Physician Assistants Increase Access to Healthcare

- The shortage of primary care physicians is expected to exceed 124,000 by 2025. While the PA profession has doubled every decade since the 1980s. PAs are part of the solution and are necessary to help mitigate the expected doctor shortage and the increased demand for care among newly insured patients.
- There are temporary cost incentives for PAs who provide primary care in both Medicare and Medicaid.
- Approximately 32 percent of PAs practice in primary care. Numerous studies show that PAs can perform approximately 85 percent of the duties performed by physicians.
- PAs expand access to care in rural areas: 15 percent of Americans live in rural areas; AAPA data indicates that 12 to 15 percent of PAs overall – and 20-25 percent of PAs in primary care – practice in rural areas, compared with 10 percent of MDs.
- PAs expand access in underserved urban communities. In a study published in the Journal of Health & Human Services in 2011, the use of PAs paired with community health workers successfully expanded healthcare in urban communities, improving the use of health services and patient satisfaction.
- PAs report that, on average, 23% of their patients are on Medicaid, and 14% are dual eligible.
- With a projected growth of 39 percent, the Bureau of Labor Statistics predicts physician assistants will be the second-fastest-growing health profession in the next decade after home health aides.
- PA education costs less and takes less time than physician education, which allows PAs to enter the workforce more quickly and at less expense.
- With a strong foundation in general medicine, PAs are able to adapt to changing healthcare needs. PAs usually change specialty areas 2 to 3 times during their careers.

Physician Assistants Improve Healthcare Quality

- PAs provide high-quality, patient-centered healthcare using a team-based approach.
- PA education follows a broad healthcare curriculum similar to physician education – a foundation that helps PAs treat the whole patient regardless of practice setting.
- PA practice is perfectly suited to the patient-centered medical home (PCMH) – a proven model for delivering high-quality, cost-effective patient care. All PCMH accreditors recognize PAs as primary medical providers.
- A study published in the Journal of the American Geriatrics Society in 2004 indicated that nursing homes that used PAs had lower hospitalization rates for ambulatory care sensitive conditions.
- Studies demonstrate that incorporating PAs into office or hospital practices can improve health outcomes. In a comparative analysis study published in the American Surgeon in 2004, a trauma center transitioned from a resident-assisted to a PA-assisted trauma program. The change resulted in an improvement in the quality of care and reduced the length of stay by one day.
- Studies reveal that patients are equally satisfied with medical care provided by both PAs and doctors and do not distinguish between types of care providers.
Physician Assistants Decrease Healthcare Costs

- The PA practice model and education are both based on patient-centered coordinated care, which underpins promising reforms focused on reducing healthcare costs.
- PA education and practice emphasizes chronic care management, preventive care and patient education. These may reduce hospital admissions, readmissions, specialty care and prescription drug use, and in turn eliminate unnecessary costly health services.
- A Health Services Research study in 2008 showed that patients for whom PAs provided a substantive portion of care used about 16 percent fewer office-based visits per year than patients cared for by physicians only.
- A January 2013 article in The Journal of Thoracic and Cardiovascular Surgery concludes that a 30-day hospital readmission rate for patients who underwent cardiac surgery was reduced by 25 percent for patients receiving home visits and medication adjustment by PAs.

AAPA’s Top Legislative Issues

1) Eliminating unnecessary federal barriers to care provided by PAs (e.g., allowing PAs to serve Medicare hospice patients, order home health services, and diagnose and treat injured employees under the federal workers’ compensation program)

2) Integrating PAs into all federal programs to promote growth in the healthcare workforce (e.g., by providing strong funding for PA education through Public Health Services Act Title VII Health Professions Program and opportunities to expand support for PA education through Medicare GME)

3) Promoting recognition, transparency, and accountability of medical care provided by PAs (e.g., updating Medicare payment system to correspond to that of all other healthcare providers under Medicare (Sustainable Growth Rate), promoting pay equity for PAs employed by the federal government, and enrolling PAs in Medicaid)

Join us in expanding access to PA-provided high-quality healthcare