

# Should Your Dermatology Practice Hire a Physician Assistant?

This important question, facing many dermatology practices today, requires an exploration of several fundamental practice elements.

**BY MATTHEW ZIRWAS, MD AND VICKI ROBERTS, PA-C**

The number of physician assistants (PAs) practicing in dermatology continues to grow, as does the number of practices employing PAs. This trend has largely been driven by a demand for dermatological services that exceeds the capacity of the current dermatology workforce in many areas of the country. Practices in these areas are often challenged to see new patients in a timely fashion or to appropriately schedule return patients for follow-up appointments or surgeries. If your practice is faced with this situation, you have three traditional options: 1) stop accepting new patients; 2) ask existing providers to see more patients; or 3) hire an additional dermatologist. Often, none of these choices is either practical or beneficial to the practice. By not accepting new patients, the practice may shrink over time and the relationship between the dermatologist and the physician referral base may be at risk. Depending on the practice area, it may also leave patients without access to dermatologic care. If existing providers begin to see more patients, providers may begin to work longer hours, take fewer vacations, have shorter patient visits, and ultimately risk physician burnout. Hiring a new dermatologist may be an option, but it may be difficult depending on the location of the practice, type of practice, etc.

There is an additional option that has not been traditionally available: hiring a physician assistant. Hiring a PA presents its own set of pros and cons that are relatively unique, but overall, can be very favorable. Unfortunately, many dermatologists are relatively unfamiliar with PAs—how they are trained, what they are capable of doing, how insurance

reimbursement will work, and if patients will be accepting of them. The rest of this article and future installments to this series will answer many of these questions in an attempt to help dermatologists make well-informed decisions about whether hiring a PA is right for their practice.

*State Regulations.* The laws regarding physician assistant scope of practice vary from state to state. However, in general, PAs are allowed to do anything that is within the scope of practice of their supervising physician. Theoretically then, a supervising physician could allow a PA to do any or all of the following: histories, exams, prescribing, biopsies, cryotherapy, ED&C, excisions, lasers, injections, peels, and even liposuction or hair transplants. Physician assistants are dependent practitioners, which means they cannot see patients unless their supervising physician is available for consultation. Depending on the state, the patient's insurance, and the type of patient visit, the supervising physician may need to be physically present in the office suite or only need to be available via telephone.

*Insurance.* Other areas a dermatology practice will want to understand clearly before hiring a PA involve insurance reimbursement and malpractice insurance coverage. A PA is generally covered under the malpractice coverage of his/her supervising physician, although the PA can and probably should purchase PA-specific malpractice coverage. Physicians should inform their malpractice carrier if they become the supervising physician for a PA and should not  
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assume that the PA automatically will be covered by the physician's insurance.

*Incident-to Services.* Regarding insurance coverage, it is important to understand the concept of "incident-to" services. Medicare defines "incident-to" services as those that are "an integral, although incidental, part of the physician's personal professional services to the patient." Practically speaking, a physician assistant service counts as "incident-to" if the PA is seeing a follow-up patient for a problem that was previously diagnosed by the physician and is following a treatment plan that was initially established by the physician. Additionally, the physician generally has to be physically present in the office to meet Medicare criteria for "incident-to" services. When a service meets "incident-to" criteria, the bill should be submitted using the physician's provider number, as if the physician had provided the service, and Medicare will reimburse the service at 100 percent of the physician rate. If a service does not meet "incident-to" criteria, it should be submitted under the PA's provider number and will be reimbursed at 85 percent of the physician fee schedule. Insurers other than Medicare can make their own rules regarding how and if they will cover services provided by physician assistants. While the majority of insurers cover services provided by PAs substantially similarly to Medicare, practices should check the policies of the insurers with whom they contract.

### A STARTING POINT

The information above should help you make an initial determination if a PA is a viable solution to help your practice increase its capacity to deliver patient care. However, a number of additional considerations may help a practice determine if adding a PA is the best option. Look for future installments for these topics: the education of a PA, hiring a new versus an experienced PA, compensation, how to integrate the new PA into the practice and community, and tips to help maintain a positive relationship. ■

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