A pilot to improve advanced practice provider financial metrics through a practice management program

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INTRODUCTION

In today’s economic climate, health care systems’ greatest challenges are related to:

- **Cost containment** – Medicare A & B claims demonstrated a 29% decrease in cost to patients when seen by an NP rather than an MD (Perloff et al., 2016)
- **Patient access** – APP full practice authority in all states could decrease the primary care provider shortage by 70% (Heath, 2021).
- **Quality of care** – 7 out of 9 patient outcomes show no significant difference when comparing APP patient outcomes against MD patient outcomes (Kurtzman & Barnow, 2017; Yang et al., 2018).

Advanced Practice Providers (APPs) could be a viable solution to these health system challenges.

OBJECTIVES

**Goal**

This DNP project developed a practice management program for ambulatory APPs practicing in a large academic healthcare system. It focused on improving ambulatory APP financial metrics.

**Aims**

1. To develop a program for improving ambulatory APP financial metrics.
2. To implement and evaluate the program.
3. To make recommendations for scaling and sustainability of the program throughout the healthcare system.

METHODS

**Aim # 1. Program Dev’p**

Participants: 23 APPs - ambulatory orthopedics, neurosurgery. 5 lessons: key aspects of practice management: visit code assignment, charge capture, global procedural period, modifiers, and revenue cycle management. Lessons recorded in a podcast. Participant wRVU (work relative value unit) & visit code level of complexity (3-months pre-program) averaged to create a baseline.

**Aim # 2. Implementation and Evaluation**

**Implementation**: Pre-program baseline metrics shared with each participant. Podcast lesson sent via text message q 2-weeks for total of 5 lessons over 12-weeks.

**Pre & post metrics shared with participants monthly**, data evaluated using paired t-test. **Evaluation**: Descriptive and bivariate analysis used - Pre/post knowledge & perceived self-efficacy scores compared using paired t-tests & chi-square.

**Program evaluation survey assessed via descriptive statistics.**

**Aim # 3. Scaling and Sustainability**

Findings presented to health system leadership. Recommendations: sustainability - creation of ambulatory practice management committee (similar to nursing Magnet committee). Program scaled to all ambulatory APPs who provide billable services with enterprise scalability.

RESULTS

**Highly Significant Improvement in Mean wRVU/Session**

Baseline v. Implementation Phase (95% CI: 0.12 to 1.08 higher, t = 2.63, p = 0.007).

**Highly Significant Improvement Mean Perceived Self-efficacy**

Baseline v. Post-program Phase (95% CI: 18.4% to 78.2%, t = 2.63, p = 0.017).

**Highly Significant Improvement in Mean Knowledge Acquisition**

Baseline v. Post-program Phase (95% CI: 1.3% to 10.9% higher, t = 2.579, p = 0.014).

REFERENCES

(95% CI: 8% to 78.2%, t = 2.63, p = 0.017)