Physician Assistant News

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# "Primum Non Nocere"

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It's Friday afternoon in the office, its' 4:15 PM, you're running behind on your schedule, you have already reached your minimum required patient volume threshold for the week and yet you still have a patient to see in room 3 when you walk in to find a 67 year old Mr. Magillacutty sitting up in a chair red faced and showing signs of shallow breathing with a nasal cannula oxygen in place. You go to the computer to sign on to open his chart, then briefly introduce yourself and ask the patient "what's wrong with you today sir?" The lady in the room answers that "he hasn't been able to catch his breath since this morning so we brought him in to find out if you could tell us what's wrong?" And then she adds, "oh yes… I'm his wife Betty."

As you turn to review his medical record in the EMR, you find that his intake BP was recorded to be 179/98 with a heart rate of 92, a respiratory rate of 24 and a room air saturation of 88% which prompted the nurse to place him on some oxygen for comfort. You then grab your stethoscope, perform a cursory lung examination, and think you hear an expiratory wheeze. You turn to Mr. Magillacutty to inform him that it sounds like an asthma flair and order him an albuterol inhaler and an SVN Treatment while in clinic, electronically prescribe him a home dose of tapering oral steroids, as well as an inhaled metered dose steroid and a rescue inhaler, encourage him to take his blood pressure medicine and assure him that he's going to improve with this regimen. You then tell the nurse that he can be released after his treatment.

You return to your office where you realize that it's after 5:00 PM closing time, while you are not caught up on your charting, you did surpass your minimum required patient volume quota and remember that the camping group you planned to join was leaving at 6:00 PM. You decide that the charting can wait till after the weekend on Monday, so you grab your backpack and head out the clinic door looking forward to some much-needed down time for the weekend.

You return on early Monday morning to another full clinic day on your schedule, attempt to catch up on last Friday's patient records and by 9:15 have completed the previous Friday's patient visit notes in the EMR. After a usually busy Monday morning. you return to your office by 12:30 PM to grab a brief lunch and receive an inter-office message that the local hospital E.D. had called to let you know that Mr. Magillacutty had gone to the hospital E.D. early Saturday morning with acute air hunger, dyspnea and tachycardia. He was found to have had an acute myocardial infarction with associated congestive heart failure resulting in an emergent cardiac catheterization and found to have significant culprit coronary artery disease. He underwent Coronary Bypass surgery on that morning and now was in critical condition in the Cardiac ICU. You realized that you had likely missed an important diagnosis and felt awful. You realized the afternoon patients were waiting and thus you promptly returned to your duties.

Approximately a month later, you receive a notification that a patient's family member has filed a formal complaint with the Washington Medical Commission (WMC) about your care with a patient alleging that the care that you provided violated RCW 18.130.180 (4), which charges in part, "Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed", with instructions about the investigatory and potential adjudication process.

While this case, if bearing any resemblance to any real case is purely coincidental and refers to no prior or pending cases, nonetheless, incidents like this do occur more often than they should. This fictional narrative is intended to highlight and possibly dissect some of the reasons why this may happen to any of us despite our education, our years of experience, our evidence of clinical competence, our personalities, or our specific clinical practice settings.

> ***"Healthcare delivery today has made a significant paradigm shift over the last decade and not only on how care is delivered, but also the why and by whom it is delivered […].***

## "Primum Non Nocere"

What is important for all of us to understand, is that healthcare delivery today has made a significant paradigm shift over the last decade and not only on how care is delivered, but also the why and by whom it is delivered as well as how it is paid and reimbursed for it's services. Here are some current facts for us to consider:

- By 2025 it is projected that the demand for Physicians in the United States will exceed supply by 46,000 to 90,000 which comprises a shortage of 12,500 to 31,100 primary care physicians in the United States.
- As of Jan, 2021, PAI data indicates that 423,800 physicians, nearly 70% of the U.S. physician workforce, were employed by a hospital or corporate entity
- Consistently the last 4 years of statistical data reveals that 32% of Physicians are in office based Primary care.
- As of April 2022, the average number of patients seen by Primary Care Physicians each week was 110.
- The U.S. spends more on health care than does any other nation on earth by a combination of payments by employers covering their employees and dependents, government sponsored payments for the elderly, the disabled and some of the poor but there are still 26 million or (7.9%) of Americans uninsured …a record low as of Sept 2023.
- The number of private equity acquisitions of physician practices has grown six-fold between 2012 and 2021. Some markets have been highly penetrated by private equity, with a single private equity firm holding more than 30% in one or more physician specialties.
- As of January 2022, there were 160,000 Certified PA's and growing. Nearly 35% of PA's work in Primary Care. Overall PA's see nearly 75 patients per week in Primary Care while those working in Dermatology and Pediatrics see an average of 100 patients per week.

For all of these reasons and more, resulting in increased demands on PA's and Physicians delivering front line Primary Care today as employed providers, these demands result in time constraints particularly due to EMR demands and ever increasing volumes, resulting in increasing stress, work dissatisfaction, burn out, depression, lack of practice ownership, cutting corners to keep up and delivering partial or frankly sloppy care because there are only so many hours in each day. And while all of these factors seem to be true in our lives, we cannot as professionals allow this sense of a clinical "creeping compromise" to enter into our professional lives in the name of "corporate and private equity efficiency or productivity". Remember our pledge and commitment to our patients and to our profession when we entered it, "Primum Non Nocere- the Latin for, "First do no harm".

Let us always remember that the patient is why we do what we do. Let's keep our perspective on always providing only the best care and communication with our patients and their loved ones even when the external pressures are looming over us from employers, payors and Wall Street. If we do this, we can never be faulted for failing our patients or their families. Remember the words of one of our founding fathers of Medicine, *"The good physician treats the disease, the great physician treats the patient who has the disease." Dr. William Osler*

# Connect your patients to WIC via new online WIC Interest Form

**The WA State Department of Health recently launched an online** WIC Interest Form and Washington WIC Clinic Locator. Individuals, health care providers, and community-based organizations can use the simple online form to refer to the Washington WIC Nutrition Program (Women, Infants, and Children Nutrition Program). The WIC Clinic Locator allows people to easily search for and connect with a local WIC Clinic.

WIC is for eligible people who are pregnant, recently delivered a baby, breast and chest feeding, and infants and children under age five. Dads, grandparents, foster parents, or other guardians may apply for WIC for their children.

**WIC helps improve the health of adults and children through:**

- Monthly benefits to buy healthy food
- Nutrition education
- Personalized breast and chest feeding support
- Health screenings and referrals
- And so much more

Please use the WIC Interest Form and WIC Clinic Locator to easily connect your patients to WIC!

- WIC Interest Form short URL: doh.wa.gov/WICRefer
- WA WIC Clinic Locator short URL: doh.wa.gov/FindWIC

Questions? Contact Monica Escareño, DOH Office of Nutrition Services, Outreach Coordinator