Physician Assistants in Urology
A Historical Perspective/Current Practice/Future Outlook

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Clinical Specialist Male Erectile & Sexual Dysfunction
Metro Urology
St. Paul, MN
Sir Giles Brindley

- Discovered penile injection therapy for erectile dysfunction
- 1983 Las Vegas American Urological Association (AUA)
Acknowledgements
Acknowledgements

Actient Pharmaceuticals  
Endo Pharmaceuticals  
Lilly Pharmaceuticals  
Timm Medical  
American Medical Systems  
Coloplast  
Karl Storz Endoscopy  
LABORIE  
Life Tech  
Slate Pharmaceuticals  
Uroplasty  
Absorption Pharmaceuticals  
Association of Peyronie’s Disease Advocates  
Astellas  
Dendreon  
Meda Pharmaceuticals  
Uromatrix  
Augusta Medical Systems
Changes In Urological Practice

30 Years Ago
Critical Care Specialty

15 Years Ago
70% of Patient Care Revenue Came From Surgery

10 Years Ago
Urologists Were Among Highest Paid Specialists
Medicare & Urology

1965-1995 “The Golden Years”

- 1989 Median urologist income was $420,000 from “Patient Care”
  - 85% urologists were in 1-3 man groups

1996-2009 “The Not So Golden Years”

- Budget Reconciliation Act 1996 Created 10% Yearly Fee Reduction
  - 1993 Median urologist income $430,000 from “Patient Care” decreased to $230,000 by 2003
  - 65% Urology income now comes from Medicare

Courtesy of Steve Wilson, MD
Urological Manpower

- 40% of Practicing Urologists over 55
- AUA estimates more than 2000 Jobs available
- Urologists Retiring and No Replacements
- Pay Off Education Loans ($200K)
- Pay Signing Bonus ($50-100K)

Virtually every practice and most hospitals LOOKING
Urological Manpower—What We Know

310,000,000

6507

357,000,000

<6,000

2009

2020

American Urological Association
U.S. Census Bureau 2009
Mega Group

• Groups Formed From Existing Urologists Without Subspecialty

• Centers of Excellence

• Ancillary services provided CT, MRI, Pathology Lab, Outpatient Surgical Centers, Radiation facilities, Research, Drug Studies

• All the Subspeciality Niches Need Filling For Mega (and Academic)

• Median compensation in 2008 was $383,016

• Solo practitioners median was $235,000
Physician Assistants
In the mid-1960s, physicians and educators recognized there was a shortage and uneven distribution of primary care physicians. To expand the delivery of quality medical care.

Dr. Eugene Stead of the Duke University Medical Center in North Carolina put together the first class of PAs in 1965.
Impact of the PA

257 million patient visits were made to physician assistants.

332 million medications were prescribed or recommended by PAs.

American Academy of Physician Assistants 2009
PA Profession

Top 100 rank: 2
Sector: Health Care
What they do: Act as Robin to a doctor's Batman, performing routine care such as physicals and tests, counseling patients, and even prescribing medication, all under a doctor's supervision. Today's doctor shortage will only worsen as boomers age and health care reform brings more patients into the system, creating a huge need for PAs.
What's to like: No med school, no grueling internship, more freedom to move from one specialty to another -- yet all the satisfaction of delivering care. "No day is exactly the same, and I love that variety," says Wayne VonSeggen, 61, of Wake Forest University Baptist Medical Center in Winston-Salem, N.C.? "It's also very challenging intellectually to work with doctors to try to help solve problems."
What's not to like: High stress and considerably lower pay than what doctors make. In such a supportive role, you can't be an entrepreneur.
Requirements: Complete an accredited PA program (average length: 26 months). The typical applicant has a bachelor's degree and four years of health care experience.

• Ranked #2 for top jobs for the second consecutive year
• Projected job growth 39%
PA Specialties

- Primary Care (36%)
- Internal Medicine subspecialties (11%)
- General Surgery (3%)
- Surgical Subspecialties (22%)
- Pediatrics and Pediatric subspecialties (2%)
- Emergency Medicine (10%)
- Other areas of medicine (16%)

AAPA 2008 Census
Scope of Practice

- Physicians may delegate to PAs those medical duties that are within the physician’s scope of practice and the PA’s training and experience.
- State medical and PA practice acts and regulations generally allow physicians broad delegatory authority, which permits flexible, customized team practice.
- In facilities such as hospitals, PAs obtain clinical privileges through a system similar to the one used for physicians.
- All 50 states, the District of Columbia, and Guam authorize PAs to prescribe.
Proven ImPAct of Quality of Care

• ↓ in transfer time to OR of 43%
• ↓ in transfer time to trauma ICU of 51%
• ↓ in transfer time to surgical floor of 20%
• LOS for neurotrauma ICU patients ↓ by 33%

Proven ImPAct of Quality of Care

- ↓ Overall mortality by 25%
- ↓ in mean and median hospital LOS was 7.9% and 3.6%

PA Utilization in Urology
PA Utilization in Urology

• Boom in the utilization of Physician Assistants (PA) and Nurse Practitioners (NP) in all areas of medicine
  • 1990s: the number of PAs and NPs increased 97% & 200% respectively\(^1\)

• 30% of Family Practice physicians utilize Non-physician Providers\(^2\)

• ↑ in Cardio-thoracic and Orthopedic surgery utilization with specialty training\(^3,4\)

• Urologists have lagged in utilization

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1 Weiner, J., "A Shortage of Physicians or a Surplus of Assumptions?" Health Affairs, Jan/Feb 2002-Vol 21, No.1. Project Hope, 2002. 160-162
2 www.aafp.com
3 www.apacvs.org
4 www.asopa.org
PA’s in Urology

Practice Distribution
- 46% of PA’s in single specialty practice setting
- 23% worked in outpatient hospital unit
- 13% worked in inpatient hospital unit

Years in Practice
- 10.8 years in clinical practice
- 10.3 years in current position
- 6.0 years in current specialty
Benefits of Integrating a PA into a Urology Practice

- Work in concert with the physician to deliver quality health care
- Ease/Shift Physician workload
- Increase patient satisfaction
- Increase revenue
- Create new revenue possibilities (Fulfill “niches” (ADT/BOO/MSD/FSD))
Physician Workload

• Easing Physician Workload:
  – Shift Physician’s workload
    • PA/NP handles routine office visits, rounds, take call and the physician can manage more complex cases
    • Prescription refills, patient calls, paperwork, Walk-ins, urgent care
Patient Satisfaction

- **Increasing Patient Satisfaction:**
  - **Part of a team:**
    - Enhances continuity of care and patient compliance
    - Patient waiting times are lessened
    - Increased access to care

- **Kaiser Permanente Center of Health Research**
  - Patient Satisfaction levels with PAs high (~96%)
    - Interpersonal Care
    - Confidence in Provider
    - Understanding of patient problems

The Permanente Journal, Summer 1997
Economical

- Cost-effectiveness:
  - Medical Group Management Association
    - Collects data annually comparing PA compensation with their charges
    - MGMA reports PAs generate far more than compensated
      - Primary Care PAs: For every $1 of charges generated for the practice, the employer pays on average 33 cents to employ the PA
      - Surgical PAs: Employer pays 32 cents for every dollar of charges generated

- In physician-owned multispecialty groups that used NPPs in 2008, median total medical revenue per full-time-equivalent (FTE) physician was $218,281 greater than the practices that did not have NPPs.
Outpatient Utilization

• Increase outpatient visits:
  • Urology PAs in outpatient settings see 70-100 patients per week (2008 Data)
  – Develop an area of specialization
    • Incontinence Center
      – Urodynamics, biofeedback, non-surgical management
    • Pelvic pain
    • Male/Female sexual dysfunction
  – Procedures:
    • Cystoscopy
    • Prostate Biopsy
    • Vasectomy
    • TRUS

• Develop support groups
• Conduct research, collect data
Inpatient Utilization

• Surgical Settings
  – Pre-Op H&P
  – Films, check labs
  – First Assisting
    • Medicare Rules:
      – First Assist Fees 16% of Primary Surgeon Fees
      – PA First Assistant: 13.6%
  – Post-op Care

• Rounds

• Patient Discharge & Discharge Summaries
Billing/Reimbursement Issues (Medicare)

- **PA issued UPIN**
  - **Independent Billing:**
    - Reimbursed at 85% of physician fee schedule (Office & Hospital Settings)
  
- **“Incident to” Billing:**
  - Reimbursed at 100% Medicare Rates
  - Applies to office setting only
  - Incident to Rules:
    - A Physician must:
      1. Physically be on site when PA/NP delivers care
      2. Personally treat patients on their first visit to the practice
      3. Personally treat established patients who present with new medical problems (Co-signature is not enough)
Billing/Reimbursement Issues (Medicaid)

- **NP:** Individual provider numbers
  - Exceptions for reimbursement paid at 100% of the TMRM include:
    - Injections
    - Laboratory
    - Family planning contraceptive drugs, devices and supplies
    - Radiology service

- **PA:** Independent Billing legislation pending
  - “Incident to” billing only
Salary

- Mean salary $94,000
- Base salary ranged from $77,500 – $115,000
- Solo practices moving toward RVU generated compensation formulas
Keys to Successful Integration

• Alleviate misconceptions among Physicians & Staff
• Patient Acceptance
  – Educate your Patients
    • Literature in waiting rooms/reminder cards

• Acceptance from Referring Physician
  – Oftentimes referring Physicians utilize PAs/NPs
  – Talk to referring providers to alleviate concerns or fears
    • Address concerns about the care their patients are receiving
    • Allow them to contact you personally
    • Explain how it will increase access of care to their patients
PA Utilization in Urology
What’s Ahead

• In 2008, AUA Ad Hoc Committee determined significant workforce shortage in urology

• Concluded that PA’s and other Non-Physician Providers would best fill this need.

• Preliminary survey indicated that 74% of academic institutions were utilizing NPP’s compared to 22% of solo practices
Training & Professional Development
Post Graduate Training for PA’s

- UT Southwestern Post Graduate Urology Fellowship (www.utsouthwestern.edu)
- University of Illinois College of Medicine at Rockford (www.medicine.uic.edu)
- Rosalind Franklin University Urology Residency (www.rosalindfranklin.edu)
The Urological Association of Physician Assistants (UAPA) is dedicated to supporting and advancing physician assistants in urology.

It is our goal to provide quality education, current information, and enhance career development for PA’s in urologic practice.

The UA PA also interacts directly with the American Urological Association (AUA) through our elected liaison.

We are an officially recognized specialty organization of the American Academy of Physician Assistants (AAPA).

www.uapanet.org
UAPA Highlights 2010-2011

• Represented on the AUA Education Council & Membership Committee
• Presented at ½ day symposium at SMSNA
• Presented at WSAUA, LUGPA, AAPA
• Secured Management by WJ Weiser
• Day Dedicated to the PA’s/NP’s/RN’s at SMSNA Annual Meeting
UAPA Highlights 2011-2012

Inaugural CME Meeting
Increased Membership
Stay Tuned