Issue-in-Brief

Enabling Practice-Level Decision Making About PA-Physician Collaboration

State law requirements for PAs to have an agreement with a specific physician in order to practice were included in early PA practice acts. Fifty years ago when the PA profession was new, these requirements were intended to ensure strict oversight of the then untested profession.

Today, PAs must fulfill strict licensing requirements, and the PA profession is well established, highly trusted and essential to the U.S. healthcare workforce. Study after study confirms that PAs provide high quality care. [1,2,3,4] Nevertheless, PAs are still required to have an agreement with a specific physician or group of physicians in order to practice. This outmoded requirement can delay a PA's entry into the clinical workforce and cause provider shortages. PAs must be better positioned to meet patient needs, and having a more streamlined process to enter and continue PA practice will help accomplish this.

> "…the PA profession remains fiercely committed to team practice with physicians…"

PA Commitment to Team Practice

Enabling PAs to practice without an agreement with a specific physician does not mean the profession is abandoning team practice or seeks to change the well-established PA role. In fact, the profession remains fiercely committed to team practice with physicians, and believes the degree of collaboration should be determined at the practice level. This is consistent with what PAs have long believed—the best medicine is practiced in teams. In a survey of PAs and PA students conducted in January 2017, 96% of respondents voiced support for PA-physician team practice.[5] And it is well established that team practice allows for better use of the skills of each member of the team, including the physicians.[6]

Some have suggested the profession seeks independent practice—that PAs seek to work alone, without collaborating with physicians or other providers. That is not the case. AAPA's policy on Optimal Team Practice (OTP) includes two important points that distinguish it from independent practice:

- Optimal Team Practice reinforces PAs' commitment to team practice with physicians and explicitly states the PA/physician team model continues to be relevant, applicable and patient-centered; and
- Optimal Team Practice calls for a decision about the degree of collaboration between PAs and physicians to be made at the practice level, in accordance with the practice type and the education and experience of the PA.

Currently PAs are held to professional and ethical standards by state regulatory authorities. Under an OTP framework PAs will still be legally and ethically obligated to collaborate with, consult with and refer patients to physicians based on the patient's condition, the standard of care and the PA's education and experience. If they don't, the PA will be subject to disciplinary action by the state medical board, just as any other medical provider would be.

Marketplace Changes Require Optimal Team Practice

In addition to the research on the quality and efficacy of PA-provided care, changes in the healthcare marketplace necessitate the repeal of these archaic requirements. When the PA profession was created five decades ago, physicians were likely to be solo or joint practice owners. As owners, physicians saw multiple benefits from hiring PAs and entering into agreements with them. Although these physician-owners may have been burdened with increased potential liability due to the agreement with a PA, this was offset by the financial and practice benefits of working with a PA. Not only were the physician-owner's day-to-day burdens of providing patient care and coverage of call reduced, but the practice could also care for a greater number of patients at a lower cost than if another physician were added.

Today, however, physicians are more likely to be employees rather than practice owners[7], and physicians are increasingly practicing in larger groups.[8] These dramatic changes in practice ownership mean fewer physicians — who are now employees rather than employers—are able to take advantage of the financial benefits that accrue to a medical practice that employs PAs, because they do not share in the overall profits generated by the practice. Yet if a physician agrees to enter into an agreement with a PA now required by states for PA practice, the physician will still incur the potential liability that accompanies that agreement. In addition, as more physicians and PAs are practicing in large groups, requirements for these agreements are increasingly difficult to manage and put all providers involved at risk of disciplinary action for administrative infractions that are unrelated to patient care or outcomes. Understandably, physicians are increasingly unwilling to enter into such agreements with PAs.

At the same time these changes were occurring in physician employment, nurse practitioners (NPs) have been gaining full practice authority. As of 2018, twenty-two states and the District of Columbia allow NPs to practice without an agreement with a specific physician[9], which makes it easier for employers to hire and manage NPs than PAs. These conditions put PAs at a significant disadvantage relative to NPs when it comes to hiring.

Optimal Team Practice Expands Access to Care

There is no evidence that requiring PAs to have or report an agreement with a specific physician or group of physicians in order to practice has a positive impact on quality or access to care. However, the repeal of these requirements has significant potential to benefit patients, especially for medically underserved populations and patients in rural areas.

The rural physician workforce is aging. [10,11,12] As those physicians retire, PAs who staff rural health clinics are having difficulty identifying and securing agreements with specific physicians. For example, a PA in rural Oregon is concerned the community's only clinic may be forced to close when his

supervising physician retires,[13] and a Wyoming PA reports he was forced to abruptly close the clinic, with patients waiting to be seen, when the physician he had an agreement with died unexpectedly. Even though the specialist physicians with whom the PA routinely consulted were available, the fact the PA no longer had an agreement with a specific physician made him unable to see patients.[14]

Benefits to Healthcare Teams

Optimal Team Practice isn't just good for patients; it's good for PAs, physicians and the entire healthcare team:

- PAs will have more latitude to provide volunteer medical services and to provide assistance during a natural disaster or an emergency;
- Healthcare teams will be empowered to make decisions about team design and practice at the practice level; and
- Physicians will be able to focus more on patient needs, instead of burdensome paperwork and unwarranted liability.

Repealing state law requirements for a PA to have an agreement with a specific physician in order to practice, and enabling practice-level decision making about collaboration, will allow PAs to be more effective and available healthcare providers, without a change in the well-established PA role.

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