



AAPA POSTER SESSION ABSTRACT

Using physician assistants at academic teaching hospitals

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PURPOSE

A 6-month pilot study was conducted in an orthopedic department to determine optimal use of a physician assistant (PA). Previously, PAs worked with their supervising physicians in a shared clinic model. This model was created for resident physicians; all patients are evaluated by the attending physician. The model provides excellent teaching opportunities for residents but may not be the most effective use of PAs in clinical practice. In this study, our clinic model was converted to a split clinic to let the PA see patients independently while the supervising physician maintained his own clinic with a resident physician. We analyzed data from the split-clinic model and compared them with the shared-clinic model to determine optimal PA use in an academic teaching hospital.

METHODS

This study was conducted from July 2015 through December 2015. The split-clinic model data were compared with the shared-clinic model from July 2014 through June 2015. Goals of this study included

- letting the PA practice autonomously in clinic using a split or parallel clinic model
- improving patient satisfaction by decreasing wait time for appointments and increasing access to patient care
- increasing revenue generated by the PA
- maintaining, if not increasing, revenue generated by the supervising physician
- decreasing the number of no-shows and nonoperative patients in supervising physician's clinic

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- improving resident physician education by allowing one-on-one time with the attending physician.

Data collected included clinic wait times, patient volume, clinical and OR billing numbers, relative value units (RVUs), and resident physician and patient satisfaction scores. Participating resident physicians who worked in the split-clinic model were e-mailed a survey to determine the effects of this change on their educational experience. Patients who were evaluated in the PA's independent clinic also were e-mailed a survey to determine patient satisfaction with their clinic visit.

In the shared-clinic model, the supervising physician and PA were in clinic together 2 days each week. In transition to the split-clinic model, the supervising physician maintained his 2 clinic days but decreased his patient volume by 20%. The PA had an independent clinic 3.5 days each week and assisted in the OR for the remainder of the week.

RESULTS

This study analyzed the effect of a split-clinic model on patient volume, clinic wait times, billing, and RVUs for the PA and supervising physician. Data analysis revealed a 17% increase in total patient volume using a split-clinic model. Overall, new patient volume increased by 41% and return patient volume increased by 16%. The number of no-shows in the supervising physician's clinic decreased by 14%. Using the split-clinic model, the PA's total patient volume increased by more than 700%, payments increased by more than 600%, and RVUs increased by more than 500%; the supervising physician experienced a 5% decrease in total payments and RVUs compared with the shared-clinic model. Although the supervising physician averaged the same number of operative cases each month during both models, his overall patient volume decreased by about 20% in transition to the split-clinic model. However, the supervising physician's operating projections were 33% higher in January 2016 compared with previous surgical procedures during the shared-clinic model; this would

result in higher RVUs and payment totals under the split-clinic model.

Because this study was conducted for 6 months, the potential effect of a split-clinic model and increasing patient volumes may not be fully comprehended until a 1-year follow-up is completed. Within 3 months of implementing the split-clinic model, patient wait time for appointments dropped from 3 weeks to less than 1 week. This 66% decrease in clinical wait times helped to improve overall patient satisfaction. Ninety-five percent of patients rated the PA as a good or excellent clinician. Moreover, response from the resident physician surveys indicated that the split-clinic model improved residents' learning experience by allowing more individual focus with the supervising physician and more uniform teaching.

During this study, researchers also discovered that the PA was spending several hours per month on nonrevenue-generating tasks that were taking time away from treating patients. This finding led to hiring additional nursing staff to field patient calls and complete forms, letting the PA focus on patient care and increase clinical productivity.

CONCLUSION

Academic teaching hospitals are designed to deliver high-level patient care using a team approach to medicine with

the services of attending physicians, resident physicians, PAs, NPs, and registered nurses. This approach provides quality patient care and educational opportunities for resident physicians. Over recent years, an increasing number of PAs have been hired in orthopedic departments to increase efficiency and help offset hour restrictions placed on resident physicians during their training. Although PAs and resident physicians function in similar roles, departments may be more productive and cost effective by using PAs as independent providers on the medical team. Most private-practice orthopedic groups require PAs to function independently to generate revenue and increase access to patient care. This study illustrates that letting PAs function autonomously in academic teaching hospitals can significantly increase patient access to care and revenue while maintaining high patient satisfaction scores. The split-clinic model also let patients be evaluated quickly after referral and often reduced waiting times for surgical procedures.

Changing from a shared-clinic model to a split-clinic model helps measure PA productivity and may allow for an incentive program based on productivity. Using PAs in this split-clinic model will allow them to function at their highest scope of practice and provide quality patient care in academic teaching hospitals. [JAAPA](#)