



Leveraging APPs Proven to Lower Costs While Maintaining High Quality Care



The use of Nurse Practitioners (NPs) and Physician Assistants (PAs) has grown in popularity as health systems look for ways to achieve quality outcomes while offsetting the high cost of physician hospitalists. These advanced practice providers (APPs) effectively complement physician staff by performing admissions, consults, rounding visits, and discharges. Employment of APPs in adult hospitalist groups is becoming increasingly common, with 83.3% of hospitalist groups indicating that they worked with at least one APP in their group in 2020.¹

A recent global review of literature on the cost-effectiveness of PAs found that they delivered “the same or better care outcomes as physicians with the same or less cost of care.”² **In 15 of the 39 studies included in the final study synthesis, the PA delivered care equal to that of the physician, and in 18 studies, the PA delivered care that exceeded that of the physician.** “In total, 29 studies showed that both labor and resource costs were lower when the PA delivered the care than when the physician delivered the care.”

This is in line with findings from Adfinitas Health. In 2016, Adfinitas Health published the results of a peer-reviewed study that took the conventional hospitalist APP model and extended it. The goal was to identify whether using a higher ratio of APPs to physicians could lower costs while maintaining the same level of care quality. The results proved just that.

Now, Adfinitas Health has expanded upon its original research which was published in 2016. The new research used the same methodology but examined the work of many more providers, and looked at results from multiple hospitals over a much longer period of time. The new research covered a period from January 2015 through March 2021.



Both the original and new retrospective cohort studies examined the outcomes for patient care provided under the Adfinitas care model, in which experienced APPs provide autonomous patient care collaboratively with physicians. Under this model, Adfinitas APPs care for their own patients with their physician as a resource, unlike the conventional framework in which the APPs “help” the physician and see fewer patients.

¹ Society of Hospital Medicine. State of hospital medicine report 2020. Philadelphia: Society of Hospital Medicine; 2020, p. 37.

² <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0259183>



While the original study covered approximately 17,000 adult patients discharged by the hospitalist groups with a medical principal APR-DRG code, the new study examined over 100,000 unique hospitalizations across seven hospitals in Maryland where hospitalist teams were provided. Outcomes were compared for patients cared for only by Adfinitas physicians against those seen by only Adfinitas APPs under the collaboration framework. In-hospital mortality, cost of care, readmissions, length of stay (LOS) and were all analyzed using logistic regression and adjusted for age, insurance status, severity of illness, and risk of mortality.

Preliminary findings from the new broader study are in line with findings from the earlier study: There was no statistically significant difference in the outcomes of cost of care, length of stay, readmissions, or mortality between the two groups. This supports the initial hypothesis that the expanded use of well-educated APPs functioning

within a formal collaboration arrangement with physicians provides similar clinical quality to a conventional PA staffing model with no difference in hospital charges to patients.

The expanded model also allows **substantial salary savings** to supporting institutions, which is important to hospital and policy stakeholders given the implications for hospitalist group staffing, increasing value, and allocation of precious time and financial resources. **According to the 2020 State of Hospital Medicine Report, the median APP hospitalist salary is less than half of the median physician hospitalist salary.**⁴

³ Society of Hospital Medicine. State of hospital medicine report 2020. Philadelphia: Society of Hospital Medicine; 2020, p. 176.

⁴ Society of Hospital Medicine. State of hospital medicine report 2020. Philadelphia: Society of Hospital Medicine; 2020, p. 205.

CREATING A SUCCESSFUL EXPANDED APP MODEL

It is important to note that an expanded APP model in and of itself is not guaranteed to bring similar results. **The best outcomes are dependent on two key elements: training and collaboration protocols.**



Training

High performing APPs require comprehensive training that includes mentorship, supervision, and support. Both recently graduated and experienced APPs who are new to hospital medicine need formal training that consists of didactic and clinical components. Sometimes lasting for several months, these comprehensive programs provide tremendous value to even the most experienced APPs.

Over the course of training, APPs should be paired with an experienced provider mentor and work together in close collaboration with them on direct patient care throughout the program. Regular classroom sessions should occur simultaneously. Knowledge-based testing should be conducted at both the beginning and the end the training period while provider mentors conduct monthly evaluations.

Upon training completion, oversight of the APP's clinical activities should continue. Each APP should be paired with a physician for daily discussions concerning the APP's patients. This is essential as it allows the APP to ask questions and continue to learn beyond the formal program.





APP responsibilities:

- Discuss progress for each patient they saw with the collaborating physician at least daily.
- Discuss patient care with collaborating physician when APP wishes input or consultation as to the appropriate course of action, or when APP, patient or family feels patient would benefit from direct physician involvement in furthering the plan of care.
- Address with collaborating physician unexpected significant changes in patient status, or otherwise urgent patient care situations, in a timely fashion.

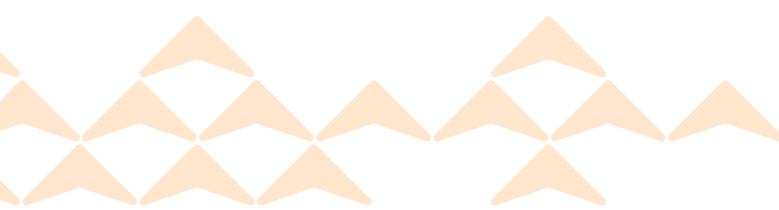
Collaboration protocols



Collaboration is the foundation of quality care across the continuum. The most effective collaboration occurs when clearly identified protocols are implemented, understood, and followed by the entire care team. **The following protocols are essential for success.**

Collaborating physician responsibilities:

- Discuss each hospitalist APP patient with APP daily, including admissions, daily visits, consults and discharges, specifically addressing areas of concern. This discussion may occur at multidisciplinary rounds or in a separate setting. Physician should have the opportunity to review the chart and ask questions during this discussion.
- Be available throughout the shift for consultation and questions from the APP.
- Make co-visit rounds in person on hospitalist APP patients who are failing to progress as expected, or about whom clinical doubts or questions have been raised which may be clarified with such a visit.
- A physician should visit and personally evaluate hospitalist APP inpatient admissions by the day after the initial encounter.
- Provides patient-centered education to the APP.



PROVEN SUCCESS

Adfinitas Health has more than a decade of experience managing high-quality, cost-effective hospitalist programs. Our APP and physician hospitalists can deliver greater value for your organization with this physician-APP team approach, utilizing well trained APPs with continued physician oversight.

1,458

Reported national median annual work RVU for APP hospitalists⁵

3,536

Median annual work RVU for Adfinitas APP hospitalist

\$198,750

Average financial support (not including salary/benefits) per physician FTE⁶

\$124,000

Average financial support per Adfinitas provider FTE

Our hospital-based facility numbers speak for themselves:

- 13 Facilities
- 72,086 Total Admissions (2021)
- 248 Active Physicians
- 186 Active APPs
- 8.3% provider turnover rate, compared to 20% industry average



“The community physician model wasn’t working for us any longer. We would call doctors and they wouldn’t answer because they had no backup, no coverage. Adfinitas Health and its APP model now allow us to take more difficult patients, achieve better outcomes and improve our reputation.”

Teresa Robinson, Director of Nursing, Sagepoint Senior Living Services

A MORE SUSTAINABLE APPROACH

We are living in unprecedented times. The financial impact of the pandemic coupled with vast staffing shortages have made it challenging for hospitals to maintain high quality care more cost effectively. As Adfinitas Health research shows, leveraging an expanded APP model of care can help. It’s a new model for our new normal.

⁵ Society of Hospital Medicine. State of hospital medicine report 2020. Philadelphia: Society of Hospital Medicine; 2020, p. 209.

⁶ Society of Hospital Medicine. State of hospital medicine report 2020. Philadelphia: Society of Hospital Medicine; 2020, p. 91.



Learn more about Adfinitas Health by visiting

www.AdfinitasHealth.com

