American Academy of Physician Associates

PA Productivity and Value

Measuring a healthcare professional's productivity is important in determining their contribution to care, revenue generation, and job performance. However, accurately measuring or comparing an individual's contribution or productivity can be challenging. Variations in practice settings, patient complexity, services provided, and resources used all affect a healthcare professional's productivity. PAs (physician associates/physicians assistants) can be negatively affected when productivity measurements are quantified by financial contribution alone. This occurs when the services personally performed by a PA are billed under the name of, and attributed to, a physician.

Lack of attribution of services to PAs who provided the care may inadvertently devalue a PA's "measured productivity." When PAs are not formally recognized as providers of services, when billing mechanisms allow for services to be attributed to a physician, or when PAs contribute to bundled payments, the ability to track a PA's contribution is compromised. In instances of Medicare's "incident to" billing, in which the professional services provided by PAs are submitted under the name and NPI of the physician with whom the PA works, measurement of PA value and productivity is flawed and undervalued. A similar problem can occur for services provided in a hospital setting when both a PA and a physician personally perform a percentage of the service, but the work of both professionals is combined and billed under the physician as a Medicare split (or shared) visit.

PA contribution can similarly be "lost" when services are part of a global surgical package. Because reimbursement for many surgical procedures is bundled into a single payment for all pre-, intra-, and post-operative care, PAs providing pre- and post-operative services may have productivity misattributed to the physician.

When measuring productivity, it is important to ensure the most accurate data is used and understand limitations in attribution that may skew measurement. Measuring Relative Value Units (RVUs), a resource-based relative value scale, or revenue alone may provide an incomplete picture of a PA's productivity, particularly when billing mechanisms, such as "incident to" or bundled payments, are used or when PAs provide healthcare services that are not directly reimbursable (such as triage, care coordination, and on-call services).

Value is More than Productivity

While some view value and productivity as interchangeable, they are not the same. Contributions of a healthcare professional other than revenue often provide a more complete and accurate assessment of value. Measures of gross billing, net revenue, patient volume, and RVUs may not demonstrate a PA's overall contribution. Considering factors such as contribution to practice efficiency, patient satisfaction, and quality and outcome measures, in addition to productivity, may better assess a PA's value to a practice.

Possible Measures for Value and Productivity

PA value and productivity may be measured by any one or any combination of the metrics in the following table depending on the unique characteristics of the practice, services rendered, workflow, and other factors.

Measures of PA Productivity & Value

Value Component	Examples of Measurement	Value Benefit
Productivity		
Direct Measures of Productivity	Individual work RVUs, total RVUs, charges, payments received	Revenue, practice sustainability
Indirect Measures of Productivity	Number of patient encounters, number of documentations/entries in EHR, portions of global services performed; group work RVUs, total RVUs, charges, payments received	
Clinical Measures of Productivity	Hours worked, hours on-call, time spent providing patient education (when not separately payable), contribution to research, participation in quality improvement activities	
Quality & Outcomes		
	Attainment of quality measures (e.g. BP or Hgb AIC), percentage of patients receiving guideline-directed management, hospital lengths of stay, readmission rates, post-operative infection rates	Improved care and outcomes, value-based payments
Patient Satisfaction		
	Average of patient satisfaction scores, percentage of scores in top quartile, subset of overall scores (e.g. provider and care delivery components)	Patient engagement, improved adherence to medications and medical management, better health outcomes
Access to Care		
	Average time until available appointment, percent of patients that can be seen within a certain timeframe from requesting an appointment	Improved care and outcomes, patient satisfaction, increased throughput
Care Coordination		
	Numbers of prescriptions ordered/refilled, timely responses to patient inquiries via portal or phone, forms or prior authorizations completed, communications with other providers	Increased practice efficiency, patient satisfaction, improved adherence to medications and medical management, better care and health outcomes
Resource Use		
	Adherence with Appropriate Use Criteria, ratios of costs/outcomes	Value-based payments

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