

Don't go it alone: Using NPs and PAs in your clinical practice

James L. Swischuk, M.D.

Clinical Associate Professor

Department of Radiology

University of Illinois College of Medicine at Peoria

James L. Swischuk, MD

Saint Francis Medical Center Interventional Radiology Department

- **Hospital**
 - > 700 beds
 - Main teaching hospital UICOM at Peoria, IL
 - 3 angiography suites
- **Procedures performed**
 - Approximately >5,000 patients/year
 - Vascular (60%)
 - Nonvascular (40%)

Saint Francis Medical Center Interventional Radiology Department

- **Practice**

- Private practice (clinical appt. UICOM)
- 5 CAQ Cert. IR, 1 Neuro IR
- 2 IR Fellow
- 0.5 Residents
- 2.5 Research FTE's
- 4 physician extenders (3 NP, 1 CNS)

Saint Francis Medical Center

Interventional Radiology Department

Clinical Services-

- **Inpatient**

- Consultation
- 23 hr observation
- Full admission
- Inpatient follow up
- Discharge

- **Outpatient**

- Initial new patient
- Initial consult
- Outpatient follow up

The Competitive Interventional Radiology Practice

- **Why start a clinical service?**
- **To improve patient care**
 - Improved patient/physician rapport
 - Improved physician/physician rapport
 - Increase procedures
- **Bullshit!**

The Competitive Interventional Radiology Practice

- **Why start a clinical service now?**
- **Compete with the likes of:**
 - **Cardiologists**
 - **Cardiovascular surgeons**
 - **Vascular surgeons**
 - **Nephrologists**
 - **Etc...**
- **The Prize- Vascular procedures**
- **The spin-off; Other procedures**

The Competitive Interventional Radiology Practice

- How do I sell it to my group?
- Remind group - clinical practice is nothing new, just new to Radiology
- Cost vs. Benefit

Costs -

Increased FTEs
Increased space

Benefits -

E&M revenue
Imaging spin-off
Maintaining referrals
Non- tangibles

Competitive IR Clinical Practice

Physician Extender

- **Why employ a physician extender?**
 - Increasing clinical services, ↑ FTEs
 - Increase in # of minor procedures (PICC, CVC, etc.)
 - Both
 - Decreased supply of interventionalists
- **Alternate names-**
 - Mid-level practitioners
 - Non-physician practitioners

Competitive IR Clinical Practice Physician Extender

- **Choices**

- **Advanced nursing**

- **Nurse Practitioner (NP)**
 - **Clinical Nurse Specialist (CNS)**
 - **Certified Nurse Anesthetist (CRNA)**
 - **Certified Nurse Midwife (CNM)**

- **Physician Assistant (PA)**

Competitive IR Clinical Practice

Physician Extender

- **What is the difference between NP, CNS, and PA**
 - **Training**
 - **Collaborative vs. Supervisory relationship with MD**
 - **HCFA**
 - NP and CNS can bill Medicare directly.
 - PAs must bill through physician employer (w-2, 1099)
 - **Philosophical**

Competitive IR Clinical Practice Physician Extender

- **How are they similar?**
- **Balanced budget act 1997**
 - All three can practice in most settings and any location that a physician does
- **See local state laws for details**
- **Serve identical roles in OSF (Peoria) practice.**

Competitive IR Clinical Practice

Physician Extender

- **Compliance issues – three levels**
 - **National – Centers for Medicare & Medicaid Services (CMS, formerly HCFA)**
 - **State – state laws**
 - **Local - hospital**

Competitive IR Clinical Practice Physician Extender

- **National – CMS**
 - **Minimum requirements for Medicare patients**
 - **Describe**
 - **credentials**
 - **practice setting**
 - **Reimbursement levels (85% of physician pay scale)**
 - **Less detailed than state laws**

Competitive IR Clinical Practice Physician Extender

- **State – State agency responsible for professional licensure (IL, IDPR)**
 - **Laws that govern all caregivers**
 - **Most extensive set of rules**
 - **Certification**
 - **Educational requirements**
 - **Scope of practice**
 - **Collaborative agreements (NP, CNS)**
 - **Supervisory requirements (PA)**
 - **Prescriptive authority**

Competitive IR Clinical Practice

Physician Extender

- **Local – Hospital bylaws, rules and regulations**
 - **Maintaining medical records**
 - **Privilege granting (HR, Medical staff, Allied health)**
 - **Meeting attendance**
 - **Co-signing policies (notes, orders)**

Competitive IR Clinical Practice

Physician Extender

- **What can the physician extender do?**
- **CMS**
 - Interpret Dx studies, ie, labs, x-rays
 - Perform minor surgeries, assist surgery
 - X-ray exams?
 - Perform physician duties within scope of supervising physician's practice
- **Exact rules set by state law, local policy**

Competitive IR Clinical Practice

Physician Extender

- OSF physician extender

- Inpatient

- H&P - full admit or observation
- Discharge summaries
- Inpatient consults
- Daily SOAP notes

- Outpatient

- Pre-procedure visit
- New patient visit
- Consult
- Follow-up

Competitive IR Clinical Practice Physician Extender

- **To what extent must the physician participate during the Medicare patient clinical visit?**

Competitive IR Clinical Practice

Physician Extender

- **If billed as a physician visit**
 - **Hx: personally reviewed (not necessarily obtained) by MD**
 - **PE: MD must examine patient (to what extent?)**
 - **A/P: must be formed by MD**
 - **Use MD Medicare PIN**
 - **Bill @ 100% of physician fee**

Competitive IR Clinical Practice

Physician Extender

- **If billed as NP, CNS, or PA visit**
 - **Bill @ 85% of physician fee**
 - **MD not required to see patient**
 - **MD must be available by telephone (for PA)**
 - **Use physician extender PIN (even for PA)**
 - **Also comply with state laws/hospital bylaws**
 - **Careful about consultant status**

Competitive IR Clinical Practice

Physician Extender

- **How do we do it (Medicare)?**
 - Almost all E&M CPT codes billed under NP, CNS, or PA Medicare PIN
 - Patient seen first by physician extender
 - MD can see patient to the extent considered appropriate
 - Countersign note
- **At 85% vs 100% reimbursement our time is better spent in the angio suite (or reading films)**

Competitive IR Clinical Practice

Physician Extender

- **“Incident to” services**
 - Can be preformed by variety of office employees
 - Requirements
 - Out patient office setting only
 - MD must see patient on first visit
 - MD must be present in office (not necessarily in room)
- **Billed as though MD provided service (MD, PIN, 100% physician fee)**

IR Clinical Practice

Revenue; E&M Services

- **OSF, Peoria IL experience (1/2002-10/2002)**
 - Admission/observation = >400 visits/yr
 - I/p follow-up visits/discharges = 2806 visits/yr
 - I/p consultations = 818 visits/yr
 - O/p clinic visits = 1069 visits/yr (919 f/u, 150new)
- **Total charges \$961k**
- **Total revenue \$289k**
- **Annualized \$302k**
- **Approximate break-even point for physician extenders**

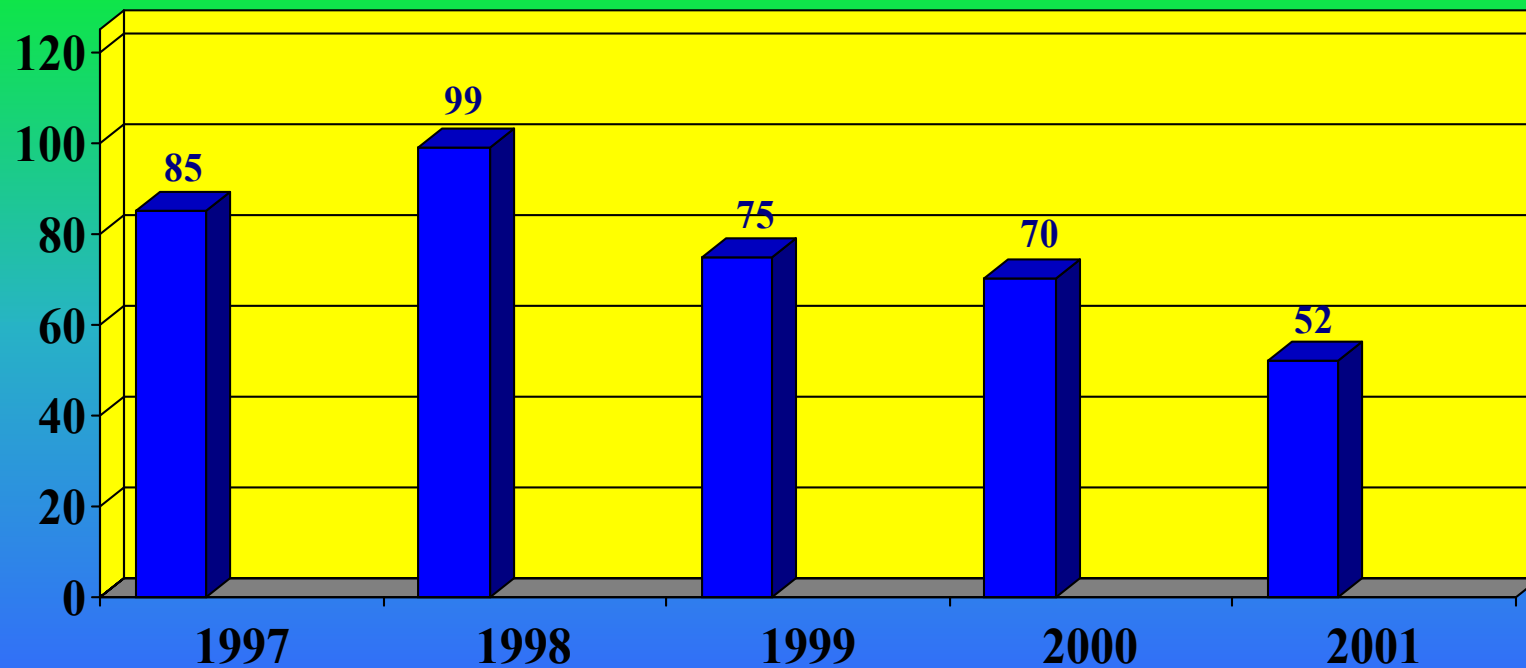
Competitive IR Clinical Practice Physician Extender

Good Information Sources

- **American Academy of Physicians Assistants
(www.aapa.org)**
- **American College of Nurse Practitioners
(www.nurse.org/acnp)**

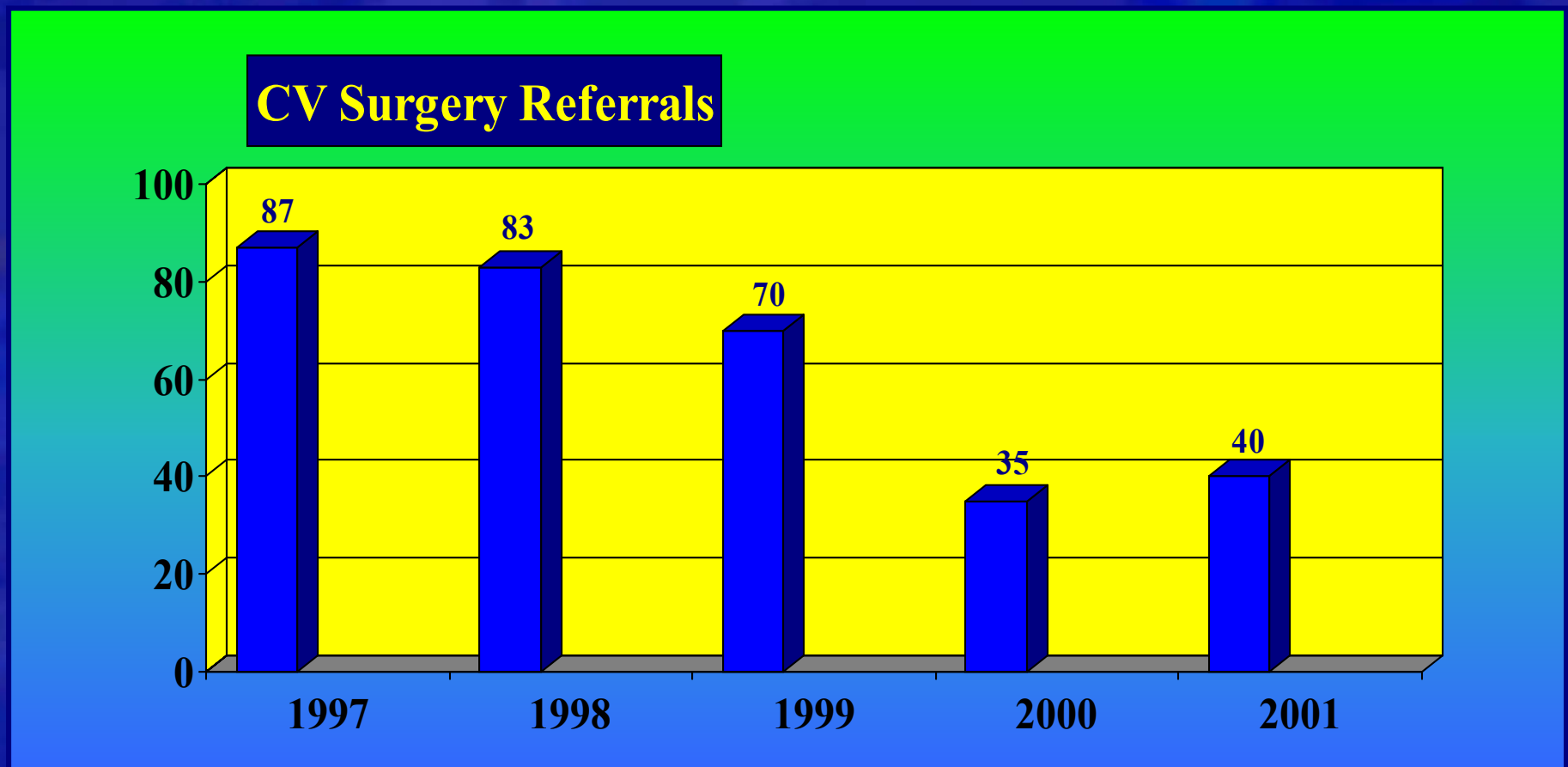
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Cardiology Referrals



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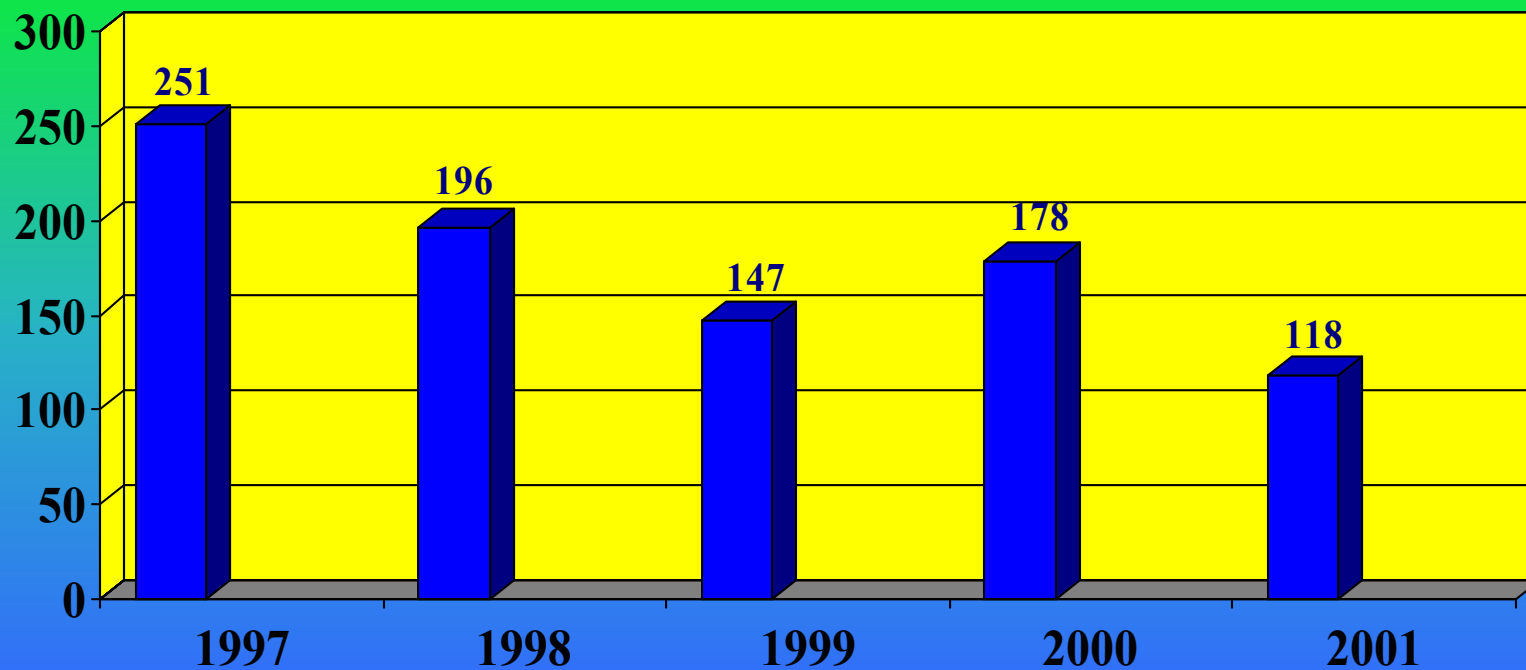
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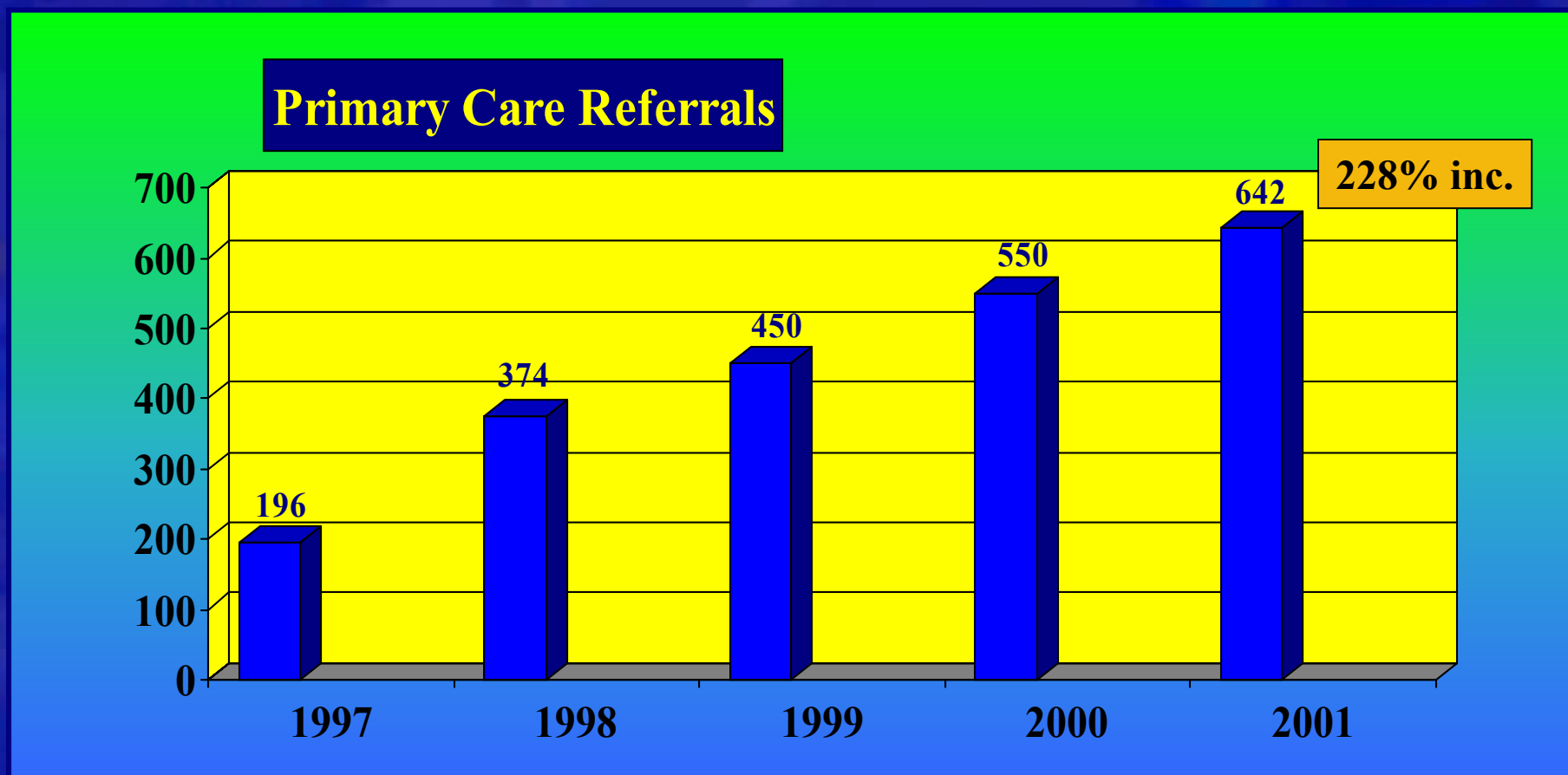
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Vascular Surgery Referrals



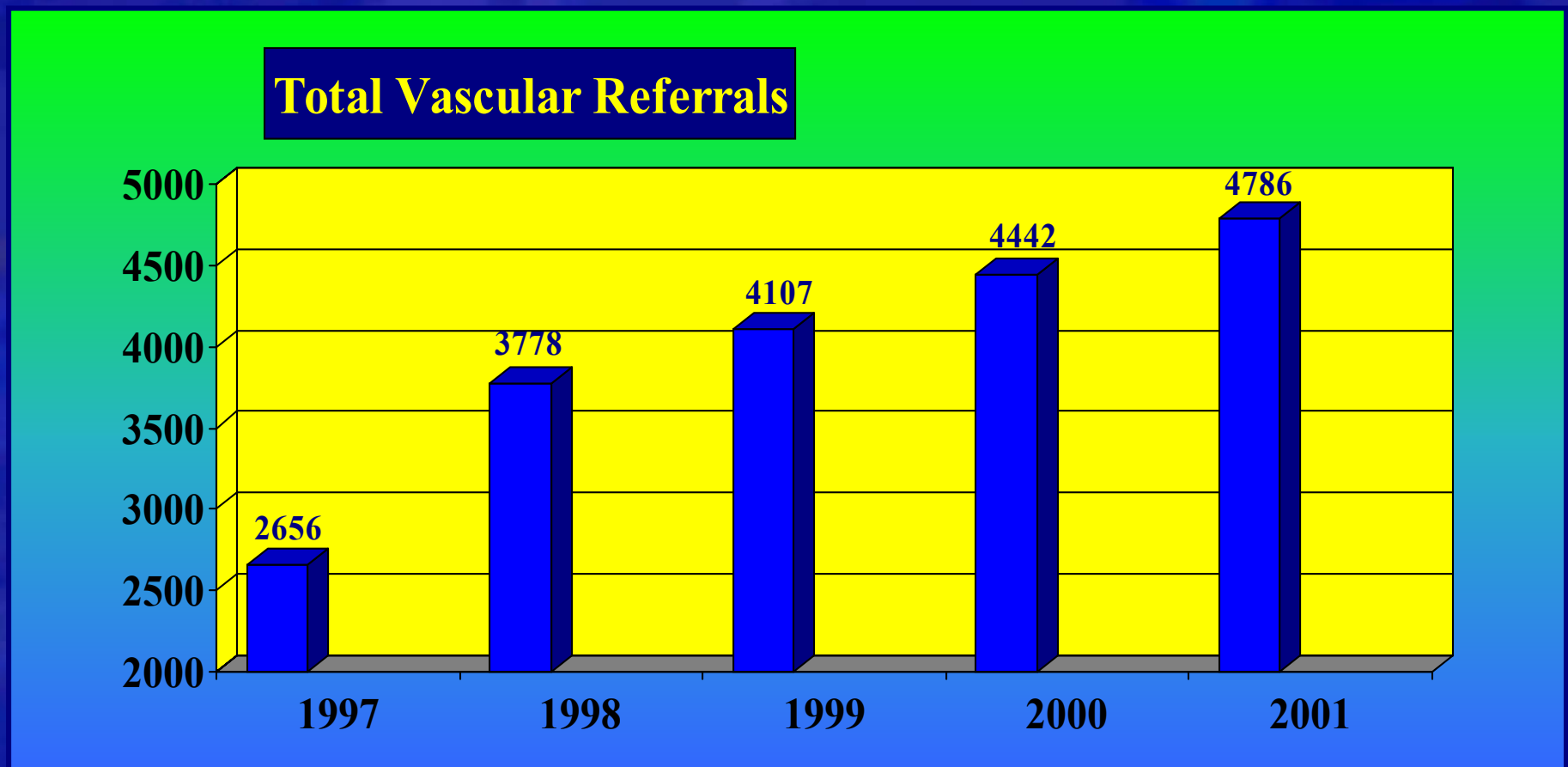
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Courting the Primary Care Physician

- **2002 vascular referrals**
 - **Primary care** **50%**
 - **Vascular/general surgery** **22%**
 - **Cardiology** **4%**
 - **Cardiovascular surgery** **3%**

The Competitive Interventional Radiology Practice

- **Conclusion**

- **Interventional radiologist most productive when in angio suite (and reading films).**
- **Physician Extender is a natural fit in IR**
- **Avoid culture shock**
- **Benefits will quickly outweigh the costs**
- **Practice will improve both professionally and economically**