**FTE Request Evaluation Application for APP**

Office Use Only:

Application # \_\_\_\_\_\_

Date:       Requesting Department & Division:       *(Should be SOM, clinical Dept)*

TimeTrex designee/approver:       Practice manager/service line leader:

Key contact for questions:       email:       phone #:

APP type:  *NP*  *PA* *CPP* *CNM*

Type of request:   *New*  *Vacancy*  *Status Change*

*If vacancy, credentialed name of APP vacating position:* Date of vacancy:

**Funding Source:**

Human Resources Payroll source?  *University (Faculty appt) OR*  *Health Care System*

Funding sources: SOM acct #:

Budget status:  *Budgeted &* *Approved which FY?*       *Not Budgeted*  *Grant Funded*

FTE request: (count/number of APPs):       Department Suggested Level: 1  2  3

**Clinical Activity & Billing**

**Describe roles/responsibilities.** Explain roles/responsibilities of this position. Include current work and any new patient volume. If work cannot be completed/absorbed by current staff/faculty, residents or expansion of residents please include why not.

**Funding:** How will this position be funded (Check all that apply):

|  |  |  |
| --- | --- | --- |
| Independent APP wRVUs and billing | | |
| Current wRVUs (annual): | Projected wRVUs (annual): | Revenue generated from wRVUs: $ |
| Increase in physician wRVUs | | |
| Current wRVUs (annual): | Projected wRVUs (annual): | Incremental revenue generated from wRVUs: $ |
| Cost savings (*e.g.* *reduced readmissions*) | | |
| Describe metric affected: | | |
| Current metric rating: | Projected impact: | Fiscal impact of change in metric: $ |
| Grant/research funding: |  |  |
| Describe funding source: | Length of funding guarantee: | Amount of grant funding: $ |
| Other (describe): | | |

**Briefly describe the financial benefits to the HCS:**

**Associated units, clinics, or service lines:**       **Inpatient/outpatient/both**:       Supervising MD:

**Targeted clinical start date:**       **Targeted Med Staff Services (credentialing) application date:**

*(Based on orientation schedule)**(Must include all signed documents; minimum of 90 days prior to start date)*

**Projected breakdown of APP effort: Will the APP bill independently in their own name?**  **Yes**  **No**

|  |  |
| --- | --- |
| **Medicare Part A**  Instruction and Supervision  (Non-Patient Care) w/Residents       %    Instruction of/Acting as Hospital Staff  in Inpatient/Outpatient Setting       %  Hospital Services in Hospital Based Clinic       %  Case Mgmt/Pt Ed related to Hosp Activities       %  Hospital Committees       % | **Medicare Part B**  Direct Medical/Surgical Services to  Patients (w/ or w/o residents)       %  Clinical Admin (Department, Clinic  Specific and UNC P&A Committees)       %  UNC School of Medicine  and other University Activities       %  **TOTAL\***       %  (\*both columns should add up to 100%) |

**Key clinical performance metrics at specialty level** *i.e. how will you demonstrate success of this position* *(Check all that apply)*

|  |  |  |
| --- | --- | --- |
| **Metric** | **Current** | **Target** |
| Improve patient access |  |  |
| Time to third appointment |  |  |
| Patient wait time |  |  |
| Time to follow-up/discharge appointment |  |  |
| Improve throughput |  |  |
| Increase number/efficiency of discharge orders |  |  |
| Quality and satisfaction |  |  |
| Decrease LOS |  |  |
| Readmission rate |  |  |
| Patient satisfaction |  |  |
| Other metrics (describe): |  |  |
| Financial |  |  |
| Increase physician productivity/revenue |  |  |
| Increase volumes/procedures (describe): |  |  |
| Reduce cost/expense (describe):  (e.g. *reduce readmission penalty, replace higher cost provider*) |  |  |
| Growth/strategic |  |  |
| New services (describe): | --- | Expected Volume: |
| New site (describe): | --- | Expected Volume: |
| Provider workload/satisfaction |  |  |
| Productivity of providers |  |  |
| Provider workload |  |  |
| Provider turnover |  |  |
| Provider satisfaction |  |  |
| Time to full panel |  |  |
| Other metric (describe): |  |  |

**Explain how/where metrics above were pulled:**

**Timeline for expected achievement of metric(s) listed above:**

**I have reviewed & approved this application, agreeing the position is clinically relevant & financially necessary.**

Chair/ACA: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Printed name:

Vice President**\***#1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:       **Hospital Acct #1**

Printed name:

Vice President**\***#2: (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:       **Hospital Acct #2**

Printed name:

**Application reviewed, approved and cleared to post position**  *Yes  No*

APP Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

*Submit Completed Application/Questions to the APP Center at:* [*appcenter@unchealth.unc.edu*](mailto:appcenter@unchealth.unc.edu)