



PAs and Team Practice

The PA profession, founded on the concept of collaborative practice, is a natural fit for today's increasingly team-oriented care models. Across all medical and surgical specialties, PAs provide medical care and care coordination, increase patient access and contribute to improved quality. They are a cost-effective resource for meeting patients' medical needs.^{1,2,3,4} Collaboration between physicians and PAs is especially effective because of their historical ties, the similarities in their education and the PA profession's commitment to team practice.^{5,6}

The team approach supports efficient patient-centered healthcare.^{7,8,9} All states, the District of Columbia, and all U.S. territories except Puerto Rico authorize PAs to practice medicine, including prescribing medications. PA scope of practice is determined by the PA's education and experience, state law, facility policy and the needs of patients.¹⁰ PAs perform physical examinations, diagnose and treat illnesses, order and interpret lab tests, perform procedures, assist in surgery and enhance healthcare coordination. Numerous studies have found that the quality of care PAs provide is comparable to that of physicians.^{11,12,13}

A HISTORY OF COLLABORATION

Dating back to its inception in the 1960s, the PA profession has always been based on a culture of teamwork. Since that time, PA scope of practice has grown significantly and the original one-PA-to-one-physician configuration has given way to a wide variety of collaborative arrangements.

In many practices, PAs manage their own patients. Other practices use a model in which a physician and PA together care for an increased number of patients. In that model, each provider manages some patients on their own and they manage others together. This model reinforces continuity for patients when their usual provider is not available.

In surgical practices, PAs perform preoperative history and physical examinations, order and interpret tests, first assist in surgery and provide postoperative care. It is quite common for PAs and surgeons to trade off rounds and office visits. Studies show that efficient teams can see more patients and see them sooner, and experienced teams of surgeons and PAs develop efficiencies that can reduce operative and anesthesia times and patient length of stay in the hospital.^{12,14,15}

PAs AND PHYSICIANS: CLINICAL COLLEAGUES

While many laws and regulations use the term "supervision," the professional relationship between PAs and physicians is collaborative and collegial. The regulatory term "supervision" does not mean that the physician must be physically present or direct every aspect of PA practice. Far from it—many PAs practice with a high degree of autonomy, with a physician available by phone or other electronic means. PAs become more autonomous over time, as they grow in skill and experience.¹⁶

The most effective clinical teams are those that utilize the skills and abilities of each team member most efficiently. Ideally, state laws should define PA-physician collaboration in a way that allows for customization of healthcare teams to best meet the needs of patients in the particular setting or specialty in which the team works. In many models of care, particularly in patient-centered medical homes, PAs serve as team leaders.

A growing number of states are repealing laws that contain outdated supervision requirements, such as requiring physicians to be on site for a set number of hours or within a specified proximity, and instead allowing teams to determine how they collaborate at the practice level. These changes can only benefit the healthcare system, healthcare teams and the patients they care for.

State laws that restrict the number of PAs with whom a physician may practice are being relaxed in many states. These laws, many dating back to the earliest days of the profession, placed arbitrary limits on the number of PAs per physician, such as 2:1 or even 1:1. These restrictions hamper innovation (e.g., retail clinic systems) and the ability of institutions and practices to customize provider roles for their particular specialty, setting and patient population.

Many major medical organizations agree with AAPA's position that ratios should not be stipulated in state law. The American College of Emergency Physicians,¹⁷ the American Medical Association,¹⁸ the American College of Physicians¹⁹ and the Federation of State Medical Boards²⁰ all support the ratio of physicians to PAs being determined at the practice level.

CONCLUSION

The PA profession is committed to preserving and enhancing team practice, and believes that the profession's hallmark flexibility is key to the ability of teams to adapt to the changing needs of practices and the patients they care for. During this time of innovation, with new healthcare models constantly being created and modified and patient expectations shifting, this flexibility is crucial.

To learn more about the PA profession and how PAs contribute to comprehensive patient-centered care, visit AAPA.org.

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Last updated: February 2017