One community health centre that welcomed a physician assistant (PA) to its interprofessional team reports that a two to four-month wait time to access care has now dropped to two to four weeks.

PAs have been well accepted and integrated into care teams.

That’s a great improvement and just one illustration of the positive impacts the PA Initiative is having via demonstration projects in various health care sectors.

A comprehensive evaluation using qualitative and quantitative measures is being undertaken to determine how PAs may be influencing care delivery in Ontario. The initiative’s evaluation team is assessing such things as the PA’s impact on quality and quantity of care, team and patient satisfaction with the PA role, and whether there have been changes in the team’s ability to recruit and retain staff as a result of having a PA on the team.

Preliminary evaluation results from the PA demonstration projects currently underway in hospitals, community health centres, and physician-employed settings are encouraging. For example, emergency department patients seen by PAs are less likely to be admitted and more likely to be referred for home care. And as noted above, in primary care, access to care with PAs on board has increased.

“The teams on the ground are working well, and according to early qualitative data for PAs and supervising physicians, PAs have been very well received overall,” said Jeff Goodyear, Director, Health Human Resources Policy Branch, Ministry of Health and Long-Term Care.

“As an indication, when we recently offered PAs and their employers the chance to extend PA contracts, we were really pleased by the enthusiasm of sites wanting to take us up on the offer.”

Introducing a new player to an interprofessional team helps existing members understand and appreciate each other’s contributions. The positive clinical results that are seen as a result seem to encourage even more team success.

continued on the next page…

Here we grow!

Norfolk General Hospital, in Simcoe, Ontario, recently welcomed Lauren Schoeman, a physician assistant, to its Emergency Department team. The team (not all pictured here) includes: Janice Snively, RN; Rose Gass, Director, Intensive Care Unit, Emergency Department, and Respiratory Therapy; Gord Hitchcock, MD; Jessilyn Horton, RN; Lauren Schoeman, PA; and Connie Forsyth, RN. The hospital is one of 20 participating in the PA Initiative’s two-year expansion into emergency departments. The goal is to help reduce wait times and maintain full emergency service coverage. Up to 20 PAs are also joining Family Health Teams in an expansion of the primary care demonstration project.
Both PAs and their supervising physicians report a high level of satisfaction with their relationship and work, which enhances the overall dynamic of the health care team. PAs have been well accepted and integrated into care teams, with the majority of PAs indicating they would advise others to seek a role as a PA in Ontario and a majority of supervising physicians would recommend working with a PA to colleagues.

“Physicians are also telling us PAs have had a positive impact on their quality of work life, time with patients and providers, patient outcomes and patient safety,” says Dr. Peter Walker, Co-Chair of the Physician Assistant Implementation Steering Committee. “This allows physicians to spend more time with more complex patients.”

Evaluation data is being captured by way of periodic surveys and focus groups, structured interviews with PAs and supervisors, and administrative data. Patient/client satisfaction tools are also being used. All this detail will help inform the long-term strategy for the ongoing integration of PAs in the province.

The process of gathering data is quite involved and time consuming, notes Dr. Walker. More information will be shared with project stakeholders just as soon as it becomes available.

“Quantitative results and outcomes take significant time to compile and analyze. In the meantime, we encourage sites to carefully monitor changes they may be seeing at their own facility since PAs came on board. Looking at things like impact on throughput, wait times, access, safety, and satisfaction can be very helpful.”

Supervising physicians are reporting:
- A positive impact on physician quality of worklife
- More time to spend with more complex patients
- A positive impact on face-to-face time for patients
- A positive impact on patient safety
- A positive impact on wait times, throughput, and efficiency

PAs are reporting:
- Overall acceptance and integration into care teams
- Satisfaction with their role, although many report that their skills could be even more widely utilized
- A good understanding by supervising physicians and other members of the health care of the PA role

Online networking, info for PAs

PAs involved in the demonstration projects are encouraged to check out the Ontario Hospital Association project web site: https://collaborate.oha.com

The site contains project documents (including, for example, sample medical directives used at various sites), bulletin boards for networking and discussion, and a media room that has the latest coverage of the initiative. It’s a great space to share documents, connect with others in the project, or just keep up on the latest project news. If you need help accessing the site, please contact Maggie Fung (mfung@oha.com).
In this issue, we chat with Cailin Hill, a PA working at LMC Endocrinology Centres in Toronto as part of the physician-employed PA demonstration project.

A 2008 graduate of the Duke University PA Program, Cailin also has an undergraduate degree in biology, and worked as a clinical assistant at Children’s Hospital Boston. Since her husband is from Kitchener, Ont., she had been looking for an opportunity to come to Canada, and was intrigued by the Ontario PA Initiative.

In her role she sees diabetes patients and provides diabetes management support, dealing with conditions that often go along with diabetes like high blood pressure and cholesterol, thyroid issues, and polycystic ovary syndrome. She works with physicians, a nurse, dieticians (some of whom are certified diabetes educators), and a phlebotomist.

“Everyone’s been really receptive… I think staff are finding it very nice to have me as a resource to ask questions, especially the medical questions they don’t always have the answers to. I think people also find me very approachable,” she says.

“They do a very nice job of team work here… It’s very much integration of care between the educators and the physicians. I feel like I kind of fall on both sides of the line.”

Under medical directives, Cailin typically meets new patients initially with her supervising physician, Dr. Ronnie Aronson, then does a history and physical and makes a preliminary treatment plan. She also orders and interprets lab tests, orders imaging as necessary, and does a lot of counseling about lifestyle, exercise, and diet.

When patients ask her about her role, “I tell them we call PAs mid-level providers. I provide medical care and work with Dr. Aronson; we work as a team basically, I’ll see you usually but you’ll see him occasionally, and if there are any questions we will involve him as well. People are more interested than worried.”

Her integration into the centre was smooth, she says, since expectations were clear from the start and medical directives were in place. “Cailin is really unique. She has natural instinct for patient care,” says Dr. Aronson. “And she comes with very well developed clinical skills at a very young stage in her career.”

He notes that the experience of having a PA has been “very positive, very productive” and would like to continue to engage a PA in the long term. “The educators find her a fantastic resource,” says Dr. Aronson. “Of her own initiative she started a case review series with other educators that they find very educational. It’s a weekly learning idea she came up with herself and implemented, and is highly valued.”

Dr. Aronson is pleased that the waiting list for his initial visits with patients is down from about four months to one month, which eases the pressure. And with Cailin’s contribution to counseling, support, and teaching, she’s taking a load off the waiting list for those steps in the diabetes management process.
In Brief

Project extension
In response to positive results seen in the Physician Assistant Initiative to date, the majority of demonstration site employers are extending their PA positions to March 2011. Supports are in place to assist those PAs whose contracts are not being extended.

AAPA Conference
Project stakeholders attended the American Academy of Physician Assistants conference in May where almost 7,000 PAs were in attendance. Jeff Goodyear’s presentation on Ontario’s PA Initiative at the International Roundtable Symposium was well received. As well, about 150 PAs stopped by the HealthForceOntario booth, many expressing an interest in the project and job opportunities.

Updated PA competency profile
The Canadian Association of Physician Assistants developed a new National Competency Profile modeled after the Ontario Competency Profile’s CanMEDS format. This profile provides further clarity on the generalist competencies expected from all PAs in Canada.

PA education programs
Another PA education program is underway! A consortium consisting of the University of Toronto, the Michener Institute, and the Northern Ontario School of Medicine has launched Ontario’s second PA education program. The first group of 22 students will begin January 2010 and will graduate with a Bachelor of Science (Physician Assistant) degree.

Also, for the first time, graduates of the accredited PA program run by the Canadian Forces at CFB Borden were granted Baccalaureate degrees by the University of Nebraska. The graduation ceremony was held July 28, 2009. Congratulations!

For more information about the PA initiative, search “physician assistant” at www.healthforceontario.ca