



APRN Experience at CHW

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BACKGROUND





- **Medical College of Wisconsin**
 - Located in Milwaukee WI
 - 1,540 Physicians
 - 600 APRN, PA and other health care practitioners
 - 1,200 students,
 - 810 Medical students
 - 650 Residents
 - 200 Fellows

Children's Hospital of Wisconsin

- 296 bed Primary Inpatient Facility
- 24,000 Admissions
- 300,000 Specialty clinic visits
- 62,000 ED/TC patient Visits
- 260,000 Primary Care Visits at 21 sites
- 70 Specialty Clinics

Children's Specialty Group

- Pediatric Specialist Practice Group
- Joint Venture between CHW and MCW
- 500 Physicians
- 120 Advanced Practice Nurses
- 34 Specialties

Department of Psychiatry and Behavioral Medicine

- 8 Child and Adolescent Psychiatrists
(2 outside of the Milwaukee area)
- 2 APRNs
- 1 Neuropsychologist

- 12 Psychologists
- 5 Masters Level Psychotherapists

Department of Psychiatry and Behavioral Medicine provides

- Inpatient Psychiatric and Psychological Consultation Services to the 296 bed Inpatient Hospital
- Psychiatric and Psychological Liaison Services to 10 Subspecialty Pediatric Programs
- Outpatient Diagnostic and Psychopharmacologic Second Opinions
- Outpatient Consultation to Primary Care Providers through the Kubly Child Psychiatry Consultation Program
- Outpatient services

Background

Department of Psychiatry and Behavioral Medicine does **not** provide:

- Inpatient Psychiatric Services
- Intensive Outpatient or Day Treatment Services
- Psychiatric Crisis Services

Background - Outpatient

- CHW Department of Psychiatry and Behavioral Medicine has approximately 15,000 outpatient visits per year
- Our intake department takes about 1,000 calls per month half of which are requesting new intake appointments
- We are currently scheduled to accept 125 new patients a month in total with 20% being med evals

Background - Outpatient

- Intake scheduling is capped at 3 months
- In addition to Internal referrals we are the main outpatient site for the majority of Children with Medicaid in the region as two of the three area psychiatric hospital do not provide outpatient services
- Children's Hospital has a state contract to provide health care (including mental health services) for children in foster care in the 6 county Southeast Wisconsin Region

Background - Outpatient

- Our ability to recruit additional psychiatrists is limited by CSG and CHW ability/willingness to support shortfall as we have no inpatient revenue to offset outpatient deficits
- 2.3 Psychiatry FTEs are dedicated to the Outpatient clinic

Background - 2010 Exercise

<u>Psychiatry</u>	100% Clinical	90% Clinical 10% Academic	80% Clinical 20% Academic
Main Campus	(\$143K)	(\$152K)	(\$162K)
DTHC	(\$194K)	(\$198K)	(\$203K)
CMG	(\$121K)	(\$133K)	(\$145K)

Background – 2010 Exercise

<u>APRN</u>	100% Clinical	90% Clinical 10% Educational	80% Clinical 20% Educational
Main Campus	(\$13K)	(\$23K)	(\$34K)
DTHC	(\$70K)	(\$75K)	(\$79K)
CMG	\$2.5K	(\$9K)	(\$21K)

HISTORY OF APRN PRACTICE IN PSYCHIATRY AT CHW

History

- As all pediatric specialists are in short supply, CHW and CSG elected to focus on expanding mid-level providers into the practice approximately 10 years ago as a cost effective way to expand access
- The first APNP was hired in Psychiatry and Behavioral Medicine in 2004
- Hires included 1 Mental Health Certified APNP and 1 Pediatric APNP who subsequently completed Mental Health Certification

- In 2009 state law changed to allow Mental Health Clinics to determine appropriate certification and training of APNPs
- In 2011 when recruiting for an open APRN position we had to make a determination regarding our model

Selection Criteria

- Certification
- Practice Model
- Training and Experience

CHOOSING CERTIFICATION

Nurse Practitioner Practice Focus

Distribution, Mean Years of Practice, Mean Age by Population Focus

Population	Percent of NPs	Years of Practice	Age
Acute Care	6.3	7.7	46
Adult+	18.9	11.6	50
Family+	48.9	12.8	49
Gerontological+	3.0	11.6	53
Neonatal	2.1	12.2	49
Oncology	1.0	7.7	48
Pediatric+	8.3	12.4	49
Psych/Mental Health	3.2	9.1	54
Women's Health+	8.1	15.5	53

+Primary care focus

Sources:

AANP National NP Database, 2013

Fang, D., Li, Y., Bednash, G.D. (2013) 2012-2013 *Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*. Washington DC: AACN

2012 AANP Sample Survey

2010 AANP National Practice Site Survey

2011 AANP National NP Compensation Survey

Pediatric Nurse Practitioners

- There are only 210 members in the Developmental/Behavioral Health Special Interest Group of NAPNAP of the 7,800 total membership (3%)
- Pediatric Nursing Certification Board survey from 2012 tells us of the 1435 member responses only
 - **20 (1.39%)** identified their primary area as **Mental Health**
 - **46 (3.14%)** identified their primary area as **Developmental / Behavioral Pediatrics**

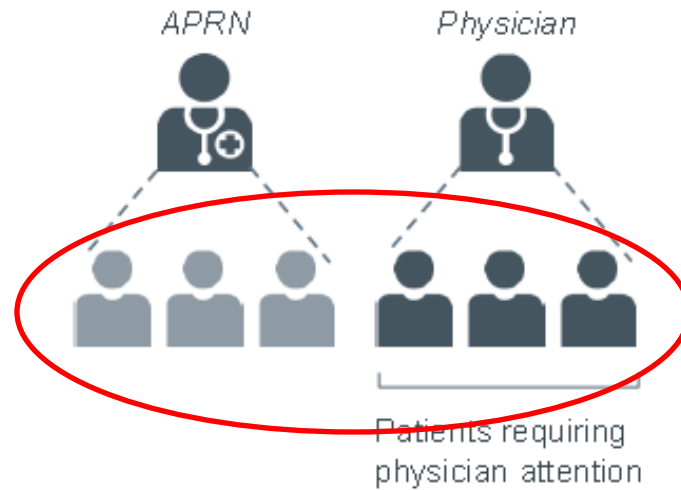
CHOOSING A PRACTICE MODEL

Models of Care

Common Team-Based Staffing Model



Ideal Team-Based Staffing Model



Source: Medical Group Strategy Consortium literature and analysis.

Impact of Wisconsin Law

Certification of APNPs

N8.02 (1) defines advanced practice nurse

(a) The registered nurse has a **current license** to practice professional nursing

(b) The registered nurse is currently **certified by a national certifying body** approved by the board as a nurse practitioner, certified nurse –midwife, certified registered nurse anesthetist or clinical nurse specialist, and,

Impact of Wisconsin Law

- c) for applicants who receive national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998 the registered nurse holds a **master's degree in nursing**granted by a college or university accredited by a regional accrediting agency approved by the board of education in the state in which the college or university is located.

Impact of Wisconsin Law

Education

- N 8.03 (4) has completed at least 45 contact hours in clinical pharmacology/therapeutics within 3 years preceding the application.
- N 8.03 (5) has passed a jurisprudence examination for advanced practice nurse prescribers.
- N 8.06 (1) May issue only those prescription orders appropriate to the advanced practice nurse prescriber's areas of competence, as established by his or her education, training or experience.

Impact of Wisconsin Law

Collaboration

- N 8.10 (2) APNPs shall facilitate collaboration with other health care professionals, at least 1 of whom shall be a physician, through the use of modern communication techniques.
- N8.10 (7) APNPs shall work in a collaborative relationship with a physician. The collaborative relationship is a process in which an APNP is working with a physician, in each other's presence when necessary, to deliver health care services within the scope of the practitioner's professional expertise.

National Council of State Boards of Nursing (NCSBN)

- Title recognition for APRN (Advanced Practice Registered Nurses)
- Would include a different license
- APRNs include certified registered nurse anesthetists, certified mid-wives, clinical nurse specialists, and certified nurse practitioners.
- APRNs have:
 - Completed a graduate level educational program for one of the four recognized roles
 - Successfully passed a national certification exam
 - Has acquired advanced clinical knowledge and skills

APRN Billing Guidelines

- The practice environment and employment status of the APRNs affect the ability of the APRNs to bill for his/her services.
- The professional services of nurse practitioners (NPs) and physician assistants (PAs) be billed directly by the NP or PA to the payers under their respective National Provider Identifiers (NPIs) for those who recognize APP services.

REIMBURSEMENT FOR INDEPENDENT APP SERVICES	Nurse Practitioner	Physician Assistant
Medicaid	100%	90%
Comm/HMO	100%	100%

TRAINING AND EXPERIENCE

Candidate Applications

Experience

- NP experience
 - Mental Health (not pediatric)
 - Pediatric (not mental health)
- Prescribing experience
 - Psychotropic
 - Other categories
 - None
- Mental health experience
 - No prescriptive experience

Training Considerations

- Didactics
- Clinical Contact
- Collaboration

Didactic Training

- Two-year fellowship didactic series
- PPC wrap up/case review
- Journal Club
- AACAP practice parameters
- Psychiatry Grand Rounds
- CEU opportunities for licensure and further mental health training

Clinical Training

- Shadow multiple providers in the clinic
- Observe new intake and follow-up appointments with MD/NP colleagues
- Primary collaborative MD observes new and follow-up appointments that are in NP's schedule. Structured interview (P-ChIPS) was used initially

Clinical Training

- Intakes are then staffed and treatment plans are presented jointly with the APRN to the family
- Final step is independent intakes/appointments with weekly staffing and access to on site staff physician for urgent backup

Current Collaboration Model

- NPs support each other
- NP may approach any MD with questions during clinic time
- NPs have weekly case review with primary collaborative MD

CURRENT APRN PRACTICE

Current Practice

- 2 Full Time NPs
- 7-8 half -day outpatient medication management clinics per week
- New patients triaged through our intake department
- No absolute criteria for which patients are triaged to MD versus NP

Current Practice

- Approximate caseload of 200 – 250 active patients
- Patients range in age from 3 years old through college age.
Typically refer out to an adult provider at age 18 years old or when they graduate from high school
- Diagnose and treat variety of general pediatric mental health disorders (ADHD, Depression, Anxiety disorders, etc.)
- Collaborative relationship with Dr. Chayer

SCHEDULE TEMPLATE

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8					
8:30	N120	Meetings/team	Didactics	N120	N120
9	x	x	x	x	x
9:45	x	x	x	x	x
10:30		x	x		
11:15		x	x		
12:00					
12:30					
1:00	F45	N120	F45	F45	
1:45	F45	x	F45	F45	
2:30	F45	x	F45	F45	
3:15	F45		F45	F45	
4:00	F45		F45	F45	
4:45					
5:30					

DRAFT – APN Schedule – RAMP UP

Based on a 48 week year

Productivity

4 news x 48 = 192/year (154 w/ 20% no-show rate)

15 fups x 48 = 720/year (576)

TOTAL VISITS = 730/year

RVUs

154 x 3.5 = 539

576 x 1.5 = 864

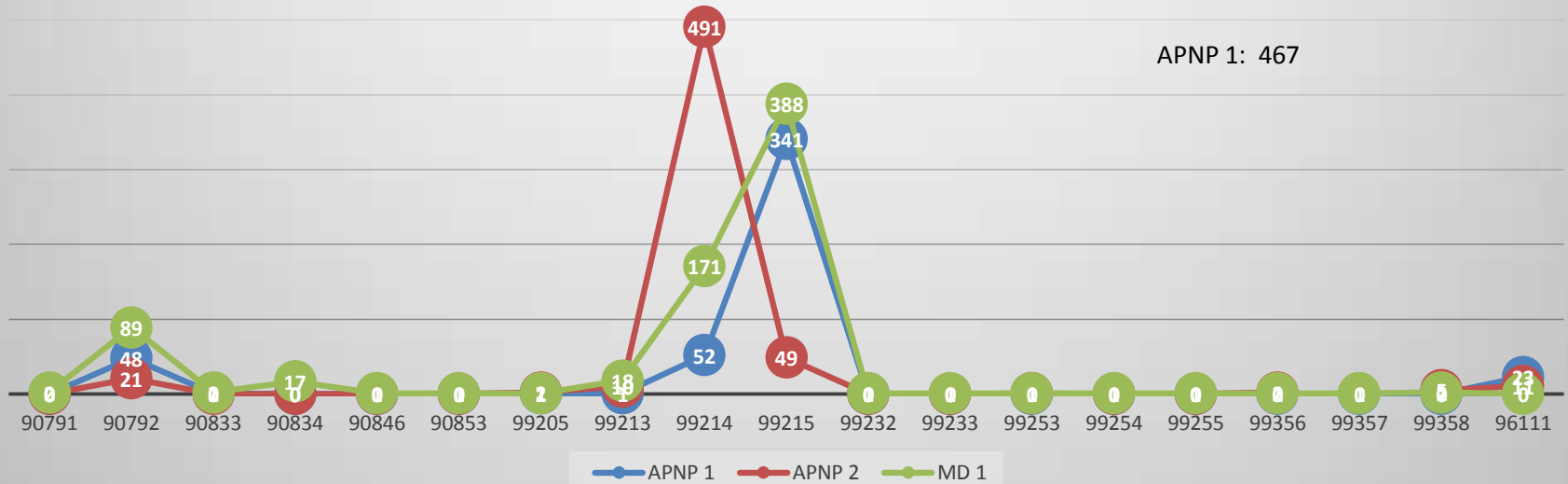
TOTAL RVUs = 1,403/year

Comparison by Visit Type

APNP/MD CPT Code Comparison
Child & Adolescent Psychiatry
Department of Psychiatry & Behavioral Medicine
Medical College of Wisconsin
April 2015

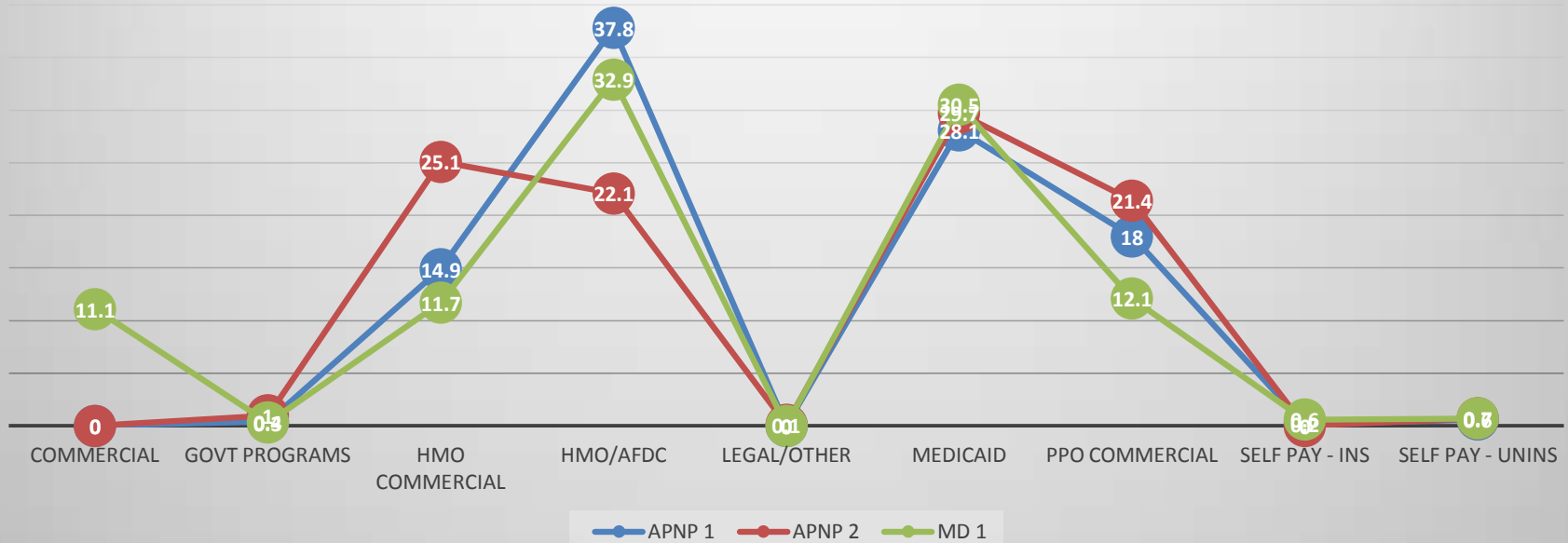
Total Services

APNP 1: 467



Comparison by Payer Mix

APNP/MD Payer Mix Comparison
Child & Adolescent Psychiatry
Department of Psychiatry & Behavioral Medicine
Medical College of Wisconsin
April 2015



- Patient Satisfaction Survey from 2013
Overall satisfaction 9-10/10

– APRN 88%

– MD 67%

PRO-FORMA

		FY 2014 ²	FY 2015	FY 2016 ³	TOTAL
Volume Estimates					
wRVU ¹		536	1,403	1,710	3,649
CSG	Revenue				
	Professional Fees	23,509	61,536	75,000	160,045
	Grants and Contracts				
	Other Revenue				
	Total Revenue	23,509	61,536	75,000	160,045
	Expenses				
	Professional Fee Assessments (AEF, CSA, CPS, CSD)	4,866	12,738	15,525	33,129
	Department Assessments	1,175	3,077	3,750	8,002
	Contribution to Retained Earnings	1,175	3,077	3,750	8,002
	Staff Overhead (salaries and fringe benefits) ⁴	63,889	130,334	132,940	327,163
	Other (incidentals, Malpractice, equipment, etc.)		1,000	1,000	2,000
	Faculty Salaries				
	Faculty Bonus (include \$25K sign on bonus in FY14 and \$25K retention bonus in FY16)				
	Faculty Fringe Benefits. @ .2750 < \$245k +.0145 > \$245**				
	Total Salaries & Fringe				
Relocation/Recruitment Expenses	5,000			5,000	
Renovations/Special Equipment					
Supplies, Services and Other					
Rent and Occupancy					
Total Expenses	76,106	150,226	156,965	383,297	
NET GAIN/(LOSS).....		(52,597)	(88,690)	(81,965)	(223,252)

20.70%
 5.00%
 5.00%

Shortfall Funding	Please leave blank. To be completed at a later date with Departments				
	PROPOSED SHORTFALL FUNDING				
		FY 2014	FY 2015	FY 2016	TOTAL
	CSG shortfall at 25%	13,149	22,173	20,491	55,813
CHW shortfall at 75%	39,448	66,518	61,474	167,439	
TOTAL SHORTFALL FUNDING.....		52,597	88,690	81,965	223,252
Balance (should equal \$0)		(0)	0	-	0

Assumptions:

¹MGMA Median for APN, reduced 25% to recognize the complexity of child & adolescent psychiatry

²Ms. Tookey would start 1/1/14 and work half of FY14

³Based on a mix of services: weekly avg. 3 diagnostic interviews (90 min., 99244) and 17 follow ups (45 min., 99214) x 48 weeks

⁴Median salary of \$100,218 with 2% increase each year. 27.5% benefits

QUESTIONS?



Children's

Hospital of Wisconsin



Children's Specialty Group

