SPECIALTY PRACTICE

ISSUE BRIEF

PHYSICIAN ASSISTANTS IN PLASTIC SURGERY

Physician assistants (PAs) employed by plastic surgery practices offer a range of benefits to both surgeons and patients. They often act as the “right hand” of busy surgeons, extending and coordinating care in ways that improve employer and patient quality of life. Working with physician supervision, PAs in plastic surgery can undertake many duties, including providing patient education, performing preoperative histories and physicals, and first assisting at surgery.

Effective physician-PA teams are based on collegiality, respect and clear communication. To be successful, each practitioner must understand the other’s scope of practice. The PA scope of practice is defined by education and experience, facility policy, state law and physician delegation. All state laws allow supervising physicians the flexibility to delegate elements within their own scope of practice. What the physician delegates changes over time as the PA learns new skills and the needs of the practice change. A recent survey by the Association of Plastic Surgery Physician Assistants (APSPA) found that PAs are delegated a wide range of responsibilities, including first assisting in the operating room (OR); coordinating inpatient care; performing minor surgeries and procedures (including lesion removal, wound debridement and laceration repair); caring for surgical patients and conducting postoperative follow-up visits; and coordinating all elements of postoperative care.¹

PA EDUCATION AND CERTIFICATION

PA education is modeled after physician education. PA programs offer a rigorous medical curriculum including anatomy, physiology, pharmacology, physical diagnosis and pathophysiology. They also require PA students to complete courses in behavioral sciences,
microbiology, medical ethics and clinical laboratory sciences. Following approximately 12 to 14 months of basic science and medical science classroom work, PA students complete on average 2,000 hours of supervised clinical practice before graduation. The intensive programs are offered at medical schools, colleges and universities, teaching hospitals and throughout the U.S. Armed Services.

PAs are authorized to practice in all states, the District of Columbia and the majority of US territories. Federally employed PAs, however, are regulated by federal agency guidelines, rather than state law. Physicians may delegate to PAs medical duties that are within the physician's scope of practice, the PA's training and experience and that are allowed by state law. Physicians also may delegate prescribing authority to PAs in all 50 states, the District of Columbia, Guam and the Commonwealth of the Northern Mariana Islands. In almost all jurisdictions, this delegated authority includes controlled medications.

After graduation, PAs are required to pass the national certifying examination administered by the National Commission on Certification of Physician Assistants before they can practice. Only graduates of accredited programs may take the exam. To maintain their certification, PAs must complete 100 hours of continuing medical education every two years and take a recertification examination every six years.

**Third-Party Coverage for Services Provided by PAs**

Nearly all private payers cover medical and surgical services provided by PAs. However, private health insurance companies do not necessarily follow Medicare’s coverage policy rules. Because of the potential variation among insurance companies, practices should verify each company’s specific payment and coverage policies for PAs. AAPA has information about private payer policies available at www.aapa.org.

Medicare pays the PA's employer for medical and surgical services provided by PAs in all settings at 85 percent of the physician’s fee schedule. These settings include hospitals (inpatient, outpatient, operating room and emergency departments), nursing facilities, offices, clinics, the patient’s home and first assisting at surgery. In certain settings, services that PAs provide may be billed at 100 percent under the supervising physician’s provider number by meeting the “incident to” or shared visit billing requirements.

All 50 states and the District of Columbia cover medical services provided by PAs under their Medicaid fee for service or Medicaid managed care programs. The rate of reimbursement is either the same as or slightly lower than that paid to physicians.

For more information about third-party coverage, visit the Reimbursement page at www.aapa.org.

### PAs in Action

**AAPA interviewed leading PAs in the plastic surgery field. The following excerpts highlight the pivotal roles PAs play in their practices.**

**PAs Extending Surgical Practice and Continuity of Care**

In one academic setting, a PA works closely with her supervising physician to provide compassionate, personalized care for plastic surgery patients. Most of her work week unfolds in a Level 1 county trauma center, where she is part of a physician resident team providing reconstructive surgery services. In the hospital, she first assists in surgeries, performs minor surgeries, rounds on and discharges inpatients, and coordinates the OR schedule for the next day.

In the preoperative screening clinic, the PA sees patients who are scheduled for surgery. She takes the patient history and physical, orders necessary studies and obtains consent for the procedure. At the end of each clinic day, the entire team discusses operative plans for new patients and evaluates postoperative results from photos taken at the clinic. Communication is an essential element in the success of her team’s practice. In the process
of coordinating elective surgical procedures, she relays information about a patient’s preoperative workup (including comorbidities, medications, lab and study results) to her supervising physician. This workup forms the basis of their discussion of the surgical plan. This ethic of team communication extends to the physician residents on the team, who also are involved in the care of perioperative patients. As the PA states, “Since the residents change rotations every few months and the attendings have responsibilities at multiple hospitals, I have become the continuity of care person for the patients.”

Her presence has significantly expedited patient care at this surgical practice. She arranges appointments for urgent follow-up care, thereby saving patients from long waits in the emergency center. In addition, she helped create a system for coordinating oncologic and reconstructive work-ups with as few clinic visits as possible. This system results in dramatic improvements to the continuity and coordination of patient care during changeovers in physician residency teams.

Her supervising physician describes the PA’s value to the practice: “Perhaps the greatest advantage provided is that of efficiency. With the PA in attendance, once the critical portion of a procedure is complete, the surgeon can then focus on the next task at hand, whether it be the case to follow or evaluating pre- and postoperative patients. This is no small matter when one considers the ever-increasing patient loads required to maintain our practice. It also has been my experience that patients are much happier speaking to the physician assistant regarding their questions or concerns than they are speaking to any office personnel. This combination of improved efficiency and patient satisfaction is hard to beat.”

**Close-Knit Surgical Team Equals a Flourishing Practice**

A thriving Northeast plastic surgery practice consists of a plastic surgeon and a PA. As a team, they perform an array of plastic surgery procedures, from aesthetic surgeries such as liposuction and abdominoplasties to a full range of reconstructive surgeries.

In the office, the PA performs numerous procedures, including lesion biopsy and excisions, seroma aspirations, suturing of lacerations, chemical or laser peels and injections of Botox and hyaluronic acid fillers. She has cultivated a loyal group of cosmetic patients, many of them women who appreciate sharing their concerns, questions and hopes with a female clinician educated to make each patient encounter caring and informative.

The PA conducts all of the preoperative histories and physicals and provides the patients with any prescriptions they will need in the perioperative period. She also meets with patients during their initial consult with the surgeon. In surgery she first assists during procedures such as breast reconstruction, abdominoplasty, liposuction and breast reduction. According to the practice, operative times can be reduced by almost half by their coordinated surgical teamwork. Patients also benefit from extensive access to the PA for pre- and postoperative questions. Most patients see her for their first postoperative visit, then alternate visits with the physician until the postoperative phase of treatment is complete.

Her supervising physician states: “In my practice, the PA has multifaceted roles. On the one hand, she is a first assistant in the OR, consistently performing surgery to the standards I have set. In addition, she is a provider in the office. She sees pre-op and post-op patients and is an expertly trained filler and Botox injector. For me, having a PA allows me to more efficiently schedule patients and keep my operating room schedule filled.”

**Providing Plastic Surgery Services at a Large Multi-Specialty Practice**

In Washington state, a prominent multi-specialty practice employs approximately 190 providers in all specialties and acts as its region’s largest referral center. Here, a team of one surgeon and one PA staff the practice’s plastic and reconstructive surgery clinic. This physician-PA team performs procedures ranging from reconstructive surgery to cosmetic treatments.

The PA first assists on most surgeries. He sees all patients before surgery — answers their questions, writes orders, performs histories and physicals, and prepares them for surgery. The supervising physician has confidence in the PA’s abilities — including his ability to know his limits — based on their joint practice and open communication about clinical issues.

The PA conducts preoperative screening exams, writes lab orders and handles insurance paperwork and release papers.
for work or school. By managing myriad important details, the PA helps surgeries proceed in a timely, coordinated way.

Tuesdays and Thursdays are surgery days, with the PA and supervising physician working on many different procedures. The PA leads wound team procedures (wound VAC changes with light sedation, for example) performs rounds and schedules surgeries. In the office, the PA helps extend the practice by administering a range of cosmetic procedures.

The PA takes call on some weekends and when his supervising physician is on vacation. His presence allows the surgeon’s schedule to be more open for consults and complex surgeries. The PA helps the practice staff by being a ready source of information and answering questions via phone triage. The practice estimates that his services have shortened wait times for initial consults by approximately six months — a boost to patient satisfaction and practice productivity.

**PAs a Vital Part of M.D. Anderson Plastic Surgery Team**

The Plastic Surgery Center at M.D. Anderson Cancer Center specializes in providing reconstructive surgery to restore normal function after cancer-related treatments. Fourteen PAs are an integral part of that mission: They provide surgical and postsurgical follow-up care for patients.

One PA who has been with the center for several years exemplifies the wide-ranging role PAs play in M.D. Anderson’s plastic surgery service. At the Center, he sees, consults and develops treatment options for reconstructive patients in cooperation with his primary supervising physician. The PA sees the majority of postoperative follow-up patients and sees walk-in patients on his office days.

The PA also first assists in the OR three days a week, usually assisting with procedures such as harvesting vessels and skin grafts, closing donor sites and performing microscopic anastamosis of vessels and nerves. The PA helps carry out breast and extremity reconstructions, abdominal wall and pelvic reconstructions, free tissue transfers and vascularized bone transfers in complex oncologic patients. He also first assists with tissue expander placement, revisions and hernia repairs.

In close coordination with his supervising physician, the PA helps establish treatment plans, evaluates responses to treatments, rounds on and discharges patients. This enhances coordinated and timely care. The PA describes the benefits of team practice: “As an MD-PA team, we are able to divide and conquer. This allows us to focus on our individual skill set to maximize our efficiencies.”

**The PA Answer**

Plastic surgeons employing PAs enjoy many benefits: well-coordinated care, higher revenues and a surgically qualified partner ready to address the needs of surgeons and patients. For more information about hiring a PA for your plastic surgery practice, visit www.aapa.org. You can also contact the APSPA at www.apspa.net.

**References**