



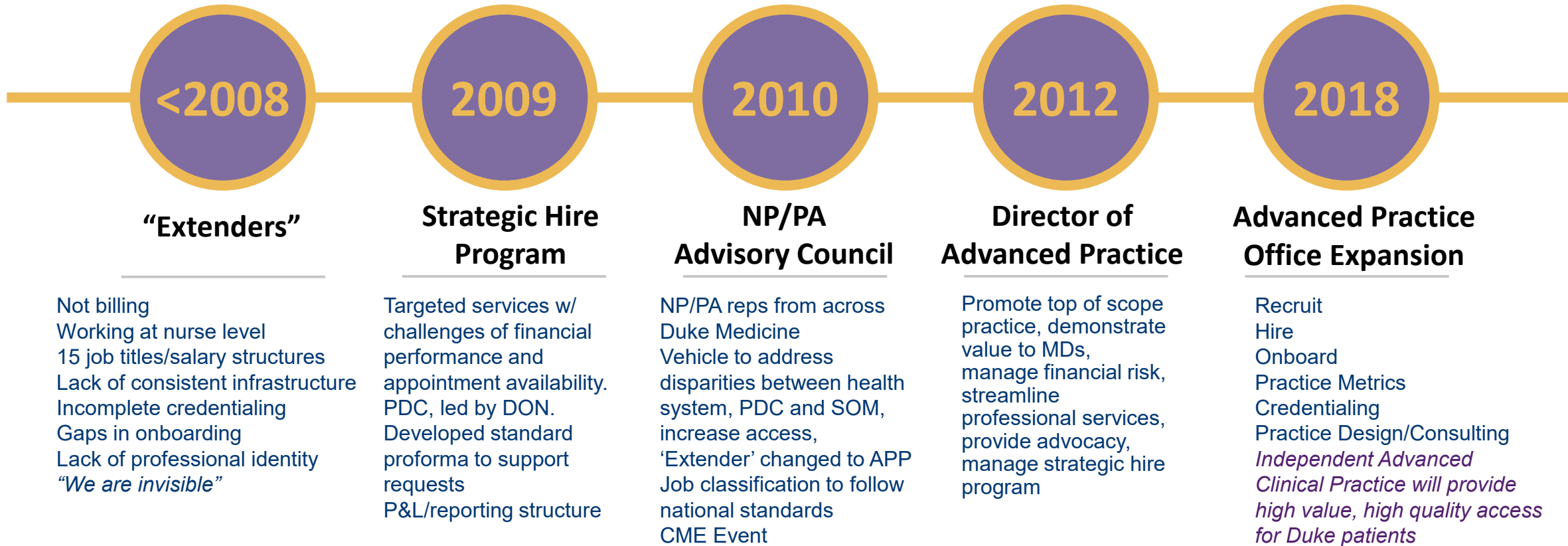
Duke Faculty Practice (PDC) Advanced Practice Office




Provide consistent and comprehensive services to ambulatory specialty practices who include Advanced Practice Providers, in order to provide seamless high quality, high value and accessible patient care.



Advanced Practice at Duke





Problems

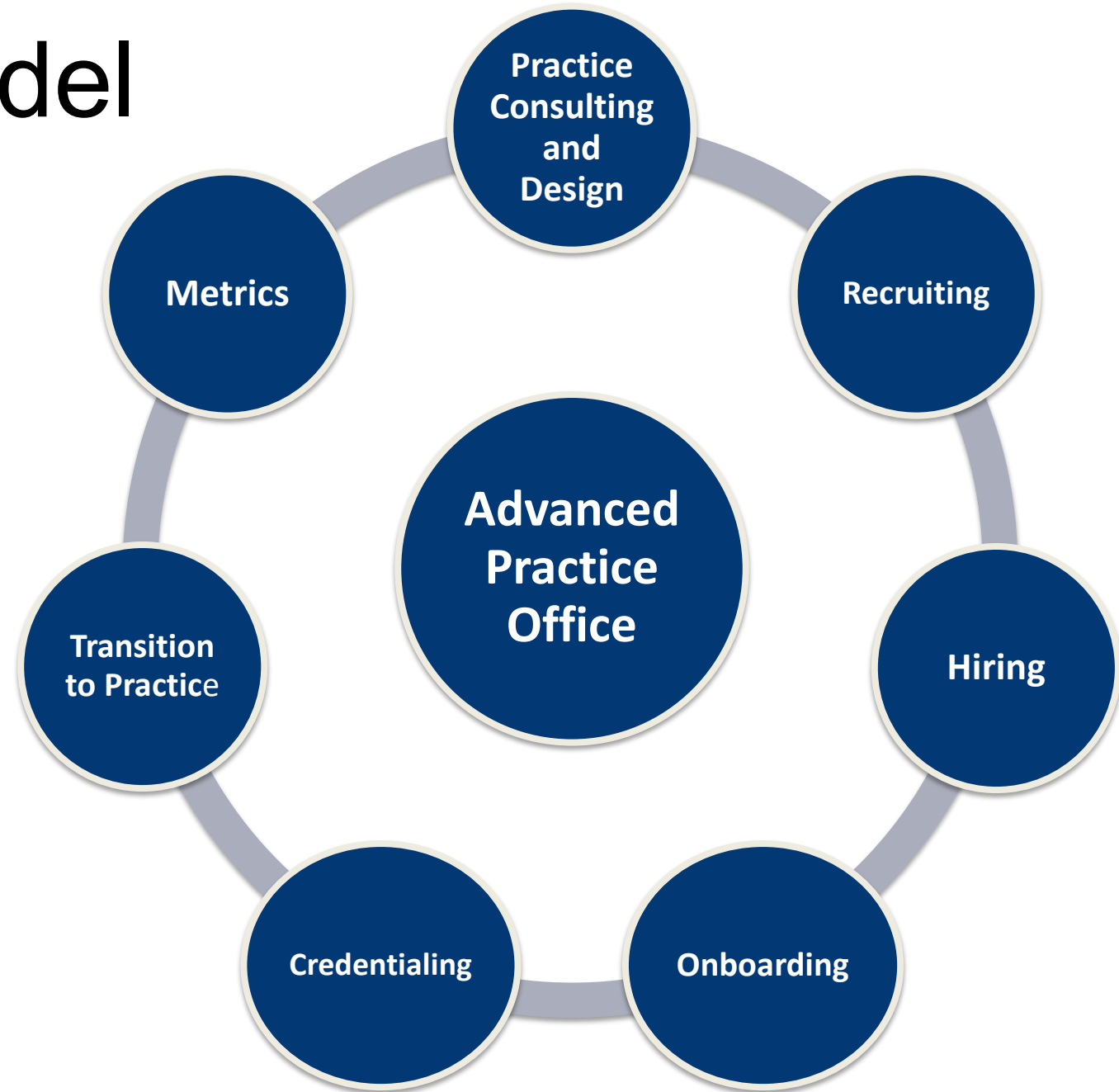
- Regulatory and compliance breaches
- Missed billing opportunities
- Poor onboarding and orientation leading to attrition and turnover
- Decreased access
- Burnout



Benefits

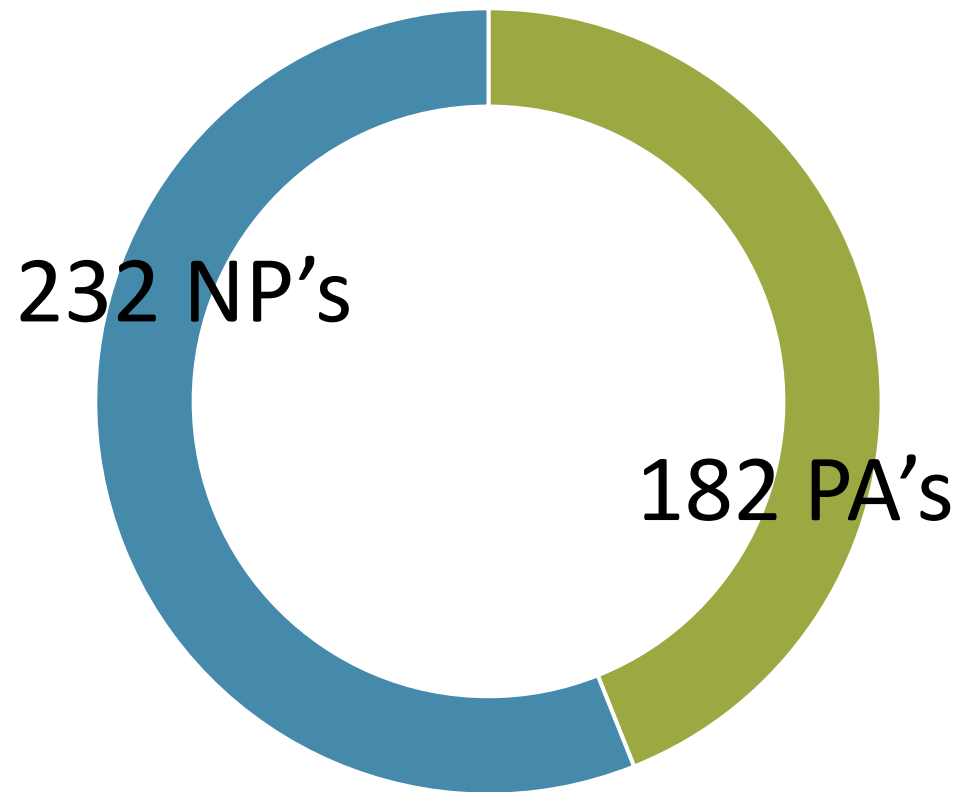
- Seamless integration for new APP
- Ensure timely credentialing process
- Comprehensive onboarding (administrative and clinical)
- Clinical ramp-up and specialty training clearly outlined
- Practice consulting services to optimize clinical care, communication, patient access, billing practices
- Decreased turnover
- Improved provider experience in clinic (interprofessional teams)

Business Model





Duke Health Ambulatory APP Summary



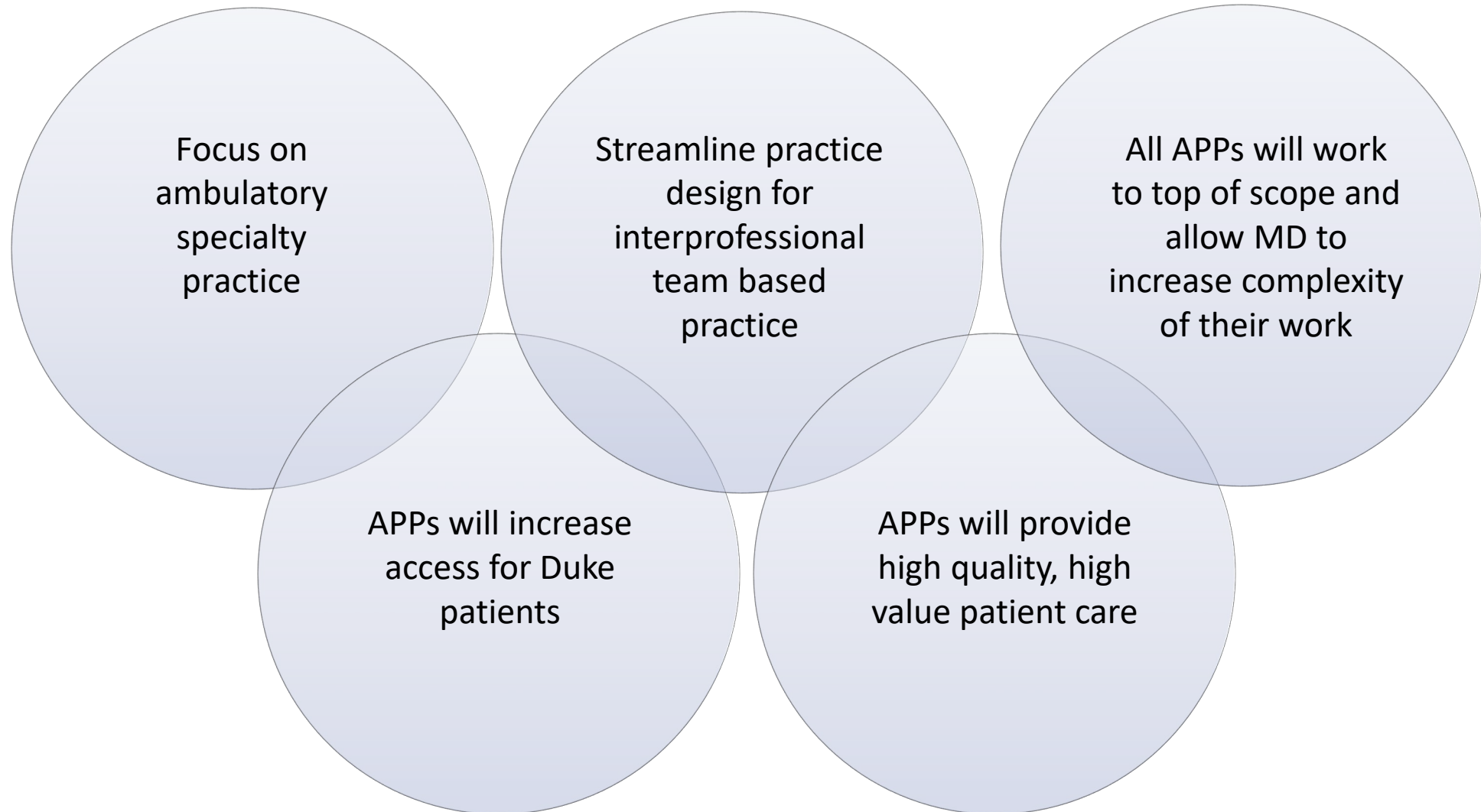
FY18 through period 8

307,288 wRVU' s

186,270 billed professional encounters



Goals and Objectives



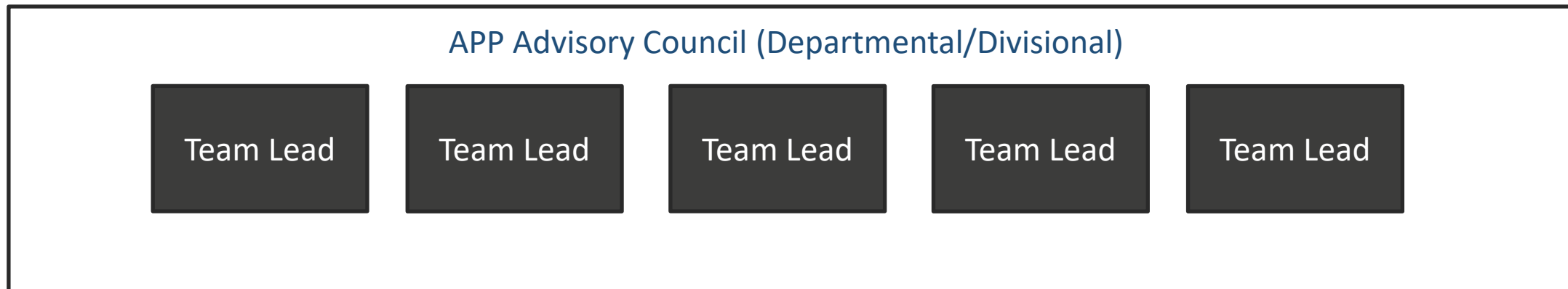
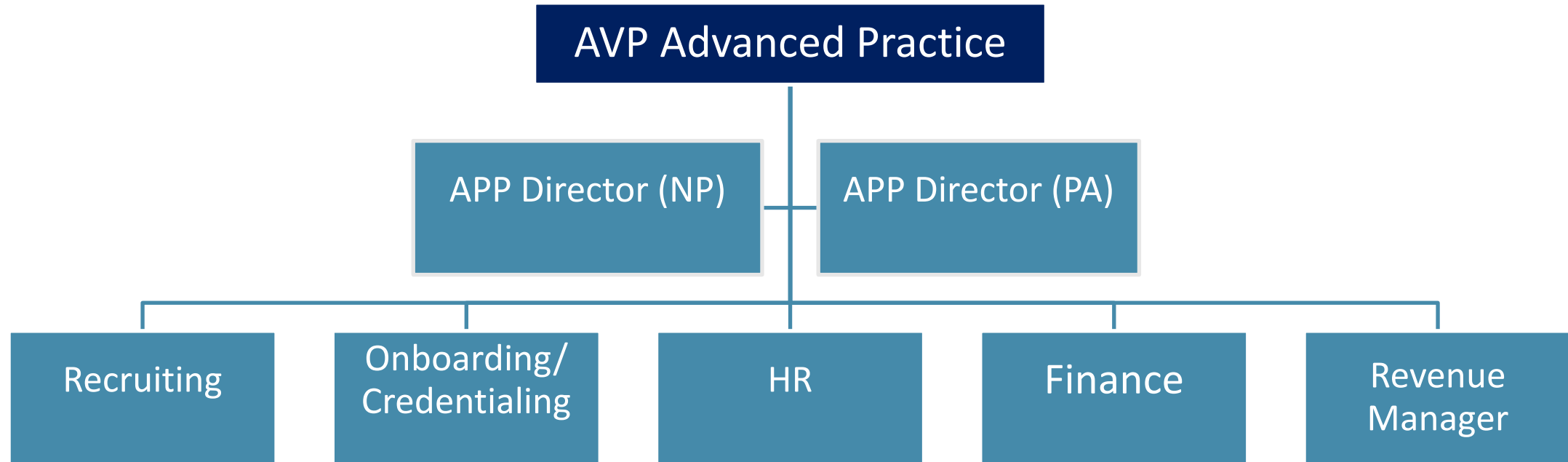


Services specific to Ambulatory Practice

- Create targeted job descriptions and practice agreements
- Coordinate with physician and departmental leadership
- Design effective practice models (coach collaborative decision making and delegation)
- Productivity metrics to inform top of scope practice
- Transition to Practice / APP Fellowships
- Ambulatory APP Advisory Council
- Staffing model and ratio guidelines

Ensure efficient care by building effective provider teams to meet value and quality based healthcare demands

Advanced Practice Office Organization Chart



Ambulatory Specialty Practice Team Lead



- Communicate on a regular basis with Departmental/Divisional and clinic leadership.
- Conduct team meetings to identify, prioritize and discuss any issues relating to clinical and professional practice and the success of interprofessional team care offered by the practice.
- Attend faculty meetings and weekly operations phone calls as agenda dictates.
- Participate in the recruitment, hiring, orientation, on-boarding, and retention of new APP hires for the Division.
- Develop and coordinate quality improvement projects and best practice initiatives.
- Communicate with the Department HR Director regarding APP personnel as needed.
- Communicate with Department Business Manager(s) regarding salaries, reimbursement, billing/compliance, and productivity.
- Assist APPs with credentialing, licensure maintenance, and regulatory compliance.
- Coordinate APP student clinical rotations.
- Act as a liaison with the PDC Advanced Practice office.
- Advocate for practice models that allow APPs to function at the fullest extent of their scope of practice and licensure.
- Be available for problem solving at the local clinic level – this may mean collaborating with Maestro, DHTS, HR, Division Business Manager, Credentialing, Nurse Managers and HCAs to address concerns that arise on a case by case basis.
- Communicate with team as needed regarding pertinent practice advisories, Division activities and expectations, clinic policies and procedures.
- Approve Time Away for APP providers (holiday coverage, vacation, CME) according to Departmental policy. May delegate sign off to Administrative Assistant.
- Coordinate clinic coverage in the case of provider illness.
- Coordinate Performance Evaluation Process bi-annually, maintain Expected Job Responsibilities (EJRs).
- The Team Lead will receive a 5% salary increase as long as they remain in the role. If they step down from the role they will no longer receive the increase.
- The Team Lead will be allowed four hours weekly for administrative time to fulfill Team Lead Responsibilities



Key Performance Indicators

Metrics Collected to inform Practice Evaluation and Design – actual and variances

- First and second year performance
- Actual Encounters: compare to hire/proforma
 - New
 - Return
 - Total
- wRVU
- Session totals
- Revenue/Receipts
- Benchmarks
 - Internal
 - External (MGMA, UHC)
- Proforma
 - wRVU
 - Revenue
 - MGMA



Fellowship (Transition to Practice) Curriculum



Does your Practice Need an Advanced Practice Provider?

What is the issue requiring an APP?

- Resident/provider manpower augmentation
- Workflow issues (patient throughput for procedures, patient access for clinic)
- Increasing number of procedures
- Addition of a new service
- Provider availability resulting in lost revenue/productivity

Is an APP the only fix to the issue?

- Does the fix to the issue require regulated medical acts including:
 - assessment / diagnosis
 - ordering tests or medications
 - prescribing
 - performing procedures
 - assisting in surgery

What is the cost and ROI?

- Will the APP's work allow the physician to be productive in other areas?
- Are there reimbursement or billing opportunities?
- If so, does the reimbursement or billing offset the cost of the APP?

APP Models in Ambulatory Practice

Model	Care Team Strategy	Misc.	Billing Expectation	Clinic Flow Example
Production Model	<ul style="list-style-type: none"> Expand patient access to care APP is expected to see large patient volumes 1.0 cFTE is generally 8 half-day clinics weekly, with 2 half-day sessions for clinical follow-up/administrative time 	<p>The APP is provided infrastructure (exam rooms, clinical support staff, admin support etc).</p> <p>Requires strong onboarding/clinical training to establish and maintain quality.</p>	APP professional fees are generated by independent billing (W2) unless collaboration with MD is required (I2 or S/S).	<ol style="list-style-type: none"> APP manages all aspects of patient care, collaborates with MD when needed. APP works to top of scope Example is Family Medicine, where APP manages their own continuity panel of patients
Co-Management Model	<ul style="list-style-type: none"> Integrates APP into the physician encounter Permits the MD to see a larger volume of patients (usually double) 	<p>This role can be filled by an experienced RN or Nurse Clinician at a lesser cost.</p> <p>MD clinic templates should be adjusted when APP joins practice.</p> <p><i>APP should never act as scribe.</i></p>	<p>MD bills for service</p> <p>NOTE: two billing providers see one patient, only one bills for the encounter.</p>	<ol style="list-style-type: none"> APP sees patient, completes HPI, PE and A&P, starts documentation APP then 'presents' the patient to the MD (similar to resident) MD goes in to repeat elements of the visit. APP performs all care coordination after the visit.
Parallel Model	<ul style="list-style-type: none"> Expands patient access to care. Patient is following a plan of care that can be appropriately managed by APP (usually in specialty practice) 	<p>Can be called a 'parallel' model if MD and APP clinics are side by side. This allows for convenient collaboration.</p> <p><i>Scheduling pt. in APP clinic for access to the MD should be avoided – this is disruptive to both clinics.</i></p>	<p>Both MD and APP bill for their professional services.</p> <p><i>Pts often appreciate having 2 appts scheduled (one with MD, one with APP). This way they have more resources and do not feel that they lose touch with MD.</i></p>	<ol style="list-style-type: none"> MD sees patient for first visit and establishes plan of care. APP sees the patient for the next one/two visits MD sees patient the next time. If there is a change in the patient's condition, the pattern can be adjusted.
Follow-up Model	<ul style="list-style-type: none"> MD clinic is fully scheduled with new patients APP clinic is scheduled with follow-up pts 	Care team is introduced to pt/family and schedulers.	Both MD and APP bill for their professional services	<ol style="list-style-type: none"> Pt sees MD for first visit Pt will see APP for all return visits (unless pt acuity requires MD visit) APP serves as primary contact for the pt between visits.



Standardized Resources

- Advanced Practice Website
- Live monthly APP Orientation
- Compliance Training and ongoing support
- Concierge Epic Training
- Templates: practice agreements, job descriptions
- Expected Job Responsibilities
- Training and support for Supervising MDs
- Online Regulatory Documentation Repository
- Standardized onboarding checklist
- Track APP process and effort on Duke Medicine Recruiting tool (DMR)