Introducing Mid-level Practitioners into a Sleep Practice

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Objectives

- Describe what is a mid-level practitioner
- Discuss requirements of mid-level practitioners
- Explain the role of mid-level practitioners
- Discuss billing and reimbursement
What is a Mid-level Practitioner

- Nurse Practitioner (NP, APRN)
- Physician Assistant (PA)
- Licensed Professional Counselor (LPC)
History

- NP/PAs 1960s
- Balanced Budget Act of 1997
Nurse Practitioner

- Master prepared or Doctorate prepared nurse
  - Certification Exam

- Texas Board of Nursing

- Prescriptive Authority
  - Dangerous drugs
  - Controlled substances
APRN

- Nurse Anesthetist (CRNA)
- Nurse-Midwife
- Nurse Practitioner
  - ACNP
  - FNP
  - PNP
- Clinical Nurse Specialist
  - Adult Health/Medical Surgical Nursing
  - Critical Care Nursing
  - Gerontological Nursing
  - Pediatric Nursing
  - Psychiatric/Mental Health Nursing
Physician Assistant

- Master prepared
  - National Certification Exam

- Texas Medical Board

- Prescriptive Authority
  - Dangerous Drugs
  - Controlled substances
Master Education Counseling and Human Development

Cognitive Behavioral Therapy (CBT)
- CBT Insomnia

Does not need practice agreement

Does not prescribe medications or DME
NP/PA

- Practice Agreement/Collaborative Agreement
  - delegates prescriptive authority

- Quality Assurance

- Texas Medical Board registration
Prescriptions

- Medications
  - Dangerous drugs
  - Controlled substances

- Durable medical equipment
New DME Requirements

- DME face to face requirements
  - Physician certify that NP, PA, CNS has performed face to face within 6 months of prescribing DME

- [http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/FacetoFaceEncounterRequirementforCertainDurableMedicalEquipment.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/FacetoFaceEncounterRequirementfor CertainDurableMedicalEquipment.html)

- Rep. Jim McDermott (D-WA) = legislation, H.R. 3833, which would allow NPs/PAs to certify that the required face-to-face assessment with their patient has occurred when ordering DME products; no other provider would need to be involved.
DME Requirements

- [Link](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medical-Review/FacetoFaceEncounterRequirementforCertainDurableMedicalEquipment.html) 5.2.3.2.3 – Detailed Written Order for Covered Items

Sleep Medicine Training

- Schools
- Programs
- Textbooks
- Orientation
  - On the job training
Literature Review

Quality of Patient Care by Nurse Practitioners and Physician's Assistants: A Ten-Year Perspective. HAROLD C. SOX JR., M.D.


Mundinger et al (2000). Primary care outcomes on patients treated by nurse practitioners or physicians. JAMA, 283

A randomised controlled crossover trial of nurse practitioner versus doctor led outpatient care in a bronchiectasis clinic
Thorax 2002;57:661-666 doi:10.1136/thorax.57.8.661

Business Models

- Parallel
- Sequential
- Shared
- Collaborative
Business Model

- Parallel Model
  - NP/PA stable patients
  - Physician complex patients
Business Model

- **Sequential Model**
  - NP/PA initial visit
  - Physician responsible for differential diagnosis and management.
  - Reverse would be physician seeing and then assigning less complex patients to NP/PA
Business Model

- Shared Model
  - Seeing patients on an alternating schedule
Business Model

- Collaboration Model
  - Elements
    - Autonomy
    - Competence
    - Collegiality
    - Communication
    - Trust
Benefits

- Cost effective care
- Coverage five days a week
- Decreased wait time for appt
Constraints

• Lack of public awareness of role

• Lack of physician awareness of role

• Territorialism of physicians
Clinic Role

- Initial evaluations
- New Consultations
- Follow up
Billing/Reimbursement
NP/PA

- **Provider number**
  - 85% Medicare and Private Payors
  - 92% Medicaid

- **Physician provider number**
  - “Incident to “ billing
Billing/Reimbursement
LPC

- Own provider number
- Mental health codes
- Individual therapy hours
Average office visits 200-300 per month

Variations of reimbursement:
- Type of visit
- Level of service
- Vacations/days off
Summary

Introduction of a Mid-level Practitioner to a Sleep Clinic would facilitate:

- positive patient outcomes
- patient satisfaction
- staff satisfaction
Questions?