10 Tips to Ensure Retention of PAs and NPs

Easy strategies enhance the working relationship and lead to long-term success.

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When a practice hires a non-physician provider, both parties usually enter the relationship with great optimism and thoughts of long-term collaboration. Given the cost and time involved in recruitment for the practice and the trials of applying for the candidate, both sides have little interest in making any changes in the near future. The ideal scenario, in which the working relationship grows over many years, promises significant benefits. These benefits include long-range continuity of care for patients; a strong comfort level between the practice partners, the non-physician provider, staff, and patients; and an increase in practice profitability.

Sadly, in some cases, the relationship is rather short-lived as one or the other party (or both) grows sufficiently dissatisfied to move on. For some practices, continuous turnover in physician assistants (PAs) and Nurse Practitioners (NPs) prevents profitability and becomes costly as the hiring process begins over and over again. Patients never develop familiarity with a provider, and the experience becomes frustrating for all interested parties.

The challenge of retaining employees is not unique to non-physician providers in the field of dermatology. Nor, for that matter, is it unique to any industry; Employee retention can be a challenge for any field. Thankfully, however, it is not difficult to stop that revolving door at the employee entrance and cultivate long-term contributors to practice success. In many cases, a few relatively simple tactics can enhance the employee's experience and increase the likelihood that he or she will serve long-term.

As co-founder of Medical Solutions Consulting, LLC, and having previously spent many years advising practices and non-physician providers, I have heard recurring complaints about retention from both sides of the issue. Following are 10 tips for improving retention of PAs and NPs.

1. Respect the PA or NP as a Colleague

The majority of physicians are consistently respectful of all staff. When it comes to mid-level providers, however, it is important not only that you respect and appreciate that person as you would any staff member but that you demonstrate your respect for the PA's/NP's unique training, expertise, and medical judgment. One of my proudest moments was the day that a supervising physician called me into the exam room to request my assistance with the differential on a challenging case. I assumed I was being called in because the physician wanted me to perform the biopsy. Instead, he asked me for my thoughts on the presentation. This simple act showed me that he considered me a true team player in patient care and valued my insights and opinions. Such interactions can benefit both the dermatologist and the PA/NP, as the exchange of ideas may be informative for both. Plus, patients can benefit from the combined input of two minds.

Stand up for PAs/NPs when others disparage them. Controversy about the role of mid-level providers persists to some degree in dermatology. While PAs or NPs are not a good fit for some practices, and while an occasional practice may utilize any staff member in inappropriate ways, the fact is that most practices that employ PAs or NPs find that they contribute significantly to patient care. You don't even need to speak in generalities; rely on your own experience. Simply state to individuals or to a group that, "I supervise my PA and we have worked successfully together with no problems for 10 years. She significantly decreased our patient wait time and improved my quality of life," or "My PA is a bright, competent care provider who recognizes her limitations and provides an excellent service to my patients. As a team we provide quality accessible dermatological care." You may not particularly care what your colleagues at a conference think about PAs, but your PA probably does. Providing a public positive affirmation will go a long way toward enhancing your relationship back in the office.

It goes without saying that you should not convey any negativity about PAs or NPs to your own patients! Correct misconceptions about mid-level providers among your patients.

2. Designate Resources for the PA or NP

One of the most basic ways to demonstrate that you respect the non-physician provider as a professional and value his or her contributions to the practice is to provide a designated area that is conducive to work and affords an appropriate degree of privacy. The PA or NP should not have to "set up shop" at the end a breakroom table each day, nor should she or he have a tiny desk crammed into the corner of the lunchroom. An office is ideal but not always possible. Even if logistics force the practice to provide a rather "cozy" space for the provider, it must be designated and permanent.

From a practical standpoint, the PA or NP will use this space for various duties essential to patient care and/or that will ultimately benefit the practice. These tasks include updating records and charts; sending correspondence to other providers, referrals, and patients; telephoning patients and other providers; storing necessary books and resources; and perhaps researching a paper or presentation.

Medical support staff should also be assigned specifically to the PA or NP. If you expect the non-physician provider to become a long-term fixture in the practice, give him or her the staffing resources needed to build a successful care team. Working with the same support staff on a daily basis allows each member of the team to learn to work efficiently together, to anticipate each other's actions and needs, and avoid the hassles of "retraining" new support staff in the PA's/NP's preferences and style. When possible, involve the PA or NP in selecting which support staff will work with him or her. The PA and NP should have direct input on support staff training, performance reviews, and salary increases.

3. Negotiate as Colleagues

Enter into negotiations thinking of the PA or NP as a professional level staff member whose compensation and benefits structure should reflect that of a physician provider in the practice. The non-physician provider should not have the same pay scale and benefits as non-medical/clerical staff or medical technicians and nursing staff. The PA or NP should not accrue vacation days like the non-provider staff or report to the office manager. Placing the non-physician provider on the same level as other employees and having him or her report to the office manager does not recognize differences in education, training, and responsibility that the individual brings to the practice.

The physician is the supervisor of the PA/NP not only in the sense of patient care but overall within the practice as well. The physician should provide performance reviews and negotiate raises and bonuses. The physician, not the office manager, should approve schedule changes/time off. If the office manager takes care of tasks such as renewing medical licenses or conference registration for the physician, he or she should be expected to do the same for the PA or NP.

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4. Provide Reasonable Compensation

This seems so obvious, but it bears mention. A 2004 survey of physician assistants conducted by the Society of Dermatology Physician Assistants explored PAs' experiences in seeking new employment. The primary reasons PAs gave for leaving their current jobs were lack of satisfaction (cited by 57 percent of respondents) and compensation (cited by 51 percent of respondents). Obviously each PA or NP must receive a reasonable pay that is commensurate with the average for the state and specialty.

Providing a bonus based on production is one of the best ways to retain the PA or NP and maximize their contribution to the practice. In this way, the non-physician provider has a vested interest in the practice and will work harder so that the practice—and in turn the physician—does well. Such bonus structures may encourage non-physician providers to take a more active role in representing the practice at educational seminars or community health screenings that attract new patients.

A common bonus structure is for the non-physician provider to receive a standard base salary regardless of billings and collections. Then the PA or NP will receive a percentage of collections beyond a certain threshold that is reasonable and attainable. The threshold often is the total cost to the practice of having the PA or NP there. It should not include expenses that would exist whether or not the non-physician provider is there. For example, it's fair to

include the cost of the PA/NP's malpractice insurance premium in the threshold, but not fair to include a portion of the electricity bill (which would pretty much be the same if the PA/NP was there or not). Most non-physician providers will collect enough money to cover their entire income, all their expenses to the practice, and still provide the physician with a sizeable financial cushion. Having said that, there's no reason not to be generous with the non-physician provider bonus as well.

Essential to fair and successful implementation of a production-based bonus is open access by the PA or NP to billings and collection data. Surprisingly, some practices are reluctant to share this data with providers. However, regular review of billing/collections will allow the provider to track productivity from month to month to help set goals and provide motivation for increased productivity. Furthermore, reviewing billing reports can be didactic for the non-physician provider, allowing opportunities to learn more about Medicare discount rates, bundled services, and other billing issues that may impact his or her future coding/billing to optimize reimbursement. When a practice won't allow access to this data, it creates a feeling of secrecy and breaks down the team work that is the basis of providing quality healthcare.

5. Provide Stipends for CME or Professional Memberships

Providing coverage of the PA's/NP's professional dues and providing a stipend for CME can be a relatively inexpensive perk that improves satisfaction and contributes directly to raising the level of care provided to patients. Few physicians recognize that professional dues and costs for CME opportunities are rather low for PA's/NP's relative to the fees charged for physicians. For example, total annual membership dues for the state PA society, national PA society, and Society for Dermatology Physician Assistants would probably be below $600 in most cases. Contributing to the education of the non-physician provider helps ensure that he or she is prepared to provide your patients the best care possible. Plus, such expenses are tax-deductible for the practice.

6. Keep an Open Mind

As the supervising physician—the individual ultimately responsible for care provided to patients—the delegating physician certainly has a right to limit or restrict the actions of the physician assistant or nurse practitioner (of course compliance with all local regulations is mandatory). A responsible PA or NP recognizes his or her own strengths and weaknesses and, in the best interest of patients, is willing to advise the supervising physician when he or she feels that a particular case is outside his/her comfort zone.

However, there are certain instances in which the PA or NP may be interested in broadening responsibilities within the practice and may wish to master a new therapy or procedure. Surprisingly some practices respond to such interest with no conversation and an absolute refusal. For most non-physician providers, who are bright and interested in continually expanding their medical knowledge, such outright and absolute refusal may appear as a statement by the physician that "I don't think you'll ever be bright enough to do it."

Dialogue is key. If the physician's concern is a lack of patient demand or a poor "fit" for the practice, then be sure the PA or NP understands that practice management decisions and not perceived lack of skill are the rationale.

Alternatively, if the concern is simply that the non-physician provider requires specialized training to take on the service or procedure, recommend a potential action plan that fits your comfort level. For example, you could tell the PA or NP to attend a conference(s) dedicated to the therapy or procedure. Advise them to gain hands-on training or observation hours. Then allow them to describe their learning and understanding of concepts to you. Let them present their knowledge to you, such as describing in detail a therapy's method of action.

Finally, require that they prove their competency (in the case of a cosmetic procedure, for example, the PA or NP may treat staff members, the physician, or friends) and set limitations on the first series of patients they see (such as, the physician must be present to observe the first 10 treated patients). I actually underwent training in Botox Cosmetic along with my supervising physician and we used each other as "test patients."

I am also surprised from time-to-time to learn that certain practices won't let non-physician providers manage psoriasis patients on biologics or handle patients undergoing isotretinoin therapy. In my mind, these are the types of patients that PAs and NPs are ideally suited to manage. Our philosophy of care emphasizes patient education and dialogue. We are accustomed to patient counseling, paperwork tracking, and follow-up—virtually all aspects of iPledge that physicians bemoan.

7. Don't Be Aggravated/Disinterested When Asked for Medical Advice

Always ensure that the non-physician provider under your supervision feels comfortable to approach you with questions or for collaboration whenever they deem it necessary. Avoid eye-rolling, huffiness, or delay tactics. Remember that together you are a team, but you are the captain (supervisor). The worst thing a physician could do is encourage the non-physician provider to take action unilaterally—even if not

100 percent comfortable—simply because he or she feels you are not receptive to questions and/or collaboration. Instead, encourage your delegates to involve you in care decisions as needed.

8. Involve the PA/NP in Practice Decision Making

If the practice is considering an acquisition of equipment/staff or expansion of services, consider letting the PA or NP spearhead the research/investigation process if he or she is interested. He or she may enjoy doing the research, acquiring information, and deepening his or her own knowledge. But if you involve them, do so every step of the way. Let the PA/NP oversee the information-gathering phase and allow the individual to recruit office staff for assistance. Do not make the physician assistant or nurse practitioner do all the legwork of gathering information like a clerical assistant and then exclude him or her from further discussions and decision making. Not only does this suggest that you don't value the PA's/NP's opinion; it's a poor use of time that would have been better spent on patient care.

Also, consider involving the PA or NP in the recruitment process for new staff, particularly staff that may eventually be working directly with him or her. The non-physician provider can be very valuable in screening candidates so that the physician meets only with the most promising candidates. Alternatively, the PA/NP is best suited to identify the most qualified individual with the best attributes to work directly under her or his supervision.

9. Don't Dump "Difficult" Patients on the PA/NP

It's easy to understand why a physician may be tempted to transfer care of his or her most "difficult" patients to the non-physician provider. These patients are often the cranky, the slightly mentally unbalanced, or those with poor hygiene. Office visits for these "difficult" individuals can be time-consuming and often involves a fair amount of time spent eliciting information, answering questions, and counseling. Such patients may be ripe for referrals, require long-term follow-up, and crave plenty of handholding. While these are all clinical skills that PAs or NPs may have in abundance, simply "dumping" patients as an avoidance measure is not a wise use of the mid-level provider's skill. Nor is it particularly fair. "Difficult" patients deserve the best care, and for their sake and that of the staff, sharing patient care responsibilities may be reasonable.

Recognize that some of the most "difficult" patients are also the most potentially litigious. The physician should definitely take primary responsibility for any patients who may seem to fit this latter group.

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10. Recognize a Job Well Done

In the end, simply saying, "Good job!" or, "Nice pick up on that diagnosis!" assures the PA/NP that you are aware of and appreciate his/her contribution to the practice. Knowing that others recognize your efforts and value your skill and expertise is key to job satisfaction for anyone. Non-physician providers are no different. If they have done something extraordinary or perhaps done something ordinary in an extraordinary manner, let them know that you are aware of it and appreciate it. Simply saying, "Great pick up on Mrs. Jones," or, "Thanks for taking care of that difficult patient," goes a long way.

The ideal relationship between a supervising doctor and a non-physician provider will be based on trust, mutual respect, and teamwork. The most successful physician/PA or physician/NP relationships I've seen have developed when the two had been working together for decades. One of the easiest ways to find out if your PA or NP is satisfied is to ask them! Asking, "Are you happy at our practice?" or, "Are you dissatisfied with any aspect of your compensation package?" is a great way to open up the dialogue.

Those who feel they are respected, appreciated, and valued in an environment that allows them to utilize their expertise and expand their knowledge are likely to remain in their position for the long-term.