Forging a Successful Practice
Utilizing PAs in a Busy Dermatology Office

Jeffrey Johnson, PA-C, DFAAPA
Disclosure Statement

I Have No Financial Information to Disclose
Agenda

- Brief Look at the PA profession
- Why Has it Worked for 50 Years
- Why Should You Consider Hiring a PA
- “Optimal Team Practice”
- Hiring and Retaining a Physician Assistant
What is a Physician Assistant?

- Physician assistants (PAs) are medical providers who are licensed to diagnose, treat and prescribe medication for patients. PAs work in offices, hospitals and clinics in collaboration with a licensed physician.

- At their core, PAs are Dependent Practitioners

- Our daily function within the Physician-led health-care team is directed solely by delegation from our supervising Physician.
Physician Assistants

AKA:
Physician Extenders
Mid-level Provider
Advanced Practice Providers
Allied Health Providers
Limited License Provider
Non-Physician Provider
Physician Associate
PA Profession: Brief History

• Take advantage of military trained combat medics
• Training modeled the fast track for Physicians WWII
• Design was for PAs to “Think like a doctor.”
• Work closely with physician
• Duke University 1965 – First Class of PAs
PA Education

- 27 Continuous Months equates to 3 academic years
- 75 Hours Pharmacology
- 175 Hours Behavioral Sciences
- 400 Hours Basic Science
- 580 Hours Clinical Medicine
- 100 hours Category I CME every 2 years
- Pass National Certifying Exam every 10 years
- Master’s Degree by 2020 or Lose Accreditation
PA Education

• Modeled on Physician Education
  One Year Basic Medical Sciences
    Anatomy, Pathophysiology, Pharmacology, Biochemistry
  Clinical Phase Training
    Family Medicine, Internal Med, OB/Gyn, ER, Peds,
    General Surgery, Psychiatry, ENT, Dermatology,
    Orthopedics, etc.

• 2000 Hours of Supervised Clinical Practice
A PA’s scope of practice is determined by their training and experience, state law, facility policy and agreed upon with their supervising physician.
Where PAs can Practice Medicine:

All states, the District of Columbia and all US territories except Puerto Rico authorize PAs to practice medicine.

This is also true for prescribing privileges.

Ability to prescribe controlled substances varies by state and PAs must obtain own DEA number.
PA-"C"

- Physician Assistant is “Certified”
- Pass National Certifying Exam
- 100 Hours of CME every Two Years
- Pass Recertification Exam every 10 years
- No Dermatology Specialty Exam Exists
Current Status of PA Profession

- Approximately 130,000 Practicing PAs
- 539 living abroad
- 2800 in the field of Dermatology
- 225 Accredited PA Programs (270 by 2020)
- 8900 New PAs every Year
What Do Applicants Look Like?

- Greater than 3,000 hours patient contact experience
  - Paramedics
  - Medical Assistants
  - Athletic Trainers
- 27 years of age on average (24 y/o med. school)
- 66% are female
PAs in the Daily Clinic

- Allows the physician to focus on the items you want
  - PAs can play a supervisory role
  - Education of staff

- Patients offered appointment with physician first

- Told they are seeing a PA when apt made, at confirmation and when the patient is roomed

- Mohs: More Patients Seen = More Cancers Treated
Physician Assistant: Added Benefits

- Patient Waiting Times are Decreased
- Readily Available for Follow-ups/Wound Checks
- Education Programs for Community
- Minimize Amount of Time On Call
- Most Importantly: Quality Patient Care
- Assist in Hiring, Training and Managing the Staff
Patients Acceptance of PAs

- Kaiser Permanente research shows patient satisfaction with PAs approaches 96%.
  - Understanding of the Patient’s Problems
  - Quality of Personal Care
  - Confidence in the Provider
Comparable Level of Care

- Berkeley Healthcare Forum Report, a systematic review of 16 different studies revealed “no significant differences in patient satisfaction between NPPs versus physicians”

- Kaiser Permanente Center for Health Studies has also shown NPPs score equally with physicians in terms of patient satisfaction
Physician Assistants by Specialty

Family Medicine 25.9%
Emergency Medicine 10.5%
Internal Medicine 15.6%
**Dermatology** 3.6%
Pediatrics 4.3%
Occupational Med. 2.3%
Surgery Subspecialty 25.1%
Other 10.4%
How Did We Get to This Point?

The number of dermatologists emerging from residency programs each year is thought to be insufficient to meet growing patient demand. Aging Baby-Boomers and increased number of insured patients through the ACA worsens that shortage.
Physician Shortage

In 2015 the Association of American Medical Colleges (AAMC) forecasted the US will have 29,800 fewer primary care physicians than it needs which equates to 135 million ambulatory visits annually.
Demands Will Likely Increase

1. AAMC projects a shortage of 130,600 physicians by 2025.

2. AAMC also found in a separate study that 60% of patients would prefer an NPP rather than having to wait even a few days for a physician.
Why Even Consider Adding a PA?

1. PAs allow doctors to adjust their roles to meet the needs of the clinic
2. Flexibility in dealing with emergencies
3. Excessive workloads
4. Offer off peak (nights and weekends) appointments.
5. Help to train and manage the staff
Understanding the Risks

- Obviously NPPs are Not the Cure-all
- Strict Guidelines Outlining Scope of Authority
  - Writing Prescriptions
  - Signing Charts
- NPPs sued for Malpractice at Lower Rate
How Great is the Risk?

- Incorporating NPPs can Increase Liability Risks
- SPs often named as co-defendants in suits
- Since physicians often own practice, suits that exclude the physician are rare.
How “We” Do It?

Employ: 48 Practitioners
MD - 13
DO - 11
PA - 16
NP - 8

Patient Offered Appointment with Physician First
Patient Informed Clearly the Credentials of Provider
- At the Time the Appointment is Made
- At Confirmation of the Appointment
- Upon Rooming the Patient
Why Does it Work?

• Variety of Procedures
  General Dermatology (Most Will See 35 – 38 Patients)
  Surgical Dermatology
  Cosmetics
  Laser Treatment
  Assist with Mohs Closures

• All Connected via EMR

• Physician Only Minutes Away – same day evaluation
Salary

AVERAGE: $105,000 Annual Salary

Cost to Employ a PA:
30 cents on the Dollar Collected

Example: $400,000 x .30 = $120,000
**Example of Salary Breakdown**

<table>
<thead>
<tr>
<th>Base Salary:</th>
<th>$65,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>To The House:</td>
<td>$250,000</td>
</tr>
<tr>
<td>10%</td>
<td>$350,000</td>
</tr>
<tr>
<td>15%</td>
<td>$450,000</td>
</tr>
<tr>
<td>20%</td>
<td>$750,000</td>
</tr>
<tr>
<td>25%</td>
<td>Over</td>
</tr>
</tbody>
</table>

$600,000 = $120,000 Annual Salary

Total Cost of Employment ~ $180,000
Benefits Package

• “Competitive” Salary
• 401K
• CME Allowance ($1500 - $2000 annually)
• State License
• Professional Fees (NCCPA)
• Insurance (Medical, Dental, Life, Malpractice)
• Uniform (Scrubs)
• Professional Organizations
• Maternity Leave / Holidays
• Vacation/Personal Days
Nearly all private payers cover medical and surgical services provided by PAs. However, private health insurance companies do not necessarily follow Medicare’s coverage policy rules.
Medicare Reimbursement

• Medicare pays the PA’s employer for medical and surgical services provided by PAs in all settings at 85 percent of the physician’s fee schedule.
Hiring a Crucial Member of Your Team

If you are considering hiring a PA, the success of the hire likely rests on a few simple questions:

What do you want the person to do?

What are you willing to let them do?

What Amount of Support Will They Receive?
The Hiring Process: Physician Assistants

• You need to be clear on how you’ll incorporate that person into the practice and really understand how you want them to perform

• Defining the parameters of the job, especially during the interview, may eliminate future problems

• The main reasons physician assistants leave is not because of the money, it’s the relationship with their supervising physician, the practice as a whole or the opportunity to grow.
Consider Training PA Students

AAPA’s Data Services and Statistics Division reports that more than 1/3 of all PAs say they met their first employer through clinical rotations while attending PA school.
The Hiring Process: Physician Assistants

- Background Checks are vital for promising applicants
- Include a License Check
- Ask applicant if they are under investigation
- Are they under a Medicare Audit
- Part of any pending liability litigation
- Ask About Convictions
Hired a PA ... What Next!

• Notify your malpractice carrier
  Nominal Premium Increase
• Verify Credentials
• Have Written Protocols – update regularly
• Supervise Appropriately
  Be Aware of State Laws
• Be Approachable – encourage questions
  Meet or Talk Regularly
  Foster an Environment of Learning
  Take an Active Role in Development
How to Avoid These Liability Pitfalls

- Hire Experienced, well-trained PAs
- Ensure One on One Training
- Establish Guidelines for Practice
- Be a Collaborator Not Just a Boss
Set the Parameters of the Job

- Formalize a Job Description
- Additional Duties Beyond Patient Care?
- Will the PA be on call and if so, how often?
- Will the PA be allowed to see new patients?
- What is the level of supervision that will take place?
- How independent they be?
- Will the PA perform procedures; Assist with Mohs?
- Determine how the PA reacts to constructive tips

THE MOST IMPORTANT ISSUE IS DO THEY FIT!
No Surprise Here!!

Solo Physicians Who Employ PAs Experience:
- Increased Patient Satisfaction
- Improved Patient Care
- Greater Access to Care
- Greater Efficiency
- Improved Quality of Life
Hiring a PA

"OTP"
“Optimal Team Practice”

- Originally known as “Full Practice Authority”
- The newest name for a political movement underway in the PA profession.
- Just in its infancy; but discussions are heating up
- There’s A LOT to be worked out before legislation occurs
- May be asked for your professional input
Are Laws Regarding PAs Outdated?

State law requirements to have a supervisory agreement with a physician in order to practice were included in early PA practice acts. Fifty years ago when the PA profession was new, these requirements were intended to ensure strict oversight of an untested profession.
- OTP: What is it?

- Member of a larger team of Healthcare Professionals
- Would recognize limits of their knowledge and skill
- Would understand when condition requires consultation or referral to other qualified healthcare providers.
- PAs would accept liability for the care they provide.
- Establish Autonomous State Board
- Reimbursed directly from Public/Private Insurance
**OTP: What it is Not!**

*Independent Practice:* practice without the benefits of physicians or other qualified medical providers for collaboration, consultation, referral or team-based care.

*OTP* – practice with access to physicians and other qualified medical professionals for collaboration, consultation and referral, as indicated by the patient’s condition and standard of care in accordance with the PA’s education, training and experience. Eliminates the requirement for assignment to a specific physician.
Advantages for the PA Profession

- The creation of an autonomous medical board of PAs which oversee the licensing and discipline of the professional.
- Allow PAs more flexibility in the workplace
- Eliminates regulations that PAs have to report to a specific supervising physician
- Following the lead of the NP profession’s success
There’s A Lot to Work Out

- Dependent practitioner is the hallmark of who we are.
- This would require legislative action in all 50 states.
- 54% of respondents to AAPA said they do not have the time or are opposed to lobbying activities.
- What happens if some states pass and others do not resulting in a patchwork of differing PA practice acts.
What Drove OTPs Development?

- Competition for jobs with Nurse Practitioners
- Changing requirements of employers
- What got us here ... Won’t get us there!
Changing Landscape for Everyone

- 76.1% of Physicians were Practice Owners in 1983
- 47.1% of Physicians were Practice Owners in 2016
- 38% Decrease from 1983 to 2016
PA Supervisory Agreement
States Where NPs Not Required to Have Supervisory Agreement

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>4</td>
</tr>
<tr>
<td>1998</td>
<td>8</td>
</tr>
<tr>
<td>2012</td>
<td>16</td>
</tr>
<tr>
<td>2017</td>
<td>22</td>
</tr>
</tbody>
</table>
Is OTP Better for Everyone?

- PAs must fulfill strict licensing requirements with includes 100 hours of CME every 2 years.
- The PA profession is so well established, highly trusted and essential to the US healthcare workforce.
- Study after study confirms PAs provide quality health care.
- Nevertheless, PAs are still required to enter into a supervisory, collaborating agreement with a specific physician.
- The PA profession remains fiercely committed to team practice with physicians.
Fiercely Committed to Collaborative Practice

Some have suggested the profession is seeking independent practice – that PAs wish to work alone, without collaborating physicians. That is not the case. OTP policy includes two important parts that distinguish it from independent practice:
Commitment Remains Unchanged

1. Optimal team practice reinforces PA’s commitment to team practice with physicians and explicitly states the PA/Physician team model continues to be relevant, applicable and patient-centered.

2. OTP calls for a decision about the degree of collaboration between PAs and physicians to be made at the practice level, in accordance with the practice type and the education and experience of the practicing PA. It puts more control in the hands of the physician as the leader of the health care team.
Times are Changing

When the PA profession began over 50 years ago, physicians were likely to be solo or joint practice owners. The increase in potential liability was offset by the financial and practice benefits of working with a PA. The day to day burdens of providing patient care and coverage of call were reduced, but the practice could also care for a greater number of patients at a lower cost than if another physician were added.
Is OTP Beneficial for You?

1. Today, however, physicians are more likely to be employees rather than practice owners and don’t realize the financial benefits of supervising a PA. They only take on the increased potential liability.

2. Also, in larger groups as providers come and go it becomes increasingly more difficult to maintain the strict supervisory mandates.
So, What’s the Bottom Line Again?

In addition to helping you deliver quality care to your patients …
Questions? Need More Information?
Feel free to contact me.

Email: fairways2@comcast.net

FSDPA: www.fsdpa.org

SDPA: www.dermpa.org

AAPA: www.aapa.org