

NPs & PAs are headed to hospital settings

By Lisa P. Shock, MHS, PA-C

AS HEALTHCARE delivery models continue to shift, the role of the nurse practitioner and physician assistant is expanding. More and more studies are proving that NPs and PAs are effective healthcare providers in the hospital and outpatient settings.

It is logical to extend care with these skilled healthcare providers, who can perform procedures, prescribe medications, order tests, refer to specialists when appropriate and take call. Hospitals of all sizes are realizing that incorporating NPs and PAs into their teams improves both cost effectiveness and patient access to care.

Outpatient Visits

A recently published report from the Centers for Disease Control and Prevention looked at visits to advanced practice nurses (mostly NPs) and PAs in hospital outpatient departments in 2008 and 2009 (<http://www.cdc.gov/nchs/data/databriefs/db77.htm>). A key finding was that hospital outpatient department visits attended only by APNs or PAs increased by 50% over 2000–2001.

The research also showed that utilization of these providers is more common in nonteaching hospitals and in smaller hospitals. General medical and obstetrics or gynecology clinics have higher percentages of APN and PA visits than pediatric or surgery clinics.

The report concluded that APNs and PAs serve a critical healthcare function by providing care in settings with fewer physicians, such as rural locations, small hospitals and nonteaching hospitals.

Inpatient Setting

How are NPs and PAs used in the inpatient setting? Many hospitals use one of the following strategies, or a combination:

- Have NPs and PAs work much like other hospitalists in the practice
- Have NPs and PAs admit and carry their own patient caseloads
- Use NPs and PAs as chronic disease and healthcare quality experts (i.e., serving as the main hospitalist consultant on all patients with diabetes, seeing them daily and adjusting therapy as appropriate; may also address core measures established by the Centers for Medicare and Medicaid Services — infection rates, etc., on all patients daily)
- Place NPs and PAs in charge of a consult service (i.e., serving as the main hospitalist consultant on orthopedic patients who need medical consultants).

Addressing quality measures is increasingly important for hospitals. One of the most pressing reasons is that quality measure outcomes are becoming more directly tied to reimbursement. Demonstrating improved clinical performance and improved clinical outcomes will satisfy meaningful use standards and allow hospitals to recover any associated incentives.

Part of the Team

Here's some food for thought from John Nelson, MD, FHM, FACP, a principal in a hospitalist management firm: "... It is smart for many hospitalist practices to include nurse practitioners and/or physician assistants. The most common problem I see is that a practice does

NPs & PAs Working In Hospitals

(other than surgery or emergency department)

Nurse practitioners

12.19%

Physician assistants

16.49%



Source: 2011 National Salary Survey of NPs & PAs, conducted by ADVANCE for NPs & PAs

not execute this idea well. They may have the right idea to add these providers, but they fail to create the right job description, support and management oversight." (See more at http://www.the-hospitalist.org/details/article/187787/The_4-1-1_on_NPPs.html.)

As the trend of hiring NPs and PAs for hospitalist roles continues, perhaps Nelson's observation will become less and less true. In the meantime, keep educating and advocating for yourselves and your professions. ■



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