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## Incorporating APRNs and PAs into Allergy Practice

Increase Practice Efficiency and Improve  
Patient Satisfaction

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## Disclosures

- None related to topic

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## Learning Objectives

- Recognize the important aspects of care provided by a ARNP or PA that can benefit an allergy practice
- Understand the scope of ARNP practice and how that scope varies by region and state
- Understand some of the challenges present in identifying the qualities of an ARNP or PA that would best fit your practice

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### Your Practice Has Changing Needs ...

- When demand for services begins to exceed the ability of the practice to schedule visits or the practice is considering thoughtful expansion
- Research shows that NP's can provide excellent clinical care for many health care conditions
- Patients are typically very satisfied with the care they receive (IOM report)
- Fully productive NP's generate revenues without the cost of adding additional physicians

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### When Considering A Non-Physician Provider...

- What is my goal?
- What should I be looking for?
  - Type of service (Scope of Practice)
  - Cost effectiveness (reimbursement/salary)
  - Quality to practice/patients

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### State Regulations

- NP scope of practice is regulated at the state level and varies widely
- Pearson report is excellent source providing data about state regulations and variations
- NPs & physicians must know their state regulations prior to constructing a collaborative agreement
- Federal regulation may be more restrictive than states in some cases

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## Scope of Practice

- Nurse practice acts and state statutes govern type of services NP's/PA's can provide
- NP's can practice independently in many states
- Collaborative agreements vary by state

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## Scope of Practice

- History and physical
- Diagnose
- Allergy skin testing
- Pulmonary function testing
- Order lab/X-ray
- Prescribe meds
- Patient education
- Prevention services
- Case management and care coordination

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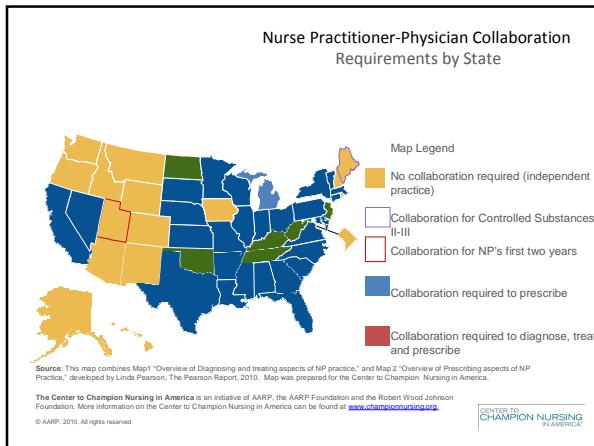
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### Prescriptive Authority

- All states have legislation granting prescriptive authority for both NP's and PA's, however each state has varying levels of restrictions
- Physician involvement varies with regard to both depending on the state statutes
- NP's can independently prescribe both legend and controlled substances in 14 states



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### Third Party Re-imbursement

- Medicare reimburses NP's at 85% of the physician fee schedule amount for services performed in collaboration with a physician as specified by state law
- Medicare pays 100% if an NP is employed by a physician practice if certain conditions are met... "incident to" has specific criteria



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## Billing and Reimbursement

- Federal Medicare policy but defers to state law in defining scope of practice
- Two options:
  - Under the NP/PA's own name (NPI number)
  - "Incident to" service under the supervising physician name and NPI



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## "Incident To" Billing Criteria

- W-2 employee or leased employee with contract
- Physician has personally treated, diagnosed and developed plan of care for patient on their initial visit to the office for that particular medical problem but NP/PA sees the patient for a return to the office for follow-up care for that condition
- Within scope of their practice and physician in office

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## Nurse Practitioner

- Registered Nurse with advanced clinical and educational preparation
- Master's Degree with DNP (Academic Degrees)
- National certification exam by ANCC/AANP
  - Family, Adult, Pediatrics, Gerontology, Women's Health
- Holistic approach with attention to prevention, health promotion and risk reduction — nursing model
- Sciences, pharmacology, statistics, physical assessment, clinical hours – specific to focus
- Most states do not require direct physician supervision

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## Physician Assistant

- 2 year post baccalaureate
- Sciences, pharmacology, clinical skills
- 2000 hours clinical rotation
- No internship or residency
- National certification exam (only one exam)
- **Must be supervised by a physician**

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## Considerations in Affordable Care Act

- Because of the expected shortage of primary care physicians, nurse practitioners are expected to play essential role in primary care, especially in integrated health systems
- Studies indicate that NP's can provide care for 60-90% of patients seen in primary care settings
- A meta-analysis have shown NP and physicians in primary care provide comparable care with respect to assessment/diagnostic accuracy and patient outcomes
- Increased NPs in PC setting may result in increased referrals to allergy/immunology practices who have NPs

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## Collaboration in Practice

- Collaboration is an iterative process involving:
  - Trust
  - Excellent communication
  - Mutual goals & common direction in practice
- Collaboration requires each party sharing responsibility for care

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## Collaboration Best Practices

- Ideal attributes of NP/physician collaboration
  - collegiality
  - respect,
  - patient-centered care
- NPs & physicians skills are unique to their training:
  - Skills often overlap
  - Complex, high-acuity patient care requires distinct skills of both

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## Collaboration Best Practices

- Delegated tasks/skills must be mutually understood & agreed upon
- Strong collaborative practices shares common goals & key principles
  - Clinical competency
  - Consistent care delivery processes
  - sound problem-solving & decision-making skills

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### **Collaborative Agreement - Functions**

- Responsibilities/functions of NP & physician
  - Evaluation & management
  - Prescribing (categories & conditions agreed upon)
  - Procedures
  - Diagnostics
  - Emergency care
  - Referrals
  - Physician back-up, vacation coverage, call
- Consultation requirements

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### **“Tag Team” Model for Specialty Care**

- Physician & NP/PA work as teams
- Patients see both on initial visit
- Follow-up visits are alternated
- Patients may choose to see one or the other



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### **The Hiring Process**

- Contact training programs
- Professional organizations search resources
- Recruiters
- Serve as preceptor
- Understand what a qualified candidate looks like
- Experience level
- Specific interview questions
- List of characteristics



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## Physician-NP/PA Setting Expectations

- Discussion of role
- Clear understanding of Scope of Practice
- Educate the entire practice
- Develop communication strategy for patients as you would a new physician
- Marketing/promoting



Table 1 Average Full-Time Salaries and Part-Time Rates 2012 Nurse Practitioner Salaries Over Time, 2003–2012						
	2012	2011	2010	2009*	2007*	2005*
Average full-time salary	\$93,092	\$90,583	\$90,770	\$89,579	\$81,397	\$74,812
Average part-time hourly rate	\$48.49	\$47.63	\$43.77	\$45.85	\$40.32	\$36.80
Average part-time hourly rate	\$55.16	\$50.52	\$51.11	—	—	—

\*Source: The National Salary Survey of Nurse Practitioners, conducted biennially by ADVANCE for Nurse Practitioners, 2001–2009.

Table 2 2012 Physician Assistant Salaries Over Time, 2003–2012						
	2012	2011	2010	2009*	2007*	2005*
Average full-time salary	\$102,165	\$94,870	\$96,876	\$93,105	\$86,214	\$81,129
Average part-time hourly rate	\$55.16	\$50.52	\$51.11	—	—	—

\*Source: American Academy of Physician Assistants National Physician Assistant Census Reports.

Table 3 Gender Breakdown			
Nurse Practitioner Salary by Gender			
Gender	2012 Salary	2011 Salary	Change
Male (8.7% of respondents)	\$93,092	\$90,583	+3.7%
Female (91.2% of respondents)	\$91,613	\$89,933	+1.86%
Salary Difference	\$11,781 or 12.86%	\$7,396 or 8.2%	

Physician Assistant Salary by Gender			
Gender	2012 Salary	2011 Salary	Change
Male (43.8% of respondents)	\$102,165	\$102,222	+0.56%
Female (56.2% of respondents)	\$97,038	\$98,986	+0.12%
Salary Difference	\$9,881 or 10.19%	\$13,327 or 15%	

Table 3 Demographic Overview			
Nurse Practitioner Data Overview			
	2012	2011	Change
Number of years in practice as an NP	9.3	9.3	No change
Annual full-time base salary	\$93,092	\$90,583	+2.7%
Part-time hourly rate	\$48.49	\$47.63	+1.8%
Number of patients each week	62.24	64.95	-4.17%
OTC recommendations per week	27.7	28.61	-3.18%
Prescriptions written per week	66.42	69.19	-4.00%

Physician Assistant Data Overview			
	2012	2011	Change
Number of years in practice as an PA	12.37	11.87	+4.21%
Annual full-time base salary	\$102,165	\$94,870	+7.69%
Part-time hourly rate	\$55.16	\$50.52	+9.18%
Number of patients each week	74.07	80.47	-7.95%
OTC recommendations per week	35.37	33.10	+6.86%
Prescriptions written per week	83.75	78.71	+6.40%

## 2010 Salaries by Practice Setting

### NURSE PRACTITIONERS\*

(In descending order by salary; based on 2,956 responses)

Primary Work Setting	2010 Salary	2009 Salary	Change in %
Emergency department	\$104,549	\$104,369	0.2% increase
Aesthetics/skin care	\$102,547	\$105,152	2.5% decrease
Mental health	\$100,914	\$100,140	0.8% increase
Cardiology clinic	\$100,881	\$90,159	11.9% increase
Oncology clinic	\$98,327	\$88,856	10.6% increase
Hospital	\$93,943	\$93,694	0.3% increase
Neonatal unit	\$93,925	\$95,280	1.4% decrease
Geriatric	\$93,668	\$91,863	1.9% increase
House calls	\$93,390	\$98,915	5.6% decrease
Corrections	\$91,630	\$88,880	3.1% increase
Surgery	\$91,511	\$90,959	0.6% increase
Retail clinic	\$90,170	\$89,049	1.2% increase
HIV clinic	\$89,857	\$88,086	2.0% increase
Diabetes/endocrinology	\$89,710	\$85,244	5.2% increase
Internal medicine	\$88,287	\$88,903	0.6% decrease
Family practice	\$86,518	\$86,520	0.002% decrease
Pediatric practice	\$85,618	\$83,926	2.0% increase
Women's health	\$83,687	\$83,319	0.4% increase
Academia	\$80,400	\$81,552	1.4% decrease
College health (12 mos.)	\$79,139	\$81,981	3.4% decrease
Elementary or secondary school	\$77,513	\$76,965	0.7% increase
College health (9 mos.)	\$60,829	\$63,452	4.1% decrease

## PHYSICIAN ASSISTANTS

(In descending order by salary; based on 1,276 responses)

Primary Work Setting	2010 Salary
Mental health	\$116,758
Elementary or secondary school	\$115,000
Cardiology practice	\$109,030
Aesthetics/dermatology practice	\$107,727
Emergency department	\$103,489
Surgery	\$102,760
Hospital unit (other than surgery or emergency department)	\$97,680
Nursing home, assisted living or long-term care facility	\$96,364
Worksite	\$95,296
Academia	\$95,215
House calls	\$94,383
HIV clinic	\$91,333
Retail clinic	\$91,188
Family practice	\$90,528
Women's health practice	\$87,974
Pediatric practice	\$86,894
Oncology practice	\$85,851
College or university clinic	\$85,441
Correctional facility	\$81,404
Diabetes/endocrinology practice	\$69,000

\*Year-to-year comparison available for NPs only. 2010 was the first year ADVANCE collected data on PAs.

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## References

- American Academy of Nurse Practitioners  
[www.aanp.org](http://www.aanp.org)
- American College of Nurse Practitioners  
[www.acnp.org](http://www.acnp.org)
- National Council of State Boards of Nursing  
[www.ncsbn.org](http://www.ncsbn.org)
- The American Academy of Physician Assistants  
[www.aapa.org](http://www.aapa.org)

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## Discussion

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