MAYO CLINIC | School of Continuous Professional Development

APPs In Hospital Medicine: What you Need to know

…AND WHERE TO FIND IT

Zachary Hartsell DHA, PA-C
Principal, SullivanCotter

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIP(S) WITH INELIGIBLE COMPANIES

- Nothing to disclose

REFERENCES TO OFF-LABEL USAGE(S) OF PHARMACEUTICALS OR INSTRUMENTS

- Nothing to disclose

All relevant financial relationships have been mitigated.

LEARNING OBJECTIVES

- Understand the current literature and data available for NPs and PAs in hospital medicine
- Describe different types of care delivery models that utilize NPs and PAs in hospital medicine

HOSPITAL MEDICINE FEELS DIFFERENT

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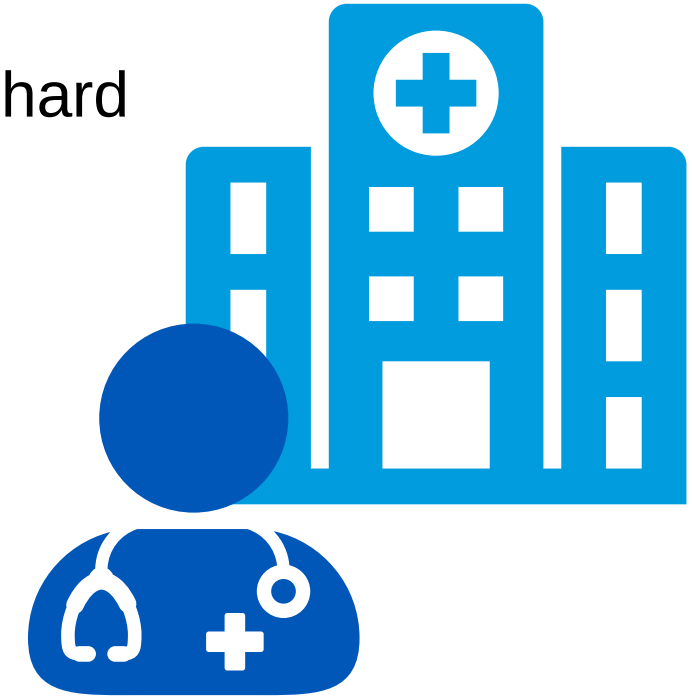
TRENDS IMPACTING APPS IN HOSPITAL

- Data has been **inconsistent and hard to find**
  - Case studies back into the 1980s
  - Few controlled trials
  - Most models are homegrown and comparison is hard
- **Regulatory changes**
  - Split/shared changes
  - Scope of practice
- **Opportunities** everywhere
  - Telehealth
  - Hospital at home
  - Transitions of care



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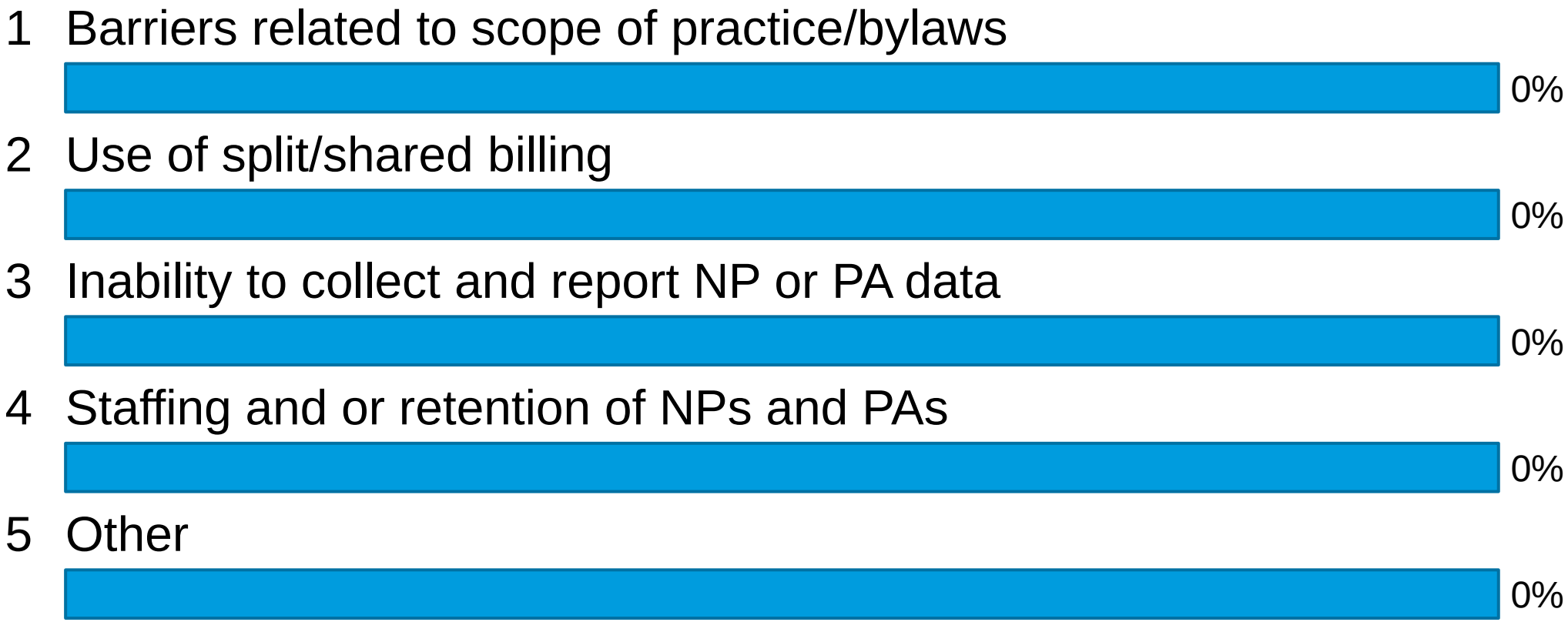
POLL OPEN

WHAT IS THE MOST SIGNIFICANT CHALLENGE IMPACTING THE OPTIMAL USE OF NPS AND PAS IN HOSPITAL MEDICINE AT YOUR ORGANIZATION?



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DATA SOURCES AVAILABLE FOR APPS IN HOSPITAL MEDICINE

- Society of Hospital Medicine
  - Current State of Hospital Medicine (Bi-annually)
- Professional Organizations (e.g. AAPA, AANP, NCCPA)
- Survey Companies (e.g. SullivanCotter, MGMA, etc)
- Published Studies and Descriptions

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NATIONAL COMMISSION ON CERTIFICATION OF PAS (NCCPA)

2021 statistical profile of Physician Assistants (all certified PAs)

- **3.7%** of PA workforce works in **hospital medicine** (~4,600 PAs)
- Median **work hours** per week: **40**
- Median **patients** seen per week: **50**

Hospital medicine services provided:

- Diagnose and treat acute illness: **93%**
- Order and interpret tests: **95%**
- Perform procedures: **11%**
- Provide care coordination: **70%**
- Telemedicine: **9.5%**

Burnout

- Hospital Medicine PAs reporting >1 burnout factor: **35%**
- All PAs reporting >1 burnout factor: **30%**

Source: 2021 NCCPA Statistical Profile of Physician Assistants

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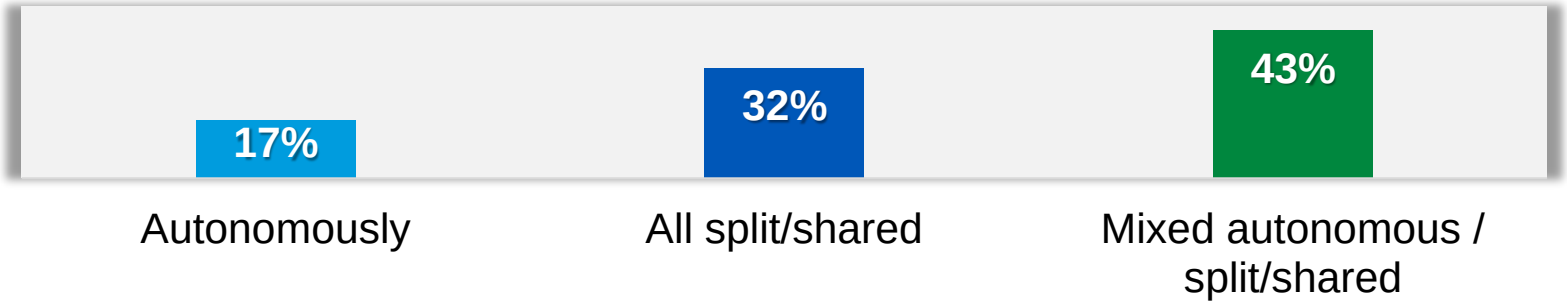
SOCIETY OF HOSPITAL MEDICINE

State of Hospital Medicine 2020 (2023 update due later this year)

- **83%** of groups reported the presence of NPs and PAs (median 3.2 NPs/PAs per group)
  - **How APPs are utilized:**



- Median amount of NP/PA time spent on nonbillable activities: 10%
- Type of non-billable activities performed
  - Cross-cover **33%**
  - Triage pager **34%**

Multi-specialty groups and multistate staffing agencies reported utilized split/shared billing the least

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Source: Society of Hospital Medicine State of Hospital Medicine 2020

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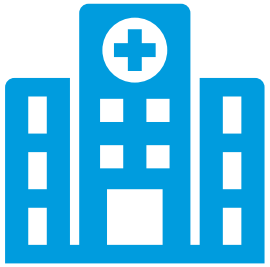

- Three Survey sources
  - APP Organizational Survey **52 Organizations**
  - APP Individual Survey **20 organizations**
  - APP Compensation and Productivity Survey **95 Organizations**

- Mean experience as an APP: **7 years**
- Mean experience in hospital medicine: **5 years**
- % of APPs in hospital medicine who perform procedures: **13%**

- Mean patients seen per day shift: **10 (individual survey), 10 (Org Survey)**
- Mean patients covered per night shift: **39 (Org survey)**
- Most common shift length: **12 hours**

Source: SullivanCotter *Individual APP Survey, APP Organizational Survey, APP Compensation and Productivity Survey*

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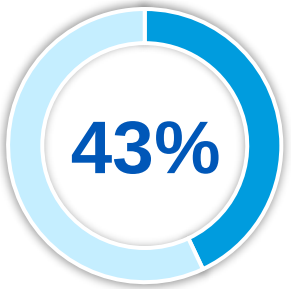
Percent of APPs who perform the following professional services without physician performing simultaneously:

Admissions

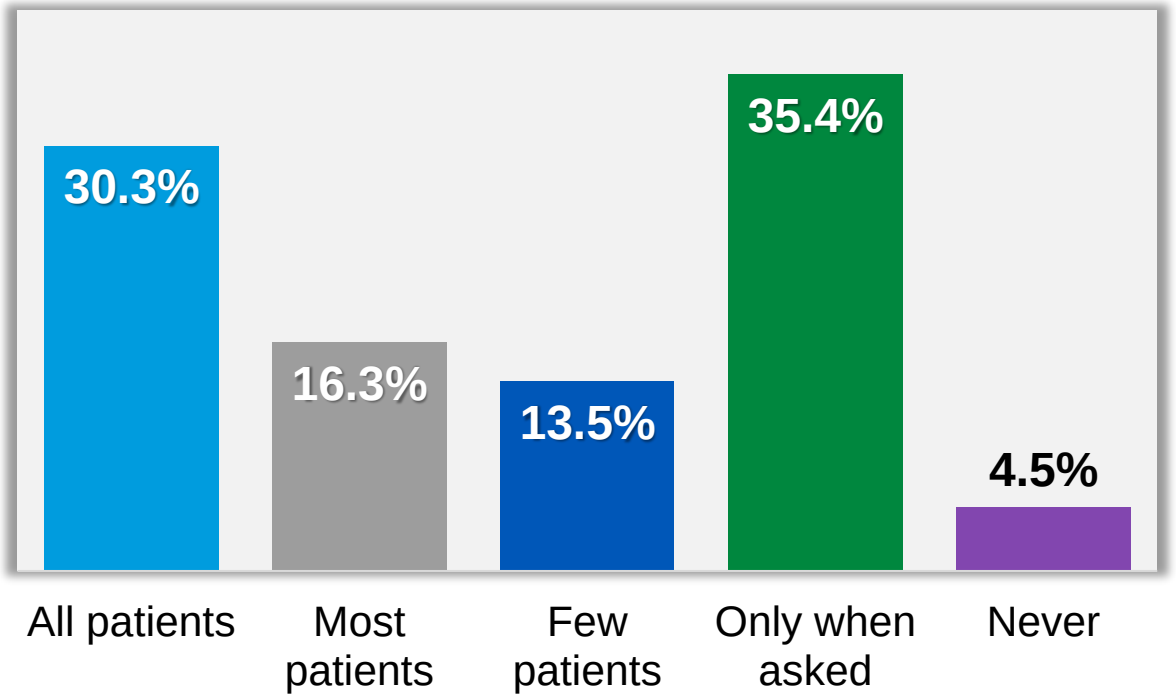
Subsequent Visits

Discharges

Critical Care



How many patients who you see are also seen by the collaborating/supervising physician in the inpatient setting?



Source: SullivanCotter *Individual APP Survey*

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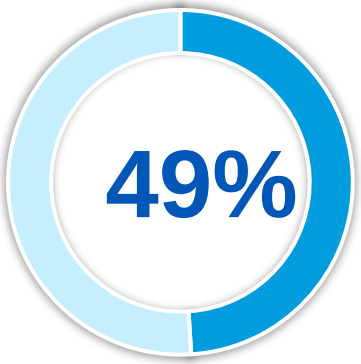
% of APPs in hospital medicine who independently bill for professional services:*



2022 APP Compensation and Productivity Survey Hospital Medicine				
Measure	**Org Count**	**25th Percentile**	**Median**	**75th Percentile**
wRVU	945	1,205	1,939	2,618
Encounters	379	550	988	1,489

Top 10 CPT Codes by Specialty Hospitalist – Internal Medicine:+

Top 15 CPT Codes by Specialty Hospitalist – Internal Medicine			
	CPT Code	**CPT Description**	**Median Proportion of wRVU**
1	99232	Subsequent hospital care	20.95%
2	99233	Subsequent hospital care	14.07%
3	99220	Initial observation care	11.76%
4	99223	Initial hospital care	10.03%
5	99239	Hospital discharge day	7.55%
6	99217	Observation care discharge	4.70%
7	99222	Initial hospital care	2.44%
8	99219	Initial observation care	2.28%
9	99231	Subsequent hospital care	1.62%
10	99291	Critical care first hour	1.37%

Sources: SullivanCotter *CPT Survey+*, SullivanCotter *APP Preferences Survey**, *SullivanCotter APP Compensation and Productivity Survey*

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POLL OPEN

FOR NPS AND PAS IN HOSPITAL MEDICINE, HOW MANY PATIENT FACING HOURS ARE YOU EXPECTED TO WORK A WEEK AS PART OF YOUR 1.0 FULL TIME EQUIVALENT (EXCLUDES EXTRA SHIFTS)?

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POLL OPEN

FOR NPS AND PAS IN HOSPITAL MEDICINE, HOW MANY PATIENTS DO YOU SEE IN A TYPICAL WEEK?

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FOR NPS AND PAS IN HOSPITAL MEDICINE, HOW MANY CROSS-COVER PATIENTS ARE ASSIGNED TO EACH APP AT NIGHT

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IN THE LITERATURE

DOI: 10.1002/jhm.12788

BRIEF REPORT

Journal of Hospital Medicine | shm Society of Hospital Medicine

Patterns of utilization and evaluation of advanced practice providers on academic hospital medicine teams: A national survey

Evan M. Shannon MD, MPH[1] | Marissa Cauley PA-C[2] | Matthew Vitale MD[3,4] | Leanne Wines PA-C[2] | Vineet Chopra MD, MSc[5] | S. Ryan Greysen MD, MHS[6,7] | Shoshana J. Herzig MD, MPH[3,8] | Sunil Kripalani MD, MSc[9,10] | Kevin J. O'Leary MD, MS[11] | Eduard E. Vasilevskis MD, MPH[9,10,12] | Mark V. Williams MD[13] | Andrew D. Auerbach MD, MPH[14] | Stephanie K. Mueller MD, MPH[3,4] | Jeffrey L. Schnipper MD, MPH[3,4]

J. Hosp. Med. 2022;17:186–191.

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IN THE LITERATURE

DOI: 10.1002/jhm.12932

PERSPECTIVES IN HOSPITAL MEDICINE

Journal of Hospital Medicine | shm Society of Hospital Medicine

Developing and sustaining advanced practice provider services: A decade of lessons learned

Bridget A. McGrath MPAS, PA-C, FHM[1] | Mindy L. Jacobs MSN, NP-C[2] | Reasheal M. Watts MSN, AGACNP-BC[2] | Brian C. Callender MD[1]

J. Hosp. Med. 2022;17:1014–1020.

Rates and Characteristics of Medical Malpractice Claims Against Hospitalists

Adam C Schaffer, MD, MPH[1,2,3*], Chihwen Winnie Yu-Moe, MBA, MA[1], Astrid Babayan, PhD[1], Robert M Wachter, MD[4], Jonathan S Einbinder, MD, MPH[1,2,3]

[1]*CRICO/Risk Management Foundation of the Harvard Medical Institutions, Boston, Massachusetts;* [2]*Brigham and Women's Hospital, Boston, Massachusetts;* [3]*Harvard Medical School, Boston, Massachusetts;* [4]*University of California, San Francisco, San Francisco, California.*

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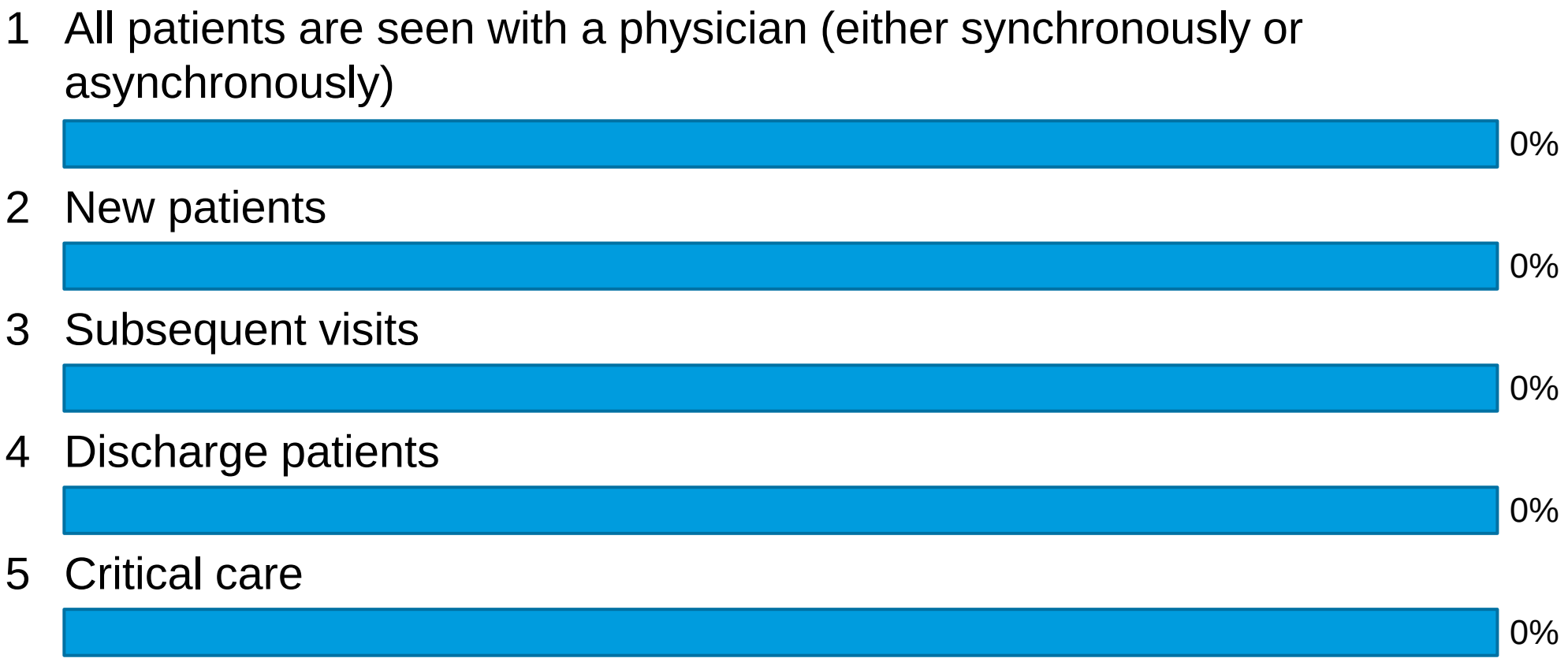
POLL OPEN

FOR NPS AND PAS IN HOSPITAL MEDICINE, WHAT TYPE OF PATIENT ENCOUNTERS DO YOU SEE INDEPENDENT OF A PHYSICIAN?

(CHECK ALL THAT APPLY)



(% = Percentage of Voters)

Vote for up to 5 choices

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SPLIT/SHARED BILLING CHANGES

Pre-2022

A split/shared visit is an encounter performed in the ***hospital inpatient/hospital outpatient*** that is shared between a physician and an APP from the ***same group practice***. Must include a ***medically necessary contribution*** to the evaluation and management (e.g., history, physical or medical decision-making) by the physician and a ***face-to-face encounter by the physician*** *(excludes critical care codes).*

The **2022 Physician Fee Schedule (PFS) Final Rule** included significant adjustments to split/shared visit policies in order to:

- Better reflect clinical practice
- Recognize APPs as members of the care team
- Reduce duplication of services (create access)
- Clarify payment conditions

Sources:

Calendar Year (CY) 2022 Medicare Physician Fee Schedule Final Rule. CMS.gov. (November 2, 2021). Retrieved August 1, 2022, from https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-final-rule

Department of Health and Human Services 42 CFR Parts 403, 405, 410, 411, 414, 415, 423, 424, and 425. Federal Register. (November 19, 2021). Retrieved August 1, 2022, from https://public-inspection.federalregister.gov/2021-23972.pdf

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SPLIT/SHARED BILLING CHANGES

2022 Final Rule

Adjustments to the rules in **2022 and 2023**, related to the reporting of split/shared encounters include:

2022 and 2023

- **Modifier (-FS)** to be included on all shared visit encounters
- **Critical care services** can now be billed as split/shared visit
  - *Additionally, the 99291 was defined up to 104 minutes (from 74 minutes) needing to be met with both the physician and APP time before 99292 would apply*
- Can be reported using historical **E&M methodology or time methodology**

Starting in 2024…

Shared visits are to be billed via time methodology:

- *"The practitioner who provides the substantive portion of the visit (more than one-half of the total time spent) would bill for the visit"*
- Expectation that each provider would list the amount of time they spent on the case

Sources:

Calendar Year (CY) 2022 Medicare Physician Fee Schedule Final Rule. CMS.gov. (November 2, 2021). Retrieved August 1, 2022, from https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-final-rule

Department of Health and Human Services 42 CFR Parts 403, 405, 410, 411, 414, 415, 423, 424, and 425. Federal Register. (November 19, 2021). Retrieved August 1, 2022, from https://public-inspection.federalregister.gov/2021-23972.pdf

Banker, et al – Palmetto Webinar April 27, 2022

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SPLIT/SHARED BILLING CHANGES

2022 Final Rule

- **Elements included** in accounting for time:
  - Preparing to see the patient (for example, review of tests)
  - Obtaining and/or reviewing separately obtained history
  - Performing a medically appropriate examination and/or evaluation
  - Counseling and educating the patient/family/caregiver
  - Ordering medications, tests or procedures
  - Referring and communicating with other health care professionals
  - Documenting clinical information in the electronic or other health record
  - Independently interpreting results
  - Communicating results to the patient/family/caregiver
  - Care coordination

Sources:

Calendar Year (CY) 2022 Medicare Physician Fee Schedule Final Rule. CMS.gov. (November 2, 2021). Retrieved August 1, 2022, from https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-final-rule

Department of Health and Human Services 42 CFR Parts 403, 405, 410, 411, 414, 415, 423, 424, and 425. Federal Register. (November 19, 2021). Retrieved August 1, 2022, from https://public-inspection.federalregister.gov/2021-23972.pdf

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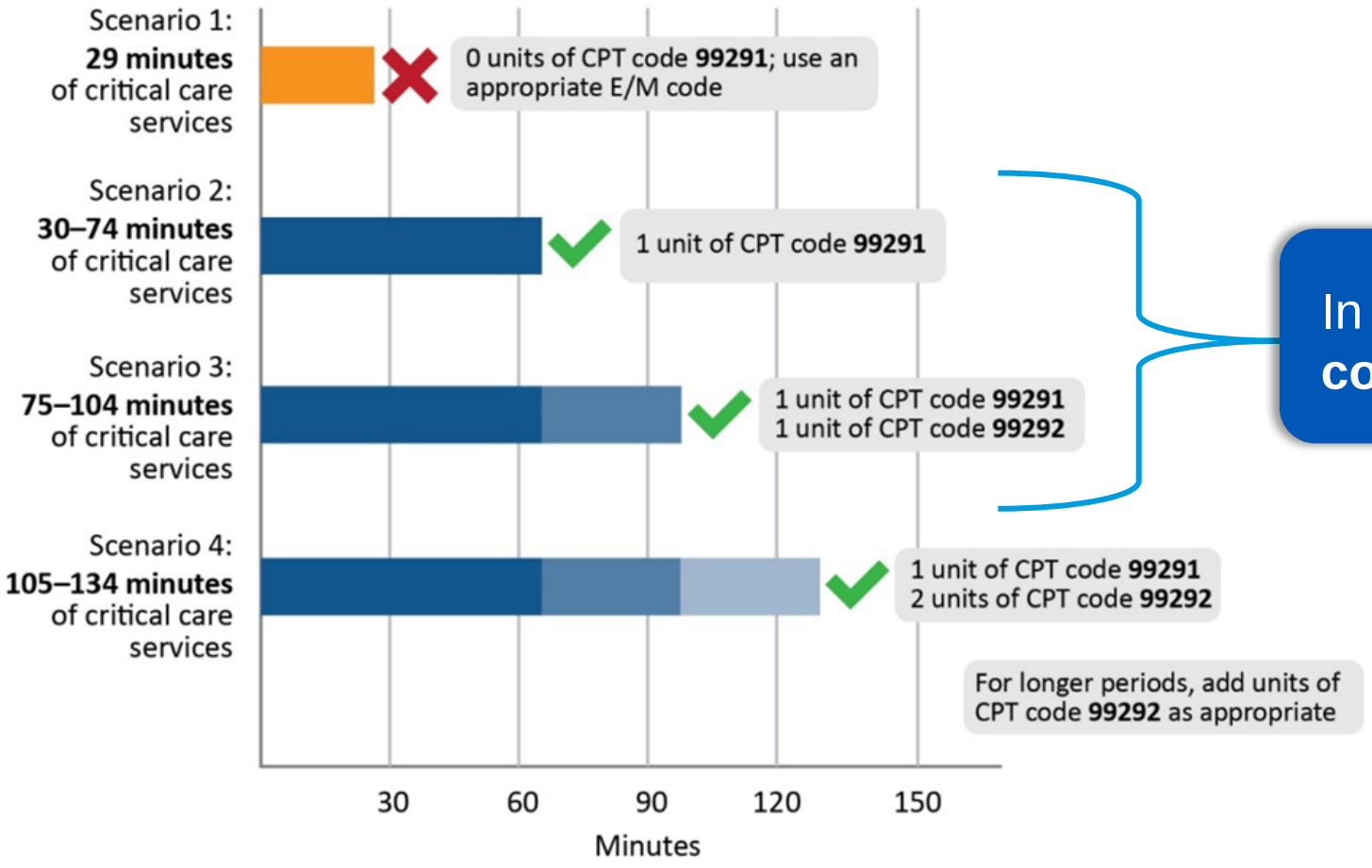
SPLIT/SHARED BILLING CHANGES

Figure: Critical Care Minutes and Corresponding CPT Codes and Units[8]



In 2023, CMS is in essence **combining scenario 2 and 3**

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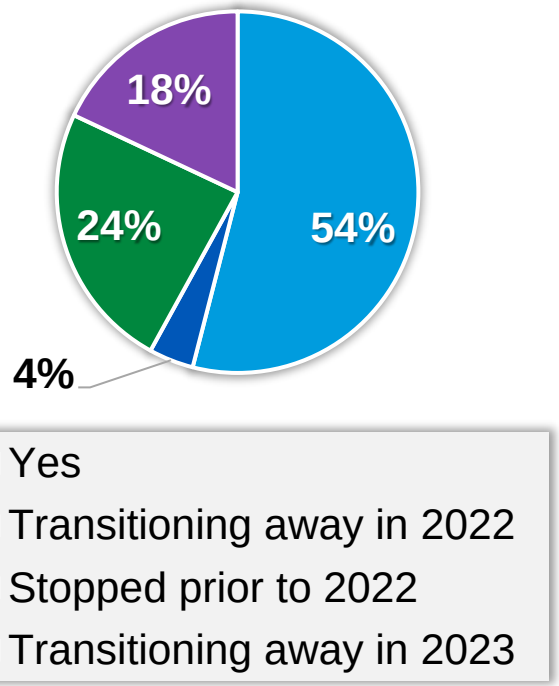
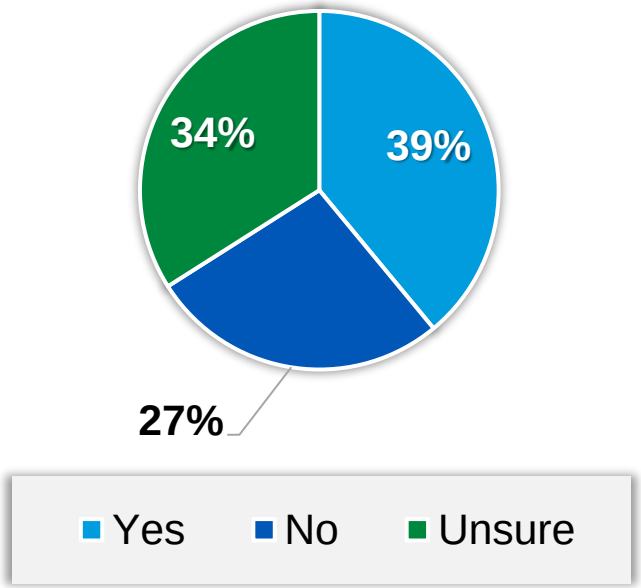
MARKET CONSIDERATIONS

September 2022 SullivanCotter survey of APP leaders found variation in organizational responses but nearly all (90%) have started communicating with providers

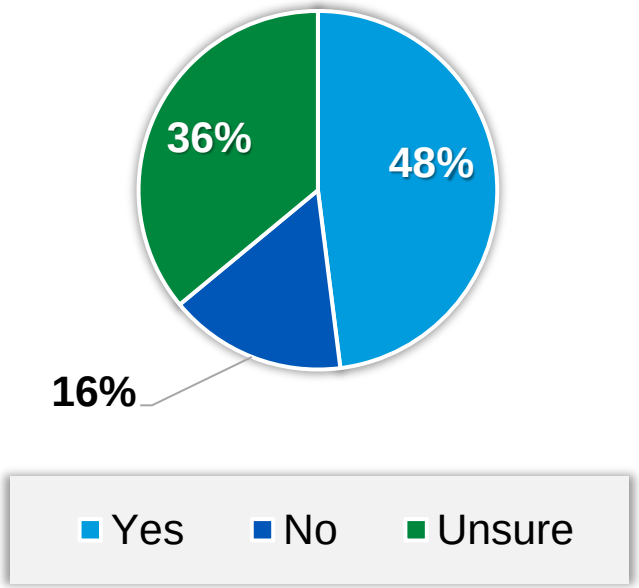
Does your organization use split/shared billing?



Has your organization performed financial modeling of changes?



Has your organization begun utilizing –FS modifier?



Source: 2022 NAAC Pulse Survey

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POLL OPEN

DOES YOUR ORGANIZATION UTILIZE SPLIT/SHARED BILLING?

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IMPACT OF SPLIT/SHARED CHANGES

The split/shared changes will have organizations reviewing all aspects of provider practice

Financial

- Focus will be on a **15% reduction** for billing under the APP compared with physician
  - Only impacts professional fee, **not facility fee**
  - Payer dependent
- **Financial impact variable** based on payer mix, degree of split/shared use and revenue offsets
- Potential to **improve revenue** with greater access and optimization of APPs

Care Team and Culture

- Focus on **improved access** can downplay attribution and financial impact concerns
- Need for **intentional discussions** around workflow and responsibilities of both APPs and physicians in the hospital and provider-based clinics
- Identify activities **performed by APPs** that can be performed by others
- Develop **time capture** mechanisms

Education and Compliance

- **Develop education** for physicians and APPs related to the rule changes and possible new workflows
- Ensure **auditing mechanisms** are in place to check time-based billing as well as identify non-compliant workarounds
- **Regular auditing and education** will likely be needed through 2023
- Be wary of the **"impossible day"**

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REGULATORY CHANGES

- COVID resulted in ~20 states temporarily relaxing their state practice acts
  - Some have reverted back while others adopted more permanent changes

- There has been an uptick of revisions to NP and PA practice acts nationally as a result of advocacy from professional societies
  - Many of the changes have resulted in changes to reporting and documentation of “supervision and collaboration” as opposed to changes in actual physician/ NP/ PA interactions

- Bylaws are still the greatest determinant of NP or PA practice, especially in hospital medicine

Sources:

AANP. https://www.aanp.org/advocacy/state/covid-19-state-emergency-response-temporarily-suspended-and-waived-practice-agreement-requirements

Lai et al, 2020. *Health Affairs.* 10.1377/FOREFRONT.20200624.983306

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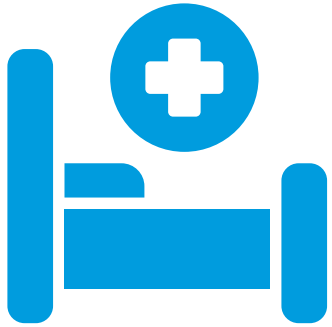
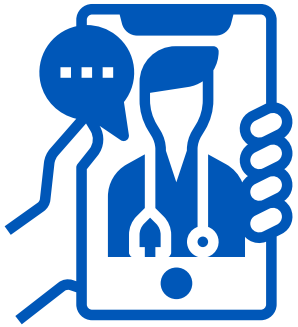
EVOLVING MODELS IN HOSPITAL MEDICINE



Independent Rounding Models



Telehealth

Transition of Care Clinics

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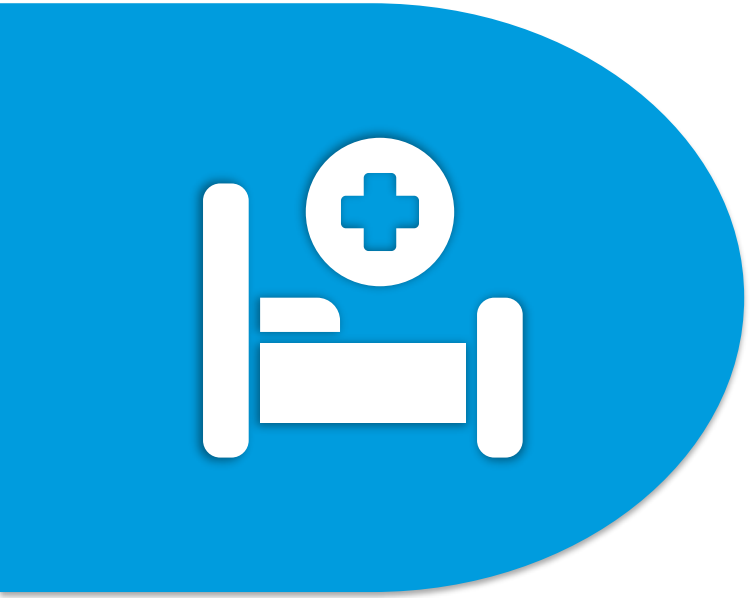
EVOLVING MODELS IN HOSPITAL MEDICINE



Independent rounding/admitting models

- Despite changes in state scope of law regulations for NPs and PAs, we have seen little change in the number of NPs and PAs who are independently rounding in hospitals
- Characteristics where we tend to see these models include rural hospitals and for defined scope of patients

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EVOLVING MODELS IN HOSPITAL MEDICINE

Telehealth

A systematic review of telehealth applications in hospital medicine

Jeydith Gutierrez MD, MPH[1,2] | Kelby Rewerts[1,3] | Sheena CarlLee MD[4] | Ethan Kuperman MD, MS[2] | Melver L. Anderson MD[5] | Peter J. Kaboli MD, MS[1,2,3]

J. Hosp. Med. 2022;17:291–302.

Implementing a Telehospitalist Program Between Veterans Health Administration Hospitals: Outcomes, Acceptance, and Barriers to Implementation

Jeydith Gutierrez, MD, MPH[1,2*], Jane Moeckli, PhD[1,3], Andrea Holcombe, PhD[3], Amy MJ O'Shea, PhD[1,2,3], George Bailey, BS[3], Kelby Rewerts[3], Mariko Hagiwara, MD[2], Steven Sullivan, APNP, MSN[4], Melissa Simon, DO[4], Peter Kaboli, MD, MS[1,2,3]

Journal of Hospital Medicine® Vol 16 | No 3 | March 2021

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EVOLVING MODELS IN HOSPITAL MEDICINE

Transition of Care Clinics

Hospital to community transitional care by nurse practitioners: A systematic review of cost-effectiveness

Faith Donald [a,*], Kelley Kilpatrick [b], Kim Reid [c], Nancy Carter [d], Denise Bryant-Lukosius [e], Ruth Martin-Misener [f], Sharon Kaasalainen [g], Patricia Harbman [h,i], Deborah Marshall [j], Alba DiCenso [k]

F. Donald et al. / International Journal of Nursing Studies 52 (2015) 436–451

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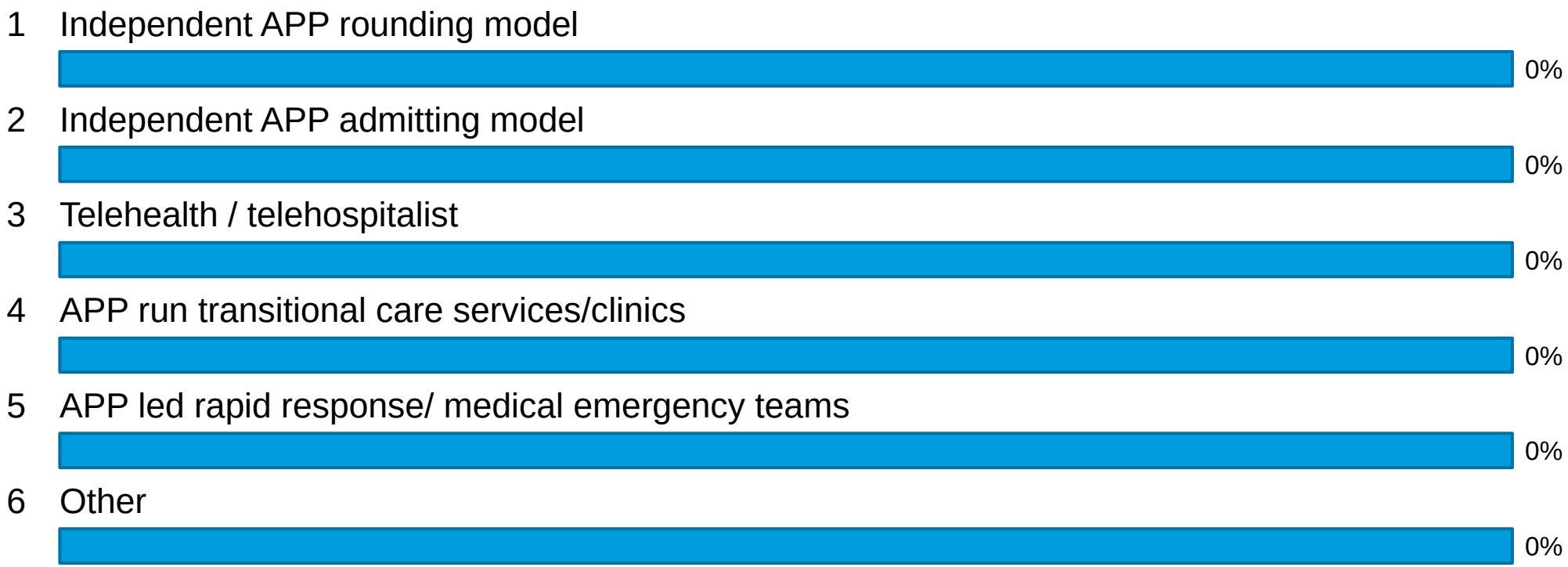
POLL OPEN

WHICH OF THE FOLLOWING MODELS HAS YOUR ORGANIZATION ADOPTED?

(CHECK ALL THAT APPLY)



(% = Percentage of Voters)

Vote for up to 6 choices

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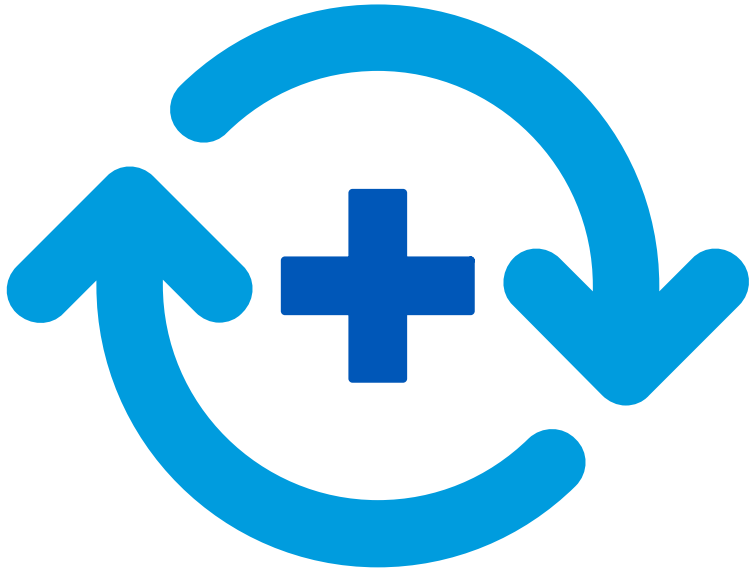
WHERE DO WE GO FROM HERE?



- Evolution of **APP Hospital Medicine Data**
- Evolution of **Care Models**
- Evolution of **Care Delivery** (think outside of the hospital)
- Alignment with **Value-Based Care Initiatives**

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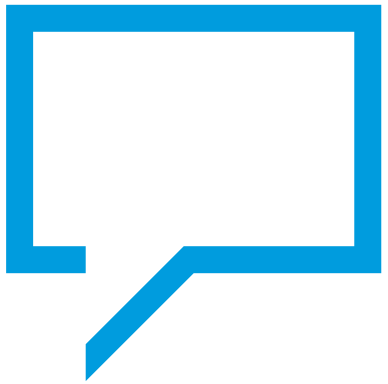
QUESTIONS & DISCUSSION



IN THE LITERATURE

BRIEF REPORT

Journal of Hospital Medicine | shm Society of Hospital Medicine

Development of a novel hospitalist advanced practice provider assessment instrument: A pilot study

Amteshwar Singh MD, MEHP, FACP[1] | David Klimpl MD[2] | Flora Kisuule MD, MPH, SFHM[1] | Tracy Cardin ACNP, SFHM[3] | Sean Tackett MD, MPH[4,5] | Ishaan Gupta MD[1] | Kimberly Blum PA-C[1] | Kinsey Wimmer PA[2] | Scott Wright MD[4] | Jorie Colbert-Getz PhD[6]

BRIEF RESEARCH REPORT

Improving hospital sepsis care using PAs and NPs on a rapid response team

Dooley, Kristi PA-C; Guzik, Whitney PA-C; Rooker, Gabi PA-C; Beecher, Luke PA-C; Hiniker, Caitlin PA-C; Olson, Andrew MD

Author Information

JAAPA 35(10):p 43-45, October 2022. | ***DOI:*** 10.1097/01.JAA.0000873808.41684.d3

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