

Examining the impact of the Allogeneic Transplant Physician Assistant in the ambulatory care setting: A Pilot Study

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INTRODUCTION

- Hematopoietic stem cell transplantation (HSCT) is a complex medical procedure for select patients with hematologic malignancies.
- Under the current model of care within the Messner Allogeneic Transplant program at Princess Margaret Cancer Center, patients are assessed in the ambulatory care setting during their pre and post transplant course.
- Ambulatory care consists of: New Patient Consultations, Pre-transplant assessments, Donor assessments, Follow up clinic (monitoring for complication post-HSCT), and long term follow up clinics (monitoring of late effects post-HSCT).
- Under the current model, care of these patients is provided twice per week by their transplant physician and clinical fellows in a collaborative care model.
- Physician Assistants (PAs) have been originally utilized on the inpatient unit; assisting in the day to day medical management of inpatients undergoing HSCT or related complications.
- Over the past 12 weeks, a new model of care has been implemented whereby one Physician Assistant (PA) has been transitioned to assist transplant physicians in the ambulatory HSCT setting on a daily basis (Table 1).
- This new model of care enables an expansion of the PA scope of practice to provide continuity of care in a different clinical setting.

OBJECTIVE

A pilot study to evaluate the impact of a Physician Assistant in the HSCT ambulatory care setting by quantifying the amount of patient workload undertaken by the PA.

METHOD

- Over the period of 12 weeks the Physician Assistant assigned to ambulatory care completed a log sheet to track:
 - The total number and type of clinics attended
 - The total number and type of patients seen during each clinical encounter

Table 1: Weekly Schedule of outpatient HSCT PA

	Monday	Tuesday	Wednesday	Thursday	Friday
8-9 AM	Allo-BMT Handover rounds	Allo-BMT New Patient Rounds			Allo-BMT Academic Rounds
9-1230 PM	Follow-up clinic	Follow-up clinic		Follow-up clinic	Follow-up clinic
1:30-5 PM	Long Term Follow-up clinic	New Patient Clinic	New Patient Clinic	New Patient Clinic	New Patient Clinic

RESULTS

The results presented are for a total of n=1153 patients seen in the HSCT ambulatory clinics over a period of ten weeks.

Types of clinics attended by PA

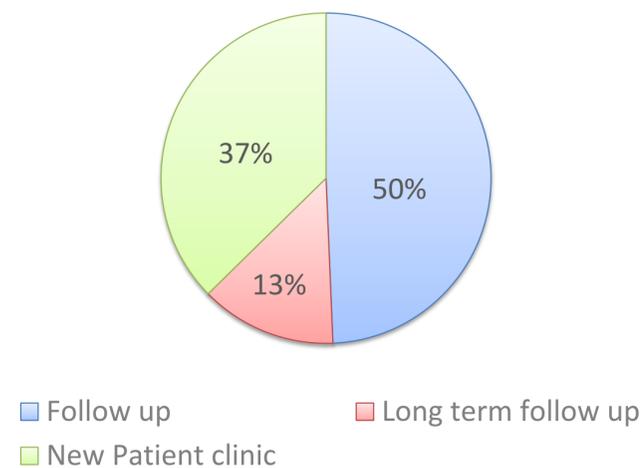


Figure 1: Clinics attended by PA over a period of ten weeks

Overall percentage of patients seen by a PA in each clinic

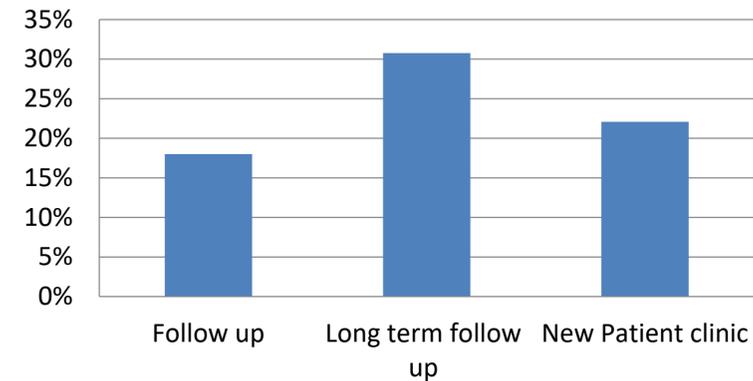


Figure 2. Percentage of patients seen in clinic by a PA

- The majority of clinics attended by the PA (50%) was the Allogeneic-BMT follow up clinic where the PA saw 18% of the patients of the total patients that attended the clinic. (Figure 2). The average number of patients seen by the PA in this clinic was 4.5.
- The PA saw 22% of the total patients who attended the New patient clinic (Fig. 2) The PA performed pre-transplant and donor assessments in this clinic (Fig. 4). The average number of patients seen by the PA in this clinic was 1.3.
- The PA saw 31% of patients who attended the Long-term follow-up clinic (Fig. 2). The average number of patients seen in this clinic was 2.

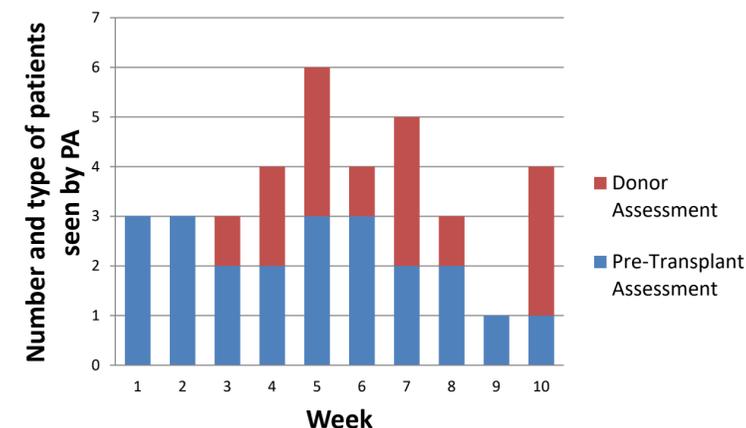


Figure 3. Types of patients seen by PA in the New Patient Clinic

DISCUSSION

- The results of this study quantify the amount of patient workload that a PA can assist with in ambulatory care. These results can be used to extrapolate whether the implementation of a PA on the ambulatory care service can improve efficiency in clinic.
- There is an advantage for PAs rotating their time between ambulatory and inpatient care. Due to the protocolized nature of HSCT, PAs assisting in clinic and on the inpatient unit have the inherent advantage of being very familiar with the overall transplant journey.
- This experience is valuable for ongoing PA professional development as it allows for an expansion of their scope of practice and facilitates collaboration between members of the interdisciplinary transplant team.
- Furthermore, due to this well rounded experience PAs are able to provide enhanced patient education about the transplant journey.
- The major limitation of the study is that there is no baseline data to compare clinic throughput prior to the addition of the PA.
- Next steps in evaluating the role of the PA in the ambulatory HSCT setting could include evaluating PA impact on patient outcomes (eg. clinic wait times etc) and quality of care measures.

CONCLUSION

- Preliminary results suggest that the implementation of a PA in the HSCT ambulatory setting has been positive and can be a successful strategy in increasing efficiency in outpatient clinics.
- This model of care allows the PA to practice to their full scope and provide continuity of care while fostering enhanced relationships between members of the interdisciplinary team.