



# Extend Your Reach

Is the timing right to add a physician extender to your practice?

**A**s economic pressures continue, cosmetic practitioners are seeking ways to maximize practice revenues without sacrificing patient satisfaction. One cost-effective and popular way to improve practice efficiency and patient care involves hiring physician extenders—whether physician assistants or nurse practitioners. Several models exist for incorporating these professionals into a cosmetic practice, so there are a variety of options from which to choose. The extender can focus on cosmetic procedures, medical procedures or a combination of the two.



Scan the QR code and tell us how you're working with physician extenders in your practice.

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By Darcy Lewis

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Jennifer Reichel, MD, founder of the Pacific Dermatology & Cosmetic Center in Seattle, has only good things to say about adding physician extender Kelly Stevens, PA-C, to her practice. “There are no negatives at all as far as I’m concerned,” she says. “It’s a really nice way to enhance your practice and maintain a good, diverse population of patients, especially for physicians who are more surgically oriented but still want to offer a full array of dermatological procedures.” Dr. Reichel has been so pleased, in fact, that she recently brought in a second physician assistant.

Whether you prefer to focus on medical or cosmetic dermatology,



chances are a fair number of your patients need or want care in both areas. As Stevens notes, “Many general patients become cosmetic patients later. Once we get their acne under control, they often return for lasers or chemical peels to fix any resulting hyperpigmentation or scarring.” Accordingly, offering a full array of dermatological services can benefit your practice.

Key to successfully integrating

an extender into your practice is to develop a clear job description and set of expectations prior to hiring. Following are six questions to ask yourself as you weigh whether a physician extender makes sense for your practice.

### 1 How can a physician extender help my practice?

Adding a mid-level provider to your staff allows you to focus on your desired practice areas while still meeting your patients’ needs. “I wanted someone to take on medical dermatology patients as well as handle some laser procedures,” says Dr. Reichel. “I prefer to focus on Mohs surgeries and larger cosmetic procedures like liposuction.”

Stevens enjoys the division of labor. “As a PA, sometimes I have more time

cases. “I tend to confine my physician extenders’ practice to things that are easy to become proficient at—acne, warts and a few cosmetic procedures,” she says. “I also have them co-evaluate lesions. They take the patient history and photos, then I pop my head in to evaluate the lesion. If I can literally just walk in, make a diagnosis and then move on, I can see eight to ten more people that day, which I love.”

Another benefit to having a mid-level provider on staff is a reduction in patient appointment wait times, which is especially important for cosmetic practices. “If you currently cannot get your cosmetic patients in when they want to be seen, then you have a high enough demand to make a PA worth your while,” says Jason Roddick, PA-C. “Cosmetic patients are willing to travel if they can get in quickly. My former practice is more than two hours

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to talk with patients,” she says. “When you make a new psoriasis or eczema diagnosis, for example, successful treatment requires more than just prescribing a cream and telling the patient to use it. She will probably be dealing with this condition for the rest of her life, so it’s really important that she understand all the lifestyle issues involved, and that can take time.”

Marcy Street, MD, medical director and founder of the Doctor’s Approach Dermatology and Skin Cancer Center in East Lansing, Michigan, has experienced enormous efficiency gains in her practice since employing PAs to handle routine medical dermatology

away and I still have about 15 patients who prefer to come to me for Botox Cosmetic because of my skill level and the fact that I can schedule them when they want to be seen.”

Roddick, who is one of two PAs at Sutter North Advanced Dermatology and Laser Center in Yuba City, California, handles mostly cosmetic patients since his supervising physicians prefer to focus on medical cases. “I’ve observed that much of the lure of doing cosmetics can wear off quickly for physicians because it’s very nonclinical but very demanding work,” he says. “The amount of time these patients require means the rewards for the physician may not be as

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great, but someone in the practice still needs to offer these services.”

Finally, if you're involved in clinical research, a physician extender may be able to help. “Many pharmaceutical companies will allow PAs to be subinvestigators,” says Suzanne Bruce, MD, medical director of Suzanne Bruce & Associates in Houston. “Having a PA on staff has allowed me to take on more studies.”

### 2 What type of extender should I hire?

Both physician assistants (PAs) and nurse practitioners (NPs) are well suited to work in cosmetic practices due to their broad-based



general medical training. Which one you choose will largely be a function of physician preference and—perhaps more importantly—individual candidate fit.

According to the American Academy of Physician Assistants ([www.aapa.org](http://www.aapa.org)), the typical PA program is 24 to 32 months long. Most PA candidates have bachelor's degrees and prior healthcare experience. PAs can conduct physical exams, diagnose and treat illnesses, order and interpret

tests, counsel patients on preventive health care, assist in surgery, and prescribe medications. They practice under the license of one or more supervising physicians; no truly independent practice is possible. The AAPA reports that, as of 2008, 3.6% of practicing PAs work in dermatology. The Society of Dermatology Physician Assistants ([www.sdpa.org](http://www.sdpa.org)) is a popular specialty association.

NPs are advanced-practice nurses who diagnose and treat a wide range of health conditions. According to the American Academy of Nurse Practitioners ([www.aanp.org](http://www.aanp.org)), NPs focus on health promotion, disease prevention, health education and counseling, in addition to clinical care. Most NPs have master's degrees or higher. According to the 2010 Pearson Report ([www.pearsonreport.com](http://www.pearsonreport.com)),

NP and one PA. “I don't have a bias toward either PAs or NPs. Both get excellent training in their programs,” she says. “Really, so much is about the personality of the individual and the fit between the physician and the extender. You must be able to trust the individual and know her integrity level, and that's a personal issue, not the initials that follow a name.”

### 3 Where will the extender receive his or her dermatological training?

Probably from you, unless you hire a physician extender who has already worked at another dermatology practice. Otherwise, expect to provide detailed on-the-job training in the specific procedures you want the extender to perform.

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15 states and the District of Columbia permit NPs to practice independently; that number will almost certainly increase in the near future as states continue to consider legislation in this area.

Dr. Street has been in practice for 18 years and has employed one to two physician extenders at a time for the past decade—all but one have been PAs. “I think the PAs tend to be more comfortable making independent decisions, though I'm not sure if this was a personality issue or the training model,” she says. “The nursing model is to confirm everything with the physician, so it felt like there was a lot more handholding with my NP.”

Dr. Bruce currently employs one

Stevens had completed elective rotations in both pediatric and general dermatology in PA school. Still, her initial work experience was in hematology-oncology, so Dr. Reichel developed a training program to get her up to speed. “Kelly had a strong background in dermatology, but this was her first clinical experience in this field. So, for the first few months, all she did was follow me to learn my style of practice,” says Dr. Reichel. “We also did weekly literature review sessions for at least the first year to train her in skin disorders.”

Dr. Street takes a similar approach. “I have my PAs do months of observation with me, but I train them in biopsies and suture removal first, so they pay for

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themselves while they're observing," she says. "I also have them work up new patients and present them to me and I make sure they meet with all the pharmaceutical reps and attend the same professional meetings that I attend."

### 4 What happens if my original vision for the extender changes?

Cosmetic physicians who successfully collaborate with physician extenders report that many positive changes can occur as the extender gains experience and expertise. Most PAs and NPs are eager to keep learning and expanding their skills and, of course, they have continuing education requirements just as physicians do.



Stevens wanted to add some cosmetic procedures to her repertoire after about a year on the job, a decision Dr. Reichel welcomed. Today, Stevens gives Botox Cosmetic injections and does some nonablative laser work. "Kelly was initially excited about fillers, then found it harder than she expected, so she does only limited filler injections now," says Dr. Reichel. "That's fine. The important thing is that we're both comfortable with

whatever she decides to do."

Dr. Bruce originally brought April Harrison, PA-C, on board to handle routine medical dermatology cases. "After getting up to speed, April wanted to expand to the cosmetic side, and it turns out she has a natural gift for cosmetic work, especially lasers," she says. "I trained her on each of my lasers, then had each manufacturer send a trainer to the office for her as well. I have full confidence in her expertise."

### 5 How important is buy-in from my other staff members?

In a healthy, collegial practice where existing employees have been thoroughly prepped about the extender's role and credentials, they will likely appreciate the lessening of their workloads. "It's up to you to make sure the rest of your staff is on board, especially the front office

### 6 Are there potential pitfalls to bringing an extender on board?

No data exists, but the physicians we spoke with have been very satisfied with the extender model. Those who have encountered problems chalk it up to the individual staff member, not the care model itself.

Physician-extender teams find they get the best results when each recognizes the other's contributions. "So much of cosmetics is about skill, not medical knowledge," says Roddick. "I want to be respected for my skills—I do 20 to 30 Botox injections for every one my doctor does, so I really love it when he asks my opinion on a case even though he has more academic education."

Physicians do occasionally voice concerns about the potential for competition from physician extenders. "You could be training a future

"Your front desk staff needs to be very clear about explaining extenders' credentials to patients."

staff because they interact with patients on the telephone," says Dr. Reichel. "Many laypeople still think a PA or NP is a medical assistant. Your front desk staff needs to be very clear about explaining extenders' credentials to patients and helping them decide if an extender is a good option for them."

Harrison points out that, as in other aspects of office life, physicians set the tone. "The other staff members take their cue from how Dr. Bruce treats me," she says. "They see that I have medical assistants helping me and that I attend practice management meetings, and that says a lot about how she sees my role."

competitor if you go with an NP in a state that allows independent practice," Dr. Street says. "But I have not heard of that actually happening, so I'm not sure how much of a concern that should be."

For many physicians, the positives far outweigh the potential concerns. "I'm happy my patients feel enough confidence in my physician extenders to want to see them—I'm not concerned at all about losing patients," Dr. Bruce says. "This has been a win-win for everybody." ❏

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