



The role of advanced practice providers in pediatric otolaryngology academic practices[☆]

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ABSTRACT

Objective: The goal of this study was to examine the roles of Physician Assistants (PAs) and Nurse Practitioners (NPs) in pediatric academic otolaryngology programs to provide a better understanding of their scope of practice, levels of autonomy, clinical duties, teaching opportunities and research participation.

Design: An anonymous web-based electronic survey tool was sent to all pediatric otolaryngology fellowship program directors in the United States.

Results: Nurse Practitioners and Physician Assistants are utilized in approximately 3 out of every 4 pediatric otolaryngology practices. The top three job activities of both the PA and NP were: (1) seeing patients independently, (2) working alongside doctors in clinic, and (3) answering phone lines/parental calls. A higher percentage of PAs (83%), worked alongside doctors in clinic, as compared to NPs, where only 55% work alongside MDs. Over half of PAs round with the in-patient team and see consults as compared to just over one third of NPs who participate in such activities. Twenty-five percent of practices reported that PAs cover call and assist in the OR. Most PAs/NPs saw between 11 and 15 patients per clinic which provides a clear productivity advantage when looking to screen patients, provide medical care, generate surgical cases, and maximize billings.

Conclusion: NPs and PAs have complimentary skill sets ideal for the pediatric otolaryngology workplace, although job activities and “best fit” are hospital and practice dependent. Our study suggests that the use of PAs and NPs will continue to grow to meet increased demand for services in the field of pediatric otolaryngology. Employing advanced practice providers enables academic centers to improve access, provide additional financial remuneration, reduce wait times for new patients, and allow attending physicians to meet increased practice demands.

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1. Introduction

Advanced practice providers (APP), specifically Physician Assistants (PA) and Advanced Practice Registered Nurses (APRN), have provided medical care for patients since the 1960s and today perform many services to help hospitals meet increased patient

volumes and to alleviate physician time constraints and work demands. The scope of practice of AAPs varies depending on the authority given by state licensing boards. In many states, Physician Assistants (PAs) and Nurse Practitioners (NPs) may perform comprehensive physical examinations, interpret laboratory and diagnostic tests, establish medical diagnoses, and prescribe drugs.

Working closely with physicians, APP roles have continued to expand to include conducting independent clinics, seeing inpatient consultations, performing minor procedures, and assisting in surgeries. In particular, APPs are fulfilling a critical workforce need with the present shortage of doctors and increased patient loads in many regions of the United States [1,2]. As such, NPs and PAs have become increasingly valuable assets to academic and private practices [3].

Newer regulations from the American Council of Graduate Medical Education (ACGME) have restricted duty hours for medical interns and residents. This reduction in medical services provided by residents has occurred at the same time as hospital based

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Table 1

Questionnaire.

- 1) Where is your practice located?
 - a. Northeast
 - b. Mid-Atlantic
 - c. Southeast
 - d. South
 - e. Midwest
 - f. Northwest
 - g. West Coast
 - 2) How would you describe your payer mix?
 - a. Mostly Medicaid
 - b. Mostly Private Insurance/Indemnity insurance
 - c. Mostly Self pay
 - d. Mix of Medicare/Private Insurance
 - e. Mix of Medicaid/Private Insurance
 - f. Don't know
 - 3) Does your practice utilize a physician assistant (PA)?
 - a. Yes
 - b. No
 - 4) Does your practice utilize a Nurse Practitioner (NP)?
 - a. Yes
 - b. No
- IF THE ANSWER IS NO TO BOTH OF THESE QUESTIONS,
THANK YOU. THIS COMPLETES THE SURVEY
- 5) How many PAs does your practice have?
 - a. 1 part time
 - b. 1 full time
 - c. 2 full time
 - d. 3 full time
 - e. 4 full time
 - f. 5+ full time
 - g. Other combination (Fill in the blank)
 - 6) If so how long has the most senior PA been with your practice?
 - a. Less than 1 year
 - b. 1–2 years
 - c. 3–4 years
 - d. 4–5 years
 - e. 5–6 years
 - f. Other (Fill in the blank)
 - 7) How many NPs does your practice have?
 - a. 1 part time
 - b. 1 full time
 - c. 2 full time
 - d. 3 full time
 - e. 4 full time
 - f. 5+ full time
 - g. Other combination (Fill in the blank)
 - 8) If yes to question 7, how long has the most senior NP been with your practice?
 - a. Less than 1 year
 - b. 1–2 years
 - c. 3–4 years
 - d. 4–5 years
 - e. 5–6 years
 - f. Other combination (Fill in the blank)
 - 9) Is your practice planning to hire in the next year?
 - a. Another otolaryngologist
 - b. Nurse Practitioner
 - c. Physician assistant
 - d. Registered nurse
 - e. Physician Extender
 - f. No plans to hire
 - 10) What activities does your PA perform? (Please select all that apply)
 - a. Sees new patients in clinic
 - b. Answers phone lines
 - c. Prepares chart for surgery
 - d. Works alongside doctor in clinic
 - e. Sees established patients for routine issues (post-op care)
 - f. Sees new consults
 - g. Assists surgeon in OR
 - h. Research
 - i. Rounds with call
 - j. Covers call
 - k. All of the above
 - 11) What activities does your NP perform? (Please select all that apply)
 - a. Sees new patients in clinic
 - b. Answers phone lines
 - c. Prepares chart for surgery
 - d. Works alongside doctor in clinic
 - e. Sees established patients for routine issues (post-op care)
 - f. Sees new consults
 - g. Assists surgeon in OR
 - h. Research
 - i. Rounds with team
 - j. Covers call
 - k. All of the above
 - 12) How many months did it take your PA to become comfortable with your group's practice?
 - a. Less than 3 months
 - b. Between 3 and 6 months
 - c. 6–12 months
 - d. More than 1 year
 - e. Other (Please fill in blank)
 - 13) How many months did it take your NP to become comfortable with your group's practice?
 - a. Less than 3 months
 - b. Between 3 and 6 months
 - c. 6–12 months
 - d. More than 1 year
 - e. Other (Please fill in blank)
 - 14) Does your PA see mostly?
 - a. New patients
 - b. Follow-up patients
 - c. Post op Patients
 - d. Mix of patients both new and established
 - 15) Does your NP see mostly?
 - a. New patients
 - b. Follow-up patients
 - c. Post op Patients
 - d. Mix of patients both new and established
 - 16) How many patients do YOU and your PA/NP see on average full day of clinic?
 - a. Less than 20
 - b. 20–25
 - c. 26–30
 - d. 31–35
 - e. 36–40
 - f. 40+
 - 17) How many patients does your PA see during an average full day of clinic?
 - a. 0–5
 - b. 6–10
 - c. 11–15
 - d. 16–20
 - e. 20+
 - 18) How many patients does your NP see during an average full day of clinic?
 - a. 0–5
 - b. 6–10
 - c. 11–15
 - d. 16–20
 - e. 20+
 - 19) Do your PAs have separate clinics?
 - a. Yes
 - b. No
 - 20) Do your NPs have separate clinics?
 - a. Yes
 - b. No
 - 21) Do you give your PAs autonomy in clinic?
 - a. Yes
 - b. No
 - 22) Do you give your NPs autonomy in clinic?
 - a. Yes
 - b. No
 - 23) Do your NPs/PAs attend dedicated lectures?
 - a. Yes
 - b. No
 - 24) Have new resident work hours influenced your decision to use NPs/PAs?
 - a. Yes
 - b. No
 - 25) Do your PAs bill on their own?
 - a. Yes
 - b. No

physicians have encountered increased pressures to increase clinical productivity [4–7]. These factors, combined with current physician care models, have necessitated an increased role for PAs and NPs throughout our institution and, anecdotally, at many other organizations.

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