

SPECIALTY PRACTICE

ISSUE BRIEF




PHYSICIAN ASSISTANTS IN DERMATOLOGY

Physician assistants (PAs) practice medicine as part of a physician-led team. This team practice can reduce appointment waiting times and improve patient satisfaction. PA education and communication skills enhance outcomes and free physicians to attend to complex cases. Also, according to 2008 data from the Medical Group Management Association (MGMA), for every dollar of charges a PA generates for a practice, the employer pays, on average, 30 cents to employ the PA.¹

PAs in dermatology play a number of varied and vital roles, reflecting many facets of the field. From providing patient care and education to undertaking treatment of chronic skin conditions and cosmetic procedures, PAs are skilled and flexible members of the medical team. Adaptable and versatile, they complement the work of their supervising physicians and make the practice of dermatology more responsive to the needs of patients and dermatologists.

PAs practice medicine with physician supervision and have the authority to

diagnose and treat patients in many different settings. PAs' generalist medical education provides a solid foundation from which to address the diverse aspects of dermatology practice, including performing physical exams, diagnosing conditions and developing treatment plans, providing health counseling, prescribing medications and assisting in surgery. Dermatology PAs routinely see patients for acne, eczema and other common skin disorders. PAs also can conduct biopsies, perform simple and complex excisions, and assist in major surgical procedures such as Mohs Micrographic surgery.



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PAs are trained in intensive medical education programs accredited by the Accreditation Review Commission on Education for the Physician Assistant. The average PA program is 27 months and is characterized by a rigorous, competency-based curriculum with both didactic and clinical components.² Programs are offered at medical schools, colleges and universities, teaching hospitals and through the US Armed Forces.

PAs provide medical care with physician supervision. All states, the District of Columbia and the majority of US territories authorize PAs to practice. In those jurisdictions and in federal agencies, physicians may delegate to PAs medical duties that are within the physician's scope of practice, the PA's training and experience and that are allowed by law.

After graduation, PAs are required to pass the national certifying examination administered by the National Commission on Certification of Physician Assistants (NCCPA) before they can practice. To maintain certification, PAs must complete 100 hours of continuing medical education every two years and take a recertification examination every six years.

PAS IN ACTION

AAPA's Jennifer Anne Hohman interviewed leading PAs in dermatology. The following accounts taken from these interviews illustrate PA range and versatility in the workplace.

PA PLAYS KEY ROLE AT OUTPATIENT DERMATOLOGY CLINIC

Illustrating the versatility of PA roles in dermatology, a PA employed by a university-based outpatient clinic divides her time between patient care and clinical research. Supervised by a dermatologist with whom she has

worked since 1995, she treats a wide variety of dermatology conditions. Her duties include performing biopsies, freezing lesions with liquid nitrogen, providing phototherapy treatment and managing chronic skin conditions, such as psoriasis, eczema and acne. Patients with chronic conditions appreciate having an ongoing relationship with an easily accessible practitioner.

This PA sees both new and follow-up patients. Typical new-patient visits encompass skin cancer screenings and preoperative consultations. Patients are also scheduled with the PA for consultation regarding cosmetic procedures, including laser resurfacing, dermabrasion and chemical peels.

By seeing an average of 40 patients a day, this PA has dramatically reduced patient waiting time. Helping patients with less severe conditions also frees her supervising physician to concentrate on more complex and serious cases and to conduct dermatology research.

On the PA's two days outside the clinic, she lectures to PA students on dermatology topics and participates in university-sponsored research in dermatologic oncology.

COSMETIC PROCEDURES, CARING MANNER

Another PA enhances the cosmetic dermatology practice of her supervising physician by performing key cosmetic procedures for a growing patient base. These procedures include laser hair removal, leg vein treatment and laser resurfacing. She also sees patients for tattoo removal, chemical peels and dermabrasion. Although the PA can confidently handle these procedures without direct supervision, her

supervising physician is generally on-site for consultation as needed.

The PA is able to spend ample time with patients to educate them about the methods and goals of various dermatology procedures. Many female patients report that they appreciate being able to see a woman practitioner who can sympathetically address their cosmetic and skin care concerns. The PA and her supervising physician have noted that well-informed patients are more compliant with recovery instructions after their care and are pleased with treatment outcomes. Dedication to patient education and a caring, personal touch have made this PA a great asset to both her patients and employer.

PREVENTIVE CARE FOCUS AT A COLORADO PRACTICE

This PA extends quality care in a fast-paced dermatology practice while working as a team with his supervising dermatologist. The Colorado-based clinic sees patients with a variety of sun-related skin issues. Monitoring patients for skin cancer is a key clinical focus, for which the PA performs biopsies, excisions and skin cancer screenings. He also handles follow-up care and patient education. Working in consultation with his supervising physician, the PA sees patients for a variety of skin conditions, including acne, rashes, hair loss and rosacea. Without PAs on staff to see them, many patients with chronic skin conditions would wait weeks for a visit with the dermatologist.

Since hiring this versatile and personable PA, the practice has noted a growing and satisfied patient base, with a corresponding rise in revenue for the practice.

DERM SURGERY: PROVIDING CARE FROM PROCEDURE THROUGH RECOVERY

In a busy North Carolina dermatology practice, a PA provides a wide range of surgical dermatology services in cooperation with the dermatologist. Following Mohs surgery, for example, the PA assists with wound closure. She answers patient questions on wound care, anesthesia and postoperative care, and has developed a postoperative wound care form with a checklist specific to each case to help patients care for themselves at home. She also takes call, fields patient phone calls and e-mails, writes prescriptions and sees surgical patients for follow-up care. These activities help free valuable time for the dermatologist while ensuring personalized and well-coordinated care for patients.

REIMBURSEMENT

Nearly all private payers cover medical and surgical services provided by PAs. However, private health insurance companies do not necessarily follow Medicare's coverage policy rules. Because of the potential variation among insurance companies, practices should verify each company's specific payment and coverage policies for PAs. AAPA has extensive information about private payer policies available at www.aapa.org/advocacy-and-practice-resources/reimbursement/payer-profiles.

Medicare pays the PA's employer for medical and surgical services provided by PAs in all settings at 85 percent of the physician's fee schedule. These settings include hospitals (inpatient, outpatient, operating room and emergency departments), nursing facilities, offices, clinics, the patient's home and first assisting at surgery. In certain settings, services that PAs provide may be billed at 100 percent under the supervising



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physician's provider number by meeting the "incident to" or shared visit billing requirements.

All 50 states and the District of Columbia cover medical services provided by PAs under their Medicaid fee for service or Medicaid managed care programs. The rate of reimbursement is either the same as or slightly lower than that paid to physicians.

For more information about third-party coverage, visit our Reimbursement page at www.aapa.org/advocacy-and-practice-resources/reimbursement.

SATISFIED PATIENTS, GROWING REVENUES

The contributions of PAs to a typically busy dermatology practice are notable.

Hiring a PA brings a skilled and flexible provider to help with all aspects of practice, from patient education to surgical procedures. PAs allow a practice to see more patients and to see those patients quickly — a combination that equals a happier clientele and increased practice revenue. PAs' personalized care and communication skills can help ensure patient satisfaction. Satisfied patients, better coordination of care, greater revenues and time to focus on complex cases make PAs in dermatology just what the doctor ordered.

INFORMATION RESOURCES

For additional information on dermatology PAs, contact the Society of Dermatology Physician Assistants at 800-380-3992, e-mail sdpa@dermpa.org or visit www.dermpa.org. You can also contact AAPA's Jennifer Anne Hohman at 703-836-2272 ext. 3220 or jhohman@aapa.org.

For more information about PA education, PA scope of practice and how to hire a PA, visit AAPA's Resources page at www.aapa.org/advocacy-and-practice-resources/issue-briefs.

REFERENCES

- ¹ Medical Group Management Association. (2009). *Physician compensation and production survey: 2009 report based on 2008 data*. Englewood, CO: Medical Group Management Association.
- ² Physician Assistant Education Association. (2007–2008). *Twenty-fourth annual report on physician assistant educational programs in the United States*. Alexandria, VA.



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