PROFESSIONAL ADVISORY SERVICES

PAs can help optimize medical services and increase patient care efficiencies at your hospital or health system.

The Affordable Care Act will create an enormous influx of patients into an already overburdened healthcare system. Hospitals and health systems must therefore maximize the utilization of all their providers, in particular their PAs, whose flexible skill sets can fulfill many needs.

AAPA offers

- Insights, facts and resources necessary to integrate PAs into your hospital or health system.
- Expert advice from our staff PA, who has over 27 years of hands-on experience.
- A responsive staff to assess your needs.
- Insights to dispel the myths and urban legends regarding PA scope of practice and regulations in the hospital setting, with a focus on regulatory compliance and risk mitigation.

This includes addressing 4 interdependent domains of knowledge pertinent to integrating PAs into your system:

MAXIMIZING PA UTILIZATION

Hospital and health systems operational decisions must be based upon a thorough knowledge of: managing increased patient volume, efficient patient flow, appropriate triage of work required and proper deployment of resources.

AAPA identifies opportunities for effective utilization and integration of PAs in hospital settings, maximizing productivity and limiting clinical redundancy.

REGULATORY COMPLIANCE AND SCOPE OF PRACTICE

Integrating PAs into hospital practice can prove challenging, largely due to the variability of state laws, as well as the myriad of standards and requirements imposed by other regulatory and accrediting agencies governing physician oversight requirements, prescriptive authority and scope of practice.

AAPA provides recommendations and best practices for successful integration of PAs into the healthcare team to ensure the highest quality of care.

CREDENTIALING AND PRIVILEGING PAs

Application of state laws as well as the multiple regulatory requirements imposed upon hospitals by various accrediting agencies can be challenging when credentialing and privileging PAs.

AAPA supports healthcare organizations as they establish PA-specific qualifications for medical staff appointment and clinical privileges;

OUR EXPERT

Marriott graduated from the Yale School of Medicine PA Program in 1986. She has been a hospital-based PA for most of her career, and in 1998 she was named chief PA of the Department of Orthopaedics at Waterbury Hospital in Connecticut, where she remained until 2007, when she transitioned to private practice. She continues to practice clinically part-time at Yale-New Haven Hospital with the Yale Medical Group Department of Orthopaedics.

In January 2009, Tricia Marriott, PA-C, MPAS, joined the AAPA staff as the director of reimbursement advocacy and serves as staff liaison to the Joint Commission. Marriott has lectured and given workshops on PA billing, reimbursement, hospital practice, utilization and productivity to a variety of audiences, including PAs, physicians, practice managers, billers and coders, quality and risk managers and underwriters.

Marriott has held many PA leadership positions at the state and national levels, including president and legislative chair for the Connecticut Academy of Physician Assistants, AAPA liaison to the Joint Commission's Hospital Professional and Technical Advisory Committee (2002-2007), and AAPA's liaison to the American Academy of Orthopaedic Surgeons (2005-2009).
implement a consistent, competency-based professional performance evaluation program; and formulate policy within the framework of compliance and risk mitigation.

REIMBURSEMENT AND BILLING POLICY

Medical and surgical services delivered by PAs in a hospital are covered by Medicare Part B, Medicaid, TRICARE and nearly all private payers. However, each has its own coverage policies and regulations that must be followed to maximize reimbursement and avoid allegations of fraud and abuse.

SERVICE OFFERS

AAPA provides a wealth of resources to help hospitals navigate reimbursement provisions for PA services.

AAPA’s two-step process delivers information specific to your facility type, state and current priorities so that you can mitigate risks and maximize your PAs and resources.

Step 1 – Needs Assessment

AAPA identifies the issues and opportunities for PA integration.

- Needs assessment survey (completed by client before call with expert for best results)
- Conference call to discuss needs and opportunities
- Access to relevant AAPA resource documents
- Flat fee: $750

Step 2 – Consult with Site Visit

A full engagement site visit is conducted after which a detailed report is created for the client. Step 1 must be completed first.

Package elements:

- Situation / client-specific research
- Site visit (1 – 2 days) with:
  - Overview presentation
  - Staff interviews and meetings to assess needs (example: service line administrators, compliance team, billing team)
  - Final written report
- Flat fee schedule options
  1. Single service line/functional area (i.e. cardiology or reimbursements)
  2. Multiple service lines/functional areas

While AAPA is striving to help hospitals by providing guidance for navigating regulations while increasing patient care, cost efficiency and the employment of PAs. There are currently a limited number of engagements each quarter to work with our expert.

To find out availability and coordinate your needs assessment contact:
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www.aapa.org/ProfAdServ