

**CAP2™**

# CENTER FOR ADVANCING PROVIDER PRACTICES

*A National Collaboration of Vizient™ and MCHC*

## **Advanced Practice Providers (APPs): *Strategies and Structures to Support High Quality, Lower-Cost Care***

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Carolinas HealthCare System



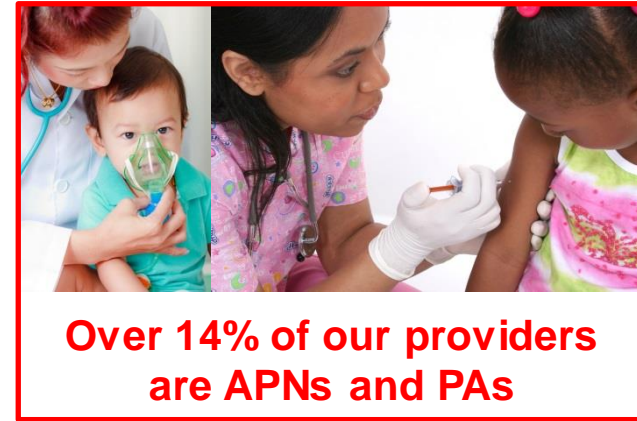
# Ann and Robert H. Lurie Children's Hospital of Chicago

- More than 620,000 total patient visits
  - 15,110 inpatient admission
  - 594,784 outpatient visits
  - 19,770 surgeries
  - 84,007 emergency visits
- More than 174,000 individual patients

**207 Advance Practice Providers**

**1,446 Physicians**

**70 Pediatric Specialties**





Lurie Children's ranks 11th nationally and qualified for the Honor Roll in the 2015-16 *U.S. News & World Report* Best Children's Hospitals rankings.

Lurie Children's is the only pediatric hospital in Illinois to be ranked in all 10 specialties — in fact, no other hospital scored higher in any one specialty area.

In 2015, Lurie Children's was **re-designated for a fourth time;** less than 1% of hospitals have been designated three times.

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**CAP2 Partnership since 2009**



# Carolinas HealthCare System (CHS)



Carolinas HealthCare System

- One of the nation's largest and most comprehensive systems (NC, SC, GA)
  - 44 hospitals / 940 Care locations
  - 7,500 licensed beds / 12.5 million encounters annually
  - 2,361 Physicians / 1,739 Advanced Clinical Practitioners
- The CHS Center for Advanced Practice positions CHS to be **preeminent** in defining the role of Advanced Clinical Practitioners (ACPs) in a **value-driven care** delivery system.



# Catholic Health Initiatives (CHI)

## Nation's 2<sup>nd</sup> Largest Nonprofit Health System

### Operations

- 19 states
- 103 Hospitals including:
  - 4 Academic Health Centers and major teaching hospitals
  - 30 Critical Access Facilities
- 12 CINs

### Employees

- > 90,00 employees
- 4,033 employed providers
  - 37% Advanced Practice Clinicians (APCs)

### Finances

- \$23 billion in assets
- \$15.2 billion in operating revenues

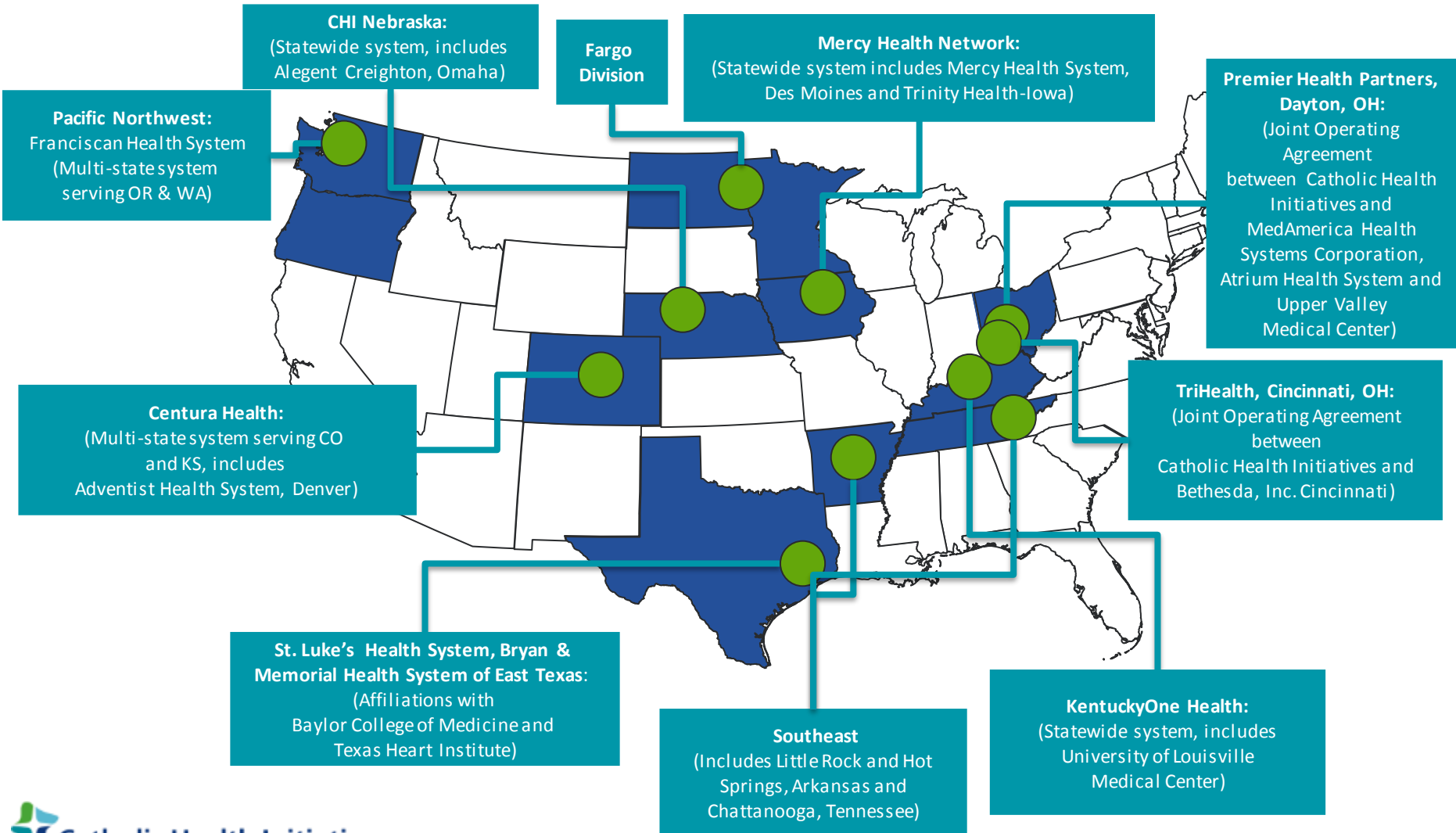
### Physicians and APCs

9.4 million office visits annually



**CAP2 Partnership since 2014**

# CHI's National Presence





# CAP2 NATIONAL TRENDS AND LEADING PRACTICES



# CAP2 – Our Mission



**Assess:**  
Provider Team  
Utilization



**Build:**  
Infrastructure



**Optimize:**  
All Providers



**Spread:**  
Leading  
Practices

# CAP2 – Our Data

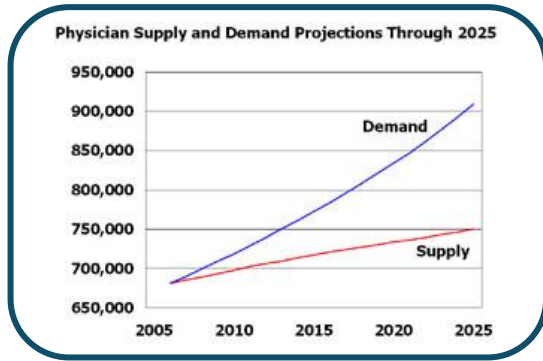
- Member data represents:
  - 260 organizations
    - **Acute and ambulatory**
    - *Hospitals; healthcare systems*
    - *Academic medical centers*
      - *critical access*
  - Almost 25,000 APRNs and PAs
  - 31 different states
  - 50 different specialty areas
  - And growing
  - **One of a kind**

Allergy/Immunology  
Anesthesia  
Bariatric Surgery  
Breast Health  
Burns  
Cardiology  
Cardiovascular Surgery  
Colon/Rectal Surgery  
Dermatology  
Education  
Electrophysiology  
Emergency Medicine  
Endocrinology  
Family Medicine  
Gastroenterology/  
Endoscopy/Hepatology  
Genetics, Birth Defects  
and Metabolism  
Geriatrics  
Hematology/Oncology  
Infectious Disease  
Inflammatory Bowel  
Disease  
Intensive Care  
Internal Medicine  
Neonatal  
Neurology  
Neurosurgery  
Nurse Midwives  
Obstetrics Gynecology/  
Women's Health  
Occupational Health  
Ophthalmology  
Orthopedics  
Otolaryngology  
Pain management,  
Acute or Chronic  
Palliative Care  
Pediatrics (General)  
Physical Medicine &  
Rehabilitation  
Plastic/Reconstructive  
Surgery  
Prostate  
Psychiatry  
Pulmonary  
Radiology, Nuclear,  
Interventional  
Renal/Nephrology  
Rheumatology  
Surgery (General)  
Transplant (Surgery)  
Transport  
Urogynecology  
Urology  
Vascular Surgery  
Wound/Ostomy

# CAP2 Members



# APP Demand and Growth



## Physician Shortages<sup>1</sup>

2020 Projection

**90,000 Physicians**



## APP Shortages<sup>2</sup>

2025 Projection

**20% Shortage**



## 2016 Best Jobs<sup>3</sup>

#4 – Nurse Anesthetist

#5 – Physician Assistant

#6 – Nurse Practitioner

### Sources:

1. Dall T et al. The Complexities of Physician Supply and Demand: Projections From 2013 to 2015. IHS Inc. Prepared for the Association of American Medical Colleges. March 2015
2. Sargen M, Hooker RS, Cooper RA. Gaps in the supply of physicians, advance practice nurses, and physician assistants. J Am Coll Surg. 2011;212[6]:991-999
3. U.S. News and World Report The 100 Best Jobs.2016. <http://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs>

# CAP2 Data Trends

## *Percent Growth in APRNs by Practice Area*

Clinical Practice Area	2013 APRN	2015 APRN	Count Growth	Percent Growth
Pediatrics (General)	90	215	125	139%
Palliative Care	38	59	21	55%
Neurology	77	113	36	47%
Pulmonary	62	82	20	32%
Internal Medicine	249	302	53	21%
Obstetrics & Gynecology/Women's Health	220	266	46	21%
Neurosurgery	132	157	25	19%
Cardiovascular Surgery	150	176	26	17%
Cardiology	257	298	41	16%
Gastroenterology/ Endoscopy/Hepatology	60	69	9	15%
Orthopedics	142	123	-19	-13%

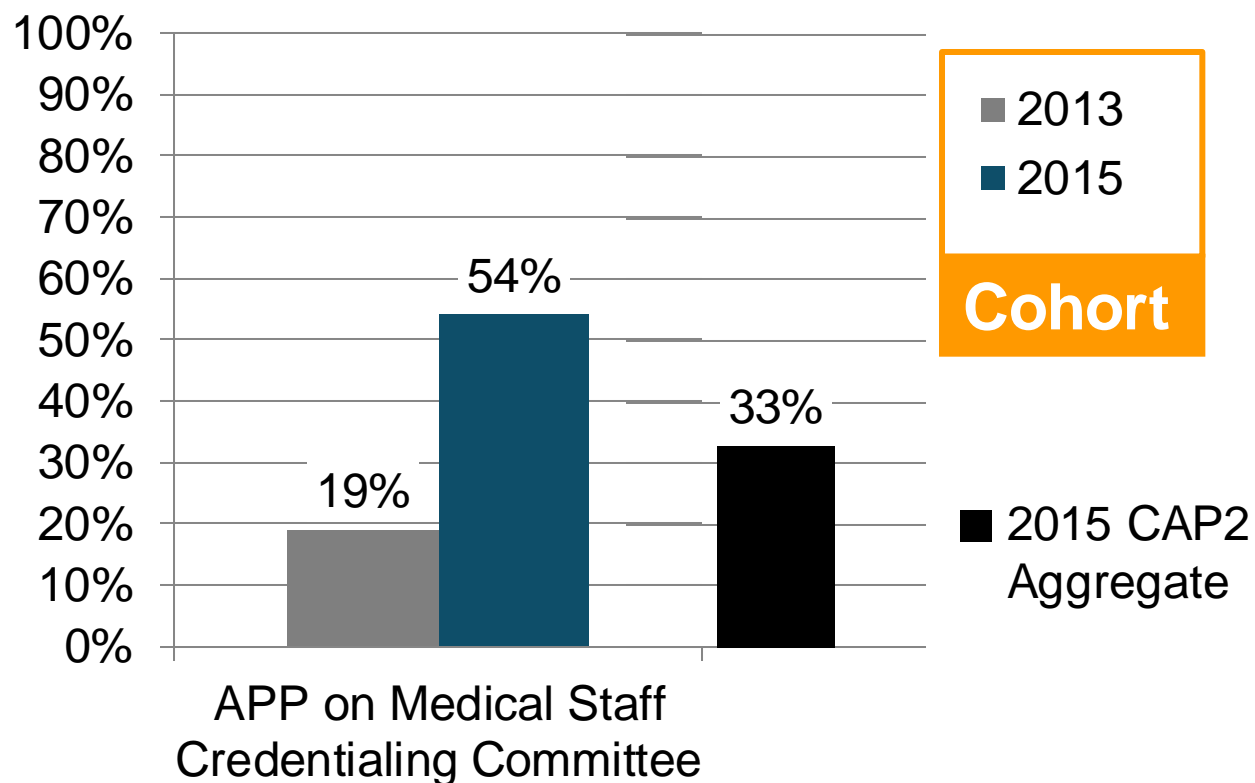
# CAP2 Data Trends

## *Percent Growth in PAs by Practice Area*

Clinical Practice Area	2013 PA	2015 PA	Count Growth	Percent Growth
Surgery (General)	58	143	85	147%
Intensive Care	29	59	30	103%
Internal Medicine	103	179	76	74%
Hematology/Oncology/Bone Marrow	123	207	84	68%
Emergency Medicine	127	192	65	51%
Neurosurgery	56	78	22	39%
Cardiology	79	107	28	35%
Gastroenterology/Endoscopy/Hepatology	48	64	16	33%
Orthopedics	253	290	37	15%
Cardiovascular Surgery	148	165	17	11%
Family Medicine	123	103	-20	-16%

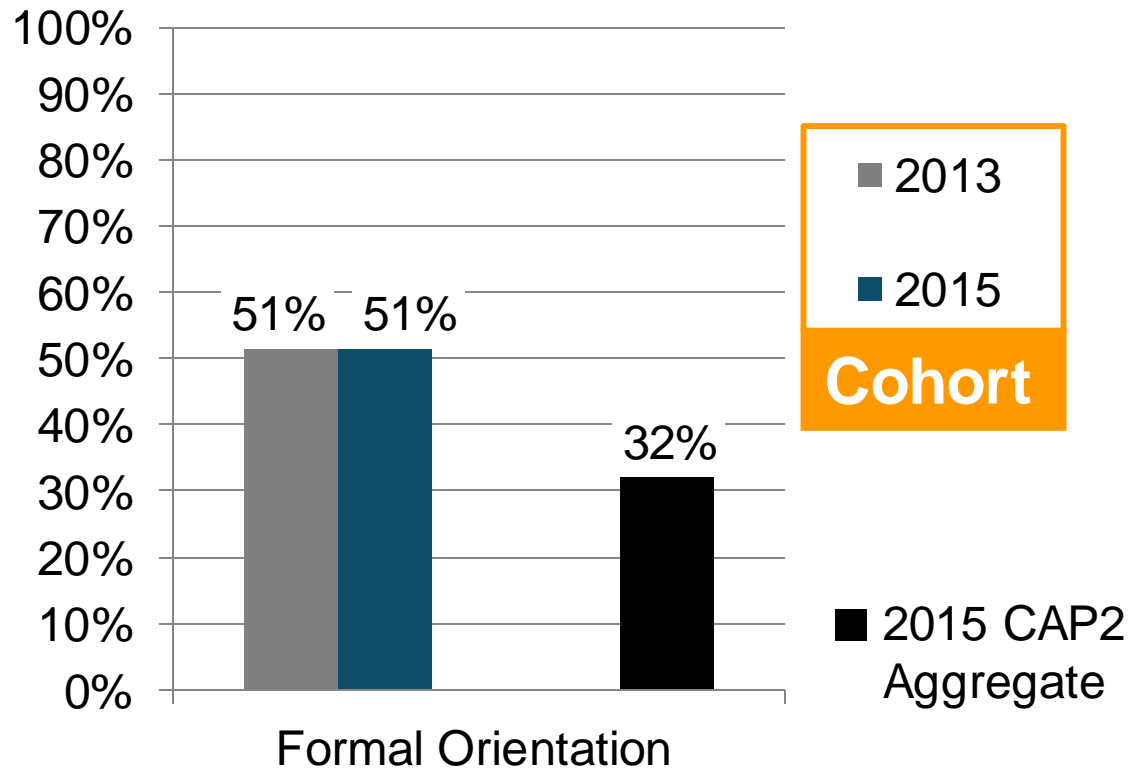
# APP Representation

*186% growth in APP representation on the Medical Staff Credentialing Committee*



# APP Orientation

*Only 32% report having a formal orientation or structured transition to practice program for APPs*





# APP Leadership Structures

- 73% of reporting organizations have an identified leader
  - 60% of identified leaders have a **Director** title
  - 37% of identified leaders have a dyad reporting structure

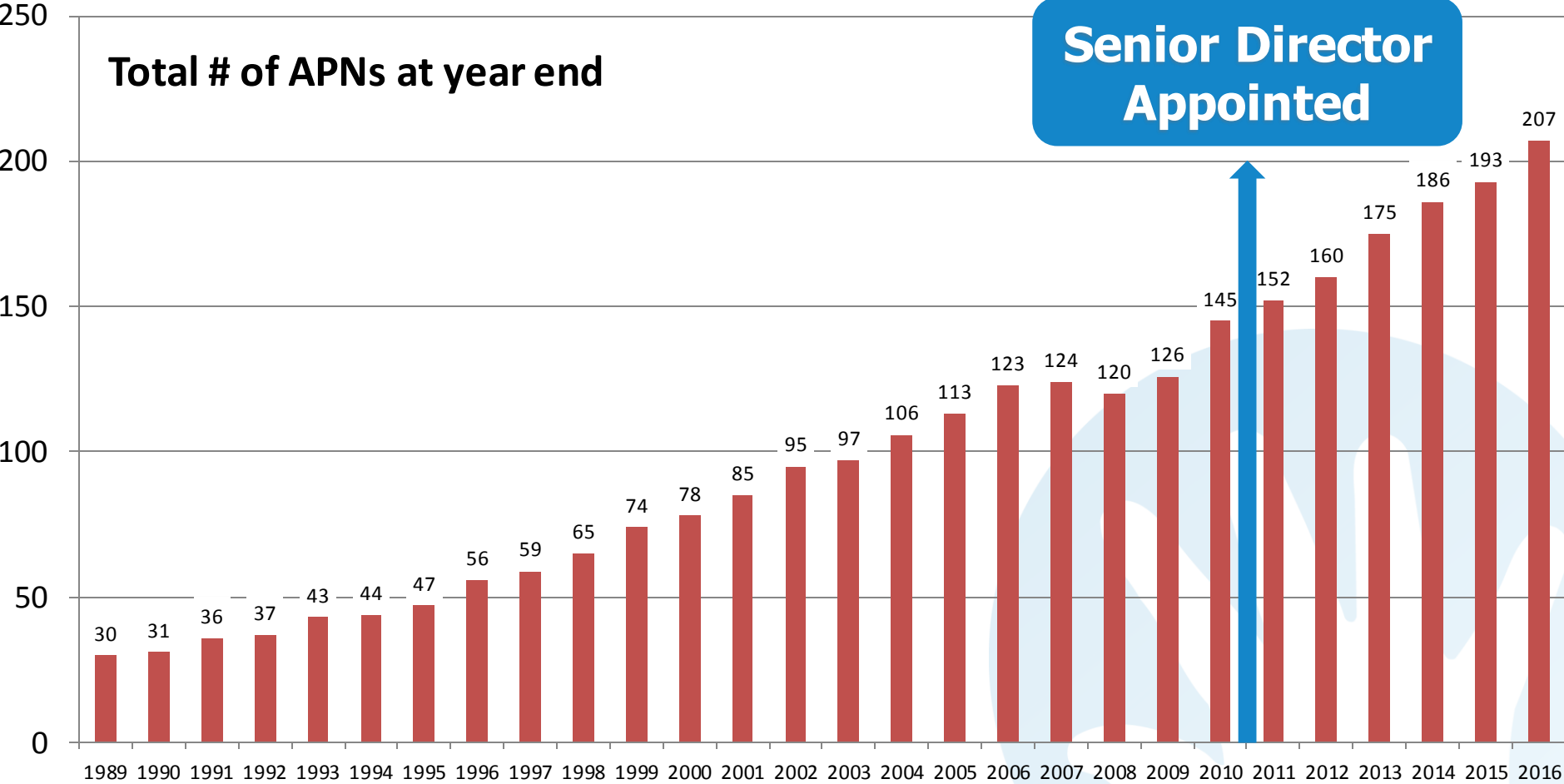


# Advanced Practice Leader Strategy and Structure – Lurie Children's

- Rapidly growing Advanced Practice Nurse (APN) workforce
- Informal leadership through the APN Council
  - Voluntary and lacking authority
- Inconsistent reporting structure
- Lack of standardize onboarding, clarity of role, utilization and productivity expectations
- Oversight of regulatory, practice and legal requirements
- Need to align with credentialing and privileging within the Medical Staff Office

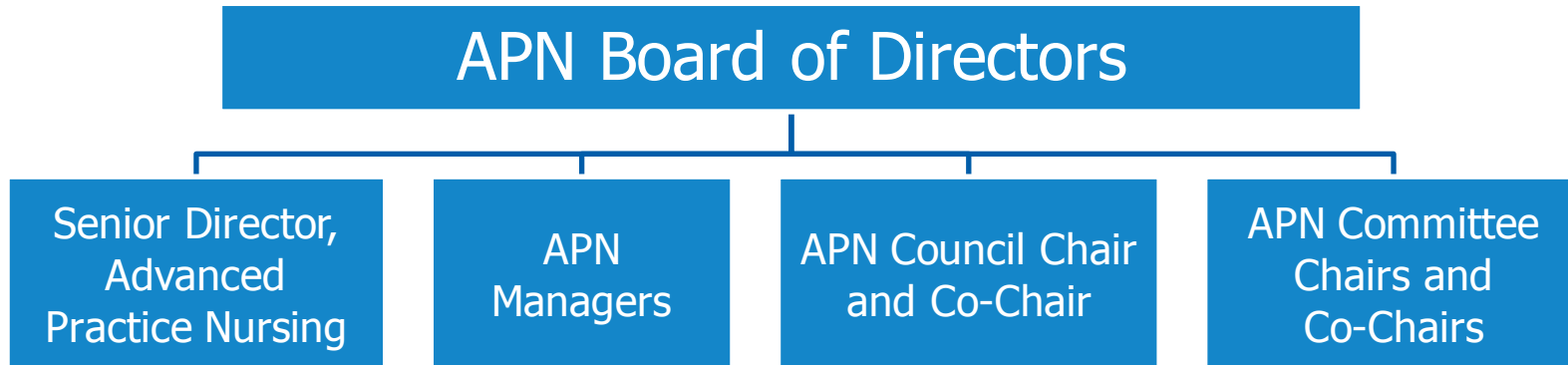


# APN/PA Growth



**Senior Director  
Appointed**

# APN/PA Council Structure



## APN Council Committees

- Credentialing
- Education
- Publication
- Informatics
- Health Policy & Advocacy
- Transition into Practice
- Billing & Reimbursement



# APN Manager Role – Demonstrating Value

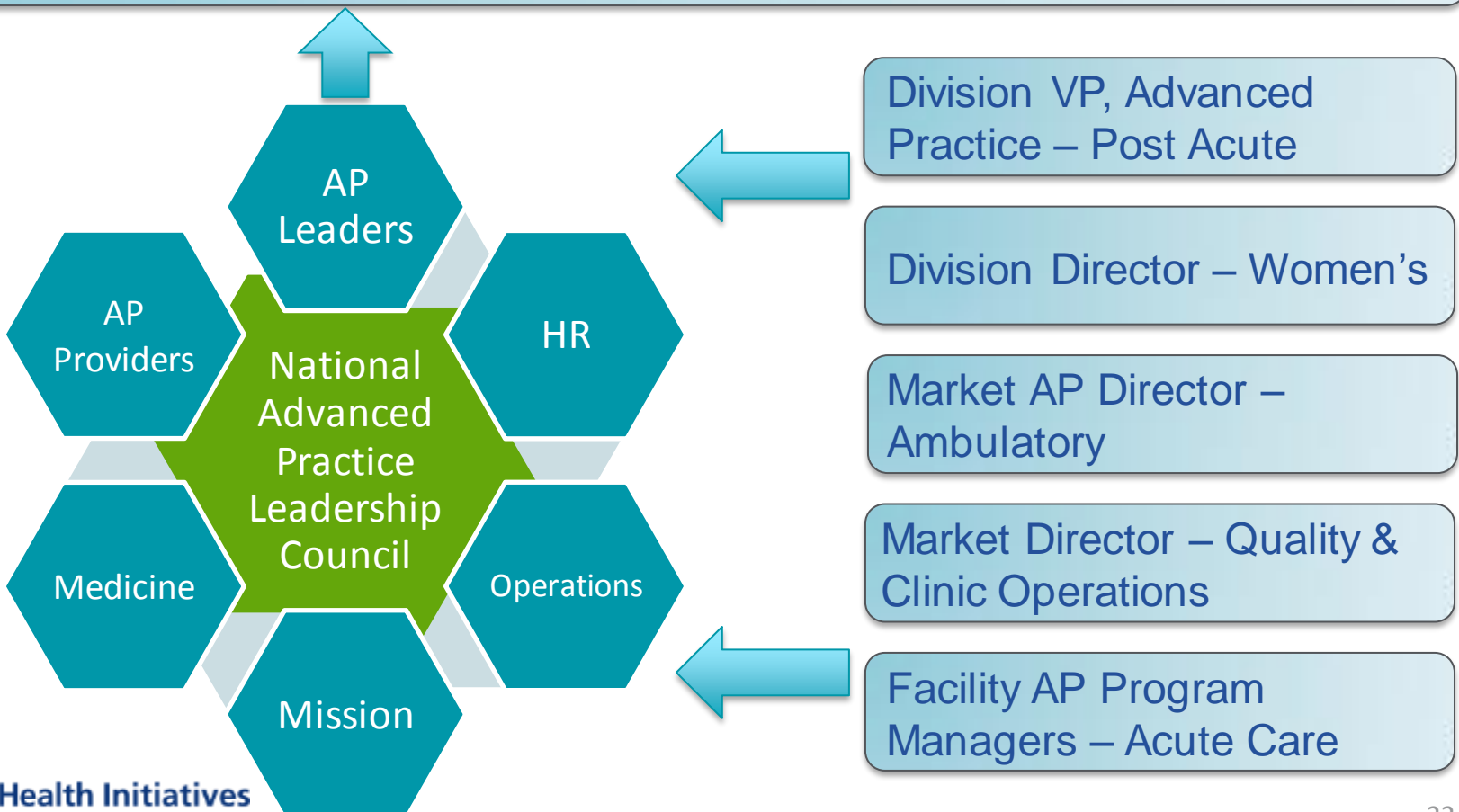
- Benefits

- Consistent Oversight
- Increased Productivity/Accountability
- Increased Billing – three fold
- Increased Patient Access – 25% increase in clinic volumes
- Competency tools and consistent evaluation
- Academic Productivity



# Advanced Practice Leadership Structure

National Vice President, Advanced Practice



# President's Council

## Clinical Leadership Council (CLC)

Co-lead by CMO, CNO, SVP PE, & SVP Performance Excellence

### CLC Membership: 15

3 Market physicians, 1 National physician, 4 Market nurses, 2 Market pharmacists, 1 National pharmacist  
1 Market SVP Ops, 1 Supply chain rep, 1 Finance rep, 1 Communication rep, 1 **Advanced Practice rep**

### Nurse Executive Council (NEC)

#### NEC Membership: 23

13 Market nurse leaders  
10 National nurse leaders

With representation across the Care Continuum

### Physician Executive Council (PEC)

#### PEC Membership: 57

17 National employees  
40 Market employees

50 physicians  
7 non-physicians

### National Pharmacy Executive Council (NPEC)

#### NPEC Membership: 16

12 Market pharmacists  
4 National pharmacists

Currently in transformation

### Medical Group Leadership Council (MGLC)

#### MGLC Membership: 29

MGLC Physician Enterprise: 8  
MGLC Shared Services: 6  
MGLC Executive Committee: 3  
MGLC Physician/Provider Compensation Committee: 8  
MGLC Quality & Patient Safety Committee : 4

### Advanced Practice Leadership Council (APLC)

#### APLC Membership: 37

35 Market clinicians & Market leaders  
2 National AP leaders

### Clinical Services Group (CSG) & Physician Enterprise Groups (PE)

Clinical recommendations from these groups go to the proper Clinical Council before moving to CLC for final approval.

# Advanced Practice Strategy Development

- **Vision**
  - Be the industry leader in Advanced Practice Care
- **Strategic Focus**
  - **Develop strategy for innovative models of team-based care with a specific focus on leveraging the expertise and knowledge of Advance Practice Clinicians (APCs) across the care continuum. (Challenge the conventional APC role to meet the demands of the next era healthcare)**
  - Establish consensus-based quality and financial outcome measures achieved through the effective integration of APCs and implementation of advanced practice care models.
  - Identify and fully leverage state regulation opportunities to improve patient access to APCs that support interdisciplinary, team-based care models.



# CHI Advanced Practice

## FY 15 & 16: Areas of Focus

### 1. State Regulations Resource Tool

### 2. "Current State" Operations

- CAP2 Survey
- State Regulations + CAP2 Data
  - Standardization of DOP

### 3. Quality

### 4. Compensation

### 5. Care Model Design

- Advanced Practice pilots in primary care
- Team Care

CAP2 Data		Texas	
		Texas Hospital A	Texas Hospital B
Core Privilege	Practitioner	Privilege	Privilege
Write admission orders	APRN	N	Y
Write discharge orders	APRN	N	Y
Write transfer orders	APRN	Y	Y
Obtain history & physical	APRN	Y	Y
Order & interpret diagnostic testing and therapeutic modalities	APRN	Y	Y
Order & perform referrals and consults	APRN	Y	Y
Order blood & blood products	APRN	Y	Y
Order inpatient non-schedule medications	APRN	Y	Y
Order inpatient schedule (II-V) medications	APRN	N	Y
Order conscious sedation	APRN	N	N
Order topical anesthesia	APRN	Y	N
Prescribes outpatient non-schedule medications	APRN	Y	Y
Prescribes outpatient schedule (II-V) medications	APRN	N	N
Incision & drainage with or without packing	APRN	N	Y
Write admission orders	PA	N	N
Write discharge orders	PA	N	N
Write transfer orders	PA	N	N

# Project Phases

## Primary Care Pilots

*Objective: Implement innovative, collaborative MD/APC team-based primary care models with expanded physician to APC ratios of at least **1:3** in each Division*

### Criteria

- Expanded Physician/APC ratio of 1:3
- Dyad Medical & AP Leadership
- Team-based, top-of-license/ autonomous deployment
- Complimentary make-up of team members
- Credentialing, privileging and competency assessment process
- Supportive bylaws and policies
- Collaborative Peer Review Process
- Team-based compensation methodology

### National Support

- Develop guidelines/ standards for infrastructure design
- Create “Playbook” and Comprehensive Operations Manual
- Operational support with implementation
- Provide performance reporting for identified metrics

### Strategic Alignment

- Building Out Care Continuum
- Single System of Care (Removing Clinical Variation)
- Financial Performance (Ambulatory-Primary Care)

### Standardized Metrics

- Access
- Clinical Outcomes
- Patient Satisfaction
- Provider Engagement
- Financial Performance

# CHS Center for Advanced Practice

- AVP for CHS Center and Chief ACP for CHS
  - NP Fellowship Director (Assistant)
  - PA Fellowship Director (Assistant)
  - ACNP Clinical Program Director (0.5 Asst.)
  - Center Director (3 Support Staff)
- Reports to:
  - Chief Academic Officer
  - Chief Physician Executive
  - Chief Nurse Executive

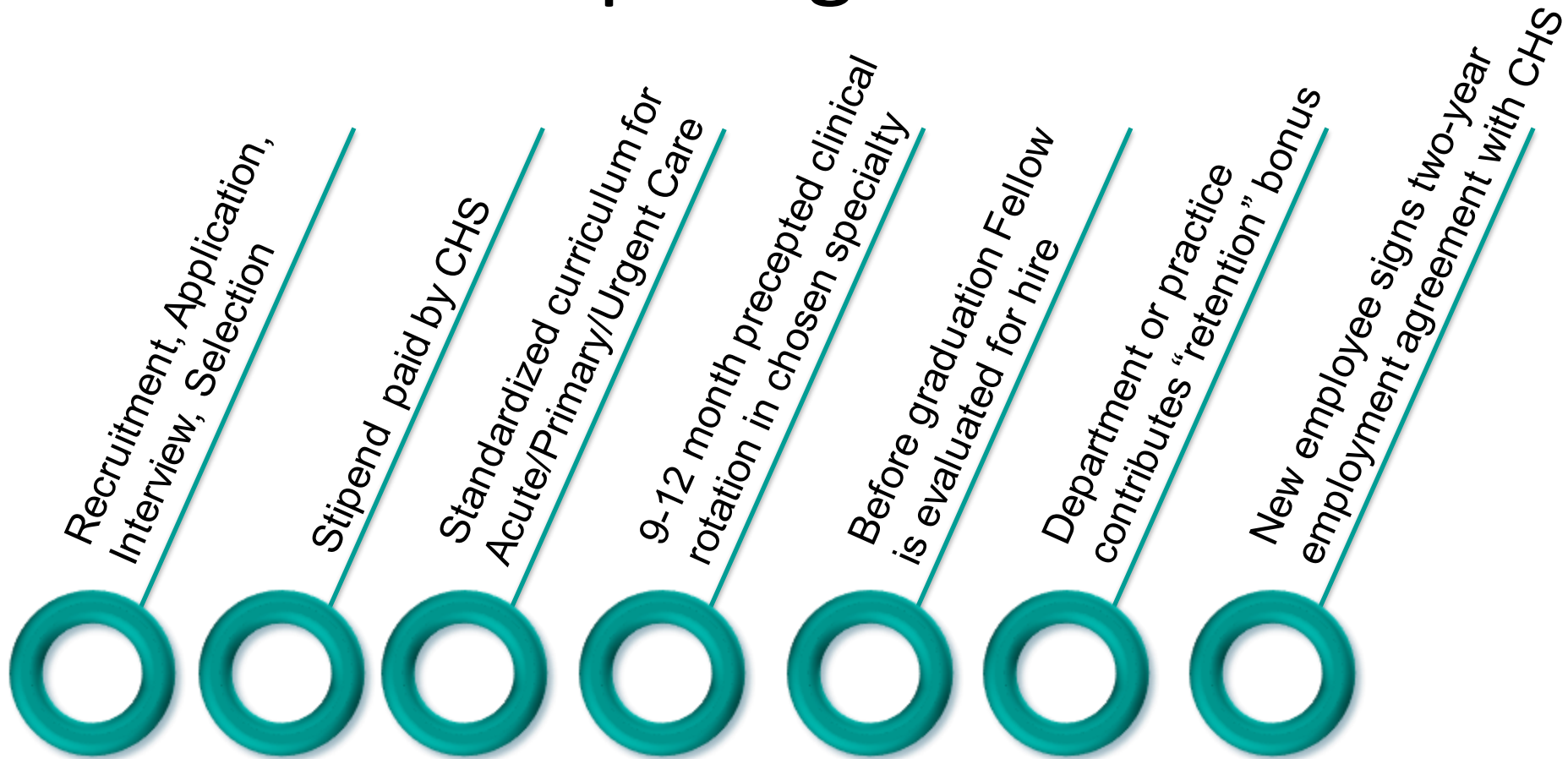


# CHS Post-Graduate Program Overview

- Largest in the Country
- NPs and PAs
- 19 unique specialty tracks/  
67 Fellows annually
- Specialty experience above and  
beyond basic NP/PA formal education
- Over 2,200 more clinical hours
- Special procedure proctoring



# Fellowship Program Process



New employee goes to work **with all orientation, credentialing and hospital privileging done and prepared for productive work on Day 1**



# Fellowship Program Financials/Outcomes

- \$18.4 million over 5 years
  - Included Center, Fellowship and Collaborative
  - Did not include expansion (32 Fellows v. 68 Fellows)
- ROI – Proj. BE 18 mo. (\$27.4 million in 18 mo.)
  - Lower provider workforce cost (\$18.2 m) (141 ACPs)
  - Revenue generated by Fellows (\$4.5 m)
  - Decreased open position time (\$2.1 m) 141 – 92 days
  - Decreased turnover rate (\$2.9 m) (18 ACPs) 12 – 7%
  - Lower recruitment costs (\$0.7 m) (218 ACPs)
  - Increased ACP engagement scores and Patient Satisfaction scores



# Questions and Discussion

