

DUKE PHYSICIAN'S ASSOCIATE PROGRAM

informational
pamphlet
series



Utilization Patterns

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INFORMATIONAL PAMPHLET SERIES
UTILIZATION PATTERNS

The primary objective of the Duke University Physician's Associate Program is to prepare a new type of health professional capable of supplementing a physician's services wherever and whenever needed. This new professional, the physician's associate, can be utilized by his physician in the hospital with complete confidence and minimal administrative preparation as well as in the office, clinic, or any extended care facility. In all of these locations the physician's associate supplements the understaffed medical care delivery system and complements the services provided by the traditional allied medical and nursing professions.

The physician's associate is a well educated and extensively experienced health professional prepared to assume many of the diagnostic, therapeutic and administrative responsibilities traditionally assumed by the physician. According to the National Academy of Sciences the physician's associate, also referred to as the Type A physician's assistant, "is distinguished by his ability to intergrate and interpret findings on the basis of general medical knowledge and to exercise a degree of independent judgment." The physician's associate, through a unique one-to-one relationship with a particular licensed physician, delivers his services under the responsible supervision and direction of that physician. The extent to which the physician's associate may participate in the physician's practice is determined by the supervising physician in accordance with the physician's associate's knowledge, ability and motivation.

ELIGIBILITY FOR CLINICAL PRIVILEGES
IN THE HOSPITAL

The Standards for Accreditation of Hospitals of the Joint Commission on Accreditation of Hospitals provide for granting clinical privileges to physician's associates in Standard VII. Under the section on Interpretation the Standard states, in part:

It is recommended that the medical staff delineate in its bylaws, rules and regulations, the qualification, status, clinical duties and

responsibilities of those members of allied health professions such as doctoral scientists and others, whose patient care activities require that (they) . . . be processed through the usual medical staff channels. Authorization should be based upon the individual's training, experience and demonstrated competency. Their eligibility for appointment shall be determined on the basis that they meet the following criteria:

- They exercise judgment within their areas of competence, provided that a physician member of the medical staff shall have the ultimate responsibility for patient care;

- They participate directly in the management of patients under the supervision or direction of a member of the medical staff;

- They perform services in conformity with the applicable provisions of the medical staff bylaws.

Within the provision of Standard VII a general procedure has been developed to facilitate the granting of specified clinical privileges to the physician's associate. First, the applicant-physician who wishes to utilize a physician's associate in the hospital makes a formal request to the hospital director to ascertain whether the hospital charter and/or by-laws permit the medical staff to grant clinical privileges to non-physicians. While the charter and by-laws of many hospitals already permit this, in some hospitals the hospital director, after conferring with the hospital's legal counsel, may determine that one or more changes are necessary. At such time, the director will have to notify the applicant-physician what the necessary changes are, as well as how the required changes can be made.

When the charter or by-laws are amenable the applicant-physician must make a formal request to the Credentials Committee—or another appropriate committee—asking for specific privileges for his physician's associate. The formal request must include: a) information on the physician's associate's background, character, education and experience; b) a detailed breakdown of the proposed functions of and desired privileges for the physician's associate; and c) the proposed measures of control to be utilized and the limitations to be observed.

Following committee approval, the physician's associate is granted specified clinical privileges under the authority of the medical staff. The

privileges granted to the physician's associate are subject to the same review and repeal mechanisms as the privileges granted to members of the medical staff.

HOSPITAL UTILIZATION

In the hospital, the physician's associate remains responsible to his supervising physician or physicians; he is not, as are most other allied health professionals, primarily responsible to the institution. This role concept has been officially supported by the American Medical Association, American Hospital Association, Association of American Medical Colleges, and Joint Commission on Accreditation of Hospitals.

Some responsibilities physician's associates have assumed in the hospital on behalf of their supervising physicians are: eliciting patient histories, performing physical examinations, making daily patient rounds with or without the supervising physician, writing patient progress notes, administering medications and dictating narrative case summaries at the time of discharge. (See sample hospital work assignment on back of pamphlet.)

Another responsibility physician's associates have assumed on behalf of their supervising physician is formalizing standing orders for individual patients. After discussing the initial history and physical findings with the physician, the physician's associate may also, with the verbal approval of the physician, write other specific orders for patients. All orders the physician's associate writes must be countersigned by the supervising physician on the physician's next visit to the hospital or within 24 hours. The regulations governing physician's associate's writing orders are best clarified in the Veterans Administration Circular, "Physician's Assistant—Guidelines for Utilization." (See sample hospital work assignment on back of pamphlet.)

With such a wide variety of functional applications administrators and physicians have generally avoided restrictions that unnecessarily limit the physician's associate below his potential effectiveness. The Veterans Administration, for instance, in its official guidelines for the use of physician's assistants, emphasizes that *all* medical facilities in the Veterans Administration are appropriate areas of utilization.

GENERAL UTILIZATION

While the hospital is frequent focus for the utilization of the physician's associate, it is by no means an exclusive focus. The physician's office or clinic is a valuable setting for utilizing the physician's associate's knowledge and skills. Similarly, if the supervising physician has professional responsibilities in a nursing home or other specialized institution, his service there can be successfully and effectively augmented by the physician's associate. Because the supervising physician is not required to be present while the physician's associate works, the physician's associate can be providing patient care services in one setting while the physician is caring for patients in another.

The unique aspects of the physician's associate program—the physician-oriented education, the physician-dependent status, and the functional mobility and flexibility—result in an innovative type of allied health professional of extensive potential and utility.

SAMPLE HOSPITAL WORK ASSIGNMENTS FOR THE PHYSICIAN'S ASSOCIATE

The following sample hospital work assignments are from the Veterans Administration Circular 10-71-32, "Physician's Assistants—Guidelines for Utilization." Besides the "routine work assignment" reproduced below, the circular includes duties the physician's associate may perform "only upon specific orders by the responsible physician...", in an emergency situation pending the availability of a physician..." and as an administrative and clinical assistant to the physician.

Duties which may be performed by the (Type A) Physician's Assistant as a part of his routine work assignment. Histories, physical examinations, and other chart entries must be reviewed by the responsible physician(s). Orders by the PA will be carried out when written but must be reviewed and countersigned by the responsible physician as soon as feasible, but normally with 24 hours. The Type A Physician's Assistant may decide to admit a patient, but any decision to reject or to discharge a patient from inpatient or outpatient care shall remain with the physician(s). Duties falling in this category include:

1. Performing initial histories and physical examination on new patients, both inpatients and outpatients, and those in Extended Care programs, and indicating medical problems.

2. Performing staff examinations, e.g., 2407, 10-P-10, PBC, and PHC examinations, on outpatients and also employee health examinations.

3. Performing periodic physical examinations on long-term patients and domiciliary patient members.

4. Ordering appropriate laboratory tests, x-rays, EKG, and comparable procedures, according to criteria previously established by the responsible physician(s) and the Medical Executive Committee.

5. Drawing blood specimens for testing and performing other comparable procedures when personnel who customarily perform such procedures are not available.

6. Ordering routine medications.

7. Initiating consultations and monitoring scheduling of patients for special tests.

8. Making daily rounds to observe and record pertinent progress of patients, updating and summarizing charts, changing orders when appropriate, and notifying the responsible physicians of changes in the patient's condition.

9. Making interim summaries, as required.

10. Dictating required notes on all procedures performed for which he is responsible and which fall in category A.

11. Counseling the patient and his family as to preventive care, medical problems, and the use of prescribed treatment and drugs.