

PHYSICIAN PRACTICE OPTIONS™

IMPROVING PATIENT CARE THROUGH INCREASED PRACTICE EFFICIENCY

October 15, 2003

CONTENTS

Features

Technology
EMR Adds Efficiency
to Group Practice 3

Strategy
Kaiser Shows
How Computerized
Systems Improve
Efficiency, Cut
Costs 10

Commentary
Career Change May
Open New Doors 13

Departments

Editorial
Physicians Need
More Time for
Patient Care 2

Practice Management
Crisis Requires
Asset Protection 6

Physician Extenders Help Rheumatology Group Expand

Expanding their practices is almost impossible for many rheumatologists, partly because it is so difficult to recruit additional rheumatologists. Chris Morris, MD, a rheumatologist who practices with his father at Arthritis Associates in Kingsport, Tenn., has found a way to address this problem. By incorporating physician extenders into the practice, they have been able to add new patients, reduce appointment wait times, and provide better care.

Rising Demand

The number of Americans with arthritic diseases is growing. Last fall, the federal Centers for Disease Control and Prevention in Atlanta reported that one out of three Americans had some type of arthritic condition. "Unfortunately, the number of trained rheumatologists has not kept pace with the increased demand for rheumatologic care," says Morris.

For Arthritis Associates, the difficulty of finding trained rheumatologists to join the practice was compounded by the fact that the elder Morris, Alton Morris, MD, who is turning 75 this year, would like to cut back on his work and eventually retire.

After trying unsuccessfully to recruit a rheumatologist, the Morrises decided to add a physician

extender (meaning a physician assistant or nurse practitioner) to the practice. "Many patients we see have chronic conditions and are on long-term medications that require regular monitoring," Morris explains. "A physician extender can easily be trained to do such monitoring. For example, a patient taking methotrexate who comes in on a regular basis can be seen by a rheumatologist every third or fourth visit, while the physician assistant will see the patient on the other visits."

Originally, Morris was concerned that adding physician extenders would cause him to feel that he was relinquishing control of his patients. But he is confident now that the physicians remain in control of care. "Loss of control concerns many physicians when they think about adding an extender to the practice," Morris says. "But the extenders know how to spot a problem, and when they find one, they come to us. In practices that deploy physician extenders appropriately, the physicians do not abandon their patients, and they continue to monitor their care. For example, at the end of each day I review all the charts of my patients who were seen by a physician extender."

Today, Arthritis Associates has three physician assistants. "We chose to use physician assistants rather

(Continued on page 8)

(Continued from page 1)

than nurse practitioners because PAs are trained to work under the supervision of physicians, while nurse practitioners in many cases are looking to develop an independent practice," Morris says, adding that many rheumatologists have developed successful collaborations with nurse practitioners.

Greater Volume

Arthritis Associates draws from a large population base. "We practice in the Tri-Cities of Kingsport, Johnson City, and Bristol, each with populations of about 45,000 to 55,000 people," says Morris. "But the metropolitan area has a population that is more than 300,000, and our service area contains close to 750,000."

To meet the demands of such a large service area, but unable to increase the number of practitioners in his practice, Morris found that by adding physician extenders he was able to reduce significantly the wait time for new patient appointments. "For the first six or seven years of our practice together, we were able to keep our new patient appointment wait time down to about four weeks," he relates. "However, as our practice grew, the number of return appointments made by our existing patients limited the number of slots we could allocate to new patient visits. By 2000, our appointment wait time had grown to two months. We were very dissatisfied with that length of wait time. By hiring a physician extender, we were able to reduce our new patient wait time to less than four weeks, which means more

patients are treated promptly."

Scheduling new patients early is important in providing quality care to rheumatology patients, Morris says: "The sooner we can see a patient, the more quickly we can provide early and aggressive therapy, thereby improving patient outcomes."

Patients with acute needs can be seen more quickly as well. "Patients with rheumatoid arthritis, lupus, or other types of inflammatory arthritis can experience acute flare-ups," Morris offers. "In many practices, rheumatologists are so swamped with scheduled patients that they find it difficult to quickly treat patients who have acute conditions. When patients' conditions flare, they may be told, 'We do not have any slots today. Can you come in next Wednesday?' For someone in pain, that wait may be intolerable. So, some patients may go to the emergency room—not exactly the best way to manage care. Because we have PAs, when one of our patients calls complaining of a flare-up, we can schedule the patient to see a PA that day. Physician assistants help us provide high-quality care and service to patients who need acute management."

What's more, as a result of adding physician extenders to the practice, patient volume has increased, Morris says. "Prior to adding extenders, our practice had about 1,100 patient visits a month," he says. "Three years later, that number has nearly doubled."

Furthermore, many patients prefer receiving care from the physician assistants. "Physician extenders tend to have a nice way with patients, and can spend more time with each

patient than the physician sometimes can," Morris says. "A rheumatology practice—in which many patients might be elderly, have chronic conditions, and be in pain—can serve its patients well by having a clinician on staff who can spend more time with them."

Adding Services

The practice started with one physician extender and then quickly added another. "We were very pleased with the addition of the PA to our practice, so when his schedule was close to becoming saturated, we added a second PA," Morris explains. "Then, late last year, we added a third PA to focus on a patient population that is underserved: patients with fibromyalgia."

Morris hired a PA who had experience in psychiatric services and had worked in home care and nursing homes to focus her attention on the practice's patients with fibromyalgia. "Having a PA dedicated to fibromyalgia care has been a successful strategy for our practice," Morris says.

Most rheumatologists have difficulty integrating more than a few patients with fibromyalgia into their practices, Morris says. "These patients require a lot of time," he explains. "Their problems are extremely complex, so their care is also complex, as well as time consuming." For these reasons, Morris says, some rheumatologists do not have many patients with fibromyalgia, stating that they can serve more patients overall by limiting the number of patients with this condition who are accepted into their practice.

(Continued on page 9)

"In practices that deploy physician extenders appropriately, the physicians do not abandon their patients, and they continue to monitor their care."

—Chris Morris, MD, Arthritis Associates

“Physician extenders tend to have a nice way with patients, and can spend more time with each patient than the physician sometimes can,” Morris says.

(Continued from page 8)

For Morris, one benefit of adding a PA dedicated to fibromyalgia care relates to patient satisfaction. “We have noted that our patients with fibromyalgia enjoy being able to spend more time with a dedicated caregiver who is focused on their concerns,” Morris says. “The PA devotes more time to each of these patients than I can, discussing their care and mapping out a therapeutic plan. In fact, one of my patients with fibromyalgia told me how much she likes having our PA work with her; I think this shows the value of including PA services in our practice.”

A second benefit is an increase in referrals. “Many family physicians become frustrated with managing the care of their patients with fibromyalgia,” Morris notes. “They appreciate having someone who can come up with many different ideas for helping these patients to manage their pain. The fact that we have a dedicated clinician available to work with these patients and develop a plan for both pharmacologic and nonpharmacologic management has generated more referrals to our practice.”

Billing Issues

Arthritis Associates bills payers for physician extender visits, but Morris points out that reimbursement rules vary from state to state. “In many states, including Tennessee, if a physician is present in the office, the PA can bill at the same rate as the physician because he or she is acting as an extension of that physician,” explains Morris. “Some states require that the physi-

cian be within a certain number of miles of the site of care, or be available for contact via telephone.” (In some states and in certain circumstances, the physician extender may be required to bill at a decreased rate, such as 70% of the physician fee.)

By enabling an expansion of patient volume and by billing at the same rate as the rheumatologists, the physician extenders have been a profitable addition to Morris’s practice. “Our physician extenders have enabled us to increase our billings by about 50%,” says Morris. “At the same time, our overhead expense as a percentage of collections has remained constant.”

Using physician extenders to expand a rheumatology practice benefits not only the individual practice, but the patient community as well. “By recruiting physician extenders, we have extended the supply of rheumatology care that is available to the patients in our service area,” Morris says. “Some rheumatologists in our area have six-month waiting lists for new patient visits. That is unacceptable. Other geographic areas are facing similar problems related to the shortage of rheumatology care.”

The low number of rheumatologists available to provide care eventually may have a negative effect on patients. “Right now, there are 2.5 million Americans with rheumatoid arthritis,” Morris says. “And studies have shown that these patients exhibit better outcomes when they are managed by a rheumatologist. The fact that there are not enough rheumatologists to care for the relevant patient population means that many patients will

not receive appropriate care. The only way practicing rheumatologists will be able to offer appropriate care in the short term is to consider alternative ways of providing care, and using physician extenders is one of the best methods of achieving that end.”

While Morris believes that physician extenders can help provide a solution for now, he also believes in encouraging physicians in training to join the specialty. A clinical associate professor of medicine at the Quillen College of Medicine at East Tennessee State University, Morris has residents work within his practice each month. “Primary care physicians-in-training who stay in the community feel more comfortable referring patients to us than to other rheumatologists, simply because they have spent time in our office,” he says. “They know me, and they know the kind of care and individual attention their patients will receive.”

In this way, Morris has helped spur interest in the specialty. “Three residents who have cycled through our practice are either now in a rheumatology training program or have completed a rheumatology fellowship,” he says. “There are many rheumatologists practicing in communities where there are medical schools. If they open their offices to some of the primary care residents in their area, they could improve their referral base and perhaps encourage residents to consider rheumatology as a specialty.”

—Reported and written by Deborah J. Neveleff, in North Potomac, Md. More information on physician practice strategies is available on our Web site (see page 16).

ARTHRITIS- OPTIONS.com



Our FREE online resource includes:

- ▼ Strategies and tactics to build your practice
- ▼ A complete database searchable by keyword, subject, or issue
- ▼ Interaction with experts on all aspects of the Business of Medicine™
- ▼ Links to business resources, such as group purchasing, practice management, marketing, and CME
- ▼ E-mail updates on the latest developments in the Business of Medicine™

E-MAIL UPDATES

Let ARTHRITIS-OPTIONS.com come to you! ARTHRITIS-OPTIONS.com can keep you up to date automatically on the latest developments in the **Business of Medicine™**. You can sign up at ARTHRITIS-OPTIONS.com or fill in your name and e-mail address below and fax it to us at **973-682-9077**.

Name: _____

E-mail: _____

PHYSICIAN PRACTICE OPTIONS™

IMPROVING PATIENT CARE THROUGH INCREASED PRACTICE EFFICIENCY

October 15, 2003



Premier Healthcare Resource
150 Washington St.
Morristown, NJ 07960

PSRST STD
U.S. POSTAGE
PAID
Permit No. 664
S.HACKENSACK,NJ