The Emerging Role of the Advanced Practice Clinician Leader/Manager

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Since the inception of our *Advanced Practice Clinician Compensation and Pay Practices Survey* in 2012, Sullivan, Cotter and Associates, Inc. (SullivanCotter) has seen a 10 percent average increase in the number of advanced practice clinicians (APC) added to the workforce every year.

As this workforce has grown, health care organizations have recognized a need to provide leadership for this unique provider group to ensure effective alignment with other members of the care delivery team. While APCs may still report up through a variety of roles, as noted in the table below, an increasing number of organizations have created new leadership/management positions specific to APCs:

Role	Percentage
Department Director or Manager	61%
Individual Physicians	31%
Practice Administrator	27%
Medical Director	26%
Nurse Leader	18%
Director of APCs	16%
Chief Medical Officer	9%
Chief Nursing Officer	9%
CEO of the Physician Group or Hospital	4%
Other	5%

n=231
Note: Percentages will not add to 100% due to multiple response categories.

Nearly three-quarters of the 158 organizations in our 2015 survey reported that some of their APCs serve in leader/manager roles, with "lead" being the primary designation (49 percent).

However, over 70 percent of organizations reported having an APC in a leader/manager role with the title of vice president, director, manager, or supervisor.

Based on our survey, the prevalence of using APC leaders/managers has increased dramatically in the last few years, as shown below:

APC Survey Year	Percentage of Participants Reporting APC Leaders/Managers
2013	31%
2014	54%
2015	73%

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Determining appropriate cash compensation for these roles is essential but challenging, given the rapid emergence of the roles and the inherent lag in the reporting and availability of robust market data. Over 90 percent of organizations with APCs in one of the leader/manager roles discussed previously provide additional compensation to these APCs over what is provided to nonmanagement APCs. This additional compensation is primarily provided in the form of a higher rate of pay or placement in a higher salary grade/range. The table below provides both mean and median salary range data for nurse practitioners (NPs), physician assistants (PAs) and certified registered nurse anesthetists (CRNAs) in management roles:

Base Salary Ranges for APCs Serving in Leader/Manager Roles

Range	NPs (n=37)		PAs (n=33)		CRNAs (n=11)	
	Mean	Median	Mean	Median	Mean	Median
Minimum	$91,473	$90,397	$96,513	$92,664	$143,849	$150,873
Midpoint	$116,566	$114,691	$124,550	$115,752	$180,364	$177,403
Maximum	$142,647	$138,528	$152,826	$145,454	$218,251	$221,291
Spread(1)	57%	56%	58%	59%	52%	51%

(1) The spread reflects the percentage difference between the minimum and maximum salary ranges provided by each organization.

SullivanCotter expects that the organizational trend to create and more fully define APC leader/manager roles will continue for at least the next two to five years, and given the number of APCs within large health systems, more than one level of APC leader/manager will likely need to be defined and developed, up to and including executive levels. Many organizations also now include APC leaders/managers in provider compensation committees, quality committees, and other functional and operational decision-making areas to facilitate greater alignment between organizational goals and strategies and the health care delivery team. Additionally, these roles will increasingly require full-time allocation to leadership/management work efforts with little or no clinical work time.

Given the evolving responsibilities and increasing existence of APCs in leadership/management roles, simply promoting strong clinicians into these roles without a thoughtful approach to alignment within the care team and a structured management development plan may result in less than optimal results. There is a critical need to properly develop the skills of these new APC leaders/managers by providing them with training in areas such as people management, strategy development, and business analytics. Doing so will enable them to thrive in their roles, successfully lead their teams, and help the organizations that they work for meet their goals and objectives.

SullivanCotter's 2016 APC survey will seek additional data on management level jobs, and while those data will be helpful, it will be important for organizations to consider their compensation philosophies and strategies for this key leadership group. Important questions to ask include:

1. To whom in the organization does it make the most sense to have these APC leaders/managers report?
2. How should we structure our organization to ensure strong communication and teamwork across the entire clinical leadership team (including physicians, APCs, and nursing leaders)?
3. How should we consider internal equity as we set pay levels (i.e., how should pay for these positions compare to nursing managers or directors)?
4. In addition to competitive base pay, should there be an incentive plan for APC leaders/managers? And, if so, what are appropriate goals and metrics?

Participation in SullivanCotter's 2016 ***Advanced Practice Clinician Compensation and Pay Practices Survey*** *will open by July 1, 2016, offering unique insights on compensation levels, trends and pay packages.* ***Survey participants receive the survey report free of charge*** *and have exclusive access to our APC webinar that contains market insights from our consultants. If you have any questions about the survey, please contact our Center for Information, Analytics and Insights by phone at 888.739.7039 or by e-mail at surveys360@sullivancotter.com.*

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