Incorporating NPs into an EP Practice

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Disclosures

- None
Health care has become complicated.

- More patients..... sicker patients
- More regulations,
  More documentation ....EMR
- Billing, coding,
  ICD9 ...ICD 10....
- Reduced reimbursement

Cardiovascular Team Based Care

- Advocated by the American College of Cardiology
- Patients benefit from the mix of professional disciplines, different education and training paths.
- Role for Advanced Practice Providers (APP)
- “Shared Goals and Clear Roles”
- Examples – CHF, Device, Anticoagulation clinics

Advanced Practice Provider

- Nurse Practitioner
- Clinical Nurse Specialist
- Physician Assistant

- All require Master’s level education, National certification, State licensure.
- PA – practice under physician supervision
- NP, CNS – practice in a collaborative relationship with physician, some states – NPs have full practice authority.

Patient Outcomes

- Strzelczyk T, Kaplan R, Medler M & Knight B. Outcomes Associated with Electrical Cardioversion for Atrial Fibrillation When Performed by an Advanced Practice Provider. JACC 2017

More than 25 years of study ……………..

APP patient outcomes are comparable with physicians
Liability

- NPs have lower rates of malpractice claims and lower costs per claim.
- Malpractice rates remain low, Only 1.9% of NPs named as primary defendant in a malpractice case.

2016 AANP National Nurse Practitioner Sample Survey

OSU EP Team Based Care
EP World

- EP Lab/IPR
- Inpatient Service
- Device Services
- Clinic
- EP Consults

SHARED GOALS

- Provide the highest quality care.
- Timely access to EP care
- Keep the lab moving, avoid delays and cancellations.
- Keep the attending physicians in Lab.
- Reduce LOS and readmissions
- Keep Referring Base Happy
EP Lab/Invasive Prep and Recovery

- Every patient required to have H&P prior to procedure.
- NPs do pre-procedure H&P, evaluate if appropriate to proceed, different procedure.
- Manage patients post procedure, enter orders, manage problems, discharge planning, family issues.
- If overnight, enter medication orders, etc.
- NP coverage 06:00 – 19:00
- > 3000 H&Ps 2016

Hospital EP Service

- NP managed service. (Operational)
- Admissions, daily rounds, documentation, ongoing clinical management, monitoring, intervention.
- Contact with consulting teams.
- Contact with bed placement, transfer center.
- Independent and shared billing
- Discharges. >1400 in 2016
- Coverage 06:00-19:00
Outpatient Clinic

- Combined MD/NP clinics. – shared billing
- EP NP Clinic >1100 visits 2016 – independent billing
- NPs - same support as physicians (RN, MA, scheduling support)

Device Services

- NP clinical director
- Policy/procedures
- Manage patient, programming issues
- Interpret remote reports
- Manage safety alerts.

St Jude medical advisory - 900 pts
55 dependent, generator changes within 30 days.
EP Consults

- Managed by EP Fellow (Operational)
- Team: EP attending, EP fellow, Cardiology fellow and Nurse coordinator
- Current NP role - Follow up consults, independent billing.
- NP can bill for new consult or attending can bill – no shared visit billing.

I GOT YOUR 6 !

- Trust is essential
- APP has to know the physician partner has their back. Won’t throw them under the bus if when they make a decision.
- The Physician has to be confident in the APP’s judgment. They can’t micro manage every aspect of care.
- Comes with time and honesty
Is an NP or APP right for your practice?

- Cost effectiveness will depend on how the APP is utilized.
- Be aware of your state’s scope of practice.
- Criteria: EP experience? Cardiology experience?
- Orientation/Training can be a long process.
- Where do you need the support?

Keys to a successful team

- Every member should function at the top of his/her scope of practice. “Never send a man to do a boy’s job.”
- Commitment
- Mutual respect
- Honesty
- Everyone’s contribution is important.
- Sense of humor
YOU KNOW YOUR CREW IS GANGSTA

WHEN EVERYONE IS PACKING A BLADE!