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Administration and Accountable Care Organizations

PAs Take on New Challenges



American Academy of
PHYSICIAN ASSISTANTS

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PA's Take on New Challenges

PAs are on the move, in a good way. Because of the changing healthcare landscape and sweeping changes like the Affordable Care Act, an increasing number of PAs are assuming leadership and administrative roles in practices, hospitals and healthcare systems across the nation. Now, more than ever, you're pursuing master's degrees in business administration or hospital administration, and you're moving into top management posts. As the profession has evolved, so have PAs' aspirations. And the clinical expertise of your PA peers is being recognized as vital to the management and integration of patient care services. Some of them are featured in the stories below.

In the coming months, we'll introduce you to more PA in leading management positions, like Sheri Shebairo, PA-C, who was recently named director of physician assistant services, department of surgery, at Memorial Sloan-Kettering Cancer Center in New York; Zach Hartsell, PA-C, who became the director of physician assistant services at Wake Forest University Baptist Health in Winston-Salem, N.C., last year; and Laurie Benton, PhD, PA-C, RN, who began serving as system director, advanced practice professionals, at Baylor Scott & White Health in Texas last summer.

PHOTO / WILLIAM TAUFIC



TRUST WHERE LIFE TAKES YOU

MAUREEN GAFFNEY, RPA-C, RN

BY JOHN TRUMBO

With a mother who was a nurse and a son with special needs, Maureen Gaffney, RPA-C, RN, considered a career in healthcare but was unsure of which career to pursue: nurse or PA. Ultimately, she chose both. "Life takes you places that you never expect to go," she says. She was exposed to the PA profession while caring for her son. "I was intrigued

by how involved [PAs] were in medical decision making and caring for the patient.”

As a young mother of four, she looked into the PA profession but decided to study nursing through her local community college. “I realized that nursing was a wonderful profession as well,” she says. “It gave me a great foundation for caring for patients, learning what the hospital environment was like and [developing] relationships with members of the team.”

After practicing as an RN for five years at Winthrop-University Hospital in Mineola, N.Y., Gaffney realized that her career was taking an unexpected turn. She felt she was moving further away from patient care than she wanted to be. “I was being asked if I wanted to get involved in management and, at the time, I did not,” she explains. “I wanted to get more involved with the patient. That’s when I again researched the PA position.”

Once she was a full-fledged PA, she returned to Winthrop to help start a telemetry service and grow the hospital’s PA program. She also developed a PA/NP medicine service, a program that has expanded from a dozen PAs and NPs to more than 200 who attend to patient needs in nearly every area of hospital care. Gaffney feels that her training as a PA was critical to understanding different specialties and how they relate to patient care. “When you understand clinical operations at that level and when you understand an organization and how it impacts both the staff and patients, then you’re able to develop staffing models, programs and service lines that are patient-centered and in alignment with organizational goals.”

Gaffney was promoted to director of physician assistant and nurse practitioner services, and in July 2010, was named senior vice president of patient care services. She also helped lead Winthrop’s adoption of new technology and electronic medical records and was named to a concurrent role as the hospital’s chief medical information officer (CMIO)—the first time a PA has been named CMIO in this country.

Today, she speaks nationally about technology and patient record security, and sees CMIOs as needing to possess a broad clinical, medical and technological foundation. “That’s where I feel that a PA, because of our training, can move across specialties. You get

a broader sense of how a practice or organization works,” Gaffney explains. “Being a central member of the team, you appreciate the interdisciplinary approach to care, and when you go into management or administration or committee work, you bring a value that is unique. The way we solve challenges that organizations face is truly a team approach and patient centered.”

Gaffney also sees a growing career opportunity for PAs in healthcare informatics, which needs providers who understand hands-on bedside care. “I always say to my students, ‘So much of your learning is in the search.’ When that computer goes down—and it will—they’re paralyzed. We have to make sure we continue to develop [critical thinking] skills

within our academic as well as professional settings.” She explains, “just because the technology is giving you [an answer] doesn’t mean that it’s right. You still have to use the knowledge you have to determine the right thing for the patient.” Winthrop is even initiating regular technology “down times” to help staff exercise their traditional paper skills and critical thinking abilities.

As the tightening healthcare landscape forces PAs, physicians and nurses into making tougher decisions about which types of resources can and should be applied to patient care, Gaffney says that now more than ever PAs must know the medicine and demand the best possible care for their patients, even if it’s outside of what may be considered “standard.” “You are the patient’s advocate and you are responsible for that patient’s life. You have to have that open conversation with your supervising physician.”

Finally, Gaffney urges PAs to get involved early in their careers in hospital- or practice-based committees and initiatives, because this involvement provides valuable insight into the organization’s goals and where PAs fit within the success of those goals. It’s also good exposure to the leadership of that organization, she says. “It’s important to have a voice and make sure you’re representing the profession and educating the people in your group about the role of the PA, what you can contribute and the intellectual capital you can share. That’s why you’re seeing career growth and PAs taking on more and more administrative/leadership positions.”

If you are a PA in a management position, and you have a story to tell, please contact us at news@aapa.org. For more on the Innovative career choices available to PAs, read PA Professional’s October 2013 issue, <http://bit.ly/Lfg2Dr>.



Giving Back to the Community Through Diabetes Care

Scott Urquhart, PA-C, DFAAPA

BY JOHN TRUMBO

Scott Urquhart, PA-C, DFAAPA, began weighing his options for a career in healthcare while completing his undergraduate studies in exercise science and working as a fitness director and personal trainer at a large health club in northern Virginia.

He met some PAs at his club who urged him to consider the profession as a career. At that time, in the early 1990s, there were an abundance of jobs for PA graduates and the idea of not having to devote several years to medical school and residency appealed to Urquhart.

After graduating from George Washington University's PA program in 1993, he practiced in internal medicine for nearly three years. In 1996, he joined Diabetes and Thyroid Associates in Fredericksburg, Va., where he still practices today alongside Mark McClanahan, MD. Urquhart compares his partnership with McClanahan to the relationship between

a president and a vice president. Demonstrating solidarity and teamwork as well as appreciating each other's strengths, they frequently discuss their patient care approaches and plans and other office practice issues.

"We practice up-to-date evidence-based medicine, mirror each other, have very similar practice styles, and want to do the best we can for our patients," Urquhart explains. "Neither one of us is out of the office at the same time. This physician-PA team approach ensures that our patients are receiving the best in continuity of care at any given time. Our patients know they have a team of two to take care

of them, and this approach provides them an assurance that other 'physician-only, nonteam' specialty practices may not be able to provide."

McClanahan and Urquhart both see the same types of patients regardless of how complex the case may be. They have worked side by side for 17 years and agree that the physician-PA team approach allows for immediate, collegial feedback if either one ever has a question or concern with a patient. "The major difference in our workload is that he owns and operates the practice, so he has to handle practice management issues," Urquhart says.

"Above all, the physician should believe he or she can step away and say, 'My patients are in good hands and under great care when I'm out of town or unavailable.' That's what I'm supposed to do for the guy I work for. That says he believes in me and trusts me, and that's always a great feeling."

Urquhart works hard to support and advance healthcare through teaching, lecturing at the state and national level, and volunteering with professional societies. He is a clinical instructor for George Washington University's PA program and an adjunct clinical professor for the PA program at James Madison University. He is a founding member of the American Society of Endocrine PAs, where he served two terms as president and vice president.

"I'm a firm believer that once you feel you've 'mastered' the science or an area in which you practice, you owe it to your colleagues to start teaching," he says. "I believe that's the way the teaching model should work. When you become very proficient and excel [in your area], if you possess teaching qualities, you should be sharing that [knowledge]."


Responding to the nationwide shortage of board-certified endocrinologists as well as frequent requests from fellow PAs and NPs for endocrine training, Urquhart developed a national summit to help primary care/internal medicine PAs and NPs broaden their knowledge and improve upon their skills in endocrinology. He developed and is the chairman of the Metabolic and Endocrine Disease Summit (med-summit.qhc.com), the first and only endocrinology educational conference of its kind designed and presented by PAs and NPs. Three regional summits were held in 2013.

Urquhart is also quick to acknowledge the continuing need for PAs in primary care. "We are very good at treatment but not very good at prevention in this country. It's cheaper to prevent, in most cases, than it is to treat the disease." He adds that once a PA is trained in primary care or internal medicine, he or she can make the transition into a specialty, such as endocrinology, where he says the complexity of the practice keeps the work interesting.

For instance, rising rates of obesity have led to a dramatic increase in the number of diabetes cases that Urquhart sees every week. "The diabetes-obesity parallel increases the patient population load significantly, and we can't accommodate all of those patients. Our practice is always busy. Many endocrine practices in the country probably have upward of a three-month wait to be seen and some aren't accepting new patients. So, either primary care has to help fill the void by advancing their training and knowledge, or patients should expect long wait times to be seen."

Urquhart adds that when managing diabetes, PAs should take into account comorbidities that are associated with it, such as hypertension, dyslipidemia, coronary artery disease and peripheral vascular disease. He believes that patient participation is crucial for effective treatment. "It's important to include your patients in the decision-making process and not be a dictator of their healthcare, but be a partner and [help] facilitate their decisions," he says. "It helps them become involved and holds them accountable, and when they feel involved they tend to do very well."

While certainly not as expensive as medical school in most cases, Urquhart tells prospective PAs to be aware of the cost of their education when looking for the school or program that's best for them. "Medicine will be an on-going education as long as you practice, but what you get out of your formal PA education prepares you to be the best you can be," he says. "The recognition of PAs has grown significantly and the acceptance is there, but there may always be patients who say, 'I want to see the physician.' Organizations such as AAPA do a wonderful job fostering recognition and growth for PAs, so support the key organizations that do legislation and advocacy work for you. If you have a passion to do it, nothing gets in your way."

While talking about the rewards of his job as a PA, Urquhart says that developing a relationship with his patients, making a difference in their lives, decreasing disease progression and improving their health outcomes all make his job more than worthwhile. "Knowing that my patients believe in me and trust me to take their life issues and their disease into my hands is very rewarding and very humbling. Being able to give back to the community and to mankind is a big reward for me." 



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