shadow in CV DX Testing, Device Clinic, Nurse Triage, Test Result Processing, Time w/Hospital Rounder. Attend Coding/Billing Review of OWN work

You can download the presentation and corresponding resources directly from

cvausa.com/webinars

Please contact the presenters directly with any questions or comments:

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If you have a suggestion for an educational topic for future webinars, please send your suggestions

webinars@cvausa.com

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01 —— Do you have topics you would like to add to the series?

02 —— Do you have anything you would like to follow up on?