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2026  
Washington, DC

MAY 15-18

# Optimizing Inpatient Urology with Advanced Practice Providers

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## Disclosures

- None

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# Demographics

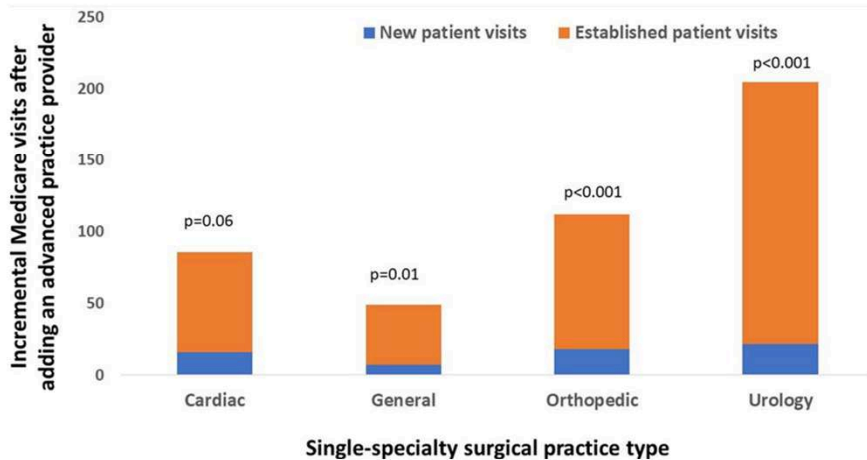
Estimates ~14500 APPs

PAs ~7500

NP ~7000

Table: Changes in Number of Practicing Urologists Who Work with Physician Assistants (PA) and/or Nurse Practitioners (NP) from 2015 to 2020

Practicing Urologists	Year	Urologists in Metropolitan Areas	
		Number	95% CI
Working with PA	2015	5,146	4,869-5,422
	2020	7,476	7,138-7,814
	<b>Gain/Loss</b>	<b>2,330 (↑45.3% p-value&lt;0.05)</b>	
Working with NP	2015	5,274	4,996-5,553
	2020	6,979	6,644-7,314
	<b>Gain/Loss</b>	<b>1,705 (↑32.3% p-value&lt;0.05)</b>	
Working with PA and/or NP	2015	7,172	6,896-7,448
	2020	9,184	8,862-9,505
	<b>Gain/Loss</b>	<b>2,012 (↑28.0% p-value&lt;0.05)</b>	
Practicing Urologists	Year	Urologists in Non-Metropolitan Areas	
		Number	95% CI
Working with PA	2015	338	251-424
	2020	366	258-472
	<b>Gain</b>	<b>28 (↑8.3% Non-significant)</b>	
Working with NP	2015	382	284-481
	2020	385	278-493
	<b>Gain</b>	<b>3 (↑0.8% Non-significant)</b>	
Working with PA and/or NP	2015	545	430-660
	2020	622	480-764
	<b>Gain</b>	<b>77 (↑14.1% Non-significant)</b>	
Practicing Urologists	Year	Urologists in All Areas	
		Number	95% CI
Working with PA	2015	5,483	5,205-5,761
	2020	7,842	7,507-8,176
	<b>Gain</b>	<b>2,359 (↑43.0% p-value&lt;0.05)</b>	
Working with NP	2015	5,657	5,376-5,938
	2020	7,365	7,030-7,699
	<b>Gain</b>	<b>1,708 (↑30.2% p-value&lt;0.05)</b>	
Working with PA and/or NP	2015	7,717	7,445-7,988
	2020	9,806	9,497-10,115
	<b>Gain</b>	<b>2,089 (↑27.1% p-value&lt;0.05)</b>	



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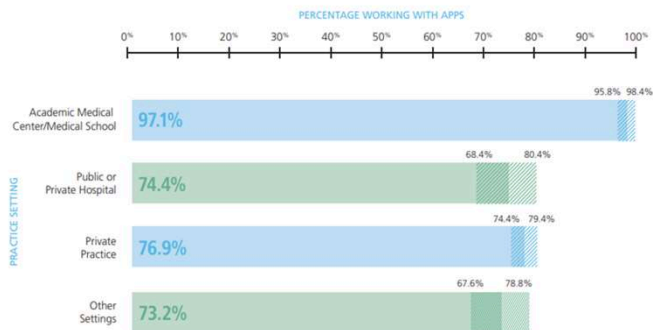
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**TABLE 4-4**  
Practicing Urologists Who Work Directly with at Least One Advanced Practice Provider (APP)

Number of Advanced Practice Providers	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
None	2,520	18.3	1.6
At least one	11,283	81.7	1.6
1-2	3,492	25.3	1.9
3-4	2,251	16.3	1.5
5-9	2,950	21.4	1.7
≥ 10	2,590	18.8	1.6
<b>Total reported</b>	<b>13,802</b>	<b>100</b>	
Not reported	374		
<b>Total</b>	<b>14,176</b>		

Data source: Weighted samples from the 2023 AUA Annual Census.  
Advanced practice providers include physician assistants, nurse practitioners, and advanced practice nurses. Working directly with APPs means working with at least one PA, NP, or APN in the urologists' primary practices or medical teams.

**FIGURE 4-3**  
Percentage of Practicing Urologists Who Work Directly With at Least One APP by Practice Setting\*



Data source: Weighted samples from the 2023 AUA Annual Census.  
\* Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.  
^ Other settings include community health centers, HMOs and managed care organizations.  
Working directly with APPs means working with at least one PA, NP or APN in the urologists' primary practices or medical teams.

FIGURE 4-4

Percentage of Practicing Urologists Who Work Directly With at Least One APP by Metropolitan Status\*



Section 5: Clinical Duties and Responsibilities

TABLE 5-1  
Routinely Performed Clinical Duties

Type of Service	Physician Assistants and Nurse Practitioners					
	Physician Assistants		Nurse Practitioners		Total	
	Count	Percent	Count	Percent	Count	Percent
See Office Patients	156	88.6	233	92.8	389	91.1
Make Hospital Rounds	98	55.7	80	31.9	178	41.7
Perform Pre-Operation Evaluation	110	62.5	146	58.2	256	60.0
Assist at Surgery	69	39.2	38	15.1	107	25.1
Do the Post-Operation Evaluation	142	80.7	157	62.5	299	70.0
Do Procedures in the Outpatient Setting	116	65.9	130	51.8	246	57.6
Take Biopsy or Cystoscopies	48	27.3	40	15.9	88	20.6

(Data source: Samples from the 2015 to 2019 AUA Annual Census)

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**TABLE 5-2**  
Percentage of Time Spent on Selected Areas

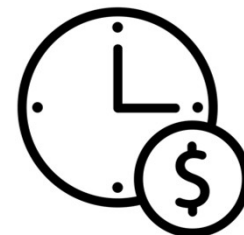
Type of Service	Physician Assistants and Nurse Practitioners					
	Physician Assistants		Nurse Practitioners		Total	
	Mean Percent	SD of Mean	Mean Percent	SD of Mean	Mean Percent	SD of Mean
Ambulatory Clinic	64.6	2.9	75.4	2.0	71.0	1.7
Inpatient	15.1	2.4	9.7	1.6	11.9	1.4
Procedures (including OR)	12.4	1.7	7.2	1.0	9.3	0.9
Non-Clinical Duties	7.2	1.0	6.6	0.7	6.9	0.6
Others	0.7	0.4	1.1	0.4	0.9	0.3
<b>Total</b>	<b>100.0</b>		<b>100.0</b>		<b>100.0</b>	

(Data source: Samples from the 2016 to 2018 AUA Annual Census)

SD=Standard Deviation

## APP-Physician Model

- Improved patient outcomes
- Increased productivity and revenue
- Decreased length of stay
- Decreased emergency/rapid response calls
- Decreased burnout/burden



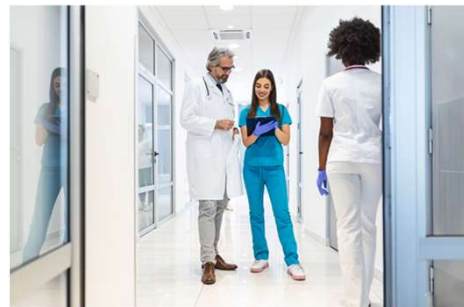
# 1. Choosing A Model

- **Dyad Model** - Pair with a physician to share the load of patient care
- **Independent Model** - Manage panel of patients under the supervision of a physician
- **Unit-Based Teams** - Integrate into specific dedicated hospital units for optimized care



# 2. Standardizing Competencies

- Barriers:
  - Lack of standardized competencies
  - Unclear guidelines
  - Variable oversight
  - Minimal teamwork/Siloed organizations
- Academic settings show better APP integration than community practices
  - even in academic centers, staffing models are "rapidly evolving" with minimal consideration for teamwork dynamics.



## 2. Standardizing Competencies

- **Designating Privileges**
  - Deliverables
  - RVU/productivity
- **Simulation-Based Training**
  - Improves confidence
  - Reinforces technical skills
  - Builds teamwork
  - Trains for optimal outcomes during surgical emergencies and crisis situations

## 2. Standardizing Competencies

- Clear scope of practice definitions
- Standardized clinical competencies specific to urology
- Formal oversight structures
- Top-of-license practice expectations to prevent underutilization



## 3. Integrating Competencies

### Perioperative care coordination

- Daily rounding
- Discharge planning
- Care transitions

### Patient education

- Preoperative counseling
- postoperative instruction



## 3. Integrating Competencies

### Procedural privileges

- Complex catheterization
- Cystoscopy
- Bedside procedures
- Priapism management
- Surgical assist
- Prostate biopsies
- Etc.

### Clinical management

- Lab interpretation
- Medication adjustments
- Complication recognition



## Section 5: Clinical Duties and Responsibilities

**TABLE 5-1**  
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(Data source: Samples from the 2015 to 2019 AUA Annual Census)

## 4. Compensation Models

- Base-Salary + Productivity Bonus
  - Stable salary with a bonus after exceeding certain wRVU threshold
- Tiers and Thresholds
  - Quarterly or annual bonuses
- RVUs/Compensation per wRVUs
  - Setting rates per wRVUs
- Production-Only Model
  - Percentage of revenue generated



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## Section 6: Compensation and Productivity

**TABLE 6-1**  
Method of Compensation

Method of Compensation	Physician Assistants and Nurse Practitioners					
	Physician Assistants		Nurse Practitioners		Total	
	Count	Percent	Count	Percent	Count	Percent
Straight Salary	44	53.0	50	43.1	94	47.2
Base Salary plus Education Funds	27	32.5	43	37.1	70	35.2
Base Salary plus RVU-based Bonus	12	14.5	16	13.8	28	14.1
Other	0	0.0	7	6.0	7	3.5
<b>Total</b>	<b>83</b>	<b>100.0</b>	<b>116</b>	<b>100.0</b>	<b>199</b>	<b>100.0</b>

(Data source: Samples from the 2019 AUA Annual Census)

**Table 3** Summary table of factors influencing the development, recruitment, integration, retention and career development of advanced practice providers (APPs)

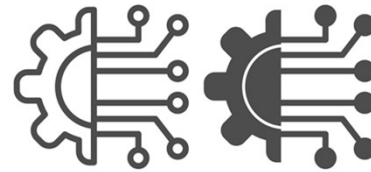
Level	Development and recruitment	Integration	Retention and career development
<b>Macro (system-wide)</b>	<ul style="list-style-type: none"> <li>• APP and other workforce supply</li> <li>• National or regional workforce policy</li> <li>• Views of external stakeholders and collaborators</li> </ul>	<ul style="list-style-type: none"> <li>• National or regional scope of work and service reimbursement policy</li> <li>• APP representation outside of organisations</li> </ul>	<ul style="list-style-type: none"> <li>• Career recognition, structure and pathways</li> </ul>
<b>Meso (organisational and departmental)</b>	<ul style="list-style-type: none"> <li>• Characteristics of hospitals and departments</li> <li>• Organisational need and planning</li> <li>• Organisational policy and arrangement</li> <li>• Resources and processes for role development and recruitment</li> <li>• Local experience and evidence</li> <li>• Organisational leaders' or champions' perception and understanding</li> <li>• Views of other departments and teams</li> </ul>	<ul style="list-style-type: none"> <li>• Organisational culture</li> <li>• Organisational strategy and planning</li> <li>• Organisational policy and arrangement</li> <li>• Resources to support role activities and integration</li> <li>• Clinical training resource and opportunities</li> <li>• Local experience and evidence</li> <li>• Organisational leaders' or champions' perception and understanding</li> <li>• Views of other departments and teams</li> <li>• APP representation in organisations</li> </ul>	<ul style="list-style-type: none"> <li>• Organisational culture</li> <li>• Organisational strategy and planning</li> <li>• Organisational policy and arrangement</li> <li>• Resources and opportunities for continued employment and career development</li> <li>• Organisational leaders' attitude</li> </ul>
<b>Micro (individual and interpersonal)</b>	<ul style="list-style-type: none"> <li>• APP individual interest and intention</li> <li>• Clinical team members' perception and understanding</li> <li>• Patient perception or preference</li> </ul>	<ul style="list-style-type: none"> <li>• APP individual background and attribute</li> <li>• APP individual skills and expertise</li> <li>• Relationships and negotiations with clinical team members and peers</li> <li>• Autonomy and relationships with supervisors</li> <li>• Patient perception or preference of APP</li> </ul>	<ul style="list-style-type: none"> <li>• APP individual background</li> <li>• APP work experience and beliefs</li> <li>• Relationship with clinical team members and peers</li> </ul>

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## 5. Professional Development and Retention

- Continuing education tailored to urology-specific needs
- Career advancement pathways
- Participation in quality improvement initiatives
- Integration into departmental academic activities
- Wellness initiatives



**TABLE 7-3**  
Personal Achievement

Level of Personal Achievement	Physician Assistants and Nurse Practitioners					
	Physician Assistants		Nurse Practitioners		Total	
	Count	Percent	Count	Percent	Count	Percent
Low	67	80.7	93	80.2	160	80.4
Moderate	13	15.7	13	11.2	26	13.1
High	3	3.6	10	8.6	13	6.5
<b>Total</b>	<b>83</b>	<b>100.0</b>	<b>116</b>	<b>100.0</b>	<b>199</b>	<b>100.0</b>

(Data source: Samples from the 2019 AUA Annual Census)

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**TABLE 7-1**  
Emotional Exhaustion

Level of Emotional Exhaustion	Physician Assistants and Nurse Practitioners					
	Physician Assistants		Nurse Practitioners		Total	
	Count	Percent	Count	Percent	Count	Percent
Low	56	67.5	76	65.5	132	66.3
Moderate	17	20.5	24	20.7	41	20.6
High	10	12.0	16	13.8	26	13.1
<b>Total</b>	<b>83</b>	<b>100.0</b>	<b>116</b>	<b>100.0</b>	<b>199</b>	<b>100.0</b>

(Data source: Samples from the 2019 AUA Annual Census)

**TABLE 7-2**  
Depersonalization

Level of Depersonalization	Physician Assistants and Nurse Practitioners					
	Physician Assistants		Nurse Practitioners		Total	
	Count	Percent	Count	Percent	Count	Percent
Low	39	47.0	61	52.6	100	50.3
Moderate	24	28.9	29	25.0	53	26.6
High	20	24.1	26	22.4	46	23.1
<b>Total</b>	<b>83</b>	<b>100.0</b>	<b>116</b>	<b>100.0</b>	<b>199</b>	<b>100.0</b>

(Data source: Samples from the 2019 AUA Annual Census)

**TABLE 7-4**  
Overall Burnout Rate<sup>^</sup>

Burnout	Physician Assistants and Nurse Practitioners					
	Physician Assistants		Nurse Practitioners		Total	
	Count	Percent	Count	Percent	Count	Percent
Burnout	21	25.3	31	26.7	52	26.1
<b>Total</b>	<b>83</b>	<b>100.0</b>	<b>116</b>	<b>100.0</b>	<b>199</b>	<b>100.0</b>

(Data source: Samples from the 2019 AUA Annual Census)

<sup>^</sup>Overall professional burnout is defined as high if high in either emotional exhaustion or depersonalization

**TABLE 7-5**  
Burnout Rate by Age

Age	Advanced Practice Providers	Count of Burnout	Percent of Burnout
< 35	49	14	28.6
35-44	62	15	24.2
45-54	38	13	34.2
≥ 55	50	10	20.0
<b>Total</b>	<b>199</b>	<b>52</b>	<b>26.1</b>

(Data source: Samples from the 2019 AUA Annual Census)

## 5. Retention and Burnout Strategies

- Adherence to shift lengths
- Scribes, AI scribes
- Mental health breaks following stressful events
- Rest breaks during long shifts
- Family support or child care assistance
- Drop-in mental health sessions, workout, therapy pets, etc.



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