



Strategic use of advanced practice providers:

Utilizing APPs to strengthen the healthcare workforce



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Why strategic advanced practice provider utilization matters

Introduction

Healthcare organizations are under increasing pressure to do more with less. Financial constraints, persistent physician shortages, rising patient demand, and growing workforce burnout are forcing leaders to rethink how care is delivered. At the same time, advanced practice providers (APPs) have become an increasingly important part of the solution, now accounting for more than 40% of the provider workforce.¹ Yet simply adding APPs does not automatically create greater access, stronger care teams, or improved workforce performance. The greatest value comes when organizations intentionally design care models that allow APPs to practice at top-of-license and contribute where they can have the greatest impact.

With strategic APP utilization, healthcare organizations can:

- Strengthen workforce capacity
- Improve patient access
- Increase workforce flexibility and resilience

This opportunity begins with a comprehensive assessment of your APP workforce and how those providers are deployed across the organization.

This includes nurse practitioners (NPs), physician assistants (PAs), certified registered nurse anesthetists (CRNAs), and certified nurse midwives (CNMs), whether employed full-time or engaged through flexible workforce models.

To unlock the full value of this APP workforce, health systems can build long-term resilience through intentional APP integration. With well-defined roles and clear divisions of labor, physicians can perform more high-acuity care, and APPs can practice more often at top of license. This strategic use helps build stronger care teams, protect physician capacity, and ensures timely access to quality care. This report examines the key drivers of strategic APP utilization, then offers a phased roadmap for implementation, including a real-world case study applying these principles in a new urology service line.



SECTION I

Key drivers of successful advanced practice provider workforce utilization

The table below links each strategic driver to operational changes and associated benefits. The outcomes include greater work satisfaction, improved patient access, and more financial stability.²

“Strategic APP utilization gives healthcare organizations more options. The more flexible your workforce model, the better positioned you are to support patient access, physician capacity, and long-term growth.”

— Austin Chatlin, managing director of Advisory Services at CHG Healthcare

How the key drivers of APP utilization create value

APP driver	What changes operationally	Benefits
1. Alignment of clinical skill sets	Ensuring APP assignments reflect experience, certification, and service-line needs	Better alignment between patient demand and provider capacity
2. Autonomy	Empowering APPs to manage appropriate care within defined scope, protocols, and state requirements	More predictable patient throughput and less reliance on physicians for routine care
3. Care team integration	Using a shared care model to organize the work of physicians and APPs, with clear roles and routing rules	Improved workflow and more high-acuity care for physicians and more top-of-license work for APPs
4. Strategic deployment	Placing APPs where demand and physician capacity limits are most visible	Greater patient access and physician capacity for higher-complexity care
5. Specialty-specific utilization	Adapting APP models to the clinical, operational, and financial realities of each specialty	Improved patient access, physician capacity, and APP workforce effectiveness
6. Physician acceptance and culture	Fostering physician-led autonomy and prioritizing value-based alignment	Transformation of potential resistance into mutual trust and more effective team-based care

Driver 1: Alignment of clinical skill sets

To build a more resilient healthcare workforce, align the training, certification, and experience of your APPs with the needs of a particular service line. Alignment here comes in different forms, including population-specific expertise and skill-aligned clinic structure.

Population-specific expertise and specialty-specific training are essential to aligning APPs with organizational needs. CRNAs, for example, possess advanced anesthesia expertise that supports procedural and surgical services. Placing these providers in settings that fully leverage their skills helps

maintain procedural capacity, improve operating room efficiency, and support patient access. Likewise, nurse practitioners, physician assistants, and certified nurse midwives can be deployed where their training, experience, and certifications best match patient needs and service-line demand. When APPs are aligned to the work they are uniquely qualified to perform, organizations can improve both workforce effectiveness and care delivery.

Skill sets of APPs can transfer across select patient populations. APPs with experience in chronic disease management, for instance,

can thrive in high-volume diabetes, congestive heart failure, or chronic obstructive pulmonary disease programs. Nurse practitioners and physician assistants who are well versed in longitudinal care can help manage the time-intensive monitoring, education, and follow-up activities that support these patients. When appropriately deployed, these providers can improve follow-up compliance, reduce avoidable emergency department visits, and help create a more consistent patient experience. By securing precise skill matches, organizations can improve physician retention and financial stability.

Advanced practice providers and the retention advantage

Retaining a single APP can save

\$150,000 to \$250,000

in combined clinical revenue and recruitment costs.³

Driver 2: Autonomy

APPs autonomy varies across provider types, care settings, regulatory environments, and organizational models. When APPs are empowered to take on greater responsibility throughout the patient care journey, health systems can expand access to care, increase clinical capacity, and enhance care team effectiveness.

In fast-track emergency department models, nurse practitioners in appropriate practice settings may independently evaluate and treat lower-acuity patients using established clinical protocols. With clear pathways and governance structures in place, NPs can perform select procedures, including sutures, joint injections,

and skin biopsies, helping improve patient throughput while preserving physician capacity for more complex cases.

Maximizing advanced practice provider utilization strengthens health system organizational performance by increasing care capacity, improving patient access

to care, and ensuring physicians are focused on the highest-value clinical activities. An integrated care team approach enhances patient care while creating internal workforce flexibility and resilience needed to navigate future challenges.

APP reimbursement rates

An advanced practice provider working independently can be reimbursed at

85%

of the standard physician rate under the Medicare physician fee schedule.⁴

Driver 3: Care team integration

High-performing care teams leverage the complementary strengths of physicians and APPs to increase patient access, improve operational efficiency, and deliver more sustainable growth across the organization. In a shared care model, physicians and APPs share patient panels and rely on protocol-driven routing rules for patient co-management and handoffs. This model protects physician capacity by eliminating redundant work and reinforces complementary clinical roles.

“Hand surgeons, for example, might do the initial consult, the pre-op work, the surgery, the post-op, and the follow-up,” says Austin Chatlin, managing director of Advisory Services at CHG Healthcare. “Here, the physician leads across the entire life cycle of the procedure. But we can incorporate an advanced practice provider to take on two out of five—or even four out of those five—activities instead.” When APPs manage pre-op and post-op duties, for

example, they allow the physician to spend more time in the operating room. Surgeons report greater job satisfaction when performing more high-value operative care.⁵

Strong governance eliminates duplicated effort by establishing a clear division of labor and structured routing rules for patient handoffs. In cardiology, for instance, APPs lead heart-failure titration clinics and remote monitoring. When the severity of the patient’s condition escalates, standardized protocols determine the precise handoff timing from APPs to physicians.

In primary care, APPs manage chronic disease follow-ups, preventive care, and acute same-day visits. Here, physicians handle complex diagnoses and multi-morbid patients. By standardizing these structures, health systems transform the promise of collaboration into stronger patient care delivery.

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Driver 4: Strategic deployment

Strategic APP deployment begins with pinpointing capacity constraints and positioning providers where they can maximize value, efficiency, and patient access. In walk-in clinics, leaders can use APPs as access expanders to manage same-day and next-day appointments—and, in turn, reduce wait times and capture new patients.

True strategic deployment depends on intentional workforce design that creates flexibility to meet evolving patient, provider, and organizational needs. Health systems can create flexibility through approaches such as:

- **Shift rebalancing:**
Deploying APPs to cover evening and weekend hours keeps physicians focused on predictable, high-value assignments during core clinic hours and helps mitigate physician burnout.
- **Hub-and-spoke deployment:**
Utilizing an APP workforce to rotate through regional “spoke” clinics based on fluctuating daily patient volumes protects access without needing full-time staff for every site.
- **Geographic scale:**
Building the structures needed for remote physicians to work with APPs and patients on site allows health systems to scale their hybrid care models. In the clinical tele-presenter setup, the on-site APP and patient use connected diagnostic tools to stream real-time health metrics to the off-site physician. This method works to scale pre- and post-op care.

The value of care team integration

Redirect routine primary care visits from physicians to advanced practice providers.

- Short-term impact: preserves a likely \$25–\$70 in profit margin per routine visit
- Annual impact: Unlocks a potential of 900–1,700-wRVUs for every primary care physician⁶



Driver 5: Specialty-specific utilization

To build stronger care teams, health systems can tailor APP models to fit the unique clinical, operational, and financial realities of different specialties. What works in orthopedics may differ significantly from oncology. By aligning APP responsibilities with the specific demands of each specialty, organizations can improve patient access, provider efficiency, and overall workforce effectiveness.

In orthopedics, for example, physician assistants often serve as essential partners to surgeons. They may conduct initial assessments, order imaging, manage follow-up care, run pre-op clinics, and assist with perioperative workflows. This division of labor allows surgeons to spend more time in the operating room while maintaining a high-quality patient experience.

This strategic flexibility applies in a variety of high-acuity environments:

- In oncology, APPs lead symptom-management visits, survivorship clinics, and infusion-center oversight to maintain continuity of care.
- In hospital medicine, APPs manage routine inpatient rounding lists while physicians focus on complex admissions and specialty consults.

By tailoring APP deployment to the needs of each specialty, organizations can improve clinical efficiency, expand patient access, and maximize the effectiveness of their APP workforce.

Driver 6: Physician acceptance and culture

Successful APP utilization depends upon physician acceptance, engagement and organizational change management.

Health systems should create many opportunities to secure the trust of physician and APPs. Approaches can include:

- **Fostering clinician-led autonomy:**
Give the care team the explicit authority to design and modify clinical pathways. Involve physicians and APPs in group governance and workflow design to ensure operational changes reflect clinical realities.

- **Recognizing the priority of care standards:**
To build trust, leadership can mirror the physician's focus on care quality. Position APP autonomy, for example, as a proven way to optimize patient access and deliver more top-of-license care.⁸

Establishing transparent governance frameworks and explicit role definitions fosters physician and APP alignment, adoption, and mutual trust. A strong culture of acceptance helps organizations build stronger care teams, improve workforce flexibility, and strengthen workforce resilience.

SECTION II

Implementing a strategic advanced practice provider utilization model

A strategic APP pilot program that is testable, measurable, and refinable allows leaders to build trust, test workflows, and fine-tune operational handoffs in a controlled environment. This approach helps minimize preventable friction while creating a framework for broader implementation.

By proceeding through the phases below, organizations can move confidently from operational frameworks to a resilient clinical reality.



Phase 1: Select a goal and design the scope

An effective pilot is grounded in measurable goals, targeted implementation, and clear success criteria. Before launching a pilot, leaders should define the specific operational shift they are seeking to achieve. Examples of contemporary pilots focus on one of three key areas:

- **Patient access:**
Eliminate front-end entry bottlenecks to capture downstream system revenue
- **Population health:**
Standardize longitudinal care protocols for targeted chronic disease management
- **Service lines:**
Expand outpatient clinic capacity to capture high-margin procedural growth

Operational shift aligned to pilot focus

Operational shift	Pilot focus	Benefits
Expand patient access	Specialty intake or low-acuity visits	Patient demand, physician capacity gaps, and wait times are easy to measure
Support population health	Chronic disease management or defined patient groups	Visit types and protocols can be easily standardized in other care sites
Grow a service line or market	A new clinic, rural spoke site, or service-line build	New service lines provide a clean environment to design care-team structures, APP workflows, and staffing models from the start.

With an operational shift selected and your focus determined, you are ready to analyze how clinical work moves through your care team.

Phase 2: Align the care team to manage change

Participation in a pilot program can create change-related stress for physicians and advanced practice providers alike. When leadership addresses concerns early, they help prevent existing workflows from undermining new ones. Any disruption to established patterns of clinical care can create friction. Health systems can employ the following strategies to support effective and sustainable change management:

- Empower physicians and APPs to shape care models. Give physicians and APPs the authority to help design and refine clinical pathways, workflows, and governance structures. When care teams participate in decisions that affect how care is delivered, they develop a stronger sense of ownership and are more likely to support and sustain organizational change.
- Prioritize value-based alignment. To build trust during pilot programs, position APP utilization as a strategy to improve patient access, support top-of-license practice, strengthen care-team effectiveness, and preserve physician capacity for higher-acuity care.

Phase 3: Onboard and govern advanced practice providers

Defining clear role expectations, delivering structured protocol-driven onboarding, and providing dedicated advanced practice provider mentorship are foundational to successful APP integration. Long-term success requires more than individual provider support and health systems that realize the greatest value from their APP workforce establish enterprise-wide governance structures that align APP deployment, practice standards, performance expectations, and professional development with broader organizational goals.

Effective APP governance creates consistency across departments while allowing for specialty-specific needs. This includes standardized onboarding pathways, clearly defined scope of work practice, clinical competency frameworks, physician-APP collaboration models, and performance metrics tied to quality, access, patient experience, productivity, and more. When governance is fragmented, APPs often experience role ambiguity, inconsistent supervision, and uneven utilization, all of which can contribute to dissatisfaction, turnover, and unrealized workforce potential.

A comprehensive onboarding strategy should extend beyond orientation to include clinical integration, care team alignment, technology training, and ongoing competency development. New APPs benefit from structured transition-to-practice programs, specialty-specific education, regular performance checkpoints, and access to experienced APP and physician mentors who can accelerate confidence, clinical effectiveness, and care team integration.

By pairing robust onboarding with cohesive system-wide governance, healthcare organizations can more effectively deploy APPs at the top of their license, improve retention, strengthen care team performance, and create a scalable workforce model that supports growth, patient access, and operational efficiency. In doing so, APPs become a strategically managed workforce asset that advances organizational performance and expands access to high-quality care.



Phase 4: Measure clinical value and workforce resilience

When Advanced practice providers follow well-defined workflows, clinics run more efficiently, and the health system protects its capacity to welcome new patients. Building workforce resilience with advanced practice providers can take many forms, some of them include:

- **Sustaining service lines during**

- workforce disruption:**

- Unexpected departures and staffing shortages can place significant strain on patient access.

- Resilient organizations maintain continuity through a combination of APP capacity, internal float resources, flexible workforce models, and temporary physician coverage when needed.

- **Bridging physician recruitment gaps:**

- The median physician search can take several months. Organizations may use APPs, locums physicians, and flexible staffing models to maintain patient access and preserve service-line performance while permanent recruitment efforts continue.

- **Breaking the physician burnout cycle:**

- By empowering APPs to manage routine workflows, chronic disease follow-ups, and same-day access, health systems protect physician capacity. Intentional division of labor helps reduce burnout risk, improve provider satisfaction, and limit workforce disruptions related to turnover.

Case study: Building resilience in urology

The challenge: Designing before hiring

When tasked with building the new service line, the health system initially submitted a request for an all-physician model. Such a model would require urologists with specialized surgical expertise to perform initial screenings, routine follow-ups, and patient education.

CHG Healthcare Advisory Services partnered with the organization to examine the underlying work in the clinic. Rather than simply supplying a headcount, CHG Healthcare helped reframe the core question of “Who do we hire?” to “How should the work be divided?”

The execution: Strategic advanced practice provider integration

The CHG Healthcare-guided approach inspired the health system’s leadership to embrace a phased hiring process rooted in specialty-specific APP usage. Physicians were brought in during the initial months to anchor the complex surgical and procedural needs. In month five, following a period of care team integration, APPs took responsibility for the routine workflows.

The strategic advanced practice provider integration process helps secure long-term alignment between physicians and APPs.

The path forward: Strategic advance practice provider utilization

When organizations ensure their APPs have the right clinical skill sets, deploy them to the points of highest friction, and implement standardized governance, they transform their workforce into a flexible foundation for long-term growth.

Health systems can align with a strategic partner well-versed in long-term workforce solutions. With the right mix of advisory support, workforce technology, and staffing expertise guiding the way, healthcare leaders can better address their workforce challenges.



CHG Healthcare's partnership across the workforce spectrum

As the nation's leading physician workforce experts, and with more than 40 years of experience as the founder of the locum tenens industry, CHG Healthcare connects physicians, APPs, and allied health professionals with healthcare organizations nationwide—delivering scalable, people-centered workforce solutions across the clinical spectrum, from locum tenens and permanent staffing to technology and advisory services.

CHG partners with healthcare leaders to design, implement, and optimize workforce strategies, helping organizations align providers to patient needs, strengthen workforce flexibility, and support long-term growth. With decades of expertise and proprietary market intelligence, CHG is recognized for industry-leading Net Promoter Scores, partnerships with the nation's largest health systems, and a culture of caring, growth, and purpose.

Learn more at www.chghealthcare.com.

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Speak with a physician and advanced practice provider workforce expert

Schedule a strategy session to discover how your organization can use physician and advanced practice provider workforce solutions to expand access, improve workforce resilience, and strengthen care delivery.

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