



PHYSICIAN EXTENDERS INCREASE HEALTHCARE ACCESS

Residents of rural areas are finding it increasingly difficult to gain access to healthcare. Every five days a hospital closes—and usually it is a rural one. Physicians are hesitant to locate in communities that demand 24-hour coverage but do not have the population base to support facility, technology, and salary requirements.

Rural communities in Montana are no exception. On the contrary, the situation is exacerbated by the fact that just 810,000 people inhabit an area that covers 4,191 square miles, increasing the distance between major cities and healthcare facilities. Rural residents are often elderly, living on a fixed or limited income with restricted access to transportation, thus making it even more difficult to obtain healthcare services.

To alleviate these problems and ensure rural residents access to primary care services, Saint Vincent Hospital and Health Center, Billings, MT, has started or purchased physician-operated clinics. The five-year goal for each of these primary care facilities is to break even, returning the ownership to independent physicians or their respective communities at the earliest opportunity—a difficult task to accomplish.

Through its Physician Services Department, Saint Vincent currently operates five such clinics, located between 8 and 81 miles from Billings, Montana's largest city. Two of the clinics are in communities that are not large enough to sustain a physician practice, so they are staffed by certified physician assistants (PA-Cs). The hospital is in the process of obtaining certification for both facilities as rural health clinics, which will provide

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A Rural Montana Hospital's Use of Physician Assistants Improves Residents' Access to Care

BY PAULETTE
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for increased Medicare reimbursement and further enhance residents' access to care.

PHYSICIAN EXTENDERS

When the nation's first physician assistant (PA) training program began at Duke University in 1965, four students were enrolled. Today, there are over 50 American Medical Association-accredited PA training programs and 23,000 practicing PAs. In Montana the number of PAs has doubled in just the past three years and currently totals over 50.

Summary To ensure rural residents access to primary care services, Saint Vincent Hospital and Health Center, Billings, MT, operates five physician-operated clinics, located between 8 and 81 miles from Billings. Two of the clinics are in communities that are not large enough to sustain a physician practice, so they are staffed by certified physician assistants (PA-Cs).

Licensed and practicing with supervision of a physician, PAs provide a variety of patient care services in virtually every medical specialty and environment. One-third of the nation's PAs work in primary care health professional shortage areas, providing services comparable to those of a family practitioner.

National studies reveal a high degree of satisfaction among both consumers and supervising physicians regarding the level of care provided by PAs. Professional liability claims against PAs are fewer than those against physicians, probably because of the higher degree of communication and attention patients receive as a result of the team approach. PAs can increase patient contact hours, decrease waiting times, and improve access to care overall. In addition, PA utilization is a cost-effective approach to healthcare delivery.



This increase is due to a variety of factors, including a shortage of physicians, stronger PA professional associations, national standardization of education, consistent certification, and legislative changes that broadened the PA's ability to practice (e.g., granting prescriptive privileges).

To become certified, PAs must pass a competency examination developed by the National Board of Medical Examiners and administered by the National Commission on Certification of Physician Assistants. Continuing medical education is required to maintain certification, and PAs must be recertified by examination every six years.

Practicing with the supervision of a physician, PAs provide a variety of patient care services in virtually every medical specialty and environment from offices, clinics, and hospitals to research centers. In recent years, however, the role served by PAs in rural areas is becoming critical. PAs can offer access to healthcare where otherwise there may be none. One-third of the nation's PAs work in primary care health professional shortage areas (HPSAs), providing services comparable to those of a family practitioner.

PAs are trained to take histories, perform physical examinations and routine diagnostic tests, establish diagnoses, develop and implement treatment plans for common illnesses, prescribe medications, perform minor surgical procedures and serve as first assistants in major surgery, respond

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to emergency situations, and counsel patients. Since PA practice is governed by the state, the services they offer vary throughout the nation. Nurse practitioners (NPs) are another category of practitioner. Although there are some differences in training and philosophy, in rural settings NPs and PAs provide much the same services to patients.

PROFILE OF A RURAL CLINIC

Saint Vincent Hospital operates clinics staffed by PA-Cs in two HPSA service areas, the Clarks Fork Medical Center in Bridger and the Huntley Project Medical Center in Worden.

Located over 40 miles south of Billings, Bridger has a service area of just under 2,500, too few to support a full-time practitioner. In 1989, when the community's long-time resident physician died, the probability of recruiting and retaining another was slim. To fill the void, Saint Vincent Hospital hired Paul Jacquay, a PA-C.

"If it weren't for Paul, I couldn't live here," says 77-year-old Mary V. Lilley. Many of Bridger's residents are like Lilley, elderly and afflicted with chronic health problems. Though active, Lilley has bronchial asthma and other conditions that necessitate prompt, convenient access to medical care.

When Jacquay first arrived at the clinic, Lilley said she was skeptical because "he wasn't a doc-

FEASIBILITY INDICATORS FOR PA-STAFFED FACILITIES

To determine whether a PA-staffed clinic is a viable option in specific rural areas, Saint Vincent Hospital considers the following factors.

START-UP COSTS

- Facility acquisition and/or remodeling—including areas for patient reception, several examination rooms, laboratory and x-ray facilities, handicapped-accessible restrooms, and a business office
- Equipment procurement—diagnostic and therapeutic devices standard in a physician's office; x-ray and laboratory equipment; depending on proximity to major medical complex, advanced emergency, life support, and communications equipment; equipment and fur-

nishings for business offices and reception and waiting areas

OPERATING COSTS

- Salaries—wages for staff, the salary and incentive program for PA-Cs, and supervising physician compensation; (Saint Vincent Hospital absorbs the cost of adding a PA to the supervising physician's malpractice insurance.)
- Facility and equipment operation and maintenance

PROJECTED REVENUE CALCULATION

- Accounts receivable revenues—when applicable, review of previous physician's fee schedules and collection policies

- Population density—estimated number of office visits per month based on area population

- Population mix—percentage of patients eligible for Medicare and Medicaid and anticipated reimbursement

LOCAL HEALTHCARE SYSTEM ANALYSIS

- Community support and initiation—whether the community supports the venture
- Referral relationship—whether the clinic will support and enhance existing connections among patients and medical specialists
- Gut feeling—whether the relationship makes sense and "feels right"



tor." But after she visited him, her concerns were alleviated. "The key is he listens to what I have to say, and he works very hard at getting knowledge."

Lilley's sentiments are echoed by Angie Lose, who has been a registered nurse at the clinic for more than 20 years. Lose admits that she had her doubts about the transition from working with a primary care physician to a PA. "It takes time, patience, skill, and perseverance for a PA to be accepted by a community," Lose says. "Paul has all of those qualities."

CRITICAL COMMUNICATION

Communication is critical to the success of the PA's relationships with both patients and physicians. Jacquay's supervising physician, Donald Grewell, DO, feels confident about their working relationship and the level of Jacquay's skills. "I know that he will not hesitate to ask me, if he's unsure or uncomfortable about something." Grewell adds that their relationship is really no different from those among physicians. "No healthcare provider is totally independent; we rely on one another's expertise and knowledge," he says.

Grewell visits Clarks Fork Medical Center weekly, reviewing patient charts and discussing any concerns. He and other physicians in his call-

"It takes time, patience, skill, and perseverance for a physician assistant to be accepted by a community," says Angie Lose, RN.

sharing group are also available for telephone consultation when needed.

The Clarks Fork Medical Center is equipped with three examination rooms, a laboratory, modern x-ray facilities, and advanced life support equipment to stabilize heart attack patients. Since Bridger has no pharmacy, the clinic maintains a limited inventory of standard medications. Other prescription drugs are dispensed by an area pharmacy and mailed, usually arriving the next day.

When cardiac and other medical emergencies occur, Jacquay relies on a local volunteer ambulance or Saint Vincent Hospital's rapid transport helicopter. Jacquay is actively involved in efforts to institute a county 911 dispatch system and an emergency medical technician certification program for the community's ambulance service. Like Bridger's previous physician, Jacquay is on call round-the-clock, seven days a week. His supervising physician or a Saint Vincent Hospital locum tenens physician provides relief coverage one weekend each month.

Because of good service, positive image, and high-quality care, patient visits to Clarks Fork Medical Center have steadily increased to an average of 3,950 yearly, nearing the number necessary to sustain a physician. Forty-five percent of the patients, the majority of whom are elderly,

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REACHING OUT TO RURAL AREAS

Helping to provide the highest level of healthcare to people when and where they need it is the goal of the Physician Services Department at Saint Vincent Hospital and Health Center. Established in 1988, the department provides management, marketing, and educational outreach services to health professionals in rural areas throughout eastern Montana.

"Our department acts as a funnel," says its director, Rick Palagi. "We look at what is already going on in the hospital, then use our in-house resources to repackaging those services and offer them a wider audience—without adding a lot of expense."

With a staff of only 2.5 full-time equivalents, the Physician Services

Department works with a team of professionals pulled from throughout the hospital to develop and provide a wide range of programs:

- Specialists conduct on-site specialty clinics in rural areas and are always available to consult with rural physicians.
- The Emergency Department offers round-the-clock telephone support and fixed-wing and helicopter response
- The Heart Center provides Holter scanners, EKGs, and a TPA consent program to outlying facilities.
- Clinic Engineering Services assists with medical equipment procurement and maintenance repair.
- The hospital assists rural communities and hospitals with strategic plan-

ning and provides practice start-up and enhancement services to physicians.

- The Physician Services Department offers outreach seminars, local board education, and custom programs such as HOST (Hands On Staff Training), a program that provides an opportunity for rural healthcare professionals to work in specialty practices to broaden their knowledge and enhance their skills.

- Through its 50-50 Recruitment Program, the hospital assists rural facilities and physicians in recruiting medical and management professionals and shares half the related costs. Saint Vincent Hospital also provides a locum tenens service to provide relief and vacation coverage for rural physicians.

DIRECTOR OF PLANNING

Providence Health Center, Waco, TX, is seeking a director of planning. The director of planning will coordinate and provide assistance in all activities related to tactical and strategic planning for all healthcare-related services.

Qualified applicant should have MBA, MHA, or related master's degree and a minimum of 2 years' planning experience in the healthcare field. The position requires strong quantitative and analytical skills. Experience with PC-based information systems is highly desirable.

Will consider May graduate. Please send resume to:

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P.O. Box 2589
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receive Medicare or Medicaid coverage.

A DIFFERENT SETTING

Like Clarks Fork Medical Center, Huntley Project Medical Center, Worden, MT, serves a population of around 2,500. Unlike its counterpart, the clinic is located 26 miles from Billings near an interstate highway and within quick, easy access to Saint Vincent Hospital and other healthcare facilities. Worden is the hub of three self-contained, independent rural communities that need and want their healthcare close to home. Thus the clinic is a busy place, with nearly 3,500 patient visits per year.

Huntley Project Medical Center also has three examination rooms, a laboratory, x-ray facilities, and pharmaceutical supplies, but it does not have advanced life support equipment. Sixty-five percent of the patient population is elderly, but on any given day Randy Spear, PA-C, will offer services ranging from giving physical examinations and shots to suturing wounds, immobilizing fractures, and treating other minor emergencies. Spear's responsibilities are comparable to those of a family physician. He is prepared to handle approximately 75 percent to 80 percent of what a family physician would. His supervising physician or specialists handle the rest.

Spear's supervising physician, Frank C. Michels, MD, visits the clinic weekly, reviews all charts, and is available to see patients. Michels says that a minimal percentage of patients request to see him rather than Spear, and he adds that such requests usually reflect a personality preference, the same reason many people choose one healthcare provider over another.

Formerly a rural physician, Michels admits that he initially was concerned about a PA-staffed clinic. But after working with Spear, his skepticism diminished. "He can handle the facility, and he knows when and how to access other care."

Spear adds that PAs are careful not to portray themselves as physicians or physician replacements. PAs are extensions of physicians, and since supervising physicians review charts and consult with PAs regarding diagnosis and treatment, patients receive "two people's view of the same problem," he says.

BENEFITS OF PA-STAFFED FACILITIES

Clinics staffed with PAs enjoy a number of over advantages compared with physician-staffed facilities. Studies by the National Physician Assistant Association reveal a high degree of satisfaction among both consumers and supervising physicians regarding the level of care provided by PAs. Statistics from the U.S. Government Accounting Office indicate that professional liability claims against PAs are fewer than those against physicians, probably because of the higher degree of communication and attention patients receive as a result of the team approach. An integral part of a PA's role is patient education and preventive healthcare. PAs can increase patient contact hours, decrease waiting times, and improve access to care overall.

In addition, PA utilization is a cost-effective approach to healthcare delivery. Although they are able to handle 70 percent to 80 percent of the medical problems treated by family physicians, PA salary requirements are much lower. Depending on the geographic area and medical setting, their annual starting salaries range from \$35,000 to \$40,000. Peak salaries are usually between \$45,000 and \$60,000.

"Our mission is to support rural healthcare in ways that make sense," said Jim Paquett, chief executive officer, Saint Vincent Hospital. "These clinics are one way. In any given year we may add new clinics, returning some to private ownership or even closing some if that is the best answer. The important dynamic is to stay flexible and always stay true to our mission and values." □