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# Success in APP Integration For the Urologic Team



# Is there a need to integrate APPs in to Urologic Practice ?



# Current Workforce Trends



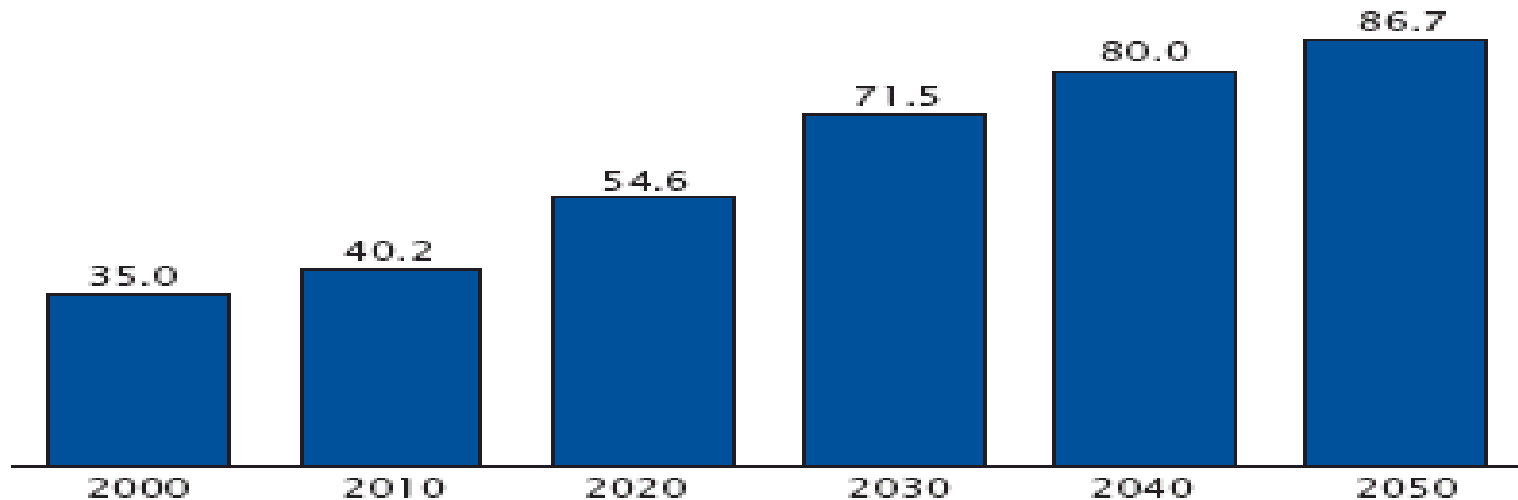
# Special Report From NIH 12/2005

## 65+ in the United States 2005

Figure 2-5.

### Population Aged 65 and Over: 2000 to 2050

(In millions)



Note: The reference population for these data is the resident population.

Sources: 2000, U.S. Census Bureau, 2001, Table PCT12; 2010 to 2050, U.S. Census Bureau, 2004. For full citations, see references at end of chapter.



# The Impending Shortage

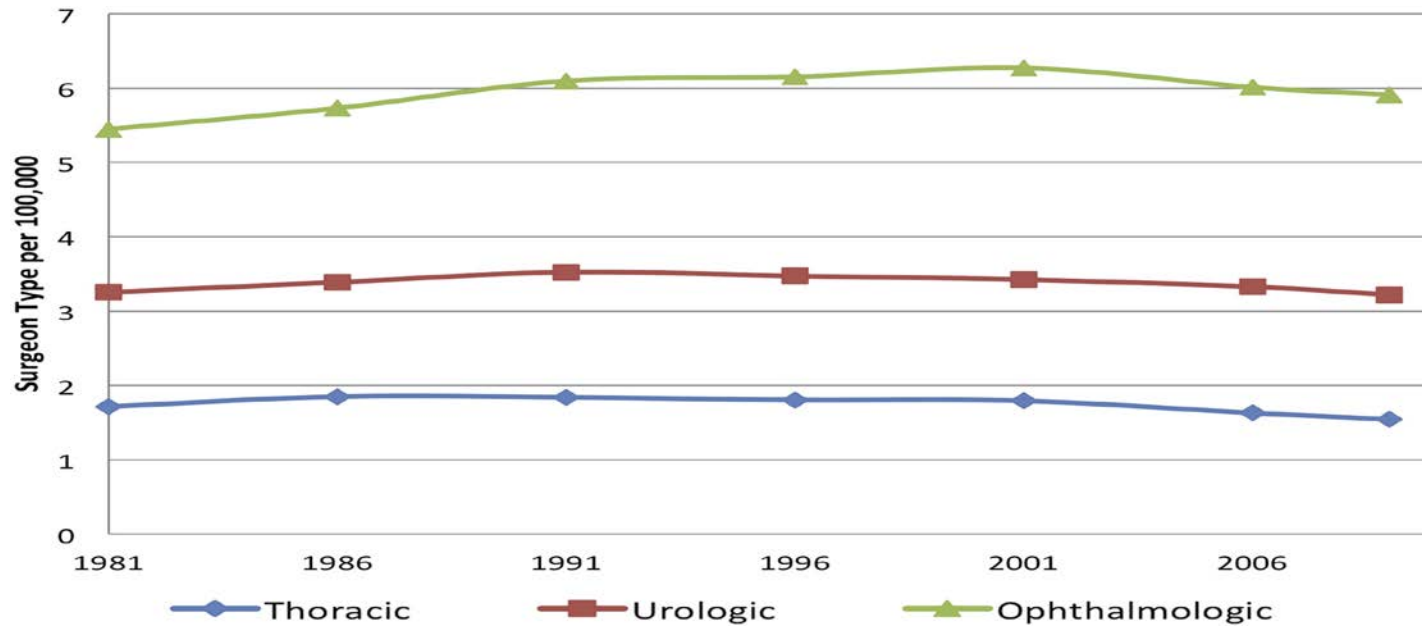
**TABLE 3.** Estimated Shortage of Surgeons by 2030

Specialty	Surgeons Needed	Surgeons in Practice	Shortage	Percent Shortage
OB-GYN	50,135	36,499	13,636	27.0%
ENT	11,502	8986	2516	22.0%
Ortho	23,660	19,305	4355	18.0%
General	27,300	24,775	2525	9.0%
Urology	12,048	8164	3884	32.0%
Neuro	3858	3630	228	6.0%
Thoracic	5169	3175	1994	39.0%
	Total	133,672	104,534	29,138

Williams et al *Annals of Surgery* • Volume 250, Number 4, October 2009



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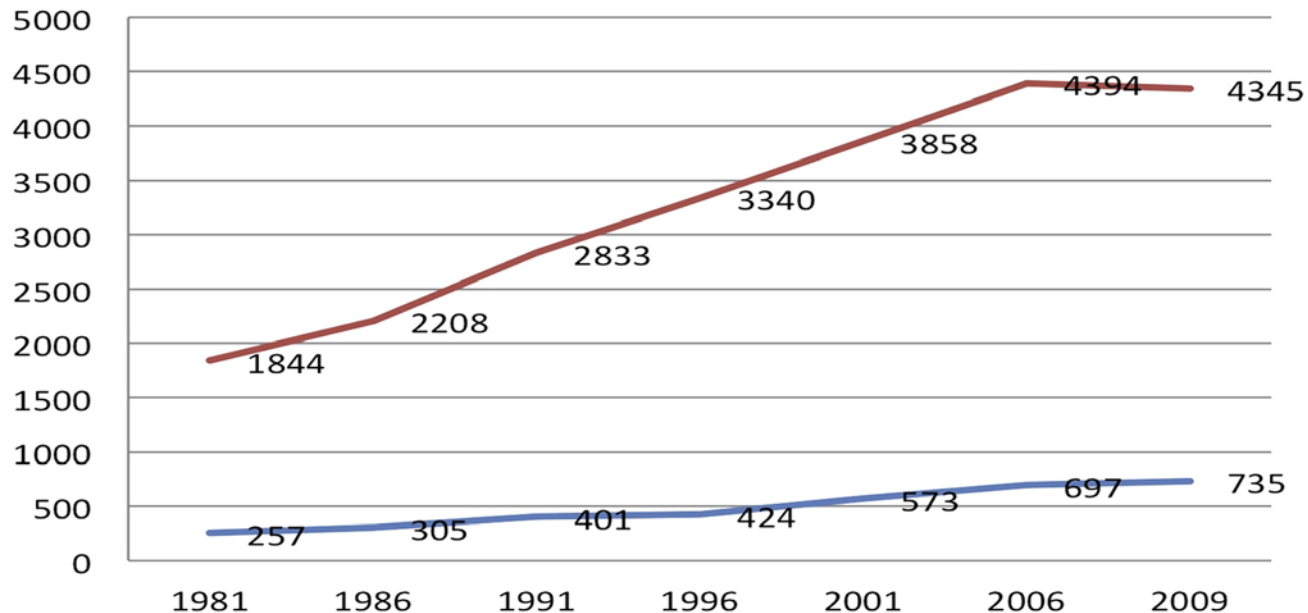
Decline in thoracic, urologic, and ophthalmologic surgeons per capita (1981-2009)

Raj S. Pruthi, Simon Neuwahl, Matthew E. Nielsen, Erin Fraher **Recent Trends in the Urology Workforce in the United States** Urology Volume 82, Issue 5 2013 987 – 994  
<http://dx.doi.org/10.1016/j.urology.2013.04.080>



# Aging Workforce: Urology

- Nearly 50% of Urologists are over the age of 55



The aging urology workforce: ■ over 55  
■ over 70

Raj S. Pruthi , Simon Neuwahl , Matthew E. Nielsen , Erin Fraher Recent Trends in the Urology Workforce in the United States  
Urology Volume 82, Issue 5 2013 987 - 994



# What are the Current Trends for APPs in Urology?





# APPs in Urology

- AUA workforce survey 2013
  - 62% partnered with NP/PAs
    - Highest among academics at 80%
    - Lowest among self-employed at 52%
  - Estimated 8,000 APNs/PAs working in urology practices
    - 4,002 Physician Assistants
    - 3,338 Nurse Practitioners
    - 411 Clinical Nurse Specialists



# Urology Practice September 2017

## **Advanced Practice Providers in U.S. Urology: A National Survey of Demographics and Clinical Roles**

Joshua P. Langston, MD<sup>1</sup>; Venetia L. Orcutt, PhD, PA-C<sup>2</sup>; Angela B. Smith, MD, MS<sup>3</sup>; Heather Schultz, RN, MSN, FNP-C<sup>3</sup>; Brad Hornberger, MPAS, PA-C<sup>4</sup>; Allison B. Deal, MS<sup>5</sup>; Todd J. Doran, Ed.D, PA-C<sup>6</sup>; Maxim J. McKibben, MD<sup>3</sup>; E. Will Kirby, MD<sup>3</sup>; Matthew E. Nielsen, MD, MS<sup>3</sup>; Chris M. Gonzalez, MD, MBA<sup>7</sup>; Raj S. Pruthi, MD<sup>3</sup>



# Survey Design

- 29-item, web-based survey, sent to:
  - American Urological Association (AUA)
  - Urological Association of Physician Assistants (UAPA)
  - Society of Urologic Nurses and Associates (SUNA)
- 296 APPs completed the survey, out of 1,347 email addresses
  - 22% response rate
  - List denominator inclusive of duplicates
- Analyses included descriptive statistics, nonparametric procedures (Kruskal-Wallis), and regression models.



Demographics	% Respondents (n=296)
Physician Assistants	38%
Male	40%
Female	60%
Nurse Practitioners	62%
Male	4%
Female	96%
Age, median	46 years
Years in Clinical Practice	
0 – 5 years	32%
6 – 10 years	20%
11 – 15 years	19%
> 15 years	30%
Years in Urology Practice	
0 – 5 years	41%
6 – 10 years	27%
11 – 15 years	16%
> 15 years	16%
Completed Post-Graduate Training in Urology	6%



# Post-grad Training

- Only 6% reported participating in a formal post-graduate urologic training program, or “residency”, although 75% were “likely” or “very-likely” to recommend this training to new graduates.



# Postgraduate Training Programs in Urology

- **Rosalind Franklin University/Chicago Medical School**

- <http://www.nmuadocs.com/pa> (UNSURE IF STILL ACTIVE)

- **UT Southwestern Medical Center**

- <http://www.utsouthwestern.edu/education/medical-school/departments/urology/education-training/residency-program/pa-postgrad.html>

- **Carolinas Healthcare System**

- <http://www.carolinashealthcare.org/center-for-advanced-practice-urology>

- **Emory University**

- [http://www.urology.emory.edu/academic\\_programs/Residency%20-%20PAs.html](http://www.urology.emory.edu/academic_programs/Residency%20-%20PAs.html)

- **USC**

- <http://urology.keckmedicine.org/fellowship-programs/>

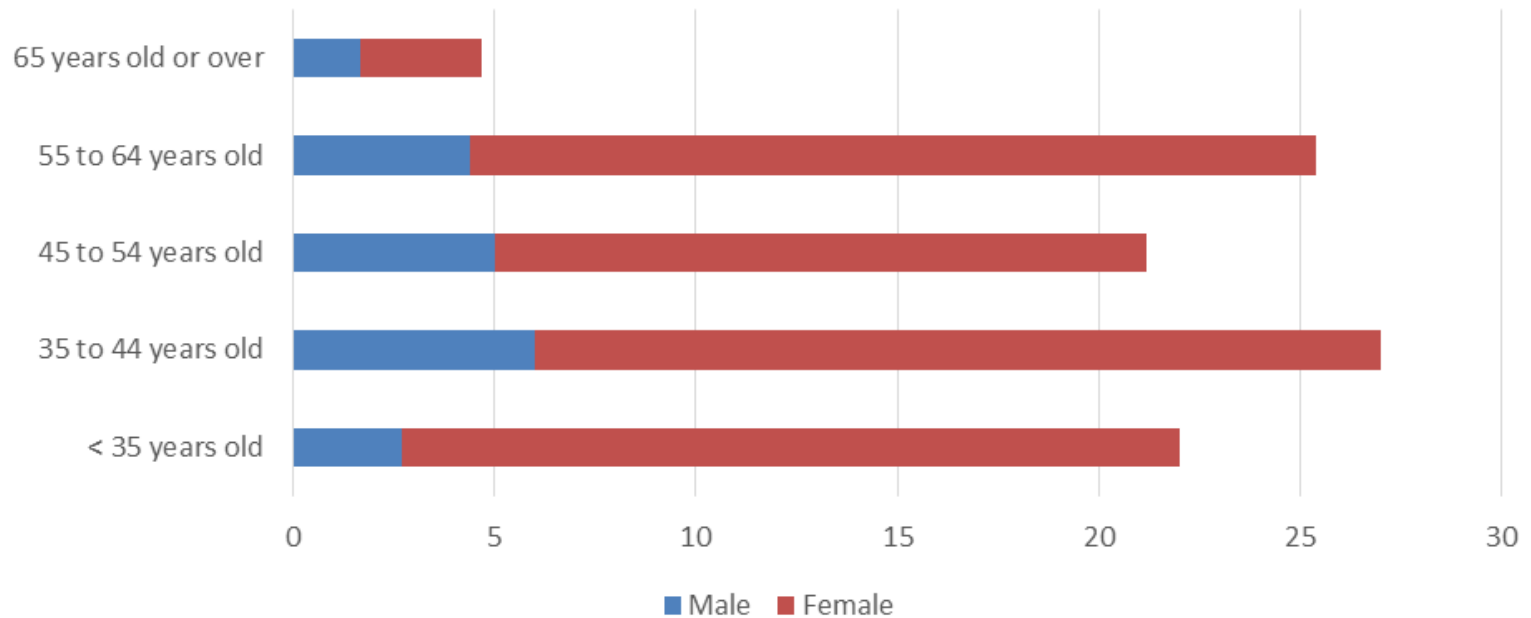
- **Mayo Clinic**

- <http://academic.son.wisc.edu/studentnet/Job%20Posts/Mayo%20Clinic%20-%201.27.17.pdf>

<http://www.appap.org/>



## Percentage of APPs by Age Group and Gender



Practice Model	% Respondents (n=296)
<b>Institutional Setting</b>	46%
University/Academic	18%
Hospital employed (owned/inpatient only)	20%
Government	8%
<b>Private</b>	48%
Solo Urologist	5%
2-9 Urologists	25%
>10 Urologists	16%
Independent Practice	2%
Other (Research, OR only, Surgical Center, other)	6%
<b>Practice Setting</b>	
Rural	9%
Suburban	38%
Urban	53%
<b>Supervising Physician Age</b>	
35 – 45 years	29%
46 – 55 years	52%
> 56 years	19%





# Practice Location by AUA Section

AUA Section	APP Distribution (%)	MD Distribution* (%)
Northeastern	4.9	4
New England	5.2	5.8
New York	9.6	8.4
Mid-Atlantic	<b><u>4.3</u></b>	<b><u>10.3</u></b>
Southeastern	19.6	21.3
North Central	<b><u>23.6</u></b>	<b><u>17.8</u></b>
South Central	15.4	13.7
Western	17.1	18.8

- 9% working in self-described rural locations
  - 2015 AUA Census = 2% of MDs work in rural locations



# Percent Time Independent Practice

Visit Type	% of time spent in clinical setting	% of time working Independently
Ambulatory Clinic	73.4	74.2
Inpatient Care	9.4	30.3
Procedures	8.2	37.0
Administration	9	*



# Practice Setting (Ambulatory, Inpatient, OR)

- Males spent 16% less time in clinic than females and were 8% more likely to spend time in the operative setting ( $P < 0.001$ ,  $< 0.002$  respectively).
- Those in rural practice spent 17% more time in clinic than urban practitioners, while those in suburban practice spent 9% more time in clinic than their urban colleagues ( $P = .01$ ,  $.02$  respectively).
- Geographic location, post-graduate training, APP age, practice model, and practice size did not have a significant impact on APP practice setting.



# Integration Resources



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# Consensus statement

The screenshot shows a web browser window with the URL [auanet.org/advocacy/advocacy-by-topic/advanced-practice-providers](http://auanet.org/advocacy/advocacy-by-topic/advanced-practice-providers). The page is titled "Advanced Practice Providers" and is part of the "Advocacy by Topic" section. The main content area includes a breadcrumb trail: Home > Advocacy > Advocacy by Topic > Advanced Practice Providers. The title "Advanced Practice Providers" is prominently displayed. Below the title, a paragraph states: "In 2013, the AUA Board of Directors formed an ad-hoc group of urologic providers to develop a consensus statement on Advanced Practice Providers. The statement provides guidance to AUA members on incorporating advanced practice providers into various urologic settings, examining issues such as reimbursement, billing, federal and state regulations, and the role of telemedicine. Additionally, it includes several sample patient scenarios to illustrate examples of urologic provider teams in different settings." A sub-section titled "Advanced Practice Provider Resources" lists two items: [AUA Consensus Statement on Advanced Practice Providers: Full Version \[pdf\]](#) and [AUA Advanced Practice Providers Checklist \[pdf\]](#). On the right side of the page, there are two promotional banners. The top one is for the "AUA New Muscle Invasive Bladder Cancer Guideline" scheduled for June 20 & 26, 2017, and is part of a "FREE Educational Series". The bottom one is for the "2017 REGIONAL CODING SEMINAR" held on July 21-22 in Las Vegas, NV. The left sidebar contains a navigation menu with categories like "Advocacy", "Policy Blog", "Bladder Health", "Choosing Wisely", "Independent Payment Advisory Board", "In-Office Ancillary Services Exception", "MACRA and Quality Payment Program", "Physician Payment and Coverage Issues", "Patient Access to PSA Testing (USPSTF Reform)", "Patient Safety", "Physician Quality Reporting System (PQRS)", "Prior Authorization", "Transparency of Practice Data", "Urology/Cancer Research Funding", and "Workforce/Graduate Medical Education".



AUA Consensus Statement on

# ADVANCED PRACTICE PROVIDERS

## Consensus Statement on Advanced Practice Providers

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# APP Checklist

## APP Employment Checklist

COMPLETED

1	APP's Degree or Certificate of Education reviewed and verified	
2	APP's State Licensure verified	
3	Medicare enrollment through Provider Employment, Chain, and Ownership System completed including Benefit Reassignment	
4	Prescribing privileges obtained from proper authorities	
5	Hospital privileges obtained for each applicable hospital	
6	Provider agreements with commercial insurers completed and signed	
7	Employment agreement negotiated and executed	
8	Memorandum of understanding on supervisory relationship reviewed and signed between supervisory physician and APP	
9	Rules pertaining to "incident to" billing reviewed with APP and supervising physicians	
10	State scope of practice regulations reviewed	
11	Announcement of employment provided to all referring physicians	
12	Verification of professional liability coverage	
13	Development of urology-specific training program and goals	
14	Discussion on how physicians and staff will address APPs in the office (first name, prefix, etc)	
15	Discussion on how patients will be introduced to APPs (Mr. Smith; our NP, Mr. Smith; etc)	



# AUA Consensus Statement: Levels 1,2,3

file:///C:/Users/Heather/Desktop/AUA-Consensus-Statement-Advanced-Practice-Providers-Full.pdf

The following skills have been adapted from the review by Crecelius and colleagues.<sup>10</sup>

**Level 1 skills**

8

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This is a highly skilled clinician. The physician and APP will likely communicate routinely via distance communication such as progress notes or telecommunication. Notification of changes to treatment plans or a new significant diagnosis usually occurs promptly by HIPAA-compliant methods. Given the competent skill set, this APP physician team can focus on care collaboration. As highly skilled members of the care team, they are often responsible for quality improvement initiatives. Families, patients, and staff will probably trust the APP and physician equally. This team is ready to conduct educational sessions pertinent to urologic health.

**Level 2 skills**

This skill set may describe an APP new to urology. The APP possesses basic knowledge and under mentorship of a urologist is expected to mature to Level 1 skills over time. The role of the physician is to verify, validate, and provide constructive feedback. This can be provided via telephone for most circumstances, but ideally some time should be spent face-to-face. The APP will benefit from opportunities to enhance diagnostic and therapeutic skills in caring for complex patients with multiple or complex urologic conditions and those with multiple medical comorbidities. Before talking with families and patients about more complicated interventions or weighing options, the APP may want to discuss and coordinate with the physician and plan the ideal approach for this communication with the patient or their family. The physician will want to be clear on what to delegate to the APP and to make sure that the APP is comfortable with this level of intervention. Trust between the APP and the patient, family, and staff should grow as the skills develop. Continuing education workshops where the APP learns from other skilled practitioners will be helpful (e.g., APP sessions at AUA national meetings).

**Level 3 skills**

This may describe the newly graduated APP who is also new to urology. Level 3 describes the APP whose skill set in managing urologic conditions is immature. Supervising this APP is essential to ensure safe care. This APP may have difficulty triaging multiple complaints and determining which clinical course is best. The physician will initially want to personally examine





# Medicare Policy: “Incident-to”

- Physician perform initial service
  - Actively involved in course of treatment
- Physician must be immediately available
- Must be in physician’s office
  - Hospital inpatient services do not qualify



# Urologic APP Education



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# New Cleveland Clinic modules [auanet.org/university/app](http://auanet.org/university/app)

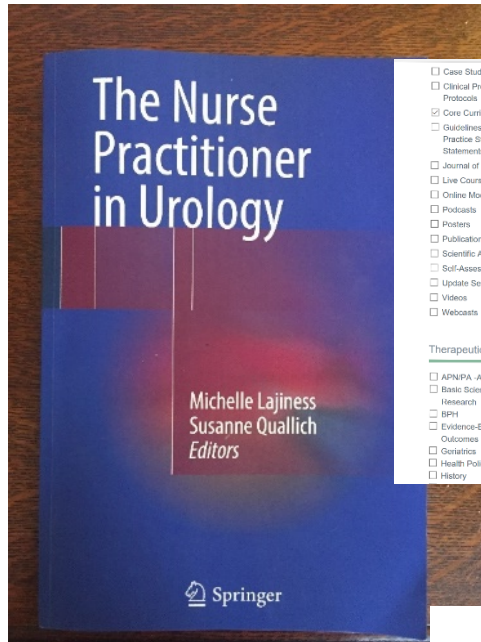
The screenshot shows the AUA University website interface. At the top, there is a navigation bar with the AUA logo and the text "American Urological Association Education & Research, Inc." and "AUA University". Below this is a search bar and a "Logout" button. A blue banner contains a welcome message: "Welcome to the new AUA.net. We recently re-launched our website, which included an upgrade to the site's ecommerce platform. As a result, you may experience challenges logging in or purchasing/downloading products. If you do, please contact customer service at: 410-689-3700 or via email: CustomerService@auanet.org. We appreciate your patience as we work to resolve these issues." Below the banner is a sidebar with "Information Types" and a list of checkboxes for various content types. The main content area is titled "Educational Search" and shows "22 Records Returned". Under the "APN/PA Modules" section, four modules are displayed as blue boxes, each with a title and "0.25 Credit(s)":

- AUA Advanced Practice Provider Core Curriculum: Penile Anomalies
- AUA Advanced Practice Provider Core Curriculum: Testicular Neoplasm
- AUA Advanced Practice Provider Core Curriculum: Premature Ejaculation
- AUA Advanced Practice Provider Core Curriculum: Medical Treatment of Erectile Dysfunction

#	Topic
1	Neuropathic bladder
2	Hypogonadism (Testosterone)
3	OAB Syndrome - Evaluation & Management
4	Hematuria and Microhematuria
5	Screening Smarter for Prostate Cancer
6	Painful Bladder Syndrome and Interstitial Cystitis
7	STD's and Prostatitis
8	Urodynamics Basics
9	Clinically Insignificant Stone Fragments
10	Urological Emergencies
11	Benign Prostatic Hyperplasia
12	Female Incontinence*
13	Kidney Stones
14	Testicular mass
15	Premature Ejaculation
16	UTI/CAUTI
17	Medical treatment of erectile dysfunction
18	Penile anomalies



# Urologic APP Education



Case Study  
 Clinical Problem Solving Protocols  
 Core Curriculum  
 Guidelines, White Papers, Best Practice Statements and Policy Statements  
 Journal of Urology  
 Live Courses  
 Online Modules  
 Podcasts  
 Posters  
 Publications  
 Scientific Abstracts  
 Self-Assessment Study Program  
 Update Series  
 Videos  
 Webcasts

**Educational Search**

**Core Curriculum**

**The Core Curriculum Offers:**

- The most comprehensive urologic reference
- A resource for daily patient care information
- A tool for lifelong learning for all urologists

**Therapeutic Area**

APNPA Allied Track  
 Basic Sciences / Physiology / Research  
 IAHN  
 Evidence-Based Medicine / Outcomes  
 Geriatrics  
 Health Policy  
 History

**Anatomy & Physiology**  
 Anatomy & Physiology Bladder and Voiding

**Anatomy & Physiology**  
 Bladder

**Anatomy & Physiology**  
 Kidney, Adrenal, Ureter

**Anatomy & Physiology**  
 Penis and Foreskin

**Anatomy & Physiology**  
 Prostate and Seminal Vesicle

**Anatomy & Physiology**  
 Renal, Upper Tract Obstruction

**Anatomy & Physiology**  
 Testis, Epididymis, Vas Deferens

**BPH**

**Business / Communication**

**Business / Communication**

**EBP**

## Competencies for the Nurse Practitioner Working with Adult Urology Patients

Susanne A. Quallich, Sherry M. Bumpus, and Shelley Lajiness

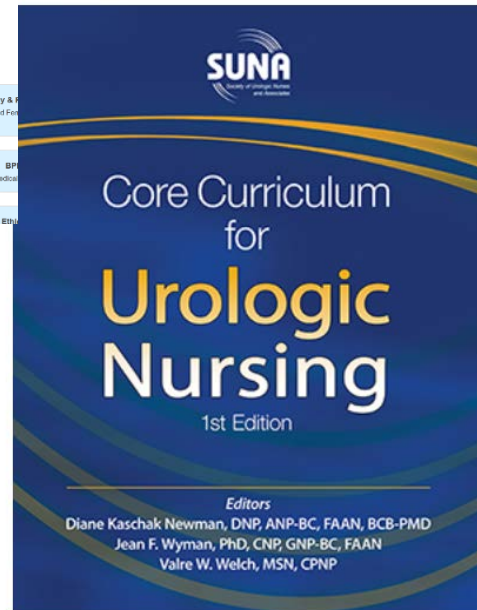
It is widely recognized that with the aging population in the United States there is a growing need for urologic care that exceeds the capacity of presently available urologists (American Urological Association [AUA], 2014). Nurse practitioners (NPs) are ideally situated to fill this mounting need that has been created, in part, by changes in resident training programs and funding for graduate medical education. In response to this need, the AUA (2014) has published a consensus statement on the role of advanced practice providers (APPs) (NPs and physician assistants) within the specialty. However, the only urology competencies that exist are from the Milestones project for assessing and evaluating resident physicians, and are not constructed for NP practice (see Table 1) (Accreditation Council for Graduate Medical Education [ACGME]

© 2015 Society of Urologic Nurses and Associates

Quallich, S.A., Bumpus, S.M., & Lajiness, S. (2015). Competencies nurse practitioner working with adult urology patients. *Urologic Nursing*, 33(5), 221-230. doi:10.7257/1053-916X.2015.35.5.221

The role of the nurse practitioner (NP) has expanded into specialty domain document proposes 24 competencies specific to the urology NP, which is consistent with the recommendations of National Organization of Nurse Practitioner Faculties (NONPF) and complement the American Urological Association (AUA) 2014 white paper on the incorporation of advanced practice providers in urology practices. It describes three levels of practice and experience progression for the urology NP working with adult patients, independent of specific clinical settings. These urology-specific competencies supplement and complement the core competencies and population-focused competencies of generalist nurse practitioners.

**Key Words:** Nurse practitioner role, advanced practice providers, advanced practice registered nurse (APRN) consensus model, American Urological Association (AUA).



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# Certification in Urology

- CBUNA certification through SUNA APPs in urology at least 2 years



# Meetings



# APP Education Meeting

- Western Section meeting
- SUNA Annual meeting
- UAPA Annual meeting
- AUA annual meeting 2017 Free day ½ program
  - 177 APP participants



# What are the trends with APPs and Procedures?





# Independent Performance of Procedures

	Percentage APPs Performing Procedure
High Complexity	
Cystoscopy: Diagnostic or Cancer Surveillance	8
Transrectal Ultrasound: Biopsy	6
Xiaflex Injections	3
Circumcision	2
Cystoscopy: Bladder/Prostate Botox Injection	2
Cystoscopy: Bladder Biopsy	2
Vasectomy	1



# Independent Performance of Procedures

		Percentage APPs Performing Procedure
High Complexity	Intermediate Complexity	
Cystoscopy: Diagnosis	Percutaneous Tibial Nerve Stimulation	31
Transrectal Ultrasound	LHRH Antagonist Insertion	28
Xiaflex Injections	Priapism Injection Treatment	21
Circumcision	Cystoscopy for Stent Removal	18
Cystoscopy: Bladder	Implant Insertion (e.g. Testopel, Vantas)	18
Cystoscopy: Bladder	Aspirate Hydrocele	13
Vasectomy	Cystoscopy for Difficult Catheter Placement	12
	Ultrasound: Renal	6
	Ultrasound: Transrectal (without biopsy)	6
	Ultrasound: Scrotal	4
	Ultrasound: Penile Doppler	4



# Independent Performance of Procedures

			Percentage APPs Performing Procedure
High Complexity	Intermediate Complexity	Low Complexity	
Cystoscopy: Diagnostic	Percutaneous Tibial Nerve Stimulation	Bladder Installations	56
Transrectal Ultrasound	LHRH Antagonist Insertion	Intracavernosal Injections for Erectile Dysfunction	43
Xiaflex Injections	Priapism Injection Treatment	Urodynamics Interpretation	36
Circumcision	Cystoscopy for Stent Removal	Urodynamics (Place catheters and perform test)	31
Cystoscopy: Bladder	Implant Insertion (e.g. Testosterone)	Chemotherapy Injections	29
Cystoscopy: Bladder	Aspirate Hydrocele	Neuromodulation with Interstim Programming	27
Vasectomy	Cystoscopy for Difficult Catheterization	Pelvic Floor Muscle Rehabilitation +/- biofeedback	26
	Ultrasound: Renal		
	Ultrasound: Transrectal (with Doppler)		
	Ultrasound: Scrotal		
	Ultrasound: Penile Doppler		4



# Procedures

- APPs in private practice were significantly less likely to perform moderate/high complexity procedures independently compared to those in academic practice (OR: 0.45 [0.23, 0.89]).
- Geographically, those in the AUA Northeast Section were less likely to perform moderate/high complexity procedures independently (OR: 0.26 [ 0.05, 1.395]), but this did not reach statistical significance



**The Expanding Role of Advanced Practice Providers in Urologic Procedural Care**

Joshua P. Langston, MD<sup>1</sup>; Richard Duszak Jr. MD<sup>2</sup>; Venetia L. Orcutt, PhD, PA-C<sup>3</sup>; Heather Schultz, RN, MSN, FNP-C<sup>4</sup>; Brad Hornberger, MPAS, PA-C<sup>5</sup>; Lawrence C. Jenkins, MD, MBA<sup>6</sup>; Jennifer Hemingway, MS<sup>7</sup>; Danny R. Hughes, PhD<sup>8</sup>; Raj S. Pruthi, MD<sup>4</sup>; Matthew E. Nielsen, MD, MS<sup>4</sup>

**Urology (Gold Journal) 2017, ePub.**

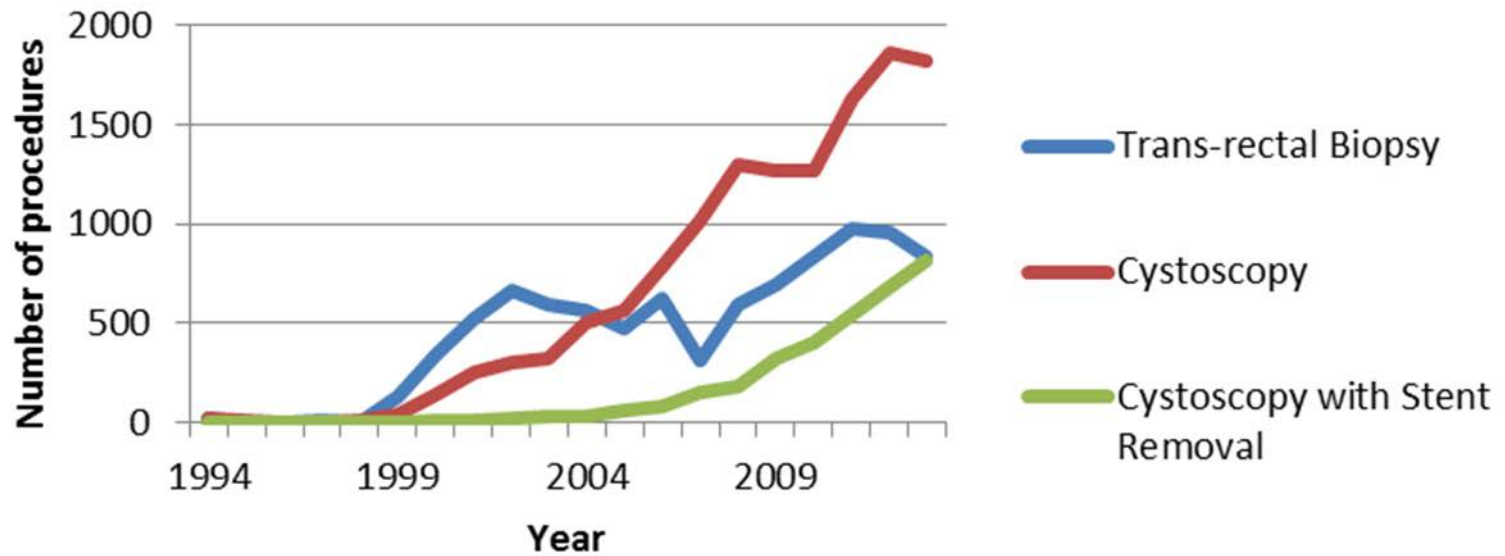


# Study Design

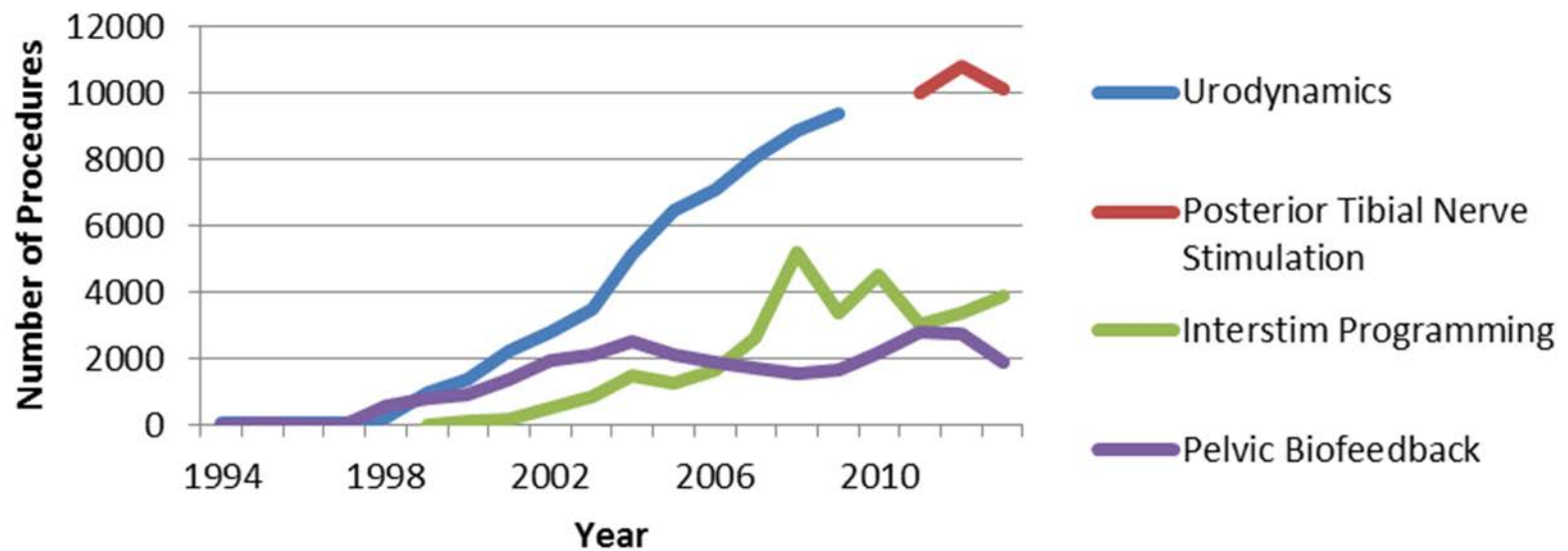
- Medicare Physician Supplier Procedure Summary (PSPS) Master Files from 1994 through 2013 from CMS were linked to common urologic procedure codes. (CPT)
- PSPS Master Files include all claims for all beneficiaries in the traditional Medicare fee-for-service program, which currently represents approximately 71% of all Medicare medical insurance enrollees
- Queries were performed for procedures performed by APPs



## High Complexity Procedures



## Voiding Dysfunction Procedures





# How to integrate APP in to procedures



# Questions to keep in mind

1. Is this part of my practice agreement with my supervising/collaborating physician?
2. Does the state and practice I work in allow me to perform procedures?
3. If I am allowed is there any training/tracking of progress that is required by either my state or practice?
4. Do I work in a supportive environment that will be willing to teach the skill?
5. How would I incorporate this skill into my practice and is there a need?
6. What does reimbursement look like



# Procedural Training

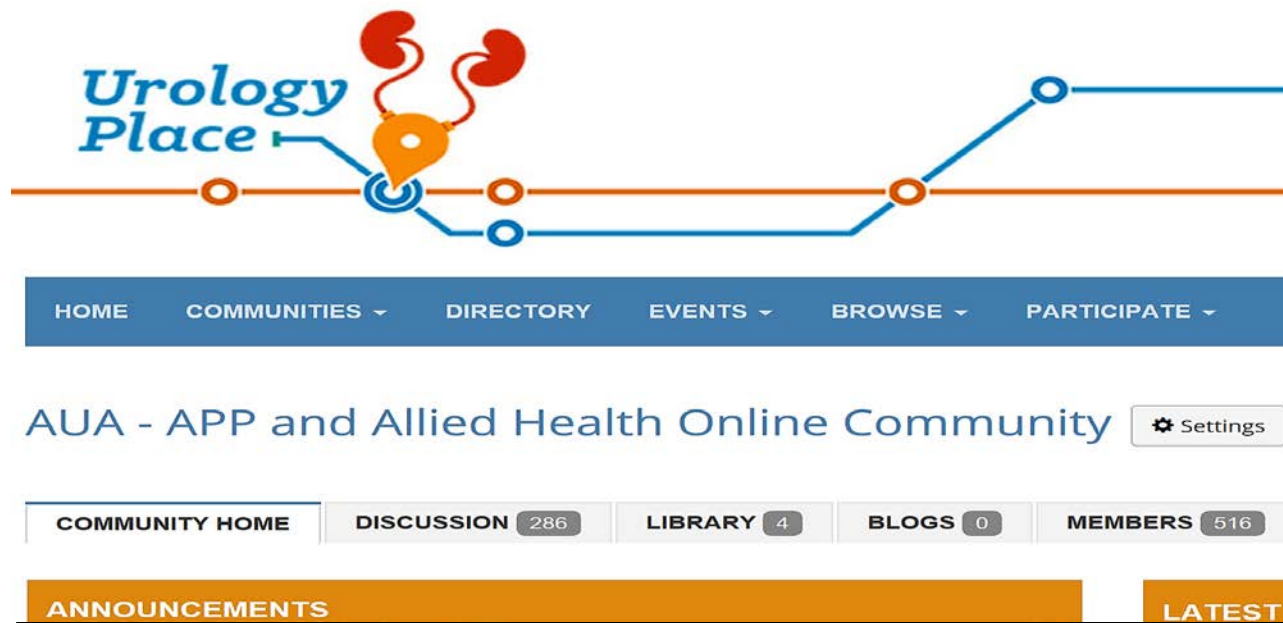
- Fellowships
- SUNA annual meeting
- UAPA annual meeting
- AUA annual meeting



# Other Resources for Urologic Team



# Urology Place Blog New 2017



<http://community.auanet.org/home>



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# APP Integration Course AUA

- 005IC: Successful Integration of Advanced Practice Nurses and Physician Assistants into Urology Practice
  - Friday, May 12<sup>th</sup>



# Future APP Development AUA

- Hands on Course Development
- Section Involvement
- APP involvement on AUA committees
- APP Novice Certificate Program



# APP Plenary Session 2018 AUA



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# Questions?



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