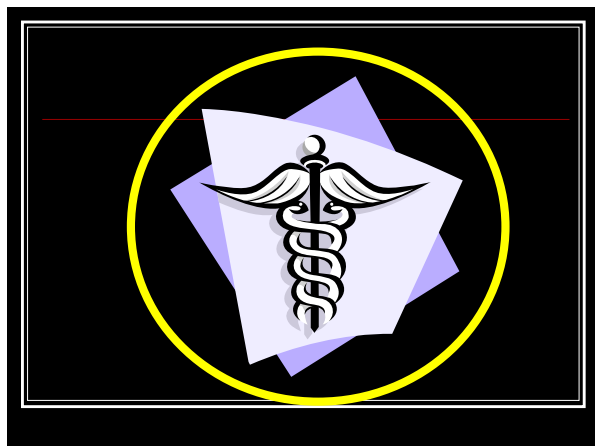




## GROUP 6

### The Health Care Team

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### What is the Health Care Team?

- The Team is comprised of Physicians, Nurses, Physician Assistants, Nurse Practitioners, Physical Therapists, Social Workers etc
- It is one in which every professional works to offer the best possible health care to patients.
- The team depends on the *ability* of each member to perform their duties properly in order to reach their goal.

### Two Types of Care

- Primary care
  - Is described as the first level of health care received by a patient.
  - Specialists of this type of care are usually in family practice, internal medicine or pediatrics.

### Two Types of Care

#### Specialty care

Is the health care services received by a patient following an initial consultation with a primary care practitioner.

It encompasses a very broad array of fields

It is the type of health care service that the

### What is a Physician Assistant?

- Physician assistants as defined by the AAPA are professionals licensed to practice medicine with physician supervision.
- The field arose because of the shortage or misedistribution of primary care providers.
- The physician assistant profession contributes a lot to the health care team today given its relatively recent start in the late 1960's.

## Role of a Physician Assistant in Primary Care

- Some of the services performed by the physician assistant in primary care may include but are not limited to:
  - Assessing a patient of any age by taking a medical history, performing an appropriate physical examination, identifying problems, and recording and presenting the pertinent information.
  - Requesting and interpreting diagnostic studies and performing basic laboratory tests and procedures.

## Role of a Physician Assistant in Primary Care

- Supporting the physician in inpatient settings by assisting in surgery, conducting medical rounds, developing and implementing patient management plans, writing orders, recording progress notes and dictating discharge summaries.
- Performing routine procedures such as suturing and wound care, casting, managing common conditions, and participating in the management of more complex illnesses.

## Delegation

- Delegation of Health Care is based on functions, time and skill level.
- It is dispersed among the team including medical students, patient care associates, lab techs, secretary etc.

## Delegation

- A Health Care Team consists of many Health Care Providers:
  - 1) Doctors/Attending Physicians
    - Have advanced training and specialize in a specific area of medicine.
    - Responsible for delegating health care to health care team.
  - 2) Residents/Fellows
    - Physicians in training; training to specialize
    - Responsible for working closely with physician
    - Can delegate duties to fellow team in absence of attending physician.

## Delegation

- A Health Care Team consists of many Health Care Providers cont.
- 3) Registered nurse
  - Provide care and treatment
  - Responsible for general nursing care, for keeping a close eye on patients 24 hours and for reporting any patient information to Physicians/Physician Assistants.
- 4) Nurse practitioners
  - responsible for taking care of patient and relaying necessary information to attending physician and other team members.

## Delegation

- A Health Care Team consists of many Health Care Providers cont.
- 5) Physician Assistants
  - Responsible for keeping close contact with patient in absence of a physician; ordering necessary diagnostic tests; overseeing nurses.

## What is an HMO?

- Health Maintenance organization (HMO) is a Health Care plan or system that provides care through a network of physicians and hospitals in particular geographic or service areas.

## Purpose of HMO's

- Manage Health Care by using a prepaid model that emphasizes early treatment and prevention.
- Intended to reduce health care costs to patients.

## HMO History

- Prepaid medical care dates back to 1910, overtime HMO type systems developed.
- It was not till 1960's health care costs grew so rapidly that the federal government intervened.
- In 1973, the HMO Act, recognized the promise of HMOs and encouraged their growth nation wide. The Act enabled individual HMOs to receive endorsement from the federal government, and it required employers to offer coverage from at least one federally qualified HMO to all employees.

## Types of HMO

- Staff model
  - physicians are paid employees working on the staff of an HMO.
  - It has been shown to promote wellness and keep patients healthy.
- Group model
  - the HMO contracts with an independent medical group that specializes in a variety of medical services and the HMO in turn provides these services to members.

## Types of HMO

- Independent Practice Association model
  - Gives HMOs maximum flexibility to the HMO members wherein they contract individually for all services.
- Network model
  - The HMO will contract with more than one group to provide services.

## Role of PA in HMO

- "A PA increases a primary care physician's productivity by 49 to 74%." (Ballweg 495).
- Currently, only 7% of PA's practice in HMOs.
- The best progress for the role of PA's in HMOs can be seen in Medicare, a health insurance program administered by the U.S. government covering people at ages 65 and older.
- As of January 1, 1998, Medicare pays the PA's employers for medical services provided by PA's in all settings at 85 percent of the physician's fee schedule. This includes hospitals (inpatient, outpatient, and emergency departments), nursing facilities, home, offices and clinics, and first assisting at surgery.

## Medicare Policy Chart for Physician Assistants

| SETTING                                      | SUPERVISION REQUIREMENT                  | REIMBURSEMENT RATE                                        | SERVICES                                                                                                            |
|----------------------------------------------|------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Office/Clinic where physician is not on site | State Law                                | 85% of physician's fee schedule                           | All services PA is legally authorized to provide that would have been covered if provided personally by a physician |
| Office/Clinic where physician is on site     | Physician must be in the suite of office | 100% of physician's fee schedule <sup>1</sup>             | Same As Above                                                                                                       |
| Home visit/ House Call                       | State Law                                | 85% of physician's fee schedule                           | Same As Above                                                                                                       |
| Skilled Nursing Facility & Nursing Facility  | State Law                                | 85% of physician's fee schedule                           | Same As Above                                                                                                       |
| Hospital                                     | State Law                                | 85% of physician's fee schedule                           | Same As Above                                                                                                       |
| First assisting at surgery in all settings   | State Law                                | 85% of physician's first assist fee schedule <sup>2</sup> | Same As Above                                                                                                       |
| Federally Certified Rural Health Clinics     | State Law                                | Cost-based reimbursement                                  | Same As Above                                                                                                       |
| HMO <sup>3</sup>                             | State Law                                | Reimbursement is on capitation basis                      | All services contracted for as part of an HMO contract                                                              |

<sup>1</sup> Using carrier guidelines for "incident to" services.

<sup>2</sup> i.e. 80% x 10% = 13.0% of surgeon's fee.

<sup>3</sup> Some Medicare/HMO risk contracts may exclude nonphysician providers.

Third party Reimbursement, AAPA, Accrued, 13 Aug. 2006.

[http://www.aapa.org/advocacy/medicare\\_reimbursement](http://www.aapa.org/advocacy/medicare_reimbursement)

## Role of PA in HMO

- "Effective April 1, 2002, the Centers for Medicare and Medicaid Services issued new Medicare Carriers Manual instructions that expand employment and practice ownership opportunities for PAs. The new policy removes a restriction on PA ownership by allowing a PA to have up to a 99 percent ownership interest in an approved corporate entity (e.g., a professional medical corporation) that bills the Medicare program. "

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