



## PAAs in Family Medicine

Comprehensive educational programs prepare PAs (physician assistants) for careers in medicine and a team-based approach to providing high quality, patient-centered medical care. The broad, generalist medical education is ideal preparation for practice in family medicine. PAs diagnose illness, develop and manage treatment plans, manage their own patient panels, and often serve as the principal healthcare provider for patients. The profession's team-based approach is well-suited for the patient-centered medical home and other integrated care models. Along with physicians and nurse practitioners (NPs), PAs are one of three professions named in the Patient Protection and Affordable Care Act as providers of primary care.

### EDUCATION AND CERTIFICATION

Master's degree programs provide an intensive generalist medical education that typically lasts 27 months<sup>1</sup> and employs 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, pediatrics, general surgery, obstetrics and gynecology, emergency medicine, and psychiatry. PA students complete at least 2,000 hours of supervised clinical practice by graduation.<sup>2,3</sup>

#### 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.<sup>4</sup>

PAs are lifelong learners who seek additional training for varied reasons such as demonstrating competence for credentialing or gaining expertise in a clinical subject. For example, PAs can take courses in point of care ultrasound, diabetes management, HIV management, long-haul COVID-19 management, casting, suturing, dermatology, ocular pathology, infectious diseases, practice management, and anything else family medicine providers need in day-to-day practice.

### PA WORKFORCE

Of 150,000 nationally certified PAs, 14.1 percent (21,000 PAs) practice in family medicine.<sup>5</sup> Just over half of the PAs in family medicine (52.4%) work in office-based private practices. Eleven percent practice in Federally Qualified Health Centers, 10 percent are in other government settings, eight percent practice in federally certified Rural Health Clinics, seven percent are based in hospitals, and the remaining 11 percent practice in various other settings.<sup>6</sup>

## PA SCOPE OF PRACTICE IN FAMILY MEDICINE

PAs provide a broad range of medical care to patients of all ages. 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, and perform procedures.

Services provided by PAs in family medicine	Provided “for most patients”
Prescribe medications for acute and chronic illnesses	93.0%
Perform physical exams and obtain medical histories	91.4%
Diagnose, treat and manage acute illnesses	87.5%
Counsel and educate	84.1%
Order, perform and interpret diagnostic studies	83.2%
Provide preventive care	77.4%
Diagnose, treat and manage chronic illnesses	72.3%
Provide care coordination	55.2%
Make referrals	55.1%
Perform procedures	29.2%
<i>Source: 2019 Statistical Profile of Certified PAs by Specialty, NCCPA.</i>	

Medical literature illustrates the impact of PAs.

### ***Primary care in Community Health Centers***

Community Health Centers (CHCs) deliver comprehensive primary care to medically underserved populations. A 2017 study of CHC patient health outcomes found that PAs and nurse practitioners (NPs) delivered similar quality of care, services, and referrals as physicians.<sup>7</sup> Another study of 104 CHCs found PAs and NPs conducted one-third of patient visits, 90 percent of them without physician involvement.<sup>8</sup>

### ***Physician-PA teams offer the most care***

Data from the American Board of Family Medicine revealed that family physicians (FPs) practicing with PAs saw more patients and provided broader services than FPs practicing with NPs, with PAs and NPs, or alone. Data from over 27,000 physicians found that those practicing with PAs increased their average panel size by 410 patients, compared with 259 for physicians practicing with NPs, and 245 for teams with PAs and NPs. “PAs seemed to have a stronger enabling effect on FPs’ practice than NPs, and even than PAs and NPs combined. While both share clinical responsibilities with FPs, a stronger association may indicate in general that PAs perform more substitutive than supplemental responsibilities.”<sup>9</sup>

### ***Trends show shift toward “shared care”***

A study of temporal trends in care provided in alternative primary care models by physicians, PAs, and NPs in 2008, 2011, and 2014, concluded that these providers are increasingly collaborating in “shared care” models. This increase in shared care “signifies a shift toward bolstering capacity of the primary care delivery system to serve elderly populations with growing chronic disease burden and to improve access to care” in rural communities and Health Professional Shortage Areas.<sup>10</sup>

### ***PA saves rural community clinic***

PA Dave Blauvelt owns his own family practice. He helped found it in Kearney, Nebraska, a small but growing city and regional hub. When a nearby rural community was losing its clinic, town officials asked

Blauvelt if he could provide services at their location, too. Blauvelt said, “Yes,” and Ravenna, Nebraska, kept its clinic. Staff kept their jobs. Local residents had medical care.<sup>11</sup>

### ***Rural PA honored for 35 years of care***

The Iowa Rural Health Association (IRHA) bestowed its 2020 award for contributions to rural health care to PA Ed Friedmann of the Redfield Medical Clinic. Friedmann has spent more than three decades providing family medicine to the people of Redfield and rural Dallas County, Iowa. A local resident remarked that, “In this day and age it is beneficial for a small community like Redfield to have a tenured practitioner to care for them. On occasion, he will even make house calls when called upon. He is very deserving of this award for his tireless commitment to his community, and practice of medicine.”<sup>12</sup>

## **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.<sup>13,14</sup>

PAs are particularly valuable to family medicine practices. In addition to conducting their own clinics, they can provide much of the needed wellness care, patient education, coordination of medical care with consultants, hospitals and families. PA contributions open access to more patients while maintaining high-quality care and improving patient satisfaction.<sup>15-17</sup> They are providers with high contribution margins to the financial success of the practice.<sup>18-19</sup>

## **CONCLUSION**

Many studies attest to the high quality of care PAs provide, favorably comparing it to physician care.<sup>20-22</sup> 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, the range of services expands, wait times decrease, and patient satisfaction rises.

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