The Role of APP’s in an Academic Department

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Gabe Kelen, MD
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?
“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.”
“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
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
Daily Provider Coverage

Hours per day: Main ED

186 Hours of provider coverage per day in the “main ED”
Nurse practitioners and physician assistants in emergency medical services who billed independently, 2012–2016

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Growth in APP Independent Billing 2012-2016

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2016</th>
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<tbody>
<tr>
<td>99282</td>
<td>18%</td>
<td>22%</td>
</tr>
<tr>
<td>99283</td>
<td>23%</td>
<td>29%</td>
</tr>
<tr>
<td>99284</td>
<td>21%</td>
<td>27%</td>
</tr>
<tr>
<td>99285</td>
<td>18%</td>
<td>21%</td>
</tr>
<tr>
<td>All</td>
<td>23%</td>
<td>29%</td>
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Change in Emergency Physician Billing

Change in Emergency Physician billing 2012-2016

(Medicare Data)

Axis Title
## Change in Number of Clinicians Billing Independently

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<thead>
<tr>
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<th>2012</th>
<th>2016</th>
<th>Change</th>
</tr>
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<tbody>
<tr>
<td><strong>APP</strong></td>
<td>12,031</td>
<td>17,287</td>
<td>44%</td>
</tr>
<tr>
<td><strong>Emergency Physicians</strong></td>
<td>33,968</td>
<td>38,037</td>
<td>12%</td>
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## Change in Number of Clinicians Billing Independently (Rural Only)

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<tr>
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<th>2012</th>
<th>2016</th>
<th>Change</th>
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<tbody>
<tr>
<td><strong>APP</strong></td>
<td>1,883</td>
<td>2,572</td>
<td>37%</td>
</tr>
<tr>
<td><strong>Emergency Physicians</strong></td>
<td>3,506</td>
<td>3,333</td>
<td>-5%</td>
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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
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
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
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

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
“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
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
<table>
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<tr>
<th>Elective Options – 2 blocks</th>
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<tbody>
<tr>
<td>- Toxicology</td>
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<tr>
<td>- Sports Medicine</td>
</tr>
<tr>
<td>- Advanced Ultrasound</td>
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<tr>
<td>- Ophthalmology</td>
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<td>- EM Pharmacy</td>
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<td>- MICU</td>
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<td>- Palliative Care</td>
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AACEM
Association of Academic Chairs of Emergency Medicine
• The Big Question

- Should we have some sort of certifying body for APP’s?