

Physician Assistant

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Background need

- Improve the efficiency of the cancer specialist by appointing a Physician's Assistant. Focus on doctor's needs.
- Improve time spent between patient and physician by taking over various tasks e.g. mini-projects, administrative tasks, test requests, collection of results/monitoring.
- Communication with patients

Background need

- The increased complexity of patient management has led to an increase in non-clinical workload such as special drug applications, enquiries to pharmaceutical companies, special one off projects that can improve day to day system problems.

Aims and objectives

- Improve quality of direct patient to physician interaction.
- Reducing non-clinical tasks that the physician has inherited as the field becomes more complex.

Aims and objectives

Treatment Co-ordination

- A physician assistant can facilitate treatment protocols - more likely to be completed optimally (Co-ordinator role)
- Adherence to treatment protocols – assurance of safety and compliance

Aims and objectives

Improve Physician Efficiency

- Physician time spent cost effectively
(Costing analysis being done)
- Reduce “stress” levels for the physician as day to day and long term tasks are completed, delivering job satisfaction

Aims and objectives

- Improve patient satisfaction
(Testimony of support, verbal, letters)
- If successful, this role could be transposed to other cancer specialists

Methods

- Identify and understand the work environment that the physicians practice within.
- Promote a structure within the work schedule
(e.g weekly meetings, weekly scheduling)

Methods

- Identify opportunities for saving time.
(drug committee submissions)
- Implement improved processes.
(billing, revenue opportunities)
- Review/refine effectiveness of new approaches with physicians
(in progress – conflict between doing or reviewing)

Impact/outcomes

- Outcomes

- Service. Keeping away from hospital (e.g. Mrs. L, Mr. McC)
- Better patient care, educated safety compliance (many patients)
- Point of contact that is reliable and proactive.

Impact/outcomes

- Outcomes.
 - Things get done.
 - Saving expensive and specialised physician time.

Key learnings

- Managing constraints.
 - The institutional barriers
poor work ethics/morale, lack of services
within the organisation, funding restrictions
 - all increase the potential for failure and
mistakes.
 - Physician Assistant becomes necessary
because of system failures

Key learnings

- Transferability.
 - Requires funded position but revenue opportunities exist.
 - Attitudinal and cultural change needed
 - Recognition by administrators and clinical staff
- Anything you'd do differently?
 - Extend time frame.

Key learnings

- Key performance indicators achieved.
 - Treatment co-ordinator role established – all new patients have been overseen by PA.
 - Time saved by physician –
 - PA doing many administrative and clinical activities, e.g. letters relating to direct patient care.

Key learnings

- Key performance indicators achieved
 - PA. Time spent raising awareness of new software programme (implementing a project)
 - Billing inpatient with private health insurance for their chemotherapy treatment.

How will you sustain and imbed your innovation beyond the Grant period?

- Harness revenue that is not collected and in doing so improve internal processes and facilitate better community education/patient care.
- Convince administrators that role improves patient care and is cost effective