

Surgical physician assistants help solve contemporary problems

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The visionaries who brought physician assistants (PAs) into the surgical suite observed that these professionals were well suited to working with surgeons. At the time, surgeons were facing the dual challenges of learning and applying rapidly developing, sophisticated surgical technology and meeting demands to manage costs. Two contemporary issues that will shape the future of surgery are the downsizing of the surgical physician workforce and recent mandates limiting the work hours of surgical residents. In both circumstances, PAs, working with the supervision of physicians, can provide the collegial support that surgeons desperately need.

This fact has been discussed in recent editorials by leaders of the surgical profession, including Keith D. Lillemoe, MD, FACS, of the Johns Hopkins Medical Institutions in Baltimore, MD. His editorial, “The training of the surgeon II—The sequel,” focuses on the current dilemma of meeting patient needs in an era of reduced resident work hours. He states, “One would have to be in complete denial to believe that significant hours cannot be eliminated by creative use of house staff extenders, elimination of noneducational scut-laden rotations, appropriate well structured cross-coverage of inpatient services, and, most important, a ‘mind set’ change among the surgical faculty and hospital administration.”¹ Lillemoe predicts “significant opportunities for change” ahead.

John M. Daly, MD, FACS, of Weill Medical College of Cornell University, New York, NY, also discusses these problems in an editorial. Among his comments Dr. Daly wrote, "The quality of time spent is more important than quantity and a balance between family and work must be maintained."² Peter J. Fabri, MD, FACS, Past-Chair of the Governors' Committee on Allied Health of the American College of Surgeons, stated, "Medicine and surgery as we knew it is going to change."³

Has the crisis come upon the surgical profession like a thief in the midnight hour? Starting with the death of Libby Zion in New York City in 1984, medicine in America was put on notice. The Bell Commission rendered its verdict in 1989, reducing the hours a resident could work in New York State. In October 1998, a commentary in *Archives of Surgery* discussed dollar replacement value of surgical residents to community teaching hospitals, comparing the cost of supporting junior faculty with the cost of replacing surgical residents with PAs. The author was a strong proponent of increasing PA participation in patient care at teaching hospitals, calling for the creation of mechanisms for the simultaneous training of PAs alongside physicians.⁴

Value of PAs

Surgeon/intensivist Marvin A. McMillen, MD, FACS, of Chicago, IL, pointed out that in 1998 residents worked 80 to 100 hours per week.⁴ A national census of PAs conducted by the American Academy of Physician Assistants (AAPA) that same year revealed that PAs in all specialties worked an average of 48.7 hours per week, excluding call.⁵ Stephen Crane, PhD, MPH, CEO of AAPA, makes the point that PAs as employees can provide continuity of care. Dr. Crane wrote, "From the perspective of a hospital interested in providing continuity of quality care, a patient interested in an alert staff and a surgeon interested in having a team player who knows to place late night telephone calls when a case is beyond his or her experience or education, physician assistants make sense."⁶

Dr. Crane also eased the fears of surgeons who think that this nonphysician provider will endanger the surgical residency concept that has been in place for the last hundred years. He stated, "Surgical PAs will never replace residents. This is because good surgeons are still essential to the deliv-

ery of quality medical care in the United States, and good surgeons are the outcome of good residency programs. Patients need experienced surgeons and surgeons need a strong medical team working with them—one that includes physician assistants."⁶

Dr. McMillen supported Dr. Crane's position, stating, "I unequivocally recommend physician assistants as the optimal assistants, based on my experience of their high educational qualifications, their involvement in comprehensive patient care both in and outside the operating room, and their demanding profession standards."⁷

PAs have already responded to the reduction of residents in surgery. The percentage of PAs practicing in surgery has increased from 18.8 percent of the PA population of 29,000 in 1997 to 21.7 percent of 43,000 PAs in 2002.

Education and preparation

It would be redundant to explain the genesis of the PA education. The AAPA 2002 Annual Physician Assistant Census provides a demographic snapshot of the approximately 43,000 PAs in clinical practice that year.^{8,9} Active duty PAs who are commissioned officers, reservists, and veterans made up 21.6 percent of the profession in 2002.

In addition to their broad medical care training, PAs may enhance their education through postgraduate surgical programs. A complete list of the various postgraduate programs can be found on the Association of Postgraduate PA Programs Web site, www.appap.org. A summary of one such program can be found in the box on page 16.

Reimbursement

Reimbursement policies for services provided by PAs sometimes are confusing. Michael Powe, AAPA director of reimbursement, stresses, "First, surgeons should be aware of the wide range of services for which the PAs are covered in the office, hospital and operating room. While PA practice is governed by state law and guidelines implemented by hospitals, major payors such as Medicare, Medicaid, and private insurance companies generally reimburse for those services provided by PAs that would otherwise have been provided by a surgeon. PAs, within their scope of practice, have access to the same *Current Procedural Terminology* (CPT) codes that surgeons use."

Summary of Norwalk/Yale PA Surgical Residency Program

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Length of program: 12 months
Class size: 10-12

Program description and history

The Norwalk/Yale PA Surgical Residency was developed jointly by the departments of surgery at Norwalk Hospital and the Yale University School of Medicine in 1975. The program combines the strengths of both institutions to provide an intensive didactic and clinical curricula that prepares the graduate PA to competently and confidently pursue a career as a surgical PA.

The curriculum, designed exclusively for PAs, enhances surgical skills and knowledge and expands upon the education obtained in PA school. Emphasis is placed on the total care of the surgical patient, preoperatively, intraoperatively, and postoperatively.

Curriculum

The 12-month residency combines an ongoing didactic curriculum with clinical rotations. During the three months at Yale University School of Medicine, the PA residents have clinical rotations in anesthesiology and choice of two electives. The didactic component consists of a clinically oriented anatomy course with cadaver dissection, animal surgery lab, physiology, pharmacology, EKG course, and computer instruction.

At Norwalk Hospital nine months are spent on clinical services in general surgery, orthopaedics, GU surgery, neurosurgery, plastic surgery, ENT, thoracic and vascular, and surgical intensive care. The didactic curriculum consists of a comprehensive daily lecture series designed to gain understanding of the pathophysiology of surgical disease, a course in medical writing, medical ethics, ICU management, teaching rounds, trauma rounds, surgical grand rounds, and surgical journal club.

Curriculum overview

Norwalk Hospital (nine months)

Didactic:

- Lectures (anatomy /general surgery and specialties)
- Teaching rounds
- Surgical ICU rounds
- Medical writing course
- Medical ethics
- Surgical grand rounds, trauma rounds
- Surgical journal club
- Surgical department symposiums

Clinical:

- Six months general surgery combined with thoracic, vascular, ENT, plastic, neurosurgery, and colorectal surgery
- One month GU surgery
- One month orthopaedic surgery
- One month surgical ICU

Yale University School of Medicine (three months)

Didactic:

- Animal surgery lab
- Cadaver anatomy lab
- Physiology
- Pharmacology
- EKG course
- Computer instruction

Clinical:

- One month anesthesiology
- Two months electives (one month each)

Electives may be done in any discipline including radiology, cardiology, cardiothoracic surgery, pediatric surgery, surgical intensive care, emergency medicine/trauma, sports medicine, pulmonary medicine, neurosurgery, gross pathology, plastic surgery/burns.

University/institution affiliations

Norwalk Hospital is a community teaching hospital serving seven communities in Fairfield County, CT. Yale University School of Medicine is a major university medical center in New Haven, CT. The program combines the academic and clinical strengths of both institutions. The Norwalk/Yale residency has a longstanding reputation of quality and excellence in its teaching program.

A second important point, according to Powe, is the fact that PAs are routinely paid for providing evaluation and management (E/M) services in the office or in the hospital, preoperative surgery examinations, and serving as first assistants at surgery. "One aspect of a PA's ability to bring more efficiency to the practice has to do with providing postoperative services," he stated. "Certain postoperative services provided to patients in the global surgical time frame are not separately billable. However, when those services are delegated to the PA, the surgeon is able to engage in other medical or surgical duties (for example, treating new patients or performing a surgical procedure) that are billable, thus leading to increased revenue flowing into the practice."

Medicare covers services provided by PAs at 85 percent of the physician fee schedule. It also requires only general supervision, such as electronic communication between the surgeon and the PA. Powe advises surgeons to "always check with your state law, which may have more stringent supervision requirements. In the office or clinic settings, the ability to bill 'incident to' the surgeon at 100 percent of the Medicare fee schedule is available when Medicare's more restrictive rules are followed."

He also noted, "Many private payors require that services performed by PAs be billed under the name of the supervising physician (often PAs aren't separately credentialed or issued provider numbers by these payors). Always check with the particular payors to ascertain their rules for billing."

A 1995 study by the American Medical Association's Center for Health Policy Research demonstrated that a practice with a PA (or certain other nonphysician health professionals) resulted in an increase in net income of nearly 18 percent.¹⁰ The same report also showed a one-week reduction in the number of weeks physicians work per year.

Contractual PAs

In these times of negligible reimbursement for first-assistant services, many surgeons have chosen to forgo the opportunity to assist each other on nights, holidays, and weekends. Surgeons are being stretched to greater limits every year, and their family time has been a tremendous casualty. Some hospital administrators have been asked to

supply the department of surgery with capable PA first assistants on weekends. Administrators are opting to hire PAs on a contractual basis, whereby the hospitals are not responsible for payroll or malpractice or health insurance. A contract is negotiated for a set "on call" fee and a per-case fee.

In states where the laws permit, some PAs have started groups that provide first assistant services. John Byrnes, PA-C, is a director of one of these services, in Orlando, FL. Mr. Byrnes said, "The utilization of the contractual surgical physician assistants to provide first assisting services on covered procedures provides experienced and quality assisting at no cost to the institution. The PA is assisting in lieu of another surgeon, and the assisting fee is payable by the patient's insurance carrier such as Medicare, and the PA is responsible for all applicable payroll and withholding taxes, as well as for all benefits such as malpractice insurance, health and disability premiums, and retirement accounts. Since the assisting services are on an 'as-needed basis' only, there is no ongoing overhead of salary/benefits to the institution because it is simply a fee-for-service that is provided, that is, no service—no fee."

Additional information

Two PA organizations were represented in the exhibit hall at the 2002 American College of Surgeons Clinical Congress in San Francisco, CA. One of these organizations, the AAPA, represents all physician assistants in every specialty in the U.S. The AAPA has produced issue briefs that describe in detail the training, education, scope of practice,

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reimbursements issues, and state laws covering the practice of PAs. These issue briefs can be obtained by going to the Academy's Web site at www.aapa.org or by contacting the AAPA department of government and professional affairs at 950 N. Washington St., Alexandria, VA 22314-1552; tel. 703/836-2272.


Another source of information on surgical PAs is the American Academy of Surgical Physician Assistants (AASPA). This is one of the AAPA-recognized specialty organizations. By going to the organization's Web site, www.aaspa.com, a surgeon or administrator may view a brief job description for PAs in surgical specialties and information on potential methods of utilization. The AASPA may also be contacted by calling 888/882-2772.

Summary

Recent surveys performed by the AAPA estimate that in 2002 approximately 183 million visits were made to PAs and 223 million medications were prescribed or recommended by PAs. The AAPA estimates that just more than 46,000 PAs currently are in clinical practice, with New York and California having the largest numbers of practicing PAs.¹¹

Helen Keller said, "The most pathetic person in the world is the person who has sight but no vision." Most individuals accept life and its shortcomings, but visionaries are different. They see not only that which is evident, but also that which exists in imagination. Visionary physicians and surgeons who aided in the creation of the physician assistant and use of PAs in surgery include: Eugene Stead, MD; John Kirklín, MD, FACS; E. Harvey Estes, Jr., MD; Richard Smith, MD, FACS; and Marvin Giledman, MD. They believed that well-educated nonphysicians could work alongside physicians as a team and, thus, expand the delivery of health care in America.

PAs have crossed into the new millennium with new challenges. Together, as a team with supervising surgeons, PAs can meet the challenges and establish new alliances that will alleviate today's constraints. As Rear Adm. Kenneth P. Moritsugu, MD, MPH, Deputy Surgeon General, said, "Physician assistants are ideal partners and professionals in the nation's health system. They are colleagues

with physicians to assure improved access to quality health care in a cost-effective manner."¹² 

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