Optimizing PA Practice In The Indian Health Service

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Learning Objectives

- As healthcare has evolved, so has the IHS' utilization of PAs. In 2019, an updated PA Scope of Practice was approved with progressive changes in line with Optimal Team Practice (OTP). How these changes are being implemented, challenges faced, and the impact at the practice level will be discussed.

At the end of this session, participants should be able to:

- Briefly detail the history of PA utilization in the Indian Health Service (IHS)
- Identify the key changes in the updated IHS PA Scope of Practice
- Identify the challenges being faced in implementing the updated IHS PA Scope of Practice
- Explain how updated scope of practice policy improves patient care and builds better teams
- Become familiar with hiring processes and challenges

Indian Health Service (IHS)

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

INDIAN HEALTH SERVICE

OVERVIEW

Mission — To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level

Goal — To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people

Foundation — To uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures, and to honor and protect the inherent sovereign rights of Tribes

LEGISLATION

- Snyder Act, P.L. 37-85 (1921)
- Transfer Act, P.L. 83-568 (1955)
- Indian Health Care Improvement Act (1976 & 2010)
  Indian Sanitation Facilities Act, P.L. 86-121 (1959)
- Indian Self-Determination & Education Assistance Act, P.L. 93-638 (1975)

PRIORITIES

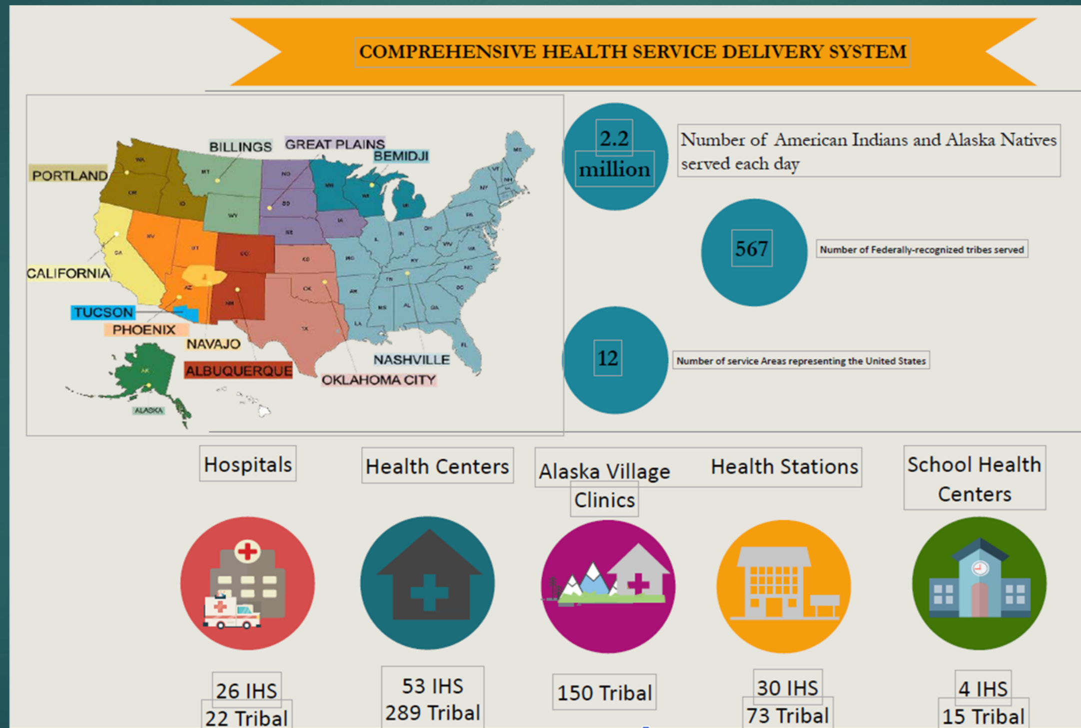
PEOPLE

PARTNERSHIPS

QUALITY

RESOURCES

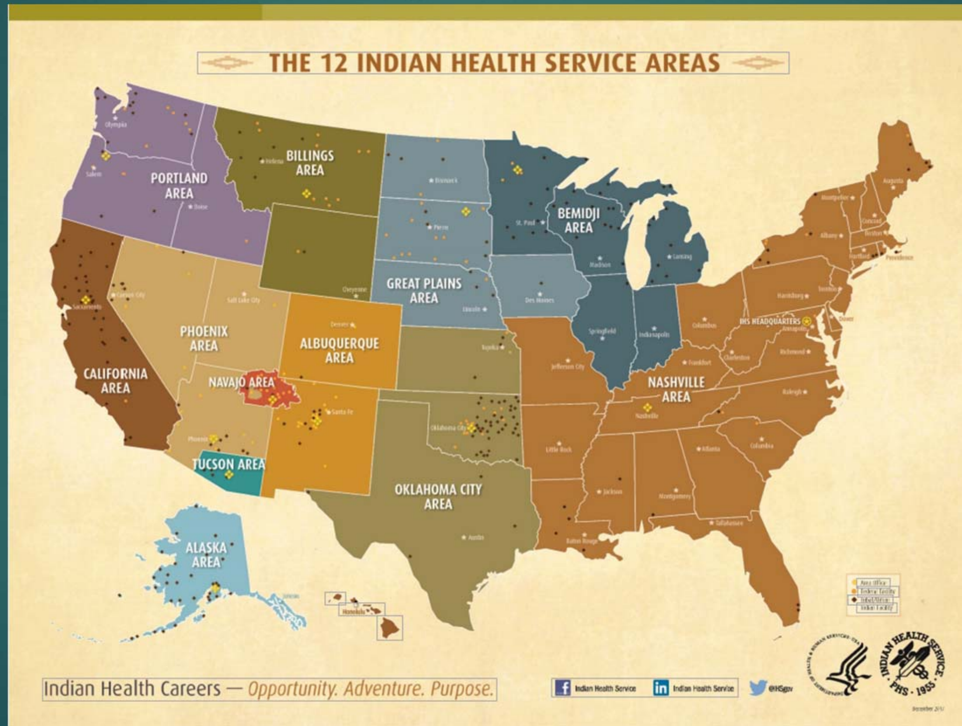
IHS Organizational Structure



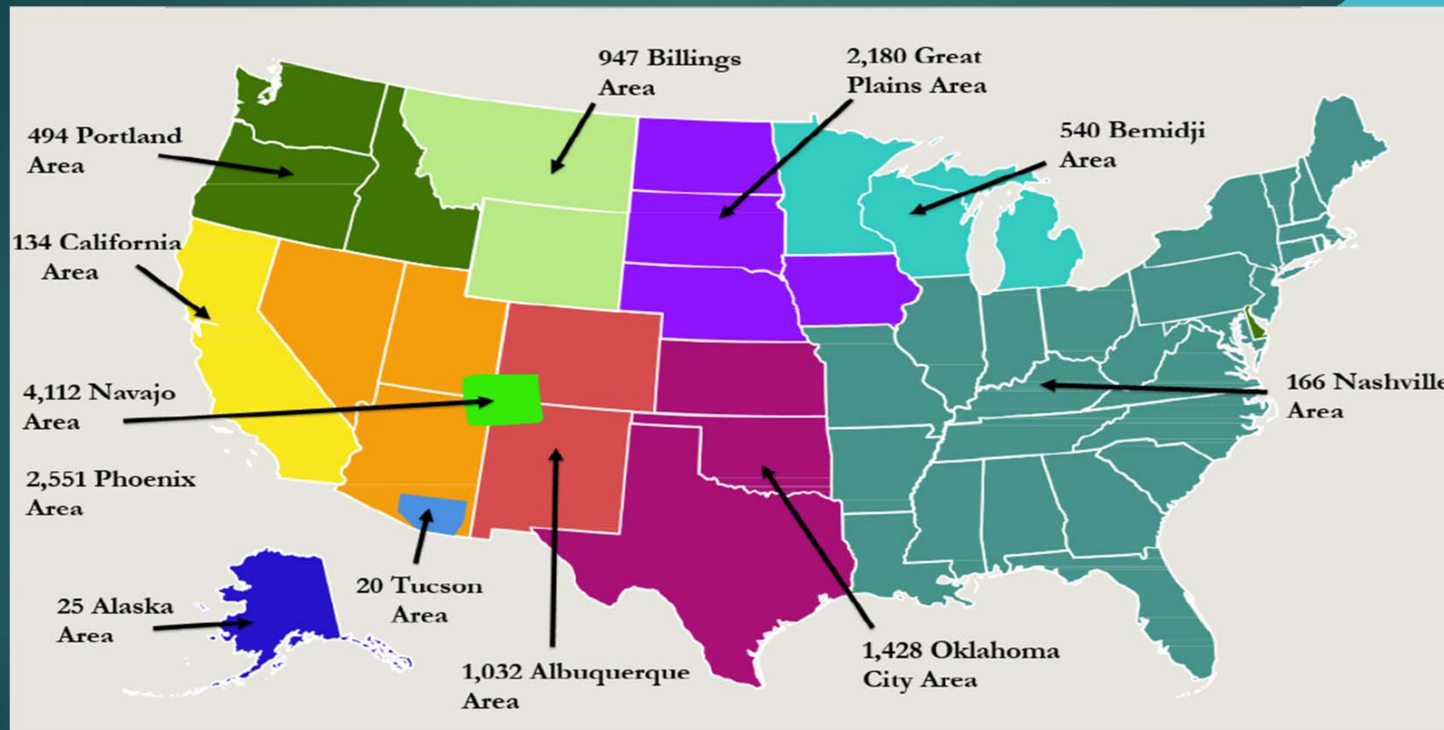
Indian Self-Determination and Education Assistance Act of 1975

- Title 638
- Recognizes American Indian tribes have an inherent status as sovereign nations

IHS Areas



Current Area Staffing Levels (all professions)



Current IHS Staff by Profession (102 PAs)

PA CCC

National Recruiter

PA Deputy CCC

IHS PA CCC Advisory Council

Area Chief PA (12)

History of PAs in the IHS

- The PA concept developed specifically out of the great need for healthcare providers at the numerous rural and/or remote healthcare facilities in the IHS. The concept started as a Community Health Medic (CHM) training program in 1971. The CHM program continued for 10 years until the PA profession was sufficiently developed to take over for this IHS-unique concept to address healthcare shortages in Native American/Alaskan Native communities.

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PAPER FOR PRESENTATION AT THE JOINT MEETING OF THE CLINICAL SOCIETY AND THI; COMMISSIONED OFFICERS' ASSOCIATION OF THE UNITED STATES PUBLIC HEALTH SERVICE IN NEW YORK CITY

June 1, 1972

TRAINING OF COMMUNITY HEALTH MEDICS (CHM's) BY THE INDIAN HEALTH SERVICE

Presented by: Leland L. Fairbanks, M.D.
Chief, Health Care Education Phoenix Indian Medical Cc.r,.ter Phoenix, Arizona
June 1, 1972

Introduction:

Beqause of the shortage of physician personnel a two **year** traininr: program for nphysician extencers'" or physician assistants known as Community Hea.lth Medics (CHM's) has been instituted by the Indian Health Service (IHS). The first class of trainees (all Indians) began at Proenix-Tucson, Arizona in February 1971. The second year under a physi cian preceptor in smaller reservatio hospital or clinic facilities began for this initial class in March 1972. A second class of trainees began at Phoenix7Tucson in March 1972. At the end of satisfactory completion of 2 y ars' training a job position will be assured by the Indian· Health Service.

Trainee Selection:

Prerequisites for selection as a trainee include:

1) Prior training as a Health Corpsman in military _service, a professional nurse, practical or voca tional nurse or other professional health training.

2) General heal·th work experience of at least 3 years.

3) ·The trainee must be endorsed and accepted by ·health consumers (the Indian tribal people who are to be served) prior to his or her selectior1 as a trainee. A first hand experience from having lived or worked with American Indian people is required .

.Training Approach:

1) The CHM is being trained to serve as an assistant to the primary care physician, hence will function as a generalist rather than as a specialist.

2) An 8-9 week ''core curriculum" period for basic didactic teaching now serves as the initial founda tion for the teaching in year I.

3) This "core curriculum" period is followep _by clinical rotations through various departments of the Phoenix Indian Medical Center olus worksho at the Desert Willow Training Center.in Tucson to omplete year I of training. Primary training emphasis is in pedi atric and outpatient work.

4) There is a strong practical experience emohasis. About three-fourths of the training in year I is practical and tutorial in emphasis wlth only one fourth.didactic classroom inst uction.
Problem sol **ving** seminars, wherever possible, are utilized rather than lectures for teaching.

5) Total supervised hours for year I of training is at least 2.000 hours. (Intensive "total immersion" type . training.)

6) Didactic teaching and practical experience tutoring by physicians and other health team members is closely correlated as to timing of topics and simultaneous con sideration of anatomy, physiology, pathology, history taking, physical diagnosis and treatment relative to each body system being studie .
Trainees are taught to use the problem oriented record. Team teaching and inter-departmental seminars are utilized to· tie .in the medical, surgical, pharmacolo ical, dietary, · social, and emotional aspects of total patient care. The CHM is taught to appreciate team health care and ·function as a part of that team.

7) Extensive pre-testing is done n1all subject areas to determine what level of instruction s appropriate for each trainee. A special course in reading skills is provided for those for whom it.is indicated. If a trainee can already achieve the necessary p oficiency, he or she need not take the reading course. There is flexibility to allow some degree of individualization in the training for each person.

As soon as a trainee shows ability to meet the neces sary skill objectives required in a certain area he · or she can move on to another area. An extensive proficiency certification list is utilized to rate the degree of skill and independence with which

A) The general functions for which the CHN is being. trained include:

1. Elicit a clinical history and do a physical exami!"'3.tion.
2. Perform routine aboratory and related func tions.
3. Perfor routine therapeutic procedures - injections, immunizations, etc.
4. Instru tion and counseling patients - diet, diseases, therapy, etc.
5. Assisti:1g the physician in the hospital, clinic or community setting.
6. Providing assistance to patients requiring con tinuing care.
7. Render care independently where require-. in life-threatening situations.
8. Facilitation of referral of patient from the physician to appropriate resources.

The CHM may also, secondarily, be assigned some·func tions of a sanitarian, community health worker, health educator, etc. under the direction of the supervising. physician.

'The supervisory teaching physician rates the trainee's ability in performing each skill on a scale between 1 and 5.

<u>Rating scale:</u>

1) Could not perform.
2) Could perform w/close super vision.
3) Could perform w/limited super vision.
4) Could perform w/supervisory initiative and approval, but under own direction.
5) Could perform under own direc tion and initiative.

Those who will be cleared to function in independent duty stations must have achieved a rating of 4 or 5 for those skills ordinarily required to be performed at that particular duty station.

8) The second year of train1ng is under a physician .pre- ceptor in a smaller Indian Health facility. There is primarily a tutorial teaching arranfement for the second year. However, home study courses, attendance at selected outside meetings and periodic visits by Dr. James W. Justice, M.D., CHM Project Director, and others are an important part of year II. Consultant physicians from the University of ft izona, Department of Family and Community Medicine, as well as other Indian Health Service personnel from Phoenix and Tucson .in addition to the CHM Project Director have a scheduled series of visits arranged for both evalua tion and support of trainee and preceptor.

8) Unique features of the Indian Health Service program in training physician assistants for civilian health care include:

a)Use of Health Information System, computer gathered data from the Sells, Arizona Service Unit to help design the training to fit Indian Health experience needs.

a)Stronger preventive medicine-public health emphasis than in most other physician assistant programs.

b) Special training of workers to be able to effectively.
serve a unique cultural group (the American Indian). Training design is not however intended to limit the· trainee to work only with Indians.

d)Where proficiency certification skill is sufficient, and medical isolation demands it, the trainee is being prepared to serve in an independent duty setting.
There will be telephone or radio contact with a physi cian preceptor for consultation and guidance plus periodic visits in person by the physician.

1) For later use in an independent duty situation the CHM trainee will be expected to develop rational guidelines by which he can decide whether or not a patient needs:

a. Immediate evacuation to a hospital
b. Delayed referral to a hospitai or physician
c. Observation and treatment by the CHM himself
d. No further followup.

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2) It shall be considered vital that the CHM learn when physician referrals and hospital evacua tions are indicated. It will perhaps be even more important for the CHH t: know what he can't do alone than what he can do.

3) When immediate patient evacuations to a hosnital .are indicated, the CH!-! must knrv.., what prep a tions and supportive measures are necessary to assure that the patient arrive at the hospital n the best possible condition.

e) Insofar as we are aware, the India Health Service training program at Phoenix is unique in its provision for "Interpersonal Relations Seminars" weekly for the benefit of the trainees themselves.

The students meet as a group approximately once a week, with the Indian Health psychiatrist (Community Mental Health Director). The session is not attended by any other staff members, and the director does not have any other teaching responsibilities in this pro g:ram.

The seminar explores the students' ·feelings about the role of the Community Health Medic in relation _to feelings about responsibility for patient care, . relation to authority and professional direction being a middle man between two cultures, family problems · with spouse and children living in a reservation set ting, career and other professional goals, and many ·other t-opics of expected concern for the Community Health Medic.

Time: 1-1/2 hours per week.

f) Evaluation has been an important part of the train ing design of the CHM program from the very. beginning. This includes at least 3 areas·

1) Task analysis.
2) Work output.
3) Impact on quality cf care.

10) A series of slides showing a CHM trainee functioning under a physician preceptor

March 1972

PHOENIX INDIAN MEDICAL CENTER
Phoenix, Arizona
DESERT WILLOW T:RAIHING CENTER
Tucson, P..rizona COMMUNITY HEALTH MEDIC PROGRAM

First Year of Training

Course Descrip tion & Hours of Instruction

	Didaqtic Hours	Demonstra- tion & Practice Hours	Combined Hours
1) Anatomy & Physiology ...	40		4 0
2) Clinical Staff Conference Lectures	40		40
3) Community Health.			160
4) Comprehensive Care Conference Emphasizing Health Team Con- cept			38
5) Dental Instruction	12	16	28
6) Ear, Nose & Throat Instruc- tion	4	16	20
7) Emergency & Outpat ie nt Department Care	34		34
8) English Language Skills.			48
9) Laboratory Basic Skills.	15	65	80
10) Librar y Resea-r ch			20
11) Medical Hist or y, Basic Princip es	12	6	18
12) M edicine Depa tment Instruc- t ion	24	100	124
13) Medical Mathematics, Basic	8		8
14) Mental Health Training ..			160
15) Nutrition & Diet Therapy ..	4	12	16
16) Obstetrics/Gynecology	14	100	114

Updated IHS PA Scope of Practice

- Entire document available at: https://www.ihs.gov/ihm/pc/part-3/p3c28/
- PA's clinical privileges shall be commensurate with their education, experience, competencies, and the operational needs of their IHS facility.
- Scope of practice will be determined at the practice level.
- PAs may engage in clinical teaching, patient education, and research.
- PAs may serve in administrative and supervisory positions.
- PAs may participate in the review and evaluation of their colleagues' clinical performance.

Benefits of Updated Scope of Practice

- Reduces barriers for American Indians to receive care
- Optimal Team Practice
- Builds better teams
- Scope of practice is individualized based on experience and comfort

Challenges Implementing Updated IHS PA Scope of Practice

- Top-level administration changes made during the updated Scope of Practice
- General Counsel with varying opinions
- No “headquarter level” PA

- Hundreds of facilities throughout the country in mostly remote locations.

- Provider turnover leads to constant reeducation on capabilities and practice regulations.

Federal Supremacy

- Does a PA in IHS need a state license?
- Does a PA have to abide by their state license?
- Can the IHS develop a scope of practice that is unique to the states?

Introducing……………………

CDR Jeremy Parmley, PA-C

IHS PA Chief Clinical Consultant

IHS Hiring Process and Challenges

- No formalized student or fellowship training that would be a conduit to familiarization and recruitment of new IHS PAs
- Lack of parity with other advanced practice clinicians
- Open continuous announcement
- Direct Hire Authority (Only Physicians/NPs/other HCP)
- Indian Preference

Difficulties Hiring PAs

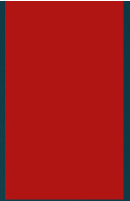
- Pay
  - There are currently no known PA positions in the IHS higher than GS-12. Other branches of government and IHS NPs do have GS-13 (see pay table next page) positions.

- No Continuous Open Job Announcement
- No Direct Hire Authority

- SALARY TABLE 2020-GS
- INCORPORATING THE 2.6% GENERAL SCHEDULE INCREASE
- EFFECTIVE JANUARY 2020
- *Annual Rates by Grade and Step* Grade

Grade	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10
1	$ 19,543	$ 20,198	$ 20,848	$ 21,494	$ 22,144	$ 22,524	$ 23,166	$ 23,814	$ 23,840	$ 24,448
2	21,974	22,497	23,225	23,840	24,108	24,817	25,526	26,235	26,944	27,653
3	23,976	24,775	25,574	26,373	27,172	27,971	28,770	29,569	30,368	31,167
4	26,915	27,812	28,709	29,606	30,503	31,400	32,297	33,194	34,091	34,988
5	30,113	31,117	32,121	33,125	34,129	35,133	36,137	37,141	38,145	39,149
6	33,567	34,686	35,805	36,924	38,043	39,162	40,281	41,400	42,519	43,638
7	37,301	38,544	39,787	41,030	42,273	43,516	44,759	46,002	47,245	48,488
8	41,310	42,687	44,064	45,441	46,818	48,195	49,572	50,949	52,326	53,703
9	45,627	47,148	48,669	50,190	51,711	53,232	54,753	56,274	57,795	59,316
10	50,246	51,921	53,596	55,271	56,946	58,621	60,296	61,971	63,646	65,321
11	55,204	57,044	58,884	60,724	62,564	64,404	66,244	68,084	69,924	71,764
12	66,167	68,373	70,579	72,785	74,991	77,197	79,403	81,609	83,815	86,021
13	78,681	81,304	83,927	86,550	89,173	91,796	94,419	97,042	99,665	102,288
14	92,977	96,076	99,175	102,274	105,373	108,472	111,571	114,670	117,769	120,868
15	109,366	113,012	116,658	120,304	123,950	127,596	131,242	134,888	138,534	142,180

PA Training Opportunities



- Student Opportunities

Second year rotations (FM, peds, surgery, etc.) are available and can be developed at any of our locations found all around the country.

- Fellowship Opportunities

CAQ fellowships available and can be developed throughout the US as well.

Please contact the IHS PA Recruiter Andrea Heeter (andrea.heeter@ihs.gov) to discuss what opportunities are available and to help with developing new sites.

IHS/AAPA Relationship

The IHS Chief and Deputy Chief Clinical Consultants have an excellent working relationship with the AAPA. We communicate and coordinate with them regularly to promote and advance the PA profession whenever possible. We'd like to take this opportunity to thank them for their ongoing support in the endeavors covered in this presentation.

2021 IHS/Tribal PA of the Year

Katherine Pocock is a ED PA at the remote Whiteriver IHS Hospital in Arizona. In addition to her many work responsibilities, she has volunteered for numerous community outreach events:

- Led her facility's response to and prevention of COVID outbreaks at the local Dept of Corrections.
- Created and maintains her community's pulse-oximetry program.
- Coordinates her hospital's guidance of school reopening, infection control, outbreak response, and resumption of extracurricular activities.
- Coordinates her ED's response to suicidality, working across hospital depts and non-hospital agencies.

IHS Resources

- www.ihs.gov/physicianassistants/
- www.ihs.gov/jobs
- www.Facebook.com/IndianHealthService
- www.Twitter.com/ihs/gov