Creating Tangibles in a World Full of Intangibles: Utilization by Palliative Care Advance Practice Providers

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Background/ Problem Statement

- Advance practice providers (APP) are often an integral part of the palliative care multidisciplinary team
- Palliative care is not immune to the utilization pressures in health care.
- Provider utilization is often measured by Relative Value Unit (RVU) generated from the reimbursement for services and procedures
- Determining utilization expectations for providers can be complicated by the nature of palliative care work—there are few procedures and many clinical interventions take time
- Compensation may not translate to the time required for patient and family support, goals of care conversations, and the work of the multidisciplinary team.
- APP on palliative care teams may function as both independent providers and as consultants to bedside nurses and other staff/faculty, which is not billable time, yet integral to the ethos of palliative care and support of clinical care for patients
- Little benchmarking exists to validate utilization expectations.
- Long-term sustainability and institutional understanding of the value of palliative care will come through creating tangible utilization of our resources.

Objectives

- Explain APP utilization working assumptions
- Understand current APP work performed in a day to account for patient facing time, as well as other APP activates such as coordination of care, resource to faculty and staff, patient teaching
- Compare working assumptions with actual APP utilization

Methods

- Retrospective review of RUV, visit totals, and non-billable time for the APP staff in palliative care
- Data was examined on a monthly basis.
- Performance, productivity, and utilization of staff was evaluated as well as opportunity to use national benchmarking data on FTE PC Team utilization.

Utilization Targets

- 85% patient facing/ clinical time /15% indirect clinical time
- 10-12 case load (following)
- 6-8 patients per day seen in a 10-hour day

Working Matrix

Working Assumptions for APP

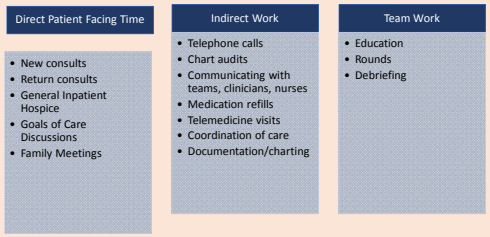
- Maximum case load for APP is 10-12 patients depending on the number of patients with in the case load to be seen. Distribution as follows:
- APP total patient daily case load represented in utilized hours for a 10-hour work day is equal to 7.5-8.5 utilization hours as noted above.
- Translates into about 6-8 patients per day seen depending of distribution of cases. (new vs. follow up).
- 85% clinical time (patient/ family time)
- 15% indirect clinical time/ non-billable time (patient messages, preparation time, chart audits, review of material, report)
- Indirect Patient time is defined as anything outside direct patient care: equal to 15% of APP day
- APP Outpatient: Telephone/Video visits lasting more than 30 minutes' direct contact with a patient, family have allocated utilization of time of 30 minutes or time allocated for visit.
- Average expected RVU generation per APP per year: inpatient 3606 and outpatient 2134.
  - Inpatient RVU assumption; 8 visits/day, 221 workdays/year (260-39 vacation days) 2.45 RVU/visit
  - Outpatient RVU assumption; 8 visits/day 221 workdays/year (260-39 vacation days) 1.45 RVU/visit

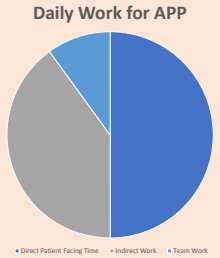
Clinical Utilization Assumptions

- Consult follow up visit allocated utilization time per visit 1.0 hours.
- Family meeting visits allocated utilization time per visit 1.5 hours.
- New patient visits allocated utilization time per visit 2.0 hours
- General inpatient hospice admission or discharge utilization time per visit 3.0 hours.
- General inpatient hospice follow-up visits utilization time per visit 2.0
- Telemedicine visit (outpatient only) utilization time per visit 30 minutes

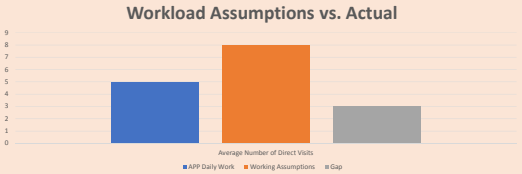
Results

Daily Work for APP in Palliative Care

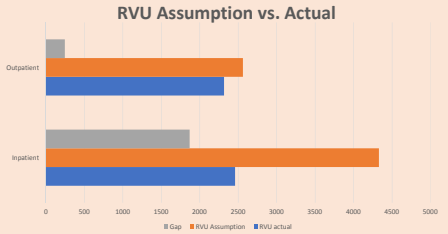




APP percentage of day spent in direct patient facing time 50%,
APP percentage of day spent completing indirect work 40%.
APP percentage of day spent working within the PC team 10%



Average number of direct patient visits per day = 5
Working Assumption number of direct visits =8
Gap between actual visits completed and working assumptions =3



Yearly Inpatient RVU Assumption =3606, Actual = 4331 leaving a gap of 1870 RVUs.
Gap likely due to shared APP/MD visits
Yearly Outpatient RVU assumption =2134, Actual =2563, leaving a gap of 246 RVUs

Impact of Improvement

- APP utilization tools allow capture and understanding of APP practice outside of standard RVU model.
- This can be completed using time based coding which provides data on non-billable services, non-productive time, and patient facing time.
- Utilization and billing codes capture components of APP workload
  - Direct patient care
  - Indirect patient care
  - Non-billable services

Conclusion

- Based on the assumed workload and associated times it continues to be unclear if the utilization metric/targets for APPs working in palliative care are appropriate
- Organizational examination of business planning for APP workload and utilization includes multiple components.
  - This includes strategic alignment as organizational environments can change in rapid succession.
- It is critical to understand the incremental volumes, payor mix, practice locations, and financial bench marks as validation of workload begins.
- Capturing time as direct and indirect patient time allows organizations to differentiate direct patient care activities however, requires manual entry
- Validating a working staff matrix model which aligns with the work completed and time spent can help match work to interdisciplinary providers in palliative care however, does not capture all work completed.
- More research and understanding is needed.

Future Directions

- Continue with standard billing practice for APP PC visits
- Increase use of internal APP utilization billing codes to further differentiate direct patient facing, billed, and indirect workload.
- Adjust clinical utilization and workload assumptions based on information from internal utilization billing codes.

References

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