

Don't go it alone: Using NPs and PAs in your clinical practice

James L. Swischuk, M.D.
Clinical Associate Professor
Department of Radiology
University of Illinois College of Medicine at Peoria

James L. Swischuk, MD

**Saint Francis Medical Center
Interventional Radiology Department**

- **Hospital**
 - > 700 beds
 - Main teaching hospital UICOM at Peoria, IL
 - 3 angiography suites
- **Procedures performed**
 - Approximately >5,000 patients/year
 - Vascular (60%)
 - Nonvascular (40%)

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**Saint Francis Medical Center
Interventional Radiology Department**

- **Practice**
 - Private practice (clinical appt. UICOM)
 - 5 CAQ Cert. IR, 1 Neuro IR
 - 2 IR Fellow
 - 0.5 Residents
 - 2.5 Research FTE's
 - 4 physician extenders (3 NP, 1 CNS)

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Interventional Radiology Department**

Clinical Services-

- **Inpatient**
 - Consultation
 - 23 hr observation
 - Full admission
 - Inpatient follow up
 - Discharge
- **Outpatient**
 - Initial new patient
 - Initial consult
 - Outpatient follow up

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**The Competitive Interventional
Radiology Practice**

- **Why start a clinical service?**
- **To improve patient care**
 - Improved patient/physician rapport
 - Improved physician/physician rapport
 - Increase procedures
- **Bullshit!**

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**The Competitive Interventional
Radiology Practice**

- **Why start a clinical service now?**
- **Compete with the likes of:**
 - Cardiologists
 - Cardiovascular surgeons
 - Vascular surgeons
 - Nephrologists
 - Etc...
- **The Prize- Vascular procedures**
- **The spin-off; Other procedures**

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The Competitive Interventional Radiology Practice

- How do I sell it to my group?
- Remind group - clinical practice is nothing new, just new to Radiology
- Cost vs. Benefit

Costs -

Increased FTEs
Increased space

Benefits -

E&M revenue
Imaging spin-off
Maintaining referrals
Non- tangibles

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Competitive IR Clinical Practice Physician Extender

- Why employ a physician extender?
 - Increasing clinical services, ↑ FTEs
 - Increase in # of minor procedures (PICC, CVC, etc.)
 - Both
 - Decreased supply of interventionalists
- Alternate names-
 - Mid-level practitioners
 - Non-physician practitioners

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Competitive IR Clinical Practice Physician Extender

- Choices
 - Advanced nursing
 - Nurse Practitioner (NP)
 - Clinical Nurse Specialist (CNS)
 - Certified Nurse Anesthetist (CRNA)
 - Certified Nurse Midwife (CNM)
 - Physician Assistant (PA)

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Competitive IR Clinical Practice Physician Extender

- **What is the difference between NP, CNS, and PA**
 - **Training**
 - **Collaborative vs. Supervisory relationship with MD**
 - **HCFA**
 - NP and CNS can bill Medicare directly.
 - PAs must bill through physician employer (w-2, 1099)
 - **Philosophical**

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Competitive IR Clinical Practice Physician Extender

- **How are they similar?**
- **Balanced budget act 1997**
 - All three can practice in most settings and any location that a physician does
- **See local state laws for details**
- **Serve identical roles in OSF (Peoria) practice.**

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Competitive IR Clinical Practice Physician Extender

- **Compliance issues – three levels**
 - **National – Centers for Medicare & Medicaid Services (CMS, formerly HCFA)**
 - **State – state laws**
 - **Local - hospital**

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Competitive IR Clinical Practice Physician Extender

- **National – CMS**
 - **Minimum requirements for Medicare patients**
 - **Describe**
 - credentials
 - practice setting
 - Reimbursement levels (85% of physician pay scale)
 - **Less detailed than state laws**

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Competitive IR Clinical Practice Physician Extender

- **State – State agency responsible for professional licensure (IL, IDPR)**
 - **Laws that govern all caregivers**
 - **Most extensive set of rules**
 - Certification
 - Educational requirements
 - Scope of practice
 - Collaborative agreements (NP, CNS)
 - Supervisory requirements (PA)
 - Prescriptive authority

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Competitive IR Clinical Practice Physician Extender

- **Local – Hospital bylaws, rules and regulations**
 - **Maintaining medical records**
 - **Privilege granting (HR, Medical staff, Allied health)**
 - **Meeting attendance**
 - **Co-signing policies (notes, orders)**

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**Competitive IR Clinical Practice
Physician Extender**

- **What can the physician extender do?**
- **CMS**
 - Interpret Dx studies, ie, labs, x-rays
 - Perform minor surgeries, assist surgery
 - X-ray exams?
 - Perform physician duties within scope of supervising physician's practice
- **Exact rules set by state law, local policy**

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**Competitive IR Clinical Practice
Physician Extender**

- **OSF physician extender**
- **Inpatient**
 - H&P - full admit or observation
 - Discharge summaries
 - Inpatient consults
 - Daily SOAP notes
- **Outpatient**
 - Pre-procedure visit
 - New patient visit
 - Consult
 - Follow-up

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**Competitive IR Clinical Practice
Physician Extender**

- **To what extent must the physician participate during the Medicare patient clinical visit?**

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Competitive IR Clinical Practice Physician Extender

- **If billed as a physician visit**
 - Hx: personally reviewed (not necessarily obtained) by MD
 - PE: MD must examine patient (to what extent?)
 - A/P: must be formed by MD
 - Use MD Medicare PIN
 - Bill @ 100% of physician fee

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Competitive IR Clinical Practice Physician Extender

- **If billed as NP, CNS, or PA visit**
 - Bill @ 85% of physician fee
 - MD not required to see patient
 - MD must be available by telephone (for PA)
 - Use physician extender PIN (even for PA)
 - Also comply with state laws/hospital bylaws
 - Careful about consultant status

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Competitive IR Clinical Practice Physician Extender

- **How do we do it (Medicare)?**
 - Almost all E&M CPT codes billed under NP, CNS, or PA Medicare PIN
 - Patient seen first by physician extender
 - MD can see patient to the extent considered appropriate
 - Countersign note
- **At 85% vs 100% reimbursement our time is better spent in the angio suite (or reading films)**

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Competitive IR Clinical Practice Physician Extender

- **“Incident to” services**
 - Can be preformed by variety of office employees
 - **Requirements**
 - Out patient office setting only
 - MD must see patient on first visit
 - MD must be present in office (not necessarily in room)
- **Billed as though MD provided service (MD, PIN, 100% physician fee)**

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IR Clinical Practice Revenue

- **OSF, Peoria IL experience (1/2002-10/2002)**
 - Admission/observation = >400 visits/yr
 - I/p follow-up visits/discharges = 2806 visits/yr
 - I/p consultations = 818 visits/yr
 - O/p clinic visits = 1069 visits/yr (919 f/u, 150new)
- **Total charges \$961k**
- **Total revenue \$289k**
- **Annualized \$302k**
- **Approximate break-even point for physician extenders**

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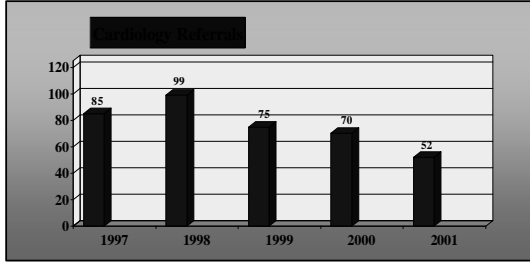
Competitive IR Clinical Practice Physician Extender

Good Information Sources

- **American Academy of Physicians Assistants
(www.aapa.org)**
- **American College of Nurse Practitioners
(www.nurse.org/acnp)**

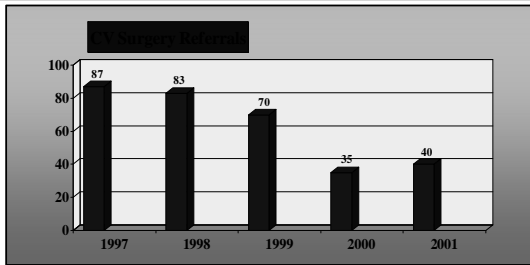
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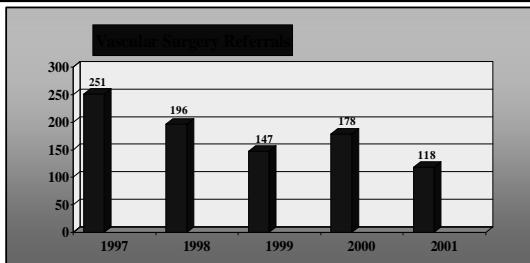
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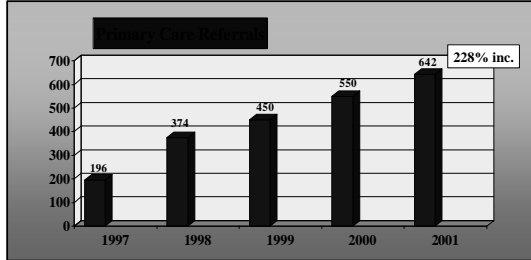
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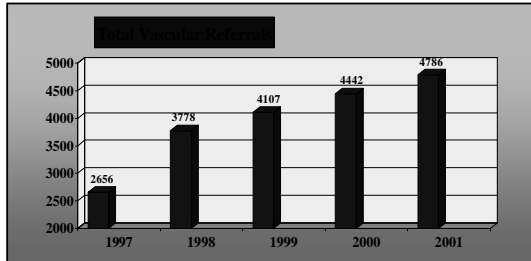
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Courting the Primary Care Physician

- 2002 vascular referrals
 - Primary care 50%
 - Vascular/general surgery 22%
 - Cardiology 4%
 - Cardiovascular surgery 3%

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The Competitive Interventional Radiology Practice

- **Conclusion**

- Target the primary physician
- Long term patient source
- Understand the message
- Build the clinical component
- Develop cost vs. benefit analysis
- Start simple, and economical

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IR Physician Extenders

- **Conclusion**

- Interventional radiologist most productive when in angio suite (and reading films).
- Physician Extender is a natural fit when expanding clinical services
- Provide better patient care
- Facilitate direct referrals from primary care M.D.s
- Your services will be better recognized

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The Competitive Interventional Radiology Practice

- **Conclusion**

- Interventional radiologist most productive when in angio suite (and reading films).
- Physician Extender is a natural fit in IR
- Avoid culture shock
- Benefits will quickly outweigh the costs
- Practice will improve both professionally and economically

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