



MEDAXIOM
AN ACC COMPANY

A CASE FOR APP OPTIMIZATION



CASE STUDY



A CASE FOR APP OPTIMIZATION

CARDIOLOGY ASSOCIATES OF MOBILE, INC.

Background

Cardiology Associates is a private Cardiology group in the South that employs 30 Cardiologists and 14 Advanced Practice Providers (APPs). Subspecialties include Interventional Cardiology, Invasive Cardiology, Non-Invasive Cardiology with advanced imaging, Heart Failure, Electrophysiology, and Pediatric Cardiology. The services of these providers occur at multiple hospital/clinic sites with a mix of both acute care and ambulatory services provided—including five full-time offices, six outreach offices and a total of 14 hospitals in the primary and outreach service areas.

With a service area population of 600,000+, Cardiology Associates is a market share leader; it was named an MGMA “Better performer” and has a MedAxiom productivity benchmark performance of top 10% for physician wRVUs and patient service revenues. Despite these very favorable attributes, the leadership had a vision that they could do better and utilize their team-based care approach in a more efficient, effective manner.

The initial objectives for the project were to expand use of APPs in the clinic, improve efficiency of APPs in the hospital, establish APP governance, expectations, and communication. In addition, there was a need to develop formalized standards and protocols for APPs and enhance the focus on quality among the APPS. Initially, the majority of the APPs were hospital based but with a plan to develop their program to include ambulatory support. The practice was running into challenges related to patient selection. With ongoing growth they wanted to assure continued high-value care through optimization of their current utilization of APPs; specifically, they wanted to ensure that all were working to the top of their licensure in positive, team-based environments that would produce high-quality care, cost-effective and sustainable care. Cardiology Associates engaged MedAxiom Consulting for this APP optimization project.

Project Scope and Process



Evaluate and make recommendations on current utilization as compared to **scope of practice for APPs in the state of Alabama**



Provide structure for **further development of ambulatory support** in the clinics that will assure competencies and development of team-based care relationships



Assess current utilization to ensure **top of licensure roles** and responsibilities in both acute care and ambulatory care settings



Evaluate current care team culture and APP structure with recommendations to develop an **aligned model, ensuring success of a team-based care approach**

The process included a MedAxiom consultant providing a 2-day, on-site evaluation with observations of current roles and responsibilities of the APP team as well as multiple interviews with administration, physicians and the clinical team to capture strengths, weaknesses and areas of opportunity within the program. A compilation of quantitative and observational data were then used to define opportunities and recommendations.

OPERATIONAL OUTCOMES IN FIRST 9 MONTHS

New Patient Visits

↑21.4%

With a

Projected Downstream
Revenue

↑\$1,753,881



Established
Patient Visits

↑4.7%

With a

Projected Downstream
Revenue

↑\$1,142,402





RESULTS



Expand use of APPs in the Clinic

BEFORE

- Part-time HF clinic
- Physicians overwhelmed with established patients
- New patient access challenges with minimal growth
- Transitional care access challenges
- Post-procedural care access challenges
- No specialty APP clinics

AFTER

- ✓ Expanded HF clinic with emphasis on transitional care
- ✓ APP EP/Afib clinic
- ✓ Routine established patient and follow up clinics in two additional locations
- ✓ Expanded outreach location access through APP clinics
- ✓ Exploration of telemedicine options utilizing APPs in the outreach locations



Improve efficiency of APPs in the hospital

BEFORE

- Shared visit process that was redundant and inefficient
- Physicians discharged all patients
- APPs utilized for stress testing supervision

AFTER

- ✓ Improved resource efficiency by abandoning shared care when redundant
- ✓ APPs working more independently with routine discharges and subsequent visits for consulted patients
- ✓ Decreased physician/APP resource allowing for reallocation
- ✓ Enhanced communication
- ✓ Empowered APPs with a better understanding of coding and documentation, quality metrics, and co-management activities



Establish APP Governance, expectations and communication

BEFORE

- Informal leadership structure
- Varied expectations depending on location and clinic type
- Ineffective communication strategy
- Minor dissatisfaction issues among physicians and APPs around expectations

AFTER

- ✓ Lead APP position with responsibilities for orientation and training, protocol development, APP evaluations and APP employee issues
- ✓ Lead APP bridges gap between APPs, physicians and administration
- ✓ Enhanced communication of the team through PMD app and regular team meetings





Develop formalized standards and protocols for APPs

BEFORE

Loosely established standards and protocols for utilization and clinical care

AFTER

- ✓ Venue for the development of standards and protocols developed through new leadership model
- ✓ Standard and protocols being developed to improve consistency and structure of roles, responsibilities and clinical care



Enhance the Focus on Quality among APPs

BEFORE

Minimal understanding and engagement with quality metrics

AFTER

- ✓ APP team educated on PQRS and CG-CAHPS measures
- ✓ APP team engagement in their individual performance on these measures first through knowledge and eventually through incentives
- ✓ Education on MACRA and MIPS under way

Summary

A minimal investment in a set of ‘outside eyes’ provided a roadmap for improvement that saw financial payoffs in the first year. More importantly, there was an increase in assurance that the CV patients in the community were getting the care that they deserved in a much more timely fashion. A major result of this project was the re-allocation of physician time to see more new patients and ensure that those who need follow-up both from hospital and routine management are able to get the resources that they need. The improved governance structure has provided a ‘voice’ to the APP team, which has allowed engagement in quality, co-management and practice activities at a new level. Over time this should equate to improved physician and APP satisfaction. The key to the success of this project was an engaged program with effective leadership and physician alignment already in place.

“We were able develop and implement these strategies in a much shorter timeline than if we had done the work on our own. This resulted in improved financial and patient outcomes in the very first year.”

– VANCE CHUNN, D.SC., MSHA, FACHE, CARDIOLOGY ASSOCIATES OF MOBILE

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