

# PACE Primary Care Provider Staffing

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# Objectives

- Be familiar with PACE regulations around the use of doctors, Nurse practitioners, and Physician Assistants
- Understand how to hire and supervise physicians and nurse practitioners
- Be able to write policies and procedures around the provision of primary care to PACE participants

# Disclosures

- No Financial Disclosures

# Regulation re primary care services

- Primary medical care must be furnished to a participant by a PACE primary care physician. Each primary care physician is responsible for managing a participant's medical situation and for overseeing a participant's use of medical specialists and inpatient care.
- 42 CFR §§ 460.102(c)

# Primary Care Services

- Primary Care Provider or PCP = physician per CMS
- Nurse Practitioner (NP) or Physician's Assistant (PA) = supportive role per CMS 2006 commentary on the regulations
- A waiver from CMS is needed for an NP or PA to act as the PCP.
- Refer to Sample Summit ElderCare Policy and Procedure for a description of Primary care services

# Clarification of Regulation re primary care services

- Other primary care services provided by physicians and/or nurses include:
  - Medical and medication history, assessment, diagnosis, treatment, education and team care planning by a primary care physician;
  - Management of a participant's medical condition
  - Referral to and oversight of specialists
  - Oversight of inpatient care
  - Informing female participants about their right to select a qualified specialist for women's health services;

# Provider to Participant Ratio- 2015

- 72.5:1 Participants to one FTE provider
- 2015 staffing survey:
  - 47 programs
  - 15,665 participants
  - 96 sites
  - 216 providers
    - 154 doctors
    - 70 NPs
    - 22 PAs

# 2014 PACE staffing

Average number of FTEs per 100 participants	0-100	101-250	251-450	451-800	801-4000
Physician	1.2	0.8	0.7	0.8	0.9
Nurse Practitioner	0.4	0.6	0.7	0.5	0.3
Physician Assistant	0.1	0.2	0	0.8	0
Total provider	1.7	1.6	1.4	2.1	1.2

# Key attributes of a good PACE physician

- **Excellent clinical skills**
  - Comfortable with outpatient care and inpatient care
  - Outstanding skills in assessing information from specialists and integrating that information into an appropriate medical POC
- Adept at communicating with colleagues, team members, and administration
- Able to relate to others on the team as peers, combining confidence with humility
- Adaptability

# Regulation re Personnel Qualifications

- Each member of the PACE organization's staff who has direct participant contact (employee or contractor) must:
  - Have a minimum of one year of experience working with the frail or elderly population including the Primary Care Physician (PCP);
  - Be medically cleared of all communicable diseases and have all immunizations up-to-date before engaging in direct participant care;
  - Be legally authorized (licensed, certified or registered) to practice in the State in which they practice if the State has established requirements or they must meet the State requirements that authorize them to practice in their State;
  - Only act within the scope of his or her authority to practice;
  - 42 CFR §§ 460.64(a);

# Specialty and experience

- Internists, Family Practitioners, and Geriatricians have been successful.
- Requirement of one year of working with a frail or elderly population. (460.64 (a)(3))
- Skills can be learned but attitude, excitement and interest for this population should exist.
  - Able to work in Nonhierarchical teams
  - At risk experience very helpful
  - Willing to think broadly and help develop the PACE model of care
  - Willingness to work with participant's goals of care
  - Facile with EMR
  - Willing to make insurance decisions

# Recruitment sources

- Local medical community
  - Those experienced with care of seniors
  - Those practicing in long term care
  - Practicing physicians who are not happy with their FFS practice as they want to be more comprehensive
  - Recently retired may be willing to work in this model (while growing or for parttime?)
- Geriatric Fellowships (but (usually) not from IM/FP residency)
- PACE as a training site
- Networking in long term care organizations such as AMDA or AGS
- Advertising: NEJM, JAGS, AMDA
- Recruitment firm
- Mailings

# Interviewing

- Telephone interview first if out of the area
  - Gauge interest and fit
- Interview with Medical Director but also with
  - Executive Director
  - Director of Operations
  - Nursing director
  - Other primary care staff

# Hiring

- Job Description
- HR requirements
- Contract vs. a letter of understanding
- Salary dependent on local and regional trends and somewhat on national
  - Low patient panels
  - Supportive environment
  - Managed care environment
- Free of communicable diseases (460.64 (a)(5))
- Written Job Description

# Orientation

- See sample schedule in chapter 3 – plan at least a month, usually more
- **Orientation** 460.66(a), 460.71(a)(1) and PACE manual 20.10
- **Competency** (460.64 (a)(4))
  - Meet a standardized set of competencies for the specific position description established by the PACE organization and approved by CMS before working independently
  - See sample SE initial competency form

# Regulation re Competency

- The PACE organization must develop a competency evaluation program to ensure all employees and contracted staff providing direct care to participants can demonstrate the skills, knowledge and abilities necessary for performance of their position.
- The competency evaluation program must be completed by each employee prior to providing direct participant care.
- 460.71

# Clarification re Competencies

- All personnel, including personal care attendants, need to meet the credentialing criteria and a standardized set of competencies for their specific position prior to their engaging in direct participant care. The PACE organization's competency evaluation program must:
  - Describe the minimum skills necessary to perform each specific job;
  - Describe the process for initially testing competency;
  - Identify the individual(s) responsible for competency testing for employees;
  - Identify the individual designated to work with the PACE contractor liaison to ensure compliance by contracted staff;
  - Explain how the PACE organization will resolve competency deficiencies.

# Regulation re: Annual Competency

- A Regulation under the QAPI description (460.66 and 460.71)
- See PACE manual 10.3 for details
- Annual review of competency, often done with annual performance evaluation
- Goal is to encourage additional skill development
- See sample SE Annual physician and NP competency
  - Change clinical skills assessed yearly
  - Suggest use of NPA Model Practices and Preventive Care Guideline
  - Include QAPI work plans in assessments if appropriate

# Current regulations re NP

- NP may participate in addition to required 11 IDT members
- NP does not substitute for in person physician assessment
- NP does not substitute for direct participation by the PCP in IDT
- Physician requirements:
  - Participation in IDT meetings involving discussion of their participants.
  - Performance of assessments according to instances indicated in sections 460.104(a) and 460.104(c)(1) of the PACE regulation.
  - Involvement in participants' plan of care.
  - Participation in quality assessments and performance improvement (QAPI) activities.

# Nurse Practitioner in PACE – document links

- <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Integrating-Care/Downloads/PACE-Nurse-Practitioner-Guidance-Memo.pdf>
- <http://www.npaonline.org/policy-and-advocacy/federal-regulatory-policy/pace-waivers>

# NP Waiver at Summit ElderCare

- This waiver permits NPs, in collaboration with SE's Medical Director or staff physicians to:
  - Conduct initial comprehensive assessments
  - Conduct periodic re-assessments
  - Conduct unscheduled reassessments
  - Participate in the development of the PACE participant's plan of care and ongoing monitoring of participant's health status

# NP Recruitment

- Key attributes:
  - Excellent clinical skills
  - Able to work collaboratively yet independent
  - Excellent communicator
  - Conscientious
- Skill sets
  - Preferred is previous experience in office based practice AND long term care
  - One year experience with frail or elderly population
  - Worked as a nurse prior to NP training is ideal
  - Facile with EMR
- Can be GNP, ANP, FNP

# Recruitment

- Newspaper
- Mailings to NP mailing lists
- NP training programs
- Local community
  - From long term care contacts
  - From previous practice contacts
- Bulletin boards/Job boards
- Recruitment firm?
- PACE center as a training site

# Hiring NP

- Interviews in person
- Initial by Medical Director
- Second interviews with executive director, Director of Operations or Nursing director, other primary care staff
- HR requirements
- Free of Communicable Disease
- Written Job Description
- Contract vs Letter of Agreement

# Orientation of NP

- Similar to Physician
- PCP will be involved
- Possible NP Director if organization supports that but many organizations lump physicians and NPs and PAs together
- Initial Competency similar to physician except for acute care

# Collaborative Practice Agreement for NP

- Defined in policy and procedure of the PO
- Need to be clear on what the NP can do independently
- Consult your state board of registration in nursing for regulations
- See Community Care for the Elderly sample physician/NP agreement in Chap 3
- See Summit ElderCare Collaborative Practice Agreement and policy and procedure

# Physician Assistant

- Currently unable to get a waiver from CMS
- But can be part of IDT and do primary care
- Supervision and practice agreement may be different than NP – see state regulations

# Personnel folder audit

- CV
- State license
- DEA
- State Controlled substance, if applicable
- NP and PA supervisory agreement
- Health Folder with PPD, occupational health letter or immunization record
- Competency: initial and annual

# Ongoing Supervision

- Many organizations have formal job evaluations that need to be followed :
  - Set goals based on written job description
  - Review goals at the beginning of the year and periodically thereafter. Q2-4 months is typical
  - End of year feedback that reflects on salary adjustment
- Regular discussions about performance
- Regularly acknowledge successes

# Sample Goals

- Provides high quality medical care to participants while providing support to their caregivers and complying with PACE regulations and SE policies. (40%)
- Demonstrates active engagement in efforts to meet acute inpatient and long term nursing home placement targets. Actively manages participants who are in ER, acute and SNF settings. (30%)
- Meets surveillance measure targets at your site through individual and collaborative efforts (10%)
- Actively participates in Quality assessment and improvement activities including chart audits, SE committees and workgroups, and provider meetings (10%)
- Maintains precise, accurate, and timely documentation in the EMR of all services provided (5%)
- Ensures that all annual and biannual assessments for your primary care panel are completed prior to the care planning meetings (5%)

# PACE Clinic Key Points

- The PACE clinic primarily serves the participant's needs and not the provider's needs.
- Care in the PACE Clinic includes
  - routine medical care
  - Evaluation and management of new or exacerbated conditions
  - interventions in lieu of inpatient care such as IV hydration, antibiotic administration and observation.
- Expect increased visits per participant (compared to traditional models)
- The PACE clinic day is often compressed between 10 & 2 p.m., but provider staff continues clinical activities in other settings earlier and later.
- Care is provided in SNF, Home, hospital

# Outside the PACE Clinic

- At home
- At the SNF
  - In lieu of acute hospitalization
  - Respite care
  - Inpatient skilled care and/or rehab
- Acute Care
  - Hospitalist model
  - Attending model