

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

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

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.

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.

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.