

Clinical Ratios Task Force
Report to the House of Delegates
May 2022

Name of Commission:	<i>Clinical Ratios Task Force</i>
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Executive Summary

The House of Delegates convened a task force to review practice models and team ratios that impact how physicians, PAs, and NPs work together in teams. The goals were to create best practice recommendations, tools and/or guidelines that inform how teams can be formed efficiently to meet the needs of patients and optimize practice. The Clinical Ratios Task Force (CRTF) met regularly to complete a review of the current literature and develop an outline for proposed resources to answer the question of what an efficient team is comprised of.

Detailed Progress Report

Phase 1: Review of the existing literature:

The CRTF first did a literature search to see what was already published on the topic of appropriate clinical ratios. Multiple articles are available over several years; however, the topics are varied and each generally represents one specific clinic setting. As a result, the existing research is not adaptable to all settings.

Phase 2: Development of an Outline for Future Resources

The CRTF then developed an outline of factors related to clinical ratios and what format the materials may be best delivered in. Historical files related to past activities were found and reviewed for relevance to the proposed resources.

Truths Found

Ratio of PA/APRN to physician to support staff is dependent upon a number of variables:

1. Demographics of site: area of U.S./world
 - a. Type of setting: rural, urban, suburban, inner-city, etc.
 - b. Location: state
 - c. Complexity of patient population served
2. Needs of the community: number of patients: CMI in area
 - a. Distance to patients, is transportation available
 - b. Ethnicity of patients/beliefs of patients, cultural beliefs of patients; how to access or if they have access to healthcare
3. Resources of practice; is money an issue, shoe-string budget?
4. Practice type: private, university, integrated health system, etc.
5. Number of providers: physicians, PA/APRN, RNs, MAs, etc.
6. Tools available on site: Xray, lab, etc.
7. Belief of practice owner/supervisors: Does the owner of practice/health system understand utilization of PAs? Optimal Team Practice (OTP)?
8. Knowledge of value/revenue producing of the PA/APRN
9. Intent/commitment to OTP and bringing on support for PA/APRN
10. State laws and other regulations that may impact recommendations
11. Payor mix and how they reimburse PA's, APN's.

Proposal and Requests of the HOD/Board

The CRTF proposes that AAPA take the following actions:

1. Create an electronic intake form that follows a flow chart that enables any practice type to access and follow to identify their individual/specific needs for staffing for their practice type.
2. Make this a web platform, easily accessed by anyone anywhere. Make an app for phones.

The CRTF proposes that AAPA provides resources in the following manner:

1. Staff resources are allocated for 2022 through 2023 to ensure that there are staff available to manage, support and develop the proposed resources internally.
2. Budget allocations to ensure that the use of the staff time and/or contractors required to complete this work as well as to covering fixed costs for purchasing required resources are covered in full. This project is likely to impact the Web, Marketing, Communications, Professional Advocacy, Research, Education, and Membership teams at variable levels.

3. Extension of the CRTF through the end of 2022 along with staff support; several members of the task force will remain active until the end of year to complete the duties required to get the intake form finished and mentor listings.

The CRTF believes that without staff resources and the requisite budget, the resources may be difficult to develop.

Submitted by the Clinical Ratios Task Force