

Examining Attitudes of Referral Specialist Physicians Regarding Physician Assistant Referrals

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Introduction: While the relationship between the primary care PA and the employing or supervising physician has been studied in depth, there is a shortage of research data about the relationship between the primary care PA and the specialist physician. Specifically, this study was designed to investigate the attitudes of specialist physicians regarding direct referral of patients to their practices by the primary care PA. **Methods:** A survey instrument was developed and mailed to a random sample of 5,000 specialist physicians across the United States; 934 completed surveys were returned and analyzed, for a response rate of 18.7%. This response rate is believed to be adequate in terms of survey research and expected from the population surveyed. The data were analyzed using standard statistical estimates including t-tests of differences between means, analysis of variance F-tests, and Pearson chi-square tests. **Results:** Analysis of survey results supports the study hypotheses that the majority of specialist physicians are willing to accept patient referrals from primary care PAs and that specialist physicians are generally satisfied with the appropriateness and timeliness of referrals from PAs. While 80% of specialist physicians accept PA referrals as they would physician referrals, fewer specialists agreed with the statements that "PAs are adequately trained to make referral decisions" (62.8%) and "direct referral to a specialist is included in the role of a PA" (66.1%). Another important finding is that on an individual level, when reflecting on the appropriateness of individual referrals they have received from a PA, 76% were generally "satisfied." In addition, when asked about their satisfaction with the appropriateness of management that the patient received from the PA prior to referral, 64% were generally "satisfied." Whether or not specialist physicians employ or supervise a PA does seem to make a difference in their level of satisfaction with PA referral, their acceptance of referral as part of the PAs role, or their level of satisfaction with the appropriateness of the referral and with patient care prior to the referral. It appears that as the specialist physician becomes more familiar with individual PA practice, they become more accepting of the role that the PA may play in the management and referral of the more complicated patient. **Conclusions:** The nature of the relationship between the primary care PA and the specialist physician has not been well studied. It is apparent that although the majority of specialist physicians accept referrals from PAs and are accepting of the role of primary care PAs in the referral process, they are less satisfied with the appropriateness of the referral and patient management prior to

referral. Certainly, referral to specialist physicians is an important facet of primary care practice and any barriers to effective and timely patient care provided by PAs should be identified. These results also suggest that further exploration of the PA-specialist physician relationship is indicated and that results need to be compared to the level of satisfaction with referral from primary care physicians.