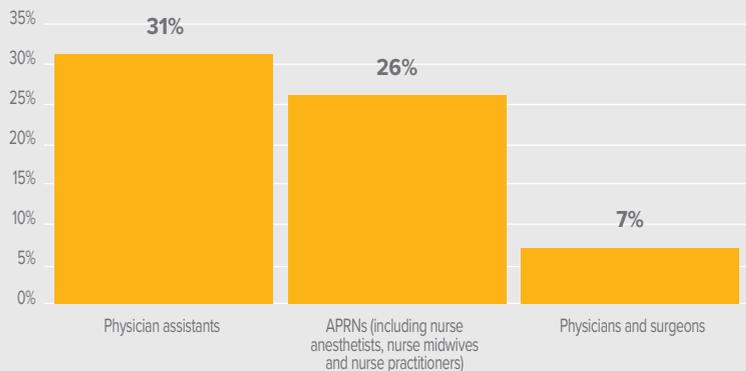


## Integration of APPs to improve revenue

Many systems are refining the way in which advanced practice providers (APPs) are utilized. Ten years ago, the solution was simply to hire more APPs, which worked in many markets. Now, however, systems are looking at utilizing a team-based care model that effectively uses each provider at top of license to grow the practice and provide access to care for patients.

Figure 1. Projected employment growth from 2018 to 2028<sup>1,2,3</sup>



In many states, the total number of APPs working in 2014 to 2015 didn't increase significantly; however, overall visits per APP increased at twice the rate of new entrants into the states. Growth decreased in nine states, but the number of visits increased; this may be due to markets maturing and APPs being utilized more efficiently and practicing at the top of their licenses.<sup>4</sup>

Lack of standardization in how APPs are being utilized is a big issue—some systems are utilizing their APPs as scribes, and some are not allowing them to perform initial visits. Systems are looking at the overall overhead costs of using APPs, as well as working on complex scenarios and care models that utilize APPs more efficiently and enable growth in practices and increase patient access.

### Embracing APPs into the organization's culture

APPs are a clarion of change for traditional clinical roles in health care. While they are increasingly being utilized in the industry, they still spend 38% of their time on non-revenue-generating responsibilities.<sup>4</sup> Determining their role and proper function is a hurdle many organizations currently face. Neither

nurse nor physician, APPs can provide unique expertise, especially in a team-based model where they can provide help to ensure the best continuum of care. Depending on the circumstance, they can also contribute either as the team leader or supporting member. To enable APPs to fulfill these responsibilities, it is vital to clarify their role within an organization and support them throughout their careers.

### Onboarding

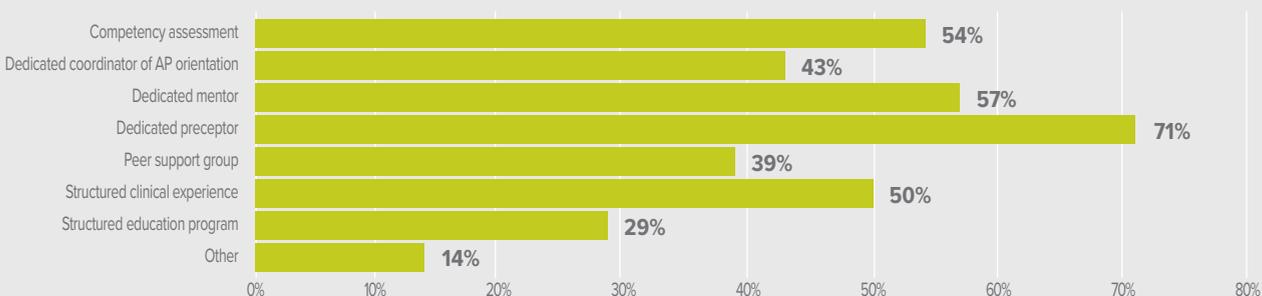
One APP is not the same as another. When APPs graduate, they are practice ready, but what does "practice ready" mean? Any new role needs mentorship and apprenticeship to acclimate appropriately. Analysts have observed that typically a three-month acclimation period is needed before APPs are able to take on a full primary care caseload; for specialty clinics, it may require six to nine months.<sup>4</sup>

Turnover, especially in the first year, hurts an organization's productivity and revenue. Onboarding helps reduce turnover by immersing staff into the organization's culture, establishes social support and provides clarity of their role. To their benefit, organizations with an onboarding program lasting a full year report turnover rates 40% lower than those lasting one month.<sup>5</sup> According to the Center for Advancing Provider Practices (CAP2) database, only 43% of APPs in the ambulatory setting have a structured onboarding program, and participants primarily focus on clinical skills when onboarding (Figure 2).



**\$250,000**  
The cost to replace an APP is as high as \$250,000.<sup>6</sup>

Figure 2. Features included in a structured onboarding program<sup>6</sup>



### Governance, committees and reporting structures

Governance and committees are important components of the infrastructure that support APPs in the workforce; in turn, APPs are becoming more essential to these components. Forty-nine percent of ambulatory organizations have an APP representative on the governing committee. Of those, 65% of the APP representatives have voting rights. Fifty-nine percent have an APP-specific committee as part of the ambulatory organization.<sup>4</sup>

The reporting structure for APPs varies. Twenty-nine percent of respondents to a CAP2 ambulatory organizational assessment indicated that their APPs have a dual-reporting structure. In most instances, APPs report to chief medical officers, chief nursing officers and APP directors that are responsible for both PAs and APRNs. Twenty-two percent of APRNs and 30% of PAs report to APP directors.<sup>4</sup>

### Leadership and professional development

The return on investment for adding an APP leader to the C-suite is significant. By doing this, organizations create an advocate that understands how to foster and develop APPs, starting with onboarding and training. This helps to decrease turnover, and is correlated with increased job satisfaction, eventually leading to increased engagement and better patient outcomes and satisfaction.

### Vizient member examples<sup>6</sup>

#### Example 1: Large system in the Midwest

In order to increase productivity and ROI, this system utilized the CAP2 database to determine who was doing what work in their clinic. They discovered APPs were spending a significant amount of time on administrative tasks. They reallocated those administrative responsibilities from APPs to case managers, nurses and non-licensed personnel, which improved patient access by freeing up the APPs to see more patients. This resulted in an increase in overall productivity and ROI for the clinic.

#### Example 2: Medium IDN in the Southeast

This system had access problems in their vulnerable patient population clinics and were not optimizing their APPs. CAP2 workforce assessments helped them understand who was doing what work and identify opportunities to shift the work and elevate to top of license. Using this knowledge, they created an APP-led clinic that increased productivity for both physicians and APPs while also bolstering revenue and providing additional access for patients.

**23%** increase in ROI

**28%**  
Increase in  
revenue

**85%**  
Increase in physician  
and APP productivity

**20%**  
Increase in  
patient access

### Conclusion

Patient populations are getting sicker and older and patient volume will only continue to increase. Addressing this volume can be resolved with a focus on team-based care, of which APPs are key. Hospitals and health systems must optimize APPs in the workforce and ensure they are practicing at the top of their license to maximize this investment.

Integrating APPs into the culture of an organization can lead to a more comprehensive and globally focused workforce that improves access to care and financial efficiency through independent APP work.

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### About Vizient, Inc.

Vizient, Inc. provides solutions and services that improve the delivery of high-value care by aligning cost, quality and market performance for more than 50% of the nation's acute care providers, which includes 95% of the nation's academic medical centers, and more than 20% of ambulatory providers. Vizient provides expertise, analytics and advisory services, as well as a contract portfolio that represents more than \$100 billion in annual purchasing volume, to improve patient outcomes and lower costs. Vizient has earned a World's Most Ethical Company designation from the Ethisphere Institute every year since its inception. Headquartered in Irving, Texas, Vizient has offices throughout the United States. Learn more at [www.vizientinc.com](http://www.vizientinc.com).