

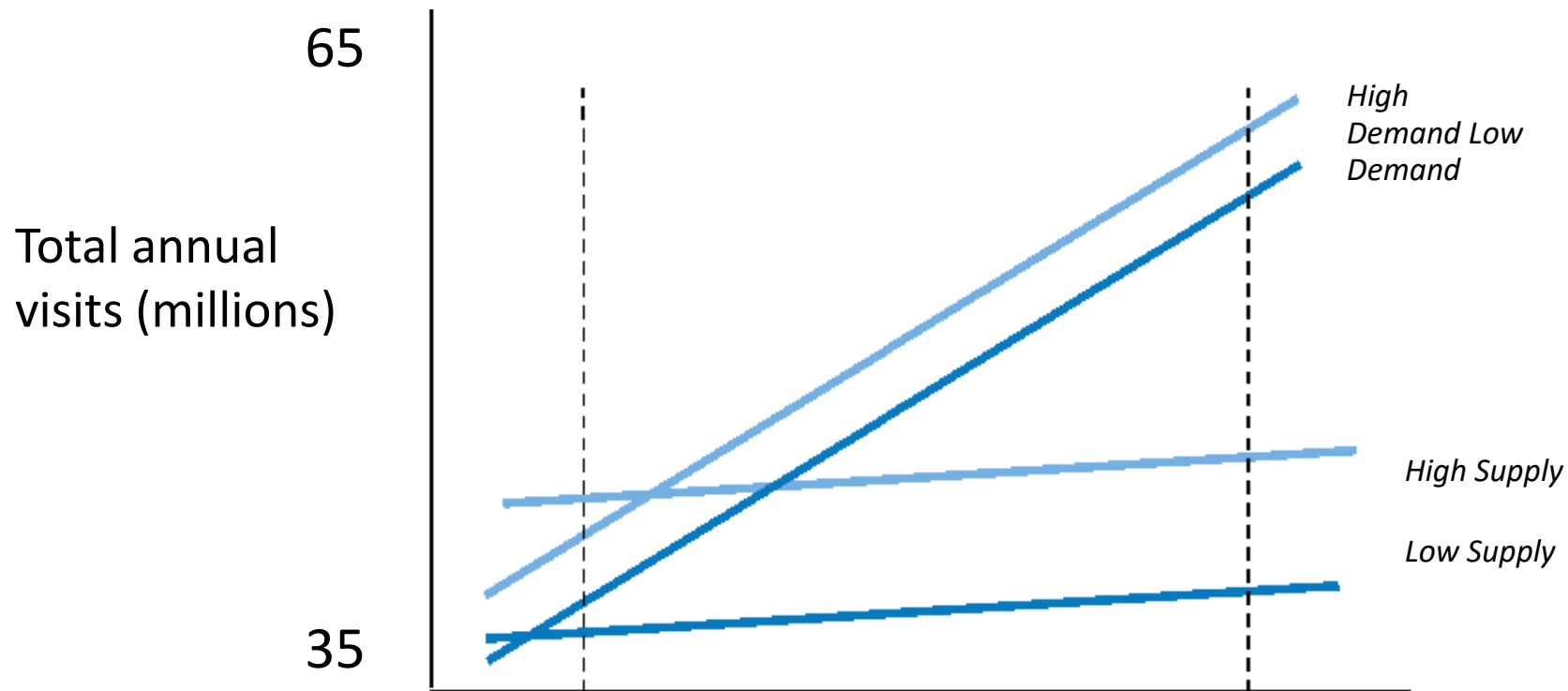
The Successful Utilization of APPs Drives Value

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The US Oncology Network

Demand for Medical Oncology will Outstrip Supply



Source: AAMC Center for Workforce Studies, "Forecasting the Demand for and Supply of Oncologists," March, 2007, available at: <http://www.asco.org/ASCO/Downloads/Cancer%20Research/Oncology%20Workforce%20Report%20FINAL.pdf>, accessed March 17, 2011; Oncology Roundtable interviews and analysis.

Closing the Gap

ASCO Workforce Advisory Group Recommendations

- Increase use of APPs
- Off-load care of survivors from medical oncologists
- Improve the efficiency of care delivery
- Train oncologists to work in an era of shortage
- Lobby to increase the number of fellowship slots

Source: Forecasting the Supply of and Demand for Oncologists – a report to ASCO from the AAMC Center for Workforce Studies, May 2007

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Not Fully Realizing Value



Missed Profit and Productivity

\$55

Amount groups lose in revenue per visit conducted by physician instead of an APP¹

2,500

Number of lost wRVUs annually for each medical oncologist that does not work with an APP



Cost of APP Turnover

20%

Percentage of APPs that expect to change jobs within the next year

\$1,500

Cost of a vacant APP position per day

Source: Integrated Medical Group Benchmark Generator, Medical Group Strategy Council, Advisory Board; PracticeMatch, One-Third of Advanced Practice Clinicians on the Move – New Survey from PracticeMatch Reveals Job Preferences, Goals of NPs and PAs, September 2016, <https://www.practicematch.com/employers/recruitment-articles/one-third-of-advanced-practice-clinicians-on-the-move.cfm>; MidelevelU, “How Much Does it Cost Your Employer When You Quit?”, 2018, <https://www.midelevelu.com/blog/how-much-does-it-cost-your-employer-when-you-quit>; Advisory Board interviews and analysis.

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Evolve APP Roles to Unlock Value

Status Quo



Physician-dependent
APP roles



New Model



Autonomous APP roles
within care team

Visit	Physician determines APP role in the visit	APP sees patient independently during the visit
Panel	Physician manages panel; offloads patients and tasks to APP	Physician and APP co-manage panel

Best Practice Deployment adds Value and Retention

1

Deployment



Deploy APPs based on group, not local practice or physician, needs

2

Training



Develop group-wide training program not reliant on physicians

3

Evaluation



Hold APPs accountable for their performance

4

Leadership



Give APPs a voice in group decisions

APP Roles

Organizational objective driven

Off-loading direct patient care from physicians

- Support 2 physicians
- Work autonomously
- Separate schedules
- Follow-ups, supportive care, consults
- Procedures

Increase physician productivity and access, reduce lead time

Off-loading administrative tasks

- Pre-authorizations/peer-to-peer
- OCM-related tasks
- Call coverage
- Supervise nurses/MA's

Provide additional services

- Advance care planning
- Survivorship
- Research
- Genetics
- Palliative care
- Staff satellite location

Expand services, increase quality and value

Challenges Exist



Business case: objectives/goals, scope of practice

Where's my doctor?



Some patients may lack confidence in APP's ability to provide quality care

Patient-APP Relationship



Patients unclear as to APP role on the care team

Engagement

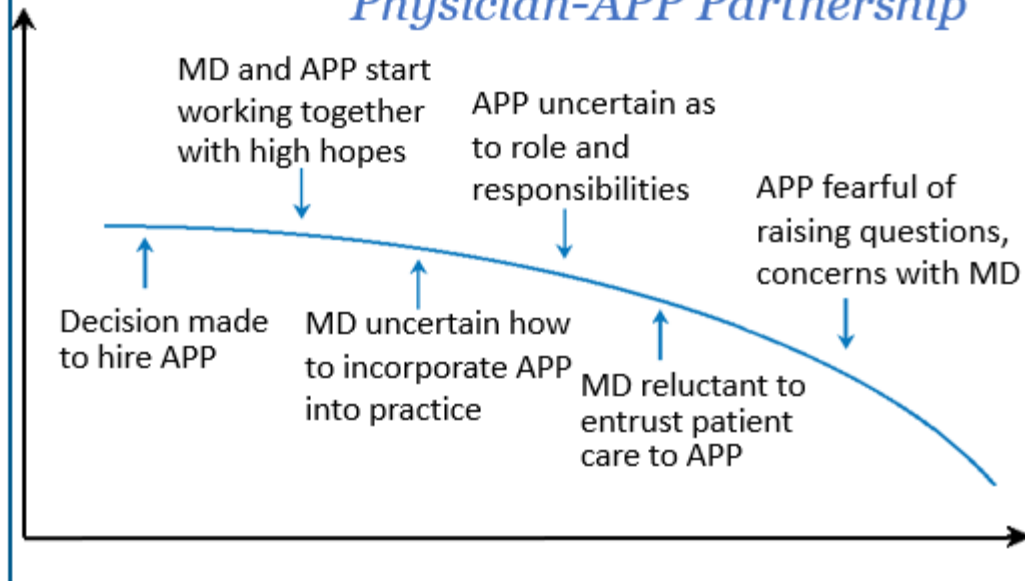
Role confusion
Lack of support
Poor representation
Unclear identity

Recruiting

- Clinical Rotations
- APP Scholarship
- Training



Physician-APP Partnership



Metrics –

- ❖ Variability
- ❖ Hidden charges
- ❖ Non-billable activities



Take-aways



1. APPs Are an Increasingly Important Strategic Asset

2. APP Employment Often Yielding Unsatisfactory Returns

3. Groups Must Recalibrate Expectations for APP Clinical, Organizational Roles

4. Greater APP Clinical Autonomy Will Increase Patient Access, Physician Efficiency

5. Principled Deployment, Provider Education Initiatives Help Maximize APP Clinical Contribution

6. Effective APP, Physician Compensation Incentives Reward Team Collaboration

7. APP Management Structures Must Support APP Role as Provider

8. Progressive Systems Include APPs in Medical Group Leadership

Are Current Metrics Adequate to Demonstrate the Value of Oncology APPs?

Goals



WHY IS THIS IMPORTANT?



HOW IS VALUE TYPICALLY
MEASURED?



HOW CAN WE DO BETTER?

Productivity vs Value

Productivity

- Amount of clinical services provided
- Professional billing of activity of the providers
- Intensity of the work



Value

- Benefits gained despite costs
- Qualitative
- Think quality, efficiency, capacity

Barriers

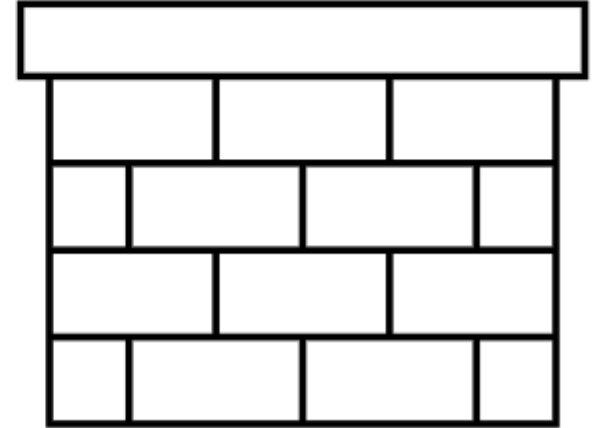
30% of AP work does not earn wRVUs

Little control of volumes

Incident-to

Split/Shared services

Value-based care

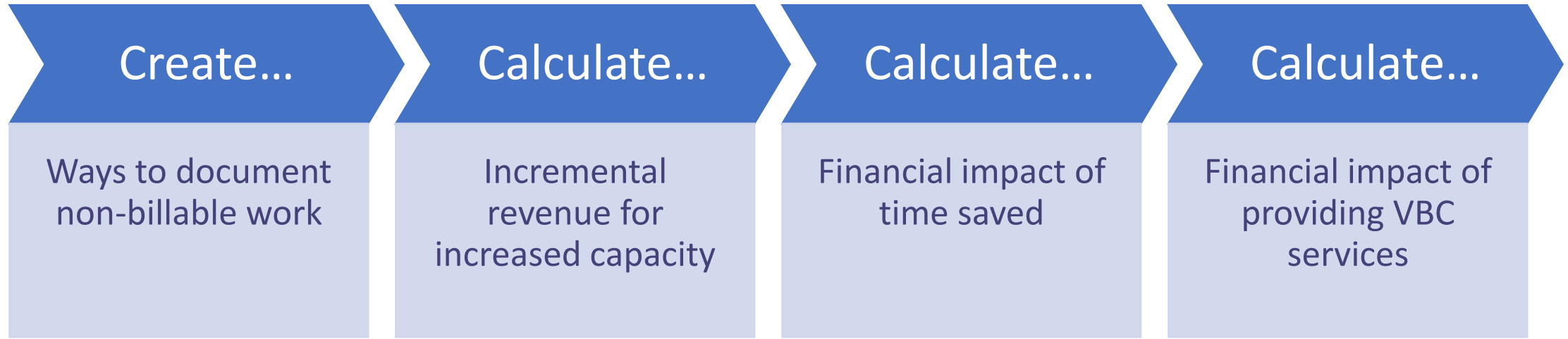


Ogunfeditimi F, Takis L, Paige VJ. *J Healthc Manage.* 2013;58(3):173-185. Pickard T. *J Adv Pract Oncol.* 2014;5(2):128.doi: 10.6004/jadpro.2014.5.2.6

Where is the Value?

- ✓ Increased capacity
- ✓ Time savings
- ✓ Value-based care
- ✓ AP-led programs
- ✓ Life-work balance

Develop AP reward based on these!



Thank you!

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