WISCONSIN HOSPITAL ASSOCIATION, INC.

Date: **May 3, 2017**

To: **Members of the Assembly Committee on Rural Development and Mining**

From: **Eric Borgerding, President/CEO**

Re: **Support of Rural Wisconsin Initiative Health Care Legislation**

On behalf of nearly 140 hospitals and health systems in our state, the Wisconsin Hospital Association appreciates the opportunity to testify in support of several pieces of *Rural Wisconsin Initiative* legislation designed to invest resources into three key areas of health care in rural communities; workforce, quality improvement and population health. The legislation before you was crafted in cooperation with the staff and members of the Wisconsin Hospital Association, an organization that has represented the core of Wisconsin's health care delivery system since 1920 and has been a leading voice on health care policy.

Wisconsin's hospitals and health systems are critical components of the state's economy. When asked by employers what factors are most important when determining where to locate or expand their business, access to high quality health care consistently ranks in the top two or three infrastructure investments. Wisconsin is home to some of the highest quality health care in the country, which is a result of dedicated hospital leaders, physicians and staff but also public policy that supports high quality health care.

Today, you are hearing four pieces of legislation that have received national attention among other hospital associations across country as a unique focus on improving access to high quality health care in rural America. We applaud the authors for developing this legislation and we applaud Chair VanderMeer and members of the Committee for hearing these bills today.

Innovative Workforce Investments for Rural Health Care Providers

Assembly Bill 224 and **Assembly Bill 227** both provide grant funding to support health care provider training in rural communities. Modeled after a successful initiative put forward by Governor Walker in the 2013-15 biennial budget to support physician residency programs, the legislation before you incentivizes hospitals and health systems to offer new training opportunities for advanced practice clinicians and allied health professionals.

According to *WHA's 2016 Workforce Report*, hospital staff vacancy rates for advanced practice clinicians continue to climb – with nurse practitioners and physician assistants at 11.2% and 10.8%, respectively. This is the highest vacancy rate since at least 2009, which is the result of a strengthened economy resulting in more retirements but also an increase in the utility of these roles on the patient care team. Many of our members are using advanced practice clinicians in innovative roles, like advanced practice nurse prescriber hospitalists, to meet the needs of patients in Wisconsin's rural communities.

When thinking of the evolution of health care professional roles, the breadth of this analysis should not be limited to nurse practitioners and physician assistants. Allied health professionals, a significant segment of the hospital and health system workforce, is large, diverse and critical to key functions of care delivery – especially as we move towards population health. In Wisconsin, hospitals are experiencing some of the highest vacancy rates since 2009 for surgical techs, lab techs, pharmacy techs, and certified nursing assistants.

The demand for dieticians and nutritionists spiked in 2016, with a hospital vacancy rate that nearly tripled from 2015. As hospitals continue to look at value-based payment and population health, demand for roles like dieticians/nutritionists, patient care navigators and social workers will continue to increase.

Assembly Bill 224 provides matching grants to hospitals, health systems and educational entities that form consortia for the purposes of training allied health professionals. The definition of allied health professional can range from a master's prepared therapist to a pharmacy technician who receives on the job training. AB 224 is designed to incent educational entities and health care employers to come together and offer training that is flexible and meets the needs that exist today – which may be different from the needs that have existed in the past or will exist in the future.

Assembly Bill 227, the Rural Education for Advanced Clinicians in Health Care (REACH) Act, creates an incentive for a hospital or clinic in a rural community to offer clinical training for advanced practice clinicians, defined in the bill as advanced practice nurses and physician assistants. We know from research done with physician residency programs that a provider who trains in an area is more likely to practice in that area. The legislation not only provides matching grant funds for the cost of clinical rotations, but also provides incentives for students to train in rural communities (e.g. tuition forgiveness, travel costs, reasonable living expenses) – with a matching contribution from a sponsoring organization.

The REACH Act will be the first of its kind in Wisconsin – possibly the first of its kind across the nation – by providing state support for the training of professionals that are increasingly important to ensure rural Wisconsin citizens have access to the high quality, high value health care Wisconsin is known for.

Strengthening Wisconsin's Commitment to Quality Improvement

Wisconsin enjoys some of the highest quality health care in the country. In fact, in nine of the last ten years – Wisconsin's quality ratings from the federal Agency for Healthcare Research and Quality have ranked among the top four states in the country. This high quality care does not come by chance, it comes from the dedicated leadership, physicians and staff at our state's hospitals and health systems.

WHA is proud to be a partner in our members' well documented quality success. Since 2008, WHA has staffed an in-house quality improvement team to work on various projects that improve patient care outcomes, lower cost and drive efficiency in the overall health care system. **Assembly Bill 255** provides $100,000 in additional funding to the Wisconsin Hospital Association Foundation's Quality Improvement Fund to increase participation by rural hospitals in quality improvement work or broaden the scope of quality improvement activities provided by the Association. The bill also requires the Association to report the results of these quality improvement activities back to both houses of the state legislature.

Population Health Improvement and Wellness in Rural Communities

As our members look to the future, they see the need and the desire to pay for wellness and not sickness. Keeping people out of the hospital may someday be just as significant to hospital reimbursement as how many people come through their hospital doors. While paying for wellness is the desired outcome by many, this goal is much more difficult to accomplish in rural communities that have scarcer resources for population health and wellness services. When coupled with medical services that are part of a patient's care plan, medical wellness programs can provide critical rehabilitation and prevention services and can improve overall health care outcomes for patients.

Assembly Bill 222 provides for one-time funding of at least two medical wellness facilities and programs in Wisconsin, designed to address community health needs and provide chronic illness management, occupational health, rehabilitation, wellness and prevention services. The organization must be a hospital or health system with a hospital or clinic located in a rural area and must also match the grant amount.

RWHC
Your partner. Your source.

TO: Assembly Committee on Rural Development and Mining
Representative Nancy VanderMeer, Chair

FROM: Jeremy Levin, MHA,
Director of Advocacy

DATE: May 3, 2017

RE: SUPPORT Rural Wisconsin Initiative

The Rural Wisconsin Health Cooperative (RWHC), owned and operated by forty rural community hospitals, thanks you for this opportunity to share our thoughts on the seven bills that comprise the Rural Wisconsin Initiative. RWHC thanks the 25 lawmakers who have authored this effort and the bipartisan list of legislators who have signed on to specific pieces of legislation.

RWHC has long supported cross-sector collaboration and realizes the need to improve more than just community health status, and that is why we wholeheartedly support the Rural Wisconsin Initiative, having supported ways to boost rural broadband and will look forward to the continuing package of legislation "meant to improve access to education, health care, technology, and workforce development in rural Wisconsin."

AB 222

Access to high quality healthcare is one of the most pressing needs in rural Wisconsin and helping to maintain a healthy lifestyle is equally important. AB 222 helps meet that need by investing in the creation of rural wellness facilities and programs. RWHC members have varying types of wellness facilities and can only offer varying degrees of access to their employees and community.

AB 224

Rural health care entities leverage a team-based care approach where the expertise of all members of the health care team is utilized. Team-based health care promotes using provider resources in the right place, at the right time, and in the right setting. AB 224 creates a grant program that would be available to rural hospitals and educational entities that work together to form training consortia focused on growing this sector of the workforce. RWHC has worked with its members and their communities to support "on the job" training. Health care has had a long history in apprenticeship learning across different health provider professionals. Developing community-based health professional training programs and enhancing health education resources across the state by allowing students to experience firsthand the challenges, opportunities and rewards of health professions is a very judicious use of health care dollars. This bill is also supported by the Wisconsin Council on Medical Education and Workforce, a collaboration of health care workforce stakeholders, which RWHC sits as a sponsoring institution.

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AB 227

Advanced Practice Clinicians (APCs), such as physician assistants and advanced practice nurses, play crucial roles in rural hospitals, serving as a primary care access point for a wide range of settings and patients. AB 227, the Wisconsin REACH Act – Rural Education for Advanced Clinicians in Healthcare – will support, educate and train APCs in rural communities. This follows a successful model that has been created for physicians. RWHC leads the Wisconsin Collaborative for Rural Graduate Medical Education (WCRGME), which in just five years funding has made it possible to grow from the Collaborative's initial eight organizations interested in developing and sustaining rural graduate medical education (GME) funding, to more than 30 hospitals, clinics, and residencies investigating and developing rural GME, and that number is growing. A similar model for APCs must be developed in rural areas of the state, where some hospital vacancy rates for these professions exceed 10%.

AB 255

RWHC supports grant monies going to the Wisconsin Hospital Association Foundation Quality Improvement Fund to both increase participation by rural hospitals in quality improvement activities and broaden the scope of quality improvement activities. Wisconsin has had a strong culture of quality improvement, which is why in 2012 a full 98% of Wisconsin hospitals were voluntarily participating in WHA's quality improvement initiative, *Partners for Patients.* Rural hospitals have been and will continue to be engaged in quality improvement efforts.

Thank you again for this opportunity to express our support for the Rural Wisconsin Initiative. We encourage the Committee to act on these bills so that they might become law and more can be done to help rural areas and the health care providers that serve these areas of Wisconsin.

Romaine Quinn

STATE REPRESENTATIVE • 75th ASSEMBLY DISTRICT

5/03/2017

Assembly Committee on Rural Development and Mining

Chairperson VanderMeer and members of the committee:

Thank you for inviting me before you to discuss Assembly Bill 227, which creates a $750,000 grant program to train advanced practice clinicians. The Department of Health Services will be able to give out up to 15 grants of up to $50,000 from this money, and must give preference to APC training programs that include a rural training component. This bill is part of the Rural Wisconsin Initiative, whose members are searching for strong policy solutions to the issues and challenges unique to our areas.

Rural Wisconsin is facing a demographic crisis. By 2035, 29 Wisconsin counties will have a population that is more than 27% elderly (above 65 years old). Another 11 counties will have an elderly population of between 24 and 27%. This problem is compounded by the fact that young residents are increasingly moving out to larger cities with better health care options.

With technology increasingly offering the ability to work from anywhere, many of these young people may be looking for ways to move back home. But if they do not have access to the same quality of health care they have in urban areas, they'll think twice.

Advanced Practice Clinicians are a crucial part of any hospital's medical team. These are the specialists who run x-rays, help administer anesthesia, help deliver babies, and guide patients through their care. Today, Wisconsin faces a 10% vacancy rate for these specialists.

Doctors and nurses who train in rural Wisconsin are much more likely to stay in rural areas. By encouraging rural hospitals to partner with area educational institutions to form training programs for APCs, we can tap into a motivated labor market to train new APCs. Giving young people a visible career path in their local areas, we can start to push back on the aging population crisis we are facing. When we have a strong health care infrastructure, younger residents are more likely to stay in their hometowns. Working together, we can help stem the tide of young people leaving home, and help to rebuild vibrant rural communities.

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May 3, 2017

TO: Assembly Committee on Rural Development and Mining

FROM: Gretchen Considine, PA-C MS

RE: AB 227/SB 161 – Advanced Practice Clinician Grants

Dear Committee Members:

I am a physician assistant and I have been in practice for over 20 years at the Prairie Clinic in the Sauk Prairie area. I am writing to ask your support for Assembly Bill (AB) 227/Senate Bill (SB) 161, relating to advanced practice clinician grants to help my colleagues learn how to practice in rural areas where there is less support from experienced practitioners.

Advanced Practice Clinicians (APCs), such as physician assistants like me, play a crucial role in rural hospitals. There is an increasing shortage of APC's in rural areas. AB 227/SB 161, introduced by Reps. Romaine Quinn, Debra Kolste, Ed Brooks and Travis Tranel and Sen. Patrick Testin, will provide resources for APCs to train in rural areas. The grant matching program would incentivize new clinical rotation programs to be established in rural communities that often rely on PA's and NP's for health care.

Let me tell you that as I age, I am well aware of the need for smart, capable, pragmatic and creative health care providers. I am often asked to teach the PA and medical students that rotate through our clinic. I remind them that they need to "learn this stuff as you will be the one taking care of me someday." Those of us in rural areas should be very committed to providing the resources it takes to train the next generation of our health care providers. I thank those who came up with the great idea for this bill and I thank the authors who are putting their energy into supporting a profession that I love and in which I have had great satisfaction.

I ask that you support AB 227/SB 161 to help ensure that physician assistants like me can provide the best health care possible to Wisconsin residents in all parts of the state.

With much respect,
Gretchen Considine

Wisconsin State Senate
24th Senate District

Serving Wood, Portage, Adams,
Waushara, Monroe, and Jackson

PATRICK TESTIN

STATE SENATOR

DATE: May 3rd, 2017

RE: **Testimony on 2017 AB 227 and SB 161**

TO: The Assembly Committee on Rural Development and Mining

FROM: Senator Patrick Testin

Chairperson VanderMeer and members of the committee, thank you for today's hearing and for accepting this testimony on behalf of Assembly Bill 227 (AB 227), which creates a 750,000 dollar annual training grant program for advanced practice clinician. This legislation is part of the Rural Wisconsin Initiative. When the initiative was started last year by Representatives Brooks, Quinn, and Tranel, its intent was to provide focus and leadership to the discussion of how we can build our future in rural Wisconsin. I am thankful that my testimony today can be a part of that larger discussion.

Over the last 50 years, the population has trended away from rural areas and toward urban and suburban locations. This shift establishes a vicious cycle. Businesses leave areas where they cannot find customers or employees, which in turn causes ensuing generations to leave when the time comes for them to enter the job market. The shrinking population then leads to a decline in available resources and services.

In today's increasingly interconnected world, where someone lives should be less of a hindrance to employment than ever before. This is good news for rural areas. However, to stabilize and grow our population, we must first preserve then further develop access to resources like health care. This bill works to ensure that rural Wisconsinites have access to well trained, front line medical professionals.

Advanced Practice Clinicians, such as Physician Assistants and Advanced Practice Nurses, play a critical role in the health care team. Unfortunately, we are facing shortages of these workers in rural areas – including vacancy rates of over 10% in Wisconsin hospitals. To address this need, this bill encourages rural hospitals to partner with area educational institutions to form training programs for Advanced Practice Clinicians.

The grant program created by AB 227 provides 750,000 dollars annually for the creation of clinical training infrastructures in rural communities. This investment would apply to support clinical training preceptors, tuition assistance for students, required materials, and stipends for reasonable living expenses – for when a student relocates into a rural community for their training experience.

This bill is a healthy shot in the arm for rural communities, and I hope you'll join me in supporting it. Thank you for your consideration.

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WISCONSIN ACADEMY of PHYSICIAN ASSISTANTS

To: Chairperson Nancy VanderMeer
Members, Assembly Committee on Rural Development and Mining
From: Beverly Speece, MTS, PA-C
Date: May 3, 2017
Subject: Support for AB 227 - Advanced Practice Clinician Grants

My name is Beverly Speece. I am a physician assistant and I currently serve as the Director of Clinical Education at the University of Wisconsin School of Medicine and Public Health Physician Assistant Program. On behalf of the Wisconsin Academy of Physician Assistants, I am here to testify in support of Assembly Bill 227.

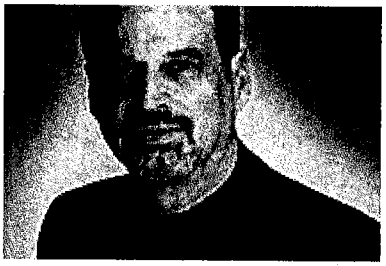
Advanced Practice Clinicians (APCs), such as the over 2,000 PAs like me in Wisconsin, play a crucial role in rural hospital and clinics because patients in rural areas rely on APCs as a primary care access point. PAs provide a full range of medical care to patients including: taking histories, ordering and interpreting tests, diagnosing, establishing treatment plans, making referrals and writing prescriptions. We practice in every medical setting, including specialty care and surgery.

However, there is an increasing shortage in APCs in rural areas. Over 80 percent of Wisconsin counties have hospital vacancies for APCs that exceed 10 percent. AB 227, introduced by Reps. Quinn, Kolste, Brooks and Tranel and Sen. Testin, would provide new resources for APCs to train in rural areas. The grant matching program would incentivize new clinical rotation programs to be established in rural communities that primarily rely on APCs for health care.

I have seen how this type of funding can make a difference. Three years ago we started our 'wisPACT' track (Wisconsin PA Community Tract) that was initially supported by grant funding, where we train students from central/northern Wisconsin with the goal of having them return to their home communities to work. Last year we graduated our first wisPACT class and many of these graduates are now working in rural communities. Next week we will graduate 8 more such students

I ask that you support AB 227 to help ensure that physician assistants can provide the best health care possible to Wisconsin residents in all parts of the state, particularly the rural parts, which are too often underserved.

Thank you for your time. I'd be happy to attempt to answer any questions you may have.


Need a Hospitalist? Call a Nurse!

Even physicians learn to love a program that could provide a lifeline for hospitals struggling to find doctors

April 10, 2017

Lola Butcher

0 Comments

Hospitalist programs, common in medium-sized and large hospitals for years, have been too costly for many smaller and rural hospitals to adopt. But a new model using nurse practitioners opens the door for small and critical access hospitals, in some cases with dramatic results for patient outcomes and patient satisfaction, as well as for physician retention rates. They could even be a key to the survival of some of America's most challenged hospitals.

Nurse practitioners run the hospitalist program at Rusk County Memorial Hospital in Ladysmith, Wis., overseen by an off-site collaborating physician. "Without the creation of our hospital medicine program, it is unlikely our hospital could have survived," says Charisse Oland (pictured right), CEO of Rusk, a 25-bed bed hospital with a service area of about 18,000 people.

A few years ago, an independent medical group that had been providing much of the area's primary care started having a difficult time attracting new physicians to replace those who left. On top of that, the physicians who remained increasingly referred patients to another hospital 45 minutes away.

Supporting article: Case Study: Rusk County Memorial Hospital's Nurse Practitioner Hospitalist Program

Framing the Issue

- A growing number of small, rural hospitals, unable to recruit or afford physician hospitalists, are staffing their hospital medicine programs with nurse practitioners.
- Hospitals that use this approach must comply with state and federal regulations regarding scope of practice, billing and other factors.
- In many states, nurse practitioners can manage patients independently with access to a collaborating physician who does not have to be on-site.
- Hospital medicine is frequently not part of nurse practitioner training programs, so hospitals must assess their capabilities carefully and use an onboarding process that corresponds to their level of preparation.

Rusk took several steps to address the problem, including starting its own primary care clinic. But it was the adoption of a nurse practitioner hospitalist model pioneered at two other Wisconsin critical access hospitals — Eagle River Memorial Hospital and Aspirus Medford Hospital — that sparked an impressive turnaround.

The accompanying case study digs deeper into the Rusk success story, including the three scenarios hospital leaders considered in choosing and designing the hospitalist program, how the program works and the lessons learned along the way.

Other hospitals are discovering the value of the nurse hospitalist, as well. Several small hospitals in Indiana and Ohio contract with Hospital Care Group, which uses NP hospitalists to supplement care provided by physician hospitalists. Hospital Care Group employs 25 physicians and 15 NPs who provide round-the-clock hospitalist coverage at 10 hospitals. The mix of physician and NP staffing varies from one hospital to the next, depending on each one's medical staff needs and what it can afford.

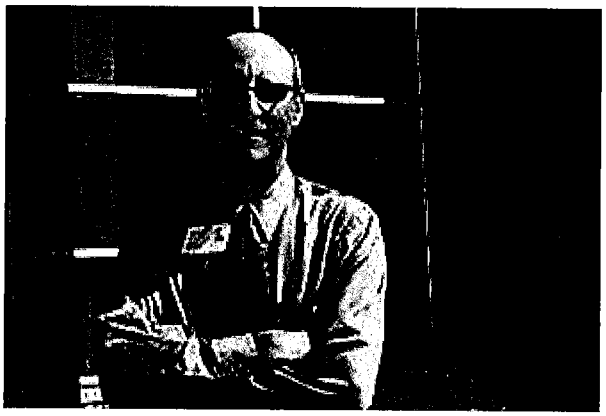
Supporting article: Legislators Target Rural Clinicians in Wisconsin

"Our primary model is to have a physician there during the daytime and a nurse practitioner covering that hospital either on-site or off-site during the night, usually from 5 p.m. until 7 a.m.," says Mark Drapala, the company's CEO.

By contrast, the NP hospitalist at Pinckneyville (Ill.) Community Hospital works weekdays, allowing him to round with primary care physicians as they check on their patients and provide continuity of care throughout the

day.

"He is constantly in and out of the rooms, checking on each patient, regardless of their acuity level," says CEO Randall Dauby (pictured left). "The perceived care is better, the customer service is better, and the results are showing up on our Press Ganey scores."



Pinckneyville's NP hospitalist sits on the hospital's quality council and works on process improvement initiatives that community physicians don't always have time for.

"Our physicians are happy because they get to their offices quicker," Dauby says. "And the improvement in 30-day readmissions has been great because the nurse practitioner is involved in the discharge case management process.

"Overall," he says, "it's been wonderful."

What's happening at small hospitals

Compared with larger community hospitals and tertiary and quaternary care centers, critical access hospitals have been slow to adopt hospitalist programs, primarily because of the cost. But as small-town physicians get older, they want to cut back on their inpatient responsibilities, and younger physicians are reluctant to take jobs that require call duty.

"As time goes on, a lot of small hospitals are falling into the dilemma of how they are going to take care of inpatients at their hospitals," Drapala says. "That's where nurse practitioners really come in — the bottom line is that they are half of the cost of a physician in terms of total compensation costs."

In Pinckneyville, three primary care physicians still round on their inpatients and take call duty every third weekend, but the hospital finds that paying for an NP hospitalist is money well-spent, Dauby says. The NP hospitalist works closely with each physician and uses the electronic health record system to take the patient's history and physical, record the discharge summary and order ancillary tests.

Although the physicians are still rounding with patients, the NP hospitalist enables them to spend less time in the hospital, freeing them up to see more outpatients.

"We have better customer service for our physicians," Dauby says.

Rusk employs advanced practice nurse prescribers as hospitalists, and Oland also reports improved customer service for patients. The APN hospitalists "really enjoy engaging with patients and their families," she says. "They're available whenever the family needs them, rather than just morning or evenings, and spend more time than under the old model. Our climbing patient satisfaction scores are indicative of these improvements."

NPs, PAs in hospital medicine

The use of NPs in hospitalist programs has been growing for nearly a decade, says Tracy Cardin, an acute care nurse practitioner and a hospitalist at the University of Chicago Medical Center. Nearly 65 percent of all adult hospital medicine programs — and 33 percent of pediatric programs — use either NPs or physician assistants in some capacity, according to the 2016 State of Hospital Medicine Report, based on a biennial survey conducted by the Society of Hospital Medicine. That's about the same as reported in 2014 but up significantly from 2012, says Leslie Flores, a partner in Nelson Flores Hospital Medicine Consultants and a member of the society's practice analysis committee.

Traditionally, many hospital medicine programs have used advanced practice nurses in support roles that do not take full advantage of what they have to offer, Flores says. She sees that changing as the hospital medicine field matures.

For example, the UChicago Medical Center has seven hospitalist teams. Of those, five comprise APNs and physicians; one has only physicians; and one has only APNs.

"I work at the maximum scope of practice and rely on my physicians when I need higher-level medical decision-making," Cardin says.

In some hospitals, nurse hospitalists are responsible for admitting patients during evening or night shifts. In others, they are co-managing a specific patient population, in conjunction with a physician hospitalist.

"Or, they might be running the observation unit for the hospital, working pretty independently," Flores says. "We are starting to see people becoming much more thoughtful about how they are using NPs and PAs so they can function more independently and really make use of their advanced practice license and skills."

Cardin, who last year became the first NP elected to the SHM board of directors, believes that hospital medicine programs are heading toward significant change, and that NPs and PAs increasingly will become important. As hospital revenues decline in the emerging era of value-based reimbursement, hospitals will be unable to afford a hospitalist staff that is entirely or primarily composed of physicians.

"All hospital medicine practices rely on hospital funds transfer to survive," she says. "With hospitalist physician salaries going up in an era of shrinking reimbursement, that is not a sustainable business model."

That said, few observers expect nurse-led hospitalist programs to become standard in the foreseeable future because most hospitals want physicians to be involved in inpatient care, Drapala says. "Even if regulations allowed nurse practitioners to function independently, we would still provide that physician backup coverage because we just feel that's the right quality of care to provide patients," he says.

Challenges at hand

Hiring NPs and PAs as hospitalists requires careful attention to myriad laws and regulations at the federal, state and institutional levels.

Laws regarding the scope of practice of advanced practice nurses — that is, how independently they can work — vary greatly by state. But that is just the beginning of the state issues to consider.

"Often, the focus of attention is on the issue of independent practice, but there needs to be more focus on other statutes and regulations that can have a significant impact on the utilization of advanced practice clinicians," says Matthew Stanford, general counsel for the Wisconsin Hospital Association. While there is broad interest in having NPs and PAs take on the hospitalist role, there's also a lack of clarity about what exactly they can and cannot do. A three-part webinar series hosted by the WHA to address these issues last year drew an audience of nearly 400 individuals from 78 hospitals.

Because so many laws and regulations were written when only physicians managed patient care, some may unintentionally limit other clinicians from handling certain tasks permitted by the clinician's licensure, Stanford says. So, it may be difficult to determine whether a state statute allows an advanced practice clinician to admit a patient to a nursing home or activate a power of attorney, for example. The WHA is supporting legislation to begin to address such ambiguities in Wisconsin.

Meanwhile, the Centers for Medicare & Medicaid Services' billing rules for physicians differ from those for midlevel providers. And Medicare requires a physician's signature for inpatient admissions and discharges.

Beyond that, medical staff bylaws may need to be adjusted as APNs assume responsibilities previously handled by physicians. In some hospitals, bylaws require a physician to co-sign notes written by APNs, Flores says. At Rusk, medical staff bylaws used to say that physicians could vote on hospital practices only if they were admitting a certain number of patients to the hospital each year. When the NP hospitalist model was adopted, most physicians would have lost their voting privileges because they no longer met that criterion.

"We rewrote our bylaws to allow physicians who are actively participating in committees — quality, infection prevention, peer review and so forth — to continue to have an active status and to be able to vote on our medical staff," Oland says.

Meanwhile, physicians felt strongly that an NP hospitalist should not be a medical officer or director of a hospital department, and that was codified in the medical staff bylaws.

Sorting out oles, responsibilities and working relationships is another challenge that hospitals face as NPs and PAs take on hospitalist duties. In addition to scope-of-practice limits in some state statutes, medical staff bylaws sometimes require a physician to sign off on a midlevel hospitalist's work. Hospitals with successful programs stress the importance of a sound onboarding program to make sure NPs and PAs are fully trained for the new roles they'll be taking on.

In some cases, physician hospitalists are initially reluctant to trust NPs or PAs, which is particularly problematic if the physician is required to approve their work; but Cardin finds that, in time, physicians grow to appreciate the program.

"We have to be respectful of the physicians' concerns, and their main concern is always, 'I'm going to get sued,'" Cardin says. "What I find is that once they work with NPs and PAs, they love them, and the working relationship increases physician satisfaction."

Executive Corner: How to Choose A Nurse Practitioner Hospitalist

Here are some tips from those with experience in choosing a nurse practitioner for a hospitalist program.

- Do not assume that an NP's training program provided all the education needed to succeed as a hospitalist. "I always say that when you hatch doctors from their doctor box, they are pretty much ready to doctor the day that they hatch," says Tracy Cardin, an acute care nurse practitioner at the University of Chicago Medical Center's Section of Hospital Medicine. "NPs are not like that — there's a wide range in the rigor and vigor of graduate-level education." Cardin, a member of the Society of Hospital Medicine, points out that many NPs have special training in, for example, family medicine or emergency medicine. There are a limited number of acute care training programs for NPs currently.
- Look for inpatient experience. "People who have been NPs for 20 years but have been working in a clinic setting are less likely to be good candidates," says Charisse Oland, CEO of Rusk County Memorial Hospital in Ladysmith, Wis. On the other hand, an NP who worked as an intensive care unit or medical-surgical nurse before pursuing NP training may adapt easily to the hospitalist role.
- Use an extensive onboarding process, if possible. At Rusk, which has an average daily census of six to eight patients, all new hospitalists go to a weeklong "hospitalist boot camp" and/or shadow another NP hospitalist at another critical access hospital for a week, complete a competency assessment and have mentoring time with the collaborating physician. Hospital Care Group, which provides hospitalists through contracts with 10 hospitals in Ohio and Indiana, typically places NPs in night and weekend shifts while physicians fill the weekday shifts. Nurse practitioners usually spend up to two months in orientation before they begin practicing, says CEO Mark Drapala. "They will round with our nurse practitioners at night for usually four to six weeks, and then they usually will do two weeks of rounding with the physician at that hospital during the day, just to get comfortable with how the physician practices," he says. "That is because most NP programs provide very limited inpatient training." Cardin, who practices in a busy tertiary care setting, says administrators should expect an even longer period for inexperienced NP hospitalists to become fully acclimated. "If you look at the most successful programs, they have a very

vigorous onboarding structure to get people up to speed," she says. "They have mechanisms for ensuring that people are adequately prepared — it's a nine-month onboarding, not two weeks."

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Case Study: Rusk County Memorial Hospital's Nurse Practitioner Hospitalist Program

How one rural hospital overcame a medical staffing crisis.

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By implementing an advance nurse practitioner hospitalist program, a rural hospital was able to recruit more physicians and meet community needs.

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