

# Expanding and diversifying your allergy/immunology practice

June 4, 2023

*Brought to you by the American  
College of Allergy, Asthma and  
Immunology*



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# Introduction

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**Chair, Practice Management Committee  
Advocacy Council  
American College of  
Allergy, Asthma & Immunology**

# Objectives



- ***Upon completion of this learning activity, participants should be able to....***
  - Discuss clinical services that can be added to their current practice.
  - Demonstrate optimization of clinic space and workflow.
  - Review current staffing and how to optimize staffing duties in the clinic.

# Outline



- Expanding and diversifying your practice through additional clinical services.
- Optimizing your clinic workspace and workflow.
- Expanding vs optimizing staffing in your clinic.



# Expanding and diversifying your practice's clinical services

# Optimize Your Clinical Services



- Pulmonary function testing
- Rhinolaryngoscopy
- Imaging
- Infusions/Biologics
- Procedures
- Immunizations
- Telehealth
- Satellite clinics

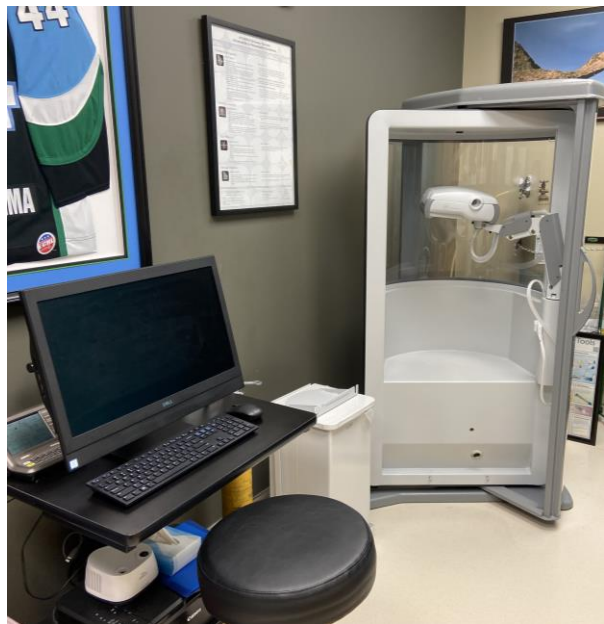


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# Pulmonary Function Testing



- Spirometry
- Full PFT
- Bronchoprovocation
- eNO



# Pulmonary Function Lab

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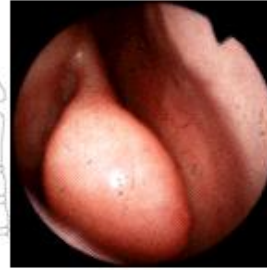




Portable Spirometry

# Rhinolaryngoscopy

- Useful for CRS, nasal polyps, and vocal cord dysfunction
- Courses available at national meetings
- Rhinoscopy in Your Allergy Practice -  
<https://education.acaai.org/rhinocopy>

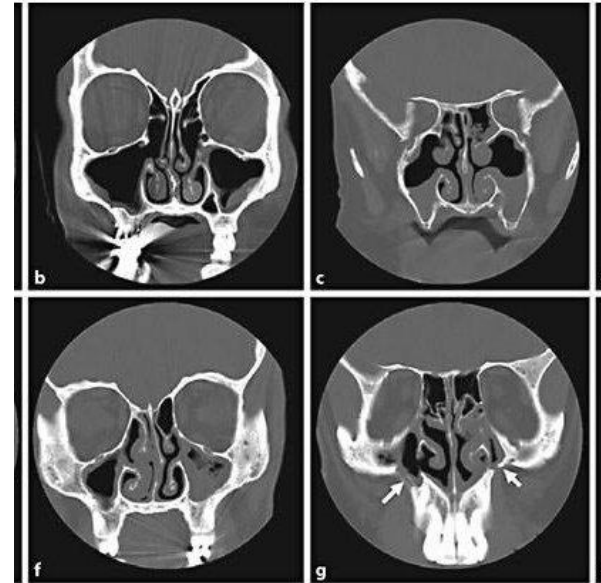




# Rhinolaryngoscopy

# Imaging

- In-house options
  - Sinus CT
  - Chest X-ray
- Know facility requirements
- Know regulatory requirements
- ? ROI





# Infusion Suite



- Immune globulin infusions/injections
- Biologics
- Other treatments
  
- Billing issues
- Other uses for space



## Infusions and Biologics

# Procedure Room/Suite



- Prolonged testing – venom, medications
- Oral challenges – food, medications
- OIT





# Immunizations



- Asthma/Respiratory specific
  - Influenza
  - Pneumococcal
  - COVID
- Routine adult and childhood vaccines



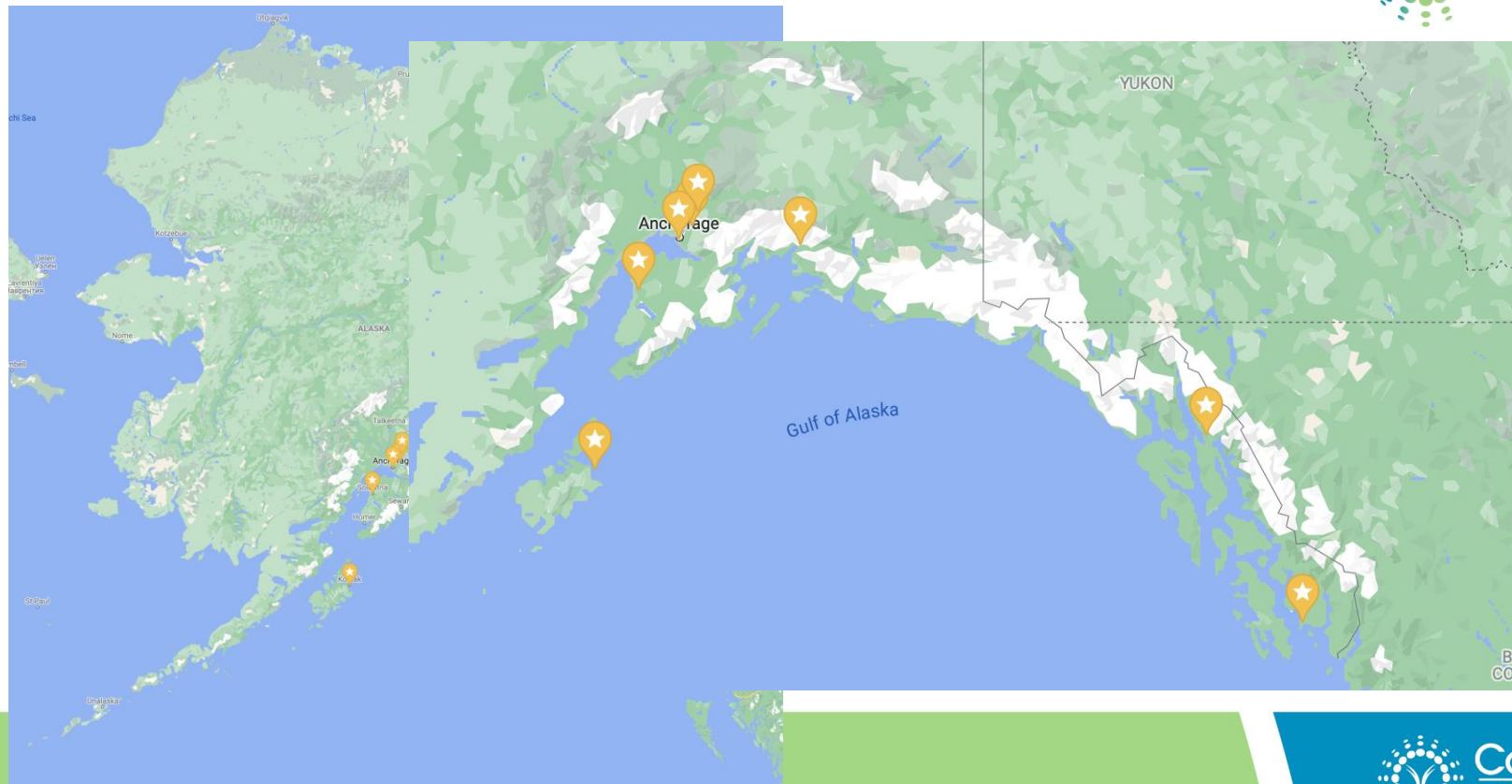
Immunizations

# Satellite Clinics



- Consider expanding into underserved areas
  - Can be infrequent clinics and sublease space.
  - Can be full-time but only certain services.
  - Can be staffed with APPs (dependent on state laws/regulations)

# Satellite Clinics



# Telemedicine



# Telemedicine



- Telehealth laws, regulations, and reimbursement policies vary by state.
- Physician licensure issues.
- Patient and physician location requirements.
- Policies “post-COVID”

# Clinic Scheduling of Telemedicine Patients



- Beginning of day
- End of day
- Half-day
- Any time of day: best if you have a “floating/admin” provider
- Goal of telemedicine
  - No wait time
  - Start on time
  - Finish follow-up in 15-25 minutes (level 3 and 4 CPT)
  - Patient wait time negates the main advantage of telemedicine
  - “We’ll be on and off before you would even arrive at my office”

# Think outside your current clinical model.



How might you use telemedicine in the future?


- Certain appointment types that can be done easily via telemedicine
  - Chronic urticaria
  - Immunotherapy follow up
  - Stable asthma when not due for spirometry
- Use of telemedicine for remote clinics
- Using telemedicine to expand your practice




# Telemedicine Resources



- <https://college.acaai.org/toolkits/telehealth-toolkit-2/>

[About Us](#) [Professional Education](#) [Practice Management](#) [Advocacy](#) [Publications](#) [Get Involved](#)



## Telehealth Toolkit

Learn how to optimize your existing telemedicine program or how to implement it if you're just getting started. Get info about laws, reimbursement, licensing, efficacy and more.

**On this page**

**The 101**  
For beginners: overview,

**THE 101**  
Telemedicine, also known as telehealth, can increase patient access, improve patient satisfaction,

# Telemedicine Resources



- [AMA/ACAAI Clinical Case Study: Telehealth for Allergy, Asthma, and Immunology \(2/18/2022\)](#) showcases examples of how telehealth is currently being leveraged by Allergists/Immunologists to provide allergy, asthma, and immunology care. The webinar outlines [tips to succeed with telehealth in allergy and immunology care.](#)

**Clinical Case Study:  
Telehealth for Allergy,  
Asthma and Immunology**

Feb. 18, 2022

**Telehealth Immersion Program**

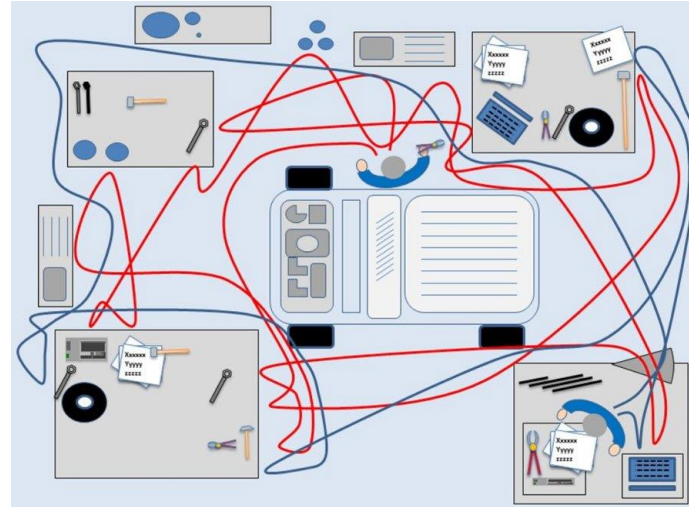
PART OF THE  
AMA | *STEPSforward*  
Innovation Academy

The image features a large green circle on the left side of a blue background. A white curved line separates the green circle from the blue background. The text "Optimizing your clinic workspace and workflow." is written in white, bold, sans-serif font inside the green circle.

**Optimizing your clinic  
workspace and workflow.**

# Optimize your workspace/workflow

- Computers in each exam room vs each provider carries a laptop
- Work spaces near the exam room vs providers returning to their offices to work
- Easily accessible materials
  - Exam room notebooks
  - Quick reference cards





Exam room set up



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# Work Spaces



# Exam Room Notebook



- Index
- Written patient instructions
- Written action plan
- Education handouts
- Lab and radiology ordering
- House dust mite encasement order form
- MDI (CPT) and autoinjectable epinephrine demonstration





ASH, WHITE	BOX ELDER	CYPRESS, BALD	MAPLE (S)	OAK (S)	POPLAR (S)
BEECH	CEDAR, MT	ELM	MAPLE, SUGAR	OAK (W)	SWEETGUM
BIRCH (S)	CEDAR, RED	HICKORY	MULBERRY (S)	PECAN	STAMORE
BIRCH (W)	COTTONWOOD	HICKORY	MULBERRY (W)	PINE	WALNUT, BLACK

WILLOW, BLACK	RYE	SARCOXADUM / ALTERNANIVUM	SOTRYTS	EPICOCUM	BUDOPORULA
BAHIA	TIMOTHY	ALTERNARIA	CANDIDA	GIBBERELLA	BACILLUSPASTORIS (PAST)
BERMUDA	NEGATIVE	ASPERGILLUS	CLADOSPORIUM	MUCOR	TRICHOPHYTON
JOHNSON	HISTAMINE	AUREOBACILLUM	BIPOLARIS	PENICILLIUM	MOUSE
CARLEISS	KOCHIA	NETTLE	RAGWED, SHORT	SORREL, SHEP	DI

# ALLERGEN IMMUNOTHERAPY - DISCLOSURE AND CONSENT

THE TANKERLEY CLINIC  
Mike Tankerley, MD, MBA, FAAAAI, FACAP  
1412 West Poplar Avenue, Suite 301, Chattanooga, TN 37407  
423-252-8744  
www.tankerley-clinic.com

ALLERGY, RESPIRATORY AND SKIN CARE



TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended allergen immunotherapy (allergy shots) to be used so that you may make a decision whether or not to undergo the allergy shots after knowing the risks and benefits involved. The disclosure is not meant to alarm you, it is simply an effort to make you better informed so you may give or withhold your consent to the allergy shots.

- I voluntarily request Dr. Mike Tankerley, as my Allergist, and such associates, medical assistants, and other health care personnel as necessary, to treat my condition which on the basis of my allergy evaluation has been explained to me as:
  - allergy (allergic) with or without conjunctivitis and/or
  - asthma which is triggered by allergy and/or
  - anaphylactic reaction and/or
  - chronic allergy
- I understand that following medical procedure is planned for me and I voluntarily consent and authorize allergen immunotherapy, also known as allergy shots.
  - How do allergy shots work? Research has shown that allergy shots decrease allergic reactions by stimulating the formation of protective "blocking antibodies", by decreasing the production of "allergy antibodies", and by altering other immune cell function in a beneficial way.
  - How often and how long must I receive allergy shots? Allergy shots are given once or twice a week as increasing doses until a maintenance dose is reached. Once reaching maintenance, shots are spaced to meet a month. However, allergy shot maintenance materials are individualized and can vary between every two weeks to monthly. The duration of treatment with allergy shots will depend on how well you tolerate them and how well you respond to treatment. In general, as 6-month trial is given, and if benefit is realized, the shots are continued for 3-5 years with follow-up appointments at least annually with your Allergist.
- I understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I authorize my physician, and such associates, medical assistants, and other health care personnel to perform such other procedures which are advisable in their professional judgment. Exceptions if any are: none.
- I understand that no warranty or guarantee has been made to me as to result or cure.
- Just as there are risks and benefits in continuing my present condition without treatment, there are also risks and benefits related to the performance of allergy shots. I realize that common to allergy shots is the potential for infection, allergic reactions, and even death. I also realize the risks which may occur in connection with allergy shots include but are not limited to:
  - Local reactions with itching, redness, warmth, swelling and tenderness at the injection site. Swelling may at times extend down to the elbow.
  - Generalized reactions may include fever, itching of the eyes, nose, and/or skin, swelling of the face, throat, hands and/or feet, wheezing and difficulty breathing, nausea, vomiting, diarrhea and/or abdominal cramps, rapid heart rate, lightheadedness and/or sudden drop in blood pressure, and rarely death. Unfortunately, there are two deaths per year in the US related to allergy shots. These generalized reactions can usually be easily reversed if treated early, but they can be life-threatening.



THE TREATMENT OF AD  
to have a regular schedule with  
cludes bathing with a gentle  
moisturizing to lock water into the  
the skin barrier. Moisturized skin  
ares by combating dryness and  
tants and allergens.

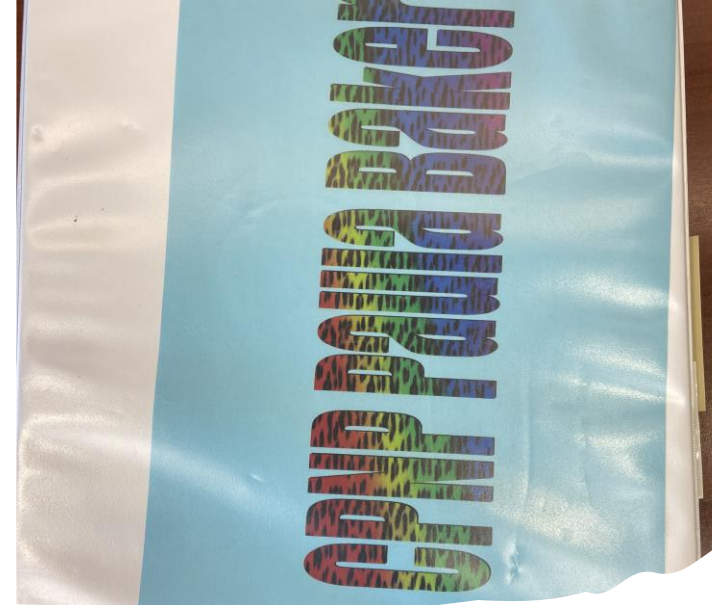
severity of symptoms, AD  
ide lifestyle changes, over-the-  
and natural remedies, prescription  
ons, which are applied to the  
oppressants, usually taken by  
m of a pill; and phototherapy, a  
et light treatment.

TROL AD FLARES?  
of eczema, managing the  
down to these basics: 1. Know  
ers; 2. Implement a regular  
turizing routine; 3. Use OTC  
on medication consistently and

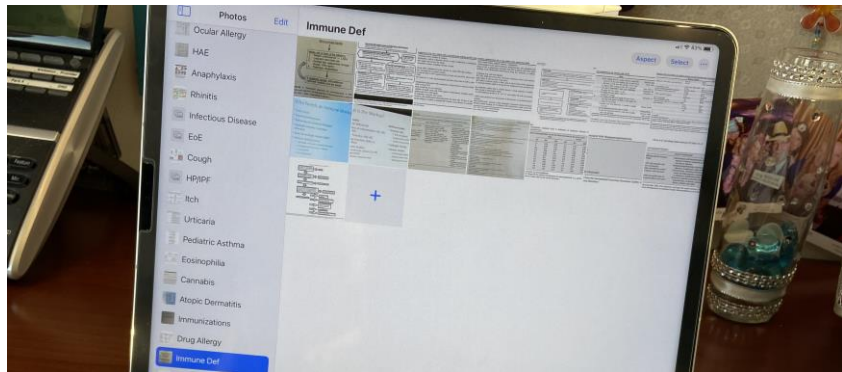
arents find that even when they  
things, their child's AD still  
an unpredictable disease.  
s flare "out of the blue" is  
happen despite your best

association (NEA) is the leading  
tion serving people with  
who love them. Go to  
g to find out more.

Providence	Urticaria	Home Eczema Plan	Home Asth
Cinquinair (reslizumab)		biologic table	
Fasenra (benralizumab)			
Ecze			



Our PNP's exam room notebook



# Quick Reference Cards/Electronic albums

# Expanding vs optimizing staffing in your clinic

# Optimize Your Staff



- Role of Advanced Practice Providers
  - When to add an APP
  - Various roles APPs can play in your practice
  - How to train a new APP in Allergy/Immunology
  - Know your state and local laws
  - View ACAAI educational module on this topic
    - [Allergy Office: Integrating NPs/PAs](https://education.acaai.org/NPsPAs) (education.acaai.org/NPsPAs)



# Role of Advanced Practice Providers



- NPs and PAs are both advanced practice providers, or APPs
- APPs are qualified health care professionals who have undergone specialized education, training, certification and licensure enabling them to provide care and treatment to patients.
- They have been certified to perform some of the same tasks as a physician, and they frequently work under the close supervision of a physician.
- Their scope of practice, level of independence and authority vary by role and by state.

### Licensing, Certification, and Education Requirements

Nurse Practitioner	Physician Assistant
State Board of Nursing licensure (RN, APRN)	State-specific licensure to practice
Nationally board certified by AANP or ANCC <ul style="list-style-type: none"> <li>Nurse practitioner, certified (NP-C)</li> <li>Advanced practice registered nurse, board certified (APRN-BC)</li> </ul>	Nationally board certified by NCCPA <ul style="list-style-type: none"> <li>Physician assistant, certified (PA-C)</li> </ul>
Renew certification every 5 years by: <ul style="list-style-type: none"> <li>AANP: completing 1,000 clinical hours and 100 continuing education credits OR take the National Certification Examination.</li> <li>AANC: completing 75 continuing education hours plus 1,000 clinical hours or other substitute activity.</li> </ul>	Complete a recertification exam every 6-10 years (moving from every 6 yrs. to every 10 yrs.)  AND Complete 100 hours of CME every 2 years.

APPs can:

- Increase practice revenue at a lower cost. APPs can provide many of the same services as allergists but cost practices less in overhead than a physician.
- Enhance the quality of care for patients through better access and coverage.
- Improve physician satisfaction and reduce burnout by sharing the workload.

# Role of APPs

- Hire an APP with prior A/I experience
- On the job training/shadowing
- A/I Advanced Practice Clinician Residency
  - Created by Dr Mike Tankersley





# The Association of PAs in Allergy, Asthma, and Immunology



Employers

Job Seekers

Post a Job

## APAAAI Career Center

Connecting Talent with Opportunity

Keyword or Job Title

Location

Search Jobs 🔍

☐ Send me new jobs for this search

your@email.com



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# Allergy/Immunology NP/PA Residency Program

## Program History/Description



As the first residency of its kind, the Allergy/Immunology Advanced Practice Clinician (A/I APC) residency was created by The Tankersley Clinic, PLLC, in 2019 for nurse practitioners (NP) and physician assistants

## Mission Statement



The mission of the A/I APC residency is to provide a post-graduate specialty training program for nurse practitioners and physician assistants in a dynamic environment that promotes excellence in

## Curriculum



### Didactic

The A/I APC residents will participate in weekly lectures and will include topics specific to A/I APC practice. A monthly Grand Rounds Conference enlists A/I APC residents



THE TANKERSLEY CLINIC  
ALLERGY, RESPIRATORY & SKIN CARE



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# Available Resources

# Don't reinvent the wheel – know what resources are available.



- ACAAI Practice Management Center

- <https://college.acaai.org/practice-management/>

## Practice Management Center

The Practice Management Center is our one-stop shop for interactive tools and resources to help your practice succeed.

- ACAAI Practice Assessment Quiz

- Use the quiz to quickly assesses your practice strategies and policies in key practice management areas like coding, allergen extract mixing, telemedicine and more.
- Based on your answers, we'll recommend College resources to enhance knowledge in areas where your practice can benefit.
- <http://education2.acaai.org/wwwroot/PMRESQUIZ/>

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# ADVOCACY COUNCIL

ADVOCATING FOR ALLERGISTS  
AND THEIR PATIENTS

Potentially  
harmful legislation  
is everywhere.

The Advocacy Council  
has you covered.

[college.acaai.org/  
advocacy](http://college.acaai.org/advocacy)



We're  
here to  
protect.



# 2023 Advocacy Issues

- Your allergy leaders advocate for you on:
  - **Preventing Payment Reductions** – advocate for legislation that permanently ties annual Medicare reimbursement updates to MEI.
  - **Reducing Prior Authorization Burdens** – support a standardized, automated and streamlined process; limit response time; require medical professional reviewers experienced in the care the patient is receiving; and supporting the Improving Seniors Timely Access to Care Act.
  - **Fix the Good Faith Estimate** – simplify the GFE in the No Surprises Act to eliminate the connected care requirement; provide more time to collect and send information; object to the QPA as a payment rate if higher amount is justified in PPDR process.





# 2023 Advocacy Issues *(continued)*

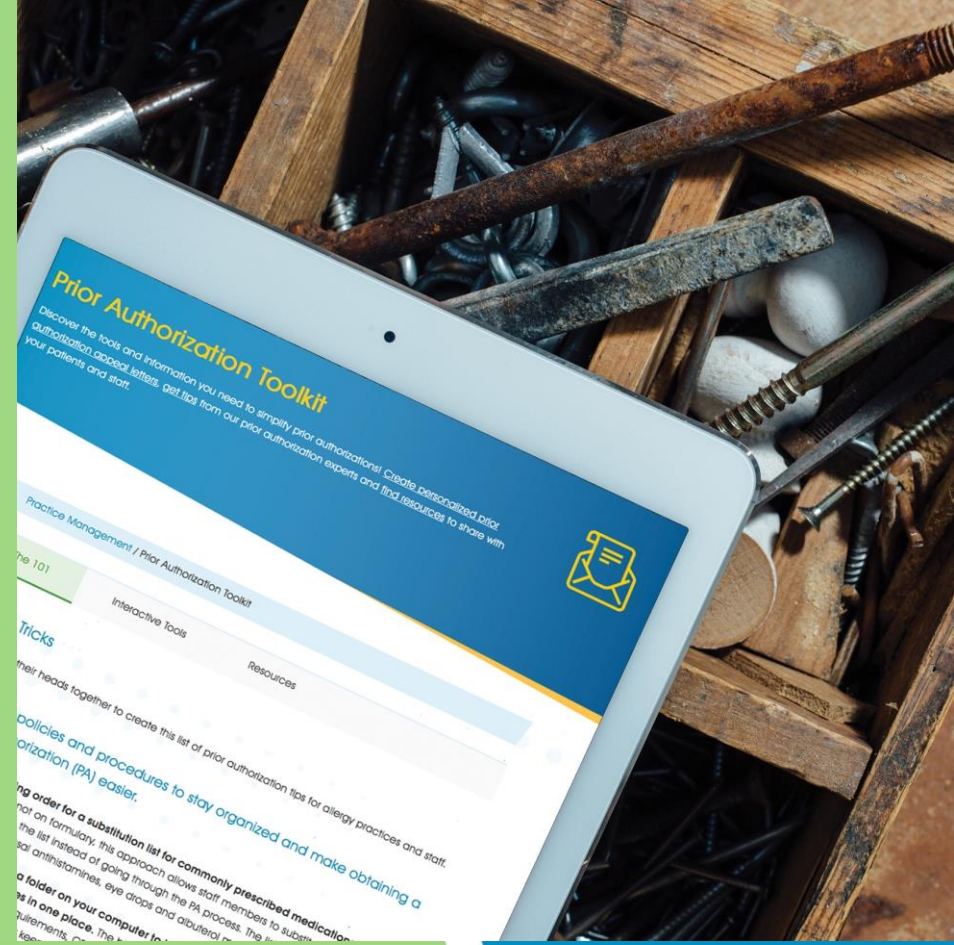
- **Funding for allergy/asthma and food allergy** health and research programs.
- **CPT 95165** – advocate reasonable claims requirements
- **Step Therapy** – restrict insurance carrier's ability to impose unreasonable requirements.
- **Scope of Practice** (Promotion of physician-led team care)
- **Alternative Payment Models** (APMs)  
Continue to promote the College's Asthma APM.



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# Struggling with Prior Authorizations?

- Check out our Prior Authorization Toolkit
- Create customized PA appeal letters in a few easy steps
- 10 different drug/disease combos
- [college.acaai.org/priorauth](https://college.acaai.org/priorauth)



# We have the tools you need to manage your practice.



Visit  
**[college.acaai.org/pmc](https://college.acaai.org/pmc)** for:

- Coding, prior authorization & MIPS
- Shared decision making
- Marketing, collections, HR & patient satisfaction

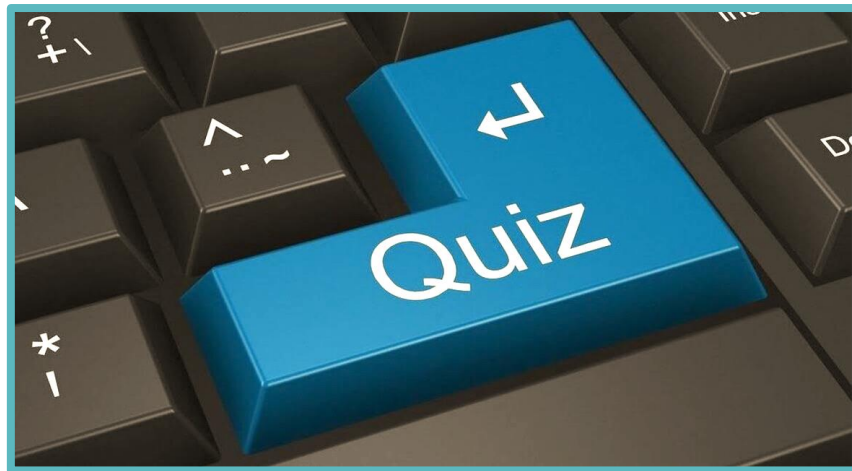
And:

- Practice Parameters
- Perfecting Practice webinars

Contact  
**[jenniferpfeifer@acaai.org](mailto:jenniferpfeifer@acaai.org)**  
with questions

# Our Allergy Practice Assessment Quiz is here!

- Get a personalized analysis of your practice's strengths and opportunities.
- Plus, we'll recommend College resources to help!
- Free to College members – and it only takes 15 minutes



Find the quiz at [college.acaai.org/pmc](https://college.acaai.org/pmc)



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# Confused about Coding?

- The College Coding Toolkit has the answers - [college.acaai.org/coding](https://college.acaai.org/coding)
- We explain coding for SLIT, extracts, allergy testing, venom, penicillin and so much more
- We have several allergy coding webinars
- Email [AdvocacyCouncil@acaai.org](mailto:AdvocacyCouncil@acaai.org) with your coding questions



# The College's vision helps you navigate the future.

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# Questions?



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# Contact Information



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