

# The Rush Advanced Practice Provider Journey

APPD Fall Meeting 2013

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IT'S HOW MEDICINE SHOULD BE®

*You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete.*

Richard Buckminster Fuller

American visionary, designer, architect, poet, author, and inventor

# Agenda

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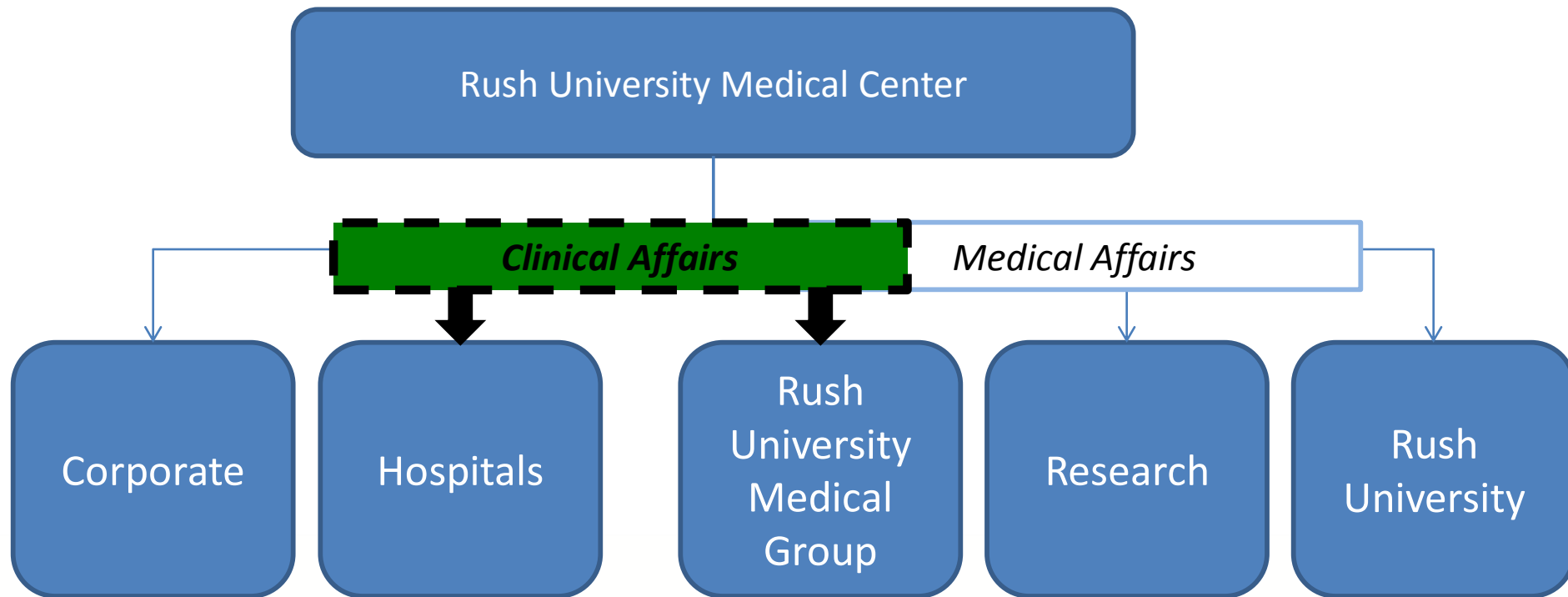
- Organizational Background
- Job Descriptions, Roles, Expectations
- Models of Care
  - Inpatient and Outpatient Settings
- Funding and Compliance
- Business Models
  - Productivity Expectations
  - Coverage Expectations
  - Compensation Models
- Home Departments and Professional Center

# Organizational Background

- Rush University Medical Center
  - Single 501c3 includes Rush Hospital, Rush University Medical Group, Rush University
  - Single Paymaster
  - Cost report “controls”

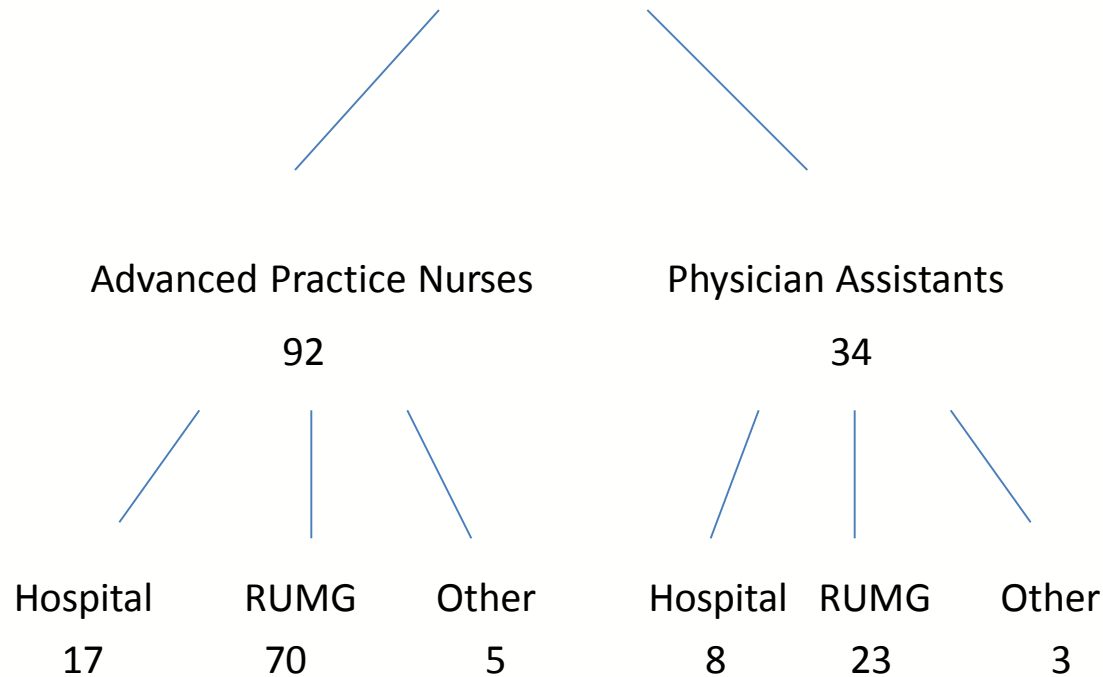
# Structure

***Rush University Medical Center is a 676 bed academic medical center with a single organizational structure that encompasses Rush University Hospital, Rush University Medical Group, and Rush University***





# APP FTE's 126



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# Job Descriptions, Roles, Expectations

- Developed a standard institutional job description for Clinical Affairs
- Used State of Illinois scope of practice guidelines and Epic security user types to drive standardization
- Developed Frequently Asked Questions (FAQs) to help define need and role for APP's as opposed to other types of support staff

# Models of Care

- Inpatient
  - Unique services without residents and fellows
  - Complimentary services to enhance MD productivity and coverage (day, night or weekend)
  - Managing Patient Experience and length of stay
- Outpatient
  - Duty hour work week
  - Complimentary services to enhance MD productivity
  - Independent practice with payor challenges
  - Managing community satellites



# Funding and Compliance

- Compliance office engaged in on-boarding and on-going training
- Single 501c3 so strong emphasis on FTE allocations to appropriate cost centers
  - Hospital – Part A
  - Medical Service Plan – Part B
  - Rush University – Funds; endowments; etc.
- Full picture view of FTE via payroll system

# Business Models

- Productivity Expectations
  - Shift expectations
  - After hour call coverage (pagers)
  - Appropriate productivity targets (ie. wRVU's)
- Coverage Expectations
  - Varies by service
  - Outpatient
  - Inpatient
- Compensation Models
  - Salary
  - Call pay
  - Future salary plus incentive

# Home Departments and Professional Center

- Advanced Practice Nurses
  - College of Nursing
  - Magnet Nursing
  - Nursing Credentialing
- Physician Assistants
  - College of Health Sciences
  - Medical Staff Office Privileging
- Physician Hospital Organization
- Future Professionalism

# Future Professionalism – Institute for Advanced Practice

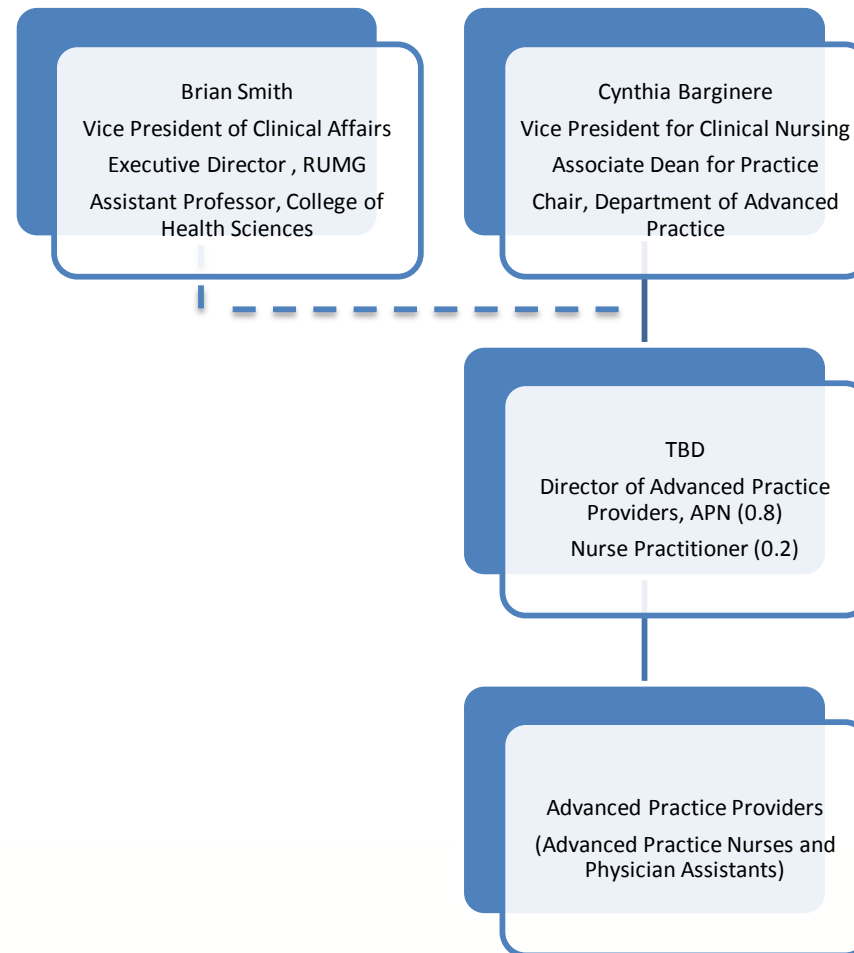
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- Increasing number of APNs require structure to ensure optimal utilization
  - Improved access to care
  - Utilization of full scope of practice
- Need for supporting on-boarding activity, continued education and professional development
  - Credentialing & Privileging
  - Orientation
- Need for ensuring optimal billing practices
- Need for evaluating and monitoring outcomes
- Need for monitoring ongoing changes in legislation

# Current/Future State

Category	Current State	Future State
Leadership	Decentralized <ul style="list-style-type: none"> <li>Nursing Leadership</li> <li>College of Nursing Leadership</li> <li>RUMG Leadership</li> <li>APN Committee</li> </ul>	Centralized <ul style="list-style-type: none"> <li>Institute for Advanced Practice</li> </ul>
Orientation	No Formal Structure	Formalized Orientation Program
Performance Evaluations	Conducted by collaborating MD or service line manager	Conducted by APN Peer
Changes in Legislation & Billing Practices	Independently investigated by APNs	Reviewed and communicated throughout structure
Mentoring	No Formal Structure	Formalized Mentoring Program
Billing	Unknown % Billing for Services	Maximum % Billing for Services
Research & Publications	Decentralized	Centralized oversight and support
Quality Outcomes Measures	FPPE/OPPE Processes rely on peer review	APN Quality Outcomes pulled from Epic and continually monitored

# Reporting Structure



# Questions?

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