Successful Integration of an Advanced Practice Practitioner (APP) into a Sexual and Reproductive Medicine Practice

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Physician Demand

- Older adults in general demand surgical services at a rate (4469 per 100,000) approximately 3-fold greater than the general population (1519 per 100,000).

- In 2008, people aged 65 years or older represented 12.8% of the US population; by 2030 it is estimated that 1 in 5 Americans will be older than 65 years, and this group represents the fastest growing segment of our population.

Shortage

• The supply of urologists per capita has declined since 1981
  • most dramatically since 1991.

• With an average age of 52.5 years, urology is one of the oldest surgical specialties.

• Over 7% of urologists are older than 70 years and 44% are older than 55 years, suggesting an aging urology workforce.

Shortage

- Of the 11,703 practicing urologists in the United States, 3181 or 27% are nearing planned retirement.

- The mean age of urologists nearing retirement (69, SD = 8.2) was older than non-retiring urologists (48, SD = 10.3)

Gaither TW. The Near-future Impact of Retirement on the Urologic Workforce: Results From the American Urological Association Census. UROLOGY 94: 85–89, 2016
A recent analysis using population based demand projection modeling estimated a need for 12,048 urologists by 2030

- projected workforce of 8164 by that time—a gap of 32%

Higher than that projected for any other surgical specialty other than thoracic surgery.

• The median age of 53 years, a large bolus of urologists will either retire or significantly decrease work hours in the coming decade.

• Slight growth in overall (urologist + ACP) workforce FTEs is expected, from 14,792 in 2015 to 15,160 in 2035.

• A significant decline in urologist FTEs is likely, from 11,221 in 2015 to 8859 in 2035.

• ACPs should increase markedly, from 8,710 in 2015 to 15,369 in 2035.

McKibben MJ et al. Projecting the Urology Workforce Over the Next 20 Years. Urology. Article in Press
Summary

- (1) a declining supply of urologists
- (2) an aging urology workforce (with rapidly increasing proportions of the headcount nearing retirement age and therefore likely to exacerbate ongoing trends in decrease in supply)
- (3) a shift in the geographic distribution of urologists toward urban centers (exacerbating maldistribution in rural areas)
- (4) an evolving age-sex structure of the workforce
- (5) a shift in the urology practice environment to larger group practices, almost exclusively in larger urban centers.

The American Urological Association (AUA) endorses the use of advanced practice providers (APPs) in the care of genitourinary disease, though it is unlikely that the utilization of APPs will be able to fill the growing shortage in MD providers when it comes to surgical cases and other aspects of acute patient care.

The official position of the AUA is that APPs work in a closely and formally defined alliance with a urologist that serves in a supervisory role.

As the physician-APP relationship grows and evolves, the duties delegated to the APP are designed to deliver quality health care while reserving the physician to attend to more complex patient care suited to his or her level of expertise.

It is a goal of the AUA and of practicing urologists to develop a process by which a newly graduated APP would undergo a period of mentorship and training in order to cultivate a practitioner who is capable and willing to independently manage a wide variety of urologic conditions.
The AUA Education Council and the APN/PA Education Committee have identified six topic areas of training development to assist APP training and integration: They include

- (1) Overactive bladder/non-surgical
- (2) Urologic oncology
- (3) Male sexual dysfunction
- (4) Surgical assistance
- (5) Stone management
- (6) Female sexual dysfunction

These modules are available on “Education for APN/PA/Allied Health” portion of AUAnet.org.

Medicare reimburses at 85% of the fee schedule of a urologist for most APP activities.

State governments are making concerted efforts to increase utilization of APP’s. In fact, all 50 states have made it a point of emphasis to increase utilization of APPs in all areas of medicine.
Despite this, significant concerns remain regarding the use of APPs specifically, the scope of practice and financial solvency.

A successful delivery of care model was developed in an academic sexual medicine practice to expand new patient access to the department’s sole physician by enhancing efficiency.

This study was undertaken to retrospectively evaluate the integration and productivity of the APP in this practice.
Training

- Initial hospital onboarding for several weeks involving rotations through all of urology.
- Shadowing for several weeks specifically in sexual medicine
- Started initially on training and counseling visits:
  - ICI training and dose management
  - IM Testosterone training
  - IPP inflation/deflation
- Almost daily discussions to go over questions and difficult patients.
Over the next 6 – 12 months office follow-up visits were increased

Office volume ramped up over the same time period
Over the last four years, our APP billed a mean of 1365 wRVUs per annum.

This volume consisted of a mean of 1065 patient visits, comprised largely of the following E/M codes:

- office visit est. level 4-99214
- est. level 3-99213
- est. level 2-99212
- office visit, new level 4-99204
- intralesional injection for Peyronie’s disease-54200
- intracavernosal injection-54235.
<table>
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<th>Code List</th>
<th>CPT</th>
<th>2015 wRVU</th>
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<td>Office Visit, Est. Level 4</td>
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<td>Office Visit, Est. Level 3</td>
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<td>PROCEDURE FOR PEYRONIE DISEASE</td>
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<td>Injection Corporal Injection W PHARM AGENTS</td>
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<td>Office Visit, New Level 4</td>
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<td>Office Visit, Est. Level 2</td>
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<td>Penile Duplex Sonogram</td>
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When factoring the impact of the APP seeing follow-up visits and performing ICI training sessions, the supervising physician had a mean incremental increase in production of 1329 wRVUs per annum.

Comparing average practice volume between having a full time APP and prior to having a full time APP, there was a 53% increase in total practice patient visits.
Total Patient Visits

~50% increase in practice volume
This analysis demonstrates how an APP can be successfully integrated in a busy urology practice allowing:

- Improved new patient access
- Increased physician productivity
- The APP’s productivity contributed to their salary and increased the revenue of the practice.
Outlook

- A residency program for APPs to advance their sexual health knowledge and clinical expertise

- Opportunity for specialization in men’s sexual health and/or women’s sexual health

Thank You

Questions?