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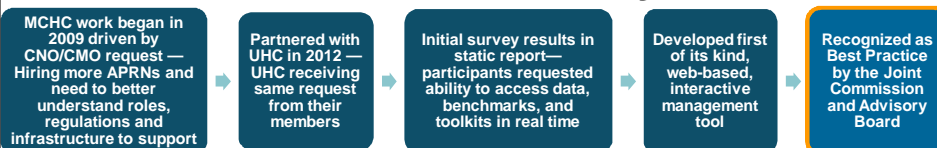
Advancing Provider Practices:
The CAP2 Project and Database

CAP2 History

| MCHC work began in 2009 driven by CNO/CMO request — Hiring more APRNs and need to better understand roles, regulations and infrastructure to support | Partnered with UHC in 2012 — UHC receiving same request from their members | Initial survey results in static report— participants requested ability to access data, benchmarks, and toolkits in real time | Developed first of its kind, web-based, interactive management tool | Recognized as Best Practice by the Joint Commission and Advisory Board |

Evolving Models of Care

Patients Entering Health System

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Introducing CAP2

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Building Effective Provider Teams

Goals of CAP2: To optimize the practice of APRNs (nurse practitioners, midwives, and nurse anesthetists) and PAs to reduce costs and improve patient outcomes and experience, and improve organizational process

Goals are achieved by educating key stakeholders on:
1. Today's reality – what your practice is and how it compares to your competitors
2. Scope of practice laws.. What practice is able to look like consistent with law
3. How to expand current practice and remain within the law
4. How to streamline practice and privileging processes
5. How to build the structure to insure integration, optimization and satisfaction for all

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Building Effective Provider Teams

What does CAP2 Provide
1. **Comparator Data-Base to evaluate your organization & your health system against others in your state and against the full database**
2. **Tools to assist in the management of APRNs / PAs including:**
   1. HR tools – job descriptions, onboarding, evaluation tools, salary data, recruiting tools, job posting guidelines, interview process guidelines, orientation checklist
   2. Billing and Reimbursement – audit to assess billing processes/practices
   3. Privileging and Credentialing – sample privilege lists for 50 specialties, credentialing checklists, sample process for adding privileges
   4. Competency Assessment – assessing and standardizing APRN and PA scope of practice as appropriate
3. **CAP2 Solutions – National Workgroups, National List-serve**

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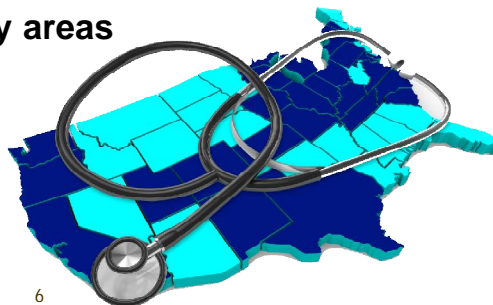*A National Collaboration of UHC and MCHC*

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What is Assessed Through the Database?

- **Organizational Assessment –**
  - **Number of beds**
  - **Type of controls (faith based, county, public district, state funded, large system, governmental org)**
  - **Does your org employ APRNs? … PAs?**
  - **How is compensation determined?**
  - **How is competency assessed?**
  - **How is productivity tracked?**
  - **Billing and reimbursement processes**
  - **Etc…**
- **Core and Specialty Practice privileging process and what is being privileged**
- **The system has moved into the ambulatory arena in November of 2014**

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Who is in the CAP2 Database?

- **Data represents:**
  - **125 organizations *(hospitals, healthcare systems, academic medical centers)***
  - **Over 19,000 APRNs and PAs**
  - **25 different states**
  - **50 different specialty areas**
  - **And growing**

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Assess Utilization

Specialty	Practitioner	CAP2 Database			Holy Mary Mother of God -Health Care System		
		# Hospitals	# Practitioners	Avg / Hospital	# Hospitals	# Practitioners	Avg / Hospital
Internal Medicine	APRN	94	924	9.83	2	16	8.00
Anesthesia	APRN	113	3640	32.21	3	20	6.67
Cardiology	APRN	90	692	7.69	2	8	4.00
Education	APRN	38	141	3.71	1	4	4.00
Intensive Care	APRN	75	666	8.88	3	6	2.00
Emergency Medicine	APRN	88	491	5.58	4	8	2.00
Hematology/Oncology/Bone Marrow	APRN	75	885	11.80	1	1	1.00
Cardiovascular Surgery	APRN	67	330	4.93	2	2	1.00
Endocrinology	APRN	53	144	2.72	1	1	1.00
Neurology	APRN	73	193	2.64	1	1	1.00
Gastroenterology/ Endoscopy/Hepatology	APRN	61	159	2.61	2	2	1.00
Geriatrics	APRN	48	105	2.19	3	3	1.00
Breast Health	APRN	33	64	1.94	1	1	1.00
Infectious Disease	APRN	47	83	1.77	1	1	1.00
Electrophysiology	APRN	32	43	1.34	1	1	1.00
Neonatal	APRN	60	565	9.42	0	0	0.00
Family Medicine	APRN	78	449	5.76	0	0	0.00
Neurosurgery	APRN	73	315	4.32	1	0	0.00
Colon/Rectal Surgery	APRN	25	48	1.92	0	0	0.00
Allergy/Immunology	APRN	25	45	1.80	0	0	0.00
Genetics, Birth Defects & Metabolism	APRN	13	22	1.69	0	0	0.00
Bariatric Surgery	APRN	30	40	1.33	0	0	0.00
Dermatology	APRN	25	31	1.24	0	0	0.00
Burns	APRN	24	21	0.88	0	0	0.00
Inflammatory Bowel Disease	APRN	18	14	0.78	0	0	0.00

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Identify Variation

APRN Core Privilege List	CAP2 Database		Holy Mary Mother of God Health Care System								
	# Hospitals Privileging APRNs	% of Total (n*=112)	Hospital A	Hospital B	Hospital C	Hospital D	Hospital E	Hospital F	Hospital G	Hospital H	Hospital I
Write admission orders	77	69%	N	Y	Y	N	Y	N	Y	N	N
Write discharge orders	85	76%	N	Y	Y	N	Y	Y	Y	N	N
Write transfer orders	74	66%	Y	Y	Y	N	N	Y	Y	N	N
Obtain history and physical	101	90%	Y	Y	Y	N	Y	Y	Y	N	N
Order and interpret diagnostic testing and therapeutic modalities	103	92%	Y	Y	Y	N	Y	N	Y	Y	N
Order and perform referrals and consults	90	80%	Y	Y	N	N	N	Y	Y	Y	N
Order blood and blood products	82	73%	Y	Y	Y	N	N	N	N	Y	N
Order and manage conscious sedation	95	85%	Y	Y	Y	N	Y	N	Y	Y	N
Order inpatient non-scheduled medications	83	74%	Y	Y	N	N	Y	N	Y	N	N
Order inpatient scheduled (II-V) medications	39	35%	N	Y	Y	N	N	N	Y	Y	N
Order topical anesthesia	81	72%	N	Y	Y	N	N	N	Y	Y	N
Prescribe outpatient non-scheduled medications	85	76%	Y	Y	Y	N	N	N	Y	Y	N
Prescribe outpatient scheduled (II-V) medications	73	65%	Y	Y	N	N	N	N	N	N	N
Incision and drainage with or without packing	74	66%	Y	Y	N	N	Y	N	Y	Y	N
Other	12	11%	N	Y	N	N	Y	N	Y	N	N

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Achieve Optimization – Top of License

| APRN Core Privilege List | CAP2 Database | | Holy Mary Mother of God Health Care System | | | | | | | | |
	# Hospitals Privileging PAs	% of Total (n*=112)	Hospital A	Hospital B	Hospital C	Hospital D	Hospital E	Hospital F	Hospital G	Hospital H	Hospital I
Write admission orders	77	69%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Write discharge orders	85	76%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Write transfer orders	74	66%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Obtain history and physical	101	90%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Order and interpret diagnostic testing and therapeutic modalities	103	92%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Order and perform referrals and consults	90	80%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Order blood and blood products	82	73%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Order inpatient non-schedule medications	95	85%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Order inpatient schedule (II-V) medications	83	74%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Order conscious sedation	39	35%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Order topical anesthesia	81	72%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Prescribes outpatient non-schedule medications	85	76%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Prescribes outpatient schedule (II-V) medications	73	65%	Y	Y	Y	Y	Y	Y	Y	Y	Y
Incision and drainage with or without packing	74	66%	Y	Y	Y	Y	Y	Y	Y	Y	Y

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Identify Variation – Specialty Privileges

| Specialty | | | Academic Medical Centers | | Northwest General Hospital | Suburban General Hospital | Urban City Hospital | Western County General |
Specialty	Privilege	Practitioner	# Hospitals	% of Total	Privilege	Privilege	Privilege	Privilege
Emergency Medicine	Anterior nasal cautery	APRN	23	43.40%	Y	N	N	Y
Emergency Medicine	Anterior nasal pack epistaxis	APRN	28	52.83%	Y	N	Y	Y
Emergency Medicine	Arterial line insertion and removal	APRN	13	24.53%	Y	N	N	Y
Emergency Medicine	Arterial puncture	APRN	20	37.74%	Y	N	N	Y
Emergency Medicine	Athrocentesis	APRN	12	22.64%	N	N	N	Y
Emergency Medicine	Central line insertion and removal	APRN	13	24.53%	Y	N	N	Y
Emergency Medicine	Digital block	APRN	27	50.94%	Y	N	Y	N
Emergency Medicine	Foreign object removal (eyelid)	APRN	27	50.94%	N	N	N	Y
Emergency Medicine	G tubes, j tubes, small bowel tubes and cecostomy tubes insertion and removal	APRN	12	22.64%	N	N	N	Y
Emergency Medicine	Gynecological exams, including Pap smears	APRN	26	49.06%	Y	N	N	N
Emergency Medicine	Immobilization/splinting/reduction of simple fractures	APRN	33	62.26%	Y	N	Y	Y
Emergency Medicine	Intraosseous needle insertion	APRN	17	32.08%	Y	N	N	Y
Emergency Medicine	Joint Aspiration	APRN	21	39.62%	N	N	N	Y

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Remember…

- Laws and regulations can be changed at the national and state level, **but privileges are granted at the organizational level.**
- CAP2 data illuminates variation (barriers) and can drive optimization (top of license).

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RN Activities Not Requiring Privileges

Are you privileging APRNs for clinical "tasks" that any RN can perform based on state licensure for a registered nurse??

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CAP2 Solution

Activity	CAP2 Database	Illinois
Application & removal of casts, braces, or splints	46 %	33%
Clinical breast exam	18%	8%
Compression wrap for venous disease	14%	8%
Conduct nursing research and participate in interdisciplinary research	21%	25%
Conduct preventative screening procedures	24%	19%
Develop and implement a client education plan	25%	27%
Drain management	28%	21%
Initial care of newborn and assessment	28%	19%
Initiate ACLS to include defibrillation/cardioversion	30%	25%
Initiate BLS (CPR)	30%	21%
Initiate Neonatal ACLS	26%	17%
Performs waived tests (rapid strep, urine dip, blood glucose, etc.)	18%	17%
Placement of synthetic or biological dressings	14%	8%
Removal of casts	34%	23%
Removal of pleural chest tube	28%	21%
Removal of venous access	24%	19%
Update & record changes in health status	32%	33%

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CAP2 CASE STUDIES

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CAP2 Case Study

- **Challenge:**
  Organization wanted to hire an APRN into psychiatry to support behavioral health patients and needed to know the prevalence of this type of role for a medical executive committee meeting…the next day.

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CAP2 Solution

Specialty		CAP2 Database			Holy Mary Mother of God Hospital Healthcare		
Specialty	Practitioner	# Hospitals	# Practitioners	Avg / Hospital	# Hospitals	# Practitioners	Avg / Hospital
Nurse Midwives	APRN	69	485	7.03	2	6	3.00
Obstetrics & Gynecology/Women's Health	APRN	85	468	5.51	4	15	3.75
Occupational Health	APRN	43	77	1.79	0	0	0.00
Ophthalmology	APRN	7	8	1.14	2	4	2.00
Orthopedics	APRN	69	254	3.68	0	0	0.00
Otolaryngology	APRN	37	79	2.14	1	1	1.00
Pain management, Acute or Chronic	APRN	55	108	1.96	0	0	0.00
Palliative Care	APRN	73	190	2.60	1	1	1.00
Pediatrics (General)	APRN	61	374	6.13	1	2	2.00
Physical Medicine & Rehabilitation	APRN	41	82	2.00	1	1	1.00
Plastic & Reconstructive Surgery	APRN	38	55	1.45	3	8	2.67
Prostate	APRN	18	23	1.28	2	5	2.50
Psychiatry	APRN	62	234	3.77	1	2	2.00
Pulmonary	APRN	68	144	2.12	2	4	2.00
Radiology (General), nuclear, Interventional	APRN	49	113	2.31	0	0	0.00
Renal/Nephrology	APRN	47	117	2.49	3	6	2.00
Rheumatology	APRN	25	35	1.40	0	0	0.00
Surgery (General)	APRN	77	366	4.75	3	10	3.33
Transplant (Surgery)	APRN	38	142	3.74	0	0	0.00
Transport	APRN	8	8	1.00	1	3	3.00
Urogynecology	APRN	33	32	0.97	0	0	0.00
Urology	APRN	63	162	2.57	1	2	2.00
Vascular Surgery	APRN	50	78	1.56	1	1	1.00
Wound/Ostomy	APRN	48	52	1.08	1	1	1.00

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CAP2 Case Study

- **Challenge:**
  Organization concerned about lack of anesthesia coverage across the system

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CAP2 Solution

Specialty-Anesthesia		CAP2 Database		State		General Hospital Healthcare		Western County General	Northwest General Hospital	Suburban General Hospital	Urban City Hospital
Privilege	Practitioner	# Hospitals	% of Total	# Hospitals	% of Total	# Hospitals	% of Total	Privilege	Privilege	Privilege	Privilege
Airway management techniques	APRN	93	74.40%	49	73.13%	3	75.00%	N	Y	Y	Y
Appropriate invasive monitoring modalities selection, application and insertion	APRN	84	67.20%	40	59.70%	1	25.00%	N	N	N	Y
Arterial line insertion and removal	APRN	68	54.40%	28	41.79%	1	25.00%	N	N	N	Y
Central line insertion and removal	APRN	61	48.80%	26	38.81%	2	50.00%	N	Y	N	Y
Emergency/ancillary drugs and fluids to maintain physiological homeostasis and to prevent or treat emergencies during the preanesthesia period administration	APRN	83	66.40%	47	70.15%	3	75.00%	N	Y	Y	Y
General anesthesia and adjuvant drugs administration	APRN	90	72.00%	49	73.13%	2	50.00%	N	Y	N	Y
General anesthesia or monitored sedation, regional anesthesia administration and monitoring	APRN	93	74.40%	50	74.63%	3	75.00%	N	Y	Y	Y
Indwelling epidural catheters insertion, reposition and removal	APRN	65	52.00%	34	50.75%	2	50.00%	Y	Y	N	N
Mechanical ventilation/oxygen therapy	APRN	78	62.40%	40	59.70%	3	75.00%	N	Y	Y	Y
Moderate/procedural sedation	APRN	84	67.20%	41	61.19%	1	25.00%	N	N	N	Y
Monitor anesthesia care and patient operated under nerve block	APRN	88	70.40%	47	70.15%	3	75.00%	N	Y	Y	Y
Pulmonary artery catheters placement	APRN	34	27.20%	12	17.91%	1	25.00%	N	N	N	Y
Radial arterial lines insertion and removal	APRN	56	44.80%	26	38.81%	2	50.00%	N	Y	N	Y
Regional anesthesia techniques	APRN	74	59.20%	40	59.70%	1	25.00%	Y	N	N	N
TEE probe under the direct supervision of an anesthesiologist insertion and manipulation	APRN	64	51.20%	32	47.76%	2	50.00%	N	Y	N	Y

Showed significant variation in utilization of CRNAs throughout the system; CNO identified opportunity to support anesthesia gaps with CRNAs.

- **Challenge:**

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CAP2 Solution

Privilege Report - Sedation			Illinois		Database	
Specialty Area	Privilege	Practitioner	# Hospitals	% of Total	# Hospitals	% of Total
Core Privilege	Order conscious sedation	APRN	45	70.31%	93	74.40%
Core Privilege	Order conscious sedation	PA	38	59.38%	84	67.20%
Anesthesia	General anesthesia or monitored sedation, regional anesthesia administration and monitoring	APRN	47	73.44%	93	74.40%
Anesthesia	Moderate/procedural sedation	APRN	40	62.50%	84	67.20%
Anesthesia	General anesthesia or monitored sedation, regional anesthesia administration and monitoring	PA	0	0.00%	5	4.00%
Anesthesia	Moderate/procedural sedation	PA	0	0.00%	11	8.80%
Emergency Medicine	Moderate/procedural sedation	APRN	7	10.94%	21	16.80%
Emergency Medicine	Moderate/procedural sedation	PA	8	12.50%	24	19.20%
Neurosurgery	Moderate/procedural sedation	APRN	2	3.12%	15	12.00%
Neurosurgery	Sedation administration for invasive or bedside surgical procedures	APRN	1	1.56%	4	3.20%
Neurosurgery	Moderate/procedural sedation	PA	1	1.56%	9	7.20%
Neurosurgery	Sedation administration for invasive or bedside surgical procedures	PA	1	1.56%	4	3.20%
Plastic and Reconstructive Surgery	Conscious sedation	APRN	2	3.12%	4	3.20%
Plastic and Reconstructive Surgery	Conscious sedation	PA	0	0.00%	3	2.40%

This data was sent to the Illinois Hospital Association within 2 hours of request.

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- **Challenge:**

**CMS-1500 (08-05)
Billing Guidelines**

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CAP2 Available Resources

Billing and Reimbursement

✓ Billing and Reimbursement Checklist
✓ Billing and Reimbursement FAQs

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CAP2 Solution

- **These CMS guidelines were emailed immediately to organization**

Reimbursement for APRN Services

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1168	Date: JANUARY 26, 2007
	Change Request 5221

SUBJECT: Direct Billing and Payment for Non-Physician Practitioner Services Furnished to Hospital Inpatients and Outpatients

I. SUMMARY OF CHANGES: The intent of the change to this instruction is to clarify policy on how the professional services of nurse practitioners (NPs), clinical nurse specialists (CNSs) and physician assistants (PAs) should be billed to Medicare when furnished to hospital patients (inpatients and outpatients). Accordingly, a paragraph containing outdated and erroneous policy that requires hospitals to bill for NP and CNS professional services will be removed.

New / Revised Material
Effective Date: April 26, 2007
Implementation Date: April 26, 2007

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23   Health Management Associates

Another CAP2 Solution

- **One organization captured over $200,000 in revenue by auditing current practices.**

Select the most appropriate response(s)	Process	Items for Consideration	Action Plan/Comments
When identifying the service:			
☐ Inpatient ☐ Outpatient ☐ Emergency Room ☐ Other	Determine the location where the service will be provided. Medicare POS Codes Billing and Reimbursement FAQs	The **Place of Service (POS)** code helps identify how to bill appropriately. *For example, separate billing of services "incident to" a physician's professional service is not allowed in the hospital inpatient or outpatient setting, it is allowed only in a physician's office or patient's home.*	
If billing for the service:			
☐ Under Own NPI ☐ Incident to ☐ Shared ☐ Split	Identify the type(s) of billing to be used. Medicare Learning Network Billing and Reimbursement FAQs	Each type of billing must meet different requirements and may be prohibited in one location and allowed in another ("incident to" is allowed only in a physician's office or patient's home). The workflow of the care team and each provider's role in the delivery of care may also influence appropriate billing.	
☐ Bill Only ☐ Cost Report Only ☐ Both *(explain in comment section)*	After considering the above factors, reconcile the planned or current salary allocation to determine whether any of the services provided are on the Medicare cost report.	A provider may have multiple job functions within the organization. *For example, a full time APRN may round with a hospitalist team for three days; work in a hospital outpatient clinic for one day doing non-physician services, and work another day as a leased provider under an agreement between the organization and another party. In this case the APRN can bill separately for the job functions that meet the billing requirements and also be allocated to the Medicare cost report for other functions.* Each distinct job function must be separately evaluated to determine whether it will be billed or included on the Medicare cost report. This could be a very complex arrangement as opposed to a simple arrangement such as a full time PA who works with one surgeon performing the same job function.	

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CAP2 Case Study

- **Challenge:**

  Organization considering adding Advanced Practitioner to Medical Staff Credentialing Committee

  — needed prevalence and role description.

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CAP2 Case Study

- **Challenge:**

  Organization received a finding during Joint Commission survey regarding effectiveness of their OPPE/FPPE for APRNs and PAs required to develop a written action plan within 45 days.

  Joint Commission suggested they call us.

  Preparing for a
  Joint Commission Survey

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CAP2 Solution

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APRN/PA Direct Observation Review Form for Focused Review

APRN/PA Name: Specialty:
Review Venue: Patient Care Area ☐   Simulation Lab ☐   Medical Record No.:
Procedure Type: Date of Review:

Core Competency	Evaluation Criteria	Yes	No	N/A*	Comments
Patient Care	Effective communication with care team before procedure	☐	☐	☐	
	Procedure was clinically indicated	☐	☐	☐	
Medical Clinical Knowledge	Discussion with patient and family was appropriate	☐	☐	☐	
Practice-Based Learning and Improvement	Informed consent received (elements listed)	☐	☐	☐	
	Proposed technique appropriate, including appropriate infection control measures	☐	☐	☐	
Interpersonal and Communication Skills	Time out/checklist completed	☐	☐	☐	
	Knowledge and use of equipment appropriate	☐	☐	☐	
Systems-Based Practice	Complications identified and resolved appropriately	☐	☐	☐	
	Documentation complete and timely	☐	☐	☐	
Professionalism	Patient/family questions answered and education complete	☐	☐	☐	
	Procedure completed successfully	☐	☐	☐	
	Total				

* If not applicable, please comment why.

Practitioner displayed overall competency in the execution of this core/specialty procedure. Yes ☐   No ☐

Reviewer Signature: **Date of Review:**

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Additionally CAP2 Resources Can Be Used to:

- **Develop a consistent approach to:**
  - **Standardizing the APRN and PA performance review processes consistent with JC requirements**
  - **Standardizing and improving Job Descriptions**
  - **Streamlining and standardizing the job posting/recruitment processes, interview processes, hiring, onboarding/orientation processes**
  - **Clarifying job expectations for ARNPs, PAs, Physicians, and administrators**
  - **Improving and standardizing compensation strategies through the use of comparator data**

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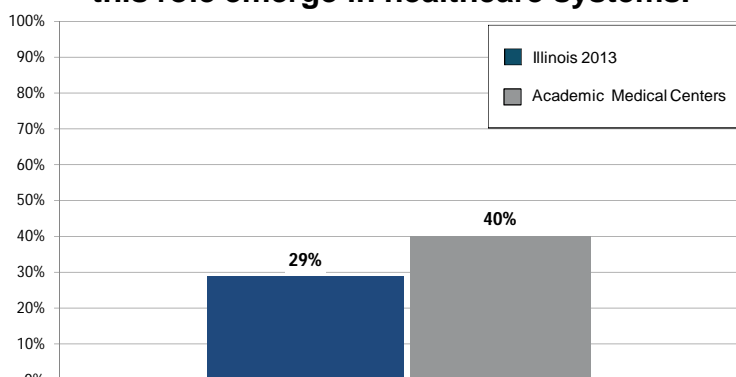*A National Collaboration of UHC and MCHC*

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CAP2 EMERGING TRENDS:

- **USE OF AN APRN / PA COORDINATOR**

- **USE OF APRNS / PAS AS PART OF THE FORMAL INTERDISCIPLINARY TEAM**

- **USE OF CAP2 DATABASE IN AMBULATORY CARE**

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Emerging Trend: APRN/PA Coordinator

40% of academic medical centers have an identified leader who coordinates APRN/PAs, we are also seeing this role emerge in healthcare systems.
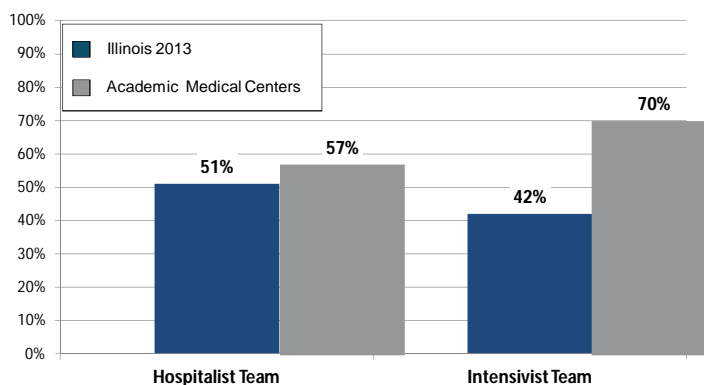

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Interdisciplinary Teams

57% of academic medical center participants include APRNs and PAs on their hospitalist team and 70% on their intensivist team.

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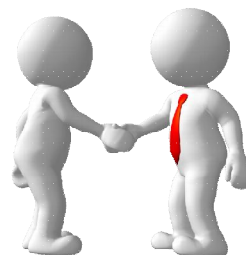
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Ambulatory Survey
Coming November 2014

- **Models of Care**
  (primary care; medical and surgical specialties)
  - Patient type
  - Panel size/case load
  - Productivity expectations

  - Compensation practices
  - Reporting structures
  - Billing practices

- **Advance Practice Leader**
- **Onboarding/Orientation**
- **Governance and committee involvement**
- **Other practice settings**

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Partners Supporting CAP2

- **NWONE**
- **American Academy of Nurse Anesthetists**
- **American Academy of Physician Assistants**
- **The Joint Commission**
- **Robert Wood Johnson Foundation**
- **Hospital associations**
- **Large health systems**

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Questions

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