


INTEGRATING NON-PHYSICIAN PROVIDERS INTO ENDOCRINE PRACTICE

Reid Litchfield, MD, FACE

Sondra O'Callaghan, PA-C, MPH, CHES

WHY CONSIDER PARTNERING WITH A NON-PHYSICIAN PROVIDER?

- ❖ To fill gaps in healthcare
 - ❖ improve access to care
 - ❖ reduce wait time
 - ❖ To ease work load
 - ❖ To improve quality of care
 - ❖ by team approach
 - ❖ by easing work load
- 

Physician Shortage in US and Abroad

- ❖ Other countries follow or explore PA model
 - ❖ Many countries are developing Advanced practice nurse programs
- 
- A decorative graphic consisting of several parallel white lines of varying lengths and orientations, located in the bottom right corner of the slide.

PRODUCTIVITY OF NON-PHYSICIAN PROVIDERS

- ❖ PAs can generate same amount or more RVUs compared with Residents
- ❖ PAs/NPs spend same amount of time with patients (can maintain similar clinic schedules)

Jeanmonod, R, DelCollo, J, Jeanmonod, D, et al. Comparison of resident and mid-level provider productivity and patient satisfaction in an emergency department fast track. *Emerg Med J.* 2013;30:e12.

Morgan, P, Everett, CM, Hing, E. Time spent with patients by physicians, nurse practitioners, and physician assistants in community health centers, 2006-2010. *Healthcare.* 2014; 2:232-237.

PATIENT SATISFACTION

- ❖ Patients are open to seeing PA/NP and sometimes prefer it
- ❖ Nationally, older patients rate PAs/NPs equally with Physicians on all areas of satisfaction
- ❖ Strength of PA-patient relationship is asset to healthcare organization

Dill, MJ, Pankow, S, Erikson, C, et al. Survey Shows Consumers Open to a Greater Role for Physician Assistants and Nurse Practitioners. *Health Affairs*. 2013;32(6):1135-1142.
Berg, GM, Crowe, RE, Nyberg, S, et al. Trauma Patient Satisfaction With Physician Assistants. *JAAPA*. 2012; 25(5): 42-3, 49-51 (May).
Cipher, DJ, Hooker, RS, Sekscenski, E. Are older patients satisfied with physician assistants and nurse practitioners? *JAAPA*. 2006; 19(1): 36-44.

WHAT ABOUT NON-PHYSICIAN PROVIDERS IN SPECIALTY MEDICINE?



IF NOT PRIMARY CARE, WHERE DO NON-PHYSICIAN PROVIDERS FIT IN?

- ❖ They fit in everywhere as long as it helps out the physician
 - ❖ And the patient
- 

AAPA SPECIALTY CONSTITUENT ORGANIZATIONS

- ▶ [AAPA in Allergy Asthma and Immunology](#)
- ▶ [American Academy of Nephrology PAs](#)
- ▶ [American Academy of PAs in Occupational Medicine](#)
- ▶ [American Association of Surgical PAs](#)
- ▶ [American Society of Endocrine PAs](#)
- ▶ [Association of Family Practice PAs](#)
- ▶ [Association of Neurology PAs](#)
- ▶ [Association of Neurosurgical PAs](#)
- ▶ [Association of PAs in Anesthesia](#)
- ▶ [Association of PAs in Cardiology](#)
- ▶ [Association of PAs in Cardiovascular Surgery](#)
- ▶ [Association of PAs in Obstetrics & Gynecology](#)
- ▶ [Association of PAs in Oncology](#)
- ▶ [Association of PAs in Psychiatry](#)
- ▶ [Association of Plastic Surgery PAs](#)
- ▶ [Gastroenterology PAs](#)
- ▶ [PAs in Critical Care](#)
- ▶ [PAs in Hospice and Palliative Medicine](#)
- ▶ [PAs in Orthopaedic Surgery](#)
- ▶ [Society for PAs in Pediatrics](#)
- ▶ [Society of Dermatology PAs](#)
- ▶ [Society of Emergency Medicine PAs](#)
- ▶ [Society of PAs Caring for the Elderly](#)
- ▶ [Society of PAs in Addiction Medicine](#)
- ▶ [Society of PAs in Otorhinolaryngology/ Head & Neck Surgery](#)
- ▶ [Society of PAs in Rheumatology](#)
- ▶ [Urological Association of PAs](#)

AANP Specialty Groups

- ❖ Acute Care
 - ❖ Cardiology
 - ❖ Convenient/Urgent Care
 - ❖ Dermatology
 - ❖ Endocrine
 - ❖ Orthopedics
 - ❖ Pain Management
 - ❖ Psych Mental Health
- 
- A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

PHYSICIAN ASSISTANT SPECIALTY CHOICE

PAs choose specialties analogously to medical students

- ❖ Personal satisfaction
- ❖ Intellectual challenge
- ❖ Patient care commitment
- ❖ Image of primary care
- ❖ Professional satisfaction
- ❖ Practice environment
- ❖ Nature of patient care
- ❖ Lifestyle
- ❖ Employment opportunities
- ❖ Risk aversion

Specialization is on the rise for advanced practitioners also for the same reason fewer doctors are entering primary care: money.

Specialty practices maintained or improved quality of care and reduced wait times while proving financially sustainable for the practice.

The challenges include the need for on-the-job training, supervision, and mentoring.

SPECIALTY-TRAINED PA/NP AND INPATIENT DIABETES

- ❖ Endocrine-trained PAs and NPs
- ❖ Greater use of basal-bolus insulin therapy
- ❖ Lower mean POC-BG levels

HOW TO CHOOSE A PA/NP TO INTEGRATE INTO YOUR ENDOCRINE PRACTICE


- ❖ New grads can be trained to your preference
 - Mentorship
 - Have provider go to national Endocrine meetings
 - Have provider participate in Journal clubs
 - Encourage writing/publication
- ❖ Seasoned PA/NP
 - Continuing medical education is ongoing as with physicians

WHAT CAN YOUR PA/NP PARTNER TO DO?

- ❖ Manage outpatients with his own panel
- ❖ Co-manage outpatients
 - ▶ Some patients like team approach
 - ▶ Some patients prefer the physician
 - ▶ Some patients prefer the PA/NP
- ❖ Manage inpatients
- ❖ Run Obesity clinic
- ❖ Run Diabetes clinic
- ❖ Do thyroid ultrasounds and biopsies
- ❖ Take call

There are some practice and prescribing variations by state statute*

GENERAL DISCLAIMERS

- ❖ Every practice is different . . .
 - ❖ Just because a strategy works in one practice does not mean it will work everywhere
 - ❖ Variables to consider
 - ❖ Practice structure
 - ❖ Community standards
 - ❖ Supply and demand
- 


PA/NP FACTORS



COMPETENCE

- ❖ You have primary responsibility for your own competence
 - ❖ Initial Education
 - ❖ Continuing Education
 - ❖ Advanced Endocrine Education
 - ❖ Become a Specialist
- 


WORK ETHIC

- ❖ Do your share
 - ❖ The practice medicine is not a 9-5 job
 - ❖ Complete your work
 - ❖ Don't be the last to show up or the first to leave
- 

TEAMWORK

- ❖ See yourself as an integral part of a team
 - ❖ Special expertise
 - ❖ Unique skillset
- 

PATIENT ADVOCACY


- ❖ Hands on approach to patient provider interactions
 - ❖ Problem-solving
 - ❖ Enhances
 - ❖ Patient satisfaction
 - ❖ Patient rapport
 - ❖ Patient trust and confidence
- 

OFFICE DRAMA


- ❖ Choose your battles
- ❖ Don't choose sides



CHAIN OF COMMAND

- ❖ Use established chains of command
 - ❖ Don't run afoul of administration
 - ❖ Don't burden your supervising physician with administrative matters if there are other mechanisms in place to address them
- 

ASKING FOR HELP

- ❖ Don't fake competence that you don't have
 - ❖ Collaborate on cases
 - ❖ Supervising physician
 - ❖ Other physicians in the practice
 - ❖ Other NP/PA in the practice
 - ❖ CDE, pharmacists, etc
- 


SUPERVISING PHYSICIAN FACTORS

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom-left towards the top-right, located in the lower right quadrant of the slide.

PREPARING THE PATIENTS

- ❖ What's In A Name
 - ❖ Be deliberate in how you refer to NP/PA with patients
 - ❖ “My PA/NP” or “The PA/NP”
 - ❖ “My Partner/Colleague”


PREPARING THE PATIENTS

- ❖ Consistency in Team Care Narrative
 - ❖ “All members of the team specialize in treating endocrine patients”
 - ❖ “The PA/NP have been trained by the doctor and work together as a team”
- 


PREPARING THE PATIENTS

- ❖ Have staff be clear in who follow-up appointment is scheduled with
 - ❖ “You’ll be seeing Dr. Litchfield’s partner . . . on your next visit”
 - ❖ “Your follow-up appointment is with . . .”
- ❖ When a patient is surprised that follow-up appointment is with someone they are not expecting to see they feel bind-sided

PREPARING THE PATIENTS

- ❖ Maintain patient choice for future follow-up care
 - ❖ ‘The doctor wants you back in 6 weeks but his schedule is full, so he’s asked that I schedule your follow-up visit with his partner . . .’
 - ❖ “You can schedule follow-up with the doctor on your next visit if you’d like.”
- 

PREPARING THE PATIENTS

- ❖ Periodic Follow-Up Visits with Physician
 - ❖ Reinforcement of team care model
 - ❖ Meaningful access to physician for refractory problems
- 

PREPARING THE STAFF

- ❖ Require appropriate deference of support staff to PA/NP
 - ❖ Front Office
 - ❖ Medical Assistant plays a big role in
 - ❖ Making MD/DO/PA/NP look good
 - ❖ Creating patient confidence
 - ❖ Public Relations


PREPARING THE STAFF

- ❖ Do not undermine staff confidence
 - ❖ Vocal criticisms of the PA/NP
 - ❖ Body Language
- ❖ Appropriate praise of PA/NP in front of support staff
 - ❖ If physician has confidence in the PA/NP, staff confidence will follow

SUPERVISING THE PA/NP

- ❖ An endocrine fellow-ship lasts 2-3 years, don't expect the PA/NP to master endocrinology in a month
- ❖ Be accessible
 - ❖ Budget sufficient time in your schedule to enable meaningful access for problem solving in the clinic

SUPERVISING THE PA/NP

- ❖ Reviewing their work
 - ❖ Chart review
 - ❖ Patient review on f/u visits
 - ❖ Expansion of Clinical Responsibilities
 - ❖ Scope of Practice
 - ❖ Thyroid ultrasound
 - ❖ Procedures
- 

ADMINISTRATION FACTORS

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom-left towards the top-right, located in the lower right quadrant of the slide.


INFRASTRUCTURE

- ❖ Computer
 - ❖ EMR Seats
 - ❖ Workspace
 - ❖ exam rooms and workspace comparable to other providers
 - ❖ Waiting room capacity
 - ❖ Administrative Staff
 - ❖ Medical Assistant
 - ❖ Front Office Staff
- 


SCHEDULING

- ❖ Appropriate Patient Volume
 - ❖ Gradual Schedule Ramp-Up
 - ❖ Schedule Templates
 - ❖ F/U
 - ❖ New Patient
 - ❖ U/S
 - ❖ FNA
- 

BILLING AND CODING

- ❖ Credentialing
 - ❖ ICD-10 Resources
 - ❖ Billing Supervision
 - ❖ Progress Notes Audits
 - ❖ Incident To Billing
- 
- A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

CHAIN OF COMMAND

- ❖ Administrative Issues
 - ❖ Operations
 - ❖ Human Resources
 - ❖ Patient Care Issues
 - ❖ MA → PA/NP → Supervising Physician
- 

DISCHARGING PATIENTS

- ❖ Commitment of practice to protect staff
 - ❖ Abusive patient
 - ❖ Harassment
 - ❖ Written Policies
 - ❖ Grounds for discharge
 - ❖ Standardized Discharge Procedures
- 