

# Examining Attitudes of Specialist Physicians Regarding Physician Assistant Referrals

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Referral of a patient from a primary care provider to a referral specialist physician for consultation is an important link in the continuum of patient care. Although the relationship between the physician assistant (PA) and supervising physician has been studied extensively, the effectiveness of the relationship between the primary care PA and the referral specialist physician is unclear. The purpose of this study was to examine the attitudes of the referral specialist physician toward direct referral of patients from primary care PAs. A random sample of 5,000 specialist physicians in five specialty areas across the United States were surveyed to determine their willingness to accept referrals from PAs, their attitudes about the appropriateness of PA referrals, and reasons for dissatisfaction, if any. Data analysis revealed that specialist physicians generally are willing to accept patient referrals from primary care PAs and that specialist physicians generally are satisfied with the appropriateness and timeliness of referrals from PAs. Whether or not the specialist physician employed (supervised) a PA in his or her own practice made a significant difference in level of satisfaction with PA referral. To determine the significance of these results, more research is needed to determine specialist physician satisfaction with referrals from primary care physicians compared with PAs.

The process of referral and consultation of a patient from the care of a primary care provider to a referral specialist physician is an important link in the provision of quality patient care. Referral decisions made by primary care providers have a significant effect on the cost and quality of care that patients receive.<sup>1</sup> Excessive referrals may result in unnecessary, possibly harmful interventions. Underreferral may result in adverse outcomes or require interventions that ultimately are more expensive.<sup>1,2</sup>

It has been well documented that effective communication between the referring primary care provider and the referral specialist enhances referral completion and provider satisfaction with specialty care.<sup>3,4</sup> The process of appropriate and timely patient referral when additional expertise is required is crucial to the provision of quality patient care.

The physician assistant (PA) workforce has grown explosively since the 1990s, with PAs providing an increasingly significant proportion of medical care at the primary care level.<sup>5</sup> According to the American Academy of Physician Assistants, an estimated 42,708 PAs are in clinical practice in the United States with an estimated 48.5% working in primary care fields (general/family medicine, pediatrics, general internal medicine, and obstetrics/gynecology).<sup>6</sup> Historically the focus of research in PA practice has been on the relationship between the primary care PA and his or her supervising physician. Little effective research has been done looking into the nature of the PA/specialist physician interaction.

It is well accepted that most primary care PAs are allowed to make direct patient referrals to specialist physicians.<sup>7</sup> As noted earlier, little is known about the effectiveness of this link in the continuum of patient care. In a study that examined barriers to direct patient referral by a PA to a referral specialist physician, it was noted that "refusal or reluctance of specialists to accept referral from a PA" was identified by 17% of the study respondents.<sup>7</sup> A study was initiated within the Veterans Healthcare System in 1995 to investigate barriers to full use of non physician practitioners (PAs and nurse practitioners). Two barriers noted in this study were the lack of clarity regarding the roles of the non physician clinicians and non acceptance by physicians.<sup>8</sup> The purpose of the present study was to investigate these questions and to study further the nature of this important relationship. The following questions were posed:

- Are most specialist physicians willing to accept patient referrals from primary care PAs?
- Are specialist physicians generally satisfied with the appropriateness and timeliness of referrals received from PAs?

## **Method of Investigation**

### *Design*

The project was administered through the Department of Physician Assistant at Wichita State University between December 2000 and October 2001. A 15-item survey instrument was designed to investigate the attitudes of specialist physicians toward direct patient referral by PAs.

### *Subjects*

The survey instrument was mailed to a random sample of 5,000 specialist physicians across the United States. The survey sample was obtained from the American Medical Association database and included 1,000 specialist physicians, randomly selected, from each of the top five specialties (total of 5,000) to which primary care PAs most often refer.<sup>7</sup> Physicians from the following specialties were surveyed: cardiology, dermatology, orthopedic surgery, general surgery, and obstetrics/gynecology. A total of 5,000 surveys were mailed; 934 surveys were returned for a response rate of 18.7%.

### *Measurement*

Respondents were asked a series of questions on general demographics about practice specialty and years in practice. Respondents also were asked to note if they either were currently employing (supervising) a PA or had done so within the past year. A series of questions were asked to determine level of satisfaction with referrals received from PAs and reasons for any dissatisfaction. Finally, respondents were asked to note their level of acceptance of the practice of direct patient referrals by primary care PAs.

### *Data analysis*

Data were analyzed using standard statistical estimates. Significant bivariate relationships were discerned three ways, depending on the level of measurement of the variables in question. These significance tests included *t*-tests of differences between means, analysis of variance F-tests with posthoc between-group Scheffe tests, and Pearson  $\chi^2$  tests. The core domain, question wording, and selection options were piloted among a limited number of physicians who acted in a consultative role to the research team. Their recommendations were incorporated into the survey tool in an effort to improve face and content validity. Statistically significant results were determined using  $p < 0.5$ .

## **Results**

### *General satisfaction*

In an assessment of overall satisfaction, 75% of the respondents agreed that PAs should be allowed to make direct referrals to specialist physicians. Most (68.3%) respondents currently receive direct referrals from PAs, although most who do (67.8%) receive five or fewer referrals per month. Of the respondents, 80.2% accept referrals from PAs just as they do from physicians.

### *Satisfaction with appropriateness of patient management and referral*

When asked about their level of satisfaction with the appropriateness of referrals received from PAs, 76.4% of the respondents generally were satisfied, with 18.4% of those being "extremely satisfied." When asked about their level of satisfaction with the appropriateness of management that the patient received from the PA before referral, 63.5% of the respondents generally were satisfied with 10.8% of those being "extremely satisfied."

### Reasons for dissatisfaction

Of respondents dissatisfied with a past PA referral, the most common reason for dissatisfaction was either “patient had been misdiagnosed” (13.9%) or “no need for a referral” (13.8%). Other reasons for dissatisfaction included “the patient had received an inadequate evaluation” (12.3%) and “the patient was referred too late” (10.4%).

### Communication with referring physician assistant

Most respondents who accept PA referrals reported communicating back with both the PA and the supervising physician 69% of the time, whereas 19.7% communicated only with the PA. Of the specialist physician respondents, 8.9% bypass the PA to communicate only with the physician.

### Differences among specialties

Demographically, little difference was uncovered by specialty area. The six specialty areas studied were statistically similar for years in specialty area, satisfaction with the PA employed, communicating back to the PA, and level of agreement that PAs are trained competently to make direct patient referrals. Attitudes about PA referrals differed little among the different specialties. Obstetrics/gynecologist specialists were least likely to agree that PAs should be allowed to make referrals, whereas dermatologists and orthopedists were most likely. The only significant difference in satisfaction with the appropriateness of the referral showed that orthopedists were more satisfied than are surgeons. Dermatologists were significantly less satisfied with patient care before the referral than all other specialties; however, they were most likely to agree that PAs should be allowed to make direct referrals.

### Employers of physician assistants

Only 30% of the responding physicians currently were employing or supervising a PA. Among the specialists who employ a PA, nearly two thirds have less than 5 years’ experience as a PA employer. Of PA employers, 95.7% generally are satisfied with the PA that they employ, with 75% of that number describing themselves as “very satisfied” with the PA they employ. PA employers are almost 7% more likely to agree with the practice of PA referrals. They are more likely to agree that PAs are trained adequately to make referrals and more likely to see referrals as included in the PA role. Employers also are more likely to accept referrals from PAs and receive more PA referrals a month than physicians who do not employ a PA. On average, PA employers are more satisfied with the appropriateness of the referral and with the patient care before the referral (Figures 1–4).

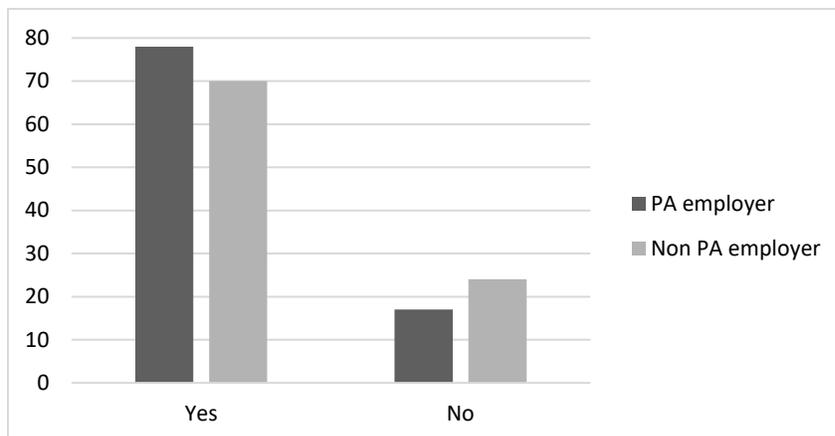


FIGURE 1. Should primary care physician assistants (PAs) be allowed to make direct referrals to specialist physicians?

## Discussion

Analysis of survey results supports both study hypotheses: that most specialist physicians are willing to accept patient referrals from primary care PAs and that specialist physicians generally are satisfied with the appropriateness and timeliness of referrals from PAs. Even though 80% of referral specialists accept PA referrals as they would a physician referral, the remaining 20% may be creating the barrier to referral that has been noted in previous research.<sup>7</sup> Although 80% do accept direct patient 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 a more individual level when reflecting on the *appropriateness of individual referrals* that they had received from a PA, 18.4% of all respondents were “extremely satisfied,” and 58% were only “somewhat satisfied.” In addition, when asked about their satisfaction with the *appropriateness of management that the patient received from the PA before referral*, only 10.8% of all respondents were “extremely satisfied,” and 52.7% were “somewhat satisfied.”

Overall, specialist physicians generally are satisfied with the PA that they currently employ. Whether or not a specialist physician employs or supervises a PA makes a significant difference in their level of satisfaction with PA referral, their acceptance of referral as part of the PA’s role, their level of satisfaction with the appropriateness of the referral, and their level of satisfaction with patient care before the referral. It seems 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. The specialist physician who employs a PA tends to receive more referrals from PAs; this may constitute the perception of a practice that is more “PA friendly.”

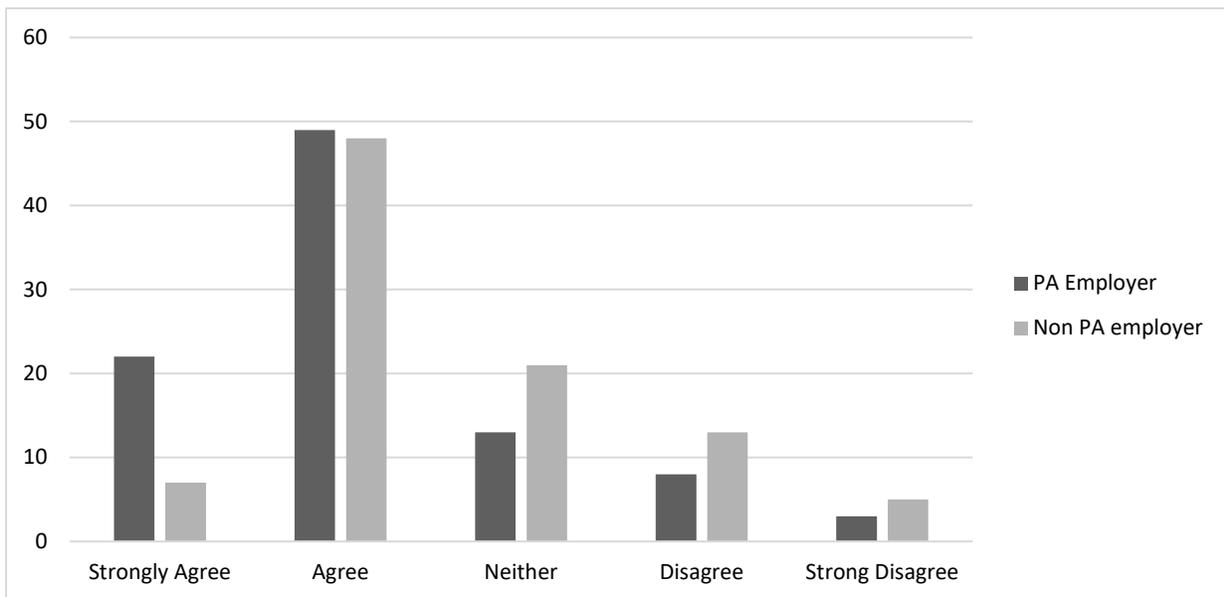


FIGURE 2. Physician assistants (PAs) are trained adequately to make referral decisions.

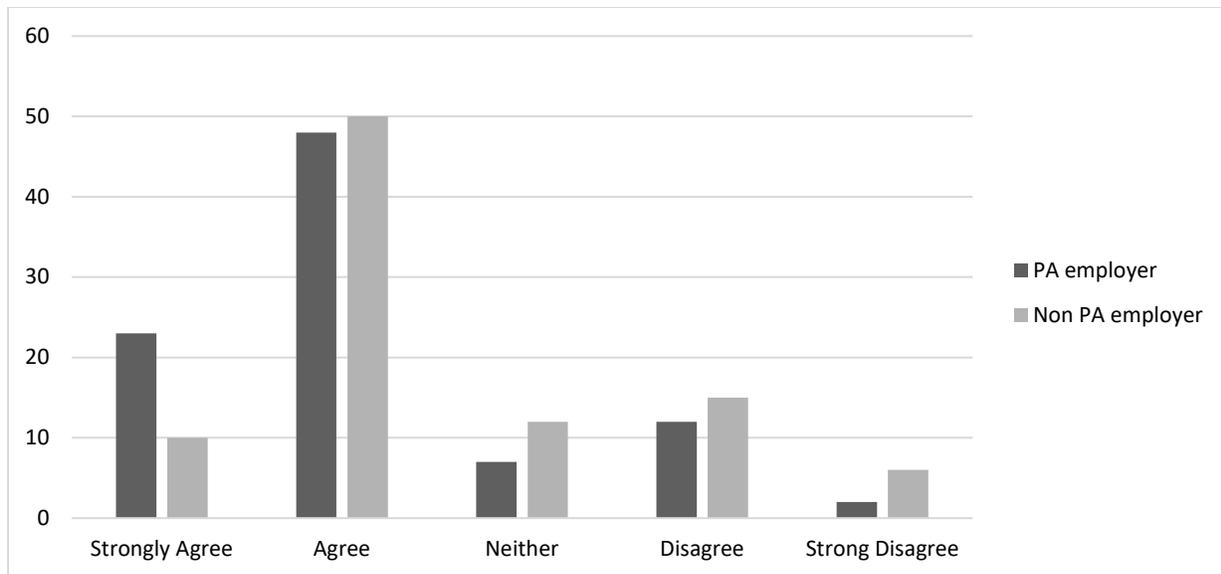


FIGURE 3. Direct referral to a specialist is included in the role of a physician assistant (PA).

## Conclusion

The relationship between the primary care PA and the specialist physician has not been studied adequately. It is apparent that although most specialist physicians accept referrals from PAs, they are less satisfied with the appropriateness of the referral and patient management before referral. This finding necessitates the need for further study from a PA professional practice standpoint. Many potential factors may contribute to the satisfaction of the referral specialist physician and should be clarified to determine if there are any factors related directly to PA practice.

There are no comparable data on the satisfaction of referral specialists with the patient referrals received directly from primary care physicians. One small study by Donohoe et al<sup>9</sup> looked at the process of outpatient referrals from generalist physicians to specialist physicians. Although specialist physicians rated most referrals as appropriate, 30% were rated as possibly appropriate or inappropriate, and the generalist and specialist failed to agree on the avoidability of 34% of the referrals. Further research is needed to determine how the referral specialist physician's satisfaction with patient referrals from primary care physicians compares with patient referrals received directly from PAs.

Another important conclusion of this study is the finding that whether or not a referral specialist physician employs (supervises) a PA in his or her own practice makes a significant difference in the satisfaction with patient referrals received from primary care PAs. Is it simply a matter of familiarity with an individual PA, or are employing specialists more familiar with PA training and practice capability?

Further research is necessary regarding the relationship and nature of interaction between primary care and specialty care providers to understand better the barriers to effective and efficient patient care. 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 so that the reasons may be examined as part of the training process and addressed in planning for continued improvement in the provision of high-quality patient care.

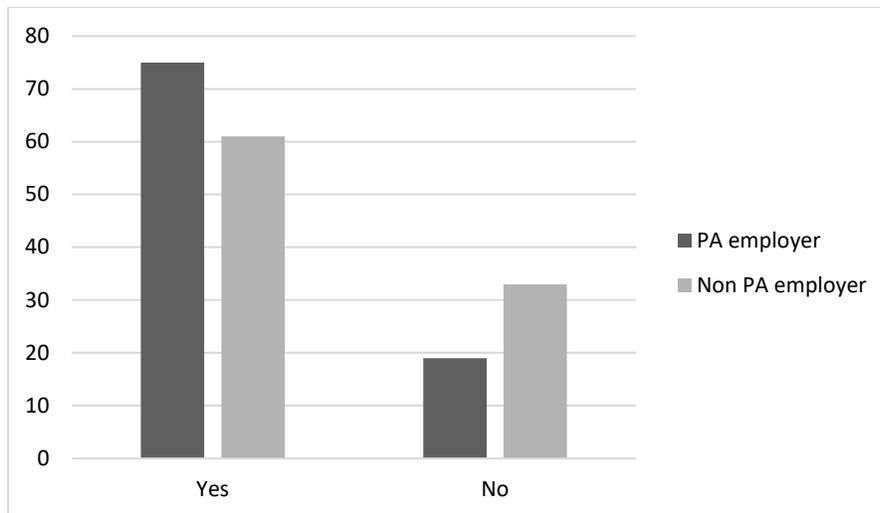


FIGURE 4. Do you currently receive referrals from physician assistants (PAs)?

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