

The PA Role Explored – The Right Patient Matched to the Right Provider

Introduction

Northeastern Ontario Medical Offices (NEOMO) prides itself on the inter-professional care that it offers to patients of the practice. After introduction of the Physician Assistant (PA) role at the NEOMO clinic, an opportunity was presented to find out if the right provider was seeing the right patient at the right time.

In this model, patient complexity determined what level of provider could oversee the initial assessment of a patient with the provision that they could seek advice if the acuity necessitated. For example, Registered Nurses can see patients in the clinic for procedures such as B12 injections, suture removals, ear syringes, etc. Mid-level health care providers, such as PAs, would see mild to moderate complexity patients as well as stable chronic disease patients allowing for the Physician team to see unstable or more medically complex patients.

Methods

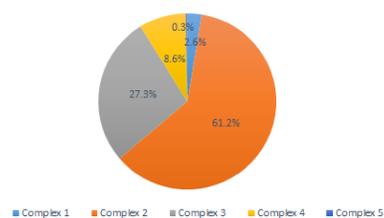
A primary care complexity scale was developed to electronically assign a disposition of health status to all patient encounters for every provider in the clinic. The complexity scale ranged from Level 1 through Level 5.

- Level 1: non-complex; could be managed by Nursing alone (i.e. injections, suture removal).
- Level 2: "usual care" mild to moderately complex patients (i.e. managing hypertension, MSK complaints, skin conditions, well-baby visits, etc.).
- Level 3: complex, stable chronic disease patients with multiple co-morbidities (i.e. Diabetes, CHF, COPD, mental health, etc.).
- Level 4: complex, unstable patients such as a COPD exacerbation.
- Level 5: emergent cases - often requiring transfer to hospital.

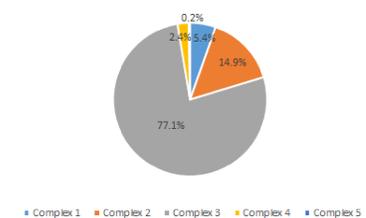
Reports were run on the electronic medical records (EMR) to obtain complexity data by health care provider. These results were analyzed below.

Results

Complexity of Patients Seen in 2016 by PA



Complexity of Patients Seen in 2016 by Physician



A total of 4144 clinical encounters were coded by the PA in 2016. The majority of encounters seen by the PA were in the moderate severity range (61.2% Complex 2; 27.3% Complex 3). 8.6% were in the unstable Complex 4 severity range with 2.6% and 0.3% of encounters in the Complex 1 and 5 levels respectively.

The Physician data was only searchable between July and December 2016. A total of 2881 clinical encounters were coded by the Physician from July to December 2016. The majority of coded encounters seen by the Physician were in the moderate severity range (14.9% Complex 2; 77.1% Complex 3). 2.4% were in the unstable Complex 4 severity range with 5.4% and 0.2% of encounters in the Complex 1 and 5 levels respectively.

Discussion

- 88.5% of the encounters seen by the PA in 2016 were in the moderate complexity range (Complex 2 and 3) meaning that the PA performed mostly "intermediate visits" – which would be aligned with the education and expertise of a primary care based PA.
- 92% of encounters seen by the Physician were also in the moderate complexity range, but with a much larger percentage being Complex 3 encounters (77.2% compared to 27.3% for the PA). Conversely, 61.2% of the PA's encounters were Complex 2 compared to 14.9% for the Physician. Thus, the Physician was able to see a much larger portion of complex and chronic disease patients.
- Interestingly, 8.6% of the encounters seen by the PA were Complex 4 patients compared to only 2.4% of encounters by the Physician. One of the PA's roles in the office is to perform post-hospital discharge assessments which are often complex and unstable patients and coded to the PA encounter alone.
- Limitations of the data collected include that diabetic, well baby, prenatal and postpartum encounters were unfortunately not coded and thus not accounted for in the data collected. Despite this, there seems to be a significant alignment of complexity of the patient encounter with the most appropriate provider.

Team-Based Care – Can the Role of a PA Improve Access in a Busy Practice?

Introduction

Another statistic collected throughout the 2016 calendar year was the number of patients seen by a PA alone – without most responsible provider (MRP) support. This information was sought to show how a PA could function independently and thus increase access to care for patients

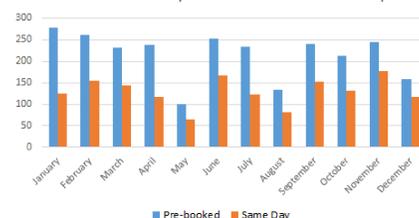
With the addition of the PA role, it was hoped that same-day access would be greatly improved to the patient population that NEOMO serves.

Methods

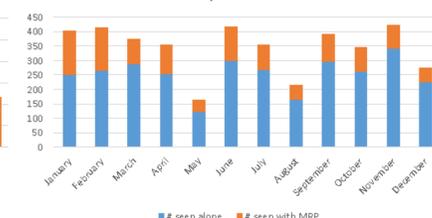
Same day versus pre-booked appointments were tracked for the PA. Additionally, each patient encounter was electronically tagged with "seen by PA" and "seen by MRP" if MRP was consulted on during the encounter. Reports were run on the EMR to obtain numbers of patients seen by PA alone and with MRP consultation. This data was also merged with the complexity codes discussed previously to show the number of patients seen for all complexity levels and how often MRP consult was needed for each complexity level.

Results

Patients Seen by PA - Pre-booked vs Same Day

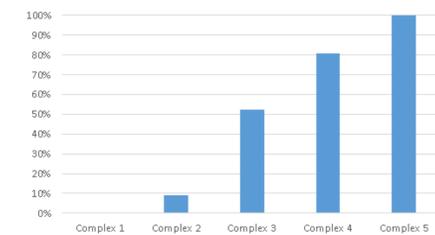


Patients Seen by PA - Alone vs With MRP



37.5% of clinical encounters seen by the PA were same day appointments with greater proportion of visits being same day in the second half of the year (39%). A total of 4144 clinical encounters were performed by the PA in 2016 with 1116 (26.9%) of those encounters being in consultation with MRP.

Average % of Visits Seen by MRP



As seen in the above bar chart, Complex 1 encounters were not consulted on with MRP and only 8.9% of Complex 2 encounters were consulted on with MRP. Conversely, 52.1% of Complex 3 and 80.9% of Complex 4 encounters were also seen by the MRP. 100% of Complex 5 encounters were consulted with MRP.

Discussion

- The inter-professional PA-Physician relationship is built on trust with more autonomy acquired as time goes on. Over the course of 2016, MRP consultations declined slightly. This was during the second to third year of practice for the PA and reflects a developing skill-set and relationship with the Physician and Administrative staff to understand the expanding PA role in patient care.
- Lower-moderate complexity cases (Complex 1-3), are often seen independently, allowing for Physicians to see acutely ill, high complexity patients. This benefits patients directly by allowing more providers to be available when patients need it most.
- Complex 4 encounters are usually consulted on for a few reasons: these patients often have multiple comorbidities, they are clinically fragile, they require integration into community resources, and are best managed with a holistic plan including members of our clinical and support team (pharmacy, care coordinator, mental health, etc.).
- In the case of post-hospital discharge assessments, which are assigned to the PA and supported by the MRP, patients are seen earlier for reassessment - typically within 7 days. Early observations for 2017 suggest lower than usual readmission rates.
- At a system level the economic value of having a PA (over and above clinical support) is that the services can now be provided at another level of care rather than only by a physician. If we assume that most visits are intermediate which would be billed in a fee for service model at \$33.40, the value of services provided by the PA alone over 2016 could be estimated at:

3028 x \$33.40 = \$101,135.20

- As efforts are made to move towards models of improving Quality in Health Care with limited human and financial resources, the role of the PA at NEOMO has attempted to address care to patients that is timely, efficient, safe, effective, equitable, and patient-centered.

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