

Shaping the future of healthcare: Advanced practice providers, workforce planning and digital innovation





Evaluating and innovating your workforce model is crucial right now.

New competitors and changing patient expectations have combined with a shortage of healthcare workers to create a perfect storm that requires new thinking. It's never been more important for healthcare leaders to understand workforce trends and predict future needs. Healthcare leaders who use real-time data to guide their decisions and actions will have an advantage. Projections show the way forward, while real-time data gives them the tools they need to navigate changes.

Your strategic plan should be informed by different data sources to ensure excellent patient care, operational effectiveness and workforce readiness. This report shares data and insights on how the Advanced Practice Provider (APP) workforce is likely to change and what's happening in healthcare right now.

Advanced Practice Provider workforce outlook

New predictions from the U.S. Bureau of Labor Statistics give us an idea of how the healthcare workforce will change from 2021 to 2031. As of 2022, there were more than 385,000 nurse practitioners (NPs) licensed in the U.S. NPs are expected to see a big increase of 46% in job opportunities. For physicians assistants (PAs), there was an estimated 168,318 physicians assistants licensed in the U.S. An estimated 5.8% are planning to retire within five years. PAs will see a significant increase of 28% in upcoming opportunities (Statistics, U.S. Bureau of Labor, 2023) with an annual 6.5% increase in PAs coming into practice. These APPs are positioned to play a crucial role in mitigating provider workforce shortages. They're also positioned to address the evolving needs of patients, along with the financial constraints faced by healthcare organizations.

Information from Vizient Clinical Team Insights supports these growth projections. It showed an 8.6% increase in APP jobs from 2021 to 2022, and another 8.4% increase from 2022 to 2023. Vizient data also shows that more and more medical groups are including APPs as part of their team. In fact, 68% of APPs are now employed by medical groups. This shows that organizations need to innovate their healthcare models and incorporate APPs into their patient care models to operate at the height of efficiency to meet patient demand.

APP forecasted job growth from 2021 to 2031

↑ 46% Nurse Practitioners ↑ 28% Physician Assistants

Vizient APP trends

↑ 8.6% 2021-2022 ↑ 8.4% 2022-2023



Creating the environment for APP success

Although health systems and their patients have seen the benefits of APP inclusion for years, many still struggle to find the right balance with team-based work. Creating the right environment to hire and retain APPs is only the first step. Creating an environment where they feel supported and rebuilding your model to guarantee their success is vital.

Healthcare systems must avoid the pitfalls of rapid growth and provide adequate support for new hires to meet retention goals. Unchecked expansion without proper support may result in a revolving-door effect and contribute to burnout among existing providers. Medscape's annual reports on Nurse Practitioner and Physician Assistant Burnout and Depression show that both NPs and PAs have experienced significant burnout. NPs reported a 59% increase since before the pandemic, while PAs reported a 52% increase (Winsborough, 2023) (Nelson, 2023)

Burnout increases (from pre-pandemic)

↑ 59% Nurse Practitioners ↑ 52% Physician Assistants



Ambulatory workforce

There's a significant demand for APPs across ambulatory settings, but this isn't unique to APPs. The high demand for healthcare services and the competitive wages being offered are making it difficult to find enough medical assistants (MA), registered nurses (RN) and support staff. To decrease administrative workload on providers and care teams, it'll be important for organizations to invest in technology to streamline efficiencies and bolster morale.

Even though the Bureau of Labor Statistics predicts that the number of medical assistants (MAs) will increase by 16%, there's a concerning trend of MAs leaving the medical profession. Given the crucial role MAs play in the care team and their contribution to the efficient operation of clinics, this shortage is placing a substantial burden on organizations.

Larger organizations can offer training and education programs for high-demand positions by developing internal training programs and pipelines. This might include teaching current staff new skills, allowing for flexible work schedules and providing opportunities for career growth within the organization. Creating collaboratives with local community, high school and college educational programs.

A key strategy is to use technology to lessen the burden on overworked staff and staffing shortages. Here are some strategies to use technology to make the provider workforce more efficient.



A key strategy is to use technology to lessen the burden on overworked staff and staffing shortages. Here are some strategies to use technology to make the provider workforce more efficient.

- 1. Use technology for self-scheduling:** Introduce self-scheduling systems that let patients choose their own appointment times. This won't only lighten the workload for staff but also give them more time to focus on important tasks.
- 2. Encourage patients to update electronic health records (EHR) before appointments:** Urge patients to update their medical history, medications and other pertinent information before appointments. This proactive approach minimizes data entry time for MAs and enables them to support providers more effectively during visits.
- 3. Delegate tasks and improve workflows:** Look at how things are currently done and figure out which tasks can be given to support staff or automated using technology. This way, staff and providers can focus on taking care of patients and handling more important responsibilities.
- 4. Explore telehealth and virtual care options:** Draw from telehealth and virtual care solutions to extend the reach of providers and reduce the necessity for in-person visits. Providers can use technology to check on and treat patients remotely. This reduces the need for medical assistants and support staff.

CASE STUDY

Novant Health Orthopedic Group recognized the need to improve patient visits. They identified that the burden of electronic medical record (EMR) data entry often distracts providers from fully focusing on patient care. To address this challenge, the group implemented voice detection software designed to facilitate seamless documentation during patient encounters. The implemented voice detection software enables providers to conduct patient visits without the interruption of manual EMR data entry. During each visit, the software records audio, which is then transcribed into the patient's medical record by a dedicated team assigned to each specific provider. The software allows for personalization, ensuring compatibility with the surgeon's visit template. Natural language processing algorithms can analyze the voice recordings, automating the population of the patient's chart. The adoption of the voice detection software yielded significant benefits for Novant Health Orthopedic Group. Providers experienced time savings of five to eight minutes per patient visit, equating to about five hours per week. This efficiency improvement gave providers more time to focus on patient interaction and clinical decision-making, enhancing the overall quality of care. Despite the initial investment in the software, its cost is comparable to hiring a scribe. However, the system views the software as a superior investment due to the high turnover rates among scribes, making the software a more sustainable solution in the long term.

The case of Novant Health Orthopedic Group highlights the effectiveness of leveraging voice detection software to streamline patient visits and improve provider efficiency. By removing the distraction of EMR data entry, physicians can devote more time to patient care. This ultimately enhances the patient experience and clinical outcomes. The adoption of innovative technology like voice detection software presents a cost-effective alternative to traditional solutions such as scribes, offering long-term benefits for healthcare organizations.





Growth of digital strategy

As more APPs join organizations, it becomes clear that a stronger digital strategy is necessary. This spectrum of digital strategies encompasses many areas, including:

- Patient process automation
- Virtual care provision
- Artificial intelligence
- Integration of advanced clinical technologies



Grow digital strategy

- Process automation
- Virtual care provision
- Artificial intelligence
- Integration of advanced clinical technologies

Success depends on successfully adopting digital strategies that effectively address workforce, financial and care access challenges.

Making sure customers can effortlessly access, navigate and schedule services and care options across all channels is no longer a luxury but a mission-critical necessity.

The growth of telemedicine has been remarkable, with 69% of Clinical Team Insights providers providing telemedicine visits. Telemedicine has proven to be a valuable tool in expanding access to care, enhancing convenience for patients and optimizing limited staffing resources, which is particularly important in the face of healthcare workforce shortages.

In addition to telemedicine, remote patient monitoring (RPM) has emerged as another effective method for improving patient care in ambulatory clinics. RPM enables healthcare providers to effectively manage chronic conditions. It allows them to intervene earlier, which can help prevent costly emergency department visits or hospitalizations. Traditionally, RPM has been employed in specific areas. This includes endocrinology (for tracking blood glucose levels in diabetic patients), cardiology (for tracking weight in congestive heart failure patients) and pulmonology (for measuring pulse oximetry readings) (Sg2, 2023).

Clinical Team Insights has observed progress in the adoption of RPMs, with 11% of clinics now performing monitoring. The largest growth in RPM usage has been seen in the field of Women's Health. The availability of wearables, smartphone applications and at-home medical devices has made it easier to implement RPMs. This technology enables care teams to collect real-time data from patients and customize their care based on that information.

Sometimes your growth strategy doesn't need to mean adding net new. Meeting patients' needs doesn't always require a new brick-and-mortar building, additional full-time employees or a large investment. A prudent starting point involves optimizing your existing resources. This can be as simple as scheduling optimization to build in same-day appointments each day to improve access for patients with acute or acute-on-chronic conditions. Further optimization may involve creating flexibility in provider availability such as adding evening and weekend availability. Optimizing existing resources can significantly improve patient access without major investments. Embracing these strategies alongside technology integration provides efficient growth in healthcare services.



Growth strategies

- Optimize current staff
- Telemedicine
- Remote patient monitoring
- Process optimization

This integration of telemedicine and remote patient monitoring and process optimization not only addresses the challenges faced by healthcare organizations but also presents opportunities for healthcare providers to deliver more efficient and personalized care, ultimately improving patient outcomes

Advanced Practice Provider integration and immersion

To accommodate the anticipated growth in Advanced Practice Providers (APPs), organizations need to do more than just address hiring practices. They should proactively develop a clear and standardized approach for integrating and assimilating APPs into the organization's culture. Developing leadership, shared governance and onboarding/transition to practice programs provide the comprehensive framework essential for success.

Effective leadership is crucial to championing the value of APPs and aligning their integration with organizational strategic goals. Establishing shared governance structures empowers APPs to actively contribute to decision-making processes, shape policies and participate in the development of comprehensive onboarding and transition-to-practice programs. These programs should be tailored to address the unique needs of APPs, providing ongoing support throughout their tenure. By taking these proactive steps, they can build a supportive environment that maximizes the potential of APPs and make sure they're effectively integrated within the organization.

Leadership and shared governance

According to Clinical Team Insights data, the percentage of organizations with an APP leader has remained unchanged in recent years, with sixty-three percent having a designated advanced practice leader. While there haven't been many new APP leadership positions added, organizations have focused on improving the current APP leadership structure by introducing more leaders and support. In the past year, the percentage of organizations with additional APP leader support has grown from 43% to 67%, and 83% have dedicated administrative support. In terms of compensation and workload, it's encouraging to see that 75% of organizations provide additional compensation to APP leaders, acknowledging their leadership responsibilities. In addition, 50% of organizations require less clinical time commitment for APP leaders. This allows them to dedicate more time and effort to their leadership responsibilities.

Clinical Team Insights has also seen the hiring of additional health care system APP executives. This has brought about positive changes in the management and leadership of APPs as health care systems continue to expand, and APP workforce continues to grow. These executives work collaboratively with the Chief Nursing Executive (CNE) and Chief Medical Officer (CMO), often reporting to the President, CEO, or directly to the board.

Research has shown that when APPs have an APP leader to report to, they're more engaged and can be deployed more effectively within the organization. For example, a study conducted in Nebraska found that APPs who had an APP leader reported higher levels of satisfaction and engagement in their jobs (Clinical Team Insights, 2021). Having an APP leader also helps with the onboarding process, making it easier for APPs to transition into their roles smoothly. It also supports APPs in practicing at the highest level of their education and training. This includes creating policies and rules that align with the scope of practice for APPs, as well as having a good understanding of state and federal regulations for their practice.

APP leadership impact

- ↑63% of organizations have a designated leader for advanced practice providers
- ↑75% of organizations give extra pay for APP leaders
- ↑50% of organizations allow APP leaders to spend less time on clinical work

APP leaders assume a vital role in the credentialing and privileging processes for APPs. They're responsible for evaluating and approving the clinical privileges of APPs, ensuring alignment with their education, training and experience. This oversight is crucial for upholding high standards of quality and safety within the organization. Additionally, APP leaders overseeing billing and reimbursement practices related to APP services make certain that organizations receive adequate compensation for their services while maintaining billing compliance. This is essential for maintaining financial sustainability.

Over the past decade, numerous healthcare institutions have recognized the importance of establishing dedicated APP councils to empower these professionals in decision-making processes. However, these council positions have typically been voluntary, offering limited or no protected time for participation. As organizational leadership structures have evolved, there's been a trend toward decentralizing responsibility from volunteer-based councils to dedicated APP leaders. Consequently, there's been a 13% decline to only 67% of organizations with dedicated APP councils, as leadership roles have shifted toward more formalized positions.

More APPs are participating in ambulatory governance committees, with 100% of such committees now incorporating APP representation. This shows the valuable contributions APPs bring to ambulatory care settings and underscores the significance of their perspectives in governance deliberations.

In summary, when healthcare institutions include APP executives and representatives in their decision-making, it helps all APPs be more involved and effective. This is pivotal for optimizing the APP workforce, as it aligns their practices with regulatory frameworks and institutional policies. Ultimately, this approach ensures the delivery of top-tier patient care.

CASE STUDY

Saint Luke's Health System, which has 18 hospitals in Missouri and Kansas, faced challenges because of acquiring different provider employment groups. This caused problems because leadership styles and values didn't match. To fix this, Saint Luke's spent months creating a unified leadership and governance structure. The goal was to improve patient care and improve efficiency by involving physicians and APPs more. By 2021, Saint Luke's Medical Group had grown to include 500 doctors and 270 APPs. They formed committees at different levels to make decisions and included APPs in these groups. Their experience and perspectives were valued for effective decision-making.

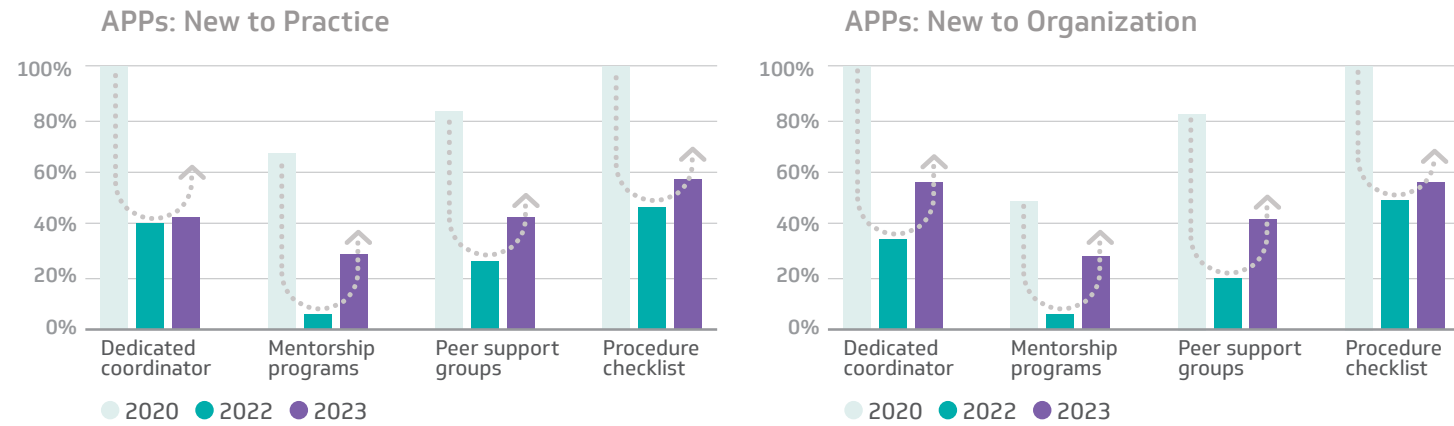


Transition to practice

It's vital to have programs that help new healthcare professionals get started and transition into their roles. Healthcare organizations can support their staff by using smart strategies for growth and making the onboarding process more efficient. This includes providing mentors and preceptors, which will help recruit and keep talent in ambulatory and acute care areas. Clinical Team Insights reported that resources for onboarding decreased from 2019 to 2022 due to the pandemic. This happened while the turnover rate increased from 7.7% to 9.3%. As onboarding is being reinstated in organizations, turnover rates for APPs are starting to decrease again to 8.8% in 2023.



APP Trends: Onboarding Programs 2020-2023



18% of acute care organizations have formal onboarding for APPs
70% of ambulatory organizations have formal onboarding for APPs

According to data from Clinical Team Insights in 2023, more healthcare organizations are using formal onboarding programs for APPs. Around 70% of ambulatory organizations have these programs. This shows that they understand the importance of thorough onboarding processes. However, the data also shows that there's a big gap in acute care settings-- only 18% of them have formal onboarding programs. This shows the critical need for structured onboarding programs specifically tailored to meet the unique demands of acute care environments.

Both ambulatory and acute care organizations need to make formal onboarding programs for APPs a top priority. These programs can encompass various components, including peer cohorts for networking opportunities, mentorship and preceptorship programs and specialized training on organization-specific protocols and procedures. Healthcare organizations can empower APPs by investing in strong onboarding initiatives. These initiatives help APPs effectively navigate their roles and responsibilities, leading to increased engagement and heightened productivity. Ultimately, this investment in onboarding contributes to improved patient care outcomes.

Additionally, these programs help build collaboration between physicians and APP by defining clear role delineations and contributing to improved patient care outcomes. Through these efforts, organizations can provide new APP hires with the support, resources and guidance they need to be successful.



CASE STUDY

MetroHealth addressed the important challenge of keeping and growing their workforce. They focused on nurse practitioners and physician assistants, who are the fastest-growing healthcare professionals. They used Vizient APP advisory services to help them with this. Working together, they created a program that helps APPs transition from school to real-world practice. This program includes a smooth onboarding process and opportunities for professional growth for all APPs. The transition to practice program had a positive impact on MetroHealth. By the end of 2023, they noticed that fewer new APP hires were quitting, as well as fewer overall APPs leaving the organization. Specifically, the rate of new hires quitting within the first three years went down from 14.4% in 2021 to 8.8% in 2023, which is a sizable improvement. The overall rate of APPs leaving the organization also went down from 12.4% to 5.3% during the same time. This decrease in turnover saved MetroHealth \$4.25 million from 2021 to 2023, showing that improving retention efforts can have financial benefits.



Financial performance

Turnover/churn

An essential measure of workforce health is turnover rates. According to data from Clinical Team Insights, provider organizations had a low average of 8.8% of APPs leaving in 2023, which is better than the national average of 12.4%. By effectively managing turnover, providers saved \$36 million.

Besides turnover rates, it's also important to keep track of churn or lateral transfers. Churn or lateral transfer happens when employees move to different departments within the same organization. This is especially relevant for APPs because they can switch specialties or departments, unlike doctors who specialize in specific areas of medicine. This flexibility is beneficial for healthcare organizations as they expand their APP workforce and want to provide coverage in various service lines and specialties. A high level of churn may signal disparities in compensation, differing work expectations, limited professional development opportunities, and cultural differences. Leaders can use metrics on churn to identify problem areas and intervene when needed to create a more stable and positive work environment to minimize disruptions in patient care delivery.

Addressing disparities in compensation is crucial, requiring the creation of aligned compensation methodologies. Presently, Clinical Team Insights data indicates that 66% of acute care organizations lack standardized compensation, and 79% report different compensation methodologies between APPs and physicians. Establishing standardized compensation methodologies aligned with organizational goals and values can help mitigate lateral transfers and provide consistency and fairness across the workforce.

By having a process in place to track turnover rates, address churn and establish aligned compensation methodologies, healthcare organizations can effectively manage APP workforce retention. This not only contributes to workforce stability and financial savings but also enhances overall organizational performance and patient care outcomes.



CASE STUDY

A nonprofit group of doctors in the Midwest, wanted to make it easier for people in their community to access medical care. They decided to use a team-based approach to care, which would also make use of their existing primary care practices. The primary care incentive structure encourages top-of-license care team utilization in addition to achieving quality and productivity targets. By appropriately employing APPs, pharmacists and other care team members, they expanded primary care access and grew age-adjusted patient panels.

Patient triaging is performed in daily huddles to determine the most appropriate provider for each patient. The use of APPs and pharmacists not only increases access to care but also combats physician burnout without a hit to productivity or quality.



Access to care

According to a report from the U.S. Census Bureau in May 2023, there are about 55.8 million people in the U.S. who are 65 years old or older, about 16.8% of the population. As people age, the prevalence of chronic medical conditions rises, leading to a higher demand for patient care. Effectively incorporating APPs into your care model helps address the growing need by empowering these highly skilled providers to practice at their full scope.

According to data from Clinical Team Insights, 84% of healthcare organizations now have APPs seeing new patients, a 6% increase from last year. Including APPs in ambulatory clinics correlates with notable enhancements in patient access times. Clinics where APPs are scheduled new patients experience an average wait time of 31 days for their initial appointments. This is in stark contrast to clinics without APP involvement, which show an average wait time of 51 days for new patient appointments. (Clinical Team Insights, 2023). These findings highlight the significant role of APPs in reducing wait times and improving access to care when allowed to practice at top of license.

39.2%

reduction in average wait time when APPs see new patients

Billing

Revenue generation through patient visits and billing is another consideration for incorporating APPs into your workforce. The favorable contribution margin of APPs is due to their cost-effectiveness, productivity, improved access, throughput and positive impact on patient satisfaction. The organization's billing policies and practices play a significant role in determining how and when APPs bill, alongside regulatory requirements and payer contracting considerations.

Recent data from Clinical Team Insights shows a notable increase in the percentage of clinics where APPs billed under their National Provider Identifier (NPI), aligning with changing regulations. For 2024, the Centers for Medicare and Medicaid Services (CMS) have revised the definition of "substantive portion" for split/shared Evaluation and Management (E/M) visits, emphasizing either time spent or medical decision-making. This flexibility underscores the importance of establishing clear guidelines and workflows for split/shared billing, facilitating accurate documentation and billing practices through effective communication and collaboration between physicians and APPs.

Organizations must carefully evaluate their compensation models. This is particularly important with wRVU-based compensation, which ensures agreement with billing practices and strategic goals. Compensation structures for healthcare providers should consider factors such as team productivity, care quality, patient outcomes and documentation. This approach helps mitigate any unintended consequences of policy changes, such as new codes that may impact provider compensation and organizational finances.

CASE STUDY

Genesis Health System was facing a problem in one of its specialty clinics. Patients had to wait over 100 days for a new appointment, leading to patient dissatisfaction and a potential loss of patients. The clinic had one physician operating at 80th percentile productivity, while a nurse practitioner (NP) was only operating at 10th percentile productivity. The NP was restricted from seeing new patients due to concerns about affecting physician productivity.

Recognizing the urgent need for improvement, Genesis Health System launched a pilot program aimed at improving clinic operations. The pilot allowed the NP to see new patients for a six-week period. This decision was made with the intention of redistributing workload more effectively and leveraging the NP's skills to address the backlog of new patients.

Following the six-week period, the clinic observed a significant decrease in new patient appointment wait times, with the average wait time reduced to 43 days. This improvement marked a substantial enhancement in access for patients seeking care within the specialty clinic. Moreover, the productivity of the NP saw a remarkable increase, reaching the 70th percentile, signifying a substantial improvement in utilization of the NP's capabilities. Remarkably, the physicians maintained their high productivity level, demonstrating that the introduction of the NP to new patient care didn't hurt the physician's efficiency.



The case of Genesis Health System highlights the positive impact of strategic interventions in addressing access and productivity challenges in healthcare. By rethinking traditional practices and implementing new ideas, organizations can improve patient care and optimize resource utilization.

As Kaufman Hall reports, organizations that employ a higher percentage of APPs outperform peers on productivity and compensation (**Carbajal, 2023**). Some physicians expressed concern that integrating APPs into the clinical team and billing for services could impact physician productivity (which is tied to compensation and incentives). Studies conducted at large academic medical centers have shown that the provision of top-of-license care by APPs not only enhances provider job satisfaction but also improves patient access, productivity and revenue. Importantly, these studies have found no impact on physician wRVU (**Chaney, Beliles, Keimig, & Porter, 2022**) (**Kidd, et al., 2023**).

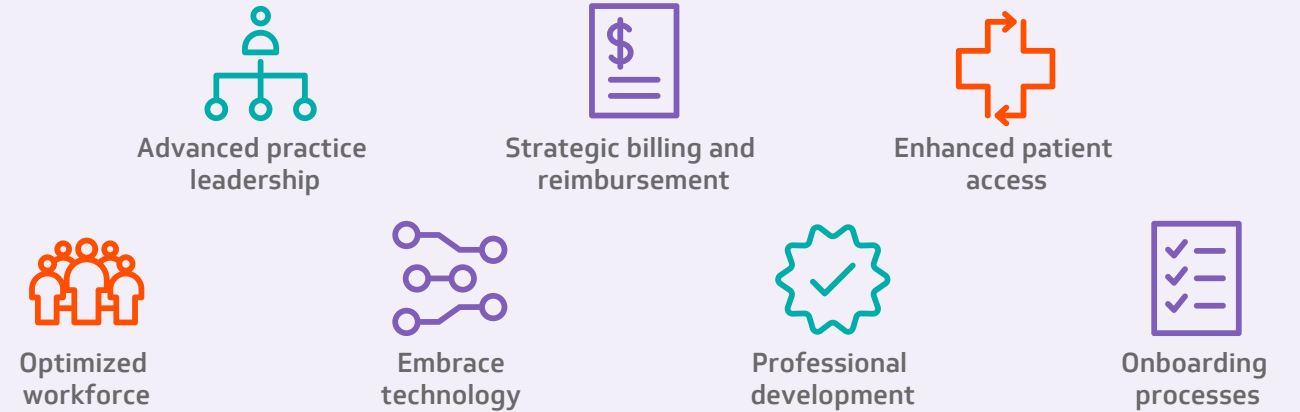
Additionally, when providers practice as part of a true care team model, it not only enhances access but also yields a significant return on investment. In fact, studies have shown that this model improves return on investment by 163% (**Chaney, Beliles, Keimig, & Porter, 2022**). This indicates that integrating APPs into a comprehensive care team approach can have substantial benefits for both patients and healthcare organizations.

In summary, research shows that APPs play a crucial role in improving patient access, productivity and revenue without negatively impacting physician revenue, compensation or incentives.

163%

ROI improvement
when APPs see new
and existing patients

Maximizing APPs potential



Conclusion

In the ever-changing world of healthcare, being adaptable is crucial for success. Organizations can use predictive models and real-time data to prepare for and adjust to workforce changes. Whether through focused recruitment initiatives, improved training protocols or inventive retention tactics, adaptability serves as the linchpin of organizational durability, propelling them forward amid change.

- 1 American Association of Nurse Practitioners. NP Fact Sheet. Updated Feb. 2024. Accessed March 25, 2024. Retrieved from: <https://www.aanp.org/about/all-about-nps/np-fact-sheet>.
- 2 Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners, at <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm> (visited March 16, 2024).
- 3 Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Physician Assistants, at <https://www.bls.gov/ooh/healthcare/physician-assistants.htm> (visited March 16, 2024).
- 4 Carbajal, E. (2023). Systems with more APPs outperform peers: Kaufman Hall. Becker's Hospital Review.
- 5 Centers for Medicare & Medicaid Services. (2023, November 02). Calendar Year (CY) 2024 Medicare Physician Fee Schedule Final Rule. Retrieved from <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule>
- 6 Chaney, A. (n.d.).
- 7 Chaney, A., Beliles, G., Keimig, A., & Porter, I. (2022). Advanced Practice Provider Care Team Models: Best Practices From an Academic Medical Center. *The Journal of Ambulatory Care Management*, 126-134.
- 8 Clinical Team Insights. (2021). The power of connection. Retrieved from <https://vizientinc-delivery.sitecorecontenthub.cloud/api/public/content/ad14ee44d5f44bc98e4d3976e9424269>
- 9 Clinical Team Insights. (2023). Ambulatory site/clinic data.
- 10 Kidd, V. D., Amin, A., Bhatia, N., Healey, D., Fisher, C., Rafiq, M., Munoz, K. (2023). Optimal Use of Advanced Practice Providers at an Academic Medical Center: A First-Year Retrospective Review. *Cureus*.
- 11 NCCPA. Statistical Profile of Board Certified PAS Annual Report 2022. NCCPA; 2023 cited March 25, 2024. Retrieved from: <https://www.nccpa.net/wp-content/uploads/2022/08/2021StatProfileofCertifiedPAs-A-3.2.pdf>
- 12 Nelson, J. (2023). Overworked, Stressed, and Sad: Medscape Nurse Practitioner Burnout & Depression Report 2023. Medscape.
- 13 Older Americans Month: May 2023. (2023, May). Retrieved from United States Census Bureau: <https://www.census.gov/newsroom/stories/older-americans-month.html>
- 14 Sg2. (2021). Rethinking Physician Enterprise Strategy. Sg2. Retrieved from <https://intel.sg2.com/en/resource-types/executive-briefings/2021/Q2/Rethinking-Physician-Enterprise-Strategy>.
- 15 Sg2. (2023). BUILDING A COMPREHENSIVE REMOTE PATIENT MONITORING PROGRAM. Sg2.
- 16 Statistics, U.S. Bureau of Labor. (2023, September 6). Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners. Retrieved from U.S. Bureau of Labor Statistics: <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm> and <https://www.bls.gov/ooh/healthcare/physician-assistants.htm>
- 17 Winsborough, H. (2023). Taking Control of Work Pressures: Medscape Physician Assistant Burnout Report 2023.

vizient[®]

290 East John Carpenter Freeway
Irving, Texas 75062
(800) 842-5146

vizientinc.com

As the nation's largest member-driven health care performance improvement company, Vizient provides solutions and services that empower health care providers to deliver high-value care by aligning cost, quality and market performance. With analytics, advisory services and a robust sourcing portfolio, we help members improve patient outcomes and lower costs.



To learn more, please contact
Consulting@vizientinc.com

© 2024 Vizient, Inc. All rights reserved.

The reproduction or use of this document in any form or in any information storage and retrieval system is forbidden without the express, written permission of Vizient.