

Characteristics and Contributions of Physician Assistants/Associates Practicing in Psychiatry

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Background

- A large proportion of the US population suffers from mental illness and the limited access to psychiatrists significantly contributes to the underuse of mental health services
- The COVID-19 pandemic has exacerbated the psychiatric workforce shortage
- Physician assistants/associates (PAs) and nurse practitioners (NPs) can be used to address the gap between psychiatrists and access to mental health care
- Little is known about the size, practice characteristics and contributions of the psychiatry PA workforce

Objective & Method

- The study's objective was to quantify demographic, practice, and other important personal/professional characteristics of Board Certified PAs practicing in psychiatry
- Data derived from the National Commission on Certification of Physician Assistants (NCCPA) PA Professional Profile
- NCCPA data from 2021 included responses from 111,428 PAs who provided or updated their information or certified that their responses were up to date within the past three years
- We compared demographic and practice characteristics of PAs practicing in psychiatry (n=2,262) vs. PAs in all other specialties (n=109,166)
- Analysis of the data consisted of descriptive statistics and bivariate analyses (Chi-square and Mann-Whitney U tests)

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The PA psychiatry workforce is composed of 71.4% females.



The psychiatry PA workforce and PAs practicing in all other specialties have a median age of 39; p=0.199.



PAs in psychiatry are slightly more racially diverse than PAs in all other specialties. Other includes those who selected "other," Native Hawaiian/Pacific Islander, and American Indian or Alaska Native.



The majority (62.7%) of PAs in psychiatry participate in telemedicine vs. 32.9% of PAs in all other disciplines.

Income (p=0.267)



PAs in psychiatry
PAs in all other specialties

Results

PAs in psychiatry PAs in all other specialties

| | PAs practicing in | PAs practicing in all | P-value |
|-------------------------------------------|-------------------|-----------------------|---------|
| | psychiatry | other disciplines | 1 value |
| Ethnicity: | 0.0 70/ | 00 40/ | |
| Non-Hispanic/Latino Hispanic/Latino | 93.7% | 93.4% | 0.527 |
| Speaks language other than English: | 6.3% | 0.0% | |
| Yes | 20.0% | 22.7% | |
| No | 80.0% | 77.3% | 0.002 |
| US region: | 00.0% | 11.370 | |
| South | 43.8% | 34.1% | |
| Midwest | 22.1% | 19.8% | <0.001 |
| Northeast | 17.1% | 25.0% | |
| West | 16.9% | 21.1% | |
| Urban-rural setting: | 10.5% | 21.170 | |
| Urban | 93.3% | 92.4% | 0.181 |
| Large rural | 4.1% | 4.3% | |
| Small rural | 1.7% | 1.9% | |
| Isolated | 0.9% | 1.4% | |
| Practice setting: | 51970 | | |
| Office-based private practice | 41.6% | 37.3% | |
| Hospital | 17.7% | 42.1% | <0.001 |
| Federal government | 7.5% | 4.8% | |
| Other | 33.2% | 15.8% | |
| Years certified groups: | 00.2.10 | 10.010 | |
| Up to 10 | 62.2% | 51.6% | <0.001 |
| 11 - 20 | 22.5% | 31.0% | |
| 21+ | 15.3% | 17.4% | |
| Hours worked per week: | | | |
| Up to 30 | 12.9% | 13.2% | |
| 31-40 | 66.1% | 56.1% | <0.001 |
| 41-50 | 17.2% | 24.2% | |
| 51+ | 3.8% | 6.5% | |
| Patients seen per week: | | | |
| Up to 40 | 30,2% | 28.7% | <0.001 |
| 41-60 | 28.6% | 25.4% | |
| 61-80 | 18.5% | 18.9% | |
| 81-100 | 14.1% | 15.2% | |
| 101+ | 8.6% | 11.9% | |
| Secondary position: | | | |
| No, I work in only one clinical position | 83.3% | 84.8% | |
| Yes, I also work in a position where I do | | | 0.014 |
| not provide direct patient care (i.e. | 3.4% | 3.8% | |
| education, research, administration) | | | |
| Yes, I work in two or more clinical | 12.00 | 11.3% | |
| PA positions | 13.2% | 11.3% | |
| Retire in next 5 years: | | | |
| Yes | 6.1% | 5.4% | 0.146 |
| No | 93.9% | 94.6% | |
| Job satisfaction: | | | |
| Satisfied** | 86.0% | 85.2% | 0 324 |
| Not satisfied*** | 14.0% | 14.8% | 0.324 |
| Burnout: | | | |
| No symptoms of burnout | 68.1% | 69.4% | 0.005 |
| At least one symptom of burnout | 31.9% | 30.6% | 0.225 |
| Hours worked in telemedicine each week: | | | |
| <10 | 31.4% | 78.1% | <0.001 |
| | _ | | |
| 10-19 | 16.8% | 13.2% | |
| 20-29 | 17.8% | 5.3% | |
| 30-39 | 18.7% | 2.1% | |
| 40+ | 15.4% | 1.3% | |

Satisfied included "completely satisfied," "mostly satisfied," and "somewhat satisfied." *Not satisfied includes "neither satisfied nor dissatisfied." "somewhat dissatisfied." "mostly dissatisfied." and "completely dissatisfied."

Key Findings and Conclusion

- PAs in psychiatry, when compared to all other specialties, are more likely to be female (71.4% vs. 69.1%; p=0.015), less than 30 years old (15.0% vs. 11.6%; p<0.001), and reside in the South (43.8% vs. 34.1%; p<0.001)
- Majority of PAs in psychiatry (86.0%) are satisfied with their present position, and 68.1% report no symptoms of burnout
- The self-reported income distribution by PAs for 2021 is similar for those in psychiatry and all other specialties
- PAs practicing in psychiatry vs. all other disciplines are more likely to participate in telemedicine (62.7% vs. 32.9%; p<0.001) and use telemedicine for 40 or more hours per week (15.4% vs. 1.3%; p<0.001)
- Two-fifths (41.6%) of PAs in psychiatry work in office-based private practice vs. 37.3% of all other specialties; 17.7% practice in hospitals vs. 42.1% of all others (p<0.001)
- Understanding characteristics and employment settings of PAs in psychiatry are essential in medical labor supply and demand research
- Their employment represents a needed source of expertise in US mental health delivery services

References

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