Role and Value of Physician Assistants in Surgery

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Presentation Outline

Topics to be Discussed

- Quick Overview of PA Profession
- PA Qualifications
  - Certification/Recertification
  - Specialty Certificate of Added Qualifications (CAQ) Program
- Utilization of PAs in Surgical Specialties
  - National data
  - Insights from practice
  - Measuring productivity

Growth of the PA Profession

- First program at Duke University with 4 graduates in 1967
- Today 187 accredited PA programs graduating approximately 7,000 PAs per year
- 95,000+ certified, practicing PAs
- Projected shortage of HCPs (even without factoring in impact of ACA) and very robust market for PAs has resulted in as many as 75 additional PA programs in development
- Expected to exceed 140,000 practicing PAs by 2020

Overview of PA Profession

- More than 95,000 PAs in clinical practice
- Gender:
  - Overall: 34% male; 66% female
  - In surgery: 43% male; 57% female
- Overall average age: 41 years (30 years at time of graduation)
- 19.3% report working in surgical specialties and 3.9% in general surgery as their principle clinical position for a total of > 22,000 PAs

Summary of 2013 PA Demographics

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- Gender:
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  - In surgery: 43% male; 57% female
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Patient Acceptance of PAs

According to a newly released (March 2014) national consumer survey conducted by NCCPA, 94% of patients willing to see/be seen by a PA.

It’s all about setting expectations. I let patients know we work as a team and I tell them when they will see me and when they will see a PA. With the team approach, I know I have a second person double-checking with each patient. PAs increase the level of care, safety and tracking. I do a lot of outcomes analysis, and they help make sure we have the appropriate level of long term follow up and records.

Dr. Steven Louis, Director of Orthopaedic Trauma, Hinsdale Orthopaedics
PA Qualifications

- Graduation from a PA program accredited by ARC-PA (Accreditation Review Commission on Education for the Physician Assistant)
- Successful completion of the Physician Assistant National Certifying Exam (PANCE)
  - 5-hour general medical knowledge examination
  - Content based upon practice analysis of thousands of PAs
  - 2-dimensional blueprint by knowledge, skill & task areas and diseases, disorders & medical assessments

Initial Certification - Two Steps

New Certification Maintenance for PAs

- 100 CME credits every 2 years
  - 50 Category 1 credits must now include 20 credits of directed CME (either self-assessment or performance improvement)
- General recertification examination every 10 years
- Rolling implementation beginning in 2014
- Mirrors physician MOC process

American Board of Medical Specialties (ABMS) MOC Process

- Licensure & Professional Standing
- Lifelong Learning and Self-Assessment (Self-Assessment)
- Cognitive Expertise (PANRE)
- Practice Performance Assessment (PI-CME)
- All 24 member Boards to have a fully implemented program by 2016, but applies to diplomates beginning in 2010

Key Principles of the Specialty CAQ Program

- NCCPA (and many stakeholders) agree that the PA-C must maintain its position as the primary credential for all PAs.
- NCCPA has remained committed to developing a voluntary specialty program.
  - A CAQ is not required to maintain NCCPA certification
- The program has been developed to be as inclusive as possible, recognizing the individual differences among and within specialties.
What Specialties?

- Emergency Medicine
- Cardiovascular & Thoracic Surgery
- Orthopaedic Surgery
- Nephrology
- Psychiatry
- Pediatrics
- Hospital Medicine

Utilization of PAs in Surgery

Number of PAs in Surgical Specialties

- Total number of PAs in surgery: 22,000+
- Estimated numbers by surgical specialties
  - Orthopaedics: 9,000
  - Cardiothoracic: 2,600
  - Neurologic: 2,200
  - Vascular: 1,600
  - Plastic and maxillofacial: 1,200
  - Colon and rectal: 775
  - Urology: 750
  - ENT: 350
  - General surgery: 3,750

Facts About the Role of PAs

- Studies in general medicine, ambulatory medical oncology, ICU and surgical subspecialties have shown PAs/NPs:
  - Improve patient satisfaction
  - Improve patient perception of health
  - Decrease length of stay
  - Decrease surgical transfer times
  - Decrease mortality
  - Decrease overall cost of care

Myths About the Role of PAs

- PAs cannot see new patients
- Physician must be in the office when PA sees patients
- Physician must see every patient
- Physician will be sued for PA error
- Reimbursement for services provided by PAs "leaves 15% on the table"
- Patients won't be happy
- Commercial payers won't pay

Some Strategies For Optimal Use of PAs

- Define goals, establish value proposition based on needs or pressure points, with guiding principle of providing quality care
- Consider establishment of "Chief PA" position in institution to maximize utilization
- Ensure compliance and avoid allegations of fraud and abuse
- PAs are providers, often underutilized, and misunderstood, who can increase access, provide quality care, and enhance productivity and revenue
- PAs can be integrated into resident teams
Roles of PAs in Surgery

- Roles of PAs in surgical specialties varies
  - First assisting in OR
  - Pre- and post-op care in hospital
  - Pre- and post-op office visits
  - Home visits
- Examples from Staten Island University Hospital (Northshore Long Island Jewish Health System)
  - Follow-up home visits on cardiac surgical patients by PAs
  - Central line program initiated and managed by PAs
    - Unpublished report

Challenges to Measuring PA Productivity

- Attribution of the PA’s work often goes to the attending of record for the patient
- Claims data is variable and in many cases also doesn’t properly get attributed to the PA
- On surgical services, the post-op global work, much of which is provided by the PAs, is not billable and has zero RVUs
- Without PAs, post-op global work would be provided by the surgeon
- With PAs providing post-op global work, surgeons are available for revenue-generating services in the OR and/or office

Some Suggested References

- Measuring Productivity: Calculating Your Contribution
  Tricia Marriott, PA-C; AAPA, PA Professional, April 2010
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- Productivity Assessment of Physician Assistants and Nurse Practitioners in Oncology in an Academic Medical Center
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- PA-driven VTE Risk Assessment Improves Compliance with Recommended Prophylaxis
  Marc Moote, MS, PA-C et al; AAPA, Journal of the AAPA, June 2010
- Impact of Hospital-Employed Physician Assistants on a Level II Community-Based Orthopaedic Trauma System
  Peter L. Althausen, MD, MBA et al; Journal of Orthopedic Trauma, April 2013

Thank you!