

IMPROVING PRIMARY CARE AND SAVING HEALTHCARE DOLLARS WITH PHYSICIAN EXTENDERS/PHYSICIAN ASSISTANTS

ISSUE

Physician Assistants/Physician Extenders make health care more accessible. Why not in BC? There is clear evidence that availability of primary care has significant implications for British Columbia's economy both in terms of overall population health and the impact of employee productivity and absences on business. Though our government has made expanding availability of primary care a key priority, British Columbia suffers from a lack of primary care. In other jurisdictions, the shortage of primary care has been addressed successfully with the introduction of physician extenders, also called physician assistants. The terms are interchangeable. The British Columbia government should embrace the physician extender model so that our economy may reap the benefits of primary care and create new efficiencies in our healthcare system, truly providing universal, accessible health care for all.

BACKGROUND

Macro level research indicates that health (measured in terms of life expectancy) is positively correlated with economic growth (measured in terms of GDP growth rate)¹. Statistics show that two key drivers of employee absences:² either due to illness or to caregiving for family members³ are health-related. The costs of illness-related impacts on business are immense, as demonstrated by recent statistics:

- Conference Board of Canada: private sector organizations estimate direct cost of employee absences is 2.3% of gross annual payroll⁴
- Statistics Canada: in 2011, total work time missed due to illness or disability was 3.1% of the average work week, which translates to 7.7 days per year.⁵
- Stats Can's 2012 General Social Survey reported 1.6 million employee caregivers took leave from work; 600,000 reduced their work hours; 160,000 turned down paid employment; 390,000 quit their jobs to provide care.⁶

Against this backdrop, it is crucial to recognize the role of primary care in improving health outcomes and reducing the impact of employee illness on business.

¹ D. E. Bloom, D. Canning, and J. Sevilla, "The Effect of Health on Economic Growth: A Production Function Approach," *World Development* 32, no. 1 (2004): 1-13

² Employee absences cost the British Columbia economy more than a billion of dollars annually. Stewart, Nicole, "Missing in Action: Absenteeism Trends in Canadian Organizations," *The Conference Board of Canada*, September 2013 <http://www.conferenceboard.ca/e-library/abstract.aspx?did=5780>

³ Dabboussy, Maria and Sharanjit Uppal, "Work absences in 2011," *Statistics Canada*, April 20, 2012 <http://www.statcan.gc.ca/pub/75-001-x/2012002/article/11650-eng.pdf>.

⁴ Stewart, Nicole, "Missing in Action: Absenteeism Trends in Canadian Organizations," *The Conference Board of Canada*, September 2013, <http://www.conferenceboard.ca/e-library/abstract.aspx?did=5780>

⁵ Dabboussy, Maria and Sharanjit Uppal, "Work absences in 2011," *Statistics Canada*, April 20, 2012 <http://www.statcan.gc.ca/pub/75-001-x/2012002/article/11650-eng.pdf>.

⁶ Sinha, M. (2012). "Portrait of Caregivers, 2012." *General Social Survey*, *Statistics Canada*. <http://www.statcan.gc.ca/pub/89-652-x/89-652-x2013001-eng.htm>

- It has long been accepted and confirmed that availability of primary care is strongly linked to better health outcomes.^{7 8} In addition, a larger supply of primary care physicians is associated with lower costs of health services^{9 10 11}, and higher quality¹². A healthier population means fewer employees who must miss work because they are sick or must provide care to a sick family member or friend.
- When employee illness occurs, primary care is in most cases dramatically more efficient than the alternative, a visit to the emergency room. Whereas physician office visits can be booked in advance to minimize work interruption, the emergency room waiting times in British Columbia are now routinely measured in terms of hours.

It is common knowledge that primary care is in short supply in British Columbia. In the Central Okanagan alone, it has been estimated that up to 40,000 people do not have access to a family doctor. Other regions in the province experience the same issue, including Vancouver and various smaller BC communities. The implications of BC's primary care shortage for business are not hard to grasp. Less primary care means lower productivity.

In February 2013, a joint initiative by the BC government and the BC Medical Association was launched to address growing concerns about lack of primary care. The initiative, "A General Practitioner (GP) for Me", had as its objective securing a General Practitioner (the principal purveyor of primary care) for everyone who wanted one by 2015.

Though *A GP for Me* made progress, the progress was incremental only, and the shortage of primary care remains. Although in the past, the provincial government has signaled a readiness to embrace a broader conception of primary care, Budget 2019 was a disappointment. Health care spending for 2019 tops \$21 billion. The Finance Minister said the previous government's policies "didn't work" but offered no specifics on the new government's "team approach." There was no mention of Physician Extenders.¹³

⁷ Starfield B, Shi L, Macinko J. *Contribution of Primary Care to Health Systems and Health*. The Milbank Quarterly. 2005;83(3):457-502. doi:10.1111/j.1468-0009.2005.00409.x.

⁸ Pierard, E. (2009). *The effect of physician supply on health status as measured in the NPHS*. Retrieved February 25, 2012 from <http://www.rdc-cdr.ca/effect-physician-supply-health-statusmeasured-nphs>.

⁹ Hollander, M.J., Kadlec, H., Hamdi, R. & Tessaro, A. (2009). *Increasing value for money in the Canadian healthcare system: new findings on the contribution of primary care services*. Healthcare Quarterly, 12(4), 32-44

¹⁰ Mark, D.H., Gottlieb, M.S., Zellner, B.B., Chetty, V.K. & Midtling, J.E. (1996). *Medicare costs in urban areas and the supply of primary care physicians*. Journal of Family Practice, 43, 33-9.

¹¹ Baicker, K. & Chandra, A. (2004). *Medicare spending, the physician workforce, and beneficiaries' quality of care*. Health Affairs, (Suppl. web exclusive), W4-184-197).

¹² Baicker, K. & Chandra, A. (2004). *Medicare spending, the physician workforce, and beneficiaries' quality of care*. Health Affairs, (Suppl. web exclusive), W4-184-197).

¹³ "Minister James said the government is hiring 200 new family doctors, 200 nurse practitioners and 50 pharmacists, to provide faster, better care in every corner of the province at urgent care and primary health clinics. The NDP scheme to hire 200 new primary care physicians is equally ambitious but James said the Liberal plan to find more family doctors obviously didn't work, so we're taking a team approach. She was referring to the government's oft-touted primary care strategy which envisions doctors, nurses and other health care providers working in teams at clinics, all under one roof. It remains more of an aspirational concept, as no specifics emerged Tuesday." Pamela Fayerman, Vancouver Sun, February 19, 2019 "*The B.C. Ministry of Health will spend about \$21 billion in the 2019/20 fiscal year and \$21.5 billion in 2021/22.*" <https://vancouversun.com/news/politics/b-c-budget-2019-health-care-spending-tops-20-billion-a-year>

SOLUTION

Recognition of the Physician Extender/Physician Assistant in the Medical Services Plan Billing Scheme

A physician extender is a trained assistant who can perform several tasks that a family doctor normally performs. Physician extenders are able to relieve doctors of many less complicated cases, which frees physicians to handle more patients in general. Crucially, the medical-legal responsibility for the physician extender rests with a supervising physician, which ensures that physician extenders are delegated functions that are within their scope of practice. Accordingly, under the physician extender model, a physician retains primary responsibility for patient care, which distinguishes the use of physician extenders from other non-physician affiliated primary care models (e.g., independent nurse practitioners).

The United States pioneered the use of physician extenders in the 1960s. Their use of physician extenders has led to dramatic improvements in efficiency and PAs are widely accepted part of the primary care system in the United States.¹⁴

In Canada, physician assistants were first introduced into the Canadian Forces to address a shortage of military physicians and remain an integral part of the armed forces healthcare system. Other provinces in Canada, including Ontario, Manitoba, Alberta and New Brunswick have trialed and made provision for the use of physician extenders. Today, more than 600 physician assistants are working in clinics, communities and hospitals in Canada, qualified to do physical examinations, take medical histories, order tests, prescribe certain medications, and assist surgeons before, during and after surgeries.¹⁵ Their taxpayer-funded salaries range from about \$75,000 to \$150,000, comparable to what nurse practitioners earn.¹⁶ BC could expand its care profile, make clinics more profitable, and reduce the associated HR issues detailed earlier in this paper by adopted PAs immediately into the health care system. Issues around financial cost of expanding physical space in clinics can be dealt with through the range of financial models suggested by the Conference Board of Canada.^{17 18} Clinics in Peachland, Kelowna and Cranbrook all are experiencing first-hand not only physician shortages, but inability of physicians to expand their clinics for the potential inclusion of PAs without financial assistance.

¹⁴ See B. Hague, *The Utilization of Physician Assistants in Canada, An Environmental Scan*, Health Canada, April 2005. Available online: https://capa-acam.ca/wp-content/uploads/2012/06/2005_The-Utilization-of-PA-in-Canada-An-Environmental-Scan.pdf

¹⁵ P. Fayerman, "Pressure on government to recognize physician assistants", *The Vancouver Sun*, November 6, 2018. Available online: <https://vancouversun.com/news/local-news/pressure-on-government-to-recognize-physician-assistants>

¹⁶ *Ibid.*

¹⁷ Physician Assistants Are Making Health Care Accessible: Why not in BC? October 10, 2018 A presentation to the Select Standing Committee on Finance and Government Services, BC Patrick Nelson, Executive Director, CAPA-ACAM <https://capa-acam.ca/pa-news/physician-assistants-are-making-health-care-accessible-why-not-in-b-c/>

¹⁸ <http://www.conferenceboard.ca/e-library/abstract.aspx?did=8107>; <http://www.conferenceboard.ca/e-library/abstract.aspx?did=8347>; <http://www.conferenceboard.ca/e-library/abstract.aspx?did=9090>

The experience in other provinces demonstrates that physician assistants can improve health efficiencies in the Canadian health care setting.^{19 20} As the use of physician assistants expands, formalized post-secondary education programs for physician assistants have been established at the Universities of Toronto, McMaster University and the University of Manitoba.

The success and promise of physician extenders have not gone unnoticed by business. A recent report from the Conference Board of Canada²¹ found that physician extenders are able to substitute for more than 29 per cent of a physician's time, and that adding them to orthopaedic and emergency room care generates savings when they substitute for specialists' time. The report also concluded that integrating more physician extenders into health care teams "can help alleviate the increase in demand, decrease wait times, and alleviate workforce shortages."

Doctors recognize the potential. In an official policy statement, Doctors of BC has called on the provincial government to recognize physician assistants as a regulated profession, with oversight by the College of Physicians and Surgeons of BC.²²

In British Columbia, there is an ample supply of professionals (such as retired Canadian Forces physician assistants) with training and skills that are equivalent or superior to those who act as physician extenders in the United States and other Canadian jurisdictions. However, despite the availability of skilled workers who can fill these roles, the physician extender model is not used at all in British Columbia.

The reason for this is that in British Columbia, use of physician extenders is, for practical purposes, inhibited by limitations imposed by the "Guide to Fees", which governs what services physicians may bill to the British Columbia Medical Services Plan. More specifically, the section on "Delegated Procedures", section C. 20, on page 1-19 specifically provides that "visit" type services such as examinations, assessments and consultations may only be billed by physicians. Simply put, there is no practical way for physicians in British Columbia to financially integrate a physician extender into their practice.

The solution is to amend the *Health Professions Act* to recognize and regulate physician extenders, and to permit British Columbia physicians to use their Medical Service Plan billing numbers to bill for services provided by physician extenders.²³ The advantages of this solution include the following:

¹⁹ Decloe, McCready, Downey, Powis *Improving health care efficiency through the integration of a physician assistant into an infectious diseases consulting service at a large urban community hospital*. *Can J Infect Dis Med Microbiol*. 2015 May-Jun;26(3):130-2. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC26236353/>

²⁰ M. Vanstone, S. Boesveld and K. Burrows, *Introducing Physician Assistants to Ontario*, Health Reform Observer, vol. 2, no. 1 (2014). <https://mulpress.mcmaster.ca/hro-ors/article/view/1187/1226>

²¹ The Conference Board of Canada, *Gaining Efficiency: Increasing the Use of Physician Assistants in Canada* (October 2016). https://www.conferenceboard.ca/temp/3099d099-321e-488b-a6f0-3474c43614c6/8347_PhysiciansAssistants_RPT_.pdf

²² https://www.doctorsofbc.ca/sites/default/files/2013-10_-_physicians_assistants_-_new_template_id_238037.docx

²³ The Conference Board of Canada has also produced a report on funding models for physician assistants; see *Funding Models for Physician Assistants: Canadian and International Experiences* (September 2017) <https://www.conferenceboard.ca/e-Library/document.aspx?did=9090>

1. Linking the physician extender billings to a supervising physician provides an unambiguous indication of the physician’s professional and legal responsibility for the physician extender’s practice
2. Services provided by a physician extender can be billable at a lower rate than equivalent services performed by a physician, which creates the potential for efficiencies and greater return on healthcare dollars
3. Enabling physicians to profit from physician extenders provides a financial incentive for enterprising medical school graduates to choose family practice over the traditionally more lucrative speciality practices, which will ultimately increase the supply of family physicians in British Columbia
4. A recent study has shown that physicians are motivated to hire physician assistants to help deal with long wait times and long hours, which suggests that the physician extender model may help ease the burdens on British Columbia’s primary care physicians.²⁴

THE CHAMBER RECOMMENDS

That the Provincial Government:

1. Integrate the role of “physician assistants/physician extenders” as an additional solution to the primary care shortage in British Columbia
2. Recognize PEs/PAs in the Medical Services Plan Billing Scheme
3. Provide British Columbia’s family physicians with the ability and incentives to financially integrate physician extenders into their practices
4. Support necessary training and regulation of PAs/PEs to ensure that British Columbians receive the best quality, most cost-efficient care.

Submitted by the Kelowna Chamber of Commerce; supported by the Greater Vernon Chamber of Commerce, the Greater Westside Board of Trade, the Peachland Chamber of Commerce, the Summerland Chamber of Commerce, the Penticton Chamber of Commerce, the Cranbrook Chamber of Commerce and the Maple Ridge Chamber of Commerce.

²⁴ M. Taylor, W. Taylor, K. Burrows, J. Cunnington, A. Lombardi, and M. Liou, *Qualitative study of employment of physician assistants by physicians: benefits and barriers in the Ontario health care system*, *Can Fam Physician*. 2013 Nov;59(11): e507-13. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC24235209/>