

DO YOU HAVE A NEUROLOGY CARE TEAM IN YOUR PRACTICE?

With just so many hours in a day, how do neurologists squeeze in more patients without feeling like they're skimping on quality and patient safety? Adding another neurologist to a practice is one answer, but it can be a lengthy and expensive—and perhaps unnecessary—solution.

As today's health care delivery system evolves, all levels of professionals are learning that a "team" approach is both efficient and effective for providing quality patient care. Neurologists are increasingly using nurse practitioners and physician assistants (non-physician providers, or NPPs) to broaden the availability of neurological services.

How do I know whether I need another neurologist or could add an NPP?

- 1) Create a time study for you and each of your staff.
 - a) Broadly categorize the tasks that each of you do and the time you need to accomplish these tasks. For example, number of new patient visits, number of established patient visits, phone calls, prescription writing, hospital consults, report writing, general practice administration, etc.
 - b) Once each of you have completed the time study, determine what, if any, task could be shifted to another existing staff member. The idea is to free you up to participate in revenue generating tasks.
- 2) Based upon this review, you may be able to shift responsibilities, or hire an additional administrative staff person.
- 3) However, if you still have large hours of clinical and administrative tasks, you might need an NPP or another neurologist to help you manage the clinical work.
 - a) Adding additional clinical staff can be driven by the types of clinical work to be done, your state's NPP scope of practice, provisions and the amount of financial resources available.
 - b) Pros and cons of adding NPP's
 - i) Depending upon scope of practice and skills, NPPs can:
 - (1) Do routine follow-ups and allow the neurologist to see more new consults
 - (2) Answer phone calls
 - (3) Perform lab reviews
 - (4) Coordinate quality improvement and clinical research
 - (5) Perform easy new consults
 - (6) Bill at the same level of coding when the neurologist is in the office
 - (7) Bill at a lower level of reimbursement when the neurologist is not in the office
 - (8) Provide time and cost effective patient education, leading to greater patient adherence and satisfaction
 - (9) Decrease backlog, opening appointments for new referrals
 - ii) Challenges to using NPPs
 - (1) Cannot take call
 - (2) Are expensive employees
 - (3) Must have neurologist present for full billing capability
 - (4) Can, without appropriate protocols, increase practice size and neurologist workload

The Changing Role of Non-Physician Providers

According to the 2004 AAN census (Henry, et al., 2005), the number of NNPs has increased only slightly since the 1998 census, when 21.8% of neurologists reported having physician extenders or NPPs on staff. In 2000, 28% reported physician extenders on staff and by 2003 this number had declined slightly to 23.6%.

Although the number of NPPs employed by a practice has remained fairly consistent, the type of work they perform has shifted substantially. The role of these professionals has shifted away from solely patient education and triage to a greater focus on direct patient care and performing billable procedures. Henry reported that more than a quarter (27.7%) of NPPs in neurology practices see new patients independently, and nearly three quarters (71.4%) of NPPs in neurology practices are seeing follow-up patients independently.

Henry (in Stone, 2005) indicated that using NPPs “financial sense.” “As designated mid-level providers, NPPs are billable for 80% of physician reimbursement,” said Henry, adding that patients often view extenders as professionals with whom they can develop strong relationships. NPPs are performing more billable procedures (31.9% presently compared with 26.2% in 2000), dictate more patient notes (51.2% compared with 42.8% in 2000), manage less patient triage (33.3% compared with 42.4%), and manage fewer group medical appointments (4.7% compared with 8.3%).

Is Your Practice Ready for Extenders?

- Have you reviewed your state’s laws regarding the NPP scope of practice and matched the NPPs scope to your practice’s needs?
- Are you and your staff ready to accept NPPs.
- Have you determined your comfort level for supervising another clinical person in your practice?
- Has a job description been developed which clearly indicates duties to be performed, types of patients to be seen, how patients will be scheduled, and how their supervision will be provided?

Strategies for Incorporating NPP’s Into Your Practice

- Involve present staff in the decision to incorporate an NPP into your practice.
- Coordinate with your attorney, accountant, and malpractice insurance company.
- Create a patient information sheet indicating that NPPs may be used and describe the NPPs’ role and function.
- Create standard protocols that provide guidance on how care will be provided. This strategy is also effective as a risk management tool.

Care teams may be an answer to decreasing the numbers of neurologists needed to provide increasing care to greater numbers of patients in an environment which tests the financial viability of neurological practices.

Your experience with NPPs is appreciated. To share your experiences, contact Thomas S. D. Getchius at tgetchius@aan.com.

Citations:

Henry K, Lawyer BL, Member Demographics Subcommittee of AAN. *Neurologists 2004*. St. Paul: American Academy of Neurology, 2005

Stone, K, Neurologists Now: Computerized, a Bit Older, and a Few More Women, *Applied Neurology*, September 2005

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