The Role of APP's in an Academic Department

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The ACEP PA/ARNP Workforce Taskforce

- EM physicians concerned about medical-legal consequences of supervising APP's

- More and more APP's engaged in Independent Private Practice in ED's

- # of APP's in ED's is skyrocketing
  - (currently 14,000 PA's in ED's, expected to grow to 27,000 by 2025)

Questions

- What is the role of an academic faculty in supervising an APP?

- What is the role of the APP in an academic Emergency Department?

- Should there be systematic training for APP's prior to working in ED's?

- Should there be a common certifying board for APP's specializing in EM?

Supervision

"I recently stopped working full time for a formerly autocratic EM group because of issues surrounding mid-level supervision. This group was staffing a relatively high acuity 25 bed ED with 1 doc and 3-4 mid level providers and asking me to blindly sign their charts without any supervision."

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Supervision

"When I finally said I would no longer sign mid level charts without proper supervision, I was told that they are the same as doctors and basically bullied out."

ACEP Guidelines

- APP's do not replace the medical expertise provided by physicians

- APP's should have specific training

- ACEP believes that APP's should not provide unsupervised emergency department care

- Supervising physicians have the right to determine their level of involvement in care provided by APP's
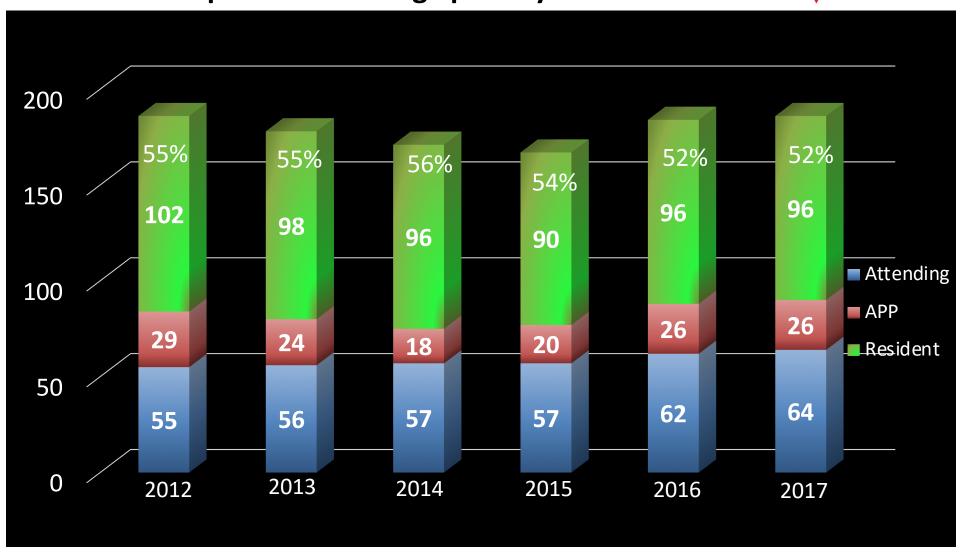
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AAEM Statement

- APP's should be supervised by board certified Emergency Physician
- APP's should not provide independent care
- Supervising Physicians should determine the role of APP's within the Department
- Physicians are expected to provide meaningful assessment of APP work
- Physicians should not be required to co-sign charts unless actively involved
- APP's should not supervise EM residents
- APP's should not be called doctor and have a duty to inform patients of their level of training

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Daily Provider Coverage
Hours per day: Main ED

186 Hours of provider coverage per day in the "main ED"

	2012	2013	2014	2015	2016	2017
Resident	55% / 102	55% / 98	56% / 96	54% / 90	52% / 96	52% / 96
APP	29	24	18	20	26	26
Attending	55	56	57	57	62	64

APP and EP Independent Billing:

Contents lists available at ScienceDirect

American Journal of Emergency Medicine

journal homepage: www.elsevier.com/locate/ajem

ELSEVIER

The American Journal of Emergency Medicine

Nurse practitioners and physician assistants in emergency medical services who billed independently, 2012–2016 ☆
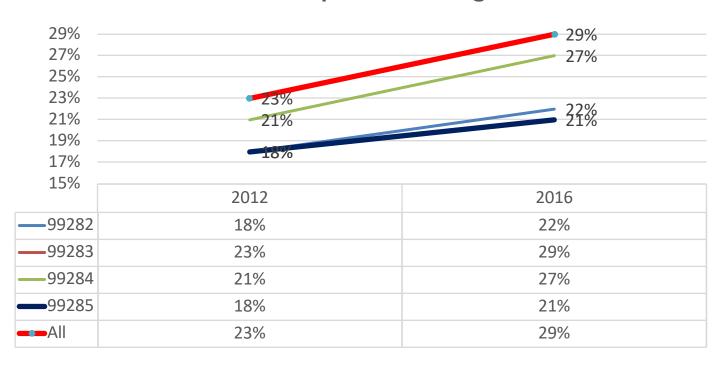
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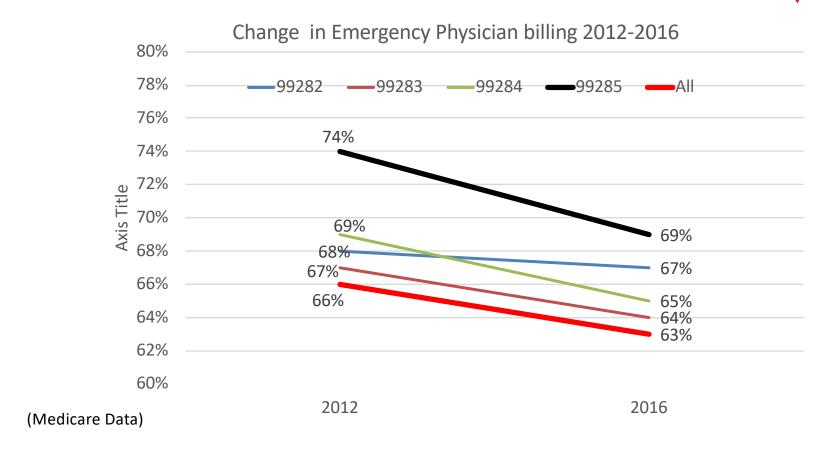
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Growth in APP Independent Billing

Growth in APP independent billing 2012-2016

	2012	2016
99282	18%	22%
99283	23%	29%
99284	21%	27%
99285	18%	21%
All	23%	29%

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Change in Emergency Physician Billing

Change in Emergency Physician billing 2012-2016

(Medicare Data)

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Change in Number of billing

Change in Number of Clinicians Billing Indepedently

	2012	2016	
APP	12,031	17,287	44%
Emergency Physicians	33,968	38,037	12%

Change in Number of Clinicians Biling Indepently (Rural Only)

	2012	2016	
APP	1,883	2,572	37%
Emergency Physicians	3,506	3,333	-5%

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Supervision

- What is the role of Academic Faculty in Supervising APP's?
  - Sign every chart?
  - See every patient?
  - What types of patients are they allowed to see?

Role Within Academics

- Do you have APP's who are Faculty in your departments?

- Do they teach residents?

APP SPECIALTY CERTIFICATION

ARNP Specialty Certification

- Must Have Family Practice Track Certification
- 3 options
  - 2000 Clinical hours over 5 years
    - 100 Hours CME, 30 must be procedural skills
  - Completion of ARNP academic program in EM
  - Fellowship in EM
- Certification Exam
- Recertification every 5 years

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PA Certificate of Added Qualifications

- Voluntary credential in Seven Specialties sponsored by NCC- PA (one is EM)
    - PA's have 6 years to complete all the requirements
    - CME – 150 hours of category I CME focused on EM
        - 50 within 2 years of exam
    - 3000 hours of experience (18 months)
    - Attestation of Supervising Physician that the PA can perform or has performed certain Procedures
    - EM Specialty Exam – 120 Questions

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SEMPA Guidelines for PA Training Programs in EM

- 18 months in length – 3000 clinical hours
- Need at least 30,000 visits/yr
- EMPA Program Director must be a PA with 5 years of experience
- Medical Director must be board certified EM Physician
- At least 4 hours per week didactics
- Required Procedural Observation and Training

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Summary of PA Training Programs

- As of 2018 – 29 postgraduate Training Programs

- Mean training length is 15 months

- 22 require some scholarly activity

- 93% associated with EM Residencies

- Class size between 3-4

Kraus, C.K. 2018, "EM PA Postgraduate Training Programs," West J Emer Med

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Iowa APP Emergency Medicine Residency

- Established in 2008, Currently 18 graduates and 4 in training
- Residency is 18 months in length, fully embedded within the physician residency program

Why a Residency Program?

"Dude, I was told bluntly multiple times that the residency is what got me through the door. I was chosen out of 80+ applicants for one position and was told by another that he interviews fewer than 5% of applicants, most of which have many years' experience. Colorado is a tough market, but the residency definitely made the difference.

Matthew Starks, PA-C Class of 2015

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Clinical Rotations

- Emergency Medicine – 10 blocks
- Pediatric Emergency Medicine – 3 blocks
- Ultrasound – 2 weeks
- EKG – 2 weeks
- Multi-disciplinary – 2 weeks
- Orthopedics – 2 weeks
- Trauma – 1 block
- SNICU – 1 block
- Anesthesia – 2 weeks

Elective Options – 2 blocks

- Toxicology
- Sports Medicine
- Advanced Ultrasound
- Ophthalmology
- EM Pharmacy
- MICU

- Research
- Education
- Nursing
- International Medicine
- Wilderness Medicine
- Palliative Care

- The Big Question

  – Should we have some sort of certifying body for APP's?