Advanced practice providers

The solution to all that ails medicine?

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Practicing at the top of your license. Continuity of care. Patient safety. Coordination of care. Cost savings. Evidence-based medicine. Best clinical practices. Standardization of care. Eliminating disparities. Meaningful use. Maintenance of certification (MOC). Continuing medical education. Market share growth. Patient satisfaction. Meaningful use. These are some of the criteria by which modern-day physicians are evaluated.

It is impossible to achieve these goals as physicians while simply being directed, not supported, by forces from the health care organizational structure. In this issue of *Neurology® Clinical Practice*, Schwarz et al. provide us with insight into the work of the Advanced Practice Provider (APP) Work Group of the American Academy of Neurology. Schwarz et al.¹ provide recommendations based on the assertion that the “ultimate goal of integration of nonphysician care providers is to add value by both improving access and enhancing quality of care for patients with neurologic disease.”

Doctors need actual allies who are invested in the process of providing good patient care in order to reach the many required benchmarks. Neurologists provide a unique mixture of highly specialized care and primary care for patients with neurologic conditions. Effective neurologic patient management requires time spent with patients and a great deal of attention to subtle changes in patients’ clinical conditions. Keeping the day-to-day goals of good medical practice in balance with the systemic goals of overall health system efficiency is a tall order.

With little help from the health care system itself, neurologists can turn to neurology APPs, educated and trained professionals who are interested in and able to approach health care with an appreciation for the day-to-day patient-centered “micro” goals and the more overarching “macro” goals at the same time. For some practices, incorporating neurology APPs can be a sound means of managing the many demands of a clinical practice.

Integrating neurology APPs into an existing neurology practice requires a 2-pronged strategy. One element of this strategy is the division of patient management, which will undoubtedly involve a degree of separation and allocation of responsibilities as well as defining areas of adaptability or “tag team” duties that either the neurologist or the neurology APP can deliver, based on fluctuating circumstances and expediency. A plan for communication to ensure seamless coverage and care throughout the division and sharing of care delivery must recognize the individual skills and strengths of each provider as well as understand and acknowledge the boundaries inherent in individual providers’ licensing.

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Funding information and disclosures are provided at the end of the article. Full disclosure form information provided by the author is available with the **full text of this article at Neurology.org/cp**.

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The other aspect of incorporating neurology APPs involves cost, reimbursement for care, and payment to the APP. Billing codes and collection ratios as well as lack of uniformity among payers may create challenges for some neurology practices as they attempt to unravel the financial pros and cons of collaborating with APPs. The more limited and defined the roles of the neurology APP, the simpler and more streamlined the financial aspects. However, financially savvy practices can certainly adjust to complicated billing and reimbursement patterns. Some APPs may even add a degree of financial know-how to the practices they join.

APP earning configurations may include a straightforward salary, a compensation arrangement based on a percentage of collections, bonus structures, and even profit sharing and partnerships. Some APPs may work full time in one neurology practice while others may divide clinic days or hospital schedules among several neurology practices, essentially functioning as independent contractors.

One important point regarding neurology APPs is that for most neurology practices that incorporate one or more APPs, the APPs will predominantly operate as health care specialists and not as generalists. Few neurologists would favor the opposite, and those neurology practices, which will likely be in the minority, would benefit by looking to each other or even to primary care practices as models.

The position paper by Schwartz et al. outlines the goals of the APP Work Group, which are to research the questions for which there are not currently concrete answers and to provide resources for members as they navigate the financial and practical implications of incorporating APPs into neurologic care delivery.

APPs can certainly streamline care in a number of ways. For example, neurology APPs could follow patients' anticonvulsant levels or monitor patients with Parkinson disease for medication-induced side effects. General medical nonphysician providers in a neurology practice could manage primary care issues prevalent among neurology patients, such as adjusting antihypertensive medications or monitoring anticoagulant levels in stroke patients. And some patient visits may comprise more autonomous evaluation and decision-making directed by APPs. Of course, some relationships with primary care providers may be altered—perhaps in a negative way—when neurologists can provide “on site” primary care through APPs. This leads to the question of whether the purpose of having APPs in neurology offices is better patient care, convenience, or profit. Are there settings in which it is easy for patients to get a neurology appointment but a primary care appointment requires months of waiting?

Overall, medicine is changing. The cost of health care is high, and the high cost has not been shown to translate into better outcomes. The demands placed on physicians are often barely manageable. While APPs can become collaborators with physicians in care delivery, are they likely to decrease health care costs when health care provider reimbursement is not the driving factor in the high cost of health care? Are they likely to ease burnout related to documentation when meticulously detailed physician documentation is indispensable for reimbursement? Can they relieve the nagging fear of malpractice suits when bad outcomes remain a part of human life, with or without excellent providers? How will meaningful use documentation be affected? Can they replace expensive medical tests when diagnostic examinations are pricey and expected by the patient population? Can they relieve the need for MOC, or will MOC requirements for APPs add another nonreimbursable overhead cost?

Regardless of the answers to these questions, doctors who can learn to ally with health care providers such as APPs can gain teammates on the patient care front and sorely needed cooperation in the delivery of patient care.

REFERENCE

1. Schwarz HB, Fritz JV, Govindarajan R, et al. Neurology advanced practice providers: a position paper of the American Academy of Neurology. *Neurol Clin Pract* 2015;5:333–337.

AUTHOR CONTRIBUTIONS

Drafting/revising the manuscript.

STUDY FUNDING

No targeted funding reported.

DISCLOSURES

H. Moawad serves on the Editorial Board for *Neurology: Clinical Practice*. Full disclosure form information provided by the author is available with the **full text of this article at Neurology.org/cp**.

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