Advanced Health Care Practitioners in Critical Care

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2010
Critical Care Leadership Team

- Unit or Division
  - Medical Director
  - Patient Care Manager
  - APN: CNS & NP
  - Respiratory Therapist
  - Pharmacist
  - Nutritionist
  - Social Worker
  - Physical Therapist
Advanced Practice Nurses

- Nurse Practitioner (NP)
- Clinical Nurse Specialist (CNS)
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Nurse Midwife (CNM)

NCSBN & AACN

Entry level recommendation - 2015
Clinical Nurse Specialist (CNS)

- MS, MN, DNP, PhD - Critical Care/Trauma Specialty Training
- CNS certified by State Board of Registered Nursing
- Role Components
  - Expert direct care
  - Clinical leadership / Change Agent
  - Consultation
  - Education
  - Research
- Spheres of influence:
  - Patient/Family
  - Nurses/Team
  - System
CNS Impact

- Direct Care - Continuity & Consultation
- Clinical leadership
- Interdisciplinary Team Collaboration
- EBP
- Performance Improvement
- Quality/Safety
EBP, Quality & Safety

- VAP & CRBSI Prevention
- Glycemic Management
- Hypothermia Post-Cardiac Arrest
- EGDT Sepsis (Scv02, APC)
- Pressure Ulcer Prevention
- CRRT Program
- Pain & Sedation Assessment
- Delirium Screening
- Team Communication
Infection Prevention Performance

Plan & Implementation
- Hand Hygiene
- Insertion
- Screen for need
- Maintenance

Adult CRBSI/1000 catheter days
- FY08 rate = 4.88
- FY09 rate = 2.1
- FYTD March = 1.6
(~7,000 catheter days)
VAP Prevention

- Incidence: 9-25% ICU pts, 2nd most common hospital-acquired infection in U.S.
- Increases ICU LOS by up to 22 days and Hospital LOS by 25 days
- Attributable mortality: as high as 27%
- $40,000 to $57,000 per patient with VAP
- **VAP Prevention Bundle**: Prevent aspiration & colonization & routine assessment for readiness for extubation
- UCSF Adult VAP rates
  - FY06 rate = 8.3 VAP/1000 ventilator days
  - FY09 rate = 2.6
  - FYTD March = 1.9
  - Projected savings = $920,000 (FY09)
What is the fiscal impact of CNS work on organizations?

1. Cost avoidance
2. Cost savings
3. Revenue generation

- Supply/equipment introduction & evaluation, procedures for use/indications
- Clinical leadership: clinical programs, SOC, quality/safety improvement

Moore (2003)
CNS Reimbursement

1997 Balanced Budget Act
- **Direct** reimbursement for CNS services beyond specified rural areas opened up (Medicare Part B)

Requirements
- RN license & authorized to perform CNS services in accordance with state law
- Master’s degree from accredited nursing school
- Certified CNS by ANCC or state licensure as APRN

Billing
- CPT: current procedural terminology (AMA)
  - E&M code = evaluation & management code
- ICD-9: international classifications of diseases
Nurse Practitioners in Critical Care
Nurse Practitioners

- RN with Masters Degree
- CA mandates use of standardized procedures
- National certification exam required
- Eligible for DEA prescribing
- NPI for medicare/private billing
NP Species

- Acute Care: inpatients
- Adult: primary care
- Family: primary care
- Almost all at UCSF and SFGH are acute care, few are adult or family
- Focus of education and national certification, does not influence billing
Experience at UCSF and SFGH

- UCSF Critical Care Medicine 15 NPs
- SFGH Trauma/General Surgery 12 NPs
- Employed by hospital not by MD group
- Medicare part A not part B
- No independent billing performed
- Appropriate conduits for collaboration essential
NPs in Critical Care or Trauma

- Henry Ford Hospital Detroit
- Cleveland Clinic
- California Pacific Medical Center
- Hospital at the University Pennsylvania
- UC Davis
- Columbia University
- Memorial Sloan Kettering Cancer Center
NP responsibilities

- Patient care
- Consultative and RRT/code blue
- Teaching
- Quality standards and improvement
- Overnight shifts at UCSF critical care
- First call at UCSF and SFGH
NP Procedures

- Central venous catheter insertion
- PICC insertion
- Arterial catheter insertion
- Chest tube insertion
- Lumbar puncture
- Suture and drain removal
- Airway intubation
- RN First Assist for OR role
SFGH Surgery

- Surgical Attending
- Surgical PGY4/5
- Surgical Intern
- Nurse Practitioner
Billing in Critical Care

- Reference CMS transmittal #1548
- Services may be provided by qualified NPPs and reported for payment
- Provider must be immediately available to the patient
- No shared visits allowed
Billing in Critical Care

- Only one provider per day can bill for CPT 99291 critical care eval and mgt 30-74min.
- Follow-up after first hour of services billable by MD or NPP using CPT 99292 each additional 30min of critical care beyond 74min.
Billing in Critical Care

- Medicare reimbursement for DRG based on acuity and average cost of labor
- ‘Cost Report’ is description and tabulation of labor costs
- CMS uses cost report data to create a wage index to scale DRG payment
- Part A=hospital services inc nursing, Part B=physician services
Billing in Critical Care

- Recent case in 2008 OIG challenged hospital including NP wages in cost report
- OIG claimed NPs providing part B services, backed by SSA/Medicare regs
- Hospital countered that NPs did not bill and provided mostly hospital services
- Compromise reached
Billing Lessons

- Is scope of work part A or part B or both, what is the approx distribution?
- Part B includes history taking, exams, medical decision making, medical procedures, counseling on diagnosis/prognosis/treatment plan
- NPs should bill for part B services when performed
Keys to Success

- Team approach
- Collaboration
- Evidence-based practice
- Performance improvement process
- Patient centered care
Questions?
References

- AACN Scope of Practice & Standards of professional performance for the acute & critical care CNS. (2002).