

Electronic Health Records and PAs: Best Practices for EHR Vendors

PAs (physician assistants) are state-licensed medical professionals who deliver medical and surgical services provided by physicians, as authorized by state law. PAs are integral members of the healthcare team and need access to electronic health records (EHRs) to effectively deliver care to patients.

PA Facts

- More than 123,000 PAs practice medicine and prescribe medication in all 50 states, the District of Columbia, U.S. territories, and the uniformed services. Employment of PAs is projected to grow 37% from 2016 to 2026, much faster than the average for all occupations.¹
- In 2016, PAs were responsible for an estimated 475 million patient visits.
- The Affordable Care Act recognized PAs as one of three primary care providers (along with nurse practitioners and physicians) and empowered PAs to lead patient-centered medical teams.
- PAs are individually credentialed and privileged by hospitals to deliver a wide range of medical and surgical services.
- In the office setting, PAs often have their own schedule and panel of patients, and practice with a high degree of autonomy.

EHR Best Practices

An increased focus on team-based care will require health providers to utilize EHRs to achieve optimal care coordination. However, some EHRs are currently designed in a way that limits effective use by care providers such as PAs. Such EHRs would benefit from modifications that encourage and facilitate PA-specific functionality, transparency, and regulatory compliance. We identified the following three principles to ensure effective HER utilization:

- 1) EHR systems must be able to identify, track, and quantify work performed by PAs and other providers.²
 - a. Requires accurate attribution of patients, orders, test results and care provided, even when a service is performed in conjunction with, and billed under, a collaborating physician.
 - b. Attribution of notes in a medical record should not be changed from the original author (e.g., the PA) if a different health professional subsequently treats the patient or modifies/makes addendum to the note.
- 2) EHR vendors must include PAs as part of the healthcare team that provides input into the design, build, testing, implementation, and ongoing management of EHR systems, in order to identify key aspects of PA operability which might otherwise be overlooked.
- 3) EHR systems must be adaptable to take into account the individual clinical practice requirements of each health professional, including PAs.

- a. Hospitals, medical practices and health systems must be able to modify level of access granted, as well as EHR requirements, for all health professionals who use the EHR, including PAs, in order to account for a health professional's specialty, scope of practice, and privileges.
- b. Specifying a requirement in the EHR should not automatically apply this requirement elsewhere (e.g., a co-signature requirement for controlled substances should not automatically create a co-signature requirement for non-controlled substances or the writing of orders).

When designed and implemented in a manner that properly accounts for PAs, EHRs can encourage transparency, improve quality, increase patient safety, enhance operational efficiencies, provide cost savings, and enrich patient satisfaction.

1 <https://www.bls.gov/ooh/healthcare/physician-assistants.htm>

2 http://journals.lww.com/jaapa/Fulltext/2017/06000/How_electronic_health_records_can_unmask_the.17.aspx