PAs in Psychiatry

One in five Americans experiences a mental health disorder in any given year and many are unable to get the care they need. Provider shortages, uncoordinated care and patients with multiple health conditions create enormous barriers to care. PAs are on the front lines of this healthcare crisis, witnessing the mental health challenges their patients face daily.

With a broad medical education grounded in primary care, courses and rotations in behavioral and mental health and authority to prescribe controlled and non-controlled medications, PAs are well prepared to collaborate with psychiatrists. While PAs have practiced with psychiatrists for years, past refusal by third party payers to cover psychiatric services provided by PAs has kept those numbers small. AAPA efforts leading to recent policy changes by major payers should enable more psychiatric practices and institutions to hire PAs.

EDUCATION AND CERTIFICATION

Comprehensive master’s degree programs provide PAs with a generalist medical education. Programs typically last 27 months and employ a curriculum modeled on medical school. The classroom phase covers basic medical sciences, including anatomy, physiology, pharmacology, physical diagnosis, behavioral sciences and ethics. 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 rotations in family medicine, internal medicine, general surgery, pediatrics, obgyn, emergency medicine and psychiatry. PA students complete at least 2,000 hours of supervised clinical practice by graduation.

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.

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 focused clinical subject. For example, PAs take courses in psychopharmacology, cognitive behavioral therapy and motivational interviewing through the Massachusetts General Hospital Psychiatry Academy and the Neuroscience Education Institute. CME on psychiatric topic areas is available from organizations including AAPA and the American Psychiatric Association (APA). While PAs are not required to attend a postgraduate residency before they can practice, there are at least seven postgraduate programs in psychiatry or behavioral health available to PAs who want additional structured education in the specialty.

PA WORKFORCE

PAs practice in behavioral health facilities, hospitals, private practices, community health centers, rural health clinics, prisons, non-federally qualified public or community health clinics and free clinics. There
are about 1,000 PAs practicing with psychiatrists. Further, 30,000 PAs practice primary care, most of whom routinely provide mental healthcare to their patients. Another 12,000 PAs practice emergency medicine, seeing many patients with mental healthcare needs. With payment policies improving and the number of PAs expected to increase over the next decade, these PA numbers are likely to increase.\textsuperscript{7, 8}

PAs are underrepresented in psychiatry, mainly due to states and payers that do not recognize PAs as mental health providers. Laws and payment policies are improving, as policymakers better understand PA contributions to mental healthcare.\textsuperscript{9, 10} For instance, PAs are recognized under federal law as providers in opioid treatment programs.\textsuperscript{11} PAs are included in the 21\textsuperscript{st} Century Cures Act, which reforms federal mental health policy and recognizes PAs as high-need providers in mental health.\textsuperscript{12} States are naming PAs as mental health providers or authorizing them to perform mental health services.\textsuperscript{13, 14} A 2017 report, “The Psychiatric Shortage: Causes and Solutions,” recognizes PAs as key to expanding psychiatric care.\textsuperscript{15}

**PA SCOPE OF PRACTICE IN PSYCHIATRY**

PAs provide psychiatric and mental health services in every setting type. Psychiatric hospitals and centers employ PAs to provide inpatient coverage. Often, PAs provide all evening and weekend psychiatric coverage, with a psychiatrist and internist available by phone for clinical support.\textsuperscript{16, 17} PAs use clinical practice guidelines from APA and other medical texts and tools to inform their clinical decision making.

A survey of PAs in psychiatry found PAs care for patients with a wide range of psychiatric conditions. All respondents reported treating patients with mood disorders, psychotic disorders and anxiety disorders. Most treated patients with personality, sleep, cognitive and attention disorders.\textsuperscript{18}

In Community Mental Health Centers (CMHCs) PAs manage patient panels, performing psychiatric assessments, ordering and interpreting tests, developing diagnoses and managing treatment plans for patients of all ages with a range of needs.\textsuperscript{19}

PAs provide rural access to psychiatric care. For instance, PAs provide care for patients with mental health and chemical dependency disorders in rural safety net hospitals. They provide outpatient care and manage inpatient units, performing intake and admission interviews, managing patient progress, planning follow-up appointments and arranging discharges.\textsuperscript{20}

Jails and prisons employ PAs to provide mental health services. They perform psychiatric intake assessments and diagnostic evaluations, formulate psychiatric diagnoses and manage medications and comorbid medical problems.\textsuperscript{21, 22}

**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 covered when performed by a PA, in accordance with state law. Those include services provided in an office or clinic, any department of a hospital including the emergency department, a skilled nursing facility, an ambulatory surgical center and a patient's home. Under Medicaid, all 50 states and the District of Columbia cover medical services provided by PAs. In 2013, CMS specifically included PAs as authorized providers in Community Mental Health Centers.23

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.

Payment for mental health provided by PAs can be problematic. While Medicare includes PAs among the health professionals eligible to furnish outpatient diagnosis and treatment for mental disorders, some private behavioral health companies will not recognize or reimburse PAs unless the PA has advanced training or a degree in a mental health specialty.

For more information about third-party coverage, visit https://www.aapa.org/reimbursement/.

CONCLUSION

Many studies attest to the high quality of care PAs provide, favorably comparing it to physician care.24,25 In addition, 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.26,27

Meeting the nation's need for mental and behavioral healthcare services will require removing barriers to integrated care and collaboration between primary care and psychiatric providers of every stripe. PA-psychiatrist collaboration in primary care or psychiatric settings is an excellent model for delivering psychiatric services. As providers trained in medicine, PAs possess the skills, education and necessary training to diagnose and treat the vast majority of people in need of healthcare and to refer patients elsewhere, as needed. PAs work in collaboration with other clinicians to ensure the best possible outcomes for their patients. This link to the rest of the medical community enables PAs to move patients effectively and efficiently through different levels of care across specialties and through the complex healthcare system.

REFERENCES


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