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**DIGESTIVE DISEASES UPDATE:** Canadian gastroenterologists need to start paying more attention to their southern counterparts. In the United States, physician assistants (PAs) are decreasing wait times for colonoscopy and allowing GI specialists to use their time more efficiently. Unfortunately, Canada has no GI PAs. Here, *Medical Post* staff writer David Hodges continues his coverage of the Canadian Digestive Disease Week meeting held in Banff, Alta.

## CDDW: Physician assistants could transform GI practice

**It's common practice in the U.S., where specialists are able to concentrate on more complex cases; workload and wait lists diminish**

By David Hodges

BANFF, ALTA. | Canada currently doesn't have any gastrointestinal physician assistants, but data from the United States suggests these specialty PAs could decrease our country's wait times for colonoscopy more than three-fold.

In a presentation at the meeting here, Chris Rhule, a cardiovascular PA at the Winnipeg Health Sciences Centre, explained that PAs in the United States enable gastroenterologists to use their time more efficiently, freeing them to see more complex patients and increasing access to care at the same time.

Moreover, PAs can greatly enhance gastroenterologists' quality of life by reducing the amount of time they have to spend in the clinic, Rhule said.

"PAs are a new and emerging profession in Canada and in the Canadian health-care landscape . . . but are a proven health-care resource innovation throughout the United States, where they've had PAs for approximately 40 years now."

In Canada, PAs or "physician extenders" are trained in the medical model similar to that of doctors. They are autonomous health-care providers with prescriptive authority, and are regulated by the college of physicians and surgeons in each province.

Rhule, however, distinguished that PAs aren't independent practitioners. "We don't hang our shingle and open up our own private practice," he said. "We have a scope of practice that is similar to that of physicians, and basically is negotiated between the PA and physician in a health-care team."

In terms of accountability, physicians are covered by the Canadian Medical Protective Association for any liability incurred by PAs in their practice. However, the organization won't cover the PA directly.

In Manitoba, the only province with enabling legislation for PAs, these assistants work for the regional health authorities as employees and therefore are covered by the Healthcare Insurance Reciprocal of Canada. PAs in private practice require private carrier liability

coverage.

Using information from a GI practice in Denver, home to eight doctors and four PAs, Rhule said PAs have decreased the wait time for a specialist consultation to one month from three to six months.

He attributed this decrease to PAs handling routine appointments and overseeing chronic disease management for conditions like Crohn's. Moreover, PAs perform histories and physicals on complex patients, clearing them for colonoscopy or upper endoscopy. PA slots are also left open for urgent or emergency visits.

All of these PA scenarios not only allow gastroenterologists to concentrate on procedures and more complex patients, Rhule said, but also allow for more rapid response to consults.

#### Quality of life improved

To demonstrate how a PA improves physician quality of life, he recounted the example of one gastroenterologist who was performing endoscopies at two hospitals. Using a PA reduced the number of 12-hour days this specialist worked from two per week to one per month.

Based on data from the GI clinic in Denver, Rhule also described a hypothetical physician practice in which a gastroenterologist could perform 16 endoscopies daily and work four days per week, 48 weeks out of the year. Without a PA, the specialist would spend equal amounts of time in the clinic and performing endoscopy, completing about 1,500 endoscopies per year.

By adding a PA to the mix, Rhule said, the physician could reduce clinic time to about 25% of the work week, freeing up the remaining time for more endoscopies. Doing this would shift the number of endoscopies performed yearly to 2,300.

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"Physician assistants are a proven health-care human resources innovation," he concluded.

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