What is a PA? Team-Based, Patient-Centered Medical Care
A physician assistant (PA) is a graduate of an accredited PA educational program who is authorized by the state to practice medicine with the supervision of a licensed physician.

What do PAs do?
• Diagnose and treat illnesses
• Order and interpret tests
• Counsel on preventive health care
• Assist in surgery
• Write prescriptions
• Conduct physical exams
• Make rounds in nursing homes & hospitals

* PAs’ responsibilities correspond to their supervising physicians’ practice
PA Profession Ranks High in Today’s Economy

- *Forbes.com* ranked **PAs # 1** in its list of best master’s degrees for jobs.

- *CNNMoney.com* ranked **PAs # 2** on its “best jobs in America” list.

- *U.S. News & World Report* ranked the PA profession as one of the “50 best careers” of 2010.

- *Kiplinger’s* named PA as one of its “great careers for your future.”

- The U.S. Bureau of Labor Statistics projects that PA will be the **second fastest** growing health occupation between 2008 and 2018.
VITAL STATISTICS

50
Number of states authorizing PA prescribing privileges

74,329
Number of NCCPA-certified PAs as of February 2010

1967
Year the first three PAs graduated from Duke University

$93,105
Mean annual income from primary employer for full-time clinically practicing PAs* in 2009

Projected Growth of PAs in Clinical Practice
With a projected growth of 39 percent, PAs predicted to be the second fastest growing health profession in the next decade (after home health aides).

103,900
Projected employment in 2018
Source: U.S. Bureau of Labor Statistics

*Excludes self-employed PAs and part-time PAs
Source: 2009 AAPA Census.
PA PRACTICE SPECIALTIES

- DERMATOLOGY 3.8%
- EMERGENCY MEDICINE 10.3%
- FAMILY/GENERAL MEDICINE 24.8%
- GENERAL INTERNAL MEDICINE 6.4%
- GENERAL PEDIATRICS 2.2%
- GENERAL SURGERY 2.7%
- INTERNAL MEDICINE SUBSPECIALTIES 10.8%
- OBSTETRICS/GYNECOLOGY 2.3%
- OCCUPATIONAL MEDICINE 2.3%
- OTHER 10.2%
- PEDIATRIC SUBSPECIALTIES 1.9%
- SURGICAL SUBSPECIALTIES 22.4%

Source: 2009 AAPA Census.
PA WORK ENVIRONMENTS

- HOSPITAL 37.5%
- SINGLE-SPECIALTY PHYSICIAN GROUP 24.2%
- MULTI-SPECIALTY PHYSICIAN GROUP 11.2%
- SOLO PHYSICIAN PRACTICE 8.6%
- COMMUNITY HEALTH CENTER 4.7%
- OTHER 4.6%
- RURAL CLINICS 3.7%
- OTHER FREESTANDING OUTPATIENT FACILITY 2.1%
- HEALTH MANAGEMENT ORGANIZATION 1.2%
- NURSING HOME OR LONG-TERM FACILITY 0.9%
- CORRECTIONS SYSTEM 0.8%
- FREESTANDING SURGICAL CENTER 0.3%

Source: 2009 AAPA Census.
U.S. FEDERALLY EMPLOYED PAs IN 2009

- AIR FORCE 4.6%
- ARMY 14.7%
- NAVY 3.7%
- COAST GUARD 1.0%
- DEPARTMENT OF VETERANS AFFAIRS 28.6%
- US PUBLIC HEALTH SERVICES 3.7%
- OTHER FEDERAL GOVERNMENT 6.2%
- STATE GOVERNMENT 25.5%
- LOCAL GOVERNMENT 25.5%
- OTHER GOVERNMENT (EG., FOREIGN) 0.4%

PAs NOT EMPLOYED BY GOVERNMENT 91.8%
PAs EMPLOYED BY GOVERNMENT 8.2%

Source: 2009 AAPA Census.
HOW TO BECOME A PA

• There are 154 U.S. accredited PA educational programs (with 20-25 new programs anticipated in next 2-3 years)

• PA programs award a master’s degree, averaging 27 months (12 months didactic / 15 months clinical rotations)

• PAs are required to complete:
  − More than 400 hours in basic sciences
  − 75 hours in pharmacology
  − 175 hours in behavioral sciences
  − Nearly 580 hours of clinical medicine
  − 2,000 hours of clinical rotations

• PAs are required to pass a national certifying examination administered by the National Commission on Certification of Physician Assistants

• PAs must earn and log 100 hours of continuing medical education every two years and take a recertification examination every six years

• PAs must have state authorization to practice – license (48 states & DC), registration (2) – and work with the direction of a physician (i.e., practice or collaboration agreement)
Growth of PA Programs

Trend of PA Program Growth (1991-2010)
COMPARISON WITH OTHER HEALTH PROFESSIONS

Number of Applicants

Source: AAMC, AACOM
Attributes of PA Students

- 3.54 GPA undergrad
- 3.2 years previous health care experience
- 27 years old
- 70% female, 30% male
- 5% black, 7% latino, 10% Asian, 76% white

Source: Central Application Service for Physician Assistants (CASPA), 2008
The Medical Model Approach

• PAs are educated using the medical model
• PA educational institutions utilize the differential diagnosis concept to diagnose illness and disease
• PAs are often educated in the same classroom/lab settings along with medical students
Supervision

• For physician-PA teams, an “elastic” concept that is often misunderstood/misrepresented

• Supervision describes the close and ongoing professional physician-PA relationship

• Practice or collaborative agreements define scope of responsibilities

• The physician accepts ultimate responsibility for the medical care delivered by the PA
Physician and PAs Share an Interdependent Relationship

- PAs are authorized to deliver a wide range of medical services
- PAs understand when the unique expertise of the physician is required
- Complex patient problems, high acuity care, and management of difficult-to-treat conditions often involve a greater proportion of physician time and expertise
A PA in a certified Rural Health Clinic is the only full-time health care professional in the community. The supervising physician is on site once per week to review charts and discuss patient treatment options on selected patients.
Examples of PA Practice

A PA works in a hospital ED with a supervising physician who is always on site. Both treat patients on a “first available’ triage model. After an initial assessment, the physician spends the majority of his/her time on the most acutely ill patients.
Examples of PA Practice

A PA works with a physician in a suburban office practice. Three days per week the PA and the physician are in the office together, both seeing their own panel of patients. Two days a week the PA makes rounds at three local nursing homes.
Medicare covers medical and surgical services performed by PAs in the hospital setting.

Similar to physicians, professional services performed by PAs can only be billed/covered through Medicare Part B with payment at 85% of the physician rate.

Medicare coverage exists whether the PA is employed by the hospital or by a private physician/physician group.
Hospital Coverage - Medicare

• PAs are not included in the Part A (facility) hospital cost reports

• When PAs deliver care in hospitals there is no requirement for the physician to be physically on-site at the institution

• Supervision is met if the physician and the PA have immediate access to one another via a reliable communication device
Hospital Shared Visit Policy

• There is the ability to “combine” hospital services provided by the PA and the physician to the same patient on the same calendar day.

• Requires that both the physician and PA provide a face-to-face portion of the E/M service to the patient.
PPACA Implications for PAs

- PAs identified as one of three health care professionals (w/physicians & NPs) providing primary care
- PAs allowed to order Medicare SNF care
- PAs allowed to order Medicare hospice care *(pending)*
- Medicare will provide a 10% bonus for select primary care codes furnished by PAs who perform at least 60% of services in primary care (next 5 years)
PPACA Implications for PAs

• $32 million for Expansion of PA Training (EPAT) for PA students who intend to practice in primary care.
• 15% set-aside under Title VII Health Professions Programs’ Cluster of Primary Care Medicine
• Expansion of funding for National Health Service Corps scholarship and loan repayment
• Inclusion of PAs in the medical home and chronic care management models of care
TRANSFORMING HEALTH CARE IS A BIG JOB.

We should know. We’re doing it every day.