Increased Role of NPs and PAs in your Practice

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Experience before medical school
Training in Klamath Falls
FNP experience in training
FNP/PA in Mountain Valleys Health Centers
Private Practice La Grande
Transition to South County Health District
Bonnie Hayslett, PA-C

Experience before PA school
How came to Elgin
Trouble finding a clinic accepting of PA without experience
Experience under first placement vs now
What could we have done better
Can we keep salary competitive? Raise?
“Are you really going to stay?”
Jamie Jo Haddock, FNP-C

Local resident
Family long established
Prior surgical nurse through St. Luke's Health Systems
Husband has local teaching job
Gonzaga University - Rotations Baker and Union
Applying and hopes to receive Rural Debt Forgiveness
Can we keep salary competitive
Union Family Health Center

Private physicians, FNP Clinics
New clinic - Community built
Originally managed by OHSU School of Nursing
Resurrected by formation of special health district
Demographics, transportation, attitudes
  Union Population 2126, La Grande 15 miles
  Self 17%, Medicare 14%,
  Medicaid 21%, Private 48%
Has local pharmacy
Houses our EHR database
Staff Dentist
Elgin Family Health Center

Medical and clinic history

- Years of private
- Staffed by GRH Physician
- Staffed by OHSU School of Nursing Physician

Resurrected by formation of Elgin Health District

- Elgin Population 1718
- Remote from La Grande
- No pharmacy
- Remote access to EHR
- Private Dentist
Governance

CUP - Cove, Union, Powder

501c3

Owner of Union Family Health Center

South County Health District

Special District, Our Employer

Has no tax base

Elgin Health District

Owner of Elgin Family Health Clinic

Has a tax base
Rural health clinic program, 1977

Rural and Medically Underserved
Cost-based reimbursement
Federal or Governor designated underserved area
Mid level provider available at least 50% of open hours
  Not 50% of services, but 50% of available hours
First response Emergency Care
Provide cooperative management for unavailable services
What does the research show?
The contribution of physician assistants in primary care
Halter, et al | BMC Health Serv Res 2013 June 18; 13:223

2167 publications reviewed. 48 selected. 46 from USA
PAs tend to see younger patients and have a different case load
Patient acceptability of PAs is high
Mixed results regarding costs of program
“PA’s value seen by an increasing number of employers”
    GRH feels could support FNP-PA-MD model, but not exclusive
    MD
Retention of physician assistants in rural health clinics
Henry, et al J Rural Health 2007 Summer; 23(3)207-14

Autonomous PAs: Work < 8 hours per week with supervising physician
Confidence to provide adequate healthcare
Desire for small-town live
Residing in community/Involved with community
Feelings:
  Overall, good healthcare
  Need for pharmacy, visiting specialists, additional equipment
Not all residents use local PA services. Some drive to MDs
Biggest concern
  Lack of access to CME. Isolation from Peers
The role of physician assistants in rural health care: a systematic review of the literature

Physician assistants (PAs) provide cost-effective and supplemental medical services to rural underserved communities. These services are valued by communities.

PAs generally have a larger scope of practice in rural settings. Training and recruiting efforts need to address these broad needs.

- OHSU and Pacific rural training programs
- Clinics and students can try before committing
Job satisfaction among rural physician assistants

PAs generally happy with their work
Most significant contributors to happiness include:
  Good relationship with supervising physician
  Level of practice autonomy
  Extent of practice responsibilities
    Work hours, call responsibilities, patient load
  Community satisfaction
    Demographics, activities, spouses
Practice characteristic of primary care nurse practitioners and physicians


PC NPs more likely than PC MDs to practice in rural areas.
Wider range of communities, more Medicaid and vulnerable populations.
PC NPs generally work fewer hours, see fewer patients, spend more time.
  May have salary reduced.
Some PC NPs and PC MDs demonstrate collaboration.
  More collaboration needed.
National and local regulations impede capacity.
  Admissions, NH orders, rounding, etc.
Collaboration with PC MDs still critical.
Successful collaborations have

- Clearly stated scope of practice
- Role clarity and mutual trust

Ideological differences regarding disease prevention and health promotion

Critical to align perceptions about operation of collaborative practice

“The placement of nurse practitioners and family physicians in a common clinical practice without some form of orientation process does not produce collaborative practice. Educational strategies related to role expectations are necessary to facilitate the development of care delivery partnerships characterized by independent practice.”
Collaboration and community-based healthcare
Ritchie, Medical Economics Sept 24, 2014

Team based care: MD, PA, FNP, Behavioral Health, Dentists, Pediatricians

EHR interoperability is critical

- Biggest hurdle is convincing PCPs to break down “Silos”
- Who houses? Community, State, National
- Quickest and most effective is needed

Family Physicians still largely uncompensated for PCPCH or Medical Home management services

New models are emerging
Benefits of using PAs and FNPs

Requirement for Rural Health Center status
Salary expectations more in line with what a rural community can sustain
Larger pool of willing applicants
Getting students into your clinics is very helpful
  - Keep learning, Understand PAs and FNPs
  - Possible recruiting tool
Possible semi-retirement option?
Kim, Bonnie and Jamie - Colleagues working together for patient good
  - No room for pride and professional infighting
Troubles with using PAs and FNPs

Identifying Potential candidates
Closer relationship; able to live together?
Getting Patient buy in
Recruiting budget?
Future “Buying out my practice”
Physician coverage
  Hospitals, Skilled Nursing Facilities, Medicare requirements
How to maximize success

Attracting candidates - I don’t have the answers.. Ideas?
  Financial incentives
  Work environment
  Community allure
Dedicated recruitment effort
  Screening for a good fit
  Setting expectations in potentially bad fits
  Addressing family needs
3 Month probation?
Providing good support staff
Retaining good employees
Issues we are currently struggling with

Kim’s hours - Finding balance
    Trying to shield Bonnie and Jamie from administrative and political pressures

Outdoorsy types
    How to coordinate our schedules M-Th, T-Fri

Chart review/ Precepting new or different procedures

Getting our mobile clinic rolling

Attending this talk - closed down the clinic

Assuring Jamie a comfortable transition

Covering salaries while awaiting insurance payers

Income generation to cover benefits rests squarely on our shoulders
Discussion and questions

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