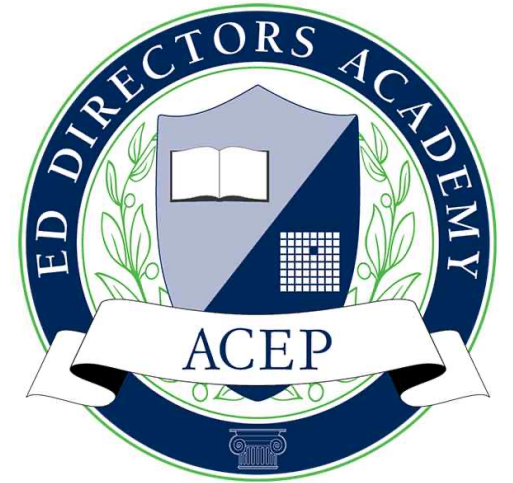


Advanced Practice Providers in the Emergency Department

Fred Wu, MHS, PA-C
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@FredWuPA







Disclosure

No Financial Disclosures



Text FREDWU023 to 22333

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Text **FREDWU023** to **22333** once to join

I am a:

MD/DO

PA/NP

Nurse

Administrator

I'm in the wrong Zoom call

Objectives

- Describe APP roles in the ED
- Describe the education of APPs
- Review APP utilization in the ED

Emergency Department Volume Increase Trend Continues Into 2014

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

YEAR	NHAMCS ESTIMATED ED VISITS (MILLIONS)
2001	107.5
2002	110.2
2003	113.9
2004	110.2
2005	115.3
2006	119.2
2007	116.8
2008	123.8
2009	136.1
2010	129.8
2011	136.3
2012	130.9
2013	130.4
2014	141.4



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HOME

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

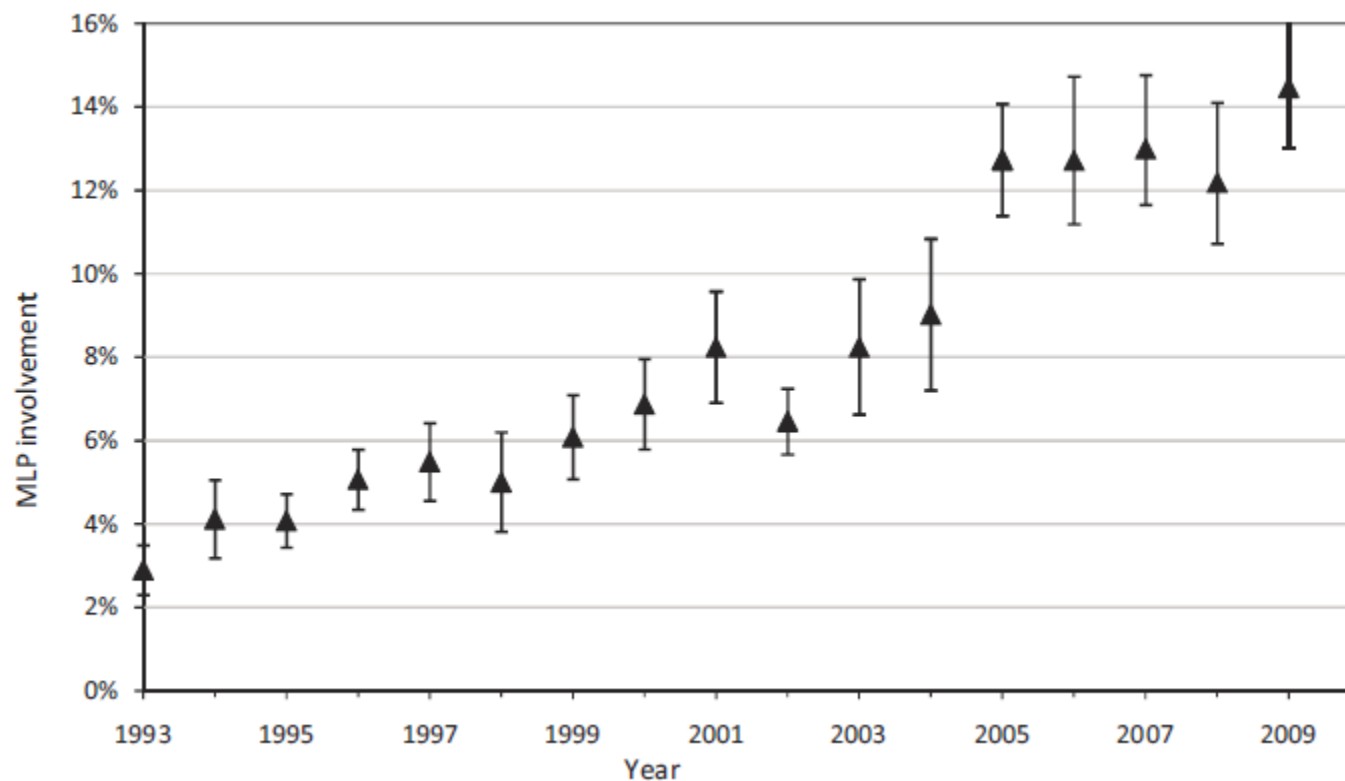


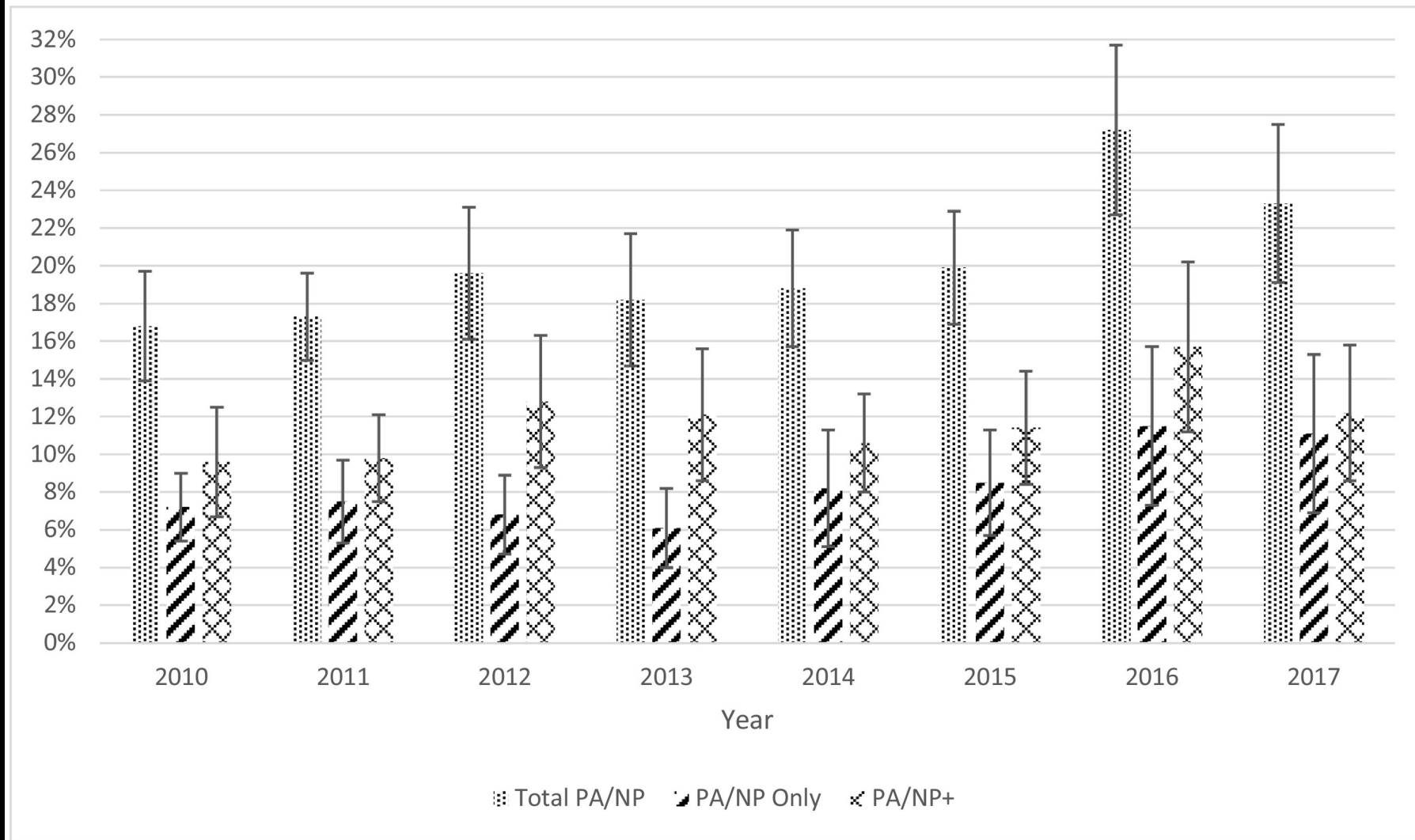


BRIEF REPORT

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

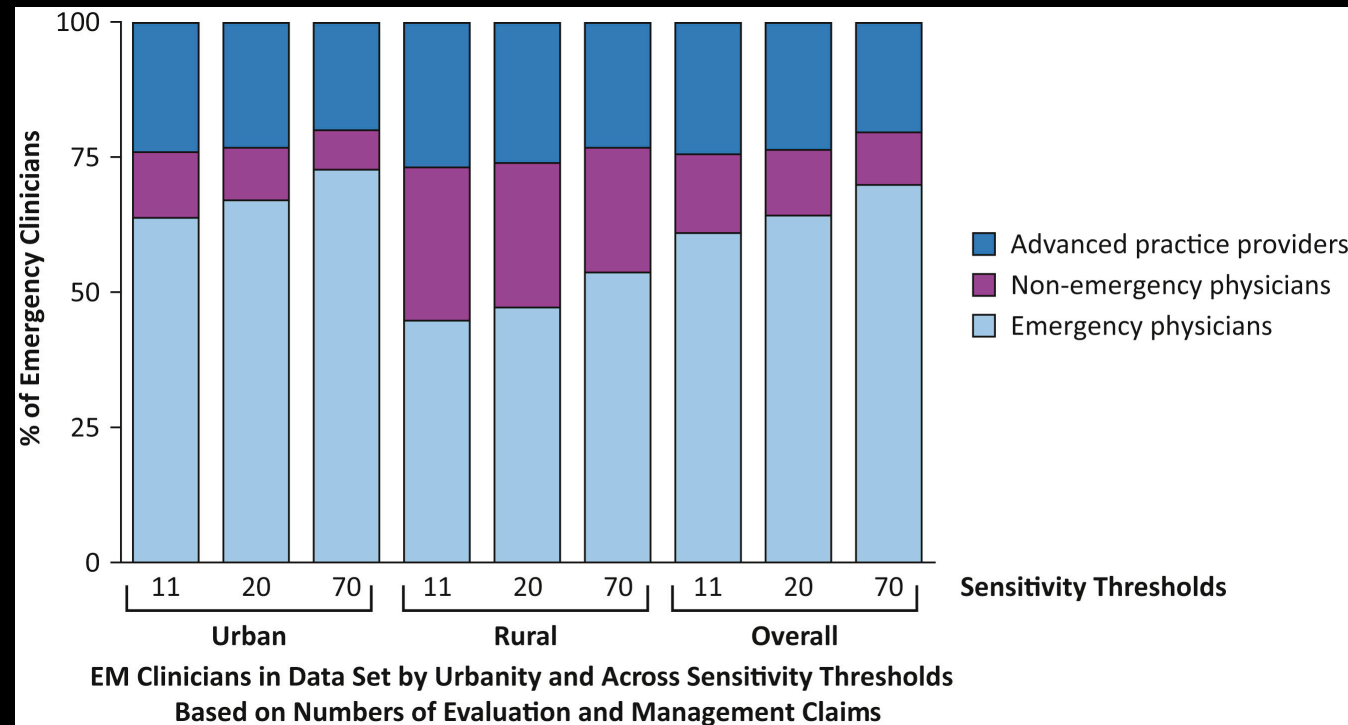




Percentage of U.S. emergency department visits seen by Total PA/NP (with and without physician involvement), PA/NP Only, PA/NP with Physician (PA/NP+); 2010–2017. Error bars represent 95% CIs for annual estimates.

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

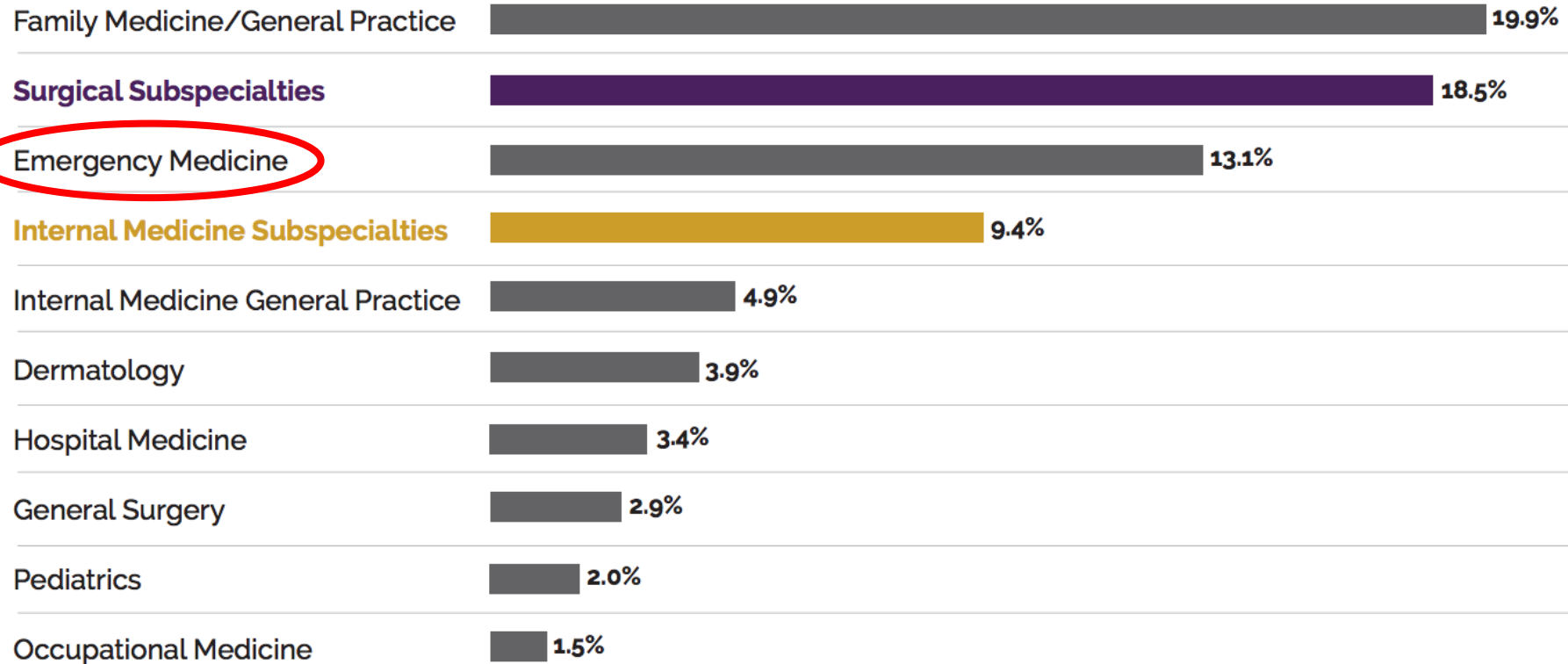
APPs started in American medicine in the 1960s

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

Top Certified PA Practice Areas



Distribution, Top Practice Setting and Clinical Focus Area by Area of NP Certification 3

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

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



ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved June 2020

Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department

Revised June 2020 with current title, June 2013 titled “Guidelines Regarding the Role of Physician Assistants and Advanced Practice Registered Nurses in the Emergency Department”

Originally approved January 2007 titled “Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department”, replacing “Guidelines on the Role of Physician Assistants in Emergency Departments” (2002) and “Guidelines on the

Physician assistants (PAs) and nurse practitioners (NPs) can serve an integral role as members of the emergency care team, but do not replace the medical expertise provided by emergency physicians. With the aim of assuring that all patients presenting to emergency departments (EDs) receive high quality care, the American College of Emergency Physicians (ACEP) endorses the following policies for EDs that utilize PAs and/or NPs.

Education and Training

- The gold standard for care in an ED is that performed or supervised by a board-certified/board-eligible emergency physician.
- As PAs and NPs have variable training and experience, there should be systems and processes to ensure that PAs and NPs working in EDs receive supervised orientation, ongoing professional assessment, and continuous education in emergency care.

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

Emergency Medicine Physician Assistant (EMPA) Postgraduate Training Programs: Program Characteristics and Training Curricula

Chadd K. Kraus, DO, DrPH, MPH*
Terry E. Carlisle, PA-C, MPAS†
Devin M. Carney, BHS‡

*Geisinger Health System, Department of Emergency Medicine, Danville,
Pennsylvania
†University of Missouri-Columbia, Department of Emergency Medicine,
Columbia, Missouri
‡University of Missouri-Columbia, Columbia, Missouri

- 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*
 - 50 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

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Liability – Medicolegal Issues

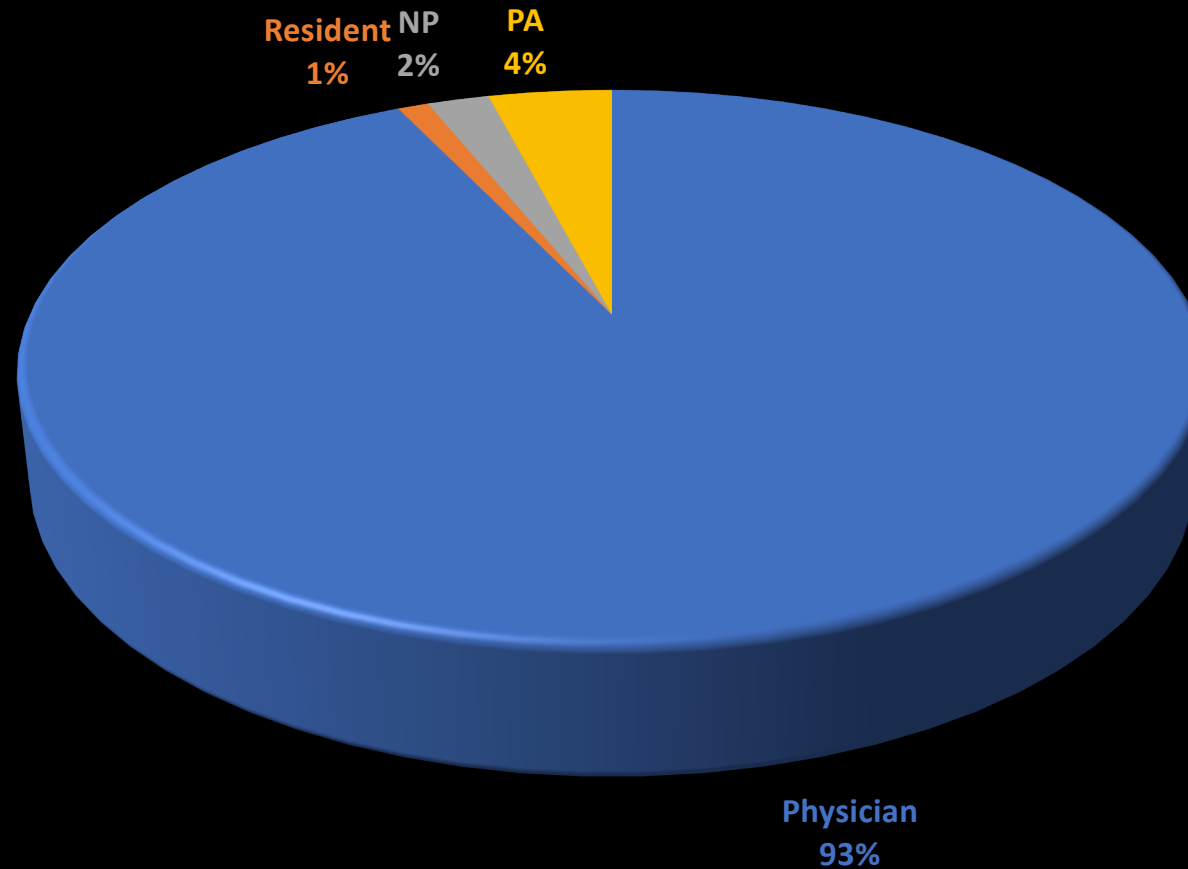
- Myth
 - Co-signing charts implies supervision
 - Billing 85% limits physician liability
- Physicians have overall responsibility for all patients in the ED
 - Named as co-defendants

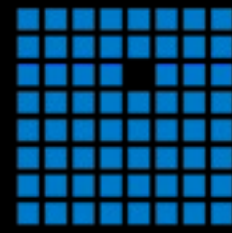


PAs in the ED: Do physicians think they increase the malpractice risk?

- 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, decrease wait times, increase patient satisfaction, and therefore decrease malpractice risk.**

Emergency Medicine Claims By Provider 2007-2017





American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

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.

Co-signing Charts

*...as long as the cosigning process is conscientiously performed, the actual legal risks are likely **less** than imagined.*

*Hence, as long as established supervision policy is followed and the available chart is constructed in a manner that depicts a history, physical exam and workup that is logical and consistent with the documented disposition and follow-up instructions, the **physician should have a future strong defense in the event of a filed lawsuit.***

APP Roles in the ED

- Main ED
- Provider at Triage
- Fast-Track
- Observation Unit
- EMS
- Administrative
- Academics
- Proceduralist



Hiring

- Where to look?
 - SEMPA, AAPA, AAENP, AANP
 - Social media
 - Internet based sites
 - Schools and residency/fellowship programs
- Prior experience?
 - EMS, nursing, scribe, prior PA/NP experience
- Interview
 - Co-interview with Lead PA/NP
 - Clinical questions
 - Expectations



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

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

What is the supervisory model in your ED?

See all patients

See patients only when
asked

See patients based on ESI
criteria or other criteria

Departmental Guidelines

- Scope of practice
- Patients seen by APPs / co-seen with physicians
 - Medicare
 - Extremes of age, abnormal vital signs, admission, consult, advanced imaging, intractable pain, unscheduled return visits
- Co-signature requirements
 - Physicians should not be required to co-sign charts when not involved with their care
- “Doctor” title



Supervision Definition

- Emergency physicians have the right to be involved with any patient
- Direct supervision
 - Physician evaluates all patients for which he is the supervisor
- Indirect supervision
 - Reviews management of patients as the supervising physician but does not examine the patient
- Onsite supervision
 - Physically present and available in the department
- Offsite supervision
 - Not onsite but available for real-time consultation

Are physicians required to co-sign charts on patients they didn't evaluate?

Yes

No

Integration of Advanced Practice Providers in Academic Emergency Departments: Best Practices and Considerations

Sharon A. Chekijian, MD, MPH, Tala R. Elia, MD, James E. Monti, MD, and Elizabeth S. Temin, MD, MPH

• Supervision

1. All patients seen by attending physician
2. All patients seen by attending, except ESI 4/5 (available as needed)
3. PAs/NPs allowed to see and treat independently a subset of patients with low-acuity complaints

TIER CLASSIFICATION OF PHYSICIAN ASSISTANTS

Classification	Time with MEP	Educational Activities
Junior PA	Hire to 1 year	<ul style="list-style-type: none"> • 3 to 6 months of direct supervision of every patient encounter • Monthly didactic EM training • Monthly chart reviews and performance evaluations by senior PA mentors • Procedure simulations and hands-on training
Staff PA	1 to 5 years	<ul style="list-style-type: none"> • Ongoing lectures and CME CA based on Q curriculum • Mock codes and procedure labs • Advanced procedure training and credentialing
Senior PA	Over 5 years	<ul style="list-style-type: none"> • Ongoing CME to maintain CAQ • Mock codes and procedure labs • Maintenance of advanced procedure credentials • Participation of hospital and system projects

STEAL THIS
A detailed look at how MEP matriculates physician assistants.

SUPERVISION POLICY

ESI Triage Level	Supervision Requirements
1-3	Requires "Time-of-care" supervision by BC/BE emergency physician
4-5	<ul style="list-style-type: none"> • Supervision always available and by request • Required for unstable vital signs, admissions, and other "red flags"

Does your site incorporate didactic education into your onboarding?

Yes

No

When poll is active, respond at pollev.com/fredwu023

Text **FREDWU023** to **22333** once to join

What didactic education do you use?

EM Bootcamp

Board Review Course

EM:RAP

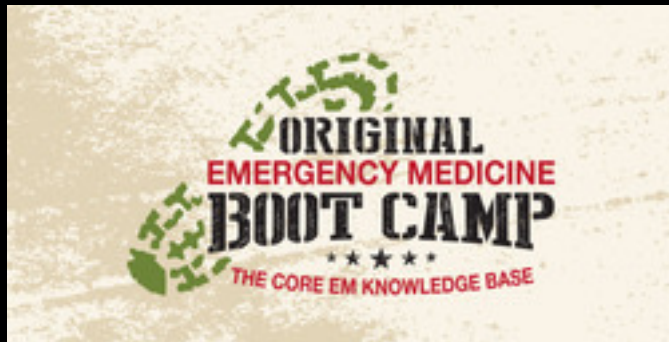
Hippo EM

Custom, internal material

Other

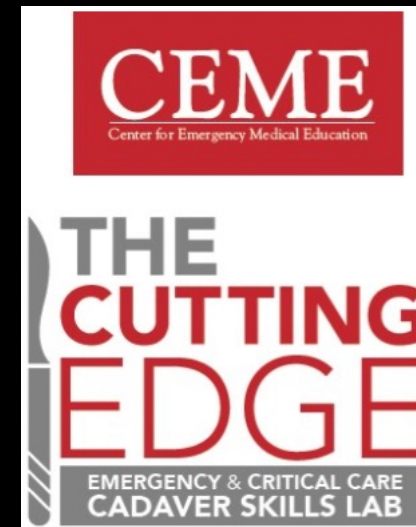
Onboarding / Orientation

- Education



Onboarding / Orientation

- Procedure Course



Hospital Procedures Consultants
Teachers Invested in Your Success



How long is your clinical PA/NP orientation?

< 1 month

1-2 months

3-4 months

> 4 months

On their own immediately
and it's sink or swim

Onboarding / Orientation

- Orientation shifts
 - At least 2 months
 - Extra person
 - Orientate to all areas of ED
- Schedule them when plenty of help around
- Evaluations

APPS ARE
FROM MARS,
Physicians *Are*
from Venus

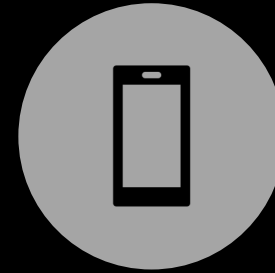
A Practical Guide for
Improving Communication and
Getting What You Want in Your Relationships

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**

What is the PA/NP leadership structure in your ED?

Lead PA/NP

Physician Liaison

Lead PA/NP &
physician liaison

APP Culture/ Retention

- Culture / environment
 - Culture of collegiality
 - Are APP opinions valued
 - APP advancement – clinical and administrative
- Liaisons
 - Lead PA/NP
 - Physician-APP Liaison
- Med staff issues; hospital committees
- **Based on employment data – EM is NOT the only job in town**

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%**
- Physician performs **one** of the three key components (history, exam, or MDM)

OR

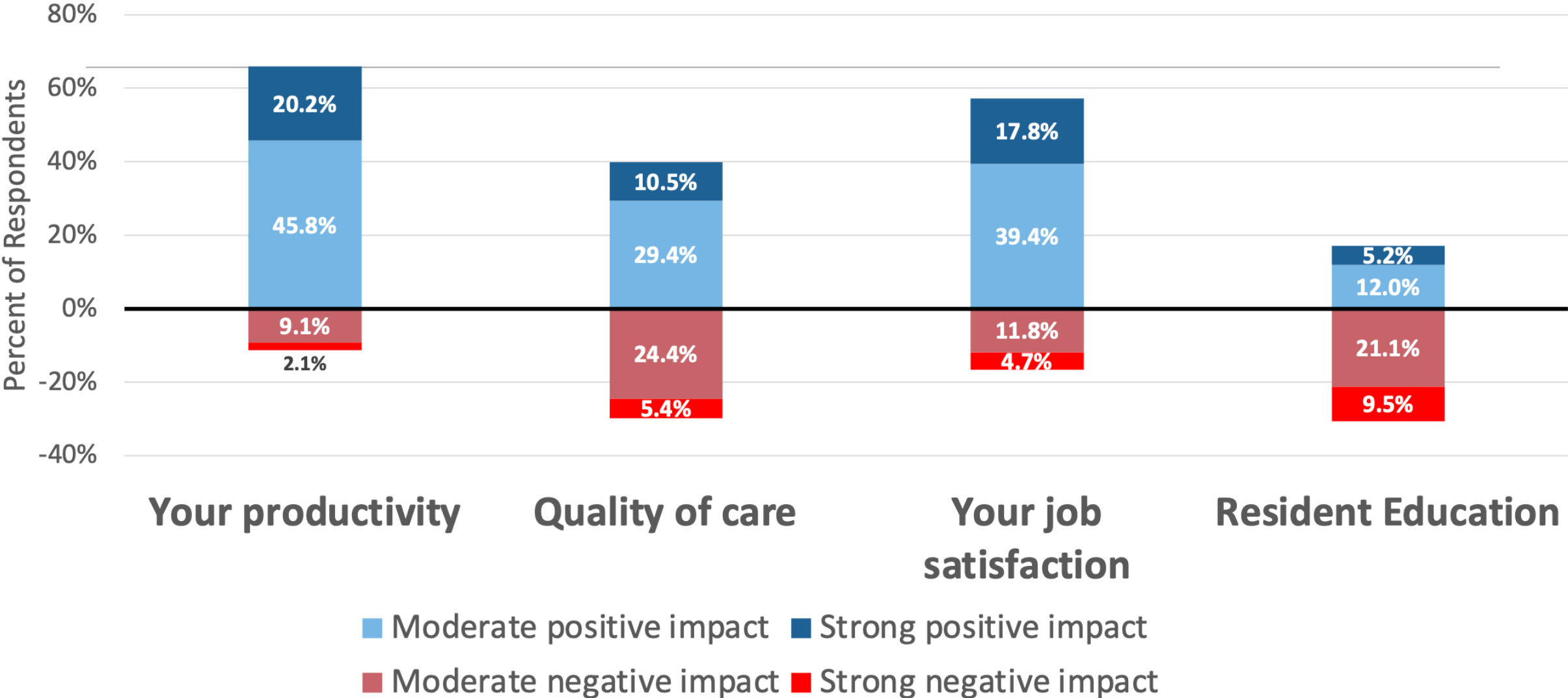
- More than half of the total time spent performing the shared visit

Critical care

Final Thoughts

- Site decisions made at the local level
- Onboarding is KEY
- Continuous life-long learning for PAs/NPs
- Supervising physician education

Impact of NPs and PAs on...

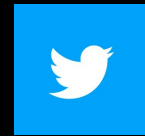


Summary

- 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



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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

https://www.acep.org/globalassets/uploads/uploaded-files/acep/clinical-and-practice-management/resources/medical-legal/mlc_adv-prac-prov-ip_final_nov-2016.pdf

- ACEP Now

How to Document Exams Performed by Advanced Practice Providers

<https://www.acepnow.com/article/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

<http://epmonthly.com/article/legal-ease-physician-extenders/>

PA Training and Oversight: A Model Worth Copying?

<http://epmonthly.com/article/pa-training-oversight-model-worth-copying/>

Myth v. Fact: The Truth Behind Common PA Misconceptions

<http://epmonthly.com/article/fact-v-fiction-the-truth-behind-a-few-common-empa-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

<http://epmonthly.com/article/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

<http://epmonthly.com/article/the-evolution-of-the-mid-level-provider/>

- EMRA Cast: Advanced Practice Providers

<https://soundcloud.com/emresidents/advanced-practice-providers-app-with-dr-nic-governatori-lynn-scherer-sempa-and-dr-matt-rudy>