Medical College of Wisconsin Children's Specialty Group
Milwaukee, Wis.
Children’s Specialty Group is a joint venture between the Medical College of Wisconsin and the Children’s Hospital of Wisconsin. All physicians and advanced practice providers are employed by the Medical College of Wisconsin in the Children’s Specialty Group. They provide acute care services at Children’s Hospital of Wisconsin and its hospital-based clinics. Children’s Specialty Group includes 336 physicians and 191 advanced practice providers. The advanced practice provider composition is:

- 77% advanced practice registered nurses (APRNs)
- 22% physician assistants (PAs)
- 1% anesthesiology assistants

**CAP2 leadership structure case study series**

The Medical College of Wisconsin Children’s Specialty Group completed a leadership structure assessment with the Center for Advancing Provider Practices (CAP2™) to assess its current advanced practice leadership structures. A review of the leadership structure assessment data identified this organization as one with a highly evolved structure.

**Background**

In 2000, the Children’s Specialty Group (CSG) became a single pediatric practice specialty group across 15 medical school departments, including 158 physicians and 50 advanced practice providers (APPs). With one-third of the workforce being APPs who worked as clinical providers, leaders discovered a unique opportunity to create an infrastructure with one APP leader (a director of advanced practice providers) as point person for APPs across all departments.

CSG wasn’t looking for an APP administrative supervisor, but instead someone who could develop an organizational structure and model of care design, serve as a coach and mentor, and drive provider development and engagement. “We recognized the opportunity to look at the clinical activities of the APP disciplines across our entire practice versus siloed within each ‘ology,”’ said Pat Radoszewski, chief operating officer, CSG, Medical College of Wisconsin, Children’s Hospital of Wisconsin.

**Structure and responsibilities**

CSG designed structures and responsibilities for each role in relation to support of advanced practitioners, ranging from the director to staff members in human resources that have specific responsibility for recruitment and credentialing of APPs.
Here is an overview of roles and responsibilities:

**Director of advanced practice providers:**
- Has no direct line responsibility, only influence across the practices
- Acts as coach and mentor for physicians and others about the APP role; educates providers and staff on the scope of APP practice
- Works closely with practice administrators and physician leaders to help them understand and better utilize APP roles
- Develops meaningful APP orientation; handles onboarding, classroom time and evaluations without negatively impacting clinical time
- Participates in the interview process and ensures correct credentials for new candidates
- Has administrative, information technology and financial analysis support from the CSG operations budget — money allocated for annual APP conference, engagement and recognition activities, and coaching for emerging leaders
- Responsible for APP metrics
  - Billing and relative value units across total APP workforce, section or program
  - Time-to-fill — monitor but not tied to a key performance indicator
  - Turnover — very low; CSG is the only pediatric specialty organization in the region
  - APP satisfaction

**Front-line advanced practice provider leader:**
- Exists within specific service lines, including orthopedics, emergency, cardiology, neurology, neonatology and genetics
  - Develops other multiple lead positions where there are growing numbers of APPs

**Advanced Practice Nursing Council:**
- Composed of nurse practitioners and clinical nurse specialists

**Advanced practice nurses and physician assistant credentialing committees:**
- Staffed by advanced practice registered nurses and physician assistants who review every APP application

**Human resources recruiter:**
- Dedicated APP recruiter who understand the APP role and credentials
- Review all requests from the APP director before posting job openings

CSG’s group practice is beginning to create more committees and inviting APPs to participate on key workforce, finance and professional development committees. APPs and the APP director are collaborating with the Workforce Planning Committee to further strengthen and define APP roles, including adding more discipline and analytics around new and replacement positions. Any section or division adding an APP must develop and present a pro forma to the committee.
The team then adds requests to a three-year forecast used to assess overall staffing, space and other necessary resources. It assesses perceived need for a new or replacement APP position and determines what position is really needed—a registered nurse, medical assistant or scheduler. CSG is committed to everyone working to the top of their license.

The director of advanced practice providers, Tara Merck, MSN, CPNP, meets with each requestor to discuss the role, and may even shadow to determine exact needs. “Prior to hiring Tara, people were experiencing frustration because they hadn’t always identified what they really needed to get the job done, or they hired someone with the wrong skill set,” said Radoszewski. “Tara now meets with them in advance to determine what role and skills are needed.”

**Physician perspective**

In the beginning, many physicians viewed APPs as an important part of the team, but the APPs really had no identity as valued partners.

Many physician leaders ultimately recognized the significant role that APPs played on clinical teams, which helped them identify the APPs as valued partners. The physician leaders’ influence helped gain support for the APP structure and leadership role.

“We rarely use the term ‘physician’ anymore. We now use the term ‘provider’ in almost every venue,” said Radoszewski. “This helps bring our team together. We used the word physician until we realized we were actually disenfranchising a third of our provider team.”

**Lessons learned**

From establishing the need for a director position to integrating that director into the various layers of the physician practice, CSG learned many valuable lessons:

- Timing is critical—if it’s not the right time, don’t push. A crisis might be the best time to hire a director and/or additional APPs. Understand your needs and what’s necessary to meet them.

- A director has a lot of influence, so hire the right person with the right leadership style.

- Though APRNs and PAs come from different educational models, in many cases either can fill a vacant provider position with appropriate onboarding support.

- A meet-and-greet with physicians and leaders was important initially, but CSG ultimately would have done more meet-and-greets with individual APPs in all clinical areas; staff members need to make connections with them, build trust and gain their perspective.

- Strong executive champions are a must, including the practice CEO and chief operating officer, who then need to reinforce the importance of the director’s role to physicians and key administrative leaders:
  - Position the director to truly influence the practice
  - Have the director present individually or with a provider team at physician leader section meetings to demonstrate the role’s value
What is CAP2?

The CAP2 is an interactive, web-based solution designed to help organizations assess and manage the use of APRNs and PAs to optimize overall provider team performance. CAP2 data represents 350 health care organizations across 31 states and includes more than 30,000 APRNs and PAs in 50 clinical specialties.

CAP2 provides members with real-time access to organizational assessments and benchmarking reports for acute and ambulatory settings. Members also have access to web-based tools and resources, an annual CAP2 Educational Series, the Annual CAP2 Summit, and the ability to query other members through AskCAP2. Participants also network through various member-driven workgroups and the Thought Leaders Council.

What the future holds

CSG wants a better understanding of exactly which CSG employees are enrolled in an advanced practice program so they can reach out to those students as potential hires, resulting in shortened orientation timing. In addition, CSG has many senior-level APPs and would like to dedicate time for them to help train new APPs. This would provide new APPs with a career path, which helps CSG strategically while also providing promotional opportunities to recognize senior APP leaders with both position and compensation.

The practice is also in the process of assessing each section for provider expectations, such as clinical workweek, APP utilization and available support staff. The goal is to ensure that roles are used appropriately and that the practice can correctly size its teams. “We’re looking at what it is, what it should be and how we can get there,” said Radoszewski.

Interviews for the CAP2 Leadership Structure Case Study were conducted in 2016 when CAP2 was a collaboration of the Illinois Health & Hospital Association and Vizient Inc. Vizient acknowledges the CAP2 members who shared the evolution of their structures to support advanced practice in their organizations. This case study series will serve as a valuable resource for other CAP2 members on the journey to build an infrastructure to support high-performing provider teams.

As the nation’s largest member-driven health care performance improvement company, Vizient provides network-powered insights in the critical areas of clinical, operational, and supply chain performance and empowers members to deliver exceptional, cost-effective care.

For more information, please contact info@cap2.net.

© 2017 Vizient, Inc. All rights reserved.  ‘Provider’ is an all-inclusive term at this pediatric practice group