

Easing the strain of a busy practice

By: [Carolyn Rogers](#)

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Here's how one orthopaedic office uses physician assistants to improve patient—and physician—satisfaction

Like most orthopaedic surgeons, **Matthew J. Jimenez, MD**, is a busy man.

In addition to taking care of patients at the Illinois Bone & Joint Institute (IBJI) in Morton Grove, Ill., Dr. Jimenez serves as chairman of the Chicago Trauma Symposium, is a member of the AAOS Board of Councilors and various AAOS committees, is actively involved in orthopaedic research, and chairs the IBJI's Physician Assistant (PA) Orthopaedic Residency Program. To ensure that his patients' needs are met—and that he still has time for “a life”—Dr. Jimenez relies on PA residents to help him manage his busy orthopaedic trauma and joint reconstruction practice.

The Institute's PA orthopaedic residency program was established in 1995 by Dr. Jimenez in response to an acute workforce shortage that occurred as a result of the orthopaedic MD residency program withdrawing support.

“As an orthopaedic trauma surgeon practicing in a busy Level I trauma center in the Chicago area, I needed to create a new long-term solution for seamless, 24-hour in-hospital coverage of the ER and operating suites.” Dr. Jimenez explains. “The PA orthopaedic residency training program was my ultimate solution. With the 80-hour workweek limitations found in standard MD residency training programs, physician assistants and PA residents will continue to expand their role in meeting the needs of physicians and hospitals to deliver high quality health care.”

“With a PA, the orthopaedic surgeon has someone who's been trained in the medical model and is competent in patient care acting as a physician extender,” says **Chris Webb, MS, PA-C**, who works with Dr. Jimenez at the IBJI. “You can be sure that what you ask of a PA will be done professionally and accurately under your direction and at your discretion.”

By adding a PA to your orthopaedic practice, you can shift physician workflow and ease your workload, as well as improve patient flow, Webb says. Allowing a PA to do such tasks as seeing patients in clinic, performing minor procedures, and assisting in surgery will often greatly improve the surgeon's quality of life.

“I also strongly believe that employing PAs increases patient satisfaction,” Webb adds. “For one, incorporating PAs into your practice can greatly decrease patient waiting times. PAs can also spend more time with each patient doing such things as educating or simply offering reassurance.

“Patients leave the office feeling that they've had all the time in the world with their orthopaedist—and it never occurs to them that most of that time was spent with the PA. They simply feel that they received excellent care, and they're eager to return or to refer a friend,” he says.



Matthew J. Jimenez, MD, has more time to spend with patients because the physician assistants at the Illinois Bone and Joint Institute help educate and reassure patients.

PAs improve the bottom line

By employing a PA, an ortho-paedic practice can also realize a significant financial benefit.

“PAs are quite cost-effective,” Webb says. “By utilizing a PA properly, practices can realize considerable profit.”

Data generated in 2002 by the Medical Group Management Association (MGMA) shows that for every dollar a surgical PA generates for the practice, the employer pays on average 32 cents to employ that PA.

“That’s a great return on an investment,” he says.

“I don’t try to be the surgeon”

As a PA, Webb says his role is very different from that of the orthopaedic surgeons on staff.

“I see myself as the guy who’s there to make their days go smoother and allow them to get home to their families earlier,” he says. “I make decisions about patient care but always review them with Dr. Jimenez, my supervising physician.”

Webb practices with a good deal of autonomy, he says, but he “always knows his boundaries,” as determined by his knowledge base and the law.

“I don’t try to be the surgeon—I try to be the person the surgeon looks to for everything he needs,” he says.

“Are you my doctor?”

Webb makes sure that all of his patients know that he’s a PA and not their physician.

“I introduce myself to patients as a physician assistant and quickly point out that my supervising physician will also be involved in their care,” he says. “I don’t want either the patient or my supervising physician to feel I’m extending my role too far.”

Universally, patients “love the team approach,” he says. “They receive the care they expect and deserve from the physician, with the extra time and attention that I can provide them. Quite often patients tell me that we’ve spent more time with them than anywhere else they’ve been.”

For more information on PA education, scope of practice and reimbursement rules, see the related articles in the June issue of *AAOS Now*, online at www.aaos.org/now