

Delegation of Medical Tasks to Non-Physician Health Professionals in Outpatient Pediatric Care – Need, Acceptance and Concept Development



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Introduction:

The outpatient healthcare system is planned on the basis of ratios of physicians to residents. Pediatricians in outpatient practices have a unique position: although their main clinical focus is the provision of primary and preventive healthcare, they are planned according to algorithms for medical specialists. Consequently, the planning regions for pediatricians are larger and the physician-to-patient ratio is smaller than for general practitioners (GPs). In some rural regions, pediatric outpatient practices can no longer operate economically efficient. In order to develop a sustainable model of pediatric care, innovative healthcare models have to be developed. One option is to integrate delegation models in pediatric care. We examined the delegation of medical tasks to non-physician healthcare professionals in outpatient pediatric care in a German rural region.

Methods and Objective:

On the basis of a standardized questionnaire, we assessed the feasibility and acceptance of the delegation of a list of specific tasks in pediatric healthcare. The questionnaire addressed different healthcare professionals (e.g. pediatricians, nurses, midwives, physician's assistants). After the survey, three guideline-based expert-interviews and an expert workshop were conducted. The results of the standardized questionnaire, the expert interviews, and the expert-workshop were used to develop a concept for the delegation of medical tasks to non-physician healthcare professions in outpatient pediatric healthcare.

Results: 17% responded (n=202), characteristics see table 1. 70% (n=145) of the respondents agreed with the delegation of consultations for prevention to non-physician health professionals. 66% (n=135) agreed with the delegation of tasks in the transition process of chronically-ill adolescents. 55% (n=113) accepted triage, 51% (n=105) case-management, 41% (n=84) vaccinations in children from 7 years, 36% (n=74) accepted administering regular checkups of children.

Table 1: Characteristics of responding professionals

	30 % Pediatricians (n=61)	8 % Midwives (n=17)	30 % Nurses (n=61)	21 % PAs ¹ (n=43)	10 % Other (n=20)	Total (n=202)
Age (years)						
Average	48,7	47,7	45,4	40,5	41,4	45,1
(SD)	(11,2)	(10,5)	(9,4)	(12,1)	(11,5)	(11,2)
min/max	29/76	29/66	19/62	16/62	24/62	16/76
missing, n	3	0	1	0	1	5
Gender						
female n (%)	39 (64)	17 (100)	56 (92)	39 (91)	15 (75)	166 (82)
missing n	4	0	4	3	1	12
Level of Schooling						
10 years, n (%)		9 (53)	40 (66)	29 (67)	12 (60)	93 (46)
>10 years, n (%)	not compiled	7 (41)	15 (24)	11 (26)	8 (40)	103 (51)
missing, n (%)		1 (6)	6 (9)	3 (7)	0	10 (5)
Work Experience (years)						
5 years, n (%)		1 (6)	17 (28)	11 (26)	9 (45)	38 (19)
>5 years, n (%)	not compiled	2 (12)	7 (11)	3 (7)	5 (25)	17 (8)
>10 years, n (%)		14 (82)	34 (56)	28 (65)	6 (30)	82 (41)
missing, n (%)		0	3 (5)	1	0	4 (2)

¹ Physician Assistants

For most tasks, delegation was more conceivable for pediatricians than for non-physician health professionals. The results, according to the different professions are shown in figure 1)

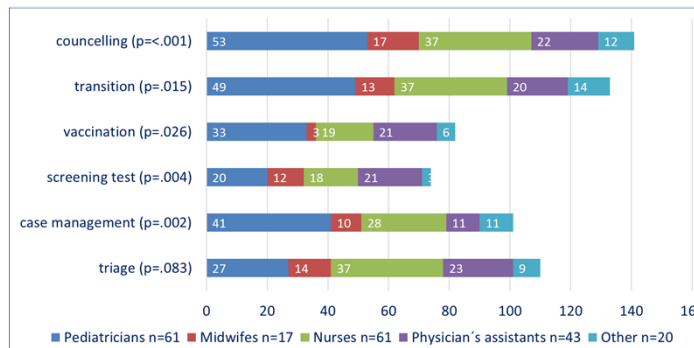


Figure 1: General acceptance for task-delegation, separate for the different asked healthcare professions (n=202), absolute numbers of answers

Concept Development:

Nurses were most often considered to conduct delegated tasks, followed by physician assistants. Based on the results, a three-dimension-concept for delegation was developed (figure 2). The tasks can be grouped into three categories: prevention (consultations, vaccination, regular check-ups), chronically ill children (transition, case management), and acute care (triage). In the setting of the pediatrician's practice, all tasks can be delegated both to nurses and physician assistants. However, the biggest impact for delegation in rural regions will be achieved if delegation takes place outside the pediatrician's practice. Outside the pediatrician's practice, delegated tasks should be performed by nurses because of their better medical training.

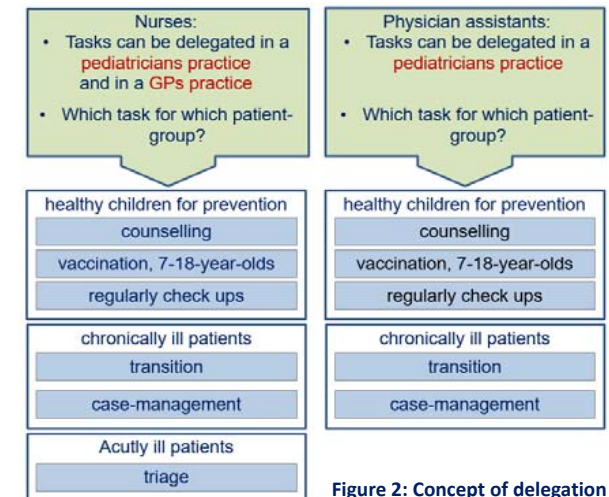


Figure 2: Concept of delegation

Conclusions: Delegation in outpatient pediatric care has the potential to support pediatric care in rural regions. The implementation of the delegation concept in a pilot project may support pediatricians in outpatient practices and create better access to outpatient health care in rural regions. The next step should be the implementation of the delegation concept in a pilot project in a model region.