

HOW MANITOBA PHYSICIANS SEE THE VALUE OF PHYSICIAN ASSISTANTS

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Abstract

This research investigates the value of physician assistants (PA), presenting the opinions of twenty supervising physicians on how PAs contribute to patient care, the health system, and the physician's wellness. In May 2019, 72 supervising physicians of Manitoba's 116 clinical PAs were sent a twenty-question electronic survey asking their perspectives of PA's Value. A Literature review used PubMed, and Google Scholar search engines for the terms Value, physician assistant, and combinations of phrases related to PA benefit, PA values, Physician Value, and Canadian physician concerns with PAs, to guide the question development.

Twenty physicians responded from the list of the seventy-two physician supervisors contacted, representing a response rate of 27.7%. Three of the physician respondents have employed a PA for less than a year, 85% or 16 MD for more than two years, with 36.84% of the total for longer than five years. Eighty-five percent (n=18/20) of the responding physicians rated the value of having a PA as very valuable or extremely valuable. At the same time, 95% (n=19) were likely or extremely likely to recommend hiring a PA to a friend or colleague. One physician did not find value in the PA they hired. The phrases used by physicians in describing the Value PAs brought to Manitoba Healthcare included Honesty and Respect (78.95%), Improved Access (73%), Excellence In Care (63.1%), A Better Workplace (78.95%), Better Patient Safety (73.68%), Better Teamwork (84.21%), Accountability (73.68%), Efficiency (73.68%), Decreased Stress 42.11%, and Better Communication with Patients (57.89%)

Ultimately, the determination of PA's Value is through the lenses of those looking and asking what is needed. Manitoba physicians represented in this survey indicate extreme satisfaction with the quality and Value PAs contribute to their practice environment and personal lives.

Key Words: Value, Wellness, Collaborative Practice, Health Workforce

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Physician Perspective on PA Value

“Having a PA work with me is akin to finding that perfect Ballroom Dance partner, someone who gets it. That moment when everything comes together; when movement no longer requires talking, it just happens. Having a partner who knows what is needed and what comes next, that is the sense I get from working with my PA.”

– Personal communication from an Experienced Physician to the author. Name withheld on request.

What is Value?

The social implications of efficiency and effectiveness mean looking at what people Value, or the human factor. A broad consensus on the meaning of “Value” is absent. Patients, physicians, policymakers, and other healthcare professionals have different ideas on which components of value play a prominent role (1). Recognizing that shared clinical decision-making with patient empowerment is a central concept of Value-Based Medical practice (2), different paradigms of the healthcare system embrace different meanings of value. The absence of a standardized and widely accepted definition of value impedes the improvement of system-wide healthcare. Determining the physician assistants’ value to the health system requires a broader context than from a pure fiscal approach.

The Conference Board of Canada explored the Funding Impact of physician assistants (P.A.) and their Value in a series of reports sponsored by the Canadian Association of Physician Assistants. The reports estimates shifting specific physician tasks to PAs could create cost-savings of more than one billion dollars between 2017 and 2030, depending on the duties and roles assumed by PAs (3). In consideration of the economic factors, the ability to determine and utilize available resources to their maximum strengthens the team. Economic efficiency implies a financial state where to serve the organization best requires optimally allocating every resource while minimizing waste and inefficiency (4). PAs are human resource capital and value determined through the measure of individuals’ skills, knowledge, abilities, social attributes, personalities and health attributes.

It is nearly impossible to accurately identify the type, volume, costs, or quality of services delivered by PAs in Canada or the United States due to limitations in data collection through organizational and administrative data. The absence of PA performance data affects the ability to participate in performance measurement or quality improvement programs. The Centers for Medicare & Medicaid Services (CMS.gov) in the United States uses the term Incident-To as a process where the Physician bills for the work performed by a PA at a discount rate, usually 85% of the Physician Fee Tariff. The June 2019 Centers for Medicare & Medicaid Services’ Report to Congress indicates that patients may be confused when receiving a Medicare Summary Notice (MSN) listing a health care professional who did not treat them. The MSN lists only the physician’s name when a PA delivers care. Another concern for patient safety is the current practice where test results are not sent to the PA treating the patient.

Incident to billing also hides the positive impact of PAs on patient care and the health care system. In the June 2019 report, Medicare Payment Advisory Commission (MedPAC) recommended that the Medicare program eliminate “incident to” billing for PAs. The report calls for billing all medical services performed by health professionals to be under the name of the actual provider of services, as the lack of transparency and recognition for PAs increases the risk of fraud and abuse when billing services performed by others to the physician (5, 6). Incident to accounting also diminishes the ability to identify needed areas of medical quality improvement by falsely identifying the provider of care.

The author is unaware of any Canadian Health System that allows PAs to directly bill for their services in a fee-for-service (FFS) manner other than rare pilot programs. The Manitoba Physician Manual issued by The Manitoba Minister of Health, Wellness and Seniors indicates that insured service claims are made only for services rendered personally by the physician (6). Manitoba physicians bill for services where they have a substantial role in the care provided and shared with a PA or the PA is program funded.

Another Lens on Value

Physician-Patient relationship, access to quality care and system decision making, transparency, addressing social determinants, physician-wellness, and physician leadership are core values recognized by several physician organizations (American College Physicians, College of Family Physicians of Canada, Canadian Medical Association, Royal College Physicians Surgeons of Canada) as critical to physician practice. A leading physician practice management group in the US indicates that the costs of physician burnout are associated with the emphasis on higher productivity and non-direct patient care activities. Many inefficiencies are involved in responding to inquiries on the floor or waiting for diagnostic tests that can be addressed using a team concept (7). Using a medical team rather than a single doctor approach is seen as a useful tool for healthcare services and physician concerns (8, 9). A medical team focuses on a multi-layered approach to health care with medical professionals of varying levels of academic qualifications. A specialist doctor performs challenging procedures such as a neurosurgical clipping of a cerebral aneurysm. In contrast, more generalist professionals such as family doctors, PA, or nurses perform less complex procedures such as biopsies, wound repair or surgical closures. Basic levels of health care can be provided for a broader demographic and patient population, while a smaller number of specialists perform a more specialized procedure or service.

As with many health professionals, family physicians are at risk of high levels of stress and burnout. Dealing with factors from too much paperwork, waiting for specialists consults and tests results, feeling unsupported and undervalued, and dealing with the constant change in rules and regulations all lead and add to the likelihood of burnout. Reducing personal stress includes attention to diet and nutrition, time with family and friends. Diminishing stress requires strengthening and valuing relationships with colleagues, patients, and self-awareness — stress and burnout results in a desire to leave one's career, giving up on the practice. The impact of physician burnout affects the entire health care system. The linkages between burnout with the likelihood of error and suboptimal patient care arise from the premise that stressed, dissatisfied, burned out, anxious, and depressed doctors are not able to fully engage with all those around them. Research indicates that doctors in the process of burning out will depersonalize or withdraw from their patients, whereas the team approach decreases stress (10,11,12,13).

Utilization of a PA increases the generalist services provided to the physician, clinic, ward, surgical suite, or patient follow-up. Task substitution is a strength of the PA's practice and education. PA consultation with the physician specialist or physician supervisor uses time efficiently and effectively. An excellent example of team-based medicine is mental health or the shared care concept, where social workers, counsellors, psychologists, psychiatric nurse practitioners and psychiatrists provide services through vertical integration. A PA functions as the intermediary within these health care teams as the bridge between initial intake and more complex medical procedure provided only by physicians (9,13).

Another example is the addition of a PA to a private practice physician's clinic, as discussed in Sara Bowens' 2016 paper on the Implementation of PAs into Manitoba Primary Care network that quotes a physician as "*[The PA] is an answer to our prayers.*" Discussions included clinic staff statements such as "*Phone calls during the day are cut by 90%,*" and "*A PA does a lot of the recording, etc. It frees up the doctor to do more serious things, especially since there is a lack of family docs.*" (14)

Method

As part of an ongoing quality assurance study by the University of Manitoba's Master of Physician Assistant Studies, an electronic survey sought to gather Physician's Perspective of Value (May 2019). The distribution was to physicians identified as employing or supervising PA in Manitoba from program records. Additional ethics review was determined as not required as this undertaking is a report from a broader educational quality assurance project approved by Health Research Ethics at the University of Manitoba. However, all questions were reviewed by external researchers to ensure the invitation indicated that the participation was optional, confidential, and the purpose of the survey. No identifiers were included or gathered, and the results are not linkable to any program or respondent.

The potential respondent's email addresses were from a master list of seventy-two physicians in PA supervisory roles identified after the removal of addresses no longer in service. Distribution of the invitation and survey link, with all addresses in the blind address option (BCC), occurred in May of 2019 and was open for two weeks. The survey did not gather any personal identifying information or the internet (IP) addresses of respondents. We asked no follow-up questions, and no follow-up emails sent.

Literature review using the Neil John Maclean Health Sciences Library database linking to multiple search engines, including PubMed and Google Scholar, used the terms Value, physician assistant, and combinations of phrases related to PA benefit, PA values, Physician Value, and Canadian Physician concerns with PAs, occurred.

Results

Twenty physicians responded from the list of seventy-two contacted, representing a response rate of 27.7%. Three of the physician respondents have employed a PA for less than a year, 85% or 16 MD for more than two years, with 36.84% of the total for longer than five years. One did not indicate the time with a PA on their staff. Of the responding physicians, 18 of the 20 indicated being in practice for more than five years, of which 14 indicating for more than ten years. The physician respondents represented 38.9% from surgery, 22.2% from Family Medicine, 11% in Emergency Medicine, 5.5% identified as in Hospitalist roles, with 11% from a mixed specialty clinic, and 5.5% from Pediatrics, and other represented 5.6%. This breakdown is close reflective of the known employment patterns for Winnipeg PAs, with underrepresentation from psychiatry and rural communities. To ensure the confidentiality of the respondents and remove the ability to identify employed PAs, the nature of the specialty was limited to nine broad categories with the results from responding programs or service sectors indicated.

As of 2019, Thirty-three medical or surgical specialties employ Manitoba's 116 PAs, with 23% in rural communities outside of Winnipeg with a population less than 50,000. The physicians identified 16.67% or three PAs supervised were graduates of the Canadian Armed Forces, 85% (n=17) from the University of Manitoba, and one PA was American educated.

The Manitoba PA educational program's records, as of April 2019, indicate 43% of Manitoba PAs (n=50) work on Surgery services, 12% (n=14) work in Emergency Departments, 14.6% identified medicine in-patient roles, 7% of the provincial PAs are in Mental Health or Psychiatry, while 17% in Primary Care. Six PAs are currently in other services or education. Each service has one primary physician supervisor.

Eighty-five percent (n=18/20) of the responding physicians rated the value of having a PA working with them as very valuable or extremely valuable. There was an equal number (85%) of physicians indicating they were 'extremely likely' to hire a PA again. One physician indicating somewhat valuable, and one indicated that the PA was

not of value at all. When rating the value for money for Physician assistant, 85% indicated above average or excellent Value.

Fifty percent of responding physicians indicating that if they were able to generate revenue from services provided by the PA, they would employ a PA directly. One physician indicated they would not. In Manitoba, over 95% of PA are salaried employees of the Regional Health Authorities or funded by a pooled contribution of a Physician Group. Manitoba Health Insurance is a single-payer system. A few projects using PAs are piloting fee-for-service arrangements. One physician or 5% of respondents indicated they were not likely to recommend hiring a PA, while 95% (n=19) were likely or extremely likely to recommend hiring a physician assistant to a friend or colleague.

Physicians' satisfaction with the PA's medical knowledge indicated 75% were very satisfied, and 20% somewhat satisfied. 77.8% of the physicians indicated being very satisfaction with the PA's patient care and 16.7% somewhat satisfied.

In response to the question 'How well do Physician assistants meet your needs?' Ninety-four percent indicated Extremely Well or Very Well. When asked about personal satisfaction since hiring a PA, 90% of the physicians indicated positive enjoyment, increased satisfaction with their career. Words identified after the addition of a PA to the practice included "less stress, better life, more relaxed at work, increased productivity, good value for money, and improved my career."

In describing the value PAs brought to Manitoba Healthcare included Honesty and Respect (78.95%), Improved Access (73%), Excellence In Care (63.1%), A Better Workplace (78.95%), Better Patient Safety (73.68%), Better Teamwork (84.21%), Accountability (73.68%), Efficiency (73.68%), Decreased Stress 42.11%, and Better Communication with Patients (57.89%) (Figure 1). One physician did indicate 'never again.' None of the survey's negative options were selected (*Poor Value for Investment, Impractical but the best option, Ineffective, Poor quality, adds to my worry, Unreliable, More Stressed, Less time to do my work*).

Individual responses included

- *'enhances patient care and continuity,'*
- *'Improved access to appointments for my patients.'*
- *'a true pleasure to work with the PA'*
- *'strong complement to reduced resident capacity.'*
- *'If a PA is smart and has been trained well, it will be an asset.'*
- *'Excellent continuity of care in a practice with frequent resident changes.'*
- *'Excellent quality work that is reliable and dependable.'*

Discussion

Value is in the eyes of the beholder. It is impossible to discuss the Value of a PA without discussing physicians, patients, the health care systems, and how people get paid. It may be possible to get a sense of value for a physician or system that has PAs without addressing the PAs themselves. Taking the "value-eye-beholder" as an entry-point, maybe the lenses are in easily quantifiable groups such as practice setting or geography? It is possible the Value of PAs is in the impact of seeing complexity with concepts such as honesty, respect, desire for shared excellence and thoughts, all associated with improved and necessary communication?

The broad consensus of the definition of “Value” is not here. Perhaps it is like a current or tide in the ocean. The ocean is a beautifully, murky, complex entity, which the health care system boat tries to negotiate. Efforts in system improvements are often in building a better compass or building better boats or developing a better crew structure. While building a better/fancier compass (i.e., health care system), or better boats (i.e., physicians), or more sophisticated tracking of the journey/location/miles of individual boats (i.e., administrative data), never addresses the tide (i.e., the PA) but affects the course or drift. [The Author acknowledges to the reader that the concept of the physician being the Captain of the Ship responsible for everything is outdated and discarded in place of a team approach and shared responsibility (15)].

Few Canadian studies explore the different perspectives used in evaluating the concept of PA value to physicians and their clinical practice. Does the mere presence of a PA, encourages attributes such as excellence as the physician must attend to a higher scope of practise consistently in order to make sense of the human health resources used within their practice? Does having a good PA who pushes their scope as much as possible motivate the physician supervisor to be better? Does a team approach encourage professional excellence? Is the Value of a PA provided by raising the standard of care in others?

If the PA-MD model raises the level of care provided for the patients – health is found sooner, length of stay shorter, resources within the system tapped by activating collaborative care, perhaps PAs are physician connectors, not physician extenders. The PA may also raise the tidal level for FFS physicians. What extra value does the FFS physician add when a PA substitutes for an FFS physician? The initiating of a physician replacement scheme as a financial concept would trigger negativity in that the presence of a PA may highlight deficiencies in the current state and threaten livelihoods. The actual value of a PA is in the collaborative, joint, team practice philosophy.

Manitoba Physicians supervising PAs are very satisfied with patient care provided by PAs. The respondents see the value provided to the health system and to the care of the patients provided in a team model using PAs. They are also happy with the positive impact seen in their professional lives and appreciate the influence on their personal lives.

Of note: There was one respondent of the twenty who was unhappy with their physician assistant. The individual's responses indicated a subspecialty practice with a new graduate PA hire. The new graduate did not have clinical experience before entering the PA program, and this was detrimental to the physician's needs. Not having previous clinical experience before entering the University of Manitoba Master of Physician Assistant Studies is shared with 80% of PA-student class and an overwhelming majority of medical students accepted in the University of Manitoba Undergraduate Medical Education program. The University of Manitoba prepared graduates as generalist medical practitioners for primary care and community hospital roles. In this situation, it appears that the hiring process was flawed, and expectations for a new graduate generalist PA not appropriately communicated.

Conclusion

In summary, PA education is for a generalist clinician role in primary care or hospital-based roles such as in-patient, emergency, or surgery. The PAs' education and authorization allow them to function in any clinical setting within a formalized agreement with physician (s). In their full capacity and scope of practice, PAs support physicians by enhancing services and access to quality medical care. PAs improve efficiencies in medical care delivery. Manitoba Physicians describe the Value of a PA in many ways, the majority overwhelmingly positive.

Ultimately, PA's Value is determined through the lenses of those looking and asking what is needed. Whether individually or collectively, and depending if the viewer is patient, physician or administrator, value is found. In days where stress and burnout are a common topic in the professional journals and faculty meetings of physicians, the value of PA is significant.

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