Dealing with

By Abby Jacobson, PA-C
Utilization of non-physician practitioners (PAs and NPs) in the dermatology setting has increased steadily. Most dermatologists who have successfully integrated a PA, NP, or both into practice extol the benefits: patient access to care and patient volume increase, patient flow improves, revenues climb, working hours become more reasonable, and patient and staff satisfaction soar. Of course, some have had less favorable experiences. These physicians might complain that they did not see anticipated growth in a particular service, got distracted by duties of oversight, or it simply “didn’t work out.”

Many of the common complaints from dissatisfied physicians can be traced to delegation and supervision. Some practices envision utilizing a PA or NP in ways that are not consistent with state regulations. In other cases, the supervising physician and the PA or NP want different levels of autonomy and supervision. As with any other practice endeavor, there are no guarantees when adding a PA or NP. But you can stack the odds in favor of success through early research, proper integration, and meaningful supervision.

1. Identify Goals: What Do You Want to Delegate?
Just as patients frequently report better treatment experiences when they begin with realistic goals, a practice that identifies its needs and expectations early on may have the best success adding a PA or NP. When I consult with medical practices, I ask the physician to consider two key questions: 1. How do you imagine yourself using the new staff member? 2. How do you imagine yourself integrating the new staff member?

The first question will guide future decisions and determine whether hiring a PA or NP is practical. Consider what types of patients you anticipate the PA or NP will see. What procedures, if any, do you expect him or her to perform? What patient care duties (education, counseling, coordination of home care) do you expect him or her to take on? Be clear about this during the interview process. You’ll have a much longer successful relationship if both parties are on the same page from the start.

You should also take some time to envision the impact of the new staff member on your practice overall (revenue, patient volume, etc.) to determine if the addition is financially feasible (this has been covered in previous articles). Adding a non-physician practitioner to the office will generally result in a net increase of income, but the first year of employment can be less with training and patient acceptance. You’ll need to have enough office space and available examination room time to make the physician extender most effective. Speak with experienced colleagues, consultants, and other reliable sources to help determine whether your goals are realistic and, if not, to help set reasonable expectations.

2. Do Regulation Research: What Can You Delegate?
Once you know what you expect the physician extender to do in your practice, determine whether state regulations permit such action and what type of provider may be best suited for those duties. State regulations can vary significantly from the most permissive to the most restrictive, but thankfully it is relatively easy to access the most current information from local medical boards. Most boards post regulations on-line; if you don’t find them, call to request a copy. See the American Academy of Physician Assistants’ (AAPA) Website (aapa.org) for a summary of regulations concerning PAs along with each state board’s contact information and Web address. The Pearson Report, updated yearly, contains state-by-state review of NP legislation and healthcare issues (webnp.net). The physician and/or practice administrator should have little trouble obtaining and making sense of state regulations.

Occasionally regulations may lead you to favor a PA over an NP or vice versa. However, the choice often comes down to physician preference. Although they often fulfill a similar role in dermatology practices, there are differences in training and philosophy between PAs and NPs. If you are unsure which is best for your practice, speak with colleagues and do some additional research. The websites for the Society of Dermatology Physician Assistants (SDPA, dermpa.org) and the Dermatology Nurses’ Association (DNA, dnanurse.org) may be helpful. Physician Assistants are dependant non-physician providers dedicated to the physician-led team approach to medicine.

3. Seek the Right Candidate: How Will You Supervise?
Assessing how you will integrate the physician extender helps determine what type of individual may be best for your practice. You must supervise to the extent required by law. But the law does not determine your supervision style, nor does it prevent you from offering additional supervision over the level required.

For the sake of example, I’ll consider a scenario involving a PA. Suppose you want to hire a PA who will have a patient care style similar to yours, with whom you can spend a great deal of time in early intensive training, and who may be willing to more slowly undertake duties such as performing surgeries unsupervised.
Delegation and Supervision

Building Strong Relationships from the Start

Supervision is a “nebulous term,” observes SDPA president Daniel Hickey, PA-C. At heart, it requires cooperation and trust between the physician and the non-physician provider. “My supervising physician is confident that I know what I know, that I know what I don’t know, and that I can tell the difference,” he says. To set the stage for a relationship built on cooperation and trust—which Mr. Hickey acknowledges will take time to develop—both the hiring physician and the applicant must consider, “that it is going to be a very close situation. They are going to have to be able to get along.” Each party must have confidence, the ability to listen, and the ability to explain, he says.

“The PA has to be strong enough to say, ‘I need you’ at the appropriate times, and the physician has to be confident in his or her own ability to teach someone how they do things and why they do things,” he notes. Consider whether your personality allows you to delegate effectively. Mr. Hickey says: those uncomfortable delegating or not confident in their one-on-one clinical teaching may not work well with a non-physician provider.

Documenting a “Role Description” based on needs of the practice and scope of practice in that state structures a relationship, says Janice Chussil, MSN, ANP, Chair of The Nurse Practitioner Society of DNA. “NPs can care for all medical dermat patients and with special training can also do cosmetic patients,” she says. “I personally see about 22 patients a day, mostly for medical issues and minor surgeries (biopsies, etc.).” NPs can typically practice without a physician on-site and bring a “nursing touch” to the medical model, she explains.

For physicians reluctant to embrace mid-level providers on the basis that only dermatologists should treat dermatologic conditions, Mr. Hickey offers food for thought: If these patients can’t get in to see a dermatologist, “Would you rather have these patients seen by someone who works for you, whom you’ve trained and whom you trust, or would you rather have them seen by the GP?” he asks.

The ideal candidate may be a recent graduate without significant experience. Such an individual will be hungry for the type of education and supervision you intend to provide and will probably find your supervision/training approach helpful. By contrast, a PA with significant experience may be looking for a setting that will allow him or her to be more autonomous. He or she might be uncomfortable with what may be viewed as hand-holding and may not be as receptive to constant ongoing shadowing. It may be difficult for them to change long-held and reasonable practice habits simply to mirror your preferences. Obviously in either case, the supervising physician has final say over treatment decisions and you only want to hire a person who understands that.

4. Ask the Right Questions: Do They Know Regulations?

Compliance is a two-way street. It’s wise to hire a PA or NP who is familiar with state regulations and independently follows issues regarding supervision, delegation, and scope of practice. During the interview, include questions about delegation and anticipated supervision. Determine how familiar the candidate is with current regulations and how he or she acquired this knowledge. A candidate who actively follows legislation and participates in matters affecting practice can be expected to keep abreast of regulations and to comply. Consider candidates who are members of professional organizations, such as the SDPA. Professional organizations play a crucial role in following and influencing regulation and keep members informed through action alerts, legislative updates, news publications, etc. Finding a candidate who’s involved in leadership of professional organizations (a committee or an elected position) is even better because this person is often “first to know” about any upcoming regulation changes.

5. Supervise Meaningfully: What Can They Learn?

The PA or NP works with the dermatologist to form a healthcare team. The dermatologist, as the captain, determines the PA’s or NP’s duties in the practice. Supervision must be active, educational, and meaningful. Open communication and access are essential. Simply being on-site does not ensure you are available. Encourage

We commonly speak of state regulations limiting the activity of non-physician providers. But for the most part, PAs and/or NPs are able to provide a number of very important services in medical practices and can play a significant role on the patient care team. Within the framework of state regulations, there is ample opportunity for growth and learning. To benefit most from the addition of a non-physician provider, physicians must ensure that their goals are realistic, they hire the best candidates to achieve those goals, and they provide meaningful supervision.

Finally, I encourage practices to be flexible and receptive to an evolution of the role of the PA or NP. If the PA is relegated to management of acne and warts only, the practice is probably not making the best use of his or her talents, nor is it likely to reap significant benefits. The highest levels of success and satisfaction in my observation belong to practices where PAs (or NPs) and the physician form a dynamic team built on trust, mutual respect, and desire to provide the best care to patients.