



Help Your PA or NP Plug In to Your Practice



By Abby Jacobson, PA-C

With foresight
and a plan of action,
you can easily energize your practice and avoid unpleasant shocks.

Deciding that the practice is ready to add a Physician Assistant or Nurse Practitioner. Recruiting viable candidates. Identifying the best individual to fit the practice. Negotiating salaries, contracts, and bonuses. The practice that tackles these challenges is well on its way to increased patient and staff satisfaction, shorter patient waiting periods, and overall practice growth, right? Not quite.

No matter how qualified the new hire and how supportive and enthusiastic the rest of the clinical staff, successful incorporation of PA or NP into a dermatology practice requires one more immensely important step: effective integration. Luckily, the most effective strategies for successful integration include little to no cost. Instead, the emphasis is on education and communication.

Since my experience is obviously as a Physician Assistant, the bulk of the discussion will be on PAs, but those practices that opt to hire a Nurse Practitioner will find that they can easily and effectively adapt and employ many of the same strategies.

Put it in Writing

By now, just about every practice understands the need for a letter to patients announcing the addition of the PA. But including the proper information within the letter spells the difference between an inexpensive but highly effective marketing tool and an unfortunate waste of postage.

The letter must include complete information about the PA and his or her role within the practice. Include a brief explanation of what a PA is, then focus on the specific strengths of the

new hire and what she/he will bring to the patients and the practice. Be upbeat and positive, capturing the excitement of the practice as it takes this step and emphasizing the potential benefits to all. The letter we use at my office appears on this page. This letter was sent to patients and is still available in the waiting room to this day. If your practice also normally announces new partners by putting an ad in the local paper, you should also announce your new PA in this manner.

Script It

In addition to the introductory letter, the reception staff must be prepared to offer current and prospective patients an explanation of the PA's duties and role within the practice. Inaccurate information or, worse, lack of information would be detrimental to the practice. It's important to assure that staff members can provide accurate, consistent information about the PA. To this end, the practice should develop a concise statement of the PA's qualifications, role within the practice, and duties. Be straightforward and use language patients will understand. Leave copies by the phone so staff have easy access. For example here's what we used when I first joined my current practice:

Physician Assistants are medical providers formally trained to practice medicine with physician supervision.

Abby Jacobson has a master's degree from Philadelphia College of Osteopathic Medicine. She's been in healthcare for over 10 years. She specializes in dermatology. The same board that licenses the physicians also licenses her. She does everything the doctors do including prescribing medicine and performing surgery on the skin.

Most patients will be satisfied with the explanation and able

LETTER TO PATIENTS

Dr _____ is pleased to announce his new associate, Ms. Abby Jacobson, MS, PA-C. She is a Certified Physician Assistant (PA). Physician Assistants are medical providers formally trained to practice medicine with physician supervision.

The 30,000 PAs practicing nationwide can be found in every medical and surgical specialty, including dermatology. Physician assistants have been practicing with dermatologists for twenty years, providing a wide variety of services, including diagnosing illness, writing prescriptions, ordering and interpreting lab tests, wound suturing, and medical or surgical treatment of a wide variety of clinical pathology. All physician assistants are legally and ethically bound to practice only with supervision by their employing physician.

Ms. Jacobson has a Masters of Science Degree in Physician Assistant Studies from Philadelphia College of Osteopathic Medicine. Before beginning her education as a PA, she received an undergraduate degree in Biology from the University of Pittsburgh. In addition, she earned dual minors in chemistry and sign language. She has also worked as an emergency medical technician and CPR instructor.

Ms. Jacobson's education does not stop there. To remain certified, Ms. Jacobson must complete 100 hours of Continuing Medical Education (CME) every two years and pass a national recertification examination every six years. Ms. Jacobson has experience in managing and treating acne, contact dermatitis, eczema, psoriasis, tattoo removal, laser surgery, sclerotherapy, Botox, wrinkle fillers, and skin cancer screening. I plan to take advantage of these skills in this practice.

Ms. Jacobson is a member of the following professional organizations:

- American Academy of Physician Assistants
- Pennsylvania Society of Physician Assistants
- Society of Dermatology Physician Assistants

Ms. Jacobson is a guest lecturer at Drexel/Hahnemann University, Philadelphia College of Osteopathic Medicine, and Philadelphia University. She has served on the board of directors for the American Academy of Physician Assistants (AAPA). Additionally, she has held leadership positions in the Pennsylvania Society of PAs and the Society of Dermatology PAs. She has given workshops at several national medical conferences and published articles about physician assistants in the national medical journals.

You may rest assured that your care is still managed by me and that our staff will work as a team for your dermatological concerns. I believe that adding a PA to my dermatology practice will enable us to provide you with greater accessibility and prompt care. Ms. Jacobson's presence will greatly benefit our patients. If you have any questions please do not hesitate to ask me.

Thank you.
Sincerely,

_____ (the physician)

to decide whether or not they wish to see the PA. However, some patients will have additional questions. Leave a brief version of the PA's CV at the front desk so that staff have access to supplemental information, such as education, experience, etc. Patients with numerous questions or apparent concerns are

probably best scheduled with the physician, but encouraged to address their questions/concerns when they come to the office.

Another strategy to handle a resistant patient is to offer an appointment with the PA, but at a time when the physician will also be in the office. Let the patient know “If she doesn’t know exactly how to treat your situation, she’ll get the doctor.” That particular statement will make many resistant patients feel at ease. Then let the PA know this patient’s resistance. At the end of their visit the PA can offer “do you have any additional questions that you wanted the doctor to come in and address?” After a successful visit with the PA, very few patients will then want to see the doctor as well.

Make Friends, Influence People

The physician should ensure that the PA is treated like another physician in terms of “rank” or “status” among the staff. If the staff treats the PA like a “second class provider” it will be seen that way by patients. Having a PA set up their own surgeries, call the lab for results, or do any activity that is normally done by support staff will send a clear negative message to patients. Additionally, having the PA perform tasks normally performed by medical assistants or nurses will make the PA less effective and less productive for the practice and the patients. When adding a PA to the practice, the physician should clearly let the office manager and support staff know that the PA should be treated like another physician on staff.

Along the same lines in staff/PA relationships, the PA may be in a unique position to develop a more friendly relationship with staff. If so, the subsequent stronger acceptance of the PA and smoother relations with staff are beneficial and may translate to an enhanced image of the PA reflected to patients by the staff.

During the initial meeting with staff, the PA ought to give a brief introductory “speech” to staff, establishing his or her role but also suggesting that that he or she wants to be able to be friendly with them. I have always found it helpful to offer services to the staff. Staff members may feel intimidated to approach the physician for advice about a rash, lesion, or other cutaneous concern. Let them know that you are available and willing to discuss such concerns with them. If you can use a shot of kenalog to help the receptionist banish an unsightly pimple before a big date, she will forever be in the PA’s debt. If your staff can tell patients “I’ve seen the PA for my skin problem. She’s great,” it’ll carry a lot of weight.

Accentuate the Positive

Everyone from the receptionist to the top physician should recognize and promote the benefits that the PA offers to patients—the most significant of which almost always center on time. Patients are usually able to get on the schedule more quickly for

the non-physician provider than with the physician (sometimes several weeks or months in advance). There’s often a shorter wait time once in the office. And the non-physician provider can usually offer more time to the patient during the visit.

An easy but effective internal marketing strategy helps raise awareness of the PA and avoids any possibility of perceived “slighting” by patients with long waits for the physician. Simply state who the patient is going to see when they are called from the waiting room: “Mrs. Smith for [PA Name].” Don’t be surprised if some long-waiting patients ask at the receptionist if they can see the PA next time they come in.

Practices often find the additional staff useful for emergencies or schedule problems. Suppose the dermatologist is simply running late or is delayed by a professional or personal commitment. Usually, the PA can help out by taking some of the physician’s patients. In such instances, the receptionist should inform patients as they check in that the dermatologist is late but that the PA can see them, if they wish. Your particular practice philosophy and the affect on billing may determine whether you offer such an opportunity to new patients.

Avoid Referral Rancor

To avoid potential problems from the start, referring physicians must know that the practice is adding a PA and that new patients may be seen by the new hire. Patient referral is based on trust, and the referring physician has an expectation of the type and quality of care her/his patients will receive from the specialist. Simply handing off referred patients to a PA or NP without the referring physician’s knowledge—no matter how well qualified the PA or NP is—may be viewed as a breach of that trust.

Therefore physicians who frequently refer patients to the practice (and all other potential referring sources, for that matter) should receive a letter of announcement similar to that sent to patients of the practice. In the letter, detail the new staff member’s credentials and role within the practice. The referring physicians should understand that the dermatologist they have long trusted will continue to oversee the care of patients and is always available to be involved in their care.

Make it clear to referring physicians that they can address any concerns at any time with the dermatologist. Some referring physicians may want new patients to see only the physician; it should be made clear that you’ll abide by their wishes if they discuss it with you.

Hand Them Off Gently

During the initial integration process, the PA may “shadow” the physician, seeing patients with him or her, or may help with history taking, etc. as they become familiar with the practice dynamics and care preferences. This is a great opportunity for

patients to meet the PA and become familiar with him or her. It's also a great time for the physician to begin funneling patients to the PA or NP. It's as simple as ending the patient encounter with a comment such as, "Come back to see [PA's Name] in four weeks. She'll make sure you're healing the way we want you to and can make any changes to your treatment if necessary."

Over time the physician can continue to transfer patients to the PA in this way. This approach may prove especially useful for secondary complaints patients mention toward the end of their visit. Consider a patient presenting for follow-up for ED&C of a BCC who points out that "she's been losing more hair recently." The dermatologist could easily respond: "Hmmm. That really requires a whole separate visit including some laboratory work. Make an appointment to come back to see [PA's Name] and he can investigate what's going on in the scalp and make sure the surgery site is healing well."

Additionally, some practices will establish a routine for particular conditions in which the PA almost always handles follow-up, such as psoriasis. The physician can conduct the initial evaluation and develop a treatment regimen, but given the comprehensive nature of patient education and the need for ongoing follow-up, evaluation, and treatment adjustments—especially with the newer biologic agents—long-term patient care is best suited to the strengths (time and good education skills) of the PA. Again, the patient should understand this team approach to care and understand that the PA is able and ready to monitor their therapeutic success.

Don't simply start assigning patients to a provider based on their complaints, though. This may cause patients to feel "abandoned" or "pawned off" by the physician. However, every appropriate patient, when scheduling, should have the option to see the PA or NP.

Emphasize Education

Non-physician providers have more time to dedicate to each patient visit and, in general, emphasize patient education and communication. Therefore, we are ideally suited to counsel patients about the nature of disease and their therapeutic options. Consider the psoriasis example above. A new patient will have numerous questions about the condition, its treatment, its effect on their social/professional life, etc. The dermatologist simply may not have enough time to adequately address these concerns, but the PA usually does (especially when the scheduling protocol integrates the physician's and PA's schedule).

The physician can offer some general information and even informational brochures or handouts to the patient, then inform him or her that the PA will be in shortly to speak with them. In this way, the physician hands off care in a manner that seems appropriate and comfortable for the patient. The encounter reinforces a team approach to the patient's long-term management.

Anticipate the Unexpected

When making their appointment, every patient should know whether they will be seeing the physician or the PA/NP. However, from time to time, patients will feign surprise when the PA or NP enters the exam room. Sometimes at the moment the appointment was made, harried staff didn't make clear to the patient which provider they would see. Sometimes patients just don't hear or listen. Sometimes they simply forget. When confronted with these situations, the practice cannot always juggle the schedule to place the patient on the physician's docket. Therefore, the PA should plan to conduct the exam but should begin the encounter by addressing the patient's concerns and assuring him or her that the doctor can see them at the end of the visit, if the patient desires. At the end of the exam, simply ask the patient in a casual, non-accusatory tone, "Did you still want to see the doctor?"

In many cases, the patient will not want to see the doctor. If they do, it's important that the doctor be as affirmative and supportive of the PA as possible. It's also helpful for the physician to offer a "plug" for the PA by stating something to the effect of, "I'm glad you got to see [PA's Name] today. We're really happy to have him/her on board. The treatment she gave you is great. It's exactly what I would have given you." The physician may also end the encounter by recommending the patients return to the PA/NP for follow-up.

Discount the Discount Mentality

Some patients (hopefully ones who have never received care from a non-physician provider) will question whether they get a discount off the physician's fee. Again, the staff must have a firm, consistent response prepared. Any hesitation would seem to justify the patients' misguided concerns.

The proper response to such questions assures patients that the PA or NP offers the same quality care that the physician provides. Note that the physician reads and reviews all charts and is available to discuss and collaborate with the PA/NP on any patient presentation. The non-physician provider does not offer anything less than 100 percent care, therefore the full fee applies. Patients who continue to express concerns are best seen by the physician.

100 Percent Effort

Just as the physicians and the PA will give 100 percent care to patients, all parties involved must be totally committed to successful integration. The actions outlined above are relatively easy to implement, but the results are immeasurable. When everyone understands and appreciates the new staff member's role within the practice and their potential contributions to patient care, everyone can benefit. ■