



PAAs in Pediatrics

PAAs are versatile providers of medical care, and many choose to care primarily for children. PAAs in pediatrics provide care in many settings, including outpatient practices and clinics, emergency departments, urgent care centers, and inpatient departments, including intensive care units. Within these settings, PAAs perform well-child care, monitor developmental milestones, order and interpret laboratory and diagnostic tests, diagnose and treat acute and chronic conditions, perform procedures, and assist in surgeries.

EDUCATION AND CERTIFICATION

Master's degree programs provide PAAs with an intensive generalist medical education. Programs typically last 27 months¹ and employ 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 pediatrics, family medicine, internal medicine, general surgery, obstetrics and gynecology, emergency medicine, and psychiatry. PA students complete at least 2,000 hours of supervised clinical practice by graduation.^{2,3}

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, PAAs must pass a national certifying exam and obtain a state license. To maintain certification, PAAs complete 100 hours of continuing medical education (CME) every two years and pass a national recertification exam every 10 years.⁴

PAAs are lifelong learners who seek additional training for varied reasons such as practicing in a new specialty, demonstrating competence for credentialing, or gaining expertise in a clinical subject. For example, PAAs can take courses in pediatric ultrasound, pediatric pain management, neurology, pediatric advanced life support (PALS), and neonatal resuscitation (NRP). While PAAs are not required to attend a postgraduate residency, there are at least nine postgraduate programs in pediatrics—including emergency medicine, primary care, urgent care, neonatology, surgical specialties and neurology—available to PAAs who want additional structured education.[†]

PA WORKFORCE

Three-fourths of the PAAs in general pediatrics work in office-based private practices. The remaining one-fourth practice in settings including community health centers, hospitals, school-based clinics, and college health centers. Of 123,500 nationally certified PAAs, 2 percent (2,000 PAAs) practice general pediatrics. One percent (1,200 PAAs) practice in pediatric subspecialties. Many of the 20,000 PAAs in family medicine treat babies, children and adolescents.⁵ These numbers are expected to increase over the next decade.^{6,7}

[†] Orthopedic surgery—Texas Children's Hospital; neonatology—University of Pittsburgh Medical Center, Children's Hospital of Philadelphia, Nationwide Children's Hospital, and University of Kentucky College of Medicine; pediatric medicine or neurology—Carolinas HealthCare System; and pediatric urgent care—Eastern Virginia Medical School and PM Pediatrics.

PA SCOPE OF PRACTICE IN PEDIATRICS

PAs provide a broad range of medical care to pediatric patients; clinical duties depend on subspecialty and setting. PAs take medical histories, perform physical examinations, order and interpret laboratory and diagnostic tests, diagnose and treat acute and chronic illnesses, develop and manage treatment plans prescribe medications, provide patient education, perform procedures, and assist in surgery.

Services provided by PAs in pediatrics	Provided “for most patients”
Diagnose, treat and manage acute illnesses	95.4%
Perform physical exams and obtain medical histories	94.6%
Counsel and educate	93.1%
Provide preventive care	86.1%
Prescribe medications for acute and chronic illnesses	85.7%
Order, perform and interpret diagnostic studies	64.4%
Provide care coordination	49.0%
Diagnose, treat and manage chronic illnesses	44.3%
Make referrals	43.7%
<i>Source: 2017 Statistical Profile of Certified PAs by Specialty, NCCPA.⁵</i>	

Medical literature illustrates the range of PAs roles.

Primary care in Community Health Centers

Community Health Centers (CHCs) deliver comprehensive primary care to medically underserved populations. A study of 104 CHCs found PAs and nurse practitioners (NPs) conducted one-third of patient visits, 90 percent of them without physician involvement. One-third of visits to PAs were with patients under 18 years of age. PAs were the most likely to treat patients with acute conditions. The percentage of visits (approximately 30%) for preventive care varied little among physicians, PAs and NPs.⁸

PAs on the pediatric surgical service

Akron Children’s Hospital relies on PAs and NPs to keep surgical service flowing. Surgeons operate in three sites, while PAs and NPs provide outpatient coverage, 24/7 inpatient coverage, and first assistant coverage in the OR. The Director of Surgery calls PAs and NPs “a tremendous asset” for the access and continuity they provide.⁹ PAs appreciate the breadth of their role and the respect they are shown. The hospital has an, [Advanced Practice Center](#), which supports the PAs’ clinical practice and status as voting members of the medical staff.¹⁰

PA and NPs enhance pediatric neurosurgery

A study done to determine pediatric neurosurgery needs of two Jacksonville, Florida, teaching hospitals found that a PA and two NPs—working with three pediatric neurosurgeons—provided interventions such as shunt, lumbar, and ventricular punctures; and first assisted in the OR and in neuro-endoscopy, including surgeries using neuronavigational technology. Their participation in acute, subacute, and primary care, the call schedule, and patient/family teaching greatly enhanced continuity of care, the researchers concluded.¹¹

PAs in the PICU

The first PICU in the United States opened in 1967 at the Children’s Hospital of Philadelphia.¹² By the mid-1970s, most hospitals with pediatric residencies had PICUs staffed by residents. By the 1980s, PAs were integrated medical providers in PICUs and NICUs.¹³⁻¹⁵ After five years of staffing its PICU with PAs and medical residents, the State University of New York Downstate Medical Center described their resident/PA combined staffing model as “fruitful and productive,” noting that PAs enhance continuity of patient care and are cost-effective medical providers.¹⁶

Pediatric emergency care by PAs

A study in an urban community hospital found PAs to be qualified providers of pediatric emergency care. Children (≤ 6 years old) treated by PAs in the ED at Our Lady of Lourdes Medical Center, Camden, New Jersey, had the lowest return rate and lowest admission rate on second visit among children seen by physicians or PAs. This “real world model” demonstrates that PAs deliver pediatric care “comparable to that of physician providers in a general community ED.”¹⁷ In addition, American Academy of Pediatrics guidelines support PAs as ED providers.¹⁸

THIRD PARTY REIMBURSEMENT

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

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/reimbursement>.

PA VALUE

The value PAs bring to the healthcare system cannot be measured by direct billings alone. When a PA bills for care using his or her own National Provider Identifier (NPI), resulting revenue is easily tracked and credited to the PA, but many private insurers require PAs to bill under a physician’s name and NPI, and Medicare allows “incident-to” billing.^{19,20}

PAs are particularly valuable to pediatric practices. In addition to conducting their own clinics, they can provide much of the needed wellness care, patient education, anticipatory guidance, and coordination of medical care with consultants, hospitals and families. In pediatric surgical practices, in addition to seeing patients and generating revenue in their own right, they provide preoperative and postoperative care—covered by global fees—that surgeons would otherwise have to provide, freeing the physicians to perform more surgeries or see new patients. PA contributions open access to more patients while maintaining high-quality care and improving patient satisfaction.²¹⁻²³ They are providers with high contribution margins who are less expensive to employ than physicians.²⁴⁻²⁶

CONCLUSION

Many studies attest to the high quality of care PAs provide, favorably comparing it to physician care.²⁷⁻³⁰ PAs increase patient access and contribute to improved quality by providing medical care and care coordination. They are a cost-effective resource for meeting patients’ medical needs. With a PA on staff, access to the care team improves, wait times decrease, and patient satisfaction rises.

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