

Recent Changes in Health Care Delivery Or “Who are You?...and, “Where the Heck is my Doctor!”

By: Phit McBeaver

Anyone who has recently tried to schedule a visit to the doctor's office recently knows just how acute the physician shortage really is.....scheduling two and three months out is common. This is the result of too many aging boomers, too many people with colds and flu, accident victims, etc, and not enough docs to go around!

Many patients who have traditionally seen a “Doctor” or a “Physician” are now being cared for at the clinic or doctors office by somebody else with a bunch of letters after their title. This alphabet soup can be very confusing and downright intimidating, especially when one is accustomed to, and just wants to see a “Doctor”!

Allow me to see, if I may, to clear the fog of current suffixes on the end of all these caregivers names juxtaposed by what you, the patient, can expect them to provide as professional caregivers...

Let us begin with Joe Doe who schedules a visit with his doctor for a regular check up. He is greeted by Kay Smith NA, a Nurses Aid (typically certified, not licensed) who whisks him away to a exam room and takes his current vital statistics e.g, height, weight, temp, blood pressure and might ask and record a few other questions related to Joe's health which she then places in Joe's chart. Kay's job is free up the other members of the staff in collecting a small set of data to save them time, so that they can spend more valuable time, diagnosing and treating Joe. Sometimes a LPN (Licensed Practical Nurse) might perform these duties too.

Next through the door could be any of three different professionals, all of whom have the educational background and related practical experience to diagnose and treat whatever ails Joe. First, might be a nurse by the name of Mary Love, RN,RCNP. Mary is not “just a nurse”. The letters after her name indicate she is a duly licensed Registered Nurse and Registered Clinical Nurse Practitioner! She has not only gone through three to four years of nursing school but has also gone through additional years of on the job training similar to what a regular doctor's clinical training might entail. She also reports to a supervisory doctor routinely (daily) regarding Joe's visit. Generally speaking, Nurse Practitioners are great at diagnosing and treating diseases within their scope of practice...e.g., family medicine, obstetrics, dermatology, etc. If they are stumped by Joe's problems, they go to their supervising doctor and try to find a team based solution. Often, their experience is equivalent or better than a young doctors experience due to the sheer numbers of patients that they have successfully treated and healed! In a large number of medical schools, NP's are often the clinical instructors for the young doctors going through a residency or intern program.

Another professional that might come through the door is Mike Buck , P.A., His position is a licensed practitioner capable of diagnosing and treating Joe's problems. Mike has spent three or more years at a University level institution that has a specialty

program designed for Physicians Assistants. Many months of his training are in the clinic setting going through the same training a doctor goes through.

He too, like Mary Love, reports directly to a doctor on a routine basis. Many P.A's have terrific experience treating a broad range of symptoms and diseases, often, more clinical experience than a doctor fresh out of medical school.

The third possible member of the care giving staff that may come to see Joe is the proverbial "Doctor". Paul Jenkins M.D. or D.O., (Medical Doctor, or Doctor of Osteopathy) , has gone through an accredited medical school after college for three or four years and also spent many months seeing patients in clinical setting. Typically, he has spent a year or more in a residency specialty rotation such as family practice, or emergency medicine. Most doctors go on to obtain two to four years additional training in a specialty such as surgery, obstetrics, pediatrics, radiology, etc. Then there are super specialists, who go through another two to three year fellowship programs. Yep, that's right, this group has anywhere from 8 to 12 years of post college level education.

They often become the one who teach other doctors and do research at major medical centers in their respective fields of study. Needless to say they are all duly licensed and qualified to treat and diagnose.

The whole idea here is to streamline the efficiency of care....it makes no sense to have the "doctor" perform such a simple task such as taking your temp or weighing you. Likewise it's not wise to have a cardiac surgeon diagnose and treat the common cold . Joe has the opportunity to see any of these practitioners or "providers" during the course of his care. Due to the current "Team" approach to health care, he will see each depending on his level of need.

When you come into the center, don't hesitate to ask the clinical staff what their qualifications are. All the staff is very proud of their backgrounds and are happy to "brag" a little about their qualifications. The only "stupid" questions are the one's not asked! It is your health care.take time to educate yourself regarding your medical needs by asking lots of questions . Come to the clinic with a list of questions if you need to...we are here to help educate and heal you! Hope this helps you to understand better the intricacies of today's health care delivery....wishing good health to all!

Phit McBeaver.... is a BIRHC Patient who is very familiar with the Health Care System and Beaver Island, who periodically authors BIRHC articles and helps out, and answers questions commonly asked by patients and others seeking care at BIRHC..and prefers to remain anonymous. Feel free to address your questions to donna @ biruralhealth.org. Phit will respond as needed.