Advanced Practice Providers in the Emergency Department

Fred Wu, MHS, PA-C
Residency Program Director
Emergency Medicine PA Residency
University of California San Francisco - Fresno
Disclosure

Society of Emergency Medicine Physician Assistants
Poll of the audience for participants
Objectives

• Describe APP roles in the ED

• Describe the education of APPs

• Review strategies for recruitment and retention of APPs
States should expect more people to use emergency departments after the Affordable Care Act is fully implemented, say the authors of a new study reporting increases in emergency care visits in Massachusetts during and after the state’s own similar reforms went into effect.

Data included records from 69 hospitals, accounting for some 2 million annual outpatient emergency visits, 850,000 inpatient admissions, and 150,000 observation stays. Reforms that expanded health care access in the state were implemented between October 1, 2006, and September 30, 2007.
# Emergency Department Volume Increase Trend Continues Into 2014

By James J. Augustine, MD, FACEP | on November 13, 2017 | 0 Comment

<table>
<thead>
<tr>
<th>YEAR</th>
<th>NHAMCS ESTIMATED ED VISITS (MILLIONS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>107.5</td>
</tr>
<tr>
<td>2002</td>
<td>110.2</td>
</tr>
<tr>
<td>2003</td>
<td>113.9</td>
</tr>
<tr>
<td>2004</td>
<td>110.2</td>
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<tr>
<td>2005</td>
<td>115.3</td>
</tr>
<tr>
<td>2006</td>
<td>119.2</td>
</tr>
<tr>
<td>2007</td>
<td>116.8</td>
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<tr>
<td>2008</td>
<td>123.8</td>
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<tr>
<td>2009</td>
<td>136.1</td>
</tr>
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<td>2010</td>
<td>129.8</td>
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<td>2011</td>
<td>136.3</td>
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<tr>
<td>2012</td>
<td>130.9</td>
</tr>
<tr>
<td>2013</td>
<td>130.4</td>
</tr>
<tr>
<td>2014</td>
<td>141.4</td>
</tr>
</tbody>
</table>
Mid-Level Providers – Who they are, what they do, and why they’re changing emergency medicine

by Joseph Guarisco, MD, EM System Chair, Ochsner Health System on August 28, 2014
“Understanding how mid-level providers fit into the ED can be a puzzle. Emergency physicians need to leverage – not compete with – this growing segment of the EM workforce.”

Joseph Guarisco, MD
Update on Midlevel Provider Utilization in U.S. Emergency Departments, 2006 to 2009

Jennifer L. Wiler, MD, MBA, Sean P. Rooks, and Adit A. Ginde, MD, MPH
State of the National Emergency Department Workforce: Who Provides Care Where?

M. Kennedy Hall, MD, MHS*; Kevin Burns, EMT-P, PA-C; Michael Carius, MD; Mitchel Erickson, MSN, ACNP-C; Jane Hall, PhD; Arjun Venkatesh, MD, MBA
APPs: Past & Present

• APPs started in American medicine in the 1960s

• Traditionally older providers, 2nd career, some with significant health care experience

• Now predominately female, younger generation without as much health care experience

• APPs can be found in nearly every medical specialty
<table>
<thead>
<tr>
<th>Practice Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine/General Practice</td>
<td>19.9%</td>
</tr>
<tr>
<td>Surgical Subspecialties</td>
<td>18.5%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>13.1%</td>
</tr>
<tr>
<td>Internal Medicine Subspecialties</td>
<td>9.4%</td>
</tr>
<tr>
<td>Internal Medicine General Practice</td>
<td>4.9%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>3.9%</td>
</tr>
<tr>
<td>Hospital Medicine</td>
<td>3.4%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>2.9%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>2.0%</td>
</tr>
<tr>
<td>Occupational Medicine</td>
<td>1.5%</td>
</tr>
</tbody>
</table>
## Distribution, Top Practice Setting and Clinical Focus Area by Area of NP Certification

<table>
<thead>
<tr>
<th>Population*</th>
<th>Percent of NPs</th>
<th>Top Practice Setting</th>
<th>Top Clinical Foci</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>6.4</td>
<td>Hospital Inpatient Clinic (33.3%)</td>
<td>Surgical (16.1%)</td>
</tr>
<tr>
<td>Adult^</td>
<td>15.7</td>
<td>Hospital Outpatient Clinic (15.2%)</td>
<td>Primary Care (32.4%)</td>
</tr>
<tr>
<td>Adult-Gerontology Acute Care</td>
<td>2.0</td>
<td>Hospital Inpatient Clinic (43.3%)</td>
<td>Surgical (13.3%)</td>
</tr>
<tr>
<td>Adult-Gerontology Primary Care^</td>
<td>4.4</td>
<td>Hospital Outpatient Clinic (18.7%)</td>
<td>Primary Care (46.6%)</td>
</tr>
<tr>
<td>Family^</td>
<td>60.6</td>
<td>Private Group Practice (12.7%)</td>
<td>Primary Care (46.2%)</td>
</tr>
<tr>
<td>Gerontology^</td>
<td>2.2</td>
<td>Long-Term Care Facility (16.6%)</td>
<td>Primary Care (57.8%)</td>
</tr>
<tr>
<td>Neonatal</td>
<td>1.3</td>
<td>Hospital Inpatient (69.1%)</td>
<td>Neonatal (57.8%)</td>
</tr>
<tr>
<td>Pediatric - Acute Care</td>
<td>0.6</td>
<td>Hospital Inpatient (38.2%)</td>
<td>Other (19.7%)</td>
</tr>
<tr>
<td>Pediatric - Primary Care^</td>
<td>4.6</td>
<td>Hospital Outpatient Clinic (18.7%)</td>
<td>Primary Care (55.6%)</td>
</tr>
<tr>
<td>Psychiatric/Mental Health - Adult</td>
<td>1.7</td>
<td>Psych/Mental Health Facility (23.0%)</td>
<td>Psychiatric (93.6%)</td>
</tr>
<tr>
<td>Psychiatric/Mental Health - Family</td>
<td>2.1</td>
<td>Psych/Mental Health Facility (25.8%)</td>
<td>Psychiatric (91.6%)</td>
</tr>
<tr>
<td>Women's Health^</td>
<td>3.4</td>
<td>Hospital Outpatient Clinic (15.7%)</td>
<td>OB/GYN (64.1%)</td>
</tr>
</tbody>
</table>
Existing Guidelines

• Society of Emergency Medicine Physician Assistants
  • EMPA Practice Guidelines

• American College of Emergency Physicians
  • Guidelines About the Role of PAs and APRNs in the Emergency Department

• Emergency Nurses Association
  • Standards of Practice for Nurse Practitioners in the Emergency Care Setting

• American Academy of Emergency Nurse Practitioners
  • Practice Standards for the Emergency Nurse Practitioner
Guidelines Regarding the Role of Physician Assistants and Advanced Practice Registered Nurses in the Emergency Department

Physician assistants (PAs) and advanced practice registered nurses (APRNs) provide services in various roles in emergency departments (EDs), including out-of-hospital patient care, patient triage, patient care in the ED, and administrative functions. The American College of Emergency Physicians (ACEP) endorses the following guidelines for EDs that utilize PAs and APRNs.

- PAs and APRNs do not replace the medical expertise and patient care provided by emergency physicians.
- PAs and APRNs working in EDs should have or acquire specific experience or specialty training in emergency care and should receive continuing education in providing emergency care.
- Credentialed procedures for PAs and APRNs in the ED must be specifically stated and approved by the facility governing body with input from the medical staff and must meet the requirements of the federal or state jurisdictions in which they practice.
- PAs and APRNs must be appropriately certified by their respective certifying bodies.

Revised June 2013 with current title

Educational Background

• PA
  • Medical model
  • Prior health care experience
  • ~ 26 months (Full-time)
  • Graduate school level
  • Didactic and clinical rotations (including EM)
  • Currently 236 accredited programs

• NP
  • Nursing model
  • BSN>MSN>DNP
  • Various practice tracks
  • Didactic and clinical training
  • ~ 350 academic institutions with NP programs
• APPs seeking specialty training
• Usually 12-18 months based on physician residency model
• Curriculum based on *The Model of the Clinical Practice of Emergency Medicine*
• 40 PA postgraduate programs

*** SEMPA Postgraduate Training Program Standards ***
Specialty Certification

• CAQ
  • Current PA-C certification
  • 150 hrs Category 1 CME
  • 3,000 hrs experience
  • Attestation statement
  • Exam

• ENP
  • National FNP certification
  • 2,000 hrs experience
  • 100 hrs continuing education
  • Or complete academic program or fellowship
  • Exam
Role of the Supervising Physician

- Regulatory & Operational
- Regulatory roles vary state to state
- Operational roles vary practice to practice
  - All patients or certain patients seen by the supervising physician
  - All charts reviewed & cosigned
  - APP independent function with supervising physician oversight
State Laws and Regulations

- A physician assistant licensed by the Board may perform medical services under the supervision of a physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that employment or supervision.

- Current law limits a physician to supervising no more than four PAs at any one time.

- Because a physician assistant acts as an agent for a supervising physician the scope of practice is limited by his/her supervising physician’s specialty.

- Supervising physician is not required to be on site but must be available in person or by electronic communication at all times when you are caring for patients.

- Medical record countersignature

- Delegation of Services agreement
# Original Research

## Emergency physician evaluation of PA and NP practice patterns

Andrew W. Phillips, MD, MEd, FAAEM; Kevin M. Klauer, DO, EJD, FACEP; Chad S. Kessler, MD, MHPE, FACEP

<table>
<thead>
<tr>
<th>Procedure</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laceration repair</td>
<td>144</td>
<td>96.6</td>
</tr>
<tr>
<td>Incision and drainage</td>
<td>143</td>
<td>96</td>
</tr>
<tr>
<td>Splinting without reduction</td>
<td>139</td>
<td>93.3</td>
</tr>
<tr>
<td>Reductions (excluding digits)</td>
<td>41</td>
<td>27.5</td>
</tr>
<tr>
<td>Electrical cardioversion</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Chest tube (including pigtails)</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Endotracheal intubation</td>
<td>7</td>
<td>4.7</td>
</tr>
<tr>
<td>Procedural sedation</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Central line</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Paracentesis</td>
<td>10</td>
<td>6.7</td>
</tr>
<tr>
<td>Lumbar puncture (any age)</td>
<td>40</td>
<td>26.8</td>
</tr>
<tr>
<td>Gastrostomy tube replacement</td>
<td>45</td>
<td>30.2</td>
</tr>
<tr>
<td>ECG interpretation</td>
<td>45</td>
<td>30.2</td>
</tr>
<tr>
<td>Radiographic interpretation (any kind)</td>
<td>90</td>
<td>60.4</td>
</tr>
<tr>
<td>Thoracentesis</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
California

- "Licensure" As the Regulatory Term: Yes!
- Full Prescriptive Authority: Yes!
- Scope of Practice Determined at the Practice Level: Yes!
- Adaptable Collaboration Requirements: Yes!
- Co-signature Requirements: No
- No Limit on Number of PAs a Physician Can Supervise: No
State Practice Environment

Nurse practice laws and regulations are specific to each state. AANP’s interactive map below provides licensure and regulatory requirements, as well as practice environment details, for all 50 states and the U.S. Territories. Simply click on each state for details.
Liability – Medicolegal Issues

• Myth
  • Co-signing charts implies supervision
  • Billing 85% limits physician liability

• Physicians have overall responsibility for all patients in the ED
  • Named as co-defendants
• PAs decrease overall medical malpractice risk as determined by the frequency and amount of reported malpractice payments tracked by the National Practitioner Data Bank.

• Most EPs agree that the increased utilization of PAs in the ED improves patient communication, decreases wait times, increases patient satisfaction, and therefore decrease malpractice risk.
Emergency Medicine Claims By Provider 2007-2017

- Physician: 93%
- Resident: 1%
- NP: 2%
- PA: 4%
Advanced Practice Providers (Physician Assistant and Nurse Practitioner) Medical-Legal Issues

an Information Paper

Reviewed by the ACEP Board of Directors, November 2016

Nurse practitioners (NP) and physician assistants (PA) are a growing part of the emergency department (ED) team. ACEP’s Medical Legal Committee has been asked to summarize the issues of working with, hiring and supervising these Advanced Practice Providers (APPs). This document will try and answer questions related to APPs and there are attached links provided for more information.
APP Roles in the ED

- Main ED
- Provider at Triage
- Fast-Track
- Observation Unit

- EMS
- Administrative
- Academics
- Proceduralist
Departmental Guidelines

- Scope of practice
- Patients see by APPs
- Co-signature requirements
- “Doctor” title
Physician – APP Culture/ Retention

- Culture / environment
- Liaisons
  - Lead PA/NP
  - Physician-APP Liaison
- Med staff issues; hospital committees
- Based on employment data – EM is NOT the only job in town
APPs ARE FROM MARS, Physicians ARE FROM VENUS

A Practical Guide for Improving Communication and Getting What You Want in Your Relationships

JOHN GRAY, PH.D.
What Makes for a Successful Physician / APP Relationship?

- Mutual respect
- Mutual understanding of the APP scope of practice
- Mutual communication
- Mutual recognition of each other’s strengths and weaknesses
COLLABORATION

When a Motivated Group of People Join Together, They Can Turn Problems Into Opportunities. Especially Drinking Problems.
Cost Effectiveness

- Reduced cost/insurance/benefit compared to physicians
- Average EMPA salary - $115,000
- Average Emergency Physician salary - >$333,000
- Experienced APPs should be very cost effective
- One example: PA’s working in a MI ED fast track environment expected to return a profit of $1,032,365/yr.
Billing

• Medicare - 85% reimbursement
  • Shared visit billing = remaining 15%
  • “I have personally performed a face to face evaluation on this patient. I have reviewed and agree with the treatment plan. History and exam by me shows: abdomen was tender to touch, no rebound. Labs /CT negative. GI cocktail given for pain. Pt discharged home.”

• Medicaid - Same or slightly less

• Private insurance - reimbursement varies

• Tricare - 85%

• Critical care
Current events

• ACEP Workforce Taskforce
• ACEP APP Utilization Taskforce
• Greatest concerns?
  • Are APPs taking over the world?
  • Supervision
  • Co-signing charts
Summary

• Emergency Department volumes are increasing
• APPs, both PAs and nurse practitioners, are cost-effective, low liability options for emergency department staffing needs
• APPs are well trained and can fill many different roles within an emergency department setting
• Solid practice guidelines, defined scope of practice and proper supervision helps to minimize risk and liability
Additional Resources

• Society of Emergency Medicine Physician Assistants
  • https://www.sempa.org/

• American Academy of Emergency Nurse Practitioners
  • http://aaenp-natl.org/

• American Academy of PAs
  • https://www.aapa.org/

• American Association of Nurse Practitioners
  • https://www.aanp.org/

• Emergency Nurses Association
  • https://ena.org/

• American College of Emergency Physicians
  • https://acep.org/
• ACEP Medicare Mid-Level Provider FAQ
  https://www.acep.org/administration/reimbursement/reimbursement-faqs/medicare-mid-level-provider-faq#question2
• ACEP Advanced Practice Providers Medical-Legal Issues
• ACEP Now
  How to Document Exams Performed by Advanced Practice Providers
  Tips for Collaborating with Advanced Practice Providers
  https://www.acepnow.com/article/tips-for-collaborating-with-advanced-practice-providers/?singlepage=1
  More Advanced Practice Providers Working in Emergency Departments
  https://www.acepnow.com/article/advanced-practice-providers-working-emergency-departments/?singlepage=1
  Learn to supervise your advanced practice provider
  https://www.acepnow.com/article/learn-supervise-advanced-practice-provider/?singlepage=1
  Competency Measurement Approach for Advanced Practice Providers in Emergency Medicine
  https://www.acepnow.com/article/competency-measurement-approach-advanced-practice-providers-emergency-medicine/?singlepage=1
• Emergency Physicians Monthly
  Legal Ease: Physician Extenders
  PA Training and Oversight: A Model Worth Copying?
  Myth v. Fact: The Truth Behind Common PA Misconceptions
  PA Training and Supervision: A Conversation with SEMPA Leadership
  http://epmonthly.com/article/pa-training-and-supervision/
  Mid-Level Providers — Who they are, what they do, and why they’re changing emergency medicine
  Advanced Practice Clinicians (APCs) to the Rescue
  http://epmonthly.com/article/advanced-practice-clinicians-apcs-to-the-rescue/
  Is There an A.P.P. for That?
  http://epmonthly.com/article/is-there-an-app-for-that/
  The Evolution of the Mid-Level Provider

• EMRA Cast: Advanced Practice Providers