

# North Carolina Society of Gastroenterology 2026 Annual Meeting



## How to Optimize APP Utilization in a Hospital/System Setting

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Atrium Health Gastroenterology- Greater Charlotte Market

Joint Providership



American Society for  
Gastrointestinal Endoscopy

**No disclosures to report.**

## Learning Objectives:

1. Learn about the clinical and operational benefits of utilizing APPs in an inpatient setting.
2. Better understand the guiding principles Atrium Health GI uses when deciding if an APP is the right fit for an inpatient role
3. Learn about the various APP staffing models uses in GI

# Atrium Health Gastroenterology- Charlotte

## Number of Providers:

- 30 physicians
- 37 advanced practice practitioners (APPs)
- 1 to 3 fellows or residents, either physicians or APPs

## Facilities:

- 11 outpatient clinic locations
- 3 major hospitals
- 5 smaller regional hospitals

## Sub-specialties offered:

- Inflammatory Bowel Disease (IBD), advanced gastroenterology, nutrition, and motility subspecialties

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## APP Utilization Main Objectives

1. Shift away from the *Preceptor Model* and embrace the *Team-Based Care Model* at all facilities
2. Utilize APPs at the top of their license
3. Utilize APPs to allow group to maximize endoscopy time for all physicians
4. Create a model that allows for superior patient care
5. Offer APP positions that focus on work-life balance and are competitive in today's market
6. Establish a consistent onboarding program to allow for appropriate training of APPs to set them *and the group* up for success

# Clinical Advantages of using Inpatient APP

## Improved and Enhanced Patient Access

APPs contribute to reducing wait times by expediting consultations which allows for more timely scheduling of endoscopic procedures. By doing so, the length of inpatient stay can be reduced. With APPs staffed inpatient, attending physicians can optimize their endoscopy scheduling which significantly improves patient access.

## Ensure Continuity of Care

APPs provide consistent care throughout the week, which is crucial for maintaining a stable and reliable healthcare environment. This allows for better continuity and familiarity with patients and unit workflows.

## Foster Strong Relationships

Effective communication with hospitalists and consulting teams is essential for fostering strong professional relationships. Clear, efficient communication channels ensure collaborative efforts towards patient care and enhance overall team performance.

## Greater Patient Satisfaction

By staffing with inpatient APPs, this allows for more time on patient education and communication, which can lead to higher satisfaction scores.

## Improved Resident/Fellow Experience

Utilizing APPs in a teaching hospital can allow decompression of the inpatient resident census, allowing complex patients with higher acuity to be assigned to teaching teams and lesser acuity patients to be managed by the APPs.

# Operational Advantages of using Inpatient APP

## Cost-Effective Staffing

APPs typically have lower compensation than physicians, offering a cost-effective way to maintain high-quality care.

## Support for Physician Workload

They help reduce physician burnout by managing routine tasks, communications with consulting teams, documentation, and follow-ups. APPs are also able to provide HAIKU coverage during their shifts worked.

## Flexibility in Coverage

APPs can be utilized for various shifts, including weekdays, nights and weekends.

## Reduced Readmissions and Complications

Studies have shown that APP involvement can lead to better outcomes, including lower readmission rates and improved chronic disease management due to streamlined workflows, increased efficiency, and improved post-discharge care.

## Clinical Education and Leadership

Experienced APPs are often a large part of the onboarding and training of new staff. Many APPs take on administrative, quality improvement, and committee roles, driving innovation and policy development.

# Guiding Principles When Hiring an Inpatient APP

- **Size and geographical area of hospital/average daily census**
  - Small hospitals with small census might consider more of a hybrid position
  - Larger hospitals with larger census likely do better with a physician/APP model
- **How often is group on call?**
  - If responsible for majority of GI call on a regular basis, APP should strongly be considered
- **What is the role of the attending on-call physician?**
  - Will physician be dividing and conquering with the APP?
  - Will physician be doing GI procedures all day?
- **How long should the APP's shift be?**
  - We offer 8, 10, 11, and 13 hour shifts
- **How experienced is the APP** and are they able to work independently? It is crucial to have an onboarding program in place to make sure APPs will be able to work autonomously
  - APP Fellowship Program- Atrium GI

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## APP Staffing Models

### Specialty Care Conventional APP

*Specialty Care APPs provide services with a focused concentration on a single system caring for acute and chronically ill patients. Includes clinic-based and/or hospitalized patients.*

**Schedule:** Primarily consists of weekday shifts, with less than 10% of full-time equivalent (FTE) allocated to weekend or night coverage.

**Position Details:** Standard Monday through Friday, 8, 10 or 11-hour shift structure. This shift can be split into a hybrid role where part of the day is inpatient coverage and part of the day is outpatient virtual or in-person clinic

**Compensation:** Pay range varies based on years of certification as an APP

### **Optimal Utilization:**

Weekday coverage is the primary need.

Best used in a team approach with physician/APP .

The average daily hospital census is approximately 15 patients.

General rule of thumb we use is about 2 patient encounters per hour

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## APP Staffing Models

### Specialty Care Conventional + APP

**Schedule:** Primarily composed of weekday shifts. 10-20% of FTE includes weekend and/or night coverage.

**Position Details:** APP will mostly be needed for Monday through Friday coverage, but might have to take call two nights a month or every fifth weekend as part of their position

**Compensation:** Pay range varies based on years of certification and slightly more than conventional APP

**Optimal Utilization:**

APP is part of the night or weekend rotating call coverage schedule

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## APP Staffing Models

### Specialty Care Conventional 7 on 7 off APP

**Schedule:** Includes a mixed rotation of shifts covering weekdays, nights, swings, holidays, weekends and call.

**Position Details:** 11-hour shift-based position where APP can cover any day or night of the week as part of their normal position; Mostly used in a 7 on 7 off role

**Compensation:** Pay range varies based on years of certification and is higher than Conventional and Conventional + because of the various shift requirements

#### **Optimal Utilization:**

When service line provides coverage 24/7

When the census averages between 16 and 22 patients per day

When care coverage model consists of team model with 1 physician and 1 APP, with physician performing GI procedures all day

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## APP Staffing Models

### Specialty Care Conventional Weekender APP

**Schedule:** Includes nights and weekends as majority of their shifts

**Position details:** 13-hour shift-based position where APP's sole purpose is for night shift or weekend shifts

**Compensation:** Pay range varies based on years of certification and has the highest compensation

**Optimal Utilization:**

When service line provides care coverage every night or weekend

Where census averages between 25+ patients

When care coverage model consists of one physician and one APP

When multiple hospitals need coverage

# APP Utilization: Emerging Ideas in the GI Field

## Specialized Virtual Medicine Platforms

- Currently piloting virtual platform for advanced GI patients referred for EUS/ERCP.
  - Can we use this platform in other subspecialties to increase access for patients in underserved areas?
  
- **Hybrid Care Models**
  - Can we integrate virtual first-check ins with in-person follow ups when necessary? This could increase access at some of our rural/regional hospital facilities.
  
- **Increasing Access in Rural Communities**
  - How can we increase access in these communities by implementing virtual APP support both on an inpatient and outpatient basis?
  
- **Virtual Weekend Float**
  - Can we utilize APPs during the weekends on a virtual platform to cover multiple hospitals equipped with virtual technology?

## CME/MOC Question:

Which of the following is NOT an advantage of utilizing inpatient APPs in a hospital setting?

- A) Improved patient access and reduced wait times
- B) Increased physician burnout due to additional APP supervision
- C) Enhanced continuity of care throughout the week/weekend
- D) Greater flexibility in shift coverage, including nights and weekends

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# CME/MOC Answer

**B.** Utilizing inpatient APPs actually helps reduce physician burnout by managing routine tasks, communications, and documentation, allowing physicians to focus on higher-level clinical duties and procedures. The other options reflect true advantages.

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