

COMMENTARY

THE CASE FOR CERTIFIED PHYSICIAN ASSISTANTS

■ Dawn Morton-Rias, Ed.D, PA-C

In this article ...

As physician leaders seek better ways to serve their patients within a constantly changing marketplace, physician assistants can help them succeed by carrying a share of the burden.

TO MEET THE DEMANDS AND GOALS OF

population health management, more health plans and provider groups are looking for ways to address the growing emphasis on the shared savings and value-based reimbursement initiatives.

At the core of these initiatives is the need to provide better patient outcomes through improved patient satisfaction, reduced hospital readmissions and better adherence to best practices. But they come at a difficult time for health systems and provider groups.

The Association of American Medical Colleges predicts a shortage of up to 95,000 physicians over the next nine years. Meanwhile, as technology becomes increasingly necessary in health care, some see it as hindering efforts to engage patients. And the graying of America continues, with an ever-larger population suffering from chronic diseases that require more intervention and resources.

One of the most promising, and easily adopted, solutions is the greater use of certified physician assistants who can collaborate with physicians in today's health care environment.

PAs have been integral members of health care teams for more than 40 years, providing more and more essential health care services. Primary care PAs do more than simply take histories, perform physical exams and treat and manage a wide range of conditions; they manage populations of patients with such chronic conditions as diabetes and hypertension that require well-coordinated care. In fact, a recent study published by the National Commission on Certification of Physician Assistants says nearly 80 percent of certified PAs counsel patients

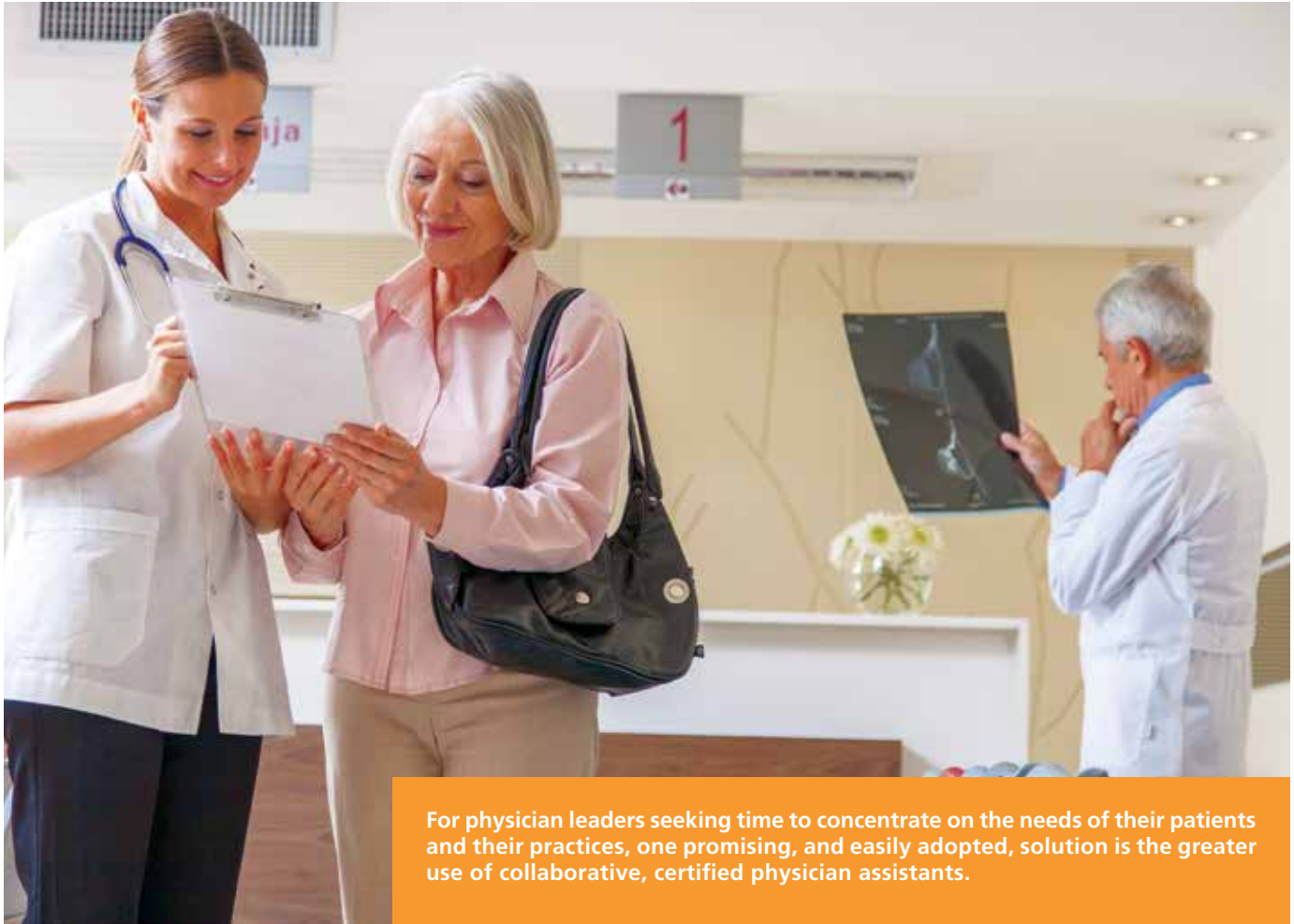
and families, and almost half of them coordinate care.

In addition, more hospitals and health plans look to PAs to lead programs that overstretched physicians simply don't have the time to manage, such as making house calls to keep high-risk patients out of the hospital and leading teams to prevent readmissions or reduce hospital-acquired infections. Such efforts help ensure physicians have time to concentrate on patient and practice needs.

SEVEN IDEAS

The challenge, then, is for health care organizations to develop strategies, policies and procedures to ensure optimal incorporation of PAs. To build effective teams that meet an organization's needs, here are some steps to consider. Let them ...

- 1. CAPITALIZE ON THEIR ABILITIES.** The Centers for Medicare and Medicaid Services determine quality of care using 33 measures across four quality domains: patient and caregiver experience, care coordination and patient safety, preventive health, and management of at-risk populations. PAs are well-qualified to address all of these areas and can complement and extend the work of busy physicians. For example, one hospital in the Northwest uses PAs to triage emergency room patients with less-serious injuries. Within one year, the program has helped reduce time-to-provider from 56 minutes to 13.



For physician leaders seeking time to concentrate on the needs of their patients and their practices, one promising, and easily adopted, solution is the greater use of collaborative, certified physician assistants.

2. **IMPROVE PATIENT EXPERIENCE.** There is a growing emphasis on patient engagement and experience, measured by surveys such as the Consumer Assessment of Healthcare Providers and Systems. Many health plans have found survey score improvement by using PAs who are specifically trained to engage and communicate with patients. One national provider of acute care services uses PAs and nurse practitioners to lead relationship-based care committees that ensure patients are at the center of all tasks performed. Overall patient satisfaction scores have improved measurably at hospitals nationwide in just one year.
3. **COORDINATE CARE AND HANDOFF.** Health care leaders know about the “black hole” — the time between when patients are discharged from a hospital and when they’re seen by their primary physician. Within hospitals and at physician offices, PAs can fill the role of care coordinator and can assist with the transition to and from hospital care, even for patients with special needs. A growing number of medical practices use PAs to follow up with patients within 72 hours of discharge to ensure they have secured medications, are following treatment guidelines and have access to additional assistance.
4. **LEAD READMISSION EFFORTS.** Finding ways to reduce readmission rates is a challenge for hospitals and health systems, especially for cardiac patients. One organization in New York has developed a physician assistant home care program, in which PAs make house calls on the second and fifth days after hospital discharge. The most common home intervention has been medication adjustment, particularly for diuretic agents, hypoglycemia medications and antibiotics. Upon comparing 30-day readmission rates for the control and home care groups, the home care group rate was reduced by 25 percent.
5. **ADMINISTER PREVENTIVE HEALTH PROGRAMS.** Yet another challenge for health plans is implementing successful prevention and wellness programs, even though they have the potential to provide exceptional return on investment and help with patient satisfaction. Medical groups nationwide are putting PAs in charge of preventive care for seniors, including the annual wellness visit Medicare recommends. The approach frees up time for physicians to serve patients with acute health needs and can help improve health status and outcomes for all patients.

TOP SPECIALTIES

According to the National Commission on Certification of Physician Assistants' 2016 Statistical Survey Report, which examines practice patterns in 22 specialties, some 70 percent of physician assistants work in specialties outside of primary care. The top PA practice areas are:

Family practice/general medicine	21%
Surgical subspecialties	18.6%
Emergency medicine	13.4%
Internal medicine	8.6%
Dermatology	4%
Hospital medicine	3.3%

- 6. FOCUS ON AT-RISK POPULATIONS.** As the number of patients with, or at risk for, chronic disease increases, physician leaders must better manage it. One not-for-profit health plan in New York uses PAs and NPs as team leaders in an outreach program for elderly at-risk patients. The care teams conduct assessments, establish a plan of care, and coordinate and provide care. They make monthly in-home visits as well as biweekly phone calls, and clinicians are available 24/7. The organization's leaders believe the model will reduce readmission and ER visits, provide better access and improve patient satisfaction in the long run.
- 7. BUILD TEAMS THAT SUPPORT YOU.** The key is to identify certified PAs with the clinical expertise you need, and who share your practice's priorities and commitment to the communities you serve. As the number of PAs continues to grow — there are more than 115,000 in the United States today — and as their expertise increases, building the right team becomes easier. There are currently 103 PAs for every 1,000 physicians, but some specialties have a larger proportion. For example, in orthopedic surgery, there are 416 PAs for every 1,000 orthopedic surgeons. In neurosurgery, there are 289 certified PAs for every 1,000 neurosurgeons.

TIME FOR INNOVATION

The average physician is 52 years old, according to industry data, but certified PAs are age 40 — and fewer than 1 percent of them plan to retire in the next 12 months. They are adept at electronic health records and mobile platforms, making them valuable to physicians adapting to emerging technologies. They are filling positions in underserved areas, including street medicine and telemedicine. Chances are, there are PAs who can meet your specific requirements.

PAs work in collaboration with physicians and autonomously. That adds reach and value to the organization.

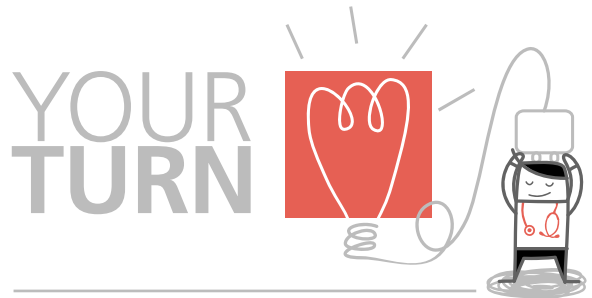
It is no longer enough to simply increase access to care. Hospital and multispecialty practices are scrutinized and measured on increasing patient engagement, improving outcomes

and decreasing costs. They need innovative team members who can advance the state of medicine in a ground-breaking manner. Certified PAs are tested and trusted providers who can help deliver improved metrics across all specialties and clinical settings.



Dawn Morton-Rias, Ed.D, PA-C, is president and CEO of the National Commission on Certification of Physician Assistants, based in Georgia.

dmorton-rias@nccpa.net



We welcome unique perspectives and opinions from the world of physician leadership. Send your thoughts to journal@physicianleaders.org to be considered for publication in an upcoming issue.

Master of Science in Healthcare Quality and Safety Management

A specialized degree program offered in cooperation with the American Association for Physician Leadership

Earn your degree from a national leader in population health

Jefferson.edu/HQSM
215-503-5305

 **Thomas Jefferson University**
Jefferson College of Population Health