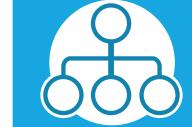


Get the **full value** from your advanced practice providers

Four must-have characteristics of a scalable model for NPs and PAs



DEPLOYMENT

Consider group needs when deploying APPs

Key to success: Groups should deploy APPs to support one of three group goals: access expansion, population health management, and/or expansion into a new business.

Group role: Design APP roles that meet predefined goals.

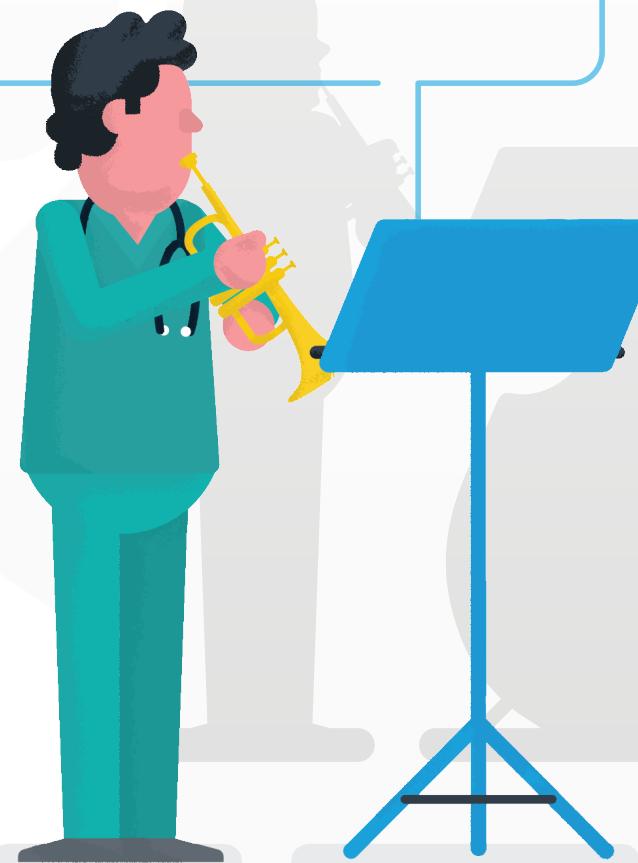
Specialty role: Identify the most important specialty or practice priority and deploy APPs in the corresponding role.

Make sure APPs are used as intended

Key to success: Groups must develop a mechanism to hold teams accountable for using APPs to meet predefined goals.

Group role: Develop a metric picklist to measure impact against group goals.

Specialty role: Pick the most relevant metrics by which to measure success.



TRAINING

Combine physician and APP onboarding

Key to success: To save time, groups should use one process for all provider onboarding, but pair newly hired APPs with tenured APP mentors.

Group role: Reevaluate existing physician and APP onboarding programs.

Specialty role: Assign an APP mentor to each new APP.

Design a more efficient clinical training curriculum

Key to success: A more efficient training program relies on APPs to lead training and focuses on specific skill gaps.

Group role: Develop a list of core competencies on which to train all newly hired APPs and assess APPs against it.

Specialty role: Start a preceptorship program to train APPs on specialty-specific competencies.



Medical groups are hiring more advanced practice providers (APPs) than ever, yet few are realizing the full value these providers offer. The average medical group leaves \$49¹ on the table for each primary care visit led by a physician that could be conducted by an APP. Even if that happens just once a day, it quickly adds up to an annual loss of \$10,000 per physician.

Fully realizing the financial and productivity gains APPs offer requires deploying and managing these providers at scale. To do this, medical groups must adopt a group-wide model for APP use instead of leaving those decisions up to individual physicians. Just as a symphony orchestra has four instrumental sections, a scalable APP model has four components. Each component plays a critical role in ensuring the harmonious use of APPs within the medical group.



EVALUATION

Hold APPs to the same standards as physicians

Key to success: APPs working at top-of-license should have the same impact on group performance as physicians, so they should be held to the same standards.

Group role: Evaluate APPs on same performance metrics as physicians (e.g., productivity, quality, patient experience).

Specialty role: Choose specialty-specific metrics to measure.

Move APPs to a performance-based compensation model

Key to success: Using a base + bonus compensation model for APPs incentivizes them to improve their performance on group goals (e.g., productivity, quality, patient experience).

Group role: Create a standard set of compensation frameworks to use for each APP role.

Specialty role: Incorporate specialty-specific metrics into variable compensation.



LEADERSHIP

Create a mechanism for APP self-governance

Key to success: Groups should create an APP leadership structure to empower APPs to problem solve and reduce the amount of time group leaders spend on APP-specific issues.

Group role: Launch a group-wide APP council with representatives from all constituencies.

Specialty role: Appoint APPs to serve on the group-wide council.

Elevate APPs to group-wide leadership positions

Key to success: Include an APP in group-wide leadership roles to enable their input in strategy development and boost their engagement in the group.

Group role: Select at least one APP to serve on group-wide leadership bodies (e.g., committees, board).

Specialty role: Nominate APPs to serve in leadership roles.



¹ Calculated for a level 3 evaluation and management code billed by a physician in primary care vs. APP with the APP billing at 85% of the physician rate.

² Work relative value unit.