Primary Care PA Practice: Usual Roles, Perceived Barriers, and Collaborating Physician Opinions: A Mixed Methods Approach

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Introduction

- **One in four Americans lack access to primary care.**[1]
- The number of primary care physicians is decreasing, resulting in less effective and accessible care for those in need.
- **PAs can and do provide primary care services** . According to the National Commission on Certification of PAs (NCCPA), 24% of the 133,902 PAs surveyed were practicing in primary care.[2]
- **PAs may face barriers to practice** that could limit their potential to provide efficient primary care.
- **Role ambiguity** PAs may experience could decrease their effectiveness and increase workplace burnout.[3-6]
- There is little current literature that identifies the role of PAs in primary care or captures practice barriers they face.
- **Collaborating physicians can directly shape PA roles**, and physician opinions and/or misconceptions could potentially limit PA practice.
- There is scant literature on physicians' perceptions regarding the role of PAs in primary care.
- Previous research suggests physicians feel PAs are competent practitioners, however, many do not feel independent PA practice or increased autonomy is appropriate in all settings.[7,8]

> **This research sought to identify usual PA practice roles, collaborating physician opinions of PA practice, and barriers that both PAs and physicians in primary care perceive they face.**

Methodology

- A mixed methods approach, explanatory sequential design, was utilized.

- Physician and PA surveys were developed by the researcher with feedback from PAs, physicians, and content experts.. Surveys were piloted, and final drafts were developed. PA surveys included questions regarding usual roles, collaboration patterns, and perceived barriers. Physician surveys included questions regarding collaboration barriers and their opinions of PA practice.

- PAs participating in the AAPA salary survey in March of 2021 who identified as primary care providers were invited to complete the PA survey and asked to recruit their collaborating physician to complete the physician survey using a unique and anonymous link. Results were only available to the researcher and the AAPA.

- All survey participants were asked to participate in a scripted post survey interview. The researcher's hope was that subjects would participate in qualitative interviews to provide a robust explanation of their answers and provide data that could be used to compare the perceptions of physicians with those of PAs, and to provide robust information not captured via survey.

- Quantitative data was analyzed using non-parametric statistics. Qualitative results were analyzed for themes

Results

n= 298 PAs and 22 physicians, 98 PAs and 5 physicians agreed to a one-on-one post survey interview.

> Number of PAs that identified at least one barrier **did not significantly differ** between state practice environments (χ^2=6.323, p=.097, 3 df)
> **No significant association** between state practice environment and total identified barriers χ^2(1, N=215) = 0.742, p=0.389

PAs consult/ collaborate less as they gain work experience (r_s = -.135, p=0.026)

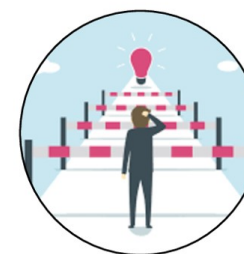| Top 5 practice barriers Identified by PAs	Minor, moderate, or significant barrier n (%)
"I am not involved in organizational decisions regarding things that relate directly to my role"	152 (57.8)
"Patients in my practice often prefer to see a physician"	115 (44.1)
"The scheduling staff I work with do not have a good understanding of my role"	82 (31.4)
"I have less access to support staff than other providers in my practice"	76 (29.0)
"My physician colleagues do not have a good understanding of my training, education, competence, and/or role"	65 (24.9)

> **ALL** physicians indicated agreement or strong agreement with all statements of confidence and competence, indicating universal positive opinions of PA practice. There was disagreement with only one statement: "I would like the PA to be more autonomous in their practice".

I would like the PA to be more autonomous in their practice

- STRONGLY DISAGREE: 2 (11.1%)
- DISAGREE: 7 (38.8%)
- AGREE: 3 (16.7%)
- STRONGLY AGREE: 6 (33.3%)
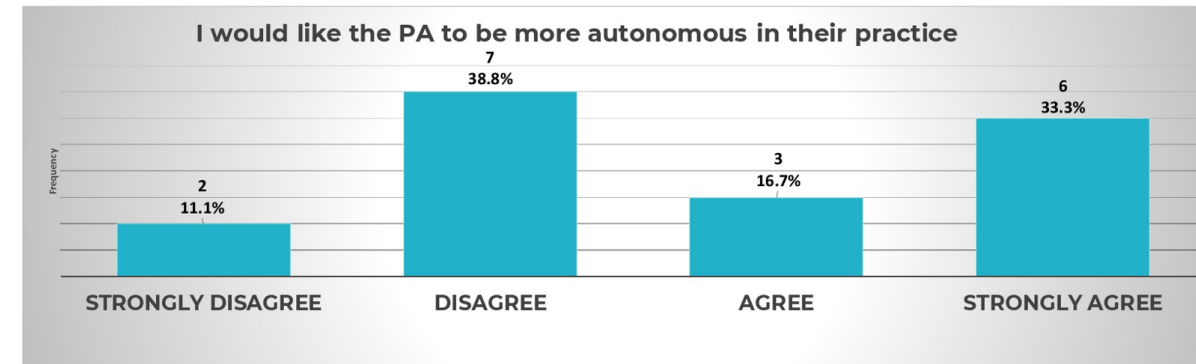
Qualitative Data:

Interviewed 8 PA
No physicians interviewed

The single most discussed barrier was the lack of parity between NP and PA practice in most states and the resultant shift in hiring practices

Role
- NP role/ Full practice authority**
- Lack of knowledge about PA role
- Lack of trust
- Lack of physician advocacy
- Lack of PA voice in practice

Policy
- Lack of PA leadership**
- Restrictive state legislation
- Physician opposition
- Physician tether
- Restrictive institutional policies
- Supervisory requirement

Conclusions

- PAs perform expected tasks that comprise typical inpatient and outpatient care.

- 97% of survey respondents indicated that they see any patient for any reason.

- The most frequently identified barrier by survey (ranked as minor, moderate, or significant) was: "I am not involved in organizational decisions regarding things that relate directly to my role".

- Both PAs (n=115, 44%) and physicians (n=4, 22%) identified patient provider preference as a barrier

- PAs indicated that scheduling staff (31.4% of respondents), physicians they work with (24.9% of respondents), their supervisor (15.6% of respondents) and support staff they work with (21.5% of respondents) do not have a good understanding of the PA role.

- All the physicians that participated in the survey indicated they had confidence in their PA colleague and their abilities .

- The lack of practice parity between PAs and NPs and preferential hiring in most states is a concern for the majority of PA interviewees.

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