

Integration of Physician Associates in Emergency Departments: Evaluating Their Impact Five Years After Implementation in the Israeli Healthcare System

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INTRODUCTION

A shortage of medical personnel in emergency departments (EDs) in Israel contributes to delays in treatment and adversely affects quality of care. Integrating physician associates into the local healthcare system may serve as a potential solution for strengthening the workforce and improving healthcare efficiency and quality. The integration of physician associates into the Israeli healthcare system, primarily in EDs, began in 2019. The profession was officially recognized by the Israeli Ministry of Health in 2023 and subsequently regulated by law. This study examines their impact on ED quality-of-care indicators five years after the sector's implementation in the Israeli healthcare system. The aim of this study is to evaluate whether the integration of physician associates in the ED improves patient outcomes and operational efficiency

METHODS

A retrospective study was conducted using data from patients treated in the ED at Shamir Medical Center between August 2022 and August 2023. Patients were divided into three groups: patients evaluated exclusively by physicians, patients initially evaluated by physician associates prior to physician assessment, and patients initially evaluated by interns. Propensity score matching was performed based on age, sex, triage level, and final disposition (discharge or hospitalization). The study evaluated outcomes in the two main ED divisions: the ambulatory care area and the acute care area. Study outcomes included quality indicators such as length of stay, return visits, and treatment outcomes.

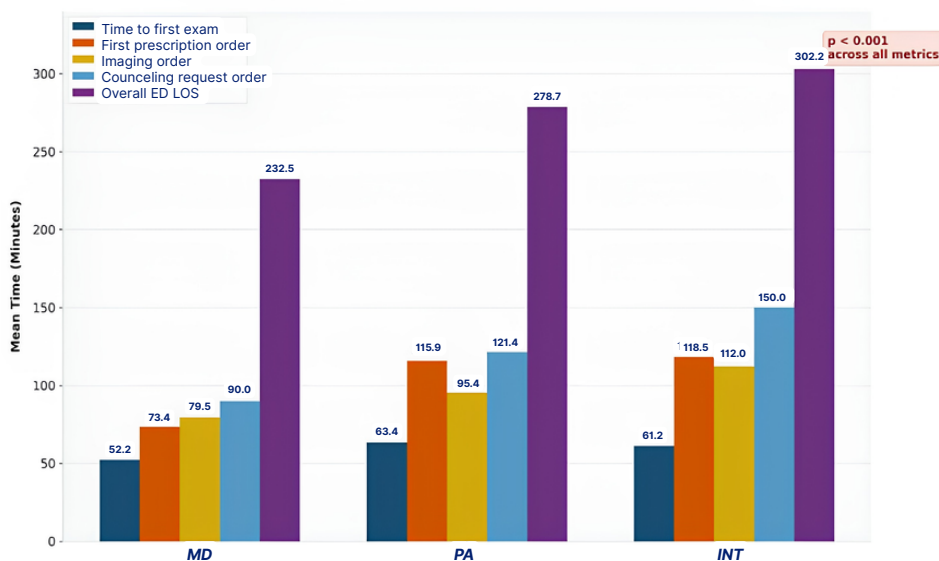
RESULTS

In the ambulatory care area, patients initially evaluated by physician associates demonstrated the lowest rate of 48-hour return visits among the three groups. No significant difference was found in time to initial evaluation; however, physician associates were more efficient than interns in time to imaging orders, consultations, and overall patient length of stay. In the acute care area, no difference was found between the groups in return visit rates. Time to initial evaluation was longer in the physician associate group; however, they outperformed interns in time to medication administration, imaging orders, consultation requests, and overall patient length of stay.

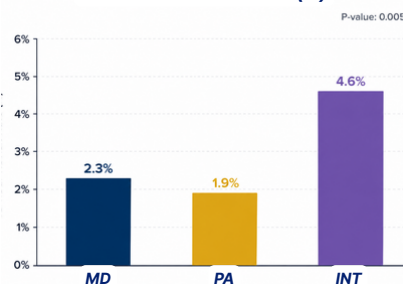
CONCLUSION

Patients initially evaluated by physician associates demonstrated lower return visit rates and shorter ED length of stay compared with patients initially evaluated by interns. Given their significant advantages in improving ED efficiency and quality of care, alongside a shorter training pathway, their integration may strengthen the ED workforce and enhance patient care quality.

CLINICAL OPERATIONAL EFFICIENCY & LENGTH OF STAY METRICS BY COHORT



48-HOUR REVISIT RATE (%)



TOTAL PATIENT POPULATION (N=5405)

