The NP/PA as Hospitalist

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The NP/PA as Hospitalist

- Data involving the use of NP/PAs in the hospital
- NP/PA Hospitalist Practice Models
- Coding
- What we do at Minnesota Gastroenterology
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• Per the 2009-2010 AANP National NP Sample Survey, out of 13,562 respondents:

  – 2,430 NPs practiced in the area of GI

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• Per the 2010 AAPA census, out of 19,830 practicing PAs in the US:
  – 320 PAs practiced in the area of GI

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- Outcomes comparison of hospitalist-PA team vs. traditional resident-based model
  - Length of stay, charges, readmission within 7, 14 and 30 days and inpatient mortality
  - Hospitalist-PA team was associated with higher length of stay, but similar charges, readmission rates and inpatient mortality to resident-based teams

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- Effect of hospitalist and APN collaboration on hospital costs
  - Length of stay, hospital costs, mortality and readmission 4 months after discharge
  - Hospitalist-NP team showed reduced length of stay and improved hospital profit versus general medicine MD alone
  - No change in readmissions or mortality

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• Impact on efficiency and patient outcomes with the implementation of a PA/Hospitalist service
  – Length of stay, cost of care, inpatient mortality, ICU transfers, readmissions and patient satisfaction
  – Hospitalist and PA team service showed lower total cost of care and no significant difference in length of stay, inpatient mortality, ICU transfers, readmission or patient satisfaction when compared to house staff physicians

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• Hospitalist – PA team compared to an academic internal medicine residency program
  – Mortality, adverse events, readmissions, patient satisfaction, and documentation
  – Comparable outcomes in adverse events, readmissions or deficiencies in care that resulted in readmissions and patient satisfaction
  – All-cause mortality rates were significantly lower in the PA-hospitalist model

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• Models of Care
  – Physician – NP/PA team
  – Complete similar tasks as the physician:
    • Admissions, new patient visits, follow up visits, discharge summaries
  – More narrow scope:
    • Admissions and Discharges
    • New Consults
    • Follow up visits
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• Shared Visits
  – Patient visits which are split between a physician and NP/PA
  – The physician and NP/PA each must provide a part of the evaluation and management of the patient’s care
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• Shared Visits
  – Both the physician and the NP/PA must:
    • See the patient
    • Document a clinically relevant portion in the patient’s chart
  – Visit may be billed under the physician provider number and be paid at 100% of the physician fee schedule
    • Only one provider may bill
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NP/PA Core Competencies for inpatient GI practice

- Not much in the literature on training and core competencies
- Minnesota Gastroenterology developed our own NP/PA competencies
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• MNGI Orientation
  – Phase 1: One week general orientation
  – Phase 2: Four weeks observing in clinic with specific required readings on GI topics
  – Phase 3: Three weeks seeing patients in clinic on own with a mentor present
  – Phase 4: Seven week hospital orientation
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• MNGI Hospital Orientation
  – General orientation to the hospital(s)
  – Evaluation of hospitalized patient
  – Team approach: When to ask for help
  – Consult and follow up notes
  – Case presentation
  – Observation of inpatient procedures
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• Common Inpatient Diagnoses
  – Upper GI Bleed
  – Lower GI Bleed
  – Anemia
  – Abdominal Pain
  – Diarrhea
  – Nausea/Vomiting
  – IBD
  – Esophageal
  – PEG
  – Hepatology
  – Biliary
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• What we do
  – Cover 12 hospitals
  – Providers: 60 physicians, 7 NPs, and 12 PAs
  – Physician – NP/PA teams
  – Staffed for weekday and weekend
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• Weekday Hospital Coverage
  – 8 hour days
  – Team approach
  – Divide patient list based upon type of visit, location, and acuity
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• Weekend Hospital Coverage
  – Split the Twin Cities by East and West
    • East
      – 4 hospitals
      – 2 physicians
      – 1 NP/PA
    • West
      – 6 hospitals
      – 3 physicians
      – 1 NP/PA
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– Patients typically seen by NP/PA:
  • Follow ups
  • Consults
  • Admissions and Discharges

– Patients typically seen by physician:
  • ICU patients
  • Consults
  • Follow ups with acute changes
  • Admissions and Discharges
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- Quality Patient Care
  - Best Practice Inpatient Guidelines
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• Communication is key
  – Defined roles for both the physician and the NP/PA
  – Scheduled time to review patients with attending physician both at the start of the day and the end of the day
  – Physician available for questions either in person or by phone
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• Communication is key
  – NP/PAs need to be able to manage questions from both referring providers and nursing staff
  – Must be able to work effectively and efficiently with the primary care provider and other medical specialties
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• Team Approach
• Quality
• Communication