

Risk Management Guideline

Minimum Physician to Staff Ratios

What staffing ratios best protect patients, Physicians, and medical practices? This guideline reviews staffing ratios and provides information on accepted industry standards.

1. Physician to Mid Level Provider or Physician Extender Ratios

The American Medical Association (AMA) examined the ratios of Physician to Physician Extender or Mid Level Provider (Certified or Accredited Registered Nurse Practitioner, Physician Assistant, Certified Nurse Midwife, Certified Registered Nurse Anesthetist and other allied health professionals) in the medical practice as early as 1998. ⁱ

For the purposes of this review, we will refer to the advanced Physician Extender as a Mid-Level Provider.

The AMA Council on Medical Service issued a report that provides the following information:

1. State laws and regulations generally limit one physician to supervision of no more than two mid level providers
2. Medical practices employ Physician Assistants to a greater degree than Nurse Practitioners
3. Larger groups tend to employ greater numbers of Mid Level Providers
4. Mid Level Providers are more likely to work with surgical and specialty Physicians
5. Data suggests using Mid Level Providers enhances Physician productivity.

The AMA's official position on use of Mid Level Providers is recorded in the AMA Policy Compendium. These comprehensive guidelines address availability of the supervising Physician, roles and responsibility of the Mid Level provider, management and coordination of patient care, and responsibilities of Physicians. ⁱⁱ

Although the AMA Policies provide direction in specific areas of Mid-Level management, it does not provide specific recommended ratios. The AMA report states, in part:

“.....the Council believes that the appropriate mix of physicians and NPPs should be determined by physicians at the practice level. Supervising physicians are the most knowledgeable of their own supervisory abilities and practice style, as well as the training and experience of PEs in their practice. Rather than maximizing a physician’s ability to direct patient care, the Council believes that specified ratios of supervisory physicians to PEs might restrict appropriate provision of care and could reduce access to care. “ⁱⁱⁱ

Risk Management Recommendation: Mid Level Supervision

Although an industry standard has not been identified in a review of literature, a supervision ratio of one Physician to no more than two Mid-Level providers is highly recommended in most areas of medical specialty.

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2. Minimum Physician to Staff Ratios, Excluding Mid Level Providers

Excluding Mid Level providers, Physicians must maintain certain staffing in order to provide other non-clinical service levels. These staff includes management or supervisory personnel; staff involved in patient greeting, registration, and telephone calls; billing staff; and staff employed in moving patients from the lobby to an examination room.

Obviously, physical characteristics of the practice will greatly impact the number of staff needed to move patients. Patient visit volume will likewise affect the number of staff needed in greeting patients, providing billing services, and required management.

The Medical Group Management Association (MGMA) and others have attempted to identify a “correct” number of staff members per Physician. However, most of the studies by these groups appear to concentrate on financial measurements rather than quality of care based ratios.

Based on experience and observation, it appears the following staffing is usually needed by most Physicians operating in a medical practice setting:

a. Billing staff: .5 FTE. One billing staff member can usually manage reimbursement for two Physicians

b. Patient Moving staff: 1 FTE. (Medical Assistant or Certified Medical Assistant). Typically, one MA can serve the needs of one Physician and affected patients.

c. Front Desk Staff: .25 - .50 FTE (Patient registration, check in, check out, telephone reception, co-pay collection). Usually, one Physician will employ a quarter to one half of the time of a front desk staff member.

d. Management Staff: .50 to 1.0 FTE One experienced manager can easily accommodate the needs of .50 to 1.0 Physicians. Use of department heads can greatly extend the scope of a single manager. Typically, management theory accepts that one Manager can accommodate no more than 20 direct report department heads.

Risk Management Recommendation: Physician support staff

It is common to find a typical solo or two person medical groups placing one manager in charge of front desk, billing, medical records, and support staff members. Common ratios are 2.5 to 3 FTE staff members to one Physician. Some economies of scale are possible if staff is shared among Physicians.

ⁱ Centers for Medicare and Medicaid Services (CMS) *Report of the AMA Council on Medical Service*, CMS Report 10-I-98, December 1998

ⁱⁱ American Medical Association (AMA), *AMA Policy Compendium*, Policy H-160.947, H-160.950, H-360.987, 35.989

ⁱⁱⁱ *Report of the AMA Council on Medical Service*, CMS Report 10-I-98, December 1998

This guideline is informational in nature. It is not intended to constitute legal, accounting, or medical advice. It is not intended to establish a standard of care. It does not constitute an insurance company policy. For specific assistance, consult a qualified expert in the area of concern.