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A Survey Assessing Patient Satisfaction with Physician Assistant Care at the Maple Street Clinic.

Abstract
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A Survey Assessing Patient Satisfaction with Physician Assistant Care at the Maple Street Clinic.

By:

M Isabel Brady

A Clinical Research Project Submitted to the Faculty of the School of Physician Assistant Studies

Pacific University

Forest Grove, OR

For the Masters of Science Degree August, 2004

Advisor: Kier Todd, PA-C
Project Mentor: Conley Lynch, MD

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Biography

Isabel Brady is originally from Nyack, NY where she received her primary education. She attended the State University of New York at Stony Brook in Stony Brook, NY where she earned her BS in Psychology. She was employed as a social worker while living in NY and then moved to Phoenix, AZ where she continued to pursue her career as a social worker. In 1998 she became interested in making a career change to the health care field. After much research she decided to return to school and work towards being accepted into a Physician Assistant program. She completed many of her prerequisite courses at Phoenix College and South Mountain Community College while working full time as an HIV/AIDS case manager. In 2002 Isabel left Arizona for her journey towards becoming a Physician Assistant and moved to Oregon where she began her training at Pacific University's School of Physician Assistant Studies. Isabel plans on returning to her home in the desert after graduation and practicing internal medicine. She enjoys outdoor activities including, rock climbing, mountaineering, and mountain biking but most of all enjoys being in the desert with her friends.

Abstract: The purpose of the study is to obtain opinions from patients who receive care from the Physician Assistants at the Maple Street Clinic in Forest Grove, Oregon. The Maple Street Clinic is a family practice clinic that currently has two Physician Assistants on staff and since their inception patient satisfaction had not been assessed. An anonymous survey assessing 8 domains were offered to a random sample of 100, English speaking patients who were 18 years of age or older while they waited for their appointment with the Physician Assistants between the months of May and June 2004. The survey used was adapted from The Art of Medicine survey developed by Mekl MD who measured patient satisfaction with Physician Assistants with in the Kaiser Permanente Rocky Mountain Division. The average and the range were calculated for each domain using the Excel program. The data suggest that 73% of patients surveyed were generally satisfied with the care that they received from the Physician Assistants. This was a general trend throughout all the domains and was predicted at the start of the study. It was also predicted that many patients would not know the difference between an MD and a PA and although this trend was not measured many patients asked for or were given literature explaining PA training.

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List of Abbreviations

National Center for Health Education.....NCHE

Emergency Department.....ED

Physician Assistant.....PA

Maple Street Clinic.....MSC

Family Nurse Practitioner.....FNP

American Association of Physician Assistants.....AAPA

Introduction

The Purpose of the Study

The purpose of the study is to assess patient satisfaction with care from the Physician Assistants at the Maple Street Clinic.

Research Hypothesis

The research hypothesis is as follows: patients are currently very satisfied with the care from the PA's at the Maple Street Clinic in all 8 domains but many will not know the difference between an MD and a PA.

Background

The health care crisis in America has been the primary focus of politicians and health insurance companies since the 1970's. "The US health care crisis was formally announced in the 1970's during the Nixon administration when there were unexpected Medicare costs, inflation, and an increased use of technology."[1] "The cost of health insurance premiums rose eight times faster than the rate of inflation."[2] Which means the cost of insurance increased but employee wages did not rise equally. The government has also had to foot the bill for a good portion of health insurance in the US. According to the National Center for Health Education, (NCHE) the US government now insures 39.2 million employees, 39 million people on Medicare and 41 million people on Medicaid.

The health care crisis has also perpetuated an increase in health care costs. When there is a rise in the cost of care and of drugs many patients may not fill needed prescriptions and a costly domino effect can be seen. Decreased use of medications can causes an increase in illness and a subsequent increase in Emergency Department (ED) visits which can lead to an increase in overall health care costs.[3] Often patients present to the ED with exacerbations of an illness that could be managed on an outpatient basis with a regular office visit and medication adjustment. An example of this is the exacerbation of a chronic pulmonary condition, asthma. According to Geisler, PA-C, nonadherence to asthma therapy is associated with increased exacerbations, hospitalizations, ED visits and asthma-related mortality. Many patients with chronic illnesses utilize the ED for primary care due to lack of health insurance, "In the 1990's 44 million Americans or 16% of the nation had no health care and eight out of ten of them were workers or their dependents."[1] It is this cycle that politicians and health insurance companies are trying to stop but there appears to be no end in sight for the reduction in health care costs without raising costs to the consumers.

The use of Physician Assistants (PA's) can help reduce the cost of health care and still provide a quality service to patients as will be discussed later in this paper. Patient satisfaction with care has become even more of an important issue for providers who are interested in maintaining a profitable practice. Consumers are more educated than ever before with the availability of resources like the internet. Chat rooms are available to patients with chronic illness and providers who are viewed favorably by patients can be referred by other members in the chat rooms. Patients in small rural towns often seek

medical care at the same facility and information regarding patient dissatisfaction with a local provider can spread rapidly.

The Maple Street Clinic (MSC) is a family practice clinic located in rural Forest Grove, Oregon. It has provided healthcare for the surrounding area for approximately 30 years. There are currently 7 medical providers, two of which are PAs. Prior to 2000 the clinic was staffed by a female, Family Nurse Practitioner (FNP) and when the position was vacated, the board decided to fill the position with a female PA to continue to provide care for patients who prefer a female provider. The first PA was hired in 2000 and the second was hired in 2002 and since their inception at the clinic, PAs have not had any feedback regarding patient satisfaction. Some board members of MCS, had expressed interest in knowing if patients were satisfied with their care from the two PAs.

History of the PA Profession

The Physician Assistant profession grew out of the idea that returning Vietnam corpsmen could be trained to provide much needed medical care here in the US. Dr. Eugene Stead believed that using the fast track training model originally implemented to rapidly train physicians for World War II, could be utilized to train army corpsmen. The PA "would be trained to assist the doctor…in such a way as to facilitate better utilization of available physicians and nurses."[4] In the 1960's, health care was particularly needed in rural areas of the US and Physician Assistants were primarily trained "to improve access to health care for underserved populations."[5] According to the American Association of Physician

Assistants (AAPA) 2003 demographics, 4.2% of 18,155 PAs that responded to their annual survey indicated that they were employed by a federally qualified rural health clinic, and 31% of respondents were employed the area of Family Practice.[6] Duke University was the first school to develop a PA program and subsequently graduated the first class of PAs in October 1967. Since 1967, programs have sprung up throughout the US and today there are 130 accredited PA programs. Most programs are between 25 and 27 months in length. The first year or didactic year, is a rigorous twelve months of learning pharmacology, pathophysiology, anatomy and physiology and developing history taking, and physical exam skills. The second year or clinical year is spent practicing the art of medicine along side either an MD or a PA. Clinical rotations usually include emergency medicine, community medicine, family practice, internal medicine, and pediatrics as well as electives or rotations outside of the US.

Cost Effectiveness of Hiring a PA

With the skyrocketing cost of medical care and the recent changes to Medicare, insurance companies will be scrutinizing costs for health care even more closely than in previous years. The goal of any medical practice is to strike a balance between increasing the patient load therefore increasing revenue while providing competent and thorough health care. The evidence is showing that the addition of PAs to any practice can help achieve this goal. According to Anderson and Hampton, "Evidenced based on productivity measures, salaries and costs of medical education indicates that physician assistants and nurse practitioners are cost-effective providers of health services."[5] PA salaries are well

below the average Family Practice physician's salary of $147,516.[7] According to the AAPA the median salary in 2003 for a PA was $72, 457, but was also dependent on the location and type of practice. According to Askins and West, in 1997 PAs in surgical subspecialties earned about $71,384, whereas Family/General Medicine PAs earned $61,060 annually. PA salaries tend to be higher in areas with populations of one million or more and lower in area with less than one million in population but still clearly less than physician salaries for any given population or geographic location. Physician Assistants can also increase the revenue of a practice by increasing patient visits. In an article published in the Physician Relations Update, it was estimated that a busy PA could see approximately 25 patients a day at $51.00 per visit, this employee could generate $250,000 to $300,000 per year in charges.[8] The addition of a PA to any practice has the potential to substantially increase productivity and revenue.

With regards to training and clinical abilities, the PAs scope of practice is broad and can be divided into six categories; according to the Essentials and Guidelines for an Accredited Educational Program for the Physician Assistant this includes: evaluation, monitoring, diagnostics, therapeutics, counseling, and referral.[4] Within these categories PAs, depending on their training, can perform much more in depth procedures such as suturing, splinting, and injections. According to Askins and West, PAs can perform about 80 percent of the physician's duties therefore increasing productivity without compromising quality with less financial cost to the practice.

Patient Satisfaction

Quality of care has become an increasingly important issue in health care especially with increasing costs. Competition between health care plans is stiff and consumers want to feel satisfied with the services they are being forced to pay more for. Understanding patient satisfaction with care is therefore critical if medical practices are to be successful.[9] Changes that can be made within a practice to accommodate patients include, offering multiple providers, employing male and female practitioners to provide gender specific care, providing same-day appointments, and expanding clinic services and hours. Patient satisfaction is important to assess to confirm that efforts are being received positively by patients and to evaluate for future changes. Measurement of satisfaction is believed important also because evidence indicates that satisfied patients are more likely to feel they have participated in decision-making and will more likely follow through on those decisions when compared with those who are not satisfied.[9] Health care dollars can be decreased by increased patient participation in prevention if the patient feels satisfied with the provider.

Historically, consumers had not been surveyed about their overall satisfaction with PA care, but rather their attitudes towards physician extenders, as noted in Storms and Fox in their 1975 study of PA's and NP's in Baltimore, "there had been no studies that examined the consumer's assessment of PAs."[10] This was most probably due to the youth of the PA profession in the mid 70's and the initial push to educate the general public about the role of the PA in the healthcare setting. However, in 1986 Oliver and Conboy's study assessing patient satisfaction with PA service noted that although there had been previous

satisfaction surveys in urban and HMO settings, "No studies documented how well patients in rural or semi rural primary care office-based practices accept PAs"[10] It would have seemed prudent to assess patient satisfaction in these setting if rural health care is a major focus of the PA profession. In Oliver and Conboy's study they surveyed 308 patients in family practice clinics in seven Midwestern rural and semi rural communities. They found that overall patients seemed very satisfied with the care and that "PAs provided two significant contributions to a medical practice: a high level of patient satisfaction and, from the patient's view, better office efficiency."[11]

Methods

Subjects

Subjects were randomly chosen as they waited for their appointments with the either of the PAs at MSC between May 10th and June 16th of 2004. Only patients 18 years or older and due to the cost of clinic interpreters, only English speaking patients were chosen to participate. Age and language status were checked through the clinic computer system prior to the appointment time.

Procedure

Both PAs work on different days of the week and in an attempt to get an equal sample of each provider's patients, patient interview days were alternated. For example, PA # 6

held hours on Monday thru Friday with a half day on Wednesday. PA # 7 held clinic hours on Wednesday thru Friday. PA # 7's patients were interviewed on Wednesday afternoons and Thursdays while PA # 6's patients were interviewed on Wednesday mornings and all day on Tuesdays. A daily patient list for each PA was obtained from the front office staff and the English speaking only patients were approached in the waiting room while they are waited for their appointment. The interviewer identified herself as a student of Pacific University School of Physician Assistant Studies who was conducting an interview to help assess patient satisfaction with care from the PAs at the Maple Street Clinic. Collected data was then entered into an Excel spreadsheet.

Materials

Those patients who agreed to participate in the study were given a clip board, pen, the informed consent letter to sign (appendum 1) that explained the study and a copy of the survey. Patients were then also informed that if they chose not to participate they were not denied any health care services at the clinic. Any questions were answered at anytime during the study. If patients agreed to participate in the study but did not know what a PA was then they were provided with literature, developed by Lori Morgan PA-C, (addendum figure 2) that explained the role and education of a PA. If the patient had not ever seen either of the PAs and they agree to participate in the study, the patient was given the questionnaire (addendum figure 3) following their appointment. If the patient had seen either of the PAs and they agreed to participate in the study then the questionnaire was given to them prior to their appointment. If the patient did not know if they have ever seen either of the PAs and they agreed to participate in the study then they

were asked to complete the questionnaire following their appointment. A copy of the signed informed consent letter was given to the patient and the interviewer retained the original. If the patient agreed to participate in the study a copy of the questionnaire was provided with a pen and clipboard. The patient was instructed to circle the number that best described their experience with each stated situation. When patients had completed the questionnaire they were instructed to return it to the interviewer.

Results

A Likert scale was used to score each of the eight questions. The scale scored the questions using numbers one through five and were anchored by the statements, Strongly Disagree and Strongly Agree, respectively. Each question used the same scale so that the higher the score for each question the more favorable the experience. Patients were asked to circle the score that corresponded best to the experience stated. A middle score of three was used as the No Opinion option for those patients who may not have experienced a particular situation or had no thoughts positive or negative towards the experience. Patients were also asked 3 demographic questions: age, gender, and provider most often seen. A number value of 1 through 7 was used for each of the 7 providers. If patients were new to the practice and had never seen any of the providers then 0 was assigned. Gender was assigned a number value as follows: female =1 and male =2. All the data was entered into an Excel spreadsheet and graphs were developed.

Figure 1

Figure 2

The sample size is N=100, there were 87% females and 13% males with an average age for the total sample was 38.78, see figure 2. The "Provider Most Often Seen" break down was as follows: 16% of patients saw provider 1, 9% saw provider 2, 15% saw provider 3, 17% saw provider 4, 1% saw provider 5, 34% saw PA 6 and 2% saw PA 7, 4% left the answer blank and 2% had no regular PCP or were new patients to the clinic, see figure 1.

The first domain measured was Courteousness and Respect, of 100 respondents 83 used a score of 5 and no one responded below a 4 with an average of 4.84 (see figure 3). The second domain measured was Understanding and of 98 respondents, 70 patients ranked their experience as a 5, 28 ranked it as 4 and 2 did not respond with an average of 4.714. Patients ranked their experience with Explanation as follows; of 100, 78 responded with 5, 19 with 4, 2 with 3 and 1 with 2 with an average of 4.74. The domain of Use Words was ranked by 100 patients as 78 used a score of 5 and no used a score below 4 with an average of 4.78. The domain of Listening was ranked as follows; of 95 respondents 76 responded with 5, 17 with a 4, 1 with a 3, 1 with a response of 1 and 5 patients had no response, the average was 4.768. Enough Time was ranked by 96 respondents as; 70 responded with a 5, 25 with a 4, 1 with a 1 and 4 patients did not respond with an average of 4.708. Patients ranked the domain of Confidence as follows; of 94 respondents 71 scored their experience with a 5, 21 with a 4, 2 with a 3 and 6 patients did not respond, the average was 4.734. Ninety-five patients ranked their experience with Overall Satisfaction as follows; 73 used a 5, 21 scored with a 4, 1 with a 3 and 5 did not respond,

the average was 4.757. Physician Assistant 6 saw 74% of the patients and PA 7 saw 26% of the patients interviewed.

Figure 3

Discussion

The limitations of the study include the small sample size which was due the limited time to conduct the study. The other major limitation was the exclusion of any Spanish speaking patients. It was not financially feasible to utilize the interpreters employed by the clinic and it would have been an increase in their daily responsibilities. Physician Assistant 6 had a large Hispanic, female patient base that was excluded from this survey.

The patients could have been influenced by the interviewer who was a PA student and some maybe patients felt obligated to respond positively. Some patients stated that the survey questions were unclear and this may have caused some confusion with patient's responses. The majority of the No Responses came from the last 4 questions on the survey and this may have been due to patients being unaware of a second page of the survey. The interviewer attempted to show both pages of the survey but was not consistent with this effort. Physician Assistant 6 was ranked as the Provider Most Often Seen and 74% of her patients were surveyed. This was a direct reflection of the length and schedule of PA 6. Physician Assistant 6 has worked at the MSC since 2000 and is employed as a full time employee while PA 7 has been employed since 2002 and is a part time employee. Clearly PA 6 has had more time to build up a client base than PA 7 and this is reflected in the data. Another bias of the study may have been that during the month that the study was conducted, both PA's were precepting a student and some patients may have evaluated the student and not the actual Physician Assistant.

The primary goal of the study was to attempt to measure the patients satisfaction with the care from the PA's at the MSC. The results do indicate that of the 95 patients who responded, 73 felt Overall Satisfaction with their PA which was predicted at the start of the study and Provider Most Often Seen was not a factor. The domain with the most variation was Listening and this may be interpreted by a possible misinterpretation of the question by the patient. The domain of Understanding had the lowest amount of patients who responded with a score of 5 than any of the other domains but of the 98 patients who responded, 28 scored Understanding using a 4 which is the highest percentage of Agree

than any of the other domains. So although some patients did not Strongly Agree that their problem was understood by the PA a significant percentage did at least Agree that their problem was understood.

The results of Rod Hooker's 1997 study indicated that satisfaction was reported regardless who the health care provider, this was also reflected in the current study. In Hooker's study, each of the eight domains was scored on a scale of 1 to 100. Hooker reported that respondents scored practitioners on each domain from 89% to 96% so according to the study overall, patients were satisfied with the care from their provider which included PA's. The current study used a smaller scale to measure responses, 1-5 but if the scale had been increased the data would still reflect that patients were generally satisfied with care.

Although the study had some relevant limitations it provided a general indication of patient's opinions regarding their care. This study could help the staff at the clinic reevaluate how they are communicating with their patients and possibly improve some of the lower scored domains such as Enough Time and Confidence. As was predicted the PA's provide satisfactory care to their patients while being courteous and respectful, having a good understanding of the patient's problem, explaining to patients and using words that are nontechnical and have proven themselves to be an asset to the Maple Street Clinic.

Appendix

Addendum 1

Informed Consent Form

My name is Mary Isabel Brady and I am a Physician Assistant student at the Pacific University School of Physician Assistant Studies in Forest Grove, Oregon. I am conducting a study to examine patient satisfaction regarding care received from the Physician Assistants here at the Maple Street Clinic. The purpose of the study is to document how satisfied patients are with the level of communication and level of confidence in the Physician Assistants abilities. The results of this study will help the medical staff at the Maple Street Clinic to determine if the patients are satisfied with the care they receive from the Physician Assistants at the Maple Street Clinic. If you have any questions pertaining to this study I can be reached at 602.571.4428.

You are being selected randomly to complete this survey. I would appreciate your completing this brief questionnaire. The questionnaire is anonymous and will in no way identify you as a participant. I am interested in your honest opinions. If you prefer not to answer a question please leave it blank. If you do not understand a question please ask the interviewer for clarification. The questionnaire should take about 15 minutes to complete. Please return it to the interviewer when you are done. If you decide not to participate, you are free to withdraw at any time by simply returning the questionnaire to the interviewer. Your participation is voluntary; refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. Your refusal or participation will in no way affect your care here at the Maple Street Clinic.

I will be happy to answer any questions you may at any time during the course of this study. If you are not satisfied with the answers you receive, please call the chairman for the Pacific University Institutional Review Board (IRB), Dr Karl Citek at 503.352.2126. During your participation in the project all questions should be directed to the researcher who will be solely responsible for any treatment (except in an emergency).

Thank you in advance for your cooperation with this important effort. Your answers will make a significant contribution to the care at the Maple Street Clinic. If you would like a summary of the findings, a copy of the study will be made available at the Maple Street Clinic on Aug 30, 2004.

M Isabel Brady PA-S
Pacific University
School Of Physician Assistant Studies.

_____
Print Name

_____
Signature of Subject

Addendum 2

SATISFACTION SURVEY

AGE:_____ **SEX:_____**

PRIMARY PROVIDER: (WHO DO YOU SEE MOST OFTEN)_____

Using this guide, please CIRCLE the number that BEST describes your experience:

1=STRONGLY DISAGREE 2=DISAGREE 3=NO OPINION 4= AGREE 5=STRONGLY AGREE

1- How COURTEOUS and RESPECTFUL was the clinician?

1	2	3	4	5
SD	D	NO	A	SA

2-How well did the clinician UNDERSTAND your problem?

1	2	3	4	5
SD	D	NO	A	SA

3-How well did the clinician EXPLAIN to you what he or she was doing and why?

1	2	3	4	5
SD	D	NO	A	SA

4-Did the clinician USE WORDS that were easy for you to understand?

1	2	3	4	5
SD	D	NO	A	SA

5-How well did the clinician LISTEN to your concerns and questions?

1	2	3	4	5
SD	D	NO	A	SA

6-Did the clinician spend ENOUGH time with you?

1	2	3	4	5
SD	D	NO	A	SA

7-How much CONFIDENCE do you have in the clinician's ability or competence?

1	2	3	4	5
SD	D	NO	A	SA

8-OVERALL, how satisfied are you with the service that you received from the clinician?

1	2	3	4	5
SD	D	NO	A	SA

Addendum 3

What is a PA?

Physician Assistants are well trained and highly skilled medical professionals. Physician Assistants are trained to do medical histories, perform physical exams, and diagnose common family practice illnesses. They are trained to order and interpret lab, x-ray and other diagnostic tests. They are licensed to prescribe medications to treat a variety of medical conditions. Physician Assistants are also trained to do medical procedures and minor surgery. Physician Assistants are highly skilled in patient education and counseling. Physician Assistants are licensed by the Board of Medical Examiners in the state in which they practice. They work with a sponsoring physician who usually works at the same medical center. Physician Assistants are trained to recognize serious or complicated patient illnesses that may require treatment by a physician or specialist.

RESPONSIBILITIES OF A PHYSICIAN ASSISTANT

- Diagnose & treat common medical conditions
- Monitor & treat chronic medical illnesses such as hypertension and diabetes
- Perform medical histories and physicals
- Prescribe medications
- Promote health maintenance and wellness
- Order and interpret diagnostic tests, labs and x-rays
- Provide well child care and immunizations
- Provide family planning services and women's health
- Work in specialty settings such as dermatology, surgery, orthopedics and cardiology

EDUCATION

Physician Assistants graduate from a NCCPA accredited medical program and are supported by the American Academy of Family Practice, the American College of Surgeons and the American Academy of Physician Assistants.

The majority of Physician Assistant programs are approximately 24-27 months long, require a bachelors degree and numerous hours of related medical experience to be eligible for entry. Many Physician Assistant programs are now a master's level education. After graduation from a Physician Assistant program, the Physician Assistant will take national board certification exams and be certified as a Physician Assistant.

The Physician Assistants working at Maple Street Clinic have a Master of Science in Physician Assistant Studies.

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