

Outcomes of HRSA-Funded Expansion of Physician Assistant Training Grants 2011-2016

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I. Introduction

The 2010 Affordable Care Act included one-time, 5-year Expansion of Physician Assistant Training (EPAT) grants. Physician Assistant (PA) programs could apply for funding to expand student capacity by at least 10% per year from 2010 through 2015 with the goal to significantly increase the primary care workforce. Students were awarded \$22,000/year for a total of \$44,000.

- \$27,832,273 in federal funds were distributed amongst 27 PA programs over five years.² The Health Resources and Services Administration (HRSA) reported that 586 PA students received training through EPAT-funded programs.
- Initial evaluation of the efficacy of this program illustrated the sustained impact of EPAT funding on PA program capacity.³ There has been no analysis regarding the practice patterns of EPAT recipients. This study intends to illustrate the workforce impact of federal EPAT investment in PA education.

PA graduate practice outcomes are a pertinent indicator of the impact of this funding and can provide guidance to policymakers seeking to improve health workforce program effectiveness. This study assessed demographics of EPAT recipients and evaluated the impact that this funding had on subsequent practice patterns by comparing graduate outcomes to national physician assistant program and workforce data.

II. Methods

An anonymous electronic survey was distributed to program directors (PDs) at all 27 EPAT PA Programs, assessing 5 years of program and graduate characteristics, practice patterns, and PD intention to apply for future primary care expansion training grants. The research team relied on their background in federal policy, research and experience with EPAT funded programs to develop survey questions that were piloted with PA program faculty. The survey was IRB exempt. Data were analyzed using SPSS Version 25. Program and student characteristics were analyzed using descriptive statistics and compared to national PA Program and workforce data.

III. Results

A 59.30% response rate (n=16, 16/27) represented 366 graduates reflecting 65.45% of the 586 HRSA-reported total EPAT-funded students. 16.41% of EPAT recipients were racially diverse, 24.54% were Hispanic, 53.65% identified as disadvantaged status, and 32.92% reported rural backgrounds. **63.47% entered primary care immediately following graduation. 87.88% were reported as practicing primary care immediately after graduation or at the last point of contact. 52.03% of EPAT graduates practiced in Medically Underserved Areas (MUAs).**

Figure 1 – Graduate Demographics

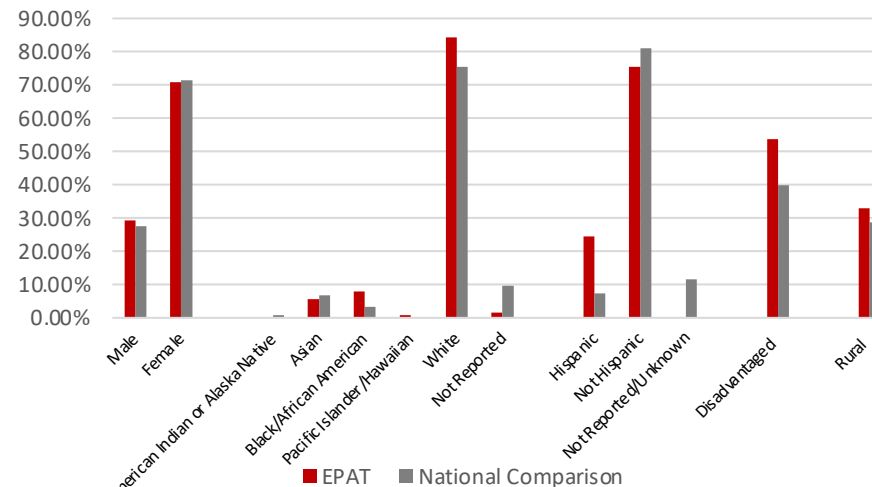
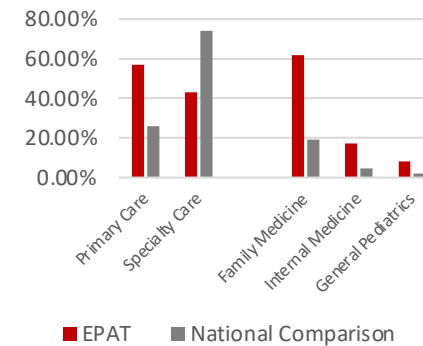


Figure 2 –Practice Patterns



IV. Conclusions

HRSA EPAT recipients practiced in primary care specialties at a rate 2.5 times higher than the national PA average immediately following graduation (63.47% vs 25.8%) and this specialty choice was durable for several years post-graduation. The EPAT program funded over 140 PA graduates who immediately practiced in MUAs. This funding supported a more racially and ethnically diverse student population and higher number of students coming from a rural area than comparator national average of PA students.



1. Physician Residency and Physician Assistant Expansion Programs. HRSA.gov. 2015. Accessed July 9, 2019.
 2. Health Resources and Services Administration Data Warehouse. Active Grants for HRSA Program(s): Affordable Care Act: Expansion of Physician Assistant Training Program (T88). Accessed September 25, 2019.
 3. Rolls J, Keahy D. Durability of Expanded Physician Assistant Training positions following the end of Health Resources and Services Administration Expansion of Physician Assistant Training funding. *J Physician Assist Educ.* 2016;27:101-104.