

# AUA Consensus Statement on Advanced Practice Providers: Executive Summary

AUA Ad Hoc Work Group on Advanced Practice Providers

*From the American Urological Association, Inc., Linthicum, Maryland*

## Abstract

**Introduction:** The purpose of this document is to provide guidance for urologists on the integration of advanced practice providers into the urological care setting with a focus on the current state and federal regulatory environment, reimbursement considerations, core competency benchmarks, patient satisfaction with the advanced practice provider-physician team approach and proposed models of team based integrative care.

**Methods:** Since 1983, the AUA (American Urological Association) has issued its position on allied health professionals, recognizing that in some areas allied health personnel contribute to the care of the patient with genitourinary disease and, therefore, encourages the proper use of allied health personnel. A 2013 AUA survey on workforce revealed that 62% of urologists surveyed were using an advanced practice provider in their practice. In 2012 there were nearly 8,000 advanced practice providers working in urology departments and practices in the United States, including more than 3,300 nurse practitioners and more than 4,000 physician assistants. In 2013 the AUA convened an ad hoc work group of a diverse set of urology providers, including physicians, nurse practitioners and physician assistants. The consensus statement was drafted over 10 months and approved by the AUA Board of Directors in November 2014.

**Results:** Urologists work with advanced practice providers frequently but many may not know the most efficient way to incorporate them into their practice. The consensus statement examines advanced practice provider integration from a regulatory and practice management approach, as well as provides several applicable examples of how this applies to urologists in various clinical settings throughout the United States.

**Conclusions:** This document supports the AUA's policy statement that in a team based approach with a board certified urologist in a supervisory role, allied health personnel contribute to the care of the patient with genitourinary disease and, therefore, encourages the proper use of allied health personnel.

**Key Words:** health manpower, advanced practice nursing, physician assistants, patient care team

## Abbreviations and Acronyms

APP = advanced practice provider

NP = nurse practitioner

PA = physician assistant

SP = supervising physician

No direct or indirect commercial incentive associated with publishing this article.

The complete Consensus Statement is available at <http://www.auanet.org/common/pdf/advocacy/advocacy-by-topic/AUA-Consensus-Statement-Advanced-Practice-Providers-Full.pdf>.

A workforce shortage of 65,000 physicians is projected for primary care and specialty medicine by 2025.<sup>1</sup> Similarly, the supply of urologists per capita in the United States continues to decrease, a trend that started in 1991 and is

accelerating. The AUA endorses the use of advanced practice providers in the care of genitourinary disease, although it is unlikely that 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 purpose of this document is to provide guidance for urologists on the integration of APPs into the urological care setting with a focus on the current state and federal regulatory environment, reimbursement considerations, core competency benchmarks for APPs, patient satisfaction with the APP-physician team approach and proposed models of team based integrative care.

### **Roles of APPs**

As of February 2014 the AUA recognizes advanced practice registered nurses and physician assistants as APPs. The title, advanced practice registered nurse, covers the 4 distinct roles of 1) certified nurse practitioner, 2) certified nurse midwife, 3) clinical nurse specialist and 4) certified registered nurse anesthetist. The PA provides care for patients across the health continuum, and functions in diverse settings that can include internal medicine subspecialties and acute care environments. The official position of the AUA is that APPs work in a closely and formally defined alliance with a urologist who serves in a supervisory role.

Supervision/collaboration is a process in which an APP works with 1 or more physicians to deliver health care services within the scope of the practitioner's expertise, with medical direction and appropriate supervision as provided by jointly developed guidelines or other mechanisms in accordance with the law of the state in which the services are performed. Although the physician is responsible for the overall care of the patient, the concepts of supervision and collaboration do not require that the supervising physician be present during APP provided care. 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 care based on his/her level of expertise. This model is often referred to as delegated autonomy. A highly skilled APP will be eligible for this indirect supervision.

It is a goal of the AUA and practicing urologists to develop a process by which a newly graduated APP would undergo a period of mentorship and training to cultivate a practitioner capable and willing to manage a wide variety of urological conditions under the supervision of a board certified urologist. As APPs progress through their skill levels, decreasing levels of direct supervision are necessary,

commensurate to the individual's demonstrated level of aptitude. Ultimately, the goal is that the APP will be fully capable of working through remote physician supervision for most complex diagnoses and management plans after an appropriate period of mentorship and experience.

The Social Security Act, Medicare regulations, national medical and nursing associations, federal agencies and state guidelines provide recommendations and define the supervisory role of physicians and how they and advanced care providers collaborate. In 20 states and the District of Columbia nurse practitioners are allowed to practice independently, while 12 states require them to be supervised (directly or indirectly) by a physician. The remaining 19 states require NPs to have a collaborative or supervisory agreement with a physician. Regardless of whether a state allows independent practice, federal regulations in some settings (such as nursing facilities) take precedence over state regulations and may require that a physician supervise or coordinate patient care. When reviewing state regulations, it is imperative that the practicing urologist become acquainted with the federal regulations per procedure or service to fully understand how best to use the services of APPs. In addition to statutory and regulatory requirements, it is important to note that each employer, hospital and payer may have their own unique requirements and policies surrounding the role of APPs.

Limited comparisons exist among the quality of care provided in surgical clinic environments between physicians and NPs, physicians and PAs, NPs and PAs, or physicians, NPs and PAs. Trends in peer reviewed literature suggest that additional insight into potential roles for APPs within surgical practices such as urology are needed.

The AANP (American Association of Nurse Practitioners) supports the role of the NP as part of cost-effective, team based care, consistent with the recommendations of the National Academy of Medicine (formerly the Institute of Medicine).<sup>2</sup> This further acknowledges the patient as a center of the health care team and encourages all members of the team to perform at their full potential. A review of the literature reveals clear potential of a role for APPs in patient care as evidenced by the sustained number of APPs that graduate each year, and that APPs are an unrecognized resource in the clinical setting. With clear job descriptions, role delineations and expectations, specialty practices can successfully incorporate APPs into the care of their patients. APPs can provide consistent, reliable care that can lead to reduced use of the emergency department and higher patient satisfaction with care, especially postoperatively.

Furthermore, patient satisfaction appears to depend on communication style regardless of provider type, and the decision to incorporate the PA, NP and certified nurse

Download English Version:

<https://daneshyari.com/en/article/4277011>

Download Persian Version:

<https://daneshyari.com/article/4277011>

[Daneshyari.com](https://daneshyari.com)