

Purpose of Study

The purpose of this research is to fill void in the knowledge of current utilization of interprofessional care in physician assistants (PAs) in rural Kentucky. By nature, PAs are designed to be a collaborative health care provider, which assigns them a substantial influence in maintaining the momentum of effective interprofessional care. Surveying these individuals was hypothesized to provide a particularly valuable insight to rural interdisciplinary care mechanisms.

Introduction

- Amidst the highly specialized health care available today, there are often numerous members to a patient's care team and therefore, numerous gaps for patients to fall through during their transfer of care between clinicians. These gaps in what is supposed to be a continuum of patient care among health providers are proving to be epicenters for communication breakdown and a significant problem in quality of health care.
- Unique challenges faced by rural health care clinicians include literal gaps of distance between patients and care team members, uneven clinician distribution, widely dispersed collaboration, and a major shortage of health healthcare providers.
- Effective interprofessional collaboration (IPC) has manifested to be instrumental in overcoming this as well as many other barriers in healthcare including patient satisfaction, provider burnout, cost of care, as well as clinician education. IPC is when multiple health workers from different professional backgrounds work together with patients, families, [careers], and communities to deliver the highest quality of care.
- It is largely unknown what the navigation of interprofessional care looks like among rural healthcare providers. Without the knowledge of what is particularly productive or inefficient, a reflexive relationship cannot form to the academic literature in order to modify and improve rural interdisciplinary care.

METHODS

- This was a qualitative, electronic survey-based study assessing physician assistant practice within the interprofessional team in rural areas of Kentucky.
- Study population was identified through educational program alumni lists, professional organizations and national provider lists and included only those PA's practicing in rural Kentucky.
- Online survey with 10 total questions administered through Qualtrics and sent to 90 total subjects. Survey remained open for one month.
- Thematic analysis performed on one open-ended question.
- Two possible relationships analyzed via T-test and Pearson's bivariate correlation.

RESULTS

Defining Interprofessional Care

- Thematic analysis of open ended question reveals that 11 out of 17 respondents view IPC as a team effort among health professionals. One respondent believed IPC was one provider working in many different specialties.

RESULTS

Respondent Population

- All but 2 of 17 respondents considered themselves a rural provider.
- 9 areas of practice represented with family medicine being the majority (**Figure 1**).
- 4 practice settings were represented, outpatient being the most abundant (**Figure 2**).
- Only 30% of respondents had training in interprofessional education (IPE) whether it be in graduate school or continuing education.

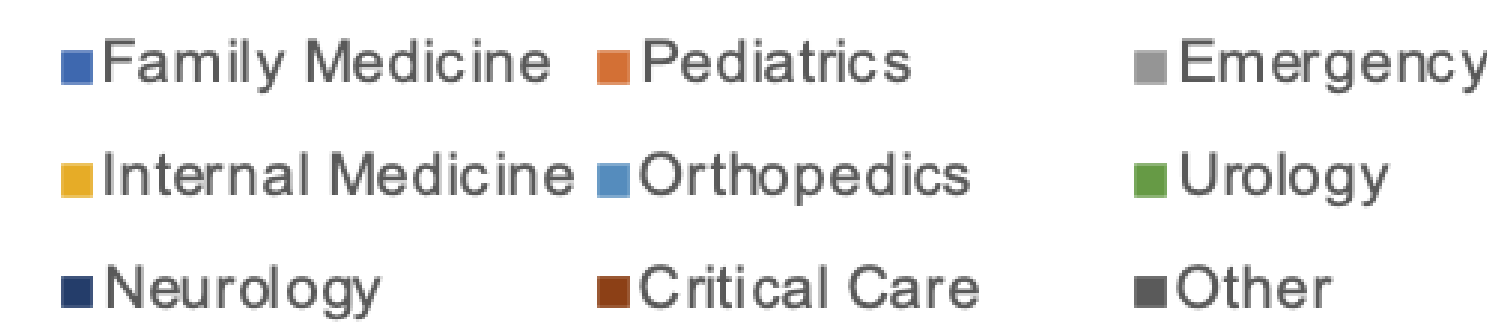


Figure 1: Respondent Breakdown by Specialty



Figure 2: Respondent Breakdown by Practice Area

When, who, how?

- Three items in our survey were used to evaluate the providers with whom respondents interacted, the frequency with which they interacted, and the methods they used to contact other providers
- 14 respondents engaged in IPC 5 or more times per week 1 respondent engaged 3-4 times, and 2 respondents engaged 1-2 times per week.
- Respondents interacted the most with nurse practitioners and the least with dietitians (**Figure 3**).

RESULTS

- Face to face communication was the most utilized method of IPC. Telephone and e-mail were also common.

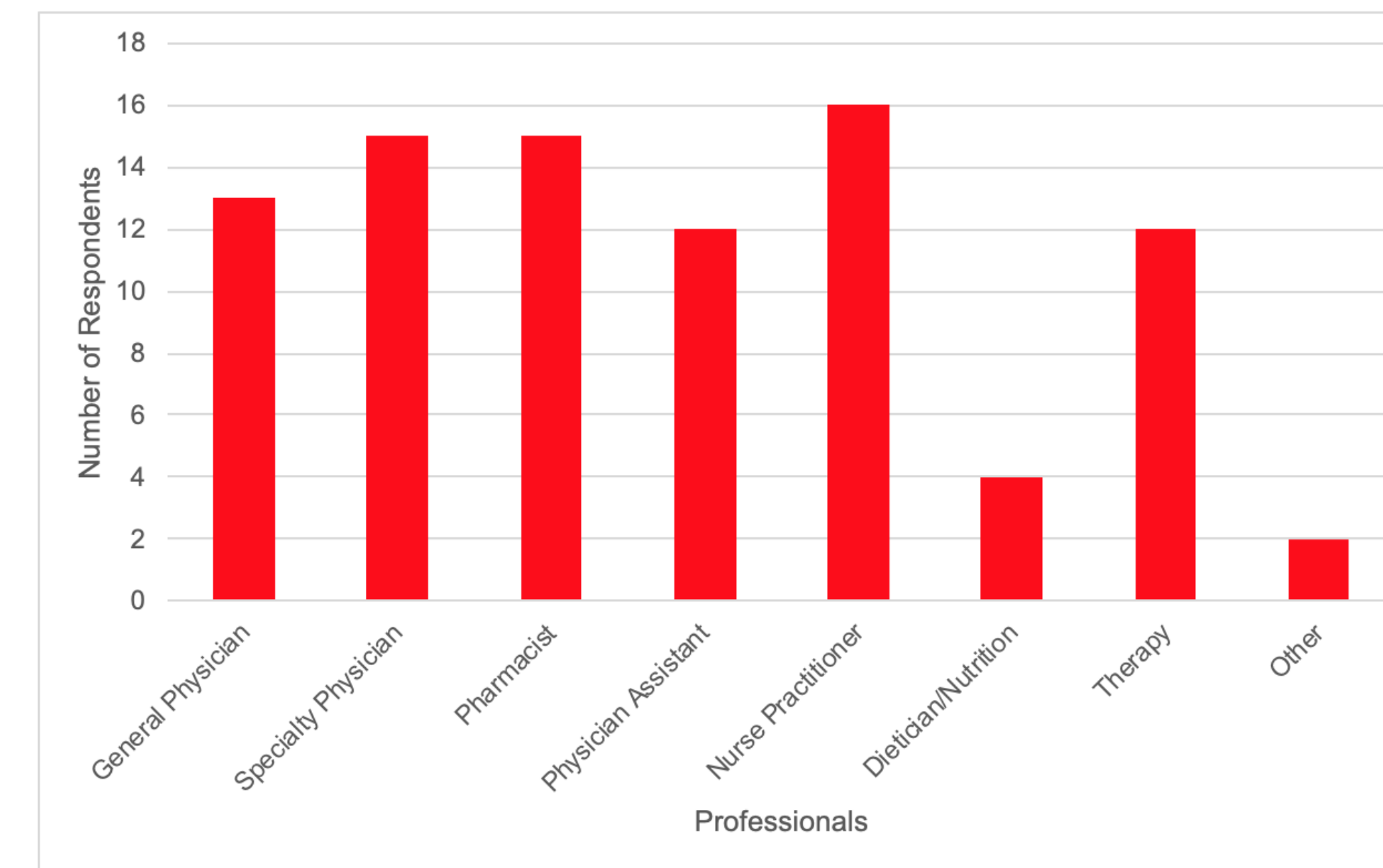


Figure 3: Professionals that Respondents Interacted with in the past 3 weeks.

Benefits and Barriers

- Respondents were asked barriers that they faced while using interprofessional care and benefits they encounter while using this practice approach. Improved patient outcomes were the most reported benefit (**Figure 4**) from practicing interprofessionally. 15 respondents reported limited time as a barrier, 2 reported limited methods of communication, and 1 other. No respondents reported lack of training or limited contacts as barriers.

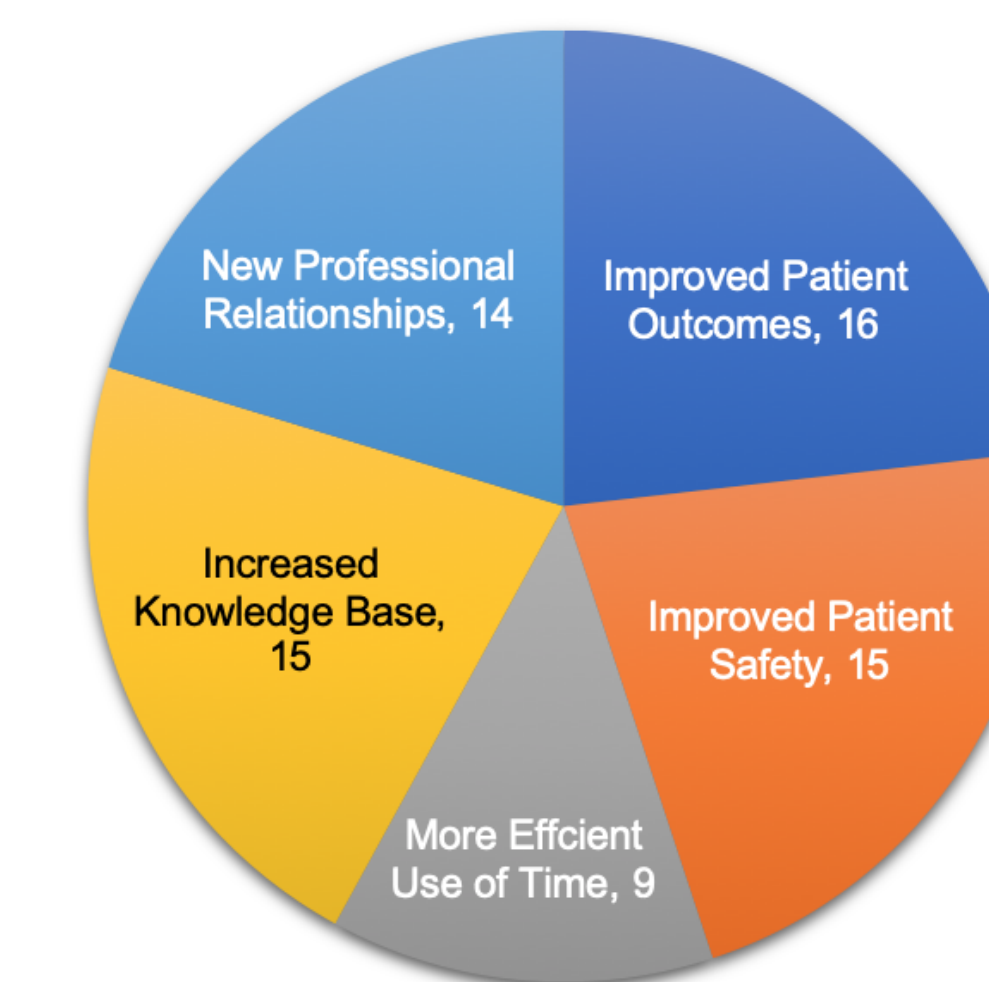


Figure 4: Benefits Observed by Respondents from Practicing Interprofessional Care.

Specialty vs. IPC Frequency

- We wanted to look for a possible connection between the area of practice of the respondents (general or specialty) and how often they participated in IPC per week. A two-tailed t-test was performed with a p-value of (0.05).
- The t-test showed a p-value of <0.00 for general vs specialty and IPC frequency per week.
- To further investigate correlation a Pearson's Bivariate Correlation test was used.
- The test suggests that the more specialized a practice the fewer IPC engagements per week. There is a moderate correlation (-.436) between practice area and IPC frequency per week. Moderate values fall between 0.49-0.3.

RESULTS

Training vs. IPC Frequency

- Another connection we wanted to look at was whether or not the respondent had training and how often they engage in IPC per week. A two-tailed t-test was performed with a p-value of (0.05). The t-test showed a p-value of <0.00 for IPE training and IPC frequency per week. To further investigate correlation a Pearson's Bivariate Correlation test was used.
- The test suggests that the more specialized a practice the fewer IPC engagements per week. There is a moderate correlation (-.378) between training and IPC frequency per week. Moderate values fall between 0.49-0.3.

DISCUSSION

- In recent years, the importance of IPC has been heavily stressed to improve patient outcomes¹⁰. It is important that studies exist to assess the use of IPC in rural areas where gaps in health care are often present. This survey aimed to begin exploration of interprofessional collaboration among physician assistants in rural Kentucky and the factors surrounding this collaboration.
- The results demonstrated all respondents engaged in IPC at least once every week. While all providers participated in IPC, a correlation between general providers and the use of IPC more than 5 times per week was determined.
- Training for IPC is now beginning in the classroom as programs initiate the use of IPE¹¹. The correlation found between respondents who had engaged in IPE and their frequency of IPC suggests that changes made in the education of PAs is working. Further examination of the effectiveness of IPE is needed as we try and educate professionals in a way that prepares them for collaboration with all members of the healthcare team.

CONCLUSION

- Rural physician assistants face various challenges in participation of interprofessional care
- The more specialized a practice environment, the fewer IPC engagements per week
- Training among rural physician assistants may reduce barriers and improve the quality and quantity of IPC.
- Further research is warranted to better understand IPC among physician assistants in rural Kentucky

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