

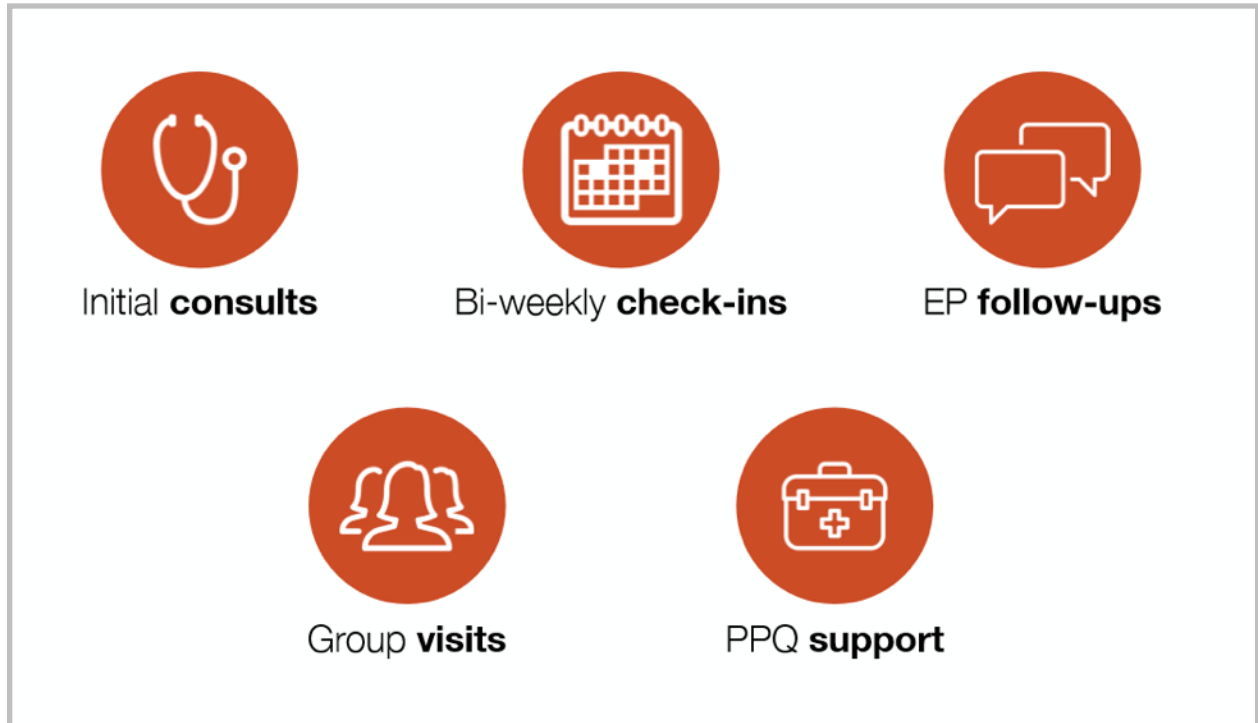
Utilizing NPs, PAs, and Health Coaches - Part One

Hey, everybody. In this presentation, we're going to discuss how to effectively utilize nurse practitioners, physician assistants, nutritionists, and health coaches, otherwise known as allied health professionals, in your health practice.

As functional medicine clinicians, I believe that part of our role is to provide a higher level of care and a more personalized experience to our patients than they have received in the conventional model. Many of our patients are quite sick. They may not be sick enough to be in the hospital, but they're often too sick for the typical model of outpatient care where they see a doctor for 10 minutes once every three to six months. Having a warm, caring relationship with our patients and being able to answer all of their questions and provide them with the support they need goes a long way toward improving the outcome of the treatment, and studies have consistently shown that this is true.

On the other hand, as clinicians, we can't possibly provide all of this care ourselves. We need to run our practice, manage our staff, see new patients, take care of our own health, and spend time with our family in addition to caring for our existing patients. This higher-touch level of care that we want to offer our patients has to be balanced with these other goals. This is where working with allied health professionals comes into play.

Within the conventional paradigm, nurse practitioners and physician assistants are often referred to as mid-level practitioners. However, as many PAs and NPs have pointed out, that is a somewhat degrading term. These professionals often have years of training, in some cases exceeding the total training an MD or a DO has, and they can be incredibly experienced and skilled. I haven't seen another term proposed, but for the purposes of this presentation, I'm just going to use allied providers or allied health professionals to refer to both nurse practitioners and physician assistants as well as RNs, RDs, nutritionists, health coaches, and other practitioners who are not physicians, naturopaths, acupuncturists, or chiropractors, but they are actively engaged in the health professions. Certainly, there is a meaningful difference between each of these specialities. The scope of a practice of a nurse practitioner is different than that of a PA, both of which are different in turn than an RD, which is in turn different than a health coach, and we will discuss some of the specifics as they are relevant to this particular presentation as we move through it.



To start, I want to outline the basics of how we are using these allied health providers in our practice and how you can use them in yours. There are five key areas that allied providers are involved with at CCFM. I've listed them on this slide. They are initial consults, bi-weekly check-ins, established patient follow-up visits, group visits, and PPQ support, or electronic health patient portal support. Let's talk about each of these in a little more detail.



Before we do that, I want to briefly review the case review model that I've taught in ADAPT for onboarding new patients. New patients, as you know, start with an initial 30-minute phone or video consult. We call this the initial consult, and the purpose of it is to learn their chief complaints, obtain a focused medical history related to those complaints, determine what they've tried so far and the effects of those interventions, and then order the lab work that they will need for the case review. You also will send them the case review questionnaire, new patient intake paperwork, and give them dietary guidelines to follow between the initial consult and when they see you in person for the case review.

From there, you move on to the case review appointment. This is a 60- to 75-minute in-office visit. Prior to the appointment, you review their labs and questionnaire, determine their pathologies, make recommendations for further testing, and outline the treatment plan. Then you present this to the patient in the report of findings. The patient leaves the case review appointment with a clear understanding of what is causing their problems and a clear path forward, and this is so much more effective than the standard model where they just show up to the first appointment, and then a bunch of tests are ordered after that.

Once the case review appointment is finished, you move into follow-up care, and this is where you execute the treatment plan and address any additional issues that weren't covered in that initial treatment plan. You can refer back to the other presentations in ADAPT in the Practice

Management section for additional detail on this model, as well as the initial consult and case review appointments in particular.

The first way to utilize allied professionals is by having them do the initial consult. If you're just starting out, you'll probably want to do the initial consult yourself, at least for a while, because it is necessary for you to understand how your practice works and to be able to train somebody else to do them. Once you've got a full schedule, I don't think it makes sense for you as a clinician to continue doing the initial consults. Your time is better spent doing the things that require the highest level of training and expertise, such as case reviews and perhaps follow-up appointments or growing your practice, creating an educational program that can generate passive income, or just having more free time.

As you know from the initial consult presentation, this appointment is relatively straightforward. You greet the patient, collect the chief complaints and focused personal medical history, decide which labs to order on that basis, order the labs, and get the patient started on a 30-day reset. With a written working procedure like we've provided you in ADAPT and guidance from you as the clinician on what labs to order in what circumstances, all of this is well within the capability of a competent allied provider.

Submitted By: Kristi
Approved By: Chris
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Initial Consult for CCFM Clinician

PURPOSE:

1. Establish human connection and inspire confidence and excitement about working with CCFM.
2. Collect chief complaints and relevant history; listen with empathy and compassion.
3. Explain how we address their complaints in functional medicine and share relevant success stories.
4. Determine what labs to order, and explain why we recommend them to the patient.
5. Explain the Case Review process and critical timing for completion of labs and Case Review paperwork.
6. Answer any questions the patient has about working with us.

PROCEDURE:

1. Clinician calls patient or joins Chiron video at appointed time.
2. Greet patient and establish a warm, welcoming connection.
3. Ask patient what their main concerns are, what they have tried so far for those concerns, and what their relevant medical history is.
4. Listen and reflect with empathy and compassion.
5. Explain how a functional medicine approach can effectively address the patient's primary concerns, and share any relevant success stories reflecting our work with other patients with similar concerns.
6. Explain which lab tests we would like to order, and why they are relevant to the patient's concerns.
7. Explain the Case Review process and the important timing of completing labs and paperwork. Invite the patient to review the detailed instructions for the labs, available in their portal, as soon as possible and begin planning accordingly.
8. Inform patient that an invoice for the Initial Consult, labs and recommended supplements will be delivered via the portal, and that they must approve or modify this before moving forward.
9. Remind patient that the Case Review appointment with clinician must take place in person.
10. Tell patient that you are looking forward to working with them, and let them know that a staff member will follow-up with a phone call in the next 48 hours to answer any questions they may have.
11. Proceed to [NP Onboarding Case Review CCFM Clinician](#).

It is quite simple to create an algorithm for allied providers to do these appointments. You can see the written working procedure for the initial consult that I wrote for providers who are doing initial consults at CCFM. I've put it here on this slide, and we've already delivered it to you as a handout. From there, you just need to provide them with guidance on what tests to order depending on the patient's complaints and history. If you're just starting out and only ordering the tests we're covering in ADAPT, the case review blood panel, the gut tests, and the HPA axis assessment for each patient, then it's even easier because every patient gets the same set of labs.

If you've been practicing for longer, and you order other tests in certain situations, it is still relatively easy to define when you want those tests ordered based on the patient's presentation. For example, at CCFM, we do heavy metal and mold testing with some new patients if they

currently have dental amalgams or they had them in the past. If they're eating a high amount of seafood that contains more mercury such as tuna, we might start with a Mercury Tri-Test or Quicksilver blood metals panel. If they have a history of current or past mold exposure, or their symptoms started shortly after moving into a new house or workplace, we may start with the chronic inflammatory response screening tools. Regardless of what tests you're using in addition to the ones I've taught in ADAPT, it's easy to create a simple matrix to guide your allied provider toward which tests you'd like them to order in what circumstances. Of course, they can simply learn by observing you do several of these initial consults yourself.

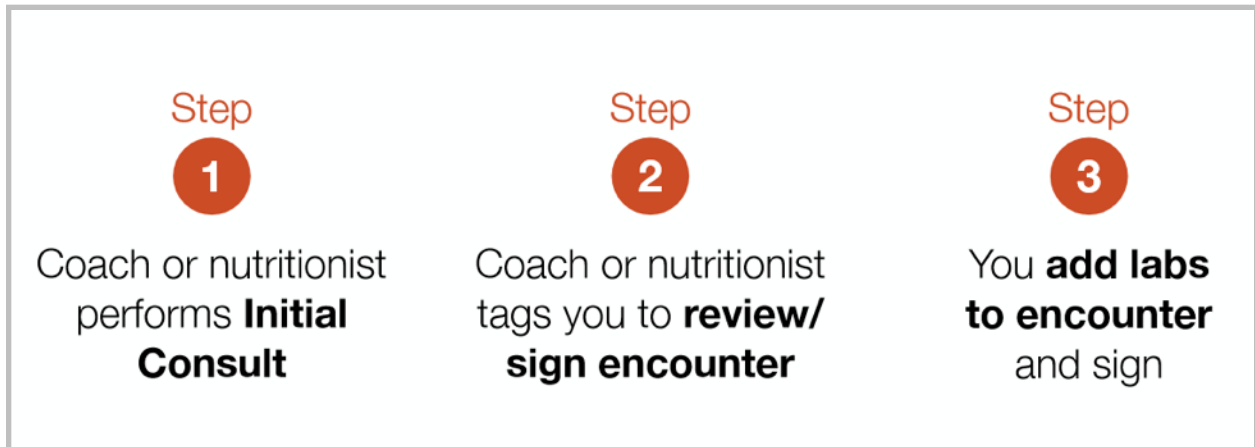
Initial consults	NP or PA
Bi-weekly check-ins	Health coach/nutritionist
Follow-up visits	NP, PA, health coach, nutritionist
Group visits	NP, PA, health coach, nutritionist
PPQ support	NP, PA, health coach, nutritionist

The next question is what type of allied provider you should use to do these initial consults. The answer will depend on your particular situation, and there is no right or wrong. One consideration is the scope of practice and what is required in terms of supervision of the allied provider. Please note that this will vary somewhat from state to state and, of course, depend on what license you have as the clinic owner or supervisor.

At CCFM, we prefer that a nurse practitioner or a physician assistant does the initial consult because, with a small caveat I'll mention in a second, they can sign the encounter without intervention from the supervising clinician. This leads to the greatest time savings for you as a clinician because the NP or PA is able to do the initial consults almost completely autonomously.

The caveat that I just mentioned is that with a PA, the supervising physician has to review the note and co-sign for at least 5 percent of the encounters that the PA does. At least this is what is required in California. You'll need to check with your regulations in your own state. Or the physician assistant needs to have at least 10 meetings per year, or at least 10 charts from these encounters

are reviewed. This is not true for a nurse practitioner because their license does not require this kind of supervision, and they operate even more autonomously than a PA.



Bi-weekly check-ins are best done by health coaches. This is what they specialize in, holding patients' hands, keeping them on track, and it's also the most cost efficient for the clinic. You don't necessarily need a licensed provider to do these appointments.

Follow-ups can be done by an NP, a PA, a health coach, or a nutritionist, and you can offer different types of appointments and different rates for these appointments depending on who is doing them.

Group visits can be done by either as well, depending on how you structure them. If you're discussing lab results, making diagnoses, and prescribing treatment, it would need to be a PA or an NP, but if you're just covering diet, lifestyle, and behavioral modifications, it could be a health coach or a nutritionist.

In terms of the PPQ, or the patient portal, a nurse practitioner or a PA would be needed to handle prescription refills and other tasks that require a license, but again, nutrition, lifestyle, and basic protocol questions can be handled by health coaches or nutritionists.

It is possible, however, to use a nutritionist, an RD, an RN, or a health coach for the initial consult. One advantage to this is that it may be more cost effective than using an NP or a PA, which tend to be higher-paid allied providers. Another advantage is that patients will get a chance to meet and interact with this person, who, as you will see shortly, is responsible for doing the bi-weekly check-ins and providing another layer of support to your patients. If the patients meet and connect with this coach during the initial consult, they will be more likely to follow through with those every-other-week check-ins.

The downside is that these allied providers will not be able to sign the initial consult encounter themselves or order the labs because that falls outside of their scope of practice. That is at least the interpretation of our health care attorney, who has been in practice for 35 years in California.

As discussed before, though, this is a rapidly changing landscape, and it's hard to predict where things will end up. For now, ordering labs and signing encounters is something that should only be done by a licensed medical provider.

However, one option that may work, and again you'll need to check your local regulations in your state, is to have a health coach or nutritionist do the initial consult and then even add the labs to the encounter, but you as the clinician or perhaps an NP or a PA who works for your clinic can review the encounter and sign it. This doesn't save quite as much time as having an NP or a PA do it themselves, but it is still a big time savings versus you doing them yourself, and it may be cheaper than having the NP or the PA do the entire appointment, since they are just going to be signing the encounters. Also, if you're not a physician yourself, an MD or a DO, you won't be able to use a PA to do the initial consults because they need to be supervised by an MD or a DO. If you have an MD or a DO whom you work with, of course, that is possible, and that is what we do at CCFM. In that situation, you can use a coach or a nutritionist, or you could use an NP, since they can operate relatively independently. Then either you or the NP would sign the encounters after the health coach is done with those appointments.