PAs and Team Practice

The PA (physician assistant) profession, founded on the concept of collaborative practice, is a natural fit for team-oriented care models. Across all medical and surgical specialties, PAs provide medical care, enhance care coordination, increase patient access, and contribute to improved quality. PAs are a cost-effective resource for meeting patients' medical needs.\(^1\)\(^-\)\(^4\)

Dating back to its start in the 1960s, the PA profession has been based on a culture of teamwork. Since that time, the original one-PA-to-one-physician configuration has given way to a wide variety of collaborative arrangements. The PA profession remains committed to team practice while working to update laws and regulations that optimize the effectiveness of patient care teams to meet the needs of today’s health care systems.\(^5\)\(^,\)\(^6\)

**PAs AND PHYSICIANS: CLINICAL COLLEAGUES**

All states, the District of Columbia, and all U.S. territories authorize PAs to practice medicine. PA scope of practice is determined by the PA’s education and experience, state law, facility policy and the needs of patients.\(^7\) PAs perform physical examinations, diagnose and treat illnesses, order and interpret lab tests, perform procedures, assist in surgery and often serve as a patient’s principal health care provider. Numerous studies have found that PAs provide high-quality care.\(^8\)\(^-\)\(^11\)

In many practices, PAs manage their own patients; in some cases, they are the only medical provider on site. Other practices use a model in which physicians and PAs together care for patients. In that model, each provider manages some patients on their own, and they manage others together. This model reinforces continuity for patients when their usual provider is not available.

In surgical practices, PAs perform preoperative history and physical examinations, order and interpret tests, perform procedures, first assist in surgery and provide postoperative care. PAs and surgeons commonly trade off rounds and office visits. Studies show that efficient teams can see more patients and see them sooner, and experienced teams of surgeons and PAs develop efficiencies that can reduce operative and anesthesia times and patient length of stay in the hospital.\(^12\)\(^-\)\(^14\)

The professional relationship between PAs and physicians is collaborative and collegial. The most successful clinical teams are those that utilize the skills and abilities of each team member most fully. The most up-to-date practice laws allow health care teams to decide at the practice level how they will collaborate to best meet the needs of patients in their particular setting and specialty.

**MODERNIZING LAWS, IMPROVING CARE, REDUCING COSTS**

The PA profession is working to update state and federal laws to enable, “Optimal Team Practice,” which occurs when PAs, physicians, and other medical professionals work together to provide quality care without burdensome administrative constraints. To support Optimal Team Practice, states should
eliminate the requirement that each PA have an agreement with a specific physician and end disparities between PAs and other medical providers in professional regulation and payment arrangements. For example, many physicians and PAs work in group practices or hospitals in states where outdated laws require a one-on-one agreement between a PA and a physician. When a PA is not tethered to a specific physician by a rigid agreement, flexibility enables health systems and hospitals to more effectively meet patient needs and reduce provider burnout. Removing the requirement that PAs have an agreement with a specific physician strengthens health care teams, expands access to care, and reduces health care costs.

**THE VALUE OF TEAMS**

Growing interest in team-based care has led to the study of high-functioning teams and their positive impact on outcomes, costs, efficiencies, and provider burnout. As pressures mount to meet the “triple aim” of improving the experience of care, improving the health of populations, and reducing costs, support for team-based care has gained traction. For example:

According to Cleveland Clinic CEO Tom Mihaljevic, “The most important differentiator” for his system is its team-based model of care. “As a team we can best address oftentimes very, very complex issues in health care.” In the coming decade, he believes “there are going to be several transformational trends, the first of which “is the way that health care is being delivered. I think that the health care of the future is going to be primarily team-based health care.”

*Reforming America’s Healthcare System through Choice and Competition*, a 2018 report from three federal departments, recommends that to lower prices, increase access, and improve quality, states should “allow all health care providers to practice to the top of their license, utilizing their full skill set,” “consider eliminating requirements for rigid collaborative practice and supervision agreements,” and allow PAs and other providers to be paid directly for their services.

Landmark report, *To Err Is Human*, released in 1999 by the National Academies of Science, unleashed new interest in team-based care. That report identified “effective team functioning” as one of five principles that could lead to safer care. Companion report, *Crossing the Quality Chasm* in 2001, identified “advancing the effectiveness of teams,” as one of six challenges to be met if all Americans were to receive safe, effective, patient-centered, timely, efficient, and equitable care. Numerous subsequent reports have placed interdisciplinary, collaborative, team-based care at the epicenter of health care transformation.

**CONCLUSION**

A team approach supports efficient patient-centered health care. The PA profession is committed to team practice and believes that modernized laws and regulations will enable teams to adapt to the changing needs of practices and patients. With new health care models emerging regularly and patient expectations shifting, this flexibility is crucial.

To learn more about the PA profession and how PAs contribute to comprehensive patient-centered care, visit AAPA.org.
REFERENCES


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