The Continuing Advanced Practice Professional's Conundrum: How to manage the Expanding Role of Advanced Practice Registered Nurses and Physician Assistants

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The Continuing APP Conundrum: How to Manage the Expanding Role of the APRNs and PAs

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Learning Objectives

- At the completion of this educational activity, the learner will be able to
  - Identify some of the unique challenges of privileging APRNs and PAs
  - Create methods to evaluate the performance of advanced practice professionals (APP)
  - Determine if there is a privileging model that provides for increasing specialization of APPs
  - Evaluate a process that may be used to allow APPs to learn new skills
Advanced Practice Professionals

- Advanced practice registered nurse
  - Certified nurse anesthetist (CRNA)
  - Certified nurse midwife (CNM)
  - Nurse practitioner (NP)
  - Clinical nurse specialist (CNS)
- Physician assistant

Who Else Might Be Considered an APP?

- Additional healthcare professionals defined by the organization and its accreditor as requiring privileging
  - Professionals providing complex care
  - Determined by medical level of care
    - Dieticians
    - Pharmacists
    - Occupational and physical therapists

APRNs & PAs

- Growing rapidly
- Expanding scope of services
- APRNs
  - Collaborative
  - Independent (20 states+)
- PAs
  - Supervisory/collaborative agreement
Issues Requiring Medical Staff Consideration

- State licensure versus clinical privileges
  - Independent
  - Collaborative
  - Supervisory
    - Clearly defined by organization

- All hospitalized Medicare and Medicaid patients must be under the care of a physician – exception CNMs (Medicare)

Issues Requiring Medical Staff Consideration – Cont’d

- State licensure impact upon clinical privileges
  - Scope of education/training
  - Focus of training impact on scope of privileges
    - Acute care vs. primary care
  - Membership and/or Privileges

Issues Requiring Medical Staff Consideration – Cont’d

- Rights and responsibilities with/without membership
  - Vote?
  - Attendance at meetings?
  - Hearing and appeal?
  - Reporting to NPDB?
  - OPPE/FPPE by collaborating/supervising physician?
APP Conundrums

There are differences among the processes of

- Billing
- Privileging
- Licensing

You must know and understand the differences!

What Do Regulators & Accreditors Require?

- Initial and renewal credentialing components as outlined in medical staff standards
  - Identical to physicians
  - Recommended: Obtain and review collaborative/supervisory agreement

Demonstrated Current Competence

- Evaluation of care provided
  - Comprehensive clinical evaluation
  - Evidence of provision of care (case log)
What Else Must We Consider?

- Bylaws
- Policies
- Rules & Regulations
- Privileging Criteria

Issue to Evaluate:

- Are your privilege forms working for you?
  - Scope of licensure
  - Content (specialty practice, supervision?)
  - Criteria based

Sources for Delineation of Privileges

Research, Research, Research !!!
Clinical Monitoring & Supervision

- Medical staff
  - Peer review
  - Performance monitoring
  - Ongoing professional practice evaluation (OPPE)
  - Focused professional practice evaluation (FPPE)

Challenges to Performance Monitoring of APPs

- Availability of data specific to APPs
- Difficulty in accurate attribution
- Inadequate privileging forms/criteria
- Competency measurements not defined
- Competency not individually assessed

Possible Solutions...

- Coding options
- Guidelines for attribution (MD vs. APP)
- Activity log
- APP input
  - Credentialing/Privileging
  - Performance monitoring
APP Interdisciplinary Committee

- Subject matter expertise
  - Create criteria-based privileging
  - Evaluate competence
  - Educate colleagues
- Reporting structure

APP Interdisciplinary Committee: Composition

- Medical staff representative(s)
- APP
- VPMA
- MSSP/MSC
- HR
- Nursing
- Other ancillary services (also, PRN)
- Program medical director

Sample FPPE Plan for a Nurse-Midwife

<table>
<thead>
<tr>
<th>Skill being evaluated</th>
<th>Activity being evaluated</th>
<th>Method for evaluating activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive skills</td>
<td>Manage midwifery elements of (n) moderate-risk cases after consultation with physician</td>
<td>Retrospective review</td>
</tr>
<tr>
<td></td>
<td>Manage midwifery elements of (n) high-risk cases after consultation with physician</td>
<td>Prospective review</td>
</tr>
<tr>
<td>Procedural skills</td>
<td>Deliver (n) patient(s) and manage (n) infant(s) at delivery</td>
<td>Concurrent proctoring</td>
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<tr>
<td></td>
<td>Perform (n) amniotomy procedures</td>
<td>Concurrent proctoring</td>
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<tr>
<td></td>
<td>Perform (n) episiotomy and repair procedures</td>
<td>Concurrent proctoring or retrospective review</td>
</tr>
<tr>
<td></td>
<td>Perform (n) vacuum extractions</td>
<td>Concurrent proctoring</td>
</tr>
</tbody>
</table>
How to Manage the Expanding Roles of APPs

Case Study
- Dr. Blocked Aorta requested permission to train his PA to do vein harvesting
  - Excellent surgical technique
  - Procedure would fall under the PA’s currently approved surgical assisting privileges
- The department chair (newly diligent about following policy) consulted the MSSD and learned there was no related policy
- Review of the PA’s performance did not indicate any competency issues. PAs not included in the OPPE process

Case Study
- State licensure allowed any delegated activity to be performed if the surgeon was privileged for the procedure
- Therefore, the surgery chair has recommended to the credentials committee that the PA be allowed to train for this procedure under direct supervision of Dr. Aorta
Case Study

- What should the credentials committee do? What factors should it consider?

Do the regulatory or accreditation bodies provide guidance on how to expand the role of APPs?

NO!!

Are There Consequences to Exceeding Licensure and/or Privileges Granted?

- Collaborating/supervising physician and APP can be held accountable
  - Discipline from hospital and/or licensing body
  - Loss or restriction
    - Membership/Privileges
    - Licensure
  - Reports to NPDB
Taking the Pulse of the Organization

➢ Does your organization adequately address the expanding skills or scope of APPs?
➢ Are APPs allowed to expand privileges through onsite training?
➢ Have APPs expanded their scope without authorization (i.e., “scope creep”)?

Moving Forward: Can You Answer “YES” to the Following Questions?

➢ Does the organization’s culture support “training up” of APPs?
  ➢ Governing body
  ➢ Medical staff
➢ Does the hospital’s liability carrier allow “training up?”
➢ If permitted, will patient consent be obtained?

If you answered “YES” to all three questions

Develop a policy!
Policy Goals

- Protect patients
- Protect hospital
- Protect APP and physician sponsor
- Create process to expand skills of APPs
- Permit physicians to fully utilize APP’s skills

Policy Development: What Should You Consider?

- Authorization process?
  - MS privileging
  - Governing body approval
- Type of privileges?
  - Direct supervision – clearly defined

Policy Development: What Should You Consider?

- Temporary privileges?
- Criteria?
  - Meets eligibility criteria for privileges held
  - No issues identified
    - Clinical competence
    - Professional conduct
Policy Development: What Should You Consider?

- Privileges currently granted only to MD/DO's?
  - Establish moratorium
  - Determine whether privilege will be extended to APPs
  - If "yes," create eligibility criteria for APPs
  - Consider the APP request

Policy Development: What Should You Consider?

- Procedure for "train up" privileges?
  - Written request from APP and collaborating/supervising physician (as applicable)
    - Specific procedure(s)
    - Preceptor(s)
    - Anticipated length of training
    - Competency measurement criteria
    - Patient population (as appropriate)

Policy Development: What Should You Consider?

- Time limit to complete the training and establish competency?
  - Who determines?
- Method to obtain patient consent?
Policy Development: What Should You Consider?

- Process to approve "train up" privileges?
  - Clear communication and expectations
  - APP
  - Supervising physician
  - Nursing and ancillary services staff

Policy Development: What Should You Consider?

- Request for privileges without direct supervision?
  - Eligibility criteria met
  - Request submitted
    - MS recommends
    - GB approves
    - FPPE begins (TJC & HFAP requirement)

QUESTIONS