The Important Role and Contributions of Physician Assistants/Associates in Hospital Settings

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Background

- Demand for health services is skyrocketing given the number of insured patients, the aging population with multiple comorbidities, and the availability of new therapies, procedures, and treatments
- The COVID-19 pandemic is exacerbating health workforce shortages putting immense strain on hospitals throughout the US
- Overcoming health workforce challenges such as staffing shortages in hospital settings is more important now than ever
- The PA profession was created to help fill care gaps and extend the availability of healthcare services for patients
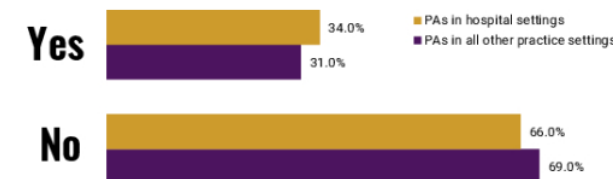
Objective & Method

- The study's objective was to characterize the Board Certified PA workforce engaged in providing care to patients in hospital settings and quantify their contributions
- Data were derived from National Commission on Certification of Physician Assistants (NCCPA) *PA Professional Profile*
- NCCPA data from 2022 included responses from 117,465 PAs who provided or updated their information or certified that their responses are up to date within the past three years and shared their practice setting
- We compared demographic, practice, and other important attributes of PAs practicing in hospitals (n=48,943) vs. other settings (n=68,522)
- Analysis of the data consisted of descriptive statistics and bivariate analyses conducted using SPSS

Email questions to Kasey Puckett at kaseyk@nccpa.net

Results

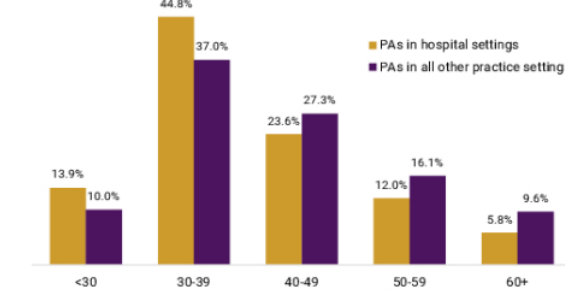| Characteristics of PAs working in hospitals vs. all other practice settings			
	PAs practicing in hospitals	PAs practicing in all other settings	P-value
Gender:			
Female	69.8%	69.5%	<0.001
Male	30.2%	30.5%	
Race:			
White	85.1%	84.0%	
Asian	6.5%	6.1%	
Black/African American	3.3%	3.5%	<0.001
Multiple Races	2.1%	2.4%	
Other	2.9%	3.9%	
Ethnicity:			
Hispanic/Latino	5.5%	7.7%	<0.001
Non-Hispanic/Latino	94.5%	92.3%	
US Region:			
Northeast	32.5%	18.9%	
South	30.1%	37.6%	<0.001
Midwest	21.6%	18.4%	
West	15.8%	25.0%	
Years certified:			
Up to 10	57.1%	47.4%	
11 – 20	28.3%	31.7%	<0.001
21+	14.6%	20.9%	
Postgraduate training:			
Yes	6.7%	4.5%	<0.001
No	93.3%	95.5%	
Principal specialty:			
Surgery – subspecialties	23.0%	15.5%	
Emergency medicine	21.7%	3.7%	
Internal medicine – subspecialties	11.1%	9.0%	<0.001
Hospital medicine	8.4%	0.3%	
Surgery – general	5.9%	1.0%	
Other	29.9%	70.5%	
Hours worked per week:			
Median	40.0	40.0	<0.001
Mean	40.9	39.0	
Patients seen per week:			
Median	50.0	75.0	<0.001
Mean	56.7	80.8	
On-call hours per week:			
None (I do not take calls)	69.4%	61.1%	
5 or less hours/week	11.7%	22.8%	<0.001
6–10 hours/week	5.6%	6.2%	
More than 10 hours/week	13.4%	9.9%	
Participate in telemedicine:			
Yes	26.6%	50.0%	<0.001
No	73.4%	50.0%	
Income:			
Median	**$125000**	$115000	<0.001
Interquartile range (IQR)	$105000 - $145000	$95000 - $135000	
Intention to leave clinical position:			
Yes	8.7%	8.8%	0.530
No	91.3%	91.2%	
Intention to retire:			
Yes	4.3%	6.8%	<0.001
No	95.7%	93.2%	
Job Satisfaction:			
Satisfied	83.4%	83.7%	0.169
Not satisfied	16.6%	16.3%	
Secondary position:			
No, I work in only one clinical position	82.5%	86.6%	
Yes, I also work in a position where I do not provide direct patient care	4.0%	3.8%	<0.001
Yes, I work in two or more clinical PA positions	13.6%	9.6%	

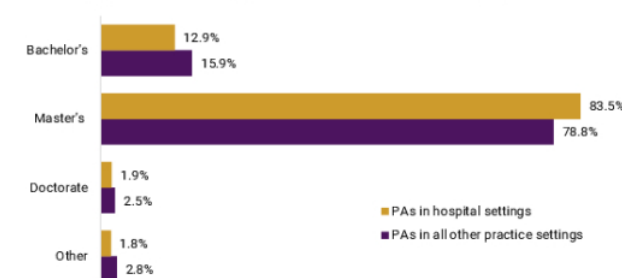### Burnout Symptoms (p<0.001)

34.0% of PAs practicing in hospital settings reported one or more symptoms of burnout.
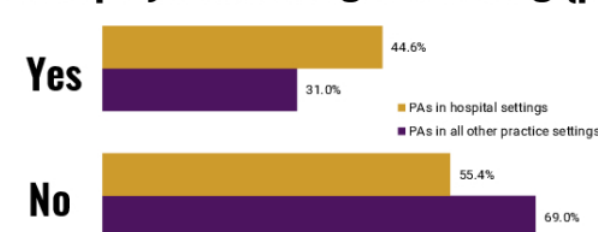
Age (p<0.001)

PAs in hospital settings are younger than PAs practicing in all other settings (median age 37 vs. 40; p<0.001).

Highest Degree Obtained (p<0.001)

PAs in hospital settings are more likely to have a master's degree vs. PAs in all other practice settings (83.5% vs. 78.8%; p<0.001).

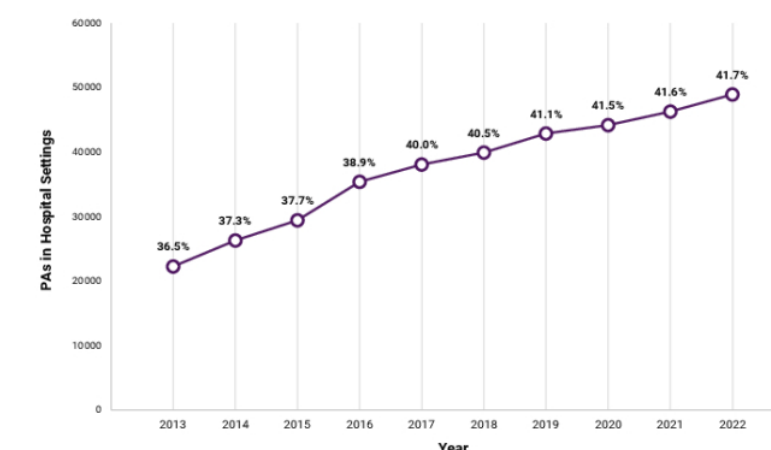### Place of Employment Hiring/Recruiting (p<0.001)

44.6% of PAs practicing in hospital settings indicated that their primary place of employment is currently hiring/recruiting.

Breakdown of Hospital Practice Setting

Hospital practice setting	Number of PAs
Emergency department	22.5%
Inpatient department	49.0%
Outpatient department	28.4%

Growth of Board Certified PAs in Hospital Settings

The percentage of PAs practicing in hospital settings has grown from 36.5% in 2013 to 41.7% by the end of 2022, indicating a 14% growth.

Services provided in principal position of PAs practicing in hospitals vs. all other settings			
	PAs practicing in hospital settings who indicated service provided for "Most Patients"	PAs practicing in all other settings who indicated service provided for "Most Patients"	P-value
Diagnosis, treatment, and management of acute illness	78.7%	75.5%	<0.001
Diagnosis, treatment, and management of chronic illness	53.0%	62.8%	<0.001
Conduct physical examinations and obtain medical histories	90.2%	89.6%	<0.001
Order, perform, and interpret lab tests, X-rays, EKGs, and other diagnostic studies	87.5%	75.9%	<0.001
Provide preventive care, including screening and immunizations	25.2%	49.6%	<0.001
Perform procedures	37.0%	32.2%	<0.001
Counsel and educate patients and families	80.6%	83.1%	<0.001
Provide care coordination	56.0%	49.8%	<0.001
Make referrals	42.1%	42.1%	0.746

Key Findings and Conclusion

- The percentage of PAs practicing in hospital settings has grown by 14% from 2013 to 2022
- PAs are increasingly shifting away from working in office-based private practices to hospital settings
- Despite PAs in hospital settings vs. all other settings being more likely to report one or more burnout symptoms (34.0% vs. 31.0%; p<0.001), they were equally satisfied with their positions (83.4% vs. 83.7%; p=0.169)
- PAs in hospital settings provide indispensable services, including diagnosing, treating, and managing patients with acute conditions, conducting physical examinations, and obtaining medical histories, ordering, performing, and interpreting lab tests and diagnostic studies, performing procedures, and providing care conditions
- PAs practicing in hospital settings were less likely to retire in 5 years compared to all other practice settings (4.3% vs. 6.8%; p<0.001)
- A better understanding of the utilization of PAs in hospital settings can inform more precise workforce planning and projections
- There is great potential for greater use and integration of PAs to meet hospital staffing needs to deliver accessible, affordable, and quality care

References

- National Commission on Certification of Physician Assistants, Inc. (2023). 2022 Statistical Profile of Certified Physician Assistants: An Annual Report of the National Commission on Certification of Physician Assistants. Retrieved from http://www.nccpa.net/resources/nccpa-research/
- McNeill M. (2022). Extraordinary Impacts on the Healthcare Workforce: COVID-19 and Aging. *Dela J Public Health.* 8(5):164-167. doi:10.32481/djph.2022.12.038