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Recruit, Retain, Reimagine: 2023 Strategies for the Advanced Practice Provider Workforce
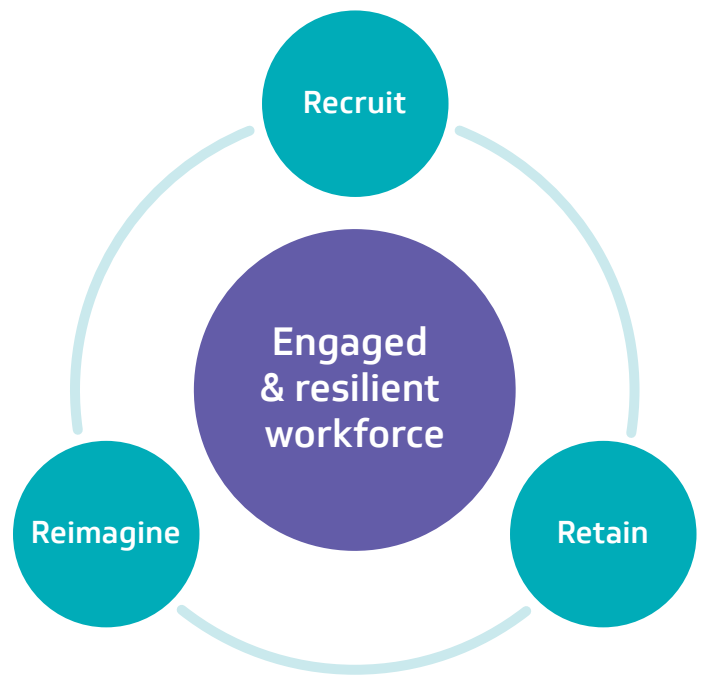
Clinical Team Insights Data Trends

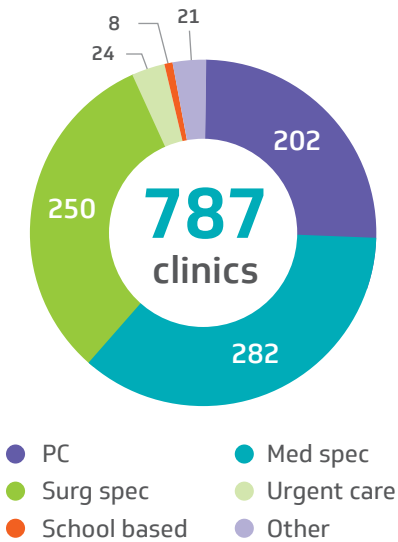## Workforce strategy is more important than ever

Healthcare organizations continue to face critical challenges in building and maintaining a high-performing clinical workforce. Demand for healthcare and by extension, for providers, continues to grow as the population ages and chronic conditions place ever-increasing burdens on both patients and the healthcare system. Organizations continue to battle challenges related to the COVID pandemic, surging infection rates, widespread provider burnout, the aging of the clinical workforce and limited community resources. There have been unprecedented shifts of workers into retirement, part-time employment, disability, family caregiving, unemployment or employment outside the healthcare delivery setting.[1] Adding to this, historically high inflation, supply chain challenges and rising labor costs are further stressing the healthcare system. Labor accounts for more than 50% of most healthcare systems' operating costs and is increasing by about 15% per year, adding $24 billion nationally in labor costs in 2021.[2] These rising costs are driven largely by higher salaries and wages paid for contract labor, overtime, part-time employment and staff turnover.

Recruit

Engaged & resilient workforce

Reimagine

Retain

Advanced Practice Providers (APPs) comprise an ever-growing portion of the clinical workforce and play a pivotal role in enabling organizations to not only survive but thrive in this environment. To build an engaged and resilient APP workforce, organizations must recruit top talent, retain that talent, and reimagine how their clinical workforce delivers care by optimizing not just APPs, but the entire care team.

This report integrates recent literature with Clinical Teams Insight data from 34 hospitals and almost 800 clinics to describe the current state of the clinical workforce and provide guidance for organizations on how to recruit and retain quality providers while reimagining the healthcare delivery model. The data in this report reflects 2021 processes and was collected in early 2022.

Vizient Clinical Team Insights performs annual survey-based assessments of organizational structure and clinical operations in the following areas: leadership, acute care organization, privileging, ambulatory organization and ambulatory site/ clinic. An acute care service line assessment will be added in 2023.

787 clinics

- 202
- 282
- 250
- 24
- 8
- 21

- ● PC
- ● Surg spec
- ● School based
- ● Med spec
- ● Urgent care
- ● Other

34 Hospitals

92% Hospital/Healthcare System Medical Group

8% Academic Faculty Practice Medical Group

6,262 APPs (4,336.8 cFTEs)

1,952 RN FTEs

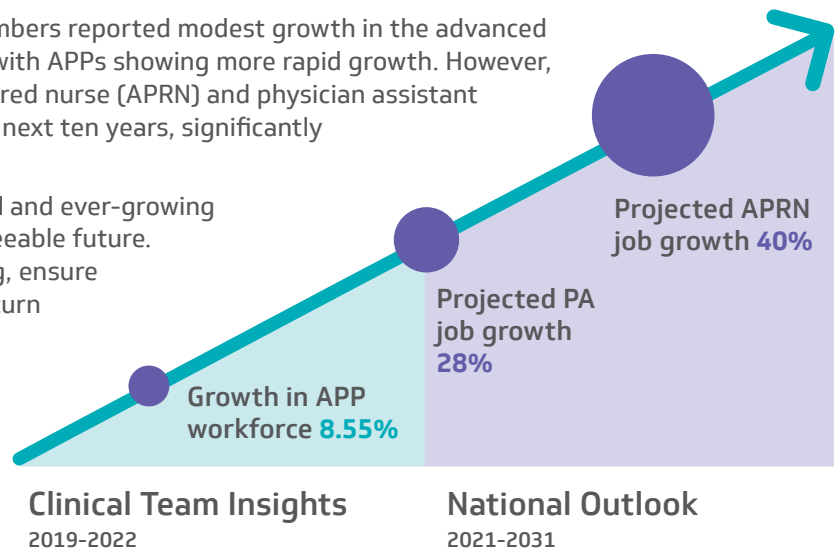**8,230** Physicians (5,510.3 cFTEs)

77 Pharm-Ds

1 Recruit

Careful workforce planning will ensure you are adequately prepared to meet your organization's and your community's needs.

Workforce Growth

Over the past two years, Clinical Team Insights members reported modest growth in the advanced practice provider (APP) and physician workforces, with APPs showing more rapid growth. However, national data shows that advanced practice registered nurse (APRN) and physician assistant (PA) jobs are expected to grow even more over the next ten years, significantly outpacing other health care professionals.

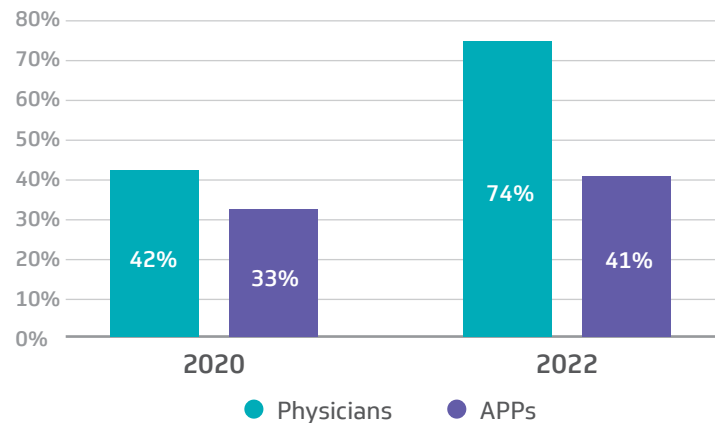APPs, including PAs and APRNs, will play an integral and ever-growing part in the health care provider team for the foreseeable future. If segments of your provider workforce are growing, ensure you have a clear understanding of the expected return on that investment (ROI) and communicate that value proposition to both staff and leaders. If segments of your provider workforce are shrinking, it is important to understand the reasons for and the impacts of these changes.

Projected APRN job growth **40%**

Projected PA job growth **28%**

Growth in APP workforce **8.55%**

Clinical Team Insights
2019-2022

National Outlook
2021-2031

Recruitment Process

In today's competitive environment, it's more important than ever to complete the hiring process in a quick, efficient, and effective manner. An effective recruitment process* starts with understanding your organization's mission, its unique role in your community, and the most appealing features for prospective providers. Organizations can lay the foundation for a collaborative team approach by creating clear job descriptions with well-defined roles and responsibilities. Many of our organizations (41%) utilize HR rather than a provider recruitment team as the primary recruiter of APPs, while only 19% of organizations recruit physicians using HR. Provider recruitment teams that consist of both APPs and physicians can help organizations hire the right providers; 74% of organizations recruit physicians and 41% of organizations recruit APPs using these teams. This is a significant shift from 2020, but APPs are still less likely to be recruited in this manner, which can result in a poor fit. Hiring for fit will maximize your chances of forming lasting and productive partnerships between your organization and each new provider.

Organizations using a collaborative team approach to recruit providers

	2020	2022
Physicians	42%	74%
APPs	33%	41%

● Physicians   ● APPs

> * This additional content is available for Vizient Clinical Team Insights members only. Contact us to learn more about becoming a member.
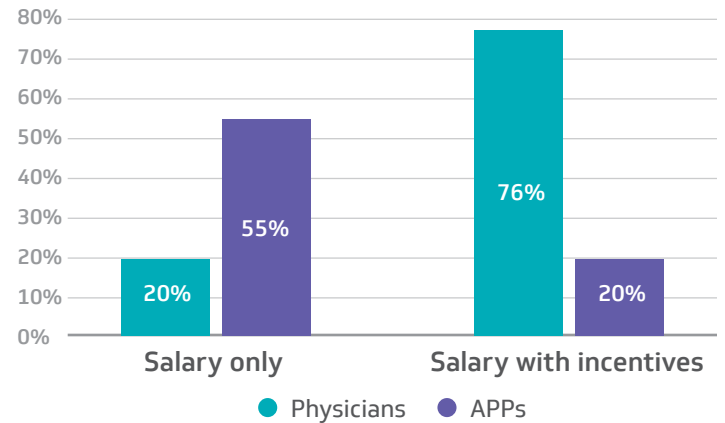
Compensation Methodology

Thoughtfully designed, market-based compensation packages help your organization recruit top talent and minimize lateral transfers and attrition. They can also enhance the collaboration, productivity and accountability of all providers on the healthcare team. Total compensation will be different for APPs and physicians, but using similar methodologies promotes teamwork and a focus on the organization's goals.

We found that only 4% of organizations within the acute care setting compensate physicians and APPs utilizing the same methodology. Nearly two-thirds (62%) of acute care organizations do not standardize APP compensation methodology across their health care system. Alignment was reported more frequently within the ambulatory care setting, although fewer APPs are compensated with a combination of salary and incentives compared to physicians.

Productivity incentives for physicians have traditionally been based on work value-based units (wRVUs). While APPs also generate wRVUs, they are rarely incentivized solely on wRVU-based productivity, and physicians who are incentivized based on APP wRVUs may be in violation of recent revisions to the Stark Law by the Centers for Medicare & Medicaid Services.[3] Healthcare systems are increasingly using more holistic productivity metrics including quality, patient volumes and time performing additional patient care tasks.[4]
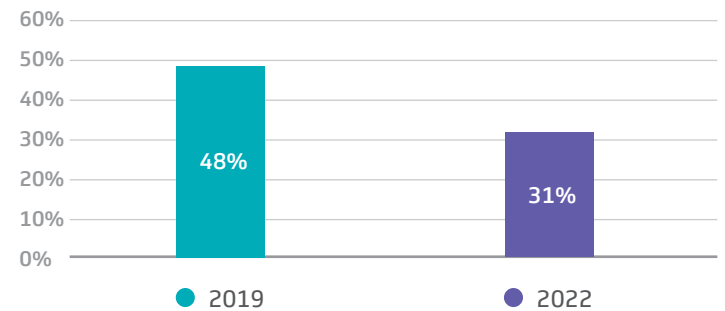
Physicians may receive a stipend for providing supervision services for APPs, such as onboarding, training, mentorship, education and chart reviews. As advanced practice leadership structures have matured, APPs' scope of practice has expanded, and team-based care models have become more established, these tasks have been shifting from physicians to APPs.[5] As a result, the percentage of organizations incentivizing physicians to support APPs has trended down.

Compensation methodology in ambulatory care settings

Source: Clinical Team Insights benchmarking data

Clinical Team Insights members incentivizing physicians to work with APPs

Source: Clinical Team Insights benchmarking data

2 Retain

It's important to set the stage for new providers during the recruitment process, but the work isn't done when they arrive on day one.
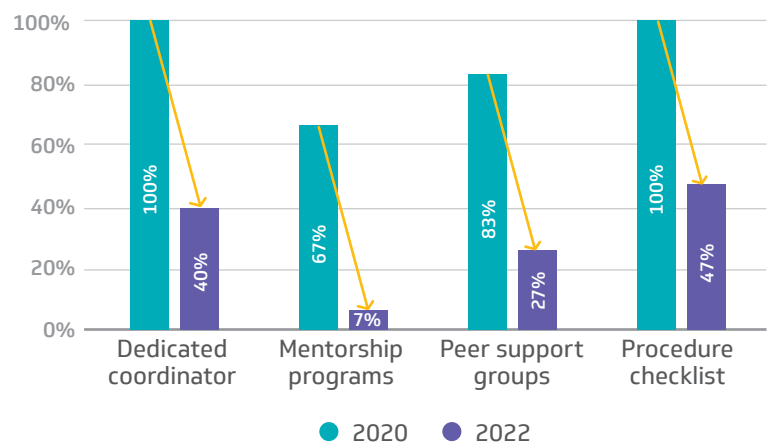
Onboarding

Onboarding programs can generate significant return on investment (ROI) through reductions in burnout and turnover, improved quality of care, higher productivity, enhanced provider engagement, improved patient access and increased patient satisfaction. Interestingly, health care organizations spend 46% less on employee education and training than other industries.[6]

Unfortunately, onboarding programs for providers have experienced significant declines and disruptions over the last two years. Data collected in 2022 showed only 24% of organizations now have a formal onboarding program for APPs in the acute care setting and 56% of organizations have one in the ambulatory care setting. Some organizations hired fewer providers in the early phases of the pandemic, which temporarily reduced the demand for onboarding. Whether due to this reduced demand or challenges described elsewhere in this report, many organizations have shifted their focus and resources elsewhere, which could impact all of the factors noted above: burnout, turnover, quality of care, productivity, provider engagement, patient access and patient satisfaction.

> Onboarding programs lasting **6-12 months** have been shown to reduce turnover rates by **40%-75%**.

2022 shows significant changes to APP onboarding programs in ambulatory care setting

APPs: new to practice

	2020	2022
Dedicated coordinator	100%	40%
Mentorship programs	67%	7%
Peer support groups	83%	27%
Procedure checklist	100%	47%

APPs: new to the organization

	2020	2022
Dedicated coordinator	100%	36%
Mentorship programs	50%	7%
Peer support groups	83%	21%
Procedure checklist	100%	50%

Source: Clinical Team Insights benchmarking data

Expectations for these newly minted providers are high: 94% of APPs in ambulatory clinics have their own schedule and see both new and established patients

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As we transition from the pandemic to the "new normal," organizations must re-invest in onboarding programs for all new hires, including mentoring and peer support. It will also be important to provide additional support for new graduates, whose training may have been disrupted by pandemic restrictions.
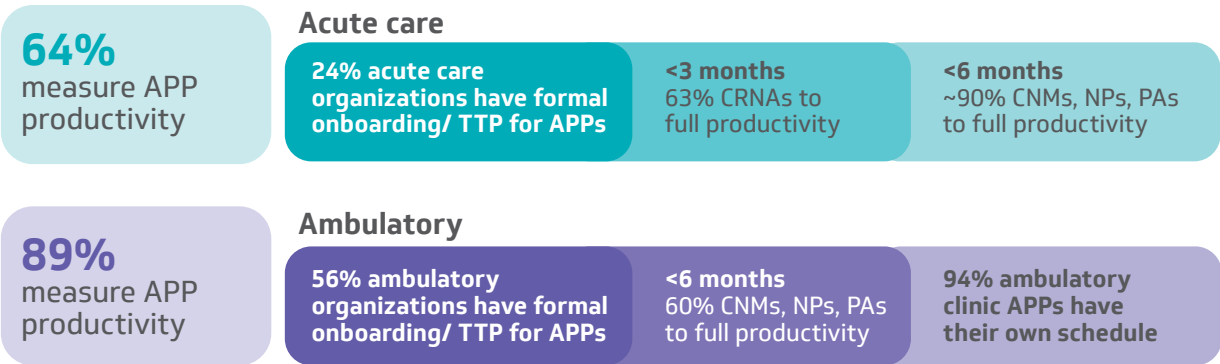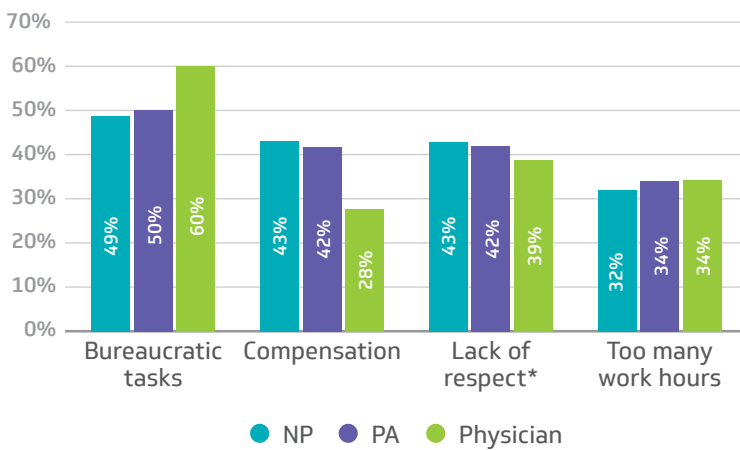
Expectations for these newly minted providers are high: 94% of APPs in ambulatory clinics have their own schedule and see both new and established patients. New graduates are expected to be at full productivity within six months in 90% of acute care settings and 60% of ambulatory clinics. New-to-practice providers need support to meet these expectations. Formal postgraduate programs such as residencies or fellowships* are one way to help new-to-practice providers practice at the top of their license, treat a full range of patient types and meet practice productivity expectations.

64% measure APP productivity	**Acute care**		
	24% acute care organizations have formal onboarding/ TTP for APPs	**<3 months** 63% CRNAs to full productivity	**<6 months** ~90% CNMs, NPs, PAs to full productivity

89% measure APP productivity	**Ambulatory**		
	56% ambulatory organizations have formal onboarding/ TTP for APPs	**<6 months** 60% CNMs, NPs, PAs to full productivity	**94% ambulatory clinic APPs have their own schedule**

Burnout and Employee Well-being

Burnout continues to hamper the performance of our health care system and exact a heavy toll on the dedicated individuals who care for us all. The World Health Organization's International Classification of Diseases (ICD-11) has categorized burnout as a "syndrome" that results from "chronic workplace stress that has not been successfully managed." In the US: 83% of providers cite burnout as a public health crisis that has been exacerbated by the pandemic.[7] In a recent survey of more than 500 physicians, those who made a position change between 2020 and 2022 cited burnout and stress as their top concern.[8]

While there are many factors that contribute to burnout, bureaucratic tasks top the list. Team approaches to care can decrease feelings of burnout by addressing patient needs and offsetting workload demands.[9] Unfortunately, staff shortages among nurses, providers and support staff disrupt the team and often compel providers to take on more administrative tasks.

Protocols and electronic health record (EHR) templates can streamline these types of processes without interrupting patient care or placing additional administrative duties on providers.[10] For example, Clinical Team Insights data demonstrates that 87% of APPs and 85% of physicians in ambulatory clinics perform prescription medication refills. This process could be streamlined or delegated to reduce provider burden.

2022 Burnout report

Bar chart showing burnout factors by provider type:

- **Bureaucratic tasks:** NP 49%, PA 50%, Physician 60%
- **Compensation:** NP 43%, PA 42%, Physician 28%
- **Lack of respect*:** NP 43%, PA 42%, Physician 39%
- **Too many work hours:** NP 32%, PA 34%, Physician 34%

Legend: NP, PA, Physician

*Lack of respect from administrators, employers, colleagues, or staff

Sources: Medscape Physician Assistant Burnout Report 2022, Medscape Nurse Practitioner Burnout & Depression Report 2022, The Complexities of Physician Supply and Demand: Projections From 2018 to 2033 (Association of American Medical Colleges)

Turnover

The full cost of employee turnover is often hidden but its impact on an organization is profound. Beyond the direct costs of recruitment and onboarding, lost revenue and the negative impacts of short staffing on patient care and team performance add costs.

Turnover cost is estimated at $250,000 per APP and between $500,000 to $1.5 million per physician, depending on the specialty. The average Clinical Team Insights organization spends approximately $8 million on APP turnover and $32 million on physician turnover annually.

The national turnover rates for APPs range from 10.7% to 22.9%.[11] Vizient Clinical Team Insights members had a lower average turnover rate of 9.3%, saving $16.6 million when compared to the national average.
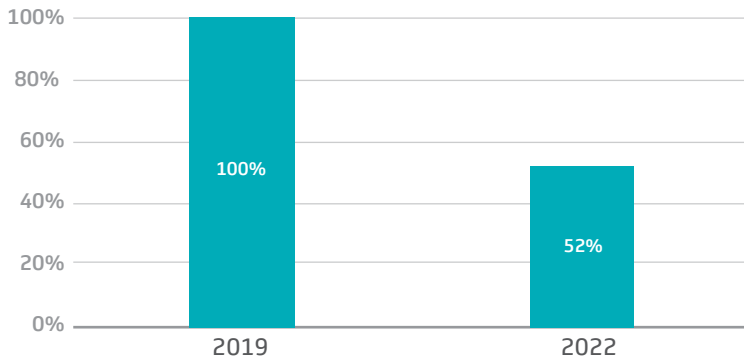

Most organizations still have opportunities to reduce turnover and its associated costs. The longer a position remains unfilled or is filled by a provider who is not fully productive, the greater the turnover-related costs.

Clinical Team Insights members reported the average time between a provider job posting and an accepted offer was 59 days for APPs and 170 days for physicians in 2022. It may take an additional three to four months for credentialing and another three to 12 months to reach full productivity.

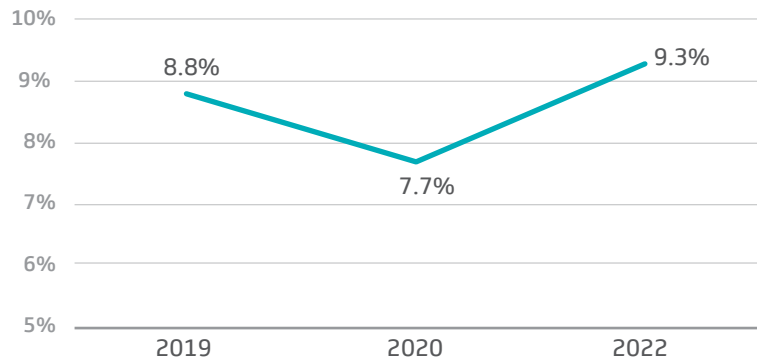## Organizations requiring resignation notice for APPs

Requiring resignation notice as part of the initial hiring agreement can reduce the length, cost, and disruption of provider vacancies. While common for physicians, fewer organizations included resignation notice requirements for APPs in 2022 than in 2019. Not only is this costly, but it can also send a message to APPs that they can be easily replaced and are thus less valuable to the organization and their patients, reducing loyalty and increasing turnover.

Turnover patterns were significantly impacted by the COVID pandemic. While the pandemic presented unprecedented challenges, it also presented opportunities for APPs, as many states lifted practice restrictions, allowing APPs to function to their fullest potential. On the other hand, many organizations offered fewer prospects for APPs because of low patient volumes, delayed elective procedures and resulting financial constraints.

These factors may have been major contributors to the sharp decline in APP turnover among Clinical Team Insights members in 2020. APP turnover appears to have trended back up from as organizations have opened more positions, emergency pandemic provisions expired or were repealed, and burnout continues to grow. Turnover rates may continue to display volatility as healthcare systems face strong economic headwinds.

APP turnover

Lateral transfer (employee churn)

7% for APPs

1.6% for physicians

Lateral transfers occur when providers leave their unit or clinic for another role within the same organization. These moves can be an indicator that clinical staff are seizing professional development opportunities or that there are negative factors within a unit or practice that are driving staff to transfer elsewhere. Organizations should take note if the lateral transfer rate is unusually high or low, keeping in mind that some transfers may be initiated by the organization, rather than individual provider choice. In Clinical Team Insights data, we see about 7% of APPs take lateral transfers while only 1.6% of physicians make a similar move.
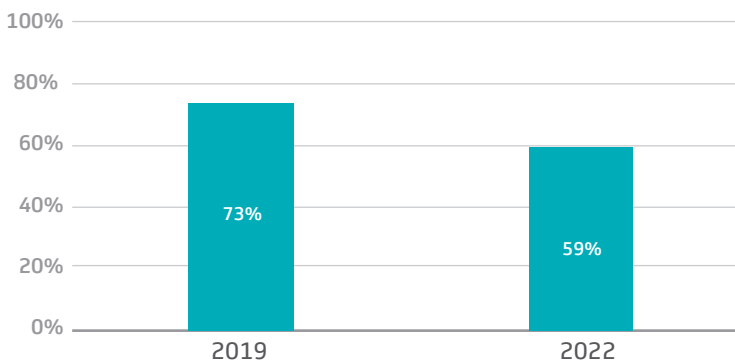
Competency

Continuous quality improvement and patient safety are core values of both accreditation organizations and healthcare organizations. Competency assessments ensure patient safety and quality as well as set expectations for provider duties, enabling healthcare systems to remain competitive and deliver high-quality value-based patient care.[12] More than 80% of organizations have the same professional practice evaluation for APPs and physicians in the acute care setting.

Attributing patient outcomes to providers enhances the competency assessment process but accurate attribution can be challenging, especially for APPs. Only 50% of organizations can attribute patient outcomes to PAs, and just 59% can attribute patient outcomes to APRNs.

There has been a concerning downward trend in the use of competency assessments in the ambulatory setting. For example, requiring procedure lists to verify APP competency decreased from 73% to 59%.

Clinical Team Insights members requiring procedure lists to verify APP competency

Leadership and Governance

Governance structures impact multiple aspects of the organization and are fundamental to building an inclusive culture and enhancing provider engagement. Leadership and governance structures for APPs have evolved significantly in recent years. In place of CNO oversight of APRNs and CMO oversight over PAs, 64% of organizations now have a single identified leader for APRNs and PAs, with almost 50% of organizations charging the CMO with ultimate oversight. As a result, fewer CNOs are responsible for APRNs and PAs in 2022 than they were in 2019, as APPs transition under the medical provider leadership structure.

Oversight of APPs

CNO
- APRNs **30%** ↓from 45%
- PAs **11%** ↓from 18%

CMO
- APRNs **41%** ↑from 9%
- PAs **52%** ↑from 45%

APP leaders have protected time to dedicate to leadership activities outside of their clinical responsibilities, with almost 70% of the organizations providing a 0.7-1.0 FTE protected time. Overall leadership structure has grown, with 64% of the organizations with dedicated leaders now having additional support staff, including administrative assistants and APP managers.

A multidisciplinary governance structure incorporates everyone's unique expertise and insights. About 70% of ambulatory organizations have APP representation on their committees. The most rapid growth of APP involvement has been on the Quality (81%), Operations (56%), and Compensation (56%) committees.

While APP representation on the Medical Staff Committee can expedite a collaborative team environment between APPs and physicians, ensure the state scope of practice is being followed, and enable APPs to be fully utilized, some organizations have faced barriers to APP inclusion. APPs have improved representation in the last year with 62% of organizations having APP membership on the medical staff committee. Of those organizations, 71% allow the APP member voting membership.

A growing number of organizations have APP councils, which not only support APP practice, but can also serve as a steppingstone in building an APP leadership structure.

80% orgs have APP councils

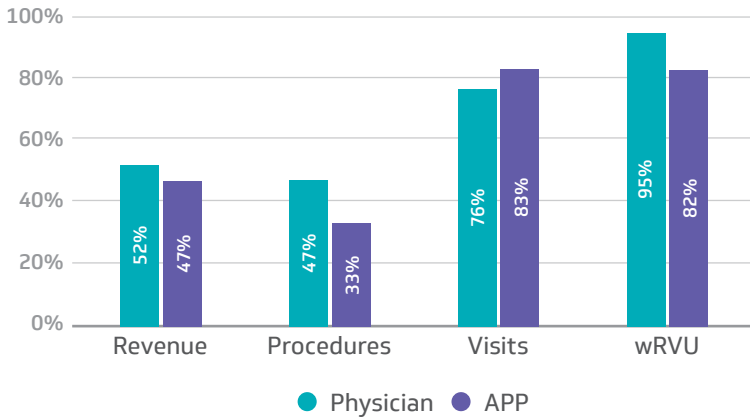| %	Activity
94%	Discuss professional practice issues
63%	Coordinate APP education
50%	Monitor and translate legislative changes
50%	Coordinate new APP orientation
38%	Develop APP competency assessment & peer review process and tools
31%	Support APP billing and reimbursement
25%	Review APP request for privileges
19%	Review APP credentials
13%	Review APP reappointment files
13%	Conduct APP competency assessment

Productivity and Billing

While many healthcare organizations have previously struggled to accurately measure APP productivity, advancements in electronic health record technology, an increase in APP billing, and better team-based care models have led to improvements in APP productivity measurement. Within the acute care setting, 65% of organizations measure productivity, and 89% of ambulatory clinics measure productivity.
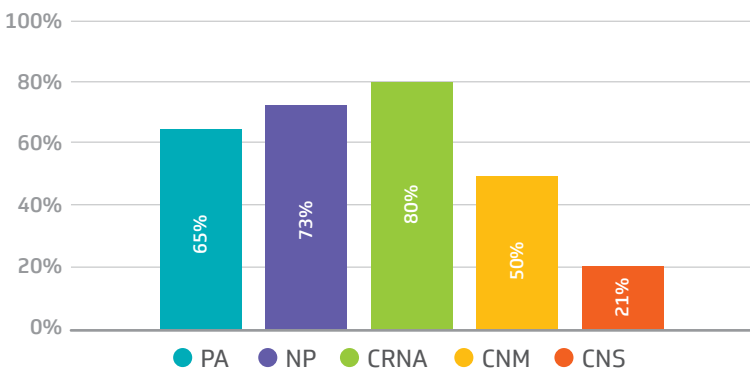
Ambulatory clinics reported a variety of productivity metrics, and many clinics utilize more than one metric.

Metrics used for APP productivity

A bar chart comparing Physician and APP productivity metrics:
- Revenue: Physician 52%, APP 47%
- Procedures: Physician 47%, APP 33%
- Visits: Physician 76%, APP 83%
- wRVU: Physician 95%, APP 82%

Legend: ● Physician ● APP

APPs generally bill under their own National Provider Identifiers (NPIs) for their services in the acute care setting.

APPs billing under their own NPIs in acute care setting

A bar chart:
- PA: 65%
- NP: 73%
- CRNA: 80%
- CNM: 50%
- CNS: 21%

Legend: ● PA ● NP ● CRNA ● CNM ● CNS

Ambulatory clinics increased APP billing from 2019 to 2022. Surgical specialty clinics had the most rapid growth, increasing from 39% to 64% over the last year.

APPs billing in ambulatory clinics

A line chart:
- 2019: 45%
- 2022: 62%

Productivity and billing improvements not only provide organizations with essential tools for optimizing the provider workforce, but also support the standardization of compensation methodology among physicians and APPs.

3 Reimagine

Organizations must find new ways to generate sufficient revenue to support their operations.

APP Integration within the healthcare team

Many organizations have offset losses incurred by their outpatient clinics through acute care revenue. Unfortunately, Kaufman Hall's October 2022 National Hospital Flash Report identified negative operating hospital margins in the first nine months of 2022.[13]

APPs can reduce an organization's cost structure and improve margins. While APPs represent an increasing proportion of the provider team and are part of most care settings, there is opportunity to increase these numbers even further.
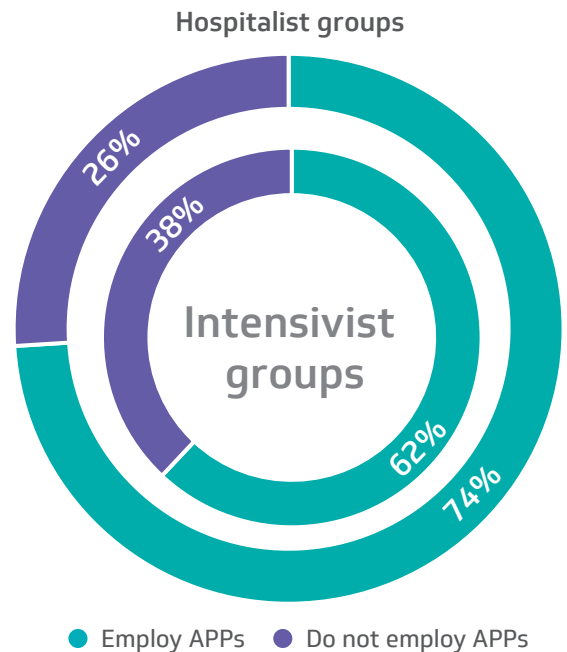
Ambulatory

% clinics that employ APPs

80%
of primary care

76%
of med spec

72%
of surgical

Physician cFTE : APP cFTE

	2019	2022
PC	1.78	1.72
Med spec	1.71	1.56
Surgical	1.67	1.56

Acute care

Physician cFTE : APP cFTE

2019	2022
2.13	1.3

Inpatient teams

Hospitalist groups

26%

38%

Intensivist groups

62%

74%

● Employ APPs   ● Do not employ APPs

Some organizations and providers are concerned about potential revenue losses that could result from APP reimbursement rates that are 85% of the Physician Fee Schedule. However, the lower cost structure associated with APP and team models have demonstrated return on investment (ROI) when APPs bill under their own NPI:[14]

Care Team Model Return on Investment

	APPs treat only established patients	Physician and APP Collaborative model	Independent APP practice	APP Procedural practice
ROI	80.6%	163%	236%	767%

Collaborative Team Approach

Expanding the types of patients APPs see and ensuring all providers are operating at the top of their scope can often improve access, decrease appointment wait times and increase revenue. For example, APPs in medical specialty clinics are less likely to see new patients, and these clinics have some of the longest wait times for new appointments.

The average days for new patient appointment:

25 days
Primary care

34 days
Med spec

21 days
Surg spec

APP Roles and Responsibilities

Primary care

New patient visits	93%
Established acute patient visits	91%
Established chronic patient visits	100%

Care Management	53%
Form Completion	80%
Prior Authorizations	35%

Medical specialties

New patient visits	60%
Established acute patient visits	83%
Established chronic patient visits	95%

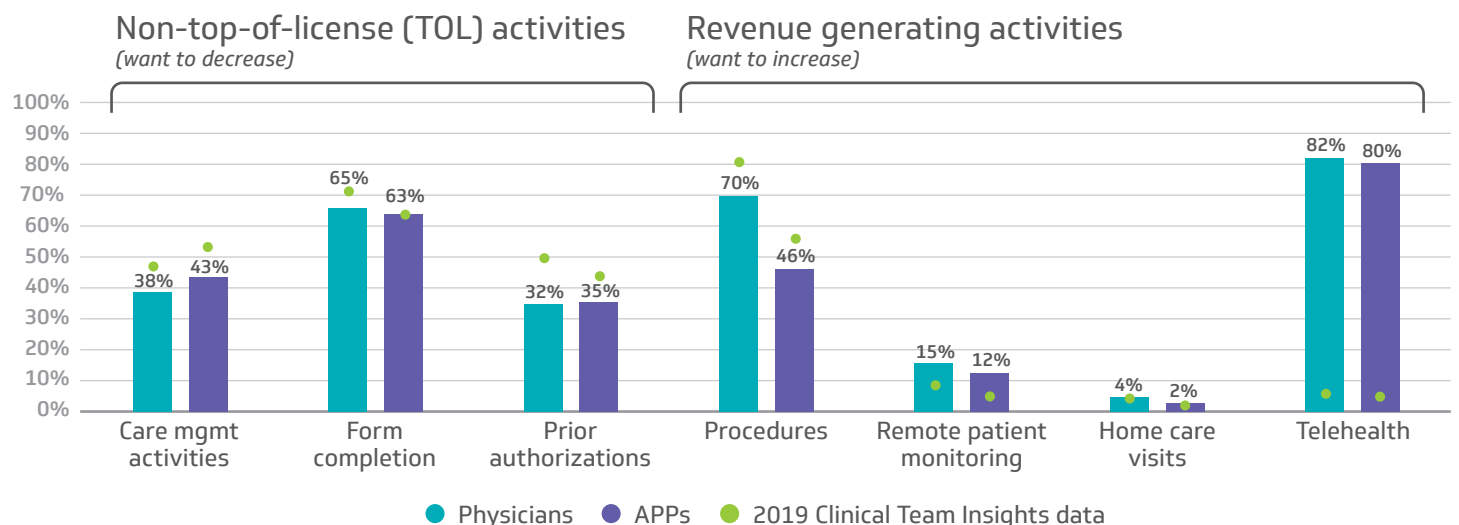|	
Care Management	42%
Form Completion	63%
Prior Authorizations	43%

Surgical specialties

New patient visits	86%*
Established acute patient visits	93%
Established chronic patient visits	88%

*19% increase from last year, 93% establish acute, 88% establish chronic.

Care Management	38%
Form Completion	53%
Prior Authorizations	30%

It is also essential for APPs to minimize non-top-of-license activities such as care management, form completion and prior authorizations. Organizations can reduce administrative tasks and support employee well-being by focusing on workflow efficiencies, centralized resources, clinical team practice structure and scope of practice.

Non-top-of-license (TOL) activities
(want to decrease)

Revenue generating activities
(want to increase)

Activity	Physicians	APPs
Care mgmt activities	38%	43%
Form completion	65%	63%
Prior authorizations	32%	35%
Procedures	70%	46%
Remote patient monitoring	15%	12%
Home care visits	4%	2%
Telehealth	82%	80%

Legend: ● Physicians ● APPs ● 2019 Clinical Team Insights data

Nurses or other licensed health care professionals can generate revenue and advance a collaborative team approach by completing care management tasks such as the Medicare Annual Wellness Visit (AWV). Even though the AWV has been demonstrated to decrease healthcare spending, only 25% of enrollees used the benefit in 2015.[15] In 2022 only 11% of ambulatory clinics reporting to Clinical Team Insights tasked RNs with AWVs. Even in primary care clinics, only 33% of clinics reported that they were performing this task. Organizations can identify eligible patients from the EHR or billing systems and schedule these examinations to improve both outcomes and revenue.

Clinical Team Insights estimates an additional 1.1 million patient visits could have been added over the last year, generating an additional revenue of $76.9 million by reassigning or eliminating administrative tasks.

Ensuring that each member of the care team operates efficiently and at the top of their education and training can improve engagement, balance the workload across the care team, improve outcomes and maximize revenue. Staff shortages that span across the entire care team make this more challenging but more essential than ever.

Expanding Care Modalities

The adoption of telemedicine had been slower than many industry experts predicted until the COVID-19 pandemic accelerated its use. Telemedicine has significantly increased from 15% of providers offering the service in 2019 to 80% in 2022, expanding access to care and creating new challenges for ambulatory clinics. As regulatory and payment conditions continue to change, organizations must adapt and capitalize on new opportunities. Sg2 forecasts 29% of all evaluation and management (E&M) visits will be delivered in a virtual care setting by 2029.[16] Remote monitoring also promises to change the care delivery process through virtual health monitoring for chronic medical problems, medication titrations and in-home care.[17]

Virtual Care Modality Use per Provider Type

Primary care providers

Telemedicine

Physicians	94%
APPs	90%

Remote Monitoring

Physicians	19%
APPs	11%

Medical specialties

Telemedicine

Physicians	85%
APPs	80%

Remote Monitoring

Physicians	15%
APPs	19%

Surgical specialties

Telemedicine

Physicians	71%
APPs	71%

Remote Monitoring

Physicians	10%
APPs	6%

Centralized Care Resources

Administrative costs account for 15% to 30% of healthcare spending in the U.S. and at least half of that does not contribute to health outcomes in any discernible way. This translates to $285 billion to $570 billion in wasteful spending annually.[18] Wasteful processes also create bureaucratic tasks, which are the most common contributor to provider burnout. Centralized administrative resources can decrease this burden for providers and their staff. Common centralized resources include prior authorization, scheduling and after-hour call centers.

Access to centralized resources

	PC	Med spec	Surgical
After-hours call center	70%	58%	73%
Centralized prior auth	35%	38%	29%
Centralized scheduling	54%	33%	31%
Centralized staffing	17%	14%	6%
None	20%	24%	22%

Key takeaways to move your workforce forward

Clinical Team Insights providers have incorporated many practices and process changes this past year. Administrative activities including prior authorization and care management by providers have decreased. More organizations are identifying a unified advanced practice leader, and more advanced practice providers are participating in ambulatory committees. Surgical subspecialties have expanded advanced practice provider visits and are seeing more new patients.

However, there are still opportunities to improve workforce strategies. Together, we can change the way we recruit and retain APPs as well as to reimagine the way healthcare is delivered, leading to improved patient outcomes and reduced health care system costs.

Top recommendations

1. ## Recruit
   - Recruit APPs using provider teams that include both advanced practice providers and physicians.
   - Refine and standardize APP compensation methodology.

2. ## Retain
   - Onboarding activity has decreased and must be revitalized to improve engagement and reduce turnover.

3. ## Reimagine
   - Set up protocols and EHR templates to streamline care processes without interrupting patient care or placing additional administrative duties on providers.[19]
   - Have nursing staff perform Medicare Annual Well Visits and chronic care management to generate new revenue.
   - Telemedicine capabilities have increased significantly, but there are still opportunities to implement virtual health monitoring.
   - Continue to promote top-of-scope of practice for the APP workforce.

Clinical Team Insights tools and resources

Clinical Team Insights provides a wide variety of tools and resources to help you optimize your clinical team:

- Clinical Team Insights annual assessments
- Change package
- Community page
- Pro forma report/ tool

- Turnover report and worksheet
- Advisory services
- Thought leadership
- Annual workforce conference
- Member spotlights

- Professional Advancement Model toolkit
- Mentorship toolkit
- Recruitment module
- Quarterly networking calls.

By leveraging Clinical Team Insights data and resources you can impact organization success in the following areas

Improved provider engagement and well-being
- Effective leadership structures
- Professional development opportunities
- An inclusive culture

Improved patient access to care
- Top of scope practice for all providers
- Workflow efficiencies
- Expanded scheduling capacity

Improved patient outcomes
- Stable care teams
- Reduced provider turnover
- Systemwide, high-quality care

Improved financial performance
- Maximized revenue-generating productivity of providers
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