Physician Assistants in Psychiatry

Physician assistants (PAs) practice medicine with physician supervision. PAs conduct histories and physicals, perform psychiatric evaluations and assessments, order and interpret diagnostic studies, establish and manage treatment plans and order referrals as needed. A broad medical education — which includes didactic courses and clinical rotations in psychiatry, emergency medicine, internal medicine, geriatrics and family practice — provides PAs with a solid foundation from which to address the diverse medical needs of mental health patients.

PAs in psychiatry expand access to mental health services. They often work in behavioral health facilities and psychiatric units of rural and public hospitals, where psychiatrists are in short supply. In private practices, PAs regularly conduct initial assessments and perform maintenance check-ups for patients on psychiatric medications. In jails and prisons, PAs help meet the need for psychiatric services and medical care. Additional PA practice areas include assertive community treatment teams, psychiatric emergency departments, geriatric psychiatry, addiction medicine and care for post-traumatic stress patients.

Education, Certification and Licensure

PA education is modeled after physician education. The rigorous curriculum, which is similar to medical school, includes courses in anatomy, physiology, biochemistry, pharmacology, physical diagnosis, behavioral sciences, clinical laboratory sciences and medical ethics. Following approximately one year of classroom
work, PA students complete, on average, 2,000 hours of supervised clinical practice before graduation.¹

All states, the District of Columbia and the majority of US territories authorize PAs to practice. In those jurisdictions, and in federal agencies, 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 law. Physicians also can delegate prescribing authority to PAs and, in most jurisdictions, this delegated authority includes controlled drugs.

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

**Reimbursement**

Reimbursement for PA services varies depending on the payer. Medicare covers mental and behavioral health services provided by PAs at 85 percent of the physician fee schedule. Medicare follows PA regulations in each state regarding the degree of supervision required. Under Medicare’s guidelines, the physician supervisor need not be physically present with the PA when the PA performs a service unless it is specifically required by state law or facility policy.

Private insurers and health plans often contract with specialized behavioral health companies for coverage and payment of mental and behavioral health services. Sometimes these companies require advanced degrees and/or certifications specifically in behavioral health as a prerequisite for payment. Some companies refuse to pay for services delegated to PAs by psychiatrists, even if the delegated service is within PAs’ legal scope of practice.

AAPA, PAs, psychiatrists and their constituents continue to educate insurers and employers about the effectiveness of physician-PA team practice and its proven ability to lower costs, improve patient access and provide continuity of care.

**PAs in Action**

AAPA staff interviewed leading PAs in their specialties. The following excerpts taken from the interviews illustrate the range of PA practice in psychiatry.

**Access for Underserved Population**

A state psychiatric center in the northeastern United States employs nine PAs to provide much of the house coverage for the 100-bed inpatient facility. The PAs are affiliate members of the medical staff, credentialed and privileged along with seven psychiatrists, two internists, two dentists and three nurse practitioners. Most of the PAs have experience in family medicine or urgent care.

On evenings and weekends, the PAs function as “officers of the day.” With a psychiatrist and internist for clinical support, the PAs evaluate and treat the physical medicine needs of the inpatients and respond to behavioral emergencies.

Employing PAs as house staff predates the facility’s medical director, who values the PAs for their clinical skills and the continuity of care they provide. He notes that the hospital “would be hard-pressed to function without them.”

**Care at Community Mental Health Center**

A mental health clinic in a small urban center cares for the community’s underserved population with a staff of nine psychiatrists and one PA. With a patient panel comparable to that
of the psychiatrists, the PA performs psychiatric assessments, orders and interprets tests, develops diagnoses, establishes and manages treatment plans and provides medication management.

The clinic’s patients include children, adolescents and adults with a range of needs. In addition to her clinic appointments, the PA provides medication management and ongoing assessments for aging mental health patients who live in a personal care home owned by the clinic’s parent corporation. Occasionally, the PA also covers the clinic’s partial hospitalization unit.

**Access in Rural Minnesota**

In far northern Minnesota, a PA with more than 20 years experience as a psychiatric nurse and 10 years as a PA manages the only inpatient psychiatric unit in that area of the state. The 12-bed unit is part of a federally certified Critical Access Hospital. The PA relates a very challenging year before the current psychiatrist was hired: During that time, she handled all outpatient and inpatient psychiatric care and relied on psychiatrists from other communities for supervision.

The PA now works with a psychiatrist, who supervises her and provides outpatient psychiatric services and with a family physician, who provides supervision on medical problems. The PA performs admission histories, physicals and psychiatric assessments; orders and interprets diagnostic studies; develops treatment plans; conducts rounds; and manages ongoing care in consultation with the psychiatrist. She participates in daily team meetings, sees patients every weekday, and is on call most evenings and weekends. As time allows, the PA also conducts medication management visits in the outpatient clinic.

**Mental Health Care in Jails and Prisons**

One of the country’s largest county jails employs PAs to provide mental health services. In cooperation with the medical unit, the PAs perform psychiatric intake assessments and diagnostic evaluations, formulate psychiatric diagnoses and manage medications and comorbid medical problems. The jail’s mental health director, a physician, oversees the PAs’ clinical work. The PAs also serve as leaders of interdisciplinary teams that include PAs, nurses, caseworkers, medical technologists and pharmacists.

One PA joined the staff with many years of experience in psychiatry but no experience in correctional health. In addition to her work at the jail, the PA also works as a faculty associate at a medical school. In this role, she has been a co-principal investigator for a psychiatric clinical trial, works part-time on a federal grant for a psychoneuroendocrine research program and lectures physician assistant and medical students on mental health topics.

**Serving at a Geropsychiatric Center**

A PA with seven years of internal medicine experience was hired to provide medical care to psychiatric nursing home patients at a Veterans Affairs Medical Center. Within three years, her responsibilities expanded to include psychiatric care. Because comorbid medical problems are a risk factor for many patients, having a PA who can provide both primary medicine and psychiatric support is invaluable.

The PA typically begins her day by conducting rounds with the attending psychiatrist, the charge nurse and the medical residents. After rounds, the PA performs admissions, orders specialty consults and coordinates the patients’ medical needs. Her psychiatric privileges include performing psychiatric assessments and starting and renewing all medications, including pharmacy schedules II-V.

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The PA Answer

State laws allow physicians to determine what medical responsibilities to delegate to PAs. This flexibility is necessary in psychiatric practices, where patients often present many clinical challenges. PAs' generalist education, grounding in team practice and ability to expand access in virtually any setting make them ideal practitioners for the needs of 21st century health care.

To learn more about PA education and scope of practice, visit AAPA's Resources page at www.aapa.org/advocacy-and-practice-resources/issue-briefs. For additional information about PAs in psychiatry, see Physician Assistants in Psychiatry's (APAP) Web site at www.psychpa.com.