

## Why Hire a PA?

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The Physician Assistant (PA) profession is growing rapidly and was recently cited as the third best job in America in 2018.<sup>1</sup> PAs partner with physicians to improve patient-centered and integrated care and add value to their respective clinical teams. Their presence in a practice increases access to high quality care, which improves both productivity and revenue for practices and their respective physicians.<sup>2</sup> To gain a better understanding of why physicians choose to incorporate PAs into their practice, we examined the experience of a small primary care practice and a larger orthopedic group in Rhode Island. Physicians and PAs in each setting provided a practical, hands-on perspective on how they define PA roles, negotiate clinical autonomy, and coordinate care with other members of the practice. We interviewed Dr. John K. Czerwein, Jr. and PA Benjamin Javery of The Center for Orthopaedics, Inc. (CFO) as well as Dr. Herbert J. Brennan and PA Kimberly Masood of Brennan, Cronin, and Peters: Internal Medicine practice (BCP) to obtain perspectives about PA roles and contributions in different settings.

Practices typically consider adding a PA when rising demand exceeds their ability to provide quality care to all their patients.<sup>3</sup> Physicians may recruit additional physicians, or hire a Nurse Practitioner (NP) or PA. Bringing an additional physician into a practice is often less cost-effective than adding non-physician practitioners because a new physician would receive a larger salary and often own a share in the practice.<sup>4</sup> While NP and PA roles can overlap, there are key differences between the two professions. NPs are trained using a nursing model, focusing on health promotion, disease prevention, and counseling.<sup>5</sup> PA education was shaped by several prominent academic physicians, who recognized that medical corpsmen returning from the war in Vietnam had strong, but underutilized clinical skills.<sup>6</sup> Before entering PA school, applicants must complete between several hundred to 2000+ hours of direct patient care experience, providing future PAs with a hands-on approach to patient care before beginning their studies. "The intensive PA curriculum is modeled on that used in medical schools."<sup>7</sup> In a typical 27-month program, PA students must complete over 2000 hours of supervised clinical practice in a wide variety of settings that includes rotations in family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine and psychiatry.<sup>7</sup> In contrast,

the Executive Director of the New Hampshire Nurse Practitioner Association noted that "NPs approach patient health care by looking at the patient as a whole, by looking at their social needs as well as their medical needs. They bring a more holistic approach to treating the patient."<sup>8</sup> This holistic philosophy leads NPs to "function as a combination of a patient educator and a social worker."<sup>8</sup> These differences in education make it more likely for PAs to specialize, while NPs are more common in a primary care setting.<sup>9</sup>

### HIRING A PA

At the Center for Orthopedics (CFO), "We did consider a nurse practitioner as a possible hire, but based on the research we did, we felt that a physician assistant would be more advantageous in the operating room." PAs are exposed to multiple surgical specialties during their required rotations, and their curriculum, akin to medical school, reflects a more "disease specific" orientation. In contrast, more than 90% of NPs train in primary care, and NPs are more likely to choose careers in primary care settings.<sup>9</sup> In this context, the Center for Orthopedics' decision to hire a recent graduate of a PA program filled an important need for the practice to add a colleague who would be ready to assist in surgery rather than spending most of his time in the clinic. One of the most challenging problems for CFO was managing surgical patients in Providence while also seeing patients in the outpatient clinic in Johnston. Surgeons in the practice perform surgeries at Our Lady of Fatima Hospital and also see patients for outpatient visits in Johnston. Providing continuity of care proved difficult due to the distance between sites. The use of a PA "reinforces continuity for patients when their usual provider is not available" and has "decreased stress" and "significantly reduced [the surgeons'] workload."<sup>10</sup> As the American Association of Surgical Physician Assistants noted, "surgical PAs can be indispensable in an office setting, performing about 80% of the tasks normally performed by physicians," including preoperative exams, post-op wound checks, and the removal of sutures, staples and drains.<sup>11</sup> In hospital settings, PAs can order labs, imaging studies, EKGs, and necessary medications.<sup>11</sup> This team-based patient-centered care helps patients build relationships with the entire team of providers knowing that they will always have available support and consultation to discuss treatment plans and track progress.

PAs may also play a vital role in primary care settings. The continuing shortage of primary care physicians creates significant challenges for practices seeking to expand their ability to meet patient demand.<sup>12</sup> The primary care practice of Drs. Brennan, Cronin and Peters (BCP) faced difficulty meeting the rising demand of their patients. The partners considered hiring a new colleague to manage their increasing volume of patients and the challenge of providing same-day visits for patients. Since unscheduled appointments are difficult for primary care practices to balance, hiring a PA expanded the ability of the practice to see more patients without further overextending the physicians. Most practices face pressure to shorten the length of patient appointments to accommodate more patients. Recent estimates predict a shortage of between 4,300 and 43,000 primary care physicians nationally by 2030.<sup>13</sup> Hiring a PA allowed BCP to uphold their patient-provider relationships while increasing availability. As a recent graduate, BCP felt she was a good addition to the care team because they could mold her skills to fit the practice's patient care philosophy.

Hiring a PA rather than a partnering physician often makes financial sense for a practice, as the salary difference between physicians and PAs in primary care is roughly \$89,000.<sup>14</sup> For an internal medicine practice such as BCP, Dr. Brennan noted that either a PA or an NP offered effective options. NPs are growing in primary care because they can be independent providers; 20 states (including Rhode Island) grant NPs "full practice authority" to diagnose and treat patients without physician supervision.<sup>9</sup> The proportion of PAs choosing careers in primary care has steadily declined since the mid-1990s because a majority of job postings for PAs were in surgery (28%), emergency medicine (12%), or other specialties.<sup>15</sup> Nevertheless, PAs represent an excellent option for primary care practices since they are trained as "generalist clinicians who are ready to practice medicine in collaboration with a physician."<sup>16</sup> Although BCP chose to add a PA to meet the needs of a growing practice, Dr. Brennan believes the PA and NP roles can be interchangeable if the applicants are "properly trained" for their respective setting.

### SCOPE OF PRACTICE

In Rhode Island and 19 other states, NPs are licensed to practice independently; in other states, their scope of practice varies widely. Unlike NPs, PAs must practice under a supervising physician. The nature of this supervision, however, is defined by each physician and PA independently. PAs acquire new skills over time as they gain experience through supervised practice. "Upon graduation, a PA is an adaptable provider. Akin to a stem cell, the PA has the flexibility to move into any specialty practiced by a supervising physician."<sup>16</sup> The ability to change specialty or area of practice as a PA is possible because of a PA's relationship with his or her supervising physician. More than 50% of PAs practice will practice in more than one specialty during their career.<sup>16</sup>

As one PA at the Center for Orthopaedics noted, staying in Rhode Island allowed him to have many "freedoms provided such as no restriction on prescribing different classes of medication and flexibility with regard to physician supervision."

The PA role is defined by negotiated autonomy with their supervising physician. The Department of Health's rules and regulations for the licensure of physician assistants specify that "Physician assistants practice with physician supervision. Physician assistants may perform those duties and responsibilities consistent with the limitations of §5-54-8 of the Act, including prescribing of drugs and medical devices, that are delegated by their supervising physician(s)." The PA's level of autonomy, in turn, depends on the "experience, training and preferences of all providers on the team, the needs of the patient population and the level of trust the physician has with the PA." Dr. Czerwein noted that a PA's scope of practice can expand over time. For example, during his first six months at the Center for Orthopaedics, the PA's responsibilities in the operating room went from observing to assisting on some cases, to first-assisting in surgery. Dr. Brennan's description of a PA's role and negotiated autonomy focused on the patient. When a PA is first hired, he or she needs to acclimate to the specific clinical setting, as primary care treatment modalities vary widely. As PAs adjust to their new roles, their "clinical acumen" also grows, which gives the supervising physician confidence in how the PA is fulfilling his or her new role.

### FINANCIAL CONSIDERATIONS

The PA profession continues to expand; the number of PAs in practice is expected to grow 38% between 2012 and 2022.<sup>17</sup> Many factors contribute to a student's decision to become a PA rather than applying to medical school. PAs represent a cost-effective option for growing physician practices. The 2016 Statistical Profile of Certified Physician Assistants by Specialty Annual Report states that Surgical Subspecialty PAs made an average of \$113,496 while Primary Care PAs made an average of \$95,928.<sup>18</sup> In contrast, according to the Medscape Physician Compensation Report, orthopedic physicians made on average \$489,000 while family medicine physicians made an average of \$209,000 in 2017.<sup>19</sup> These large pay gaps, especially in surgical subspecialty like orthopedics, can offer a compelling case to hire a PA.

### CONCLUSION

The experience for both the Center for Orthopaedics, Inc. and Dr. Brennan, Cronin and Peters' Internal Medicine practice demonstrates how PAs can improve the efficiency of different practice settings. The PA profession was designed for flexibility, adaptability, and negotiated autonomy. In a rapidly changing health care system, PAs can increase work productivity, reduce physician stress, and support a team-based, patient-centered model of care while presumably maintaining or increasing quality of care.

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