

# Practice Profile of a Community Health Centre Physician Assistant (PA)

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## Introduction

- Physician Assistants (PAs) have been employed since the 1960's in the United States with 30-40% working in Primary Care with some evidence suggesting that a PA can perform 85-90% of services similar to that of a physician<sup>1,2</sup>
- In May 2006, the Ontario Ministry of Health introduced the inclusion of Physician Assistants (PA) into the healthcare team with the first PA beginning work in Emergency departments in January 2007. The project was extended to include Community Health Centres (CHCs) and Somerset West has had a PA employed since February 2008 as part of their interprofessional team.
- In Canada, approximately 30% of PAs are working in Primary Care as per the 2017 Canadian Association of Physician Assistant (CAPA) census<sup>3</sup>
- Somerset West Community Health Centre is located in the urban core of Ottawa, Ontario and serve a vulnerable population because of their age, income, abilities, sexual orientation or gender identity, and language or culture.<sup>4</sup>

## Objective

To describe the types and volumes of patients seen and the interventions performed by a PA in an interprofessional CHC

## Methods

- Cross-sectional retrospective (Nightingale on Demand) electronic extraction of data from an electronic medical record from February 1st, 2013 to July 31st, 2016.
- Outcomes: demographics including age, sex, and postal codes (to provide surrogate income data), date of visit, health issues addressed at each visit (using the coding system Encode FM); prescriptions written; internal and external consultations
- Income quintiles generated using Statistics Canada's Postal Code Conversion File (PCCF+ version 6c, based on 2006 census data)

## Results

- The PA saw 1378 unique patients at 4799 visits over the 42 month time period, with an average of 193 visits per month. There were 8095 assessments encountered.
- The average number of visits per patient was 6.9 (1-38)
- 64% of patients were female, 34% male (the PA does provide collaborative prenatal care).
- There were 384 referrals made during visits.
- The most common diagnoses were diabetes mellitus, prenatal care (routine), hypertension, depression and well baby visits.
- Diagnostic codes included both acute and chronic conditions and represented all body systems including both psychological and social issues.

Unique patients	1377
Number of females	886
Number of males	485
Number of encounters	4799
Number of assessments	8095
Average number of visits per patient	7
Largest number of visits per patient	38

Figure 1. Demographics

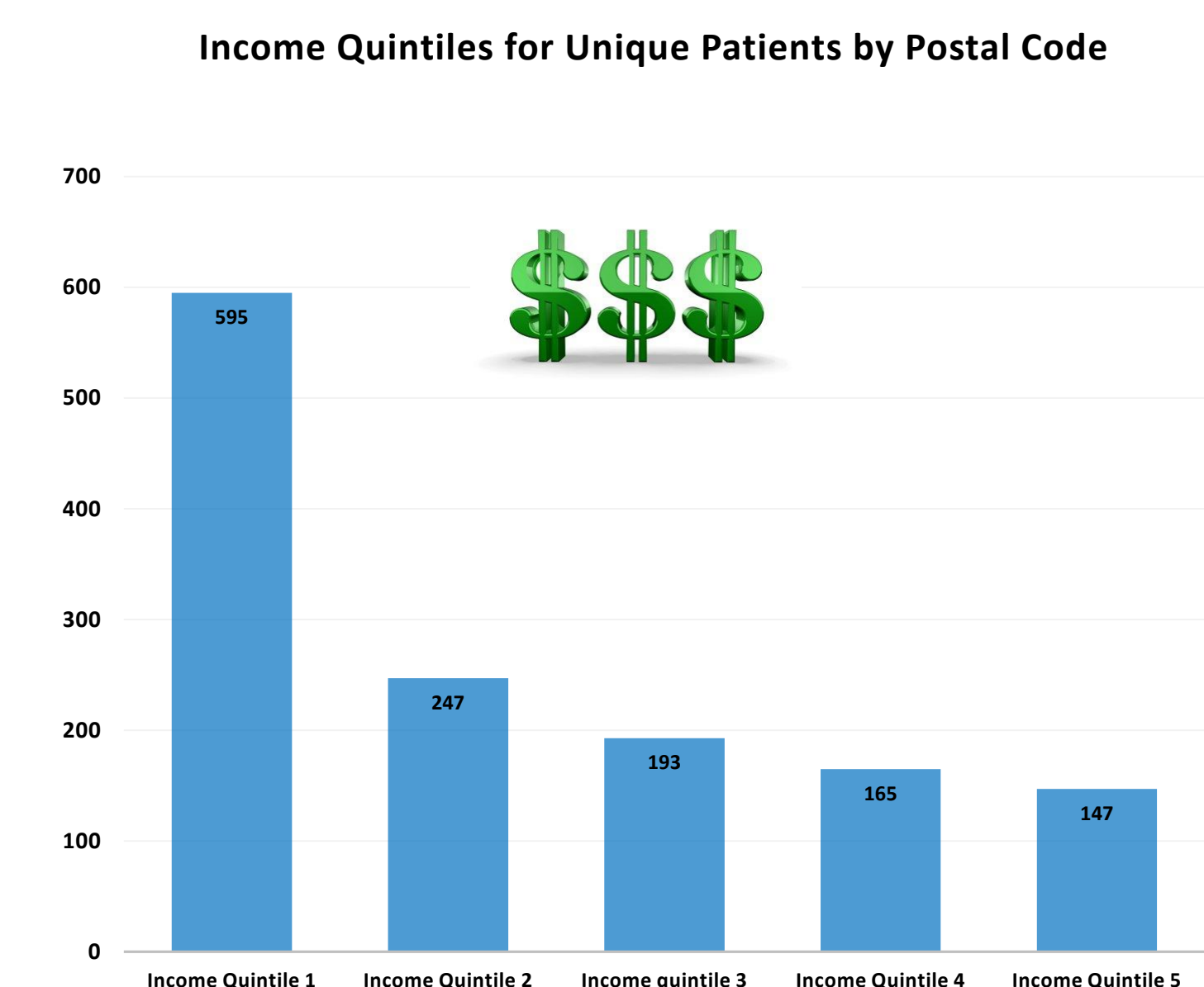


Figure 4. Income Quintiles- quintile 1 lowest income bracket

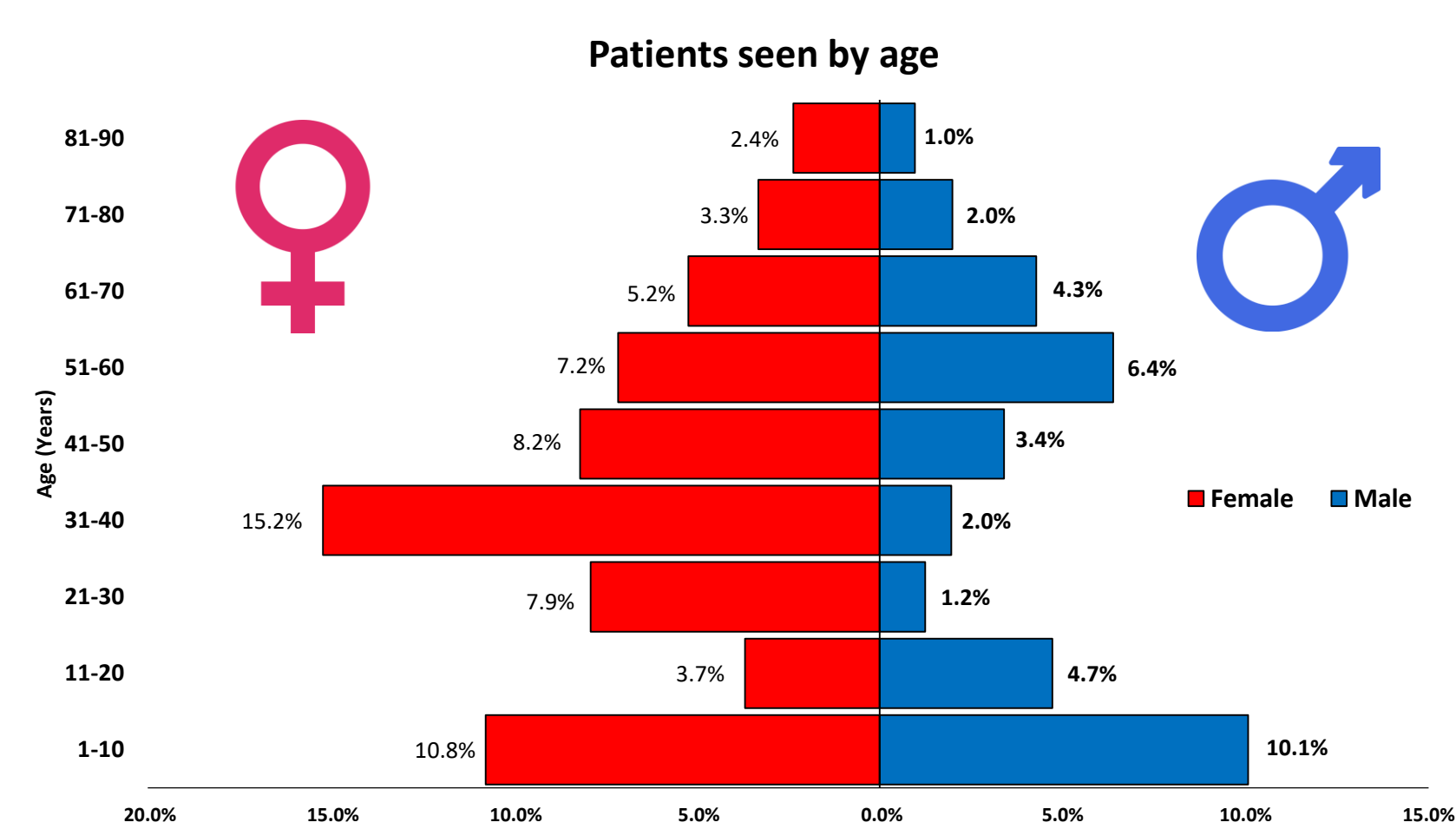


Figure 2. Population Pyramid of Patients seen

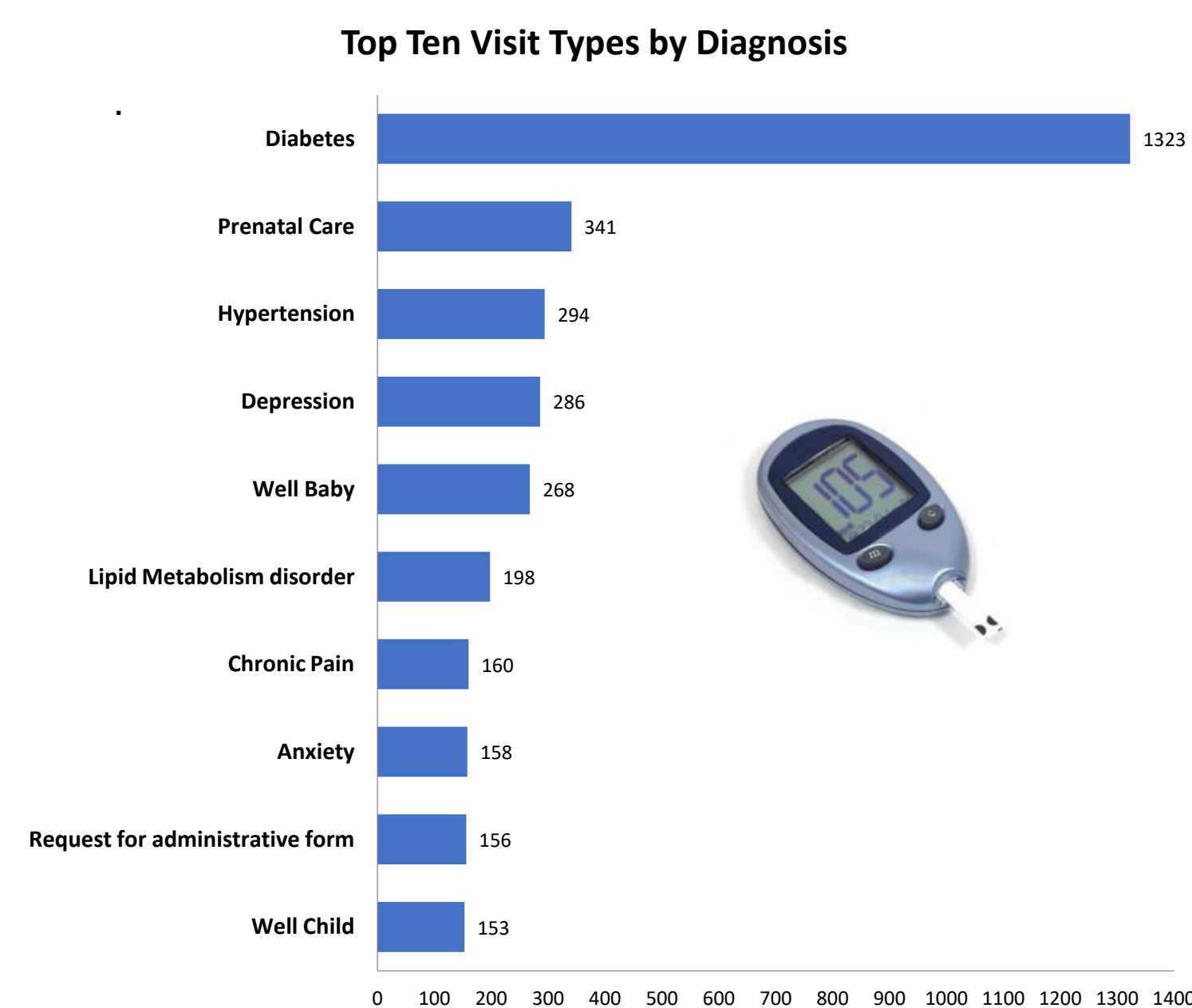


Figure 5. Top Ten Visit Types By diagnosis

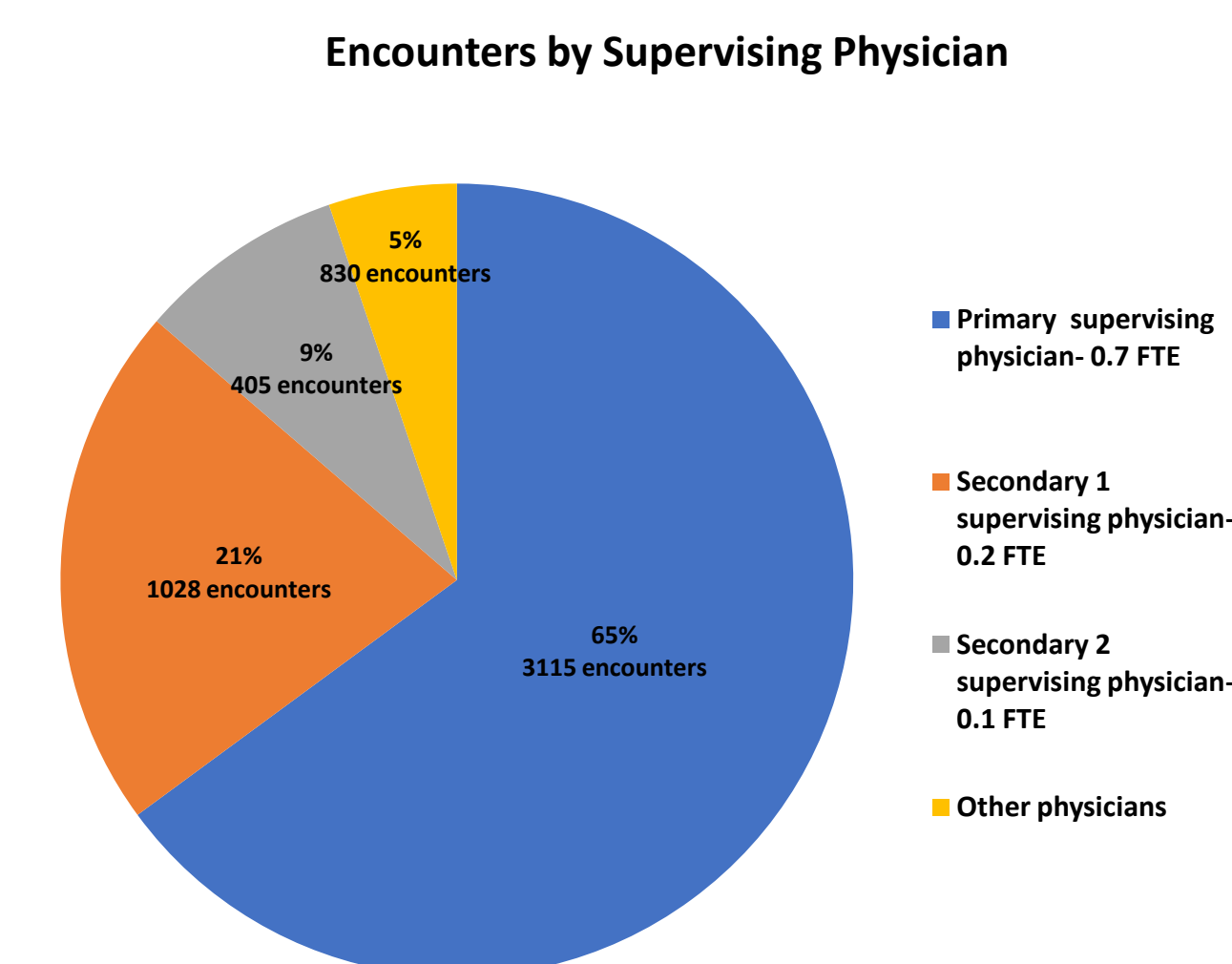


Figure 3. Encounter co-signatures

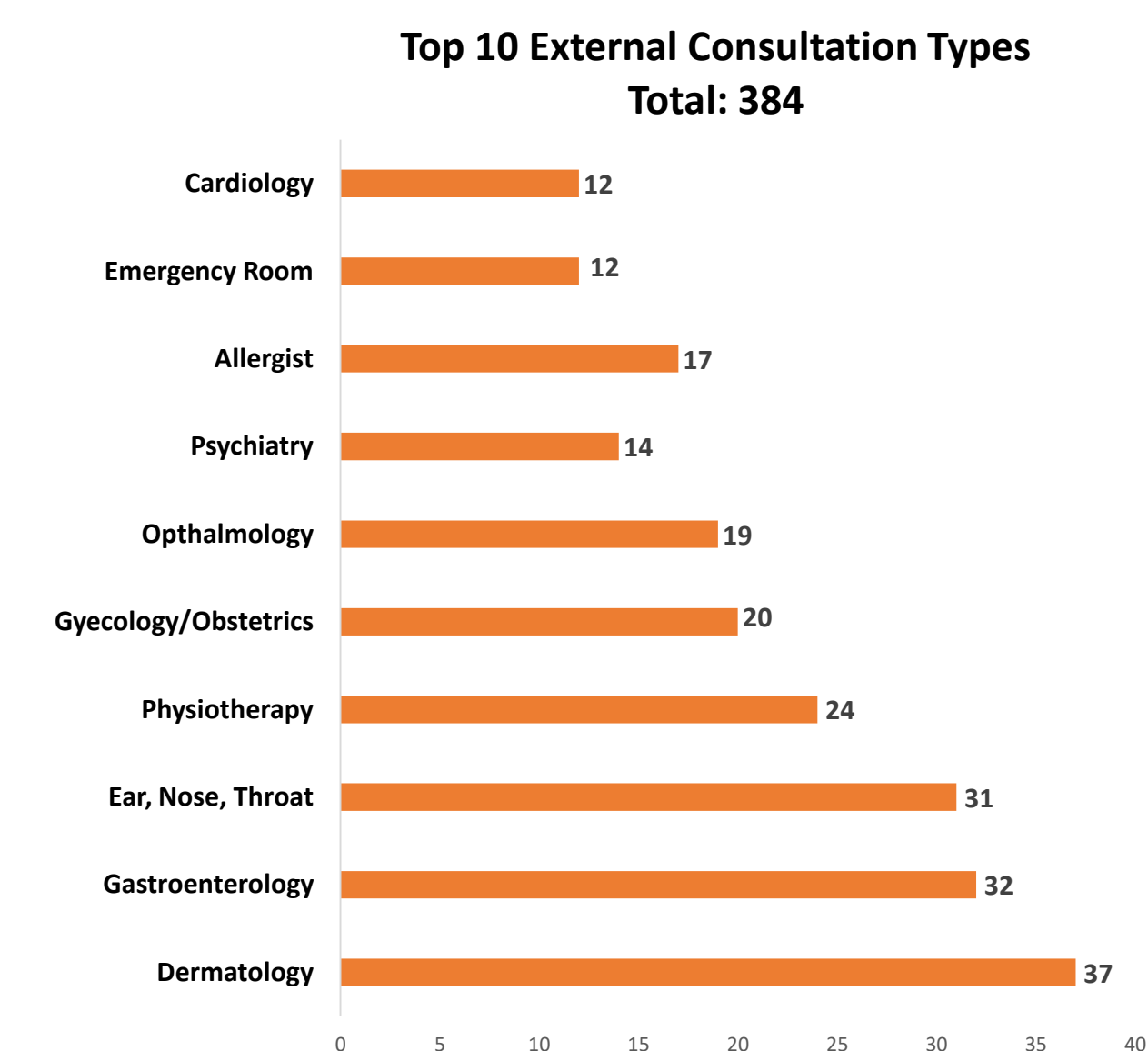


Figure 6. Top Ten External Consultations

## Discussion

- This cross sectional study extracted data from every visit conducted by the PA over the 42 month period. It demonstrated that the PA saw mostly low-income patients of all ages, with a preponderance of children and of women in their child-bearing years.
- While both acute and chronic, mental and physical diagnoses were encountered, chronic conditions and well-person care (including prenatal care) were the most prevalent diagnostic codes which is similar to patients seen in CHCs in the United States.<sup>5</sup>
- These findings likely reflect the PA's leadership role in the SWCHC diabetes clinic, as well as her provision of collaborative prenatal care with SWCHC's large perinatal team. Thus the PA's role really does mirror the practice scope of her supervising physicians.
- While many different types and classes of medications were prescribed throughout this time period, this information cannot be currently provided due to an identified error in the EMR dataset. This data will be analyzed at a later date.



## Conclusion

- Working collaboratively with physicians and other members of the interprofessional team, the PA provided a considerable amount of care for chronic and acute conditions in a large number of individual patients, possibly expanding the team's capacity to care for larger numbers of patients
- Further investigations need to be done to review the complexity of patients seen in comparison with other providers and the prescribing practices of the PA

## References

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