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Discover how a PHS nurse practitioner can enhance your practice.

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Physician frequently asked questions

Q. How can we both see the patients under Medicare?

A. NPs will be doing medically necessary acute and episodic care visits. Physicians have oversight and make chronic disease management visits (recertification), and initial comprehensive H&P visits.

Q. Can you only see the patient once or twice per month under Medicare?

A. There is no "cap" on the number of times per month a patient may be seen by the provider. However, all visits must be medically necessary and patient driven. Follow-up visits are done according to national AMDA standards for appropriate re-evaluation of geriatric residents in LTC.

Q. Will I be making less money if a NP is also seeing my patients?

A. Typically the NP is seeing the patients for the problems and concerns that are currently being faxed or called to the office or to the physician. Phone and fax responses are non-billable. Under the PHS model, the patient is seen and assessed promptly rather than treated based on a faxed report, saving the physician time and preventing delay in evaluation and treatment of the patient.

Q. How many visits does the NP have to make for PHS?

A. There are no quotas for the PHS provider and no pre-determined reason for seeing patients. All patients are seen based on medical necessity.

Q. What visits can the NP make?

A. Acute or episodic care visits; annual H&P; discharge; alternating chronic disease management visits (if allowed by the state and preferred by physician); first visit on a new patient (prior to the initial comprehensive H&P visit by the physician).

Q. Do I have to supervise the NP while he/she is seeing patients?

A. No. The model of care is a collaborative practice model. The NP and physician follow individual state regulations for scope of practice and chart review, but direct supervision is not required.

Q. Will my malpractice premiums go up?

A. PHS provides the professional liability coverage for all of our NPs. The NP is not piggybacked on the physician's medical malpractice policy. Any specific questions about your individual med-mal policy should be directed to your carrier. The probability is that the liability of a particular attending may be reduced significantly by having a NP onsite to see patients at the time of need rather than encountering a possible delay in the case of attending who have a large clinic and hospital practice.

Q. Is the NP an employee of mine or the Nursing home?

A. Neither. The NP is an employee of PHS.



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Q. What documents can the NP sign in the Nursing Home?

A. Verbal orders, pharmacy recommendations, letters that families need or request, some social services forms, depending on the state and discharge forms

Q. What forms is the NP unable to sign?

A. Rehab Plan of Care; initial certification form on a skilled resident; PAE or similar forms to apply for State aid or Medicaid.

Q. Does the NP take after hour calls?

A. Yes. The NP typically takes the after-hour and weekend calls related to the nursing home patients. However, the physician and NP may make other arrangements for call.

Q. How will I know what the NP has done each day?

A. The NP and Physician establish a communication process for their practice. This may be a daily text, email or phone call. The extent and manner of communication is mutually agreed upon. The NP leaves a visit note or progress note in the chart on the day she sees the patient.

Q. Can your NP perform dietary and pharmacy reviews on my patients?

A. Yes. The NP will review consultant pharmacist and dietary recommendations and order interventions accordingly. This practice will insure compliance with Gradual Dose Reductions and weight management as required by Federal regulations.

Q. already have an NP in my practice. Won't this program compete with my NP making visits?

A. Physicians who already employ NPs frequently re-assign that NP to their private office practice and have the PHS NP focus on their LTC patients. In this manner, the office is a more productive practice and there are fewer interruptions in the office practice because the PHS NP is on site caring for the nursing home patients.

Q. Do I have to sign each note the NP writes?

A. No. But some states require a percentage of charts be reviewed for QA purposes. PHS uses an electronic medical record, which allows the physician secure access to review and sign these charts remotely, from his laptop or desktop.

Q. What other functions can the NP perform on behalf of the attending?

A. NP can serve as a bridge of communication between you and your patient and their families as they are onsite during the day when families often visit.

An NP can address code status, preventive interventions, surgical and other workups with patients and families and save you time and increase patient and family satisfaction on your behalf.

With the shortage of registered nurses in the nursing home setting, the NP provides skilled oversight of nursing issues when necessary.

The NP may perform procedures on site that other nursing personnel may not be able to perform such as venipuncture, suturing, catheterization, replacing G-tubes, impacted cerumen removal, PAC flushes.

NPs are an excellent resource for attending Care Plan conferences on your behalf, meeting patients and their families and discussing issues with the interdisciplinary team. This saves you time and increases patient and caregiver satisfaction.

Most importantly, the NP can reduce unnecessary hospitalizations by being onsite and addressing acute clinical issues promptly. This can save money for the facility in the case of non-emergency transportation to the hospital, reduce unnecessary laboratory and radiological testing and cost to the patient, family and facility and increase patient and caregiver satisfaction, especially for the terminally ill or Hospice patient.