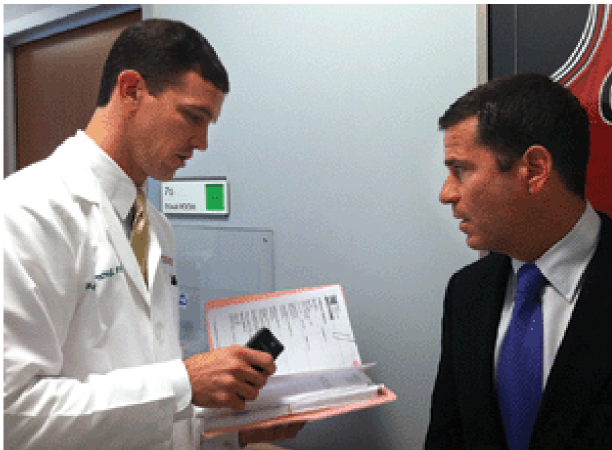
AAOS Now

Orthopaedic surgeons and PAs: Best practices

By Ann Davis, PA-C, and Tricia Marriott, PA-C, MPAS

Teamwork benefits patients, practices, and physicians

During the last decade, the number of physician assistants (PAs) in the United States has nearly doubled. Today, more than 83,000 PAs work in a variety of medical practices, including orthopaedics. More than 10 percent of all PAs report working in orthopaedic surgery, proof that orthopaedic surgeons are taking advantage of the multiple ways that PAs add value to a practice.



Kyle Pilz, PA-C (left), confers with Brian J. Cole, MD. “We really work as a team,” says Dr. Cole.

Who are today’s PAs?

PAs are trained in the medical model in educational programs located at medical schools, universities, teaching hospitals, and in the military. PA education programs award a master’s degree and average 27 months (12 months didactic and 15 months clinical rotations). There are currently 156 accredited PA education programs; another 40 programs are anticipated to begin in the next 2 years.

PAs practice as members of physician-directed teams and are licensed and can prescribe medications in all 50 states, the District of Columbia, and most U.S. territories. Their scope of practice is determined by physician delegation, the training and experience of the PA, and the credentialing and privileging decisions made by licensed facilities.

Medicare, Medicaid, and nearly all private payers cover services provided by PAs, who must have individual National Provider Identifier numbers and be enrolled as billing providers in the Medicare program. Covered services include all levels of evaluation and management, assisting at surgery, office procedures, and fracture care.

Each physician will have a different relationship with his or her PA, but they all share one common characteristic: They are a team. The following examples show just how well orthopaedic surgeons and PAs work together.

Double-teaming for coordinated care

AAOS fellow **Brian J. Cole, MD,** works with two PAs—Kyle Pilz, PA-C, and Natalie Podboy, PA-C. As the team physician for the Chicago Bulls and coteam physician for the Chicago White Sox, Dr. Cole focuses on sports medicine,

including knee, shoulder and elbow, and cartilage transplantation. He believes that his two PAs are integral to the success of the practice.

"My experience is that the focus of PA training and the PA work ethic are very similar to those of physicians. The two PAs who I currently supervise and other PAs I have come to know bring so much to an orthopaedic practice," said Dr. Cole. "The demands on a practice increase every year; meeting them can be daunting without high-level help."

Both Dr. Cole and Mr. Pilz agree that a primary value of the physician-PA team is the continuity of care the team provides to patients. "We apply the same quality and mode of care time and time again," said Mr. Pilz.

Dr. Cole concurs. "We really work as a team. I have residents or fellows with me all the time. But the PAs don't rotate off service. They provide continuity with patients and help convey the practice principles to new residents."

In Dr. Cole's practice, the PAs see patients in clinic, assist at surgery, and spend time doing patient education, follow-up, and phone calls. "We need competent redundancies for our patients' education," said Dr. Cole. "I explain things to patients, and the PAs do, too. Our patients have great acceptance of our PAs. Their competence and professionalism validates the care and information they provide."

Because they assist at the surgery, believes Mr. Pilz, he and Ms. Podboy are better able to provide informed follow-up care. "We see the patient before, during, and after surgery," he explained. "We have a high-volume practice, and we work to be a true extension of the physician. We are involved in every aspect of the practice. Dr. Cole is progressive; we were one of the first groups to use ultrasound-guided joint injections, for example, which have been a real benefit for our patients."

"Some physicians may think I am overcapitalized with personnel, but I think that working with two PAs is right for me," said Dr. Cole. He also thinks PAs are especially suited for practice in an academic setting. "With the PAs in the practice, I'm able to travel as my academic position requires, and our patients experience no loss of continuity in care."

Like most PAs, Mr. Pilz finds his work very satisfying. "This is a wonderful job," he said. "I have a great relationship with my physician."

Efficiency and satisfaction

"I've been working with PAs for three decades," said **David Teuscher, MD,** a sports medicine specialist in Beaumont, Texas, who is the current chair of the AAOS Board of Councilors. "I started out teaching them as an instructor in the U.S. Army's PA program in 1985. I find the biggest benefit to PAs is that they are trained in the medical model."

Dr. Teuscher has been working with Scott Caldwell, PA-C, for 12 years, with Mr. Caldwell assuming roles in the office, the operating room (OR), and the emergency department (ED). Dr. Teuscher describes their OR partnership as "an extra set of very skilled hands" assisting during surgery.

"Everything just goes smoother in the OR when I'm working with Scott," he said. "Even if the procedure code being billed doesn't support an assistant, the efficiency is worth it. If I do one extra case a day or get to the office sooner because I am working with a PA, it is still very cost effective and improves my job satisfaction."

Many orthopaedic practices use PAs to cover call with the orthopaedic surgeon. In Dr. Teuscher's practice, he fields the first call and Mr. Caldwell is typically deployed to do the initial inpatient or ED evaluation.

"Scott can see the ED patient, get the wheels rolling toward the OR, and I don't have to go to the hospital until things are ready," said Dr. Teuscher. "Although we can discuss the treatment plan by phone, he usually has the acute treatment handled and the surgery ready to be scheduled. It's like I can be in two places at once.

"I can increase my individual practice by at least 50 percent by working with a PA," added Dr. Teuscher. "Reimbursement is not my primary driver—physician and patient satisfaction is a big motivator. Our patients love Scott and greatly respect his contribution to getting them back in the game. I can focus on the aspects of orthopaedic practice that use my skills. I wouldn't have it any other way."

"A private practice experience"

Anthony Romeo, MD, practices in a multiphysician group in a large teaching hospital. He is in the sports medicine department with a subspecialty in shoulder and elbow. Each orthopaedic surgeon in the group has his or her own staff, and each practice decides how to use PAs. "I was the first to add a PA," said Dr. Romeo. "I made the decision and never looked back."

Working with Dr. Romeo are Allison Terry, PA-C, and Sheri Lask, PA-C. “Sheri and I are able to provide a private practice experience for patients within the teaching hospital,” said Ms. Terry. “We are available to first assist, to provide care in the clinic, and to do the education and follow-up that makes the practice work well. The consistency and continuity of care decreases our complication and readmission rates.”

“PAs are a perfect fit for my practice, especially with outpatient surgery,” said Dr. Romeo. One PA is prioritized to the OR and one to the clinic, with a good degree of overlap. Dr. Romeo and both PAs start in the OR on Monday morning, with the clinic-focused PA leaving in the afternoon to start the office clinic.

“We have an extensive physician visitation program, and we collect data on all of our patients to facilitate research,” said Dr. Romeo. “The PAs are integral to making both work well. I believe we have the most prolific shoulder practice in terms of publications. The PAs help make that happen. In addition, they can provide patient care when I’m not directly available, such as when I’m in the OR. They have been a valuable asset to my practice.”

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Tips for success

Thinking of adding a PA to your practice? Drs. Cole, Teuscher, and Romeo offer the following advice.

Dr. Cole:

- Find the right balance in working with your PA. You need to be sure that you are delegating appropriately. The PA can have a high degree of autonomy—it needs to be an arm’s length relationship. Patients need to see you as a team. The physician needs to maintain insight into every aspect of your practice.
- Don’t add a PA just for the reimbursement. Take advantage of all of the practice improvement aspects of a team practice.

Dr. Teuscher:

- You need to have good communication. The PA needs to have access to you in real time.
- Take time to educate your PA. You can’t expect the day-one graduate to be fully ready for practice. The investment you make in training the PA is well worth it.
- Make sure your patients understand the role of the PA. I make sure our patients know that we’re a team. Patients like that.

Dr. Romeo:

- Find the right PA. You need a person who is capable of expanding his or her skills and increasing autonomy over time.

To learn more about using PAs in your practice, plan to attend ICL 469, “Utilization of Physician Assistants to Enhance your Orthopaedic Practice,” on Feb. 10, 2012, in San Francisco, during the AAOS Annual Meeting.

Reference

1. American Academy of Physician Assistants. (2011). Physician assistant census report. Alexandria, Va.

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