Creating a Successful Practice

Utilizing Physician Assistants
In a Busy Dermatology Office

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Financial Disclosure

I have no Financial Information to Disclose
AGENDA

- Physician Assistant – who are we?
- Why Has This Concept Worked for So Long
- Should You Consider Hiring a PA?
- Retaining a Physician Assistant
- A Look to the Future
Physician Assistants (PAs) are medical providers who are licensed to diagnose, treat and prescribe medications for patients. PAs work in offices, hospitals and clinics under the supervision of a licensed physician.

- At our core, PAs are Dependent Practitioners
- Our function within the Physician-led health-care team is directed solely by delegation from our supervising Physician.
Physician Assistants by Another Name

AKA:

Physician Extenders
Non-Physician Practitioner
Mid-level Provider
Advanced Practice Providers
Allied Health Providers
Limited License Provider
Physician “Associate”
Who are the Typical Applicants?

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

Majority will have Bachelor’s Degree
During the 2017 applicant cycle, Boston University received 2,103 applications. Of these, 90 applicants, or 4.2% were offered interviews. Of the 90 students who interviewed, 30 matriculated into the program. The overall acceptance rate for Boston University: 1.4%.

The Pennsylvania State University received 4,786 applications during the 2018 cycle, interviewed 2.4% of applicants, and admitted just 39. The overall acceptance rate for PSU: 0.08%.

Duke University received 2,861 CASPA applications during the 2018 cycle, interviewing 250 students (8.7%) and matriculated just 90 students. The overall acceptance rate for Duke: 3.1%.
Brief History of the PA Profession

Duke University 1965 – First Class of PAs

Recognized Shortage of Primary Care Physicians

Take advantage of military trained combat medics

Training modeled fast track for Physicians during WWII

PAs were to “Think like a Doctor.”

Work closely with physician
Standard Educational Program

27 Continuous Months equates to 3 academic years
75 Hours Pharmacology
175 Hours Behavioral Sciences
400 Hours Basic Science
580 Hours Clinical Medicine
2000 Hours of Supervised Clinical Practice
Master’s Degree by 2020 or Lose Accreditation
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 Can PAs Practice Medicine?

- PAs are licensed to practice in all 50 states, the District of Columbia, all US territories, and the uniformed services.

- PAs are authorized to prescribe medications in all jurisdictions where they are licensed, except Puerto Rico.
Prescribing Controlled Medications

- Three states - Georgia, West Virginia, and Texas—do not allow PAs to prescribe any Schedule II controlled substances

- Two states - Missouri and Arkansas, limit PAs to prescribing hydrocodone combination products only.
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Family Medicine</td>
<td>25.9%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>10.5%</td>
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<tr>
<td>Internal Medicine</td>
<td>15.6%</td>
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<tr>
<td><strong>Dermatology</strong></td>
<td><strong>3.6%</strong></td>
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<tr>
<td>Pediatrics</td>
<td>4.3%</td>
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<tr>
<td>Occupational Med.</td>
<td>2.3%</td>
</tr>
<tr>
<td>Surgery Subspecialty</td>
<td>25.1%</td>
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<tr>
<td>Other</td>
<td>10.4%</td>
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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
Should You Consider Hiring a PA
PAs in the Everyday Clinic

Allows the physician to focus on the items you want
- PAs can play a supervisory role
- Education of staff
- Interviewing and Hiring of Staff (Other PAs)

Patients offered appointment with Physician first!

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

Mohs: More Patients Seen = More Cancers Treated
Added Benefits of Employing a PA

Patient Waiting Times are Decreased
Readily Available for Follow-ups/Wound Checks
Education Programs for Community/Cancer Screening
Minimize Amount of Time On Call
Assist in Hiring, Training and Managing the Staff
Most Importantly: Quality Patient Care
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 Acceptance 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
<table>
<thead>
<tr>
<th>Criterion</th>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time period</td>
<td>1968 to 2019</td>
<td>Studies outside these dates</td>
</tr>
<tr>
<td>Language</td>
<td>English</td>
<td>Non-English studies were eligible for inclusion (none found)</td>
</tr>
<tr>
<td>Type of article</td>
<td>No limits were placed on the peer-reviewed literature type. Must include PAs as focus.</td>
<td>Exclude if PAs were grouped together with another health professional such as an NP and could not be separately analyzed.</td>
</tr>
<tr>
<td>Study focus</td>
<td>Patients were asked or surveyed as to how they regarded their care or experience with a PA. The definition of a PA includes those formally trained as a PA.</td>
<td></td>
</tr>
<tr>
<td>Population and sample</td>
<td>Patients that had an encounter with a PA.</td>
<td>Other health professionals if they were merged together with PAs, e.g., NPs, nurses, and technicians.</td>
</tr>
</tbody>
</table>
Conclusion

“PAs are operational in 15 nations; their acceptance appears successful and satisfaction with their care largely indistinguishable from physicians. Findings from this analysis highlight one theory that when patient’s needs are met, satisfaction is high regardless of the medical provider.”
How Did We Get to This Point?

The number of dermatologists emerging from residency programs each year is believed to be insufficient to meet growing patient demand. Aging Baby-Boomers and increased number of insured patients through the ACA worsens that shortage.
In 2015, the Association of American Medical Colleges (AAMC) forecasted the U.S. will have 29,800 fewer primary care physicians than it needs which equates to 135 million ambulatory visits annually.
1. AAMC projects a shortage of 130,600 physicians by 2025.

2. AAMC also found that 60% of patients would prefer an NPP rather than having to wait even a few days for a physician.
Why Your Colleagues Employ PAs

1. PAs allow doctors to adjust their roles to meet the needs of the clinic
2. Flexibility in dealing with walk-ins and emergencies
3. Excessive workloads
4. Offer appointments on nights and weekends
5. Help to train and manage the staff
6. Cost Effective Alternative to a Physician
Does Hiring a PA = Increased Risk

Theory: PA School is shorter duration

Shorter duration = more errors of cognition and judgement

However, PAs may carry less litigation risk than physicians

PAs often treat patients with less acute conditions
  - More complicated patients are left to the physician
  - Two people not likely to make the same mistake
Steps to Minimize the Risk

- Strict Guidelines Outlining Scope of Authority
- Writing Prescriptions
- Controlled Substances?
- How Much Autonomy is Right?
- Case Presentations
How do We Do it at Water’s Edge

- Employ: 48 Practitioners (29 Physicians/23 NPPs)
  MD - 18
  DO - 11
  PA - 14
  NP - 9
- 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 for Us?

- Variety of Procedures
- General Dermatology (Most See 35 Patients per Day)
- Surgical Dermatology
- Cosmetics
- Assist with Mohs Closures (Advanced Cutaneous Surgery Course)
- All Connected via EMR
- Physician Only Minutes Away – same day evaluation
Salary

AVERAGE: $120,000 Annual Salary

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

Base Salary: $85,000
To The House: $250,000
10% $350,000
15% $450,000
20% $750,000
25% Over

$500,000 = $120,000 Annual Salary
Total Cost of Employment ~ $150,000
Typical Benefits Package

“Competitive” Salary
401K
CME Allowance ($1500 - $2000 annually)
Professional Fees (State Licensing, NCCPA)
Insurance (Medical, Dental, Life, Malpractice)
Professional Organizations
Maternity Leave / Holidays
Vacation/Personal Days
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

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

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

The main reason 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

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: Now What?

Notify your malpractice carrier (Nominal Increase)

Have Written Protocols – update regularly

Supervise Appropriately (Be aware of your state laws)

Be Approachable – encourage questions

Meet or Talk Regularly

Foster an Environment of Learning

Take an Active Role in Development
How to Avoid Liability Pitfalls

- Hire Experienced, Well-Trained PAs
- New Grads: Ensure Adequate Training
- Establish Guidelines for Practice
- Be a Collaborator Not Just a Boss
- Open Door Policy
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 Surprises Here!

Physicians Who Employ PAs Experience:
- Increased Patient Satisfaction
- Greater Access to Care
- Greater Efficiency
- Improved Quality of Life
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.

Times are Changing
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
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.
PA Supervisory Agreement
“Optimal Team Practice”

- A political movement underway in the PA profession.
- Just in its infancy
- Discussions are heating up in various states
- May be asked for your professional input
- Dependent Practitioner is at our Core
Eliminates a Specific Supervising Physician

- A Member of a team of Healthcare Professionals
- Would recognize limits of their knowledge and skill
- PAs would accept liability for the care they provide
- Establish Autonomous State Board
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.
Advantages for the PA Profession

- The creation of an autonomous medical board of PAs which oversee the licensing and discipline of the professional.

- Allows the degree of collaboration between PA and physician to be determined at the practice level by the physician in their lead role of the health care team.

- Following the lead of the NP profession’s success yet still maintain close collaboration with physicians.
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
There's No Question the World is Changing
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