

More Satisfied Patients

Nonphysician Providers and Your Practice

by Aaron Dalton

Aaron Dalton is a freelance healthcare writer in New York City.

Rick Davis, PA-C, a gastroenterology physician assistant (PA) since 1982, attended an American Gastroenterological Association (AGA) conference this summer. One of the sessions discussed practices that had just started working with nonphysician providers — PAs and nurse practitioners (NPs). The physicians who spoke at the session remarked that their practices' wait times for new patients had dropped from 8-10 weeks to just 3-4 weeks once they started working with nonphysician providers.

Across the country, gastroenterology practices are discovering that nonphysician, or allied, providers can significantly help physicians deliver better patient care. "We function almost like a fellow-in-training would with an attending physician," says Davis, who works with 18 physicians, 14 fellows-in-training, four other PAs, and one NP in the Division of Gastroenterology and Hepatology at the University of Florida in Gainesville. He says they're able to improve patient access by performing evaluations and scheduling procedures so the gastroenterologist can spend more time performing those procedures.

Made to measure

Nationally, the American Academy of Physician Assistants estimates that approximately 900 PAs currently provide gastroenterological care. Michael E. Ryan, MD, medical director of gastroenterology for the Marshfield Clinic and a staff member at Saint Joseph's Hospital-Marshfield, in Wisconsin, is one of those gastroenterologists working with PAs. "There are many ways in which allied providers can help a gastroenterology

practice," says Ryan. "In some GI practices, there will be a need for the provider to help with the evaluation and management of patients with irritable bowel syndrome, inflammatory bowel disease, or hepatitis C. In other practices, the allied provider may be used to help provide hospital consultation services."

Each practice can apply PA resources in the way it feels will most improve patient care and outcomes. At Davis' practice, PAs play a major role in helping patients with Crohn's disease or ulcerative colitis, providing education that helps them manage their diseases better. In Ryan's multispecialty clinic, gastroenterologists focus on performing procedures while the PAs provide preprocedure assessments on patients undergoing screenings, assist with hospital consultations and work with on-call gastroenterologists to provide medication refills and triage of appointment calls, and provide access to same-day requests for consultation.

At Arapahoe Gastroenterology in Littleton, Colo., David Carpenter, PA-C, and three other PAs work with eight physicians. Carpenter and his fellow PAs deliver the labor-intensive treatment that HCV demands, monitoring patients for

the side effects the medications often cause. If a patient requests an urgent appointment, Carpenter or one of the other PAs in the practice can usually see her on a same- or next-day basis. Even new patients can often get appointments within two weeks thanks to the efforts of the practice's team of PAs.

Carpenter has been working as a PA for five years, first in pediatric gastroenterology and more recently in adult GI. Although he's confident in his knowledge of the specialty and his ability to deliver quality care, he lauds the Arapahoe gastroenterologists' policy of being available to provide direction or supervision on an as-needed basis. "There are days when I see 16 patients and never have a reason to talk with our physicians, but there are days when I want to talk with the physicians about 10 of the 16 patients," says Carpenter. "The key to making the [PA-practice relationship] work is availability and trust. The physicians trust me to come to them when I have issues, and I trust that they will be available."

Although Colorado does not mandate chart cosigning, the physicians at Arapahoe Gastroenterology have established a policy of cosigning all the

Stretch Your Time for Patients

You can't be in two places at once, but you can care for more than one patient at a time with the help of nonphysician providers. Properly trained NPs and PAs can take histories, conduct exams and evaluations, schedule procedures, assist with hospital consultations, and provide access to same-day appointments, all allowing you to dedicate larger chunks of time to complicated cases. Maintaining open communication channels between your practice's nonphysician providers and gastroenterologists is a key to success in this kind of relationship.

PA charts. Carpenter says that the practice's electronic medical record (EMR) system makes the process painless. Charts are electronically forwarded to the gastroenterologists; if the doctor has questions, he sends the chart back electronically for revision.

Maximizing benefits

How can a physician ensure that her practice and patients receive the greatest benefit from nonphysician providers? Davis recommends that physicians make maximum use of portable devices such as cell phones and personal digital assistants (PDAs) to forge strong communication links with their practice's nonphysician providers.

Such communication is especially important in situations where a nonphysician provider may not have a background in gastroenterology. Although Davis has been working in gastro practice situations for more than two decades, he notes that PAs are trained in primary care and need to acquire a knowledge base when they enter a specialty for the first time. A gastroenterologist who sets up

good communication policies makes it easy for PAs who feel overwhelmed to ask for backup on challenging patients.

But Davis doesn't believe that physicians should wait until a PA asks for help to offer guidance. Especially in cases where a nonphysician provider is relatively new to the specialty, Davis believes that the gastroenterologist should be part of the education process by teaching him about specific cases the practice is seeing and recommending papers for him to read.

Ryan agrees that gastroenterologists should play an educational role for PAs and NPs. "We must remember that [nonphysician providers] are not medical residents. We need to provide them with ongoing education in a subspecialty field in order for them to feel comfortable in their work environment."

Although such education may require a time investment on the gastroenterologist's part, Davis believes the investment will yield significant returns in terms of better performance and thus better patient care — the gastroenterologist will become more comfortable working with

the PA or NP, who will increase her knowledge base and be better able to assist the practice in caring for complicated, higher acuity patients.

For a lucky practice, that effort could yield someone like Davis, whose own comfort level and knowledge are such that he now especially enjoys working with complicated cases, poring over patient histories to see what has already been done and what can still be tried. "It's very satisfying and saves the attending physician a lot of time when I'm able to present the history in a concise manner so that we can work together to help our more challenging patients," he says.

Lend me your ear

Ultimately, the approachability and accessibility of a nonphysician provider can help a gastroenterologist give patients care and attention that would otherwise be challenging for the practice to provide. Ryan recalls the case of one elderly woman who mentioned a chronic foot problem to one of the PAs during her appointment. "It just so happened that that particular PA used to work in orthopedics," explains Ryan. "He sat down and started diagramming the patient's foot and explaining to her the problems." Although this was clearly outside of the scope of a usual gastro prep procedure assessment, "the patient was ecstatic that she finally understood problems associated with her feet. She indicated to me that that was the best [medical] visit she ever had ... in her entire life."

Indeed, NPs and PAs can not only provide histories, conduct physical exams, and perform evaluation services, they can also improve patient care simply by offering an accessible and willing ear to patients who may feel less intimidated posing their questions to a nonphysician provider. By providing answers to patients who may not have had the opportunity or courage to question their gastroenterologist, nonphysician providers can improve patient care, satisfaction, and health. ■

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