



# UCSF APP Utilization

## Billable and Nonbillable work

Clinical Operations  
December 5, 2022

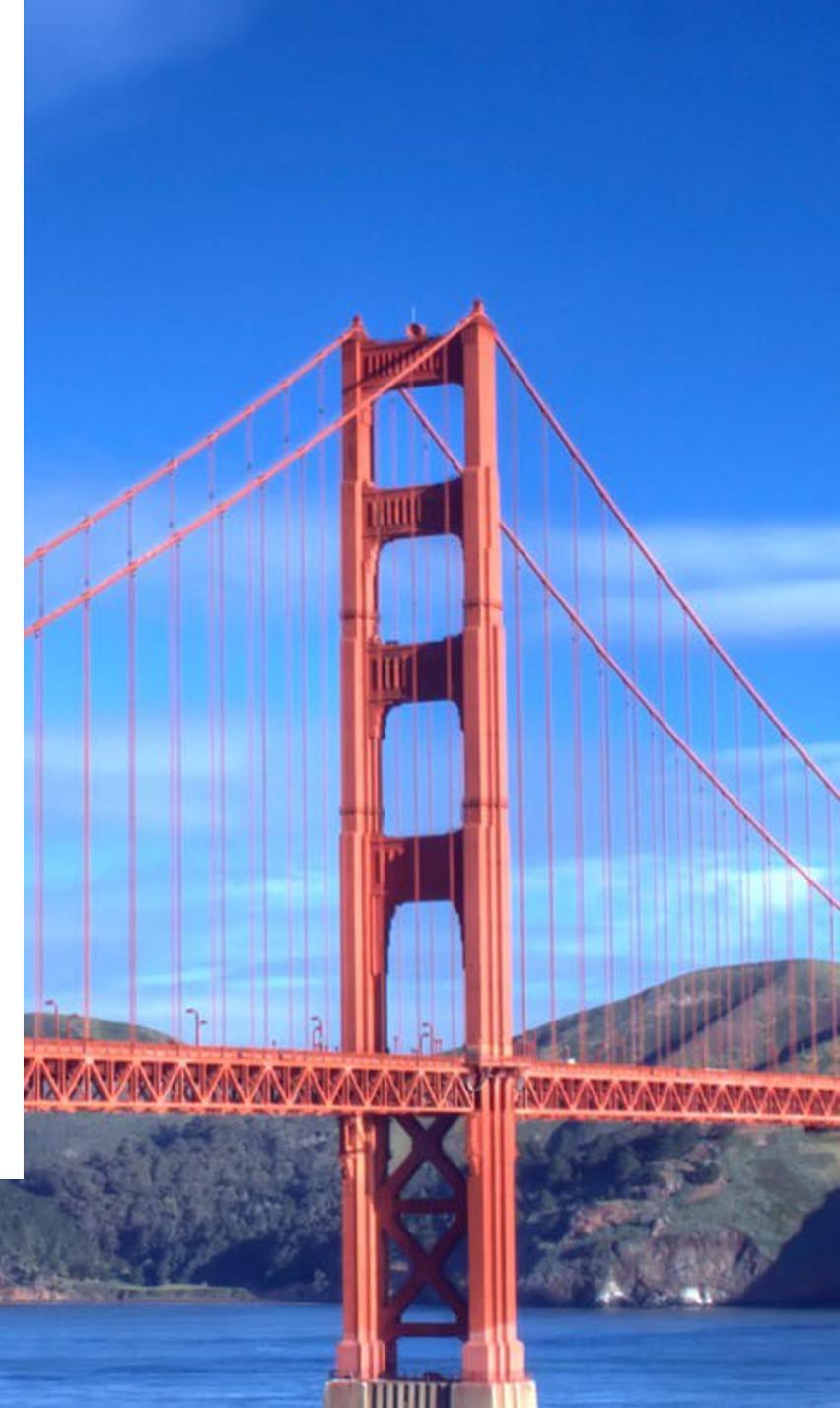
**Ivette Becerra-Ortiz, DNP, MPH, NEA-BC, CPNP-BC, NP, RN**  
Chief of Advanced Practice Providers, UCSF Health

**Alisa Yee, MSN, ACNP-BC**  
Director of Adult APP

**Brandon Sessler, MMS, PA-C**  
Director of Professional Practice

**Rosie Krauter, MSN, FNP-BC, CORLN**  
Director of Informatics and Clinical Systems

**Tara Valcarcel, RN, MSN, CPNP-PC**  
Director of Pediatric APP



# Office of APP Guidelines for APP: Concerns

CONCERN	GUIDELINES
<ul style="list-style-type: none"> <li>• Lack of communication when the process changes and what the new process is (sometimes leaders go many months between posing positions so if the process changes within that time it's not always clear- is there a central place where the current process is stored and leaders can view it before submitting the ERF?)</li> <li>• Confusion re: which forms are needed and when, where are the most recent versions, and could we make these more accessible to leaders (Teams folder, Box, other?)?</li> <li>• A lot of time seems to be spent explaining the operation, helping make the data clear enough for Alisa to facilitate support of the request.</li> </ul>	<p>APP utilization is variable</p>
<ul style="list-style-type: none"> <li>• Lack of understanding re: why the review is done at the end of the ERF submission process, it seems to add unnecessary time for the leaders that have already spent a lot of time preparing the request for their VPs/leaders, could APP review be moved earlier in the ERF process instead of at the end?</li> <li>• Is the initial intent for the review still relevant? i.e. are the reasons this was added to the ERF process still relevant, did we set out to accomplish the goals by implementing this, or is there an opportunity for review and improvement?</li> </ul>	<p>APP assessment through LMR, continual</p>

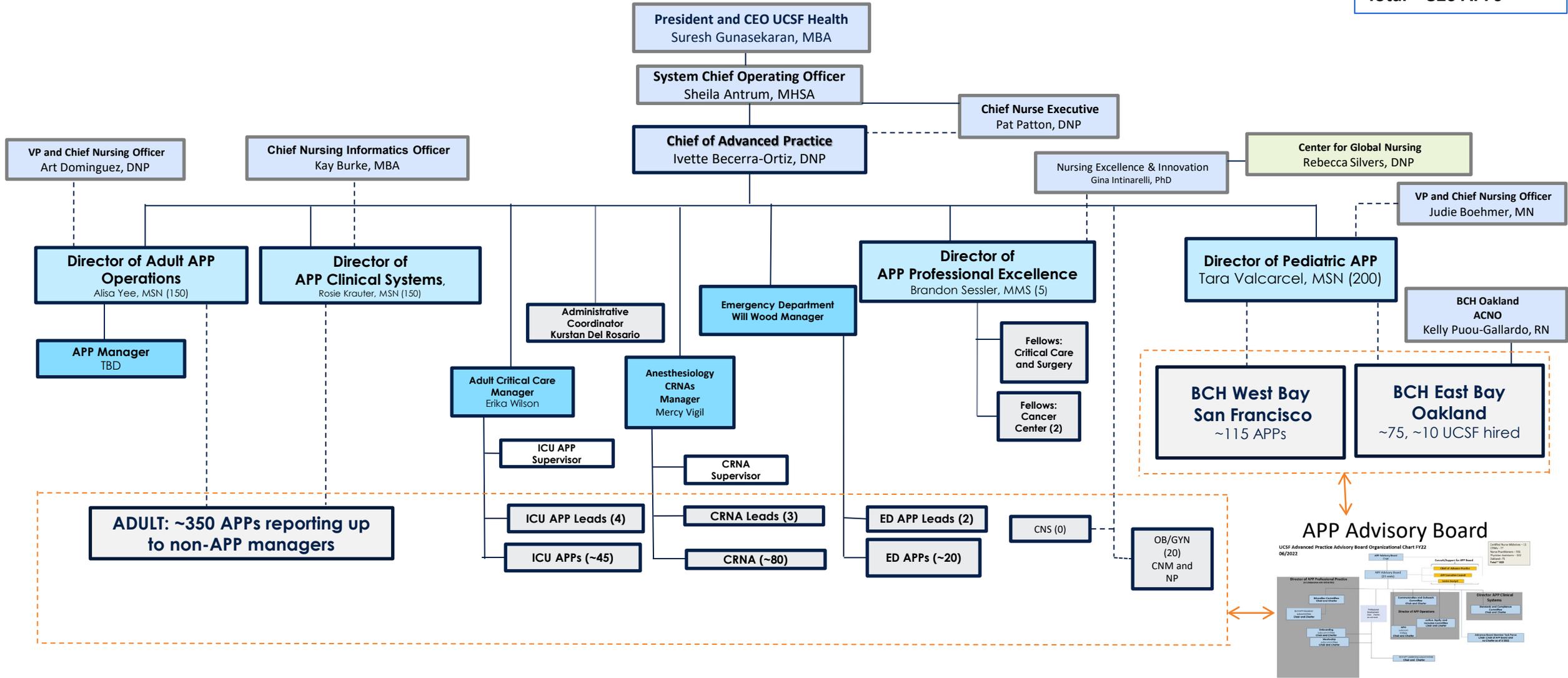
# Agenda

- **Office of Advanced Practice Provider Organizational Structure**
- **APP Utilization**
  - Financial Strength and Our People / Resource Utilization Management
  - Operations: Staffing model
  - Professional Practice: Education and Communication
  - Clinical Systems: Dashboard

# UCSF Health Office of Advanced Practice Providers Organizational Chart

11/2022

Certified Nurse Midwives – 11  
 CRNAs - 77  
 Nurse Practitioners – 551  
 Physician Assistants – 102  
 Oakland--75  
**Total ~ 820 APPs**



# Office of APP Strategic Plan

## 2020-2021

- Advanced Practice Utilization of resources
- Advanced Practice LMR approval (phenotyping and FPPE)
- Accredited NP Fellowship expansion
- APP Directors: Operations and Professional Practice
- Increase revenue (billing) capture for ICU APP
- APP Advisory Board development
- APP Mission, Vision, and Strategic Plan development

## 2024-25

- Maximize APP scope of practice
- AB890 Transition to Independent Practice 104 NP
- APP Orientation program
- National APP clinical and financial professional collaboration
- APP Evidence Based Medicine Program
- Accredited PA Fellowship

## 2028-29

- APP Research Program
- APP SOM/SON/Med Center Faculty
- Point of Care recognition QI
- New facilities resourcing

Patient Experience   Quality & Safety   Our People   Financial Strength   Strategic Growth   Learning Health System   Diversity, Equity, & Inclusion

## 2022-23

- APP Dashboard
- Advanced Practice LMR approval (ROI-staffing model)
- Increase revenue (billing) capture for CRNA
- AB890 Transition to Independent Practice 103 NP
- Accredited CRNA Fellowship
- APP clinical program development
- APP Directors: Clinical Systems and Pediatrics
- Virtual Patient Care models/Population health

## 2026-27

- Maximize APP revenue capture
- Advanced Practice LMR approval (Care Coordination)
- APP Preceptor program
- SON/SOM Program development
- APP Wellness Committee
- Midwifery Fellowship

## 2030

- APPs reporting alignment to APPs
- APP simulation Training
- Transform APP education pathways, overarching curricular changes, resource needs, and learning methodologies

# UCSF APP Organizational Infrastructure

- Variability in the utilization of APPs(scribing, care coordinators, case managers, patient navigators, independent providers)
- Misunderstanding of the APP scope of practice
- APP infrastructure: APP billable and nonbillable variability

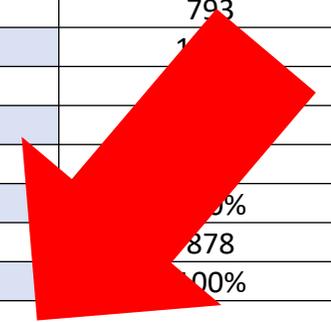


## **APP Utilization GOAL:**

Define, quantify, and measure the operations of Advanced Practice Providers throughout UCSF to optimize resources

# APP Billable Services

Billable Work						
FY 21	Annual wRVU =1430					Total APPs
	>100%	75-100%	50-75%	25-50%	0-25%	
July 2020 (Goal= 119.2)	129	59	68	88	306	650
	20%	9%	10%	14%	47%	100%
August 2020 (Goal= 238.4)	119	67	60	99	349	694
	17%	10%	9%	14%	50%	100%
September 2020 (Goal= 357.6)	115	67	71	116	354	723
	16%	9%	10%	16%	49%	100%
October 2020 (Goal= 476.8)	112	71	82	109	366	740
	15%	10%	11%	15%	49%	100%
November 2020 (Goal= 596)	112	71	81	115	386	765
	15%	9%	11%	15%	50%	100%
December 2020 (Goal=715.2)	110	73	87	111	393	774
	14%	9%	11%	14%	51%	100%
January 2021 (Goal=834.4)	112	78	81	104	418	793
	14%	10%	10%	13%	53%	100%
February 2021 (Goal=953.6)	120	77	75	113	441	826
	15%	9%	9%	14%	53%	100%
March 2021 (Goal=1072.8)	121	70	76	101	425	793
	15%	9%	10%	13%	54%	100%
April 2021 (Goal=1192.0)	129	77	76	113	447	842
	15%	9%	9%	13%	53%	100%
May 2021 (Goal=1311.2)	137	73	73	114	470	877
	16%	8%	8%	13%	54%	100%
June 2021 (Goal=1430.4)	139	72	80	111	476	878
	16%	8%	9%	13%	54%	100%
<b>Average FY21</b>	<b>16%</b>	<b>9%</b>	<b>10%</b>	<b>14%</b>	<b>52%</b>	<b>100%</b>



APP Utilization

# APP Care Coordination Services (non-billable)

## Non-Billable Work

*Non billable Activity  
Inpatient and Outpatient  
FY21*

Provider	Specialty	Notes	Med Orders	Telephone Enc	Procedure Orders	Encounters	Referrals Sent	All Appts	Completed Appts	Capacity	Actual Productivity (excluding charge capture)	Potential Productivity (excluding charge capture)	
1067	ALL	1,082,689	318,374	120,054	776,176	1,198,125	46,391	313,197	216,235	1,071,508	20%	29%	
	Units of service	3541809											
	Total Time (hours)	714920							72078				
	FTE (Outpatient and Inpatient)	<b>378</b>											

APP Utilization



# Advanced Practice Provider: Financial Strength and Our People / Resource Utilization Management

## Problem Statement and Target

There is no identified monitoring or tracking of the APP billable and non-billable workload at UCSF Health. This gap causes an inability to quantify the productivity and value add of this expensive resource (the APP).

## In Process and Outcome Metrics

### APP (Billable) Productive Work (see graph)

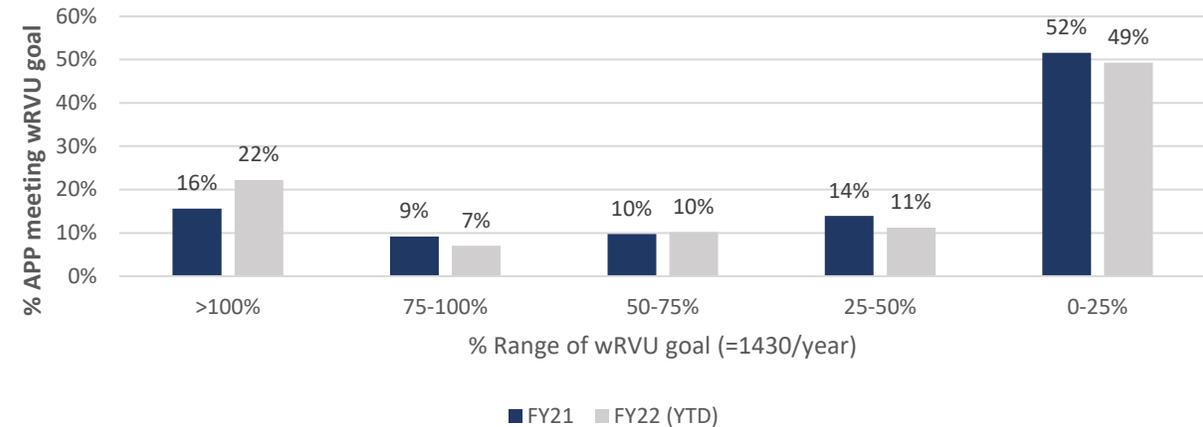
Fiscal Year	Annual wRVU =1430				
	>100%	75-100%	50-75%	25-50%	0-25%
FY21	16%	9%	10%	14%	52%
FY22 (YTD)	22%	7%	10%	11%	49%

## Results, Next Steps, Escalations

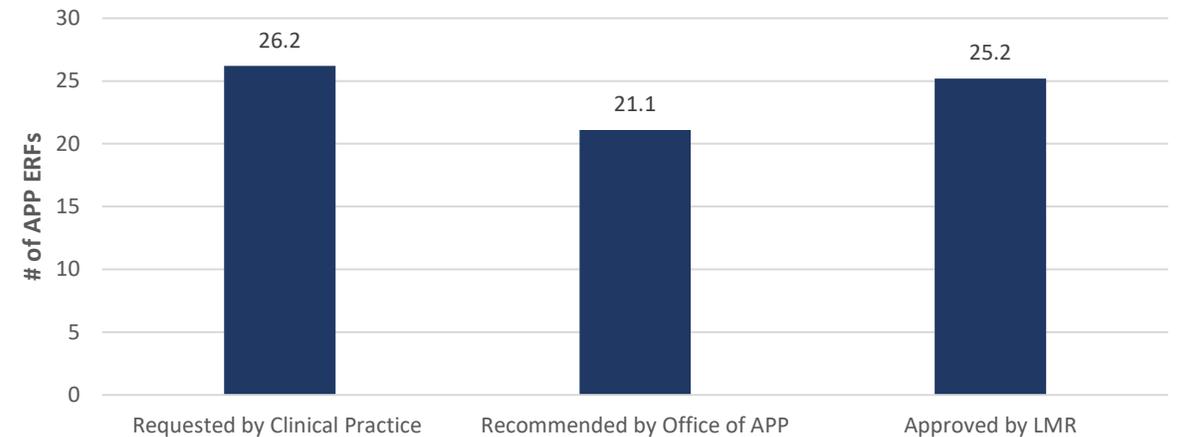
**Results/Lesson learned:** **1.** Uncovered that APPs were given 100% wRVU credit for shared visits and had the report corrected to reflect 60/40 (physician/APP) split. **2.** 06/2021 DRS submission for productive (billable) and non-productive (care coordination services) dashboard. **11/2020** via Labor Management Review (LMR) started to review all APP employment requests (ERFs) requiring Clinical APP categories. **11/2021:** via Labor Management Review started to review all staffing models for APP utilization management-tool created.

**Next Steps:** **1.** Continue to review all APP ERF requests via LMR tracking and monitoring APP requests/recommended/approved (see graph). **2.** Continue to work with managers to identify top of scope utilization of APP. **3.** Work with Finance team to optimize billable opportunities for APPs. **4.** Roll out APP time studies with updated care coordination services dashboard update

## APP (billable) Productive Work



## Advanced Practice Provider Utilization Management



Advanced Practice Provider: **Financial Strength and Our People / Resource Utilization Management**

**Problem Statement and & Target**

There is no identified monitoring or tracking of the APP billable and non-billable workload at UCSF Health. This gap causes an inability to quantify the productivity and value add of this expensive resource (the APP).

**In Process and Outcome Metrics**

INPATIENT			OUTPATIENT		
Period FY 23 YTD	GOAL	wRVU/APP FTE	Period FY 23 YTD	GOAL	wRVU/APP FTE
July-22	42	29	July-22	125	101
August-22	83	52	August-22	250	199
September-22	125	69	September-22	375	307
October-22	167		October-22	500	
November-22	208		November-22	625	
December-22	250		December-22	750	
January-23	292		January-23	875	
February-23	333		February-23	1000	
March-23	375		March-23	1125	
April-23	417		April-23	1250	
May-23	458		May-23	1375	
June-23	500		June-23	1500	

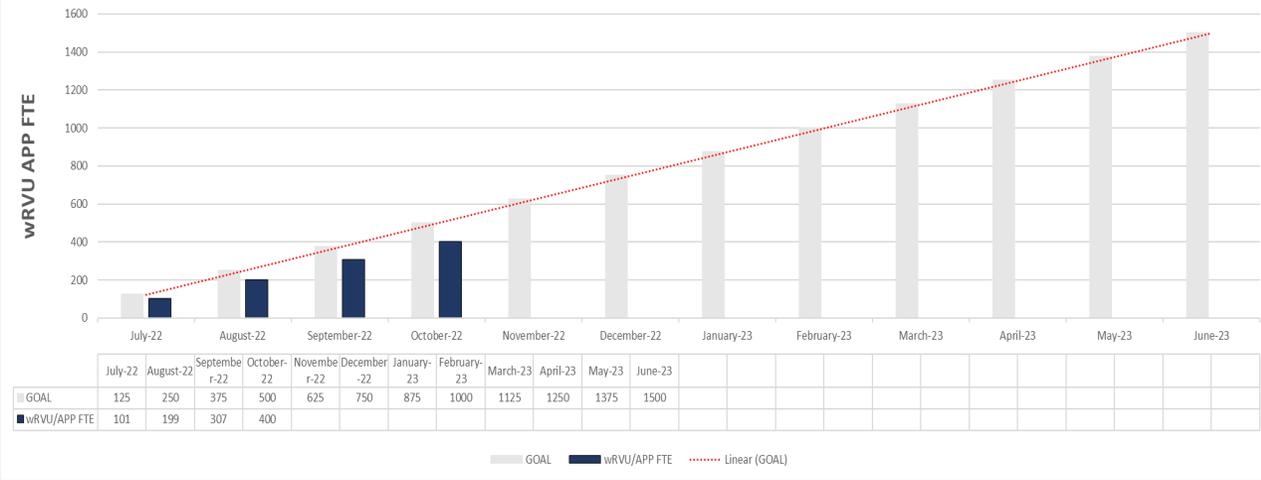
**Results, Next Steps, Escalations**

Results/Lesson learned: 1. Uncovered that APPs were given 100% wRVU credit for shared visits and had the report corrected to reflect 60/40 (physician/APP) split. 2. 06/2021 DRS submission for productive (billable) and non-productive (care coordination services) dashboard. 11/2020 via Labor Management Review (LMR) started to review all APP employment requests (ERFs) requiring Clinical APP categories. 11/2021: via Labor Management Review started to review all staffing models for APP utilization management-tool created. 11/2022: LMR APP Optimization implementation

**Next Steps:** 1. Continue to review all APP ERF requests via LMR tracking and monitoring APP requests/recommended/approved (see graph). 2. Continue to work with managers to identify top of scope utilization of APP. 3. Work with Finance team to optimize billable opportunities for APPs. 4. Roll out APP time studies with updated dashboard care coordination services

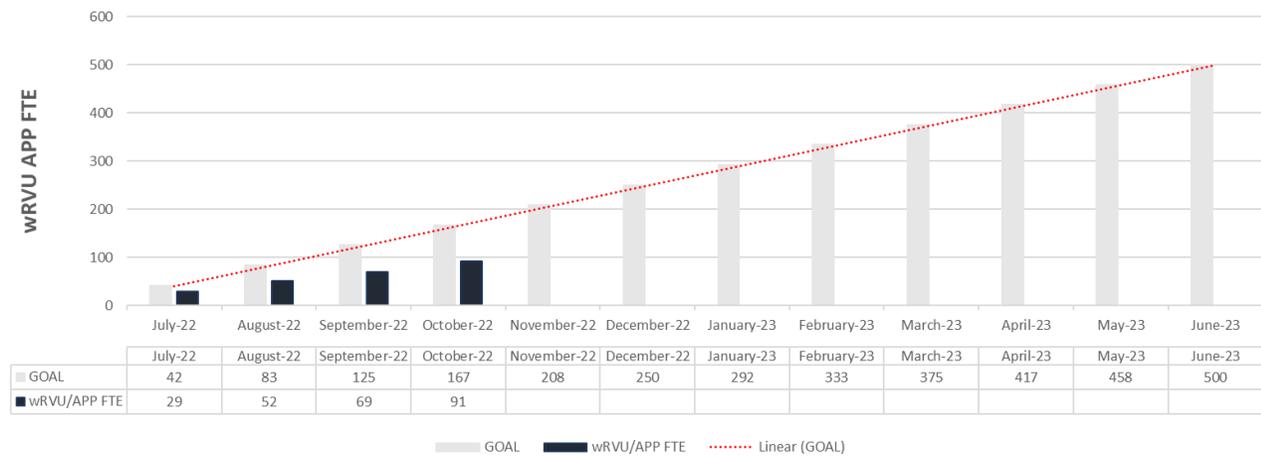
**APP Outpatient Billable Target**

Annual wRVU Target = 1500



**APP Inpatient Billable Target**

Annual wRVU Target = 500



# APP UTILIZATION RECOMMENDATIONS

<b>Inpatient (only)</b>	<b>Outpatient (only)</b>
<b>wRVU = ~500</b>	<b>wRVU = 2700 Independent / Shared</b>
<b>ICU 1:4-8 / AC 1:10-16</b>	<b>8 cFTE</b>
<b>Discharges &lt; noon</b>	<b>4-6 patients / session</b>
<b>DEP CMI</b>	<b>~36+ patients / week</b>
<b>DEP LOS</b>	<b>1 FTE 0.3 admin/clinical support</b>

## UCSF APP Return on Investment Gap

Entity	\$	%
SFCHO	-	0.0%
SFFPO	(60,642,999)	-52.0%
SFHEA	(34,019,125)	-29.1%
SFLPH	46,666	0.0%
SFMED	(22,115,660)	-18.9%
Unidentified*	27	0.0%
<b>Total CM</b>	<b>(116,731,091)</b>	<b>100.0%</b>

# Defining and Tracking

Rosie Krauter, MSN, FNP-BC, CORLN  
Director of Informatics and Clinical Systems

# Advanced Practice Provider (APP)

- At UCSF Health, APPs are defined as:
  - Nurse Practitioners (NP)
  - Physician Assistants (PA)
  - Certified Registered Nurse Anesthetists (CRNA)
  - Certified Nurse Midwives (CNM)
- All Advanced Practice Providers (APPs) are **required to be Credentialed and Privileged**:
  1. Reviewed and approved through the Committee on Interdisciplinary Practice (CIDP)
  2. Approved through the Executive Medical Board (EMB)
  3. Appointed by the Governance Advisory Council (GAC)

# APP Scope of Practice

- UCSF Health Advanced Practice Providers (APPs) practicing at top of license:
  - Evaluate and Manage patients
    - In the outpatient setting their own patient panels
    - In the inpatient setting team-based care
  - Place orders and referrals
  - Write prescriptions (including CS II)
  - Perform procedures under standardized procedures
  - Submit charge claims

## **NON-BILLABLE**

Care coordination

- Conferring with care team
- Most pre-operative visits
- Post-operative care during global period
- Assisting in a procedure
- Completing admissions or discharges
- Placing prescriptions
- Patient messages and telephone calls taking <5 minutes

## **BILLABLE**

E&M or procedure services

- Independent or shared patient encounters in the outpatient or inpatient setting
- Performing procedures or diagnostics
- Serving as a first assist in surgery (caveats)
- Patient messages and telephone calls taking >5 minutes

# How are billable and non-billable APP activities identified?

- **APPs** should be using .APPNOTE smartform in **all note** documentation
  - FY21 compliance 77.4%
  - FY 22 compliance 79.5%
- Tip sheets
  - [APP](#)
  - [MD Outpatient](#)
  - [MD Inpatient](#)

 Name	Level	Description
APPNOTEPHRASE	Facility	@APPNOTE@

# Tracking APP Utilization

- APeX Reports
- MGBS Reports
- Clarity/DART Reports
  - Kim Ranalli (FPO) sends a monthly excel spreadsheet with APP wRVUs 'FY23\_APP\_Volume'
- DHCS Time Study
- Tableau Dashboard (in production)

# APP Dashboard

## Productivity

### Billable

wRVU – independent vs shared
Charges - independent vs shared
Collections - independent vs shared
CRNA ASA units
In-person versus telehealth versus procedure
E&M level mix
# internal referrals resulting in surgery
Number of operative first assists
Payor mix

### Non-billable

Number of admit orders
Number of discharges
Number of consults
Downstream revenue
In Basket work

## Provider type

cFTE
Stated phenotype
% Billable to non-billable time by FTE

## Access

Slot utilization
Time to new visit
Time to follow up visit
% no show rate

## Documentation

% Denial rate
.APPNOTE compliance
Self-coding audit status?
Delinquent notes

## Patient Experience

Press Ganey
CGCHAPS
NRC

# 2022: APP Utilization and Optimization

- Emphasis on education and awareness...AND LISTENING
  - For APPs
  - For Managers of APPs
- Sample topics
  - Billable and non-billable work
  - Work relative value units (wRVU)
  - Provider self-coding
  - Clinical documentation integrity
- Communicate through a variety of channels

# wRVU Education and Awareness

- 2022 Communication

- March APP Newsletter with link to APP wRVU Tip Sheet
- ☐ March APP Manager Meeting presentation with Manager and APP Tip Sheets
- May Email to managers of ambulatory APPs promoting wRVU discussions
- June Email to targeted managers offering to meet for support/guidance
- June APP Town Hall Presentation
- June/July Meetings with targeted managers
- Oct/Nov APP Listening Tour to understand workflows, clinic templates, etc.
- ☐ Nov/Dec Manager Listening Tour to understand workflows and opportunities

# APP wRVU Best Practices

## Tip Sheet for Managers

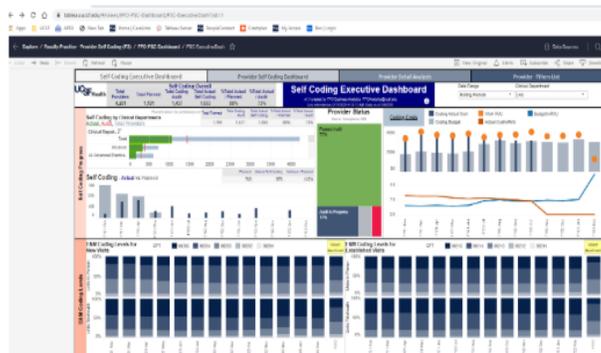
### Manager Tip Sheet: Ambulatory APP wRVU

**Be aware of each of your APP's wRVU.** They are available via a monthly emailed report from Kim Ranalli ([Kim.Ranalli@ucsf.edu](mailto:Kim.Ranalli@ucsf.edu)) or accessible anytime on the Tableau Dashboard (link below). If you are not receiving Kim's monthly email, please contact her directly to be added to the distribution.

Sample of Kim Ranalli's report:

<b>Posted in FY22 through Jan 2022 (YTD)</b>	Includes NP, PA, Midwife, Nurse Anesthetist and Optometrist providers			
SERVICE PERIOD	(All)			
Provider		Sum of CHARGES	Sum of NET COLLECTIONS	Sum of Total APP wRVUs
				Sum of TOTAL ANES ASA UNITS

Tableau: <https://tableau.ucsf.edu/#/explore>



## Tip Sheet for Ambulatory APPs

### Ambulatory APP wRVU Tip Sheet

The Office of Advanced Practice Providers supports and advocates for you. We would like to explain why work relative value units (wRVU) are important to APP practice. wRVU measure billable work and denote your direct financial contribution to UCSF Health. They are not used for your annual APP Performance Evaluation and are just one of the ways value is assessed.

#### Ambulatory Billable work

1. Independent APP visits (in person, telehealth)
2. Shared visits with physician
3. Procedures performed by APP (independent procedures or assisting in surgery)
4. Medical Advice Messaging

#### wRVU Attribution Per Visit Type

Visit Type	wRVU
99202: Level 2 New (video or in-person)	0.93
99203: Level 3 New (video or in-person)	1.60
99204: Level 4 New (video or in-person)	2.60
99205: Level 5 New (video or in-person)	3.50
99211: Level 1 f/u (video or in-person)	0.18
99212: Level 2 f/u (video or in-person)	0.70
99213: Level 3 f/u (video or in-person)	1.30
99214: Level 4 f/u (video or in-person)	1.92
99215: Level 5 f/u (video or in-person)	2.80
99441: Telephone (5-10 min)	0.70
99442: Telephone (11-20 min)	1.30
99443: Telephone (21-30 min)	1.92
99421: eVisit (5-10 min)	0.25
99422: eVisit (11-20 min)	0.50
99423: eVisit (21-30 min)	0.80
G2010: Virtual Check-in	0.18
G2012: Virtual Check-in (5-10 mins)	0.25
99417: Prolonged services day of visit (each 15 mins)	0.61
G2212: Prolonged services day of visit (each 15 mins)	0.61
99358: Prolonged services different date (30-74 mins)	2.10

# Staffing Model

**Alisa Yee, MSN, ACNP-BC**  
Director of Adult APP

**Tara Valcarcel, RN, MSN, CPNP-PC**  
Director of Pediatric APP

# Inpatient Setting

Average Daily Census ~52 patients ~18 Active List + ~30 As Needed List + 4 Chemo Days	CURRENT							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	All Nights
Attending #1 (~30 as needed patients 1x/wk, eConsult)	12 hr shift	12 hr shift	12 hr shift	12 hr shift	Attending #1	cross cover Attending	cross cover Attending	cross cover
Fellow #1 (~12 Active patients)	12 hr shift	12 hr shift	12 hr shift	12 hr shift	Fellow #1	cross cover Fellow	cross cover Fellow	Fellow
APP#1 (~6 Active patients, 4 Consults)	10 hr shift (chemo), 1 consult							

Average Daily Census ~58 patients ~26 Active List + ~30 As Needed List + 5 Chemo Days	FUTURE							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	All Nights
Attending #1 (~30 as needed patients 1x/wk, eConsults)	12 hr shift	12 hr shift	12 hr shift	12 hr shift	Attending #1	cross cover Attending	cross cover Attending	cross cover
Fellow #1 (~12 Active patients)	12 hr shift	12 hr shift	12 hr shift	12 hr shift	Fellow #1	cross cover Fellow	cross cover Fellow	Fellow
APP #1 (~6 Active patients + 4 Consults)	12 hr shift (chemo), 1 consult	12 hr shift (chemo), 1 consult	12 hr shift (chemo), 2 consult					
Requesting APP #2 (~6 Active patients + 4 Consults)			12 hr shift (chemo), 2 consult	12 hr shift (chemo), 1 consult	12 hr shift (chemo), 1 consult			

**GAIN Add Friday chemo, 6 Active Patients, 4 Consults, Double chemo capacity on Wednesdays**

# Inpatient Setting

Average daily census  
 # acute care, # icu  
 # consults, # primary  
 APP:patient ratio

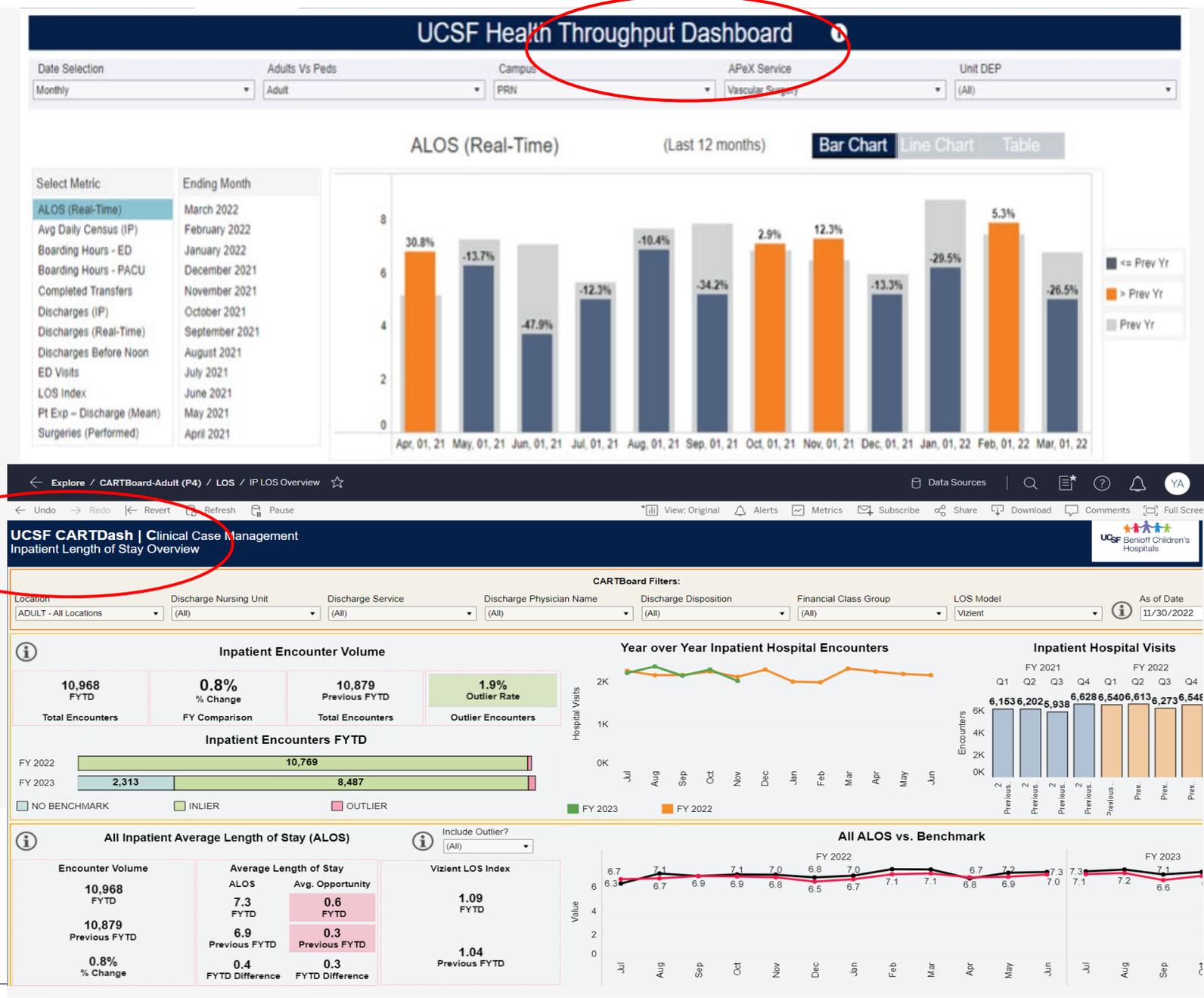
Discharge before noon %

Length of Stay Index

Case Mix Index

Dashboards Throughput or CART

For CART Access: email Sarah Immershein



# Inpatient Setting

Kim Ranalli email ~10<sup>th</sup> day of each month

Posted in FY23 through Oct 2022 (YTD)		Includes NP, PA, Midwife, Nurse Anesthetist and Optometrist providers		
SERVICE PERIOD	(All)			
Provider	Sum of CHARGES	Sum of NET COLLECTIONS	Sum of Total APP wRVUs	
	1,779.00	1,340.38	5.74	
	22,628.00	2,928.49	81.26	
	-	90.00	-	
	140,292.64	36,017.36	361.72	
	17,988.00	4,506.16	35.07	
	85,549.00	17,009.63	305.48	
	108,447.91	38,894.68	332.12	
	58,007.00	30,768.62	207.49	
	-	4.75	-	
	66,112.80	25,964.87	207.24	

Look up all APPs on the team

note if was on LOA

500 wRVU/year for a 1.0 FTE inpatient APP

# Ambulatory Setting

## CURRENT

visit volume FY22 287 (-10.6%) due to departure of MD in May  
 Visit volume YTD June 401 (+2.1 than budget and +4.7% from prior year)

	Monday	Tuesday	Wednesday	Thursday	Friday	slot utilization	
<b>Attending #1</b> FY22wRVU 2387	AM 5 FUP PM breast clinic	1 New, 10 FUP	12 FUP	1 New, 9 FUP	13 FUP		round at 2 different hospitals qDay
<b>Attending #2</b> FY22wRVU 3582	1 New, 9 FUP	1 New, 8 FUP	1 New, 8 FUP	12 FUP		114%	
						120%	

## FUTURE

Projected volume FY23 6924 (74 New/mo + 503 FUP/mo)

<i>5/2022 MD departed; recruiting</i>	Monday	Tuesday	Wednesday	Thursday	Friday	Notes
<b>Attending #2</b>	2 New, 7 FUP	2 New, 6 FUP	2 New, 6 FUP	12 FUP		round at 2 different hospital qDay  2 community oncologists left the area thus anticipate many more referrals
<b>Attending #3</b>	2 New, 11 FUP	2 New, 12 FUP	2 New, 11 FUP	2 New, 7 FUP	2 New, 10 FUP	
<b>Attending #4</b>	2 New, 13 FUP	2 New, 3 FUP Admin	2 New, 11 FUP	2 New, 11 FUP	2 New, 9 FUP	
<b>Attending #5</b>	1 New, 11 FUP	1 New, 11 FUP	1 New, 10 FUP	1 New, 8 FUP	1 New, 12 FUP	
<b>Attending #6 (started in August)</b>	1 New, 8 FUP					
<b>APP #1</b>		10 FUP infusion ctr call	10 FUP procedures infusion ctr call	10 FUP Infusion ctr call	10 FUP infusion ctr call	
<b>APP #2</b>	8 FUP infusion ctr call	Redwood clinic (7 FUP)	8 FUP infusion ctr call	8 FUP + Procedures		
<b>Requesting: APP #3</b>	8 FUP infusion ctr call		8 FUP infusion ctr call	8 FUP infusion ctr call	8 FUP + Procedures	

**Resources:** 6 RN (infusion) and 2 RN (clinic)

# Ambulatory Setting

- Current and projected volume of clinic
- MD names with wRVU, daily clinic template
- APP names with wRVU, daily clinic template
- Resources available to the APP (RN, LVN, PC)
- Any one of the following
  - 2700 wRVU
  - 36+ patients per week
  - 8 half sessions per week (4-6 patients/session)
  - MD:APP dyad for combined wRVU total 2700

# Ambulatory Setting

Kim Ranalli email ~10<sup>th</sup> day of each month

Posted in FY23 through Oct 2022 (YTD)		Includes NP, PA, Midwife, Nurse Anesthetist and Optometrist providers		
SERVICE PERIOD	(All)			
Provider	Sum of CHARGES	Sum of NET COLLECTIONS	Sum of Total APP wRVUs	
	1,779.00	1,340.38	5.74	
	22,628.00	2,928.49	81.26	
	-	90.00	-	
	140,292.64	36,017.36	361.72	
	17,988.00	4,506.16	35.07	
	85,549.00	17,009.63	305.48	
	108,447.91	38,894.68	332.12	
	58,007.00	30,768.62	207.49	
	-	4.75	-	
	66,112.80	25,964.87	207.24	

Look up all APPs on the team

note if was on LOA

2700 wRVU for a 1.0 FTE outpatient APP

**Why are these target metrics being implemented now?**

- APPs currently have a \$50-100 million dollar ROI gap (this continues to be refined for accuracy). For this reason, the Office of Advanced Practice Providers are working diligently with the APP Advisory Board, APPs in particular DEPs, managers/directors/finance/revenue cycle/compliance/OMAG, and senior leadership to maximize APP utilization and close this gap as much as possible. Additionally, we know from the Net Promoter Score survey results for APP work experience that APPs desire an increase in billable work and a decrease in nonbillable/care coordination work (if you're interested in your DEP's NPS results, please go to [APP Experience: NPS Results - Tableau Server](#)).

**The APP role in our clinical area includes care coordination work. How is this accounted for?**

In order for an APP to increase billable work, the care model needs to support that work. Consider the following:

- Clinical and administrative staff support (e.g. MAs, LVNs, RNs, PCs) to offload care coordination tasks from the APP to allow APP to focus on billable work (refer to In Basket Playbook). For every 1.0 FTE APP, the recommendation is that there is 0.3 FTE admin/clinical support dedicated to APP.
- Conversion of APP's care coordination time to billable on demand telephone, video, or MyChart e-visits
- Is there enough APP billable work to justify the APP role or can the bulk of the work be done by an RN?

**APPs in surgical areas often care for patients in the global fee period and are often unable to bill for their services\*. Will this be considered?**

Yes, this would be reflected in the JD workflow phenotype. We understand that APP roles vary across clinical specialties – our goal is to better understand the APP role in your area and to ensure the APP is being utilized optimally given the negative impacts of APP underutilization on patient access and care quality, finances, job satisfaction, and retention.

\*There are limited circumstances that are eligible for billing in the global fee period. See [Modifier 24 E/M Coding Requirements](#) or contact the Office of Advanced Practice to discuss further at [advancedpractice@ucsf.edu](mailto:advancedpractice@ucsf.edu)



For APP eRF submission (investment, replacement, temp)

1. FPPE
2. Clinical Job Summary
3. Staffing Model
4. Job description on *updated* form *for HR*

Go to [advancedpractice.ucsf.edu](https://advancedpractice.ucsf.edu) to download templates for

- ✓ FPPE
- ✓ Clinical Job Summary
- ✓ Staffing model
- ✓ Job description
- ✓ Chair's letter

## Advanced Practice at UCSF Health

[Home](#)

[About Us](#) ▼

[Advisory Board & Committees](#) ·

[Resources](#) ▼

[Home](#) > [Resources](#) > [Careers and Advancement](#)

# Next steps...

□ FY 23/24:

- Billable and Non-billable retrospective APP utilization monitoring

