“Collaboration” best describes PA practice

The U.S. healthcare system is undergoing dramatic transformation, and team-based care is the new norm. Physicians are becoming health system employees, payments are being bundled or based on performance, outcomes are measured to improve care, and primary care has a new lease on life. In the midst of this systemic change, the PA profession is evaluating its practice model to ensure it is a care model that will serve patients today and into the future.

Fifty years ago, when the PA profession began, typically, a PA practiced with a single physician, small medical group or in a hospital. Because the new profession had no track record to assure regulators of their excellent training or quality, practice laws were written with built-in precautions, such as designated physician supervisors and no prescriptive authority.

Over time, countless studies documented the high quality medical care and expanded access PAs provide.[1-14] As evidence of high quality care and patient safety became clear, legislators realized PA supervision laws were overly restrictive. So they began updating the laws, allowing PAs and physicians to practice in separate locations, authorizing PAs to prescribe, eliminating limits on PAs-to-physician practice ratios, and allowing individual teams to define their practices. Studies confirmed that quality remained high. Malpractice claims since 1990 reveal a remarkably low number of claims paid against PAs.†

Despite early laws that defined physicians and PAs in an employer-employee or supervisor-worker relationship, the most effective teams always have been collaborative and collegial. The model works best when PAs and physicians decide how they will practice together, it is not dictated by laws and regulations, and when PAs are appropriately treated as competent and skilled professionals. When practicing most effectively and efficiently, PAs make autonomous decisions about patient care. If they reach the limits of their expertise, like any other medical provider, they consult someone who has the necessary expertise. This is a core tenet of team practice.

It is in the best interests of patients and the system to recognize that PA practice is collaborative and team-based. The PA profession is no longer an experiment, but a proven provider of high-quality, cost-effective medical care. Communicating the value and potential PAs bring to team-based care is high on AAPA’s strategic agenda. One step in that process is to move from the outdated term “supervision” to the more timely term “collaboration,” when describing how PAs and physicians practice. “Collaboration” reflects a more modern approach and accurate description, which is better for patients, better for PAs and better for their physician colleagues.

In 2015, the PA profession adopted an updated model practice act to help states modernize their PA practice laws to encourage innovation and maximize PA practice. The new Model State Legislation for PAs uses “collaboration” to describe PA-physician team practice.

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† Nationally, there were 1,399 liability claims paid against PAs in the 10 years from 2005-2014. The ratio of claims to PAs averaged 1 claim for every 550 PAs (1:550). By comparison, the number of physician claims paid from 2005-2014 totaled 105,756; the ratio for physicians during that decade averaged one claim for every 80 physicians (1:80). Source: National Practitioner Data Bank. Accessed September 21, 2016.

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