Utilizing APCs to Boost Practice Productivity

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To help improve profits at your practice, mind your APCs: advanced practice clinicians.

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Boosting your practice—and your profits—can be as easy as “APC”: advanced practice clinicians.

That’s according to two medical practice consultants presenting at the Medical Group Management Association Annual Conference on October 9.

APCs, such as nurse practitioners and physician assistants, can lighten the load on doctors and improve patient satisfaction, said Trish Anen, RN, MBA, and Debra Slater, both principals at Chicago healthcare/non-profit consulting firm Sullivan, Cotter and Associates.
But misinformation and missed opportunities can stand in the way of progress on this front, they said.

On one hand, some practices still wrongly believe that APCs are Medicare money losers due to reimbursement rates, Anen said, when the truth is often the opposite. At the same time, other practices embrace APCs but fail to realize their full potential by assigning them to office tasks like follow-up calls and refills, she said.

Meanwhile, APCs are seeing a spike in pay and demand, with a 20 percent shortfall expected by 2025. "We're seeing a growing shortage, just like with physicians," Anen said.

In addition to nurse practitioners and physician assistants, APCs include certified registered nurse anesthetists, clinical nurse specialists, certified nurse midwives, and other positions.

Depending on state law, which varies widely, APCs may be able to take histories and perform physicals, diagnose and treat illnesses, prescribe medications, and perform procedures. Research from the Kaiser Family Foundation in 2015 suggests that nurse practitioners specifically can perform 80 percent to 90 percent of care that primary care physicians provide.

Critical first impressions

Trish Anen, RN, MBA  As with any professionals, APCs have preferred terminology for their titles. They often do not like being referred to as "midlevels," “physician extenders” or “non-physician providers," Anen said, and instead prefer their official titles or "advanced practitioner," "advanced practice provider," or "advanced practice clinician."

Proper vocabulary isn't just a matter for doctors to worry about, she said.
"We need to work with the registration clerk and the entire team on how we introduce advanced practice clinicians to patients and their families,” said Anen.
Indeed, she said, introductions can play a crucial role in whether patients accept APCs as legitimate medical providers.
Anen points to the experience of a cardiac surgery practice that was so busy it couldn't manage to schedule post-discharge appointments sooner than three weeks out. As a solution, it developed a transition clinic run by APCs and managed to increase patient satisfaction and reduce readmissions, she said.

One of the key lessons, she said, is the importance of the "warm hand-off."

"The patients are comfortable with the APCs if the physicians introduce them," Anen said. "This is our nurse practitioner, she is part of our team. She's awesome. Don't hesitate, come in any time."

Anen and Slater offered additional tips about recruiting and keeping APCs:

• Don't assume all shortages in the medical field are the same. "For APCs, the pay at times—especially for certain specialties and areas of the country—is much more heavily impacted by local market factors than physician fees are," Slater said. Also, "APC compensation rates are rising faster than other provider groups," she said.

• Survey data compiled by the Sullivan, Cotter and Associates found ACP positions are nearly half as likely to turn over because of an internal transfer as they are due to an external move to another practice. "People talk to each other and move to where they can get a better deal" within a practice, Anen said. "We're competing against ourselves in those situations, which we don't want to do."

• Be prepared to offer more than one incentive, such as a sign-up bonus. Research suggests most provider groups are offering two or three incentives, Slater said. "Another strategy is to identify nursing staff so you can provide tuition reimbursement for them to go back to school and be certified as an APC," she said.

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