PAs in Obstetrics and Gynecology

Founded on the concept of collaboration, the PA profession is a natural fit for team-oriented obstetrics and gynecology (OBGYN) practice. In practices and departments, PAs increase patient access and contribute to improved quality by providing medical care and care coordination. PAs are a cost-effective resource for meeting patients' medical needs.[1,2]

In addition to involvement in all clinical aspects of OBGYN care, PAs help to advance patient care and the profession by serving on boards of organizations such as Planned Parenthood and the Association of Reproductive Health Professionals. PAs participate in ACOG-convened committees, including three that developed guidelines entitled, *Collaboration in Practice: Implementing Team-Based Care*[3] and *Components of the Well-Woman Visit*,[4] and *Consensus Guidelines for Facilities Performing Outpatient Procedures: Evidence Over Ideology*.[5] AAPA has been represented on the Women's Preventive Services Initiative developing clinical guidelines since 2016.[6]

EDUCATION AND CERTIFICATION

Comprehensive master's degree programs provide PAs with a rigorous generalist medical education. Programs typically last 27 months[7] and employ curriculum modeled on medical school. During the classroom phase, PA students take more than 75 hours in pharmacology, 175 hours in behavioral sciences, more than 400 hours in basic sciences and nearly 580 hours of clinical medicine. This is followed by clinical rotations in family medicine, internal medicine, general surgery, OBGYN, emergency medicine, pediatrics, and psychiatry. PA students complete at least 2,000 hours of supervised clinical practice by the time they graduate.[8,9]

PA education by the numbers

27 months
75 hours of pharmacology
175 hours in behavioral sciences
400+ basic sciences
580 hours clinical medicine
2,000+ hours in clinical rotations

After graduation, PAs must pass a national certifying exam and obtain a state license. To maintain certification, PAs complete 100 hours of continuing medical education (CME) every two years and pass a national recertification exam every 10 years.[10]

PAs are lifelong learners who seek additional training for varied reasons, such as to practice in a particular specialty, to demonstrate competence for credentialing, or to gain expertise in a clinical subject, for example, comprehensive colposcopy. In addition, *t*here are two postgraduate PA programs specifically in OBGYN.

PA WORKFORCE

Of 140,000 certified PAs, 2,100 (1.5%) PAs practice exclusively in OBGYN.[11] With the number of PAs expected to increase over the next decade, these numbers are likely to increase.[12,13] In addition, many of the 33,500 PAs practicing in family medicine, internal medicine and geriatrics provide women's health services to patients.

Two-thirds of PAs in OBGYN practice in an outpatient medical clinic or office. About 31 percent are hospital-based. The rest work in various other settings where OBGYN care is provided.[14]

PAS IN OUTPATIENT OBGYN

The work of PAs in outpatient OBGYN is as diverse as the work of OBGYN physicians. PAs evaluate and manage gynecological conditions, including vaginal infections, sexually transmitted diseases, abnormal Pap tests, breast disease and menopausal problems. They are safe, qualified providers of first trimester abortion care, including surgical aspiration and medication-induced terminations.[15,16]

PAs are on teams that evaluate and treat infertility. They also provide prenatal, intrapartum and postpartum care. PAs provide patient education and counseling on family planning, breast self-examination, pre- and postnatal care, childbirth, lactation, sexual health, and other women's health topics.

Services provided by PAs in OBGYN	Provided "for most patients"
Perform physical exams and obtain medical histories	94.6%
Counsel and educate	88.9%
Order, perform, and interpret diagnostic studies	82.1%
Prescribe medications for acute and chronic illnesses	77.2%
Diagnose, treat, and manage acute illnesses	75.1%
Provide preventive care	74.6%
Provide care coordination	47.4%
Diagnose, treat and manage chronic illnesses	41.7%
Perform procedures	37.9%
Make referrals	35.6%

Source: 2019 Statistical Profile of Certified PAs by Specialty. NCCPA.

PAS IN HOSPITAL-BASED OBGYN

PAs in inpatient settings typically fit one of two models—either they are employed outside the hospital and have privileges to provide inpatient care or they are employed as house staff on OBGYN services.

The PAs perform histories and physicals on patients admitted to the service, consultations, and daily rounds. They update and educate patients and families about courses of treatment and management plans. PAs write orders for admission, discharge, transfer, pre- and post-operative care, labs and diagnostic tests. They arrange for studies or procedures, request consultations and write discharge summaries and prescriptions.

PAs perform amniotomies, place internal monitors, and interpret fetal monitor strips. They perform ultrasound, colposcopy, cryotherapy, IUD and Nexplanon insertion and removal, insemination, endometrial and vulvar biopsies, and loop excision electrocoagulation procedure (LEEP). Many PAs first assist in surgery.

PAs in labor and delivery monitor patients, perform pelvic exams to evaluate the course of labor, perform uncomplicated vaginal deliveries, and assist with operative vaginal deliveries and Cesarean-sections. PAs often share call for deliveries, particularly in rural areas where there may be few providers.

Institutions integrate PAs and physician residents on OBGYN services to support the residents and provide continuity of care. The PAs are a stabilizing presence—working closely with new residents and covering the inpatient service when residents are operating or attending conferences—ensuring the availability of care and timely patient discharges.[17]

THIRD PARTY REIMBURSEMENT

Medical and surgical services delivered by PAs are covered by Medicare, Medicaid, TRICARE, and nearly all commercial payers.

The Medicare program covers services provided by PAs in all practice settings at a uniform rate of 85 percent of the physician fee. Generally, all services for which Medicare would pay if provided by a physician are also covered when performed by a PA, in accordance with state law. All 50 states and the District of Columbia cover medical services provided by PAs under Medicaid.

Nearly all commercial payers reimburse for services provided by PAs, however, they do not necessarily follow Medicare guidelines. Because of variation in claims submission, it is important to verify each payer's specific coverage policies for PAs. For more information about third party coverage, visit https://www.aapa.org/advocacy-central/reimbursement/.

PA VALUE

PAs provide cost-effective care, generating sizable revenue relative to their salaries and benefits. The value PAs bring to a practice cannot be measured by direct billings alone. When a PA bills using his or her own National Provider Identification (NPI) number, revenue is easily tracked and credited to the PA, but many private insurers require PAs to bill under a physician's NPI, and Medicare allows "incident-to" billing.[18,19] In addition, PAs on a team enable physicians to increase their productivity and revenue and open access to more patients while maintaining high-quality care and improving patient satisfaction.[20,21,22,23]

Hospital studies frequently attribute cost-reduction, quality and patient satisfaction outcomes to PAs. One program of postsurgical home visits reduced readmissions by 41 percent and saved an estimated $39 for every dollar spent.[24] In surgical practices, PAs are particularly valuable because they provide nonbillable preoperative and postoperative care—covered by global fees—while simultaneously allowing the surgeon to take on additional revenue-generating cases.[25,26]

CONCLUSION

Many studies attest to the high quality of care PAs provide, favorably comparing it to physician care. Patient satisfaction with PAs is very high. With a PA on staff, access to the care team improves, wait times decrease, and patient satisfaction rises. If prognosticators are correct about an impending crisis in OBGYN workforce numbers, PAs will be essential to meeting OBGYN patient needs. ACOG's practice guidelines acknowledge the significance of team-based care for meeting future demand for obstetrical and gynecologic care. "Team-based care has the ability to more effectively meet the core expectations of the health care system proposed by the Institute of Medicine,‡… [care that is] safe, effective, patient centered, timely, efficient, and equitable."[27]

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