

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.

Sample Participant Metrics Report

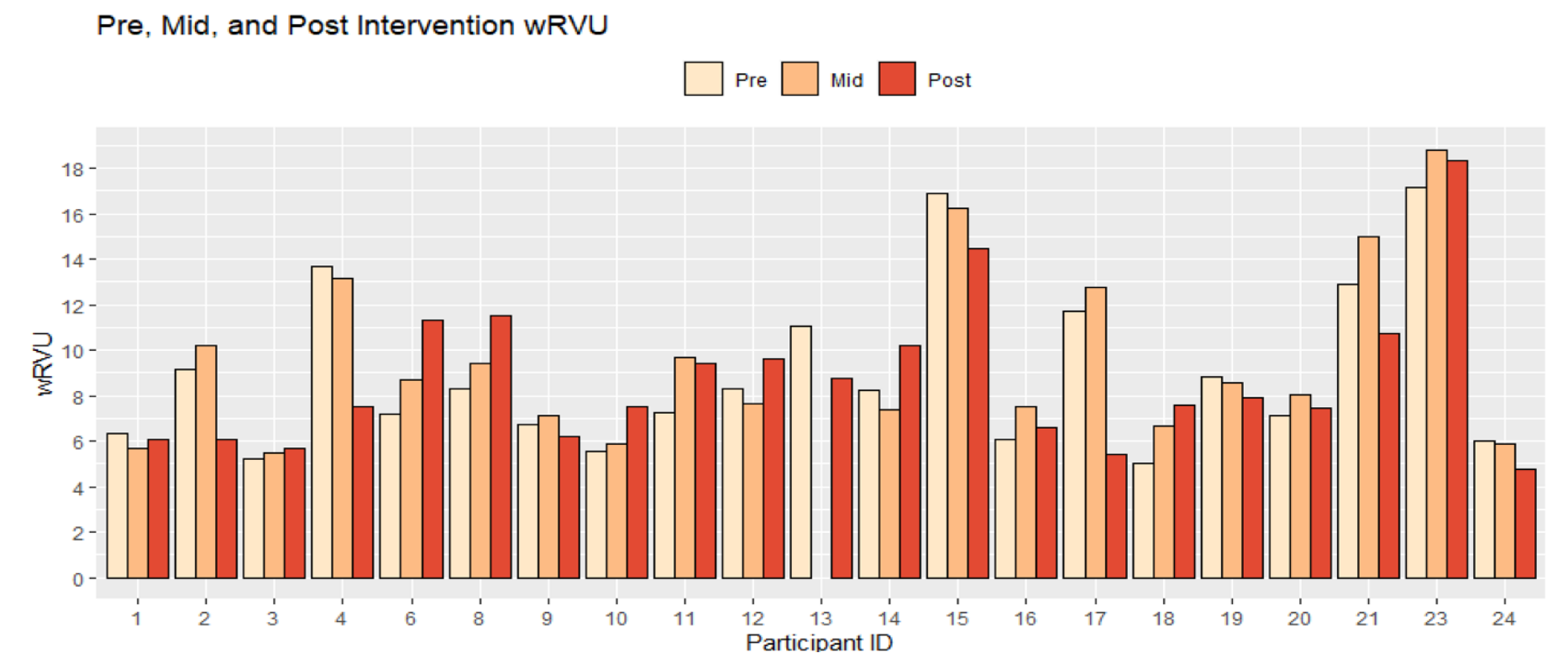
Visit Code	% Pre Program	% Post Program	Old %	New %	PreProgram wRVU/Session	PostProgram wRVU/Session	PreProgram wRVU/Session	PostProgram wRVU/Session	Notes
99202	7%				17.14	1	19.1	1	18.05
99203	37%	14%	6%		16.9	2	18.3	2	12.89
99204	<1	35%	38%		13.69	3	16.36	3	12.44
99205					12.9	4	15	4	11.69
99211	<10				11.71	5	11.8	5	11.24
99212	14%	5%	4%		11.09	6	11.39	6	10.57
99213	42%	19%	18%		9.13	7	10.27	7	9.01
99214	<1	28%	35%		8.84	8	10.1	8	8.7
99215					8.32	9	9.88	9	8.62
					8.29	10	9.85	10	8.5
					8.21	11	9.18	11	8.48
					7.35	12	8.78	12	6.77
					7.18	13	8.21	13	6.7
					7.11	14	7.88	14	6.57
					6.7	15	7.37	15	6.56
					6.35	16	7.09	16	6.01
					6.08	17	7.04	17	5.89
					6.01	18	6.93	18	5.8
					5.36	19	16.9	19	4.7
					5.13	20	6.34	20	4.57
					5.01	21	5.86	21	4.47

RESULTS

Highly Significant Improvement in Mean wRVU/Session

Baseline v. Implementation Phase

(95% CI: 0.12 to 1.08 higher, t = 2.63, p = 0.017).



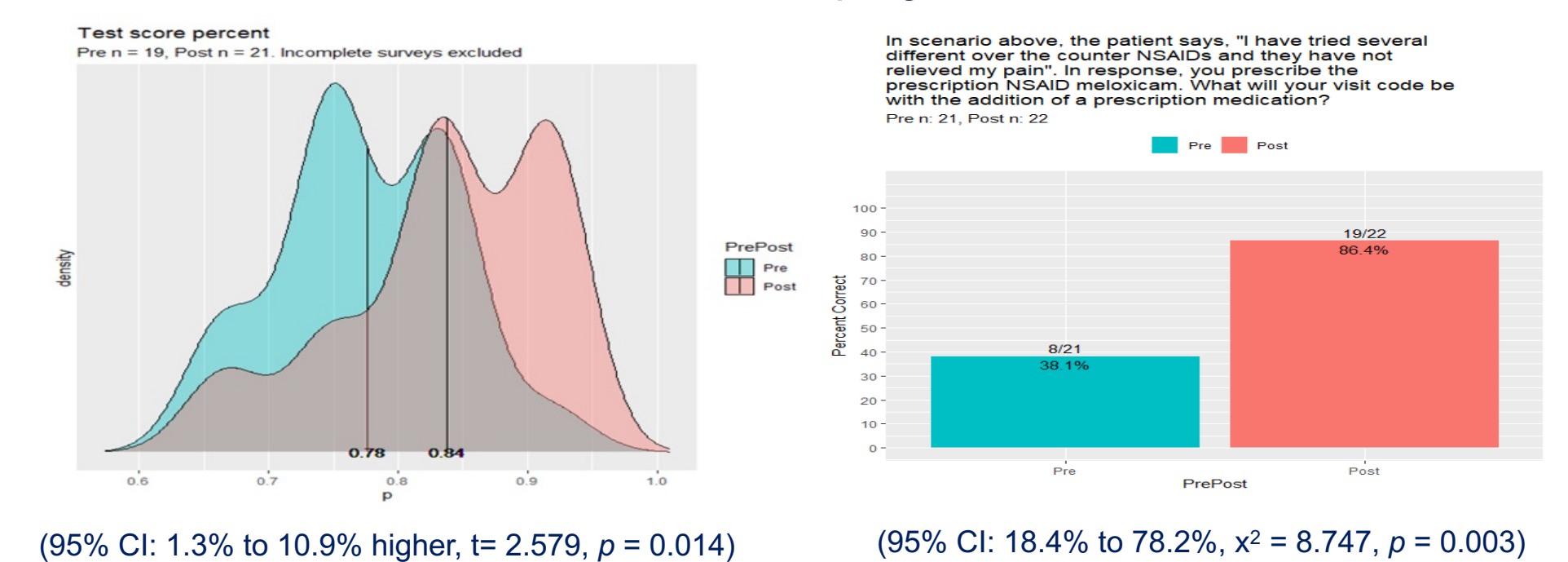
Highly Significant Improvement Mean Perceived Self-efficacy

Baseline v. Post-program Phase

Questions	Pre_n	Post_n	Pre Mean	Post Mean	t	p
Total Score	23	18	1.913	12.3889	4.8695	0
I am confident in my understanding of global procedural periods for Medicare, Medicaid, and private insurances.	23	18	-0.3478	1.4444	5.1001	0
I believe I use modifiers correctly.	23	18	0.2609	1.1667	3.5746	0.001
I am confident in my understanding of revenue cycle management.	23	18	-1	1.1667	6.9369	0
I am confident in my knowledge regarding delinquent documentation and its connection to revenue, quality, and safety.	23	18	0.6522	1.7222	3.4814	0.0014
I am confident in my overall practice management knowledge and skill.	23	18	0.7391	1.5	3.5027	0.0012

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)

(95% CI: 18.4% to 78.2%, $\chi^2 = 8.747$, p = 0.003)

REFERENCES

Heath, S. (2021). *What is the role of advanced practice providers in patient care*. Patient Engagement HIT. <https://patientengagementhit.com/news/what-is-the-role-of-advanced-practice-practitioners-in-patient-care>

Kurtzman, E. T., & Barnow, B. S. (2017). A Comparison of Nurse Practitioners, Physician Assistants, and Primary Care Physicians' Patterns of Practice and Quality of Care in Health Centers [Article]. *Medical Care*, 55(6), 615-622. <https://doi.org/10.1097/MLR.0000000000000689>

Yang, Y., Long, Q., Jackson, S. L., Rhee, M. K., Tomolo, A., Olson, D., & Phillips, L. S. (2018). Nurse Practitioners, Physician Assistants, and Physicians Are Comparable in Managing the First Five Years of Diabetes [Article]. *American Journal of Medicine*, 131(3), 276-283.e272. <https://doi.org/10.1016/j.amjmed.2017.08.026>

Perloff, J., DesRoches, C. M., & Buerhaus, P. (2016). Comparing the Cost of Care Provided to Medicare Beneficiaries Assigned to Primary Care Nurse Practitioners and Physicians [Article]. *Health Services Research*, 51(4), 1407-1423. <https://doi.org/10.1111/1475-6773.12425>