

Increased Role of NPs and PAs in your Practice

Kim R. Montee, MD

Bonnie Hayslett, PA-C

Kim R. Montee, M.D.

Experience before medical school

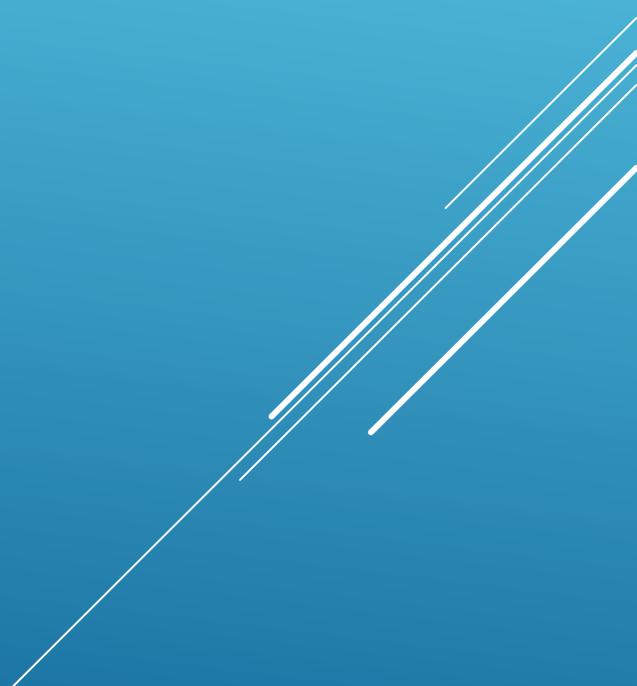
Training in Klamath Falls

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

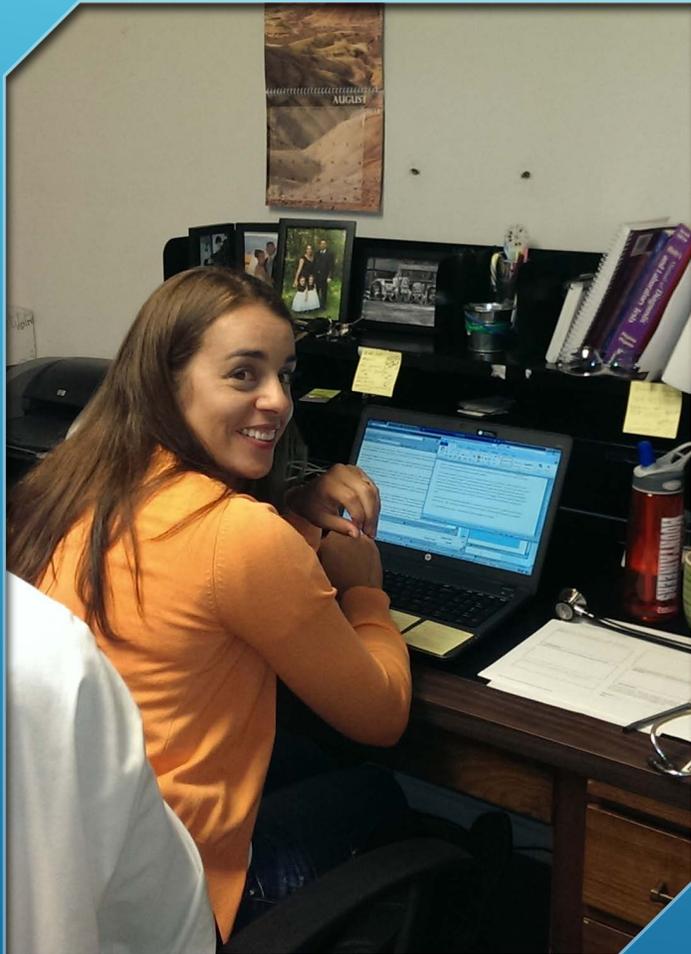
Trouble finding a clinic accepting of PA without experience

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

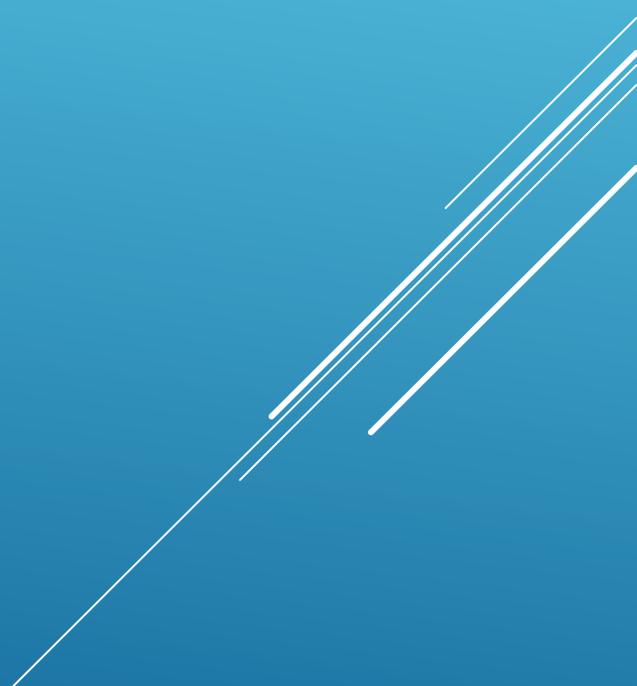
Special District, Our Employer

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

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

Henry, et al. J Rural Health 2011 Spring: 27(2):220-9

PAs provide cost-effective and supplemental medical services to rural underserved

Communities value these services

PA's generally have a larger scope of practice in rural settings

Training and recruiting efforts need to address broad needs

OHSU and Pacific rural training programs

Clinics and students can try before committing

Job satisfaction among rural physician assistants

Muus, et al. J Rural Health 1998 Spring: 14(2):100-8

PAAs 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

Buerhaus, et al Nurs Outlook 2014 pii: S0029-6554(14)00188-2

PCNPs more likely than PCMDs to practice in rural areas

Wider range of communities, more Medicaid and vulnerable populations

PCNPs generally work fewer hours, see fewer patients, spend more time

- May have salary reduced

Some PCNPs and PCMDs demonstrate collaboration

- More collaboration needed

National and local regulations impede capacity-

- Admissions, NH orders, rounding, etc.

Collaboration with PCMDs still critical

Family physician/nurse practitioner stories of collaboration

Bailey and Jones, J Adv Nurs. 2006 Feb;53(4) 381-91

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?

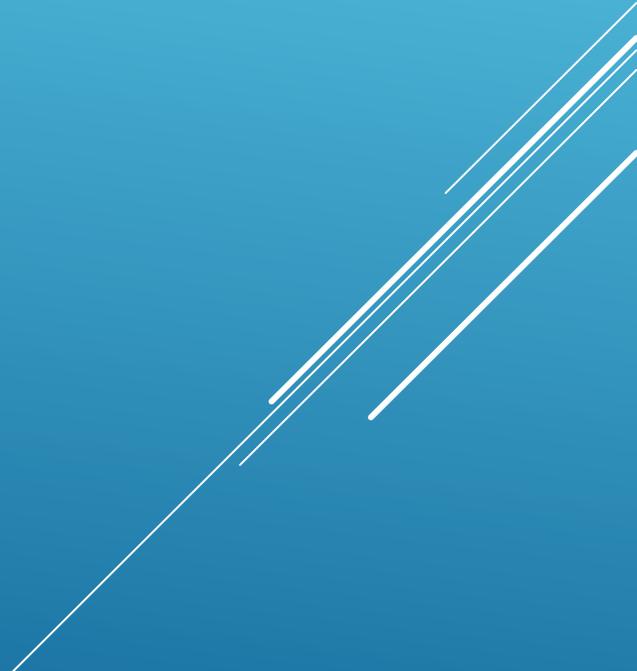
Getting Patient buy in

Recruiting budget?

Future "Buying out my practice"

Physician coverage

Hospitals, Skilled Nursing Facilities, Medicare requirements

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against a blue background.

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

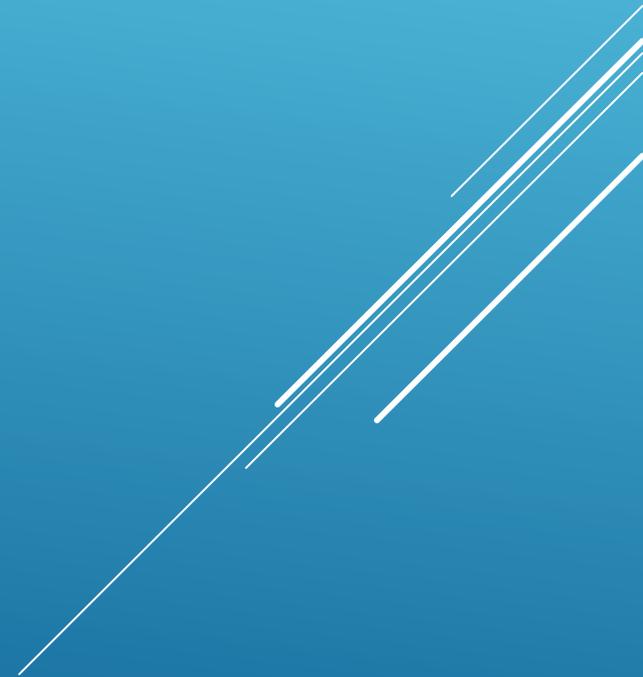
- Setting expectations in potentially bad fits

- 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

Kim R. Montee, M.D. -- kimrmontee@gmail.com

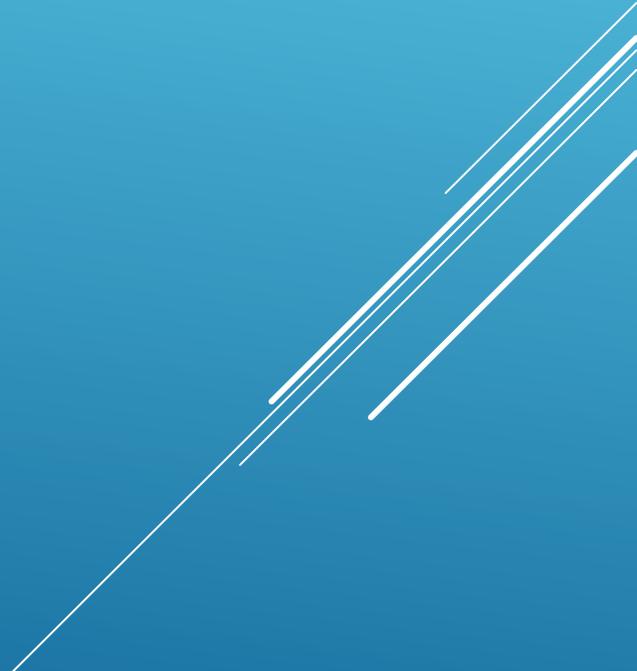
Bonnie Hayslett, PA-C -- bhayslett@gmail.com

Union Family Health Center – www.southcountyhealthdistrict.org

142 E Dearborn St

Union, Oregon 97883

541-562-6180

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against a blue background.