Advanced Practice Providers in the Emergency Department

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DEPARTMENT OF EMERGENCY MEDICINE

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Disclosure

No Financial Disclosures

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Objectives

- Describe APP roles in the ED
- Describe the education of APPs
- Review APP utilization in the ED

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Emergency Department Volume Increase Trend Continues Into 2014

By James J. Augustine, MD, FACEP | on November 13, 2017 | 0 Comment

YEAR	NHAMCS ESTIMATED ED VISITS (MILLIONS)
2001	107.5
2002	110.2
2003	113.9
2004	110.2
2005	115.3
2006	119.2
2007	116.8
2008	123.8
2009	136.1
2010	129.8
2011	136.3
2012	130.9
2013	130.4
2014	141.4

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HOME

Mid-Level Providers – Who they are, what they do, and why they're changing emergency medicine

by Joseph Guarisco, MD, EM System Chair, Ochsner Health System on August 28, 2014

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"Understanding how mid-level providers fit into the ED can be a puzzle.
Emergency physicians need to leverage – not compete with – this growing segment of the EM workforce."

Joseph Guarisco, MD

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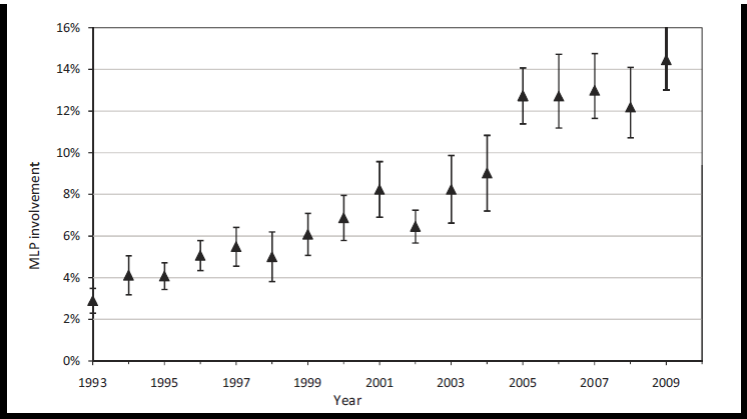
Academic Emergency Medicine
Official Journal of the Society for Academic Emergency Medicine

BRIEF REPORT

Update on Midlevel Provider Utilization in U.S. Emergency Departments, 2006 to 2009

Jennifer L. Wiler, MD, MBA, Sean P. Rooks, and Adit A. Ginde, MD, MPH



Wiler JL et al. Update on midlevel provider utilization in U.S. emergency departments, 2006 to 2009. *Acad Emerg Med*. 2012;19(8):986-989.

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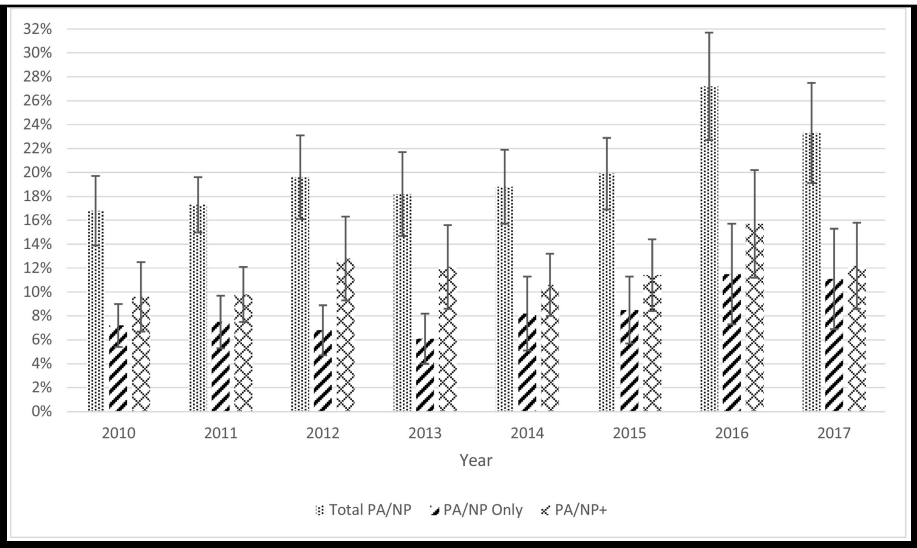

Percentage of U.S. emergency department visits seen by Total PA/NP (with and without physician involvement), PA/NP Only, PA/NP with Physician (PA/NP+); 2010–2017. Error bars represent 95% CIs for annual estimates.

Wu F, Darracq MA. Physician assistant and nurse practitioner utilization in U.S. emergency departments, 2010 to 2017. *Am J Emerg Med*. 2020;38(10):2060-2064.

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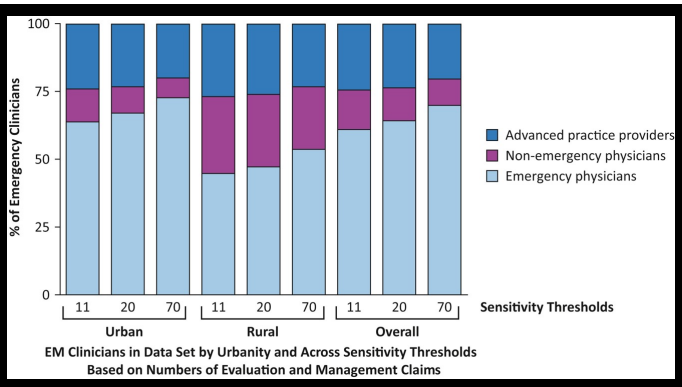
THE PRACTICE OF EMERGENCY MEDICINE/BRIEF RESEARCH REPORT

State of the National Emergency Department Workforce: Who Provides Care Where?

M. Kennedy Hall, MD, MHS*; Kevin Burns, EMT-P, PA-C; Michael Carius, MD; Mitchel Erickson, MSN, ACNP-C; Jane Hall, PhD; Arjun Venkatesh, MD, MBA



Hall MK et al. State of the National Emergency Department Workforce: Who Provides Care Where?. *Ann Emerg Med*. 2018;72(3):302-307.

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APPs: Past & Present

- APPs started in American medicine in the 1960s
- Traditionally older providers, 2nd career, some with significant health care experience
- Now predominately female, younger generation without as much health care experience
- APPs can be found in nearly every medical specialty

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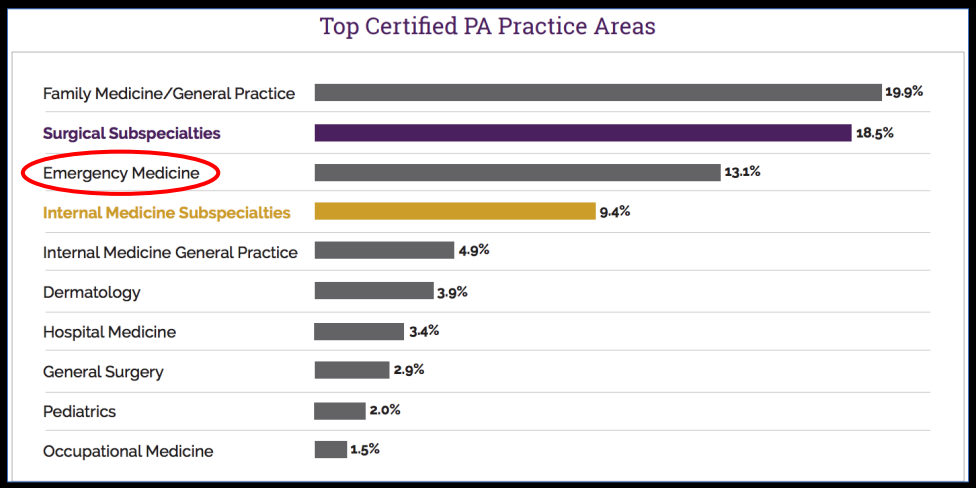

NCCPA Certification Excellence

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Distribution, Top Practice Setting and Clinical Focus Area by Area of NP Certification [3]

Population*	Percent of NPs	Top Practice Setting	Top Clinical Foci
Acute Care	6.4	Hospital Inpatient Clinic (33.3%)	Surgical (16.1%)
Adult^	15.7	Hospital Outpatient Clinic (15.2%)	Primary Care (32.4%)
Adult-Gerontology Acute Care	2.0	Hospital Inpatient Clinic (43.3%)	Surgical (13.3%)
Adult-Gerontology Primary Care^	4.4	Hospital Outpatient Clinic (18.7%)	Primary Care (46.6%)
Family^	60.6	Private Group Practice (12.7%)	Primary Care (46.2%)
Gerontology^	2.2	Long-Term Care Facility (16.6%)	Primary Care (57.8%)
Neonatal	1.3	Hospital Inpatient (69.1%)	Neonatal (57.8%)
Pediatric - Acute Care	0.6	Hospital Inpatient (38.2%)	Other (19.7%)
Pediatric - Primary Care^	4.6	Hospital Outpatient Clinic (18.7%)	Primary Care (55.6%)
Psychiatric/Mental Health - Adult	1.7	Psych/Mental Health Facility (23.0%)	Psychiatric (93.6%)
Psychiatric/Mental Health - Family	2.1	Psych/Mental Health Facility (25.8%)	Psychiatric (91.6%)
Women's Health^	3.4	Hospital Outpatient Clinic (15.7%)	OB/GYN (64.1%)

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Existing Guidelines

Society of Emergency Medicine Physician Assistants

- EMPA Practice Guidelines

American College of Emergency Physicians

- Guidelines About the Role of PAs and APRNs in the Emergency Department

Emergency Nurses Association

- Standards of Practice for Nurse Practitioners in the Emergency Care Setting

American Academy of Emergency Nurse Practitioners

- Practice Standards for the Emergency Nurse Practitioner

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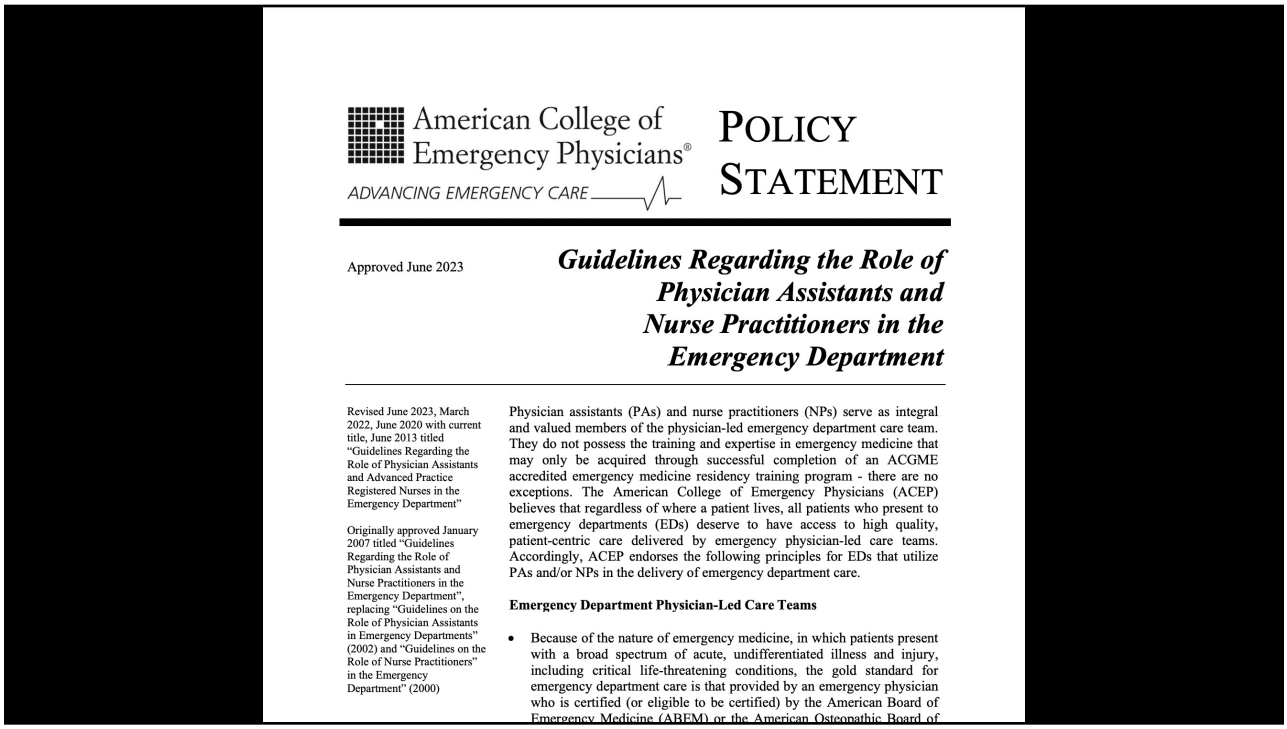

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POLICY STATEMENT

Approved June 2023

Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department

Revised June 2023, March 2022, June 2020 with current title, June 2013 titled "Guidelines Regarding the Role of Physician Assistants and Advanced Practice Registered Nurses in the Emergency Department"

Originally approved January 2007 titled "Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department", replacing "Guidelines on the Role of Physician Assistants in Emergency Departments" (2002) and "Guidelines on the Role of Nurse Practitioners" in the Emergency Department" (2000)

Physician assistants (PAs) and nurse practitioners (NPs) serve as integral and valued members of the physician-led emergency department care team. They do not possess the training and expertise in emergency medicine that may only be acquired through successful completion of an ACGME accredited emergency medicine residency training program - there are no exceptions. The American College of Emergency Physicians (ACEP) believes that regardless of where a patient lives, all patients who present to emergency departments (EDs) deserve to have access to high quality, patient-centric care delivered by emergency physician-led care teams. Accordingly, ACEP endorses the following principles for EDs that utilize PAs and/or NPs in the delivery of emergency department care.

Emergency Department Physician-Led Care Teams

- Because of the nature of emergency medicine, in which patients present with a broad spectrum of acute, undifferentiated illness and injury, including critical life-threatening conditions, the gold standard for emergency department care is that provided by an emergency physician who is certified (or eligible to be certified) by the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of

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Educational Background

- PA
  - Medical model
  - Prior health care experience
  - ~ 26 months (Full-time)
  - Graduate school level
  - Didactic and clinical rotations (including EM)
  - Currently 236 accredited programs
- NP
  - Nursing model
  - BSN>MSN>DNP
  - Various practice tracks
  - Didactic and clinical training
  - ~ 350 academic institutions with NP programs

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Emergency Medicine Physician Assistant (EMPA) Postgraduate Training Programs: Program Characteristics and Training Curricula

Chadd K. Kraus, DO, DrPH, MPH*
Terry E. Carlisle, PA-C, MPAS†
Devin M. Carney, BHS‡

*Geisinger Health System, Department of Emergency Medicine, Danville, Pennsylvania
†University of Missouri-Columbia, Department of Emergency Medicine, Columbia, Missouri
‡University of Missouri-Columbia, Columbia, Missouri

- APPs seeking specialty training
- Usually 12-18 months based on physician residency model
- Curriculum based on *The Model of the Clinical Practice of Emergency Medicine*
- 50 PA postgraduate programs

*** SEMPA Postgraduate Training Program Standards ***

Kraus CK et al. Emergency Medicine Physician Assistant (EMPA) Postgraduate Training Programs: Program Characteristics and Training Curricula. *West J Emerg Med*. 2018;19(5):803-807.

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Specialty Certification

- CAQ
  - Current PA-C certification
  - 150 hrs Category 1 CME
  - 3,000 hrs experience
  - Attestation statement
  - Exam

- ENP
  - National FNP certification
  - 2,000 hrs experience
  - 100 hrs continuing education
  - Or complete academic program or fellowship
  - Exam

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Role of the Supervising Physician

- Regulatory & Operational
- Regulatory roles vary state to state
- Operational roles vary practice to practice
  - All patients or certain patients seen by the supervising physician
  - All charts reviewed & cosigned
  - APP independent function with supervising physician oversight

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State Laws and Regulations

- A physician assistant licensed by the Board may perform medical services under the supervision of a physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that employment or supervision
- Current law limits a physician to supervising no more than four PAs at any one time
- Because a physician assistant acts as an agent for a supervising physician the scope of practice is limited by his/her supervising physician's specialty
- Supervising physician is not required to be on site but must be available in person or by electronic communication at all times when you are caring for patients
- Medical record countersignature
- Delegation of Services agreement

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- ~~Delegation of Services agreement~~

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RESEARCH REPORT

PAs in the ED: Do physicians think they increase the malpractice risk?

- **PAs decrease overall medical malpractice risk as determined by the frequency and amount of reported malpractice payments tracked by the National Practitioner Data Bank.**
- **Most EPs agree that the increased utilization of PAs in the ED improves patient communication, decrease wait times, increase patient satisfaction, and therefore decrease malpractice risk.**

Gifford A et al. PAs in the ED: Do physicians think they increase the malpractice risk?. *JAAPA*. 2011;24(6):34-38.

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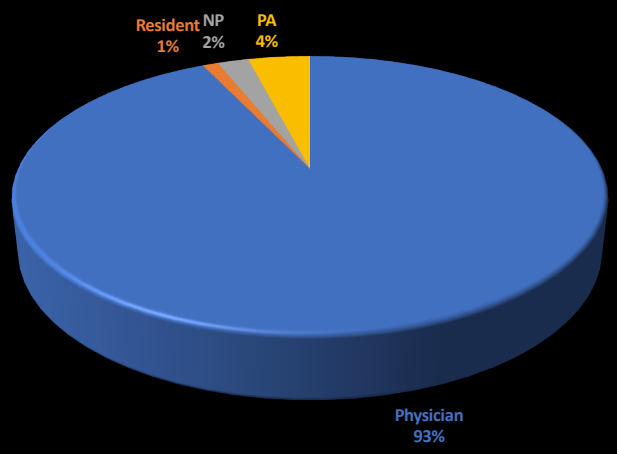
Emergency Medicine Claims By Provider 2007-2017



THE DOCTORS COMPANY
medical ~~mal~~practice insurance

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Characterizing malpractice cases involving emergency department advanced practice providers, physicians in training, and attending physicians

Peter S. Antkowiak MD, MPH[1] | Shin-Yi Lai MD[1] | Ryan C. Burke PhD, MPH[1] | Margaret Janes RN, JD[2] | Tarek Zawi BA[2] | Nathan I. Shapiro MD, MPH[1] | Carlo L. Rosen MD[1]

- CRICO database; January 1, 2010 – December 31, 2019
- 12.1% involved APPs
- Contributing factor > Clinical judgement
- Injury category > Infection, fracture, infarction
- Highest average indemnity paid > Trainee
  - Diagnosis related > $856,378
  - Medical treatment > $670,025

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ADVANCING EMERGENCY CARE

Advanced Practice Providers (Physician Assistant and Nurse Practitioner) Medical-Legal Issues

an Information Paper

Reviewed by the ACEP Board of Directors, November 2016

Nurse practitioners (NP) and physician assistants (PA) are a growing part of the emergency department (ED) team. ACEP's Medical Legal Committee has been asked to summarize the issues of working with, hiring and supervising these Advanced Practice Providers (APPs). This document will try and answer questions related to APPs and there are attached links provided for more information.

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Co-signing Charts

…as long as the cosigning process is conscientiously performed, the actual legal risks are likely less than imagined.

Hence, as long as established supervision policy is followed and the available chart is constructed in a manner that depicts a history, physical exam and workup that is logical and consistent with the documented disposition and follow-up instructions, the physician should have a future strong defense in the event of a filed lawsuit.

ACEP Medical-Legal Committee

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