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MEMORANDUM TO: Members of the Advisory Committee and Program Staff
FROM: D. Robert Howard, M.D.
SUBJECT: NEW UTILIZATION PATTERNS FOR PHYSICIAN'S ASSOCIATES

I would like to bring the attached article and the introductory analysis of the related issues as I see them to your attention for review and criticism.

In the future I will be distributing drafts of all new materials developed by the program that will ultimately be for distribution to various interested groups.

If you would be so kind as to return your comments and criticisms within one week it will facilitate us in reflecting the composit view of the designated clinical representatives and administrative staff for the program. I will assume if I have received no comments and/or criticism within one week that you have none to make.

As always I am deeply indebted for your continued cooperation.

D. Robert Howard / jah
D. Robert Howard, M.D.
Director

DRH:jah

Enclosure

Signed in his absence

THE USE OF DUKE P.A.'S IN GEOGRAPHICALLY REMOTE AREAS

Since the inception of the Duke Physician's Associate Program one of the basic premises has been the *dependent* role of these new health professionals. In recognition of the inherent inefficiency associated with fragmented services and the resultant limitations in responsible career progression associated with the multiplicity of "limited independent practitioners," physicians, patients, and allied health workers applauded this new concept as a means of providing a cohesive and realistic means of overcoming the many apparent shortcomings in our current system of legal and professional recognition of allied health workers.

During the past decade nineteen states have enacted legislation which, in one way or another, allows physicians to responsibly delegate a broad array of patient care functions to non-physicians. Ten additional states are currently contemplating similar legislation. Although the wording of the various legislative acts differs, a common characteristic--physician dependence--is predominant in the enacted or proposed legislative sanctions.

As the physicians' assistant concept evolved questions were raised relative to the meaning and limitations of "dependent." The commonly accepted interpretation of "dependent" has been, as Webster describes, *one who is sustained by another, or who relies on another for support*. Within the scope of this definition, physicians who supervise physicians' assistants of all types have realized that the issue of *surveillance* is entirely separate. If the supervising physicians were to practice *surveillance* (oversight, close supervision, constant guard) little if any benefit could be realized by utilizing any type of physician's assistant. *Supervision*, on the other hand, (the exercise of charge and oversight, to oversee with the power of direction) permits responsible indirect control which enables the M.D. and the P.A. to function geographically separate from one another.

The issues of "geographic separatism" and "dependency" quite naturally create a situation that defies precise clarity. Is "dependency" broken when "supervision" is ten feet distant? One mile away? Ten miles or one hundred miles? While the astronauts roamed the lunar surface they were "dependent" on Houston for their very existence. Yet in today's society a man is seldom "dependent" on any neighbor even one block away for his survival. Introspection readily demonstrates that the issue of "dependency" is geographically irrelevant.

While "dependency" is one of the basic premises of the P.A. concept, it should also be noted that "supervision" is of equal importance. While neither "dependency" nor "supervision" can be equated geographically, one common element is mutually binding. Both terms are implicit in their qualifications as they regard *relationship*. Clearly, relationship is the key element that binds the dependent role of the P.A. and the supervising role of the M.D.

In an effort to resolve specific local problems confronting the delivery of health services, six physicians (or groups of physicians) have experimented with using seven graduates of the Duke Physician's Associate Program in geographically separate settings. The settings in which these graduates are being used range between four and eighty miles from the supervising physician(s). Because these efforts are strictly experimental heretofore they have not been the subject of any publicity.

As one who has followed the development of the physicians' assistant concept in general and the Duke Physician's Associate Program in particular, the administration would like to bring the attached article to your attention.

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Sunday
December 26
1971

By Lewis Cope
Staff Writer

Plainview, Minn.
This was a town without a doctor until four months ago.

Actually, no physician has moved to town since then. Yet John Peterson, a local pharmacist who was a leader in this rural community's unsuccessful nationwide search for a doctor, said last week:

"I think Plainview is the luckiest small town in the nation."

Thomas R. Godkins — a new type of health professional called a physician's assistant (PA) — sees patients here five days a week at a new Plainview Health Facility.

This pioneering medical facility is sponsored by the Mayo Clinic in Rochester, 22 miles away.

Eight Mayo Clinic physicians now take turns visiting Plainview for several hours each day to work with Godkins.

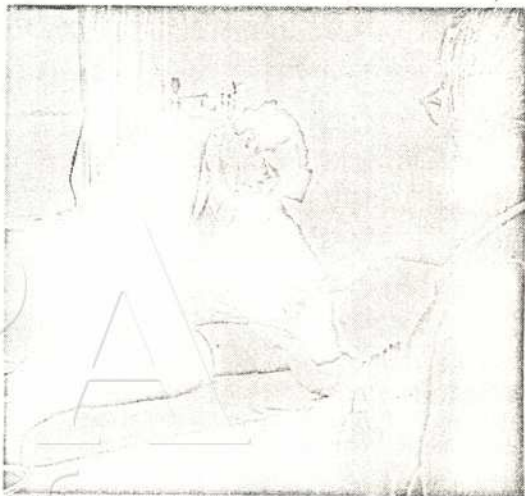
Physician's assistant serves doctorless town

Mayo doctors hope this setup can serve as a model for large, established medical centers around the nation to reach out and help the many doctorless rural towns.

Godkins, 27, received two years of training at Duke University in North Carolina to qualify as a PA. This means that, even though he's not a doctor, he does many jobs formerly done only by physicians. Many experts see PAs as a good way to help solve the nation's critical shortage of physician-type services.

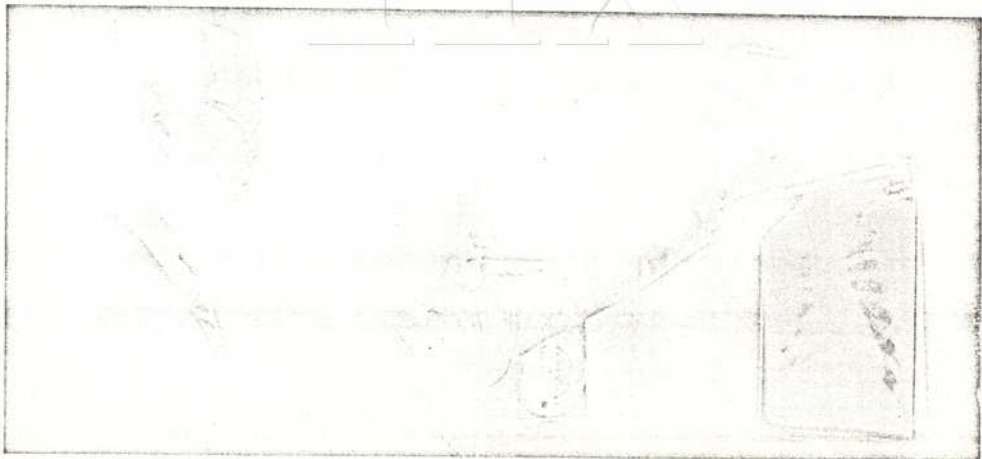
Godkins sees patients with problems ranging from colds and sore throats to heart ailments and cancer. He sews up minor wounds, gives complete physical exams and performs various other tasks usually done by doctors.

He always identifies himself as Mr. — not Dr. — Godkins, explaining that he is a physician's assistant. But many patients are



Staff Photos by Powell Krueger

Physician's Assistant Thomas Godkins examined Gwen Pierce, 4, daughter of Mrs. Robert Pierce, foreground, of Plainview.



Godkins and Dr. Conrad J. Wilkowske, right, of the Mayo Clinic, looked at an x-ray at the Plainview clinic.

calling him "Doc" before they get out the door.

"I think this is the greatest thing in the world," Godkins said last week after examining an ill young girl. "I just love my job."

He said that a PA "always practices medicine under the wing of a physician." The Mayo Clinic physicians who take turns coming to Plainview provide the needed supervision and continuing education a PA must have, he explained.

The physicians are in Plainview in person only during the afternoons — except for a pediatrician who comes on Thursday mornings to hold a weekly well-baby clinic. Godkins said he may be the first PA in the nation to work under such an arrangement.

But Godkins doesn't consider himself alone during the mornings. The telephone has become just as important to him as the stethoscope that hangs around his neck.

One of the "Plainview team" physicians is always available at the Mayo Clinic in the mornings to take Godkin's phone calls.

Here is how things work at the Plainview Health Facility, where up to 100 patients a week are seen:

Godkins frequently calls his physician-contact at the Mayo Clinic in the mornings to check on even such minor cases as sore throats and small injuries.

The physician can often confirm a "tentative diagnosis" reached by Godkins. The physician can order any necessary prescription. These patients will never see the doctor,

only Godkins, unless there's some special reason for them to.

"I can't treat," Godkins emphasized. But while the treating physician is on the phone 22 miles away, "I'm sort of his eyes, hands and ears" in Plainview.

In the afternoon, Godkins sees the patient first, then the visiting physician drops into each of the three examining rooms — actually three bedrooms in the private house that has been converted into a medical facility.

Godkins thinks it soon will be possible to reduce visits by the physicians to "two or three days a week."

Godkins's training as a PA focused on teaching him how to do physical exams and other diagnostic work, rather than treatment. He can give a complete physical checkup without a physician ever seeing the patient.

For example, last week Godkins gave a local man and his wife two-hour physical exams, including everything from a cancer check to electrocardiograms of their hearts.

He goes over the results of physical exams with a visiting physician. If nothing wrong has been found, Godkins will give the good news to the couple and the physician won't ever see them.

Godkins also can sew up minor wounds on his own.

"I make sure no tendons are cut, and there's no nerve or blood-vessel damage first," he said. "but a facial laceration always goes to the clinic," he said, meaning the Mayo Clinic where experts can handle it to reduce any chance of disfigurement.

Godkins doesn't handle serious injury cases.

For instance, a man whose

chest had been crushed in a fall was driven by a friend to the health facility one day last week. Godkins ran out to the car, saw the injury was severe and immediately told the friend to drive the injured man to a Rochester hospital.

Mrs. Lora Kennedy — a combination x-ray technician, receptionist and office chief — phoned ahead. A chest expert was waiting at the hospital when the Plainview patient arrived.

Godkins gives the test to confirm that a woman is pregnant. If the results are positive, she is told to go to the Mayo Clinic for an examination by an obstetrician.

Then, through the seventh month of her pregnancy, she gets a monthly check-up from Godkins. She goes to Rochester for checkups during the final two months and for the delivery.

Godkins emphasized that "I know my assets and my limitation," and said this means that when in doubt he practices cautious medicine.

In one recent case, for instance, a young woman mentioned some small abdominal pains she had been having. Godkins could find no good reason for the pains, so he sent her to Rochester for a more detailed check. That evening, Mayo doctors performed emergency surgery on her for a ruptured ovarian cyst.

Both Godkins and Mrs. Kennedy live in Rochester and commute here each weekday to operate the health facility from 8:30 a.m. to 5 p.m.

Weekends or evenings, patients have a special number at the Mayo Clinic that they can call to talk with an outpatient department doctor.

Most of the laboratory work also is taken to the Mayo Clinic for processing.

Godkins finished high school, joined the Navy as a medical corpsman for three years, then went to college for two years before going to Duke for the PA program. He came to the Mayo Clinic from there in 1969 and worked with an internal-medicine group.

Plainview has a population of about 2,000 and a lot of other families live on nearby farms. Peterson recalled that there were two doctors in Plainview when he arrived in 1965. By July of 1970 there were none.

"We went to Chicago to register our names with the national clearing house" that tries to put doctors and nearby communities in touch with each other, he said, but this was to no avail.

Then, he said, the Mayo Clinic was contacted to see if any young doctor in training there would be interested in coming to Plainview. This contact led to the Mayo Clinic's setting up the health facility.

Godkins said patient acceptance of him as a physician's assistant has been excellent.

And Peterson said residents feel they now are getting the highest quality of medical care.

"You've got the Mayo Clinic here," he said proudly.