

THE FUTURE OF PAS IN MENTAL HEALTH

Presented by the Ad Hoc Committee on The Future of PAs in Psychiatric Practice

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Introduction:

The ad hoc committee on mental health was established with the goal to identify current and/or emerging barriers to PAs entering psychiatry/mental health and to create a roadmap to expand the field of PAs who practice in psychiatry (Psych PAs).

As of 2018, out of approximately 140,000 certified PAs, only 1.5%, approximately 1,470 PAs practicing in psychiatry¹. At the same time, the current number of psychiatrists is declining and expected to reach an all-time low by the year 2024². PAs have tremendous opportunity to help solve this escalating crisis and provide much needed mental health services. Presently, Psych PAs work in a variety of clinical settings--inpatient psychiatric facilities, outpatient offices and clinics, emergency departments, correctional medicine, addiction treatment, student health services, veterans' affairs and Indian health. There is an acute need for providers to provide mental/behavioral health services in all these domains.

This report reviews the five key areas discussed related to PAs practicing in psychiatry including the academic background, skill set/designation, the professional organization, the legislative/billing inclusion, and possible opportunities to improve practice.

Committee Discussion:

Despite the vast need to provide psychiatric services, barriers to practice that either dissuade or entirely prevent newly graduated or practicing PAs from pursuing psychiatry as a specialty. The committee reviewed multiple barriers which challenge current and aspiring Psych PAs. Our committee identified several areas which need further examination to determine solutions.

1. PA Education – Behavioral/Mental Health

- A. PA programs, by virtue of the volume of information that must be included in their curriculum could be providing minimal and/or inconsistent information about PAs practicing in psychiatry. The ARC-PA Standards includes *general* mental health/behavioral health curriculum throughout the didactic curriculum.

¹ National Commission on Certification of Physician Assistants.

<https://prodcmssstorage.blob.core.windows.net/uploads/files/2018StatisticalProfileofCertifiedPAsbySpecialty1.pdf>

² Smith, J. Michael. Physician Assistants In Psychiatry: Helping to Meet America's Mental Health Needs. Current Psychiatry. Published September, 2019. (17-24).

The ARC-PA learning objectives are designed to prepare a student for practicing general medicine with basic competency in behavioral health. Behavioral/mental health is mentioned in the ARC-PA Standards³ as follows:

1. B2.08 The curriculum must include instruction in:
psychiatric/behavioral conditions
 2. B2.10 The curriculum must prepare students to work collaboratively in interprofessional patient centered teams: include content on the roles and responsibilities of various health care professionals, b) emphasize the team approach to patient centered care beyond the traditional physician-PA team approach, and c) include application of these principles in interprofessional teams (nonspecific to psychiatry but applicable)
 3. B2.11 The curriculum must include instruction in the following areas of social **and behavioral sciences** and their application to clinical practice in: a) death, dying and loss, b) human sexuality, c) normal and abnormal development across the life span, d) patient response to illness or injury, e) patient response to stress, f) substance use disorders, and g) violence identification and prevention.
 4. B2.12 The curriculum must include instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients: modify their behaviors to more healthful patterns and develop coping mechanisms.
 5. B2.17 The curriculum must include instruction about the PA profession to include: the PA relationship with the physician and other health care providers.
- B. The didactic curriculum on mental health is limited and often discussed in conjunction with another topic. In fact, a student could fail the entire psychiatric section of the PANCE and still pass the exam.
- C. Generally, PA students receive introductory course work on medical counseling but do not have specific modules on psychotherapy modalities.
- D. In consulting with PA academicians and the ARC-PA standards document (Fifth Edition), we learned the ARC-PA require a supervised psychiatric rotation (behavioral health), Supervised clinical practice experiences must enable all students to meet the program's learning outcomes including for behavioral and mental health conditions.
- E. It is up to each program to identify what that rotation will be, in-patient or out-patient. The accrediting body does not set a requirement in the amount of time a student is in a rotation – that is set by the program. Similarly, the ARC-PA requirements only state that the supervisor be board certified in their specialty, so

³ Accreditation Review Commission on Education for the Physician Assistant, Inc. (2019) .*Accreditation Standards for Physician Assistant Education* (5th ed.). <http://www.arc-pa.org/wp-content/uploads/2019/11/Standards-5th-Ed-Nov-2019.pdf>

with a limited number of preceptors, there are PA schools choosing to work with board certified psychologists, rather than psychiatrists to meet the behavioral health rotation requirement. Programs interpret this as acceptable because the standards state the “instructional faculty” for the supervised clinical practice portion of the educational program must consist *primarily* of practicing physicians and PAs (not exclusively).

- F. For students that pursue psychiatric practice as a career pathway, there is a lack of standardized guidance on how to achieve this.
- G. Residencies exist but are limited and are not mandatory (see addendum).

II. Lack of a Clear Psychiatry Credential

Our committee considered the concept of psychiatric credentialing. **At present, there is no specific psychiatric credential mandated for psychiatric practice among PAs.** There are no required mental health credentials to confirm competency to practice as a Psych PA. There is no consensus among psych PA on if a psychiatric credential should or should not exist. Some are of the opinion that the PA profession is structured to be a generalist practice and that once one specialty requires a supplemental credential, other specialties will want to follow suit. That said, mental health practice, unlike other medical conditions, has state regulations that not only influence, but also mandate who and how patients with serious mental illness are treated medically and legally. By example, no other states have departments of cardiology, pulmonology, orthopedics etc. However, mental health has a specific governing body in each state. Therefore, the development of a specific mental health credential may be justified as an important exception to consider.

There are currently 4 different pathways in which PAs gain expertise in psychiatry. This includes:

A. Obtaining a Certification of Additional Qualification (CAQ) in psychiatry via the NCCPA⁴

NCCPA offers a Certification of Additional Qualifications (CAQ) exam in psychiatry. Qualifications for applying for the exam may limit a PA from pursuing, even if they are already practicing in the field. While both the residency and a CAQ are optional, it is unclear how that differentiates a PA in practice with one or both in their history versus a PA who has simply practiced in psychiatry for several years. In order to qualify for the NCCPA psychiatry CAQ PAs must have accomplished the following during the six years preceding the date of application for the specialty exam:

1. Must meet two (2) prerequisites: 1) have a current PA-C certification and 2) possession of a valid, unrestricted license to practice as a PA in at least one jurisdiction in the U.S., its territories, or unrestricted privileges to practice as a PA for a government agency.

⁴ National Commission on Certification of Physician Assistants (2020, June 10) *Psychiatry CAQ*. <https://www.nccpa.net/psychiatry>

2. PAs must earn a minimum of 75 credits of Category 1 CME focused on psychiatry practice with a minimum of 25 of those credits having been earned within the two years prior to the date of exam application.
3. Must have gained at least 2,000 hours of experience (the equivalent of one year of full-time practice) working as a PA in that specialty within six years of the date they attest to NCCPA that the experience requirement has been satisfied.
4. Candidates for the CAQ must be able to apply the appropriate knowledge and skills needed for practice in psychiatry. In support of this requirement, each applicant must provide attestation from a physician, lead/senior PA, or physician/PA post graduate program director (sponsor) who works in the specialty and is familiar with the PA's practice and experience within 90 days after they receive their CAQ score. It is highly recommended for PAs to secure sponsorship at the beginning of the CAQ process in order to seek guidance for each requirement.

Once PAs have satisfied above requirements for the Psychiatry CAQ, they can apply for the Psychiatry Specialty Exam.

B. Completing a residency or fellowship program in psychiatry

There are presently several psychiatric residencies for PAs in the country (see addendum). These are generally one to two year rotations specific with PA mentorship in psychiatric practice. The training often encompasses rotations in outpatient clinics, inpatient hospital settings as well as specialty clinics. Residents are paid a reasonable salary for this year and many programs generally will incorporate training for the CAQ in psychiatry which is completed after the program. Like the CAQ, however, residencies are not mandatory and are considered optional routes of advanced training.

C. On the Job Training -

The PA model is founded by the idea that after completion of PA programs, all PAs are ready to commence work under the scope of a supervising physician in lieu of the general residencies that physicians complete. During this on the job training, the onus is placed upon the newly practicing PA to utilize their own resources to supplement their experience and gain the required training to bring them up to clinical standards. This model is the foundation of PA practice. Based upon this, it can be assumed that after a PA has practiced in psychiatry for several years, they had achieved a level of competence and expertise.

D. Earning a Doctor of Medical Science (DMSc) with a concentration in psychiatry

A number of programs have emerged offering doctoral degrees in medical science aimed toward PAs. Some of these programs, such as the [Rocky Mountain University](#) program, offer an elective psychiatry tract. Similar to the CAQ and the

residencies, a DMSc is optional advanced study, and not a requirement for psychiatric practice.

III. Professional organization for PAs practicing in psychiatry

The Association of PAs in Psychiatry is a constituent organization of American Academy of Physician Assistants and seeks to be a resource to practicing Psych PAs, and all PAs treating mental illness. APAP partners with the Psychiatric Congress--an annual interdisciplinary mental health conference that happens in the fall. This generally attracts approximately 100 Psych PAs and is presently the primary annual meeting for APAP. The APAP also convenes at the annual spring AAPA conference. Unfortunately, at present the organization is minimally active and difficult to engage.

The ad hoc committee recognizes that with support and restructuring, APAP could be a stronger body of support for PAs practicing in psychiatry, and for those who treat mental illness as a part of their general practice. Psych PAs would benefit from belonging to an organization dedicated to the specialty and that is focused on legislative advocacy, reimbursement issues, as well as providing guidance to PAs and PA Students interested in pursuing psychiatry as a specialty. The Ad hoc committee believes that APAP should be the guiding force behind changes necessary to advance PA practice in psychiatry. To that end, it recommends that AAPA allocate resources to assist the organization re-organize/re-structure and establish itself as an IRS recognized nonprofit organization that operates with a dedicated governing body, strategic plan, paying members, and a volunteer/committee structure. A legally recognized organization, with PAs dedicated to joining and supporting its mission will go a long way in making change and establishing a much-needed voice for the specialty.

IV. Legislating mental health practice and prescriptive authority

Legislative barriers continue to limit many PAs from psychiatric practice. Many states do not have Physician Assistants written into their state mental health practice laws which identify PAs as mental health providers. Being omitted from this language results in PAs having reduced capability to practice mental health and positions PAs below social workers, mental health counselors, nurse practitioners, psychologists and psychiatrists when it comes to treating patients. PAs also encounter barriers when state law does not allow PAs to involuntarily hospitalize patients and/or complete certifications of competency. Even more frustrating, these laws can provide an advantage to other medical providers (such as psych nurse practitioners, and increasingly psychologists) over PAs, when competing for jobs in psychiatry.

Prescriptive authority also varies from state to state. As an example, many aspiring Psych PAs have had to leave jobs due to not being able to prescribe stimulants to children for ADHD--a core service for child psychiatry.

Recognition as practitioners by Insurers

The committee discussed the issues related to payment for mental health services provided by PAs. Medicare covers PAs among the health professionals eligible to furnish outpatient diagnosis and treatment for mental disorder. However, some private behavioral health insurers will not recognize or reimburse PAs unless the PA has advanced training or a degree in a mental health specialty. When state laws do not recognize PAs as mental health practitioners, some insurance companies also do not. As an example, in several states, Blue Cross Blue Shield will not credential a PA under the supervision of a psychiatrist stating PAs are not mental health providers. When insurers do not reimburse for mental health services, PAs have lost and will continue to lose opportunities to practice.

Policies for major commercial insurers regarding payment to PAs providing behavioral health services vary by insurer, as illustrated in the preliminary findings listed in the chart below provided by the AAPA reimbursement department.

Insurer	Coverage of PAs for Psych Services
Aetna	Yes
Anthem	No
Beacon	Yes
Cigna	Yes
Humana	No
Magellan	Yes
MHN	No
United/Optum	Uncertain, pending confirmation

Based upon the committee discussions and identified challenges to practice, we acknowledge that further investigation and development of dedicated resources are necessary to move this practice area forward for PAs who practice in (or aspire to practice in) psychiatry. These essentially can be divided into five primary components:

- Raising awareness of the opportunities for PAs to work in psychiatry
- Revising the educational standards regarding behavioral/mental health

- Strengthening the PA special interest group
- Standardizing requirements to “credentialing” PAs practicing in mental health
- Removing legislative limitations to practice and insurance restrictions to reimbursement

We discussed potential solutions to these challenges as well as areas needing more dedicated resources and have itemized them below.

Potential strategies and tactics to address issues identified by the ad hoc committee:

- Raising awareness of the opportunities for PAs to work in psychiatry
 - Consider a public relations campaign targeted toward Pre-PA and PA students promoting a career in psychiatry.
 - Internal marketing campaign among practicing PAs noting the many benefits of working in psychiatry (flexible schedule, good compensation and ability to practice “the art of medicine,” and many other benefits). Some ways to increase awareness include:
 - Partner with PA Foundation for funded Student Academy program at next AAPA conference to highlight PAs in psychiatry
 - Create a dedicated psychiatry section of JAAPA
 - APAP coordinated news for state academy newsletters newsletter
 - Marketing help from AAPA/PA Foundation
 - Public marketing campaign to inform public of role of PAs in psychiatry
 - Increase interdisciplinary articles and presentations (Partnerships with American Psychiatric Association, American Psychiatric Nurses Association, National Association of Mental Illness, National Association of Social Workers, National Rural Mental Health Association, Society of Addiction Medicine, etc.)
 - Look for new healthcare practice models that incorporate Psych PAs.
 - Telemedicine offers a tremendous opportunity for PAs to work in psychiatry.
 - Virtual practice to patients
 - Virtual consultation services directed toward primary care
 - Develop a dedicated PA staff position for mental health within the AAPA organization to further partner with national mental health associations.
- Revising the educational standards regarding behavioral/mental health
 - Require basic counseling/overview of psychotherapy modality to core PA curriculum. As PAs can utilize “Add on therapy codes” it is a vulnerability that we do not have this as part of standardized curriculum

-Work with ARC-PA to encourage expanding the mental health requirements for curriculum and clinical rotations to represent the core knowledge base that all PAs must have as mental health providers.

-Create of a pathway to psychiatry for currently practicing PAs that want to practice psychiatry. We considered some ideas:

-Peer mentoring via virtual clinics to gain experience

-APAP should provide guidance/expertise in this area

-Explore idea of an expedited pathway to practice for current mental health professions (Mental health counselors, social workers, psychologists) to become Psych PAs

-Possible Grants/scholarships

-Designated seats in PA programs for these candidates

- Strengthening the PA special interest group (Association of PAs in Psychiatry)

-Present Psych PAs need an association to provide support advocacy and camaraderie. APAP continues to have minimal interaction with practicing PAs and does not provide the leadership needed in this field.

-Partner with APAP to explore how to improve organizational functioning

-APAP should consider partnering with Society of Physician Assistants in Addiction Medicine to consolidate overlapping aims.

-APAP should work with state chapters to have a state mental health representative to facilitate communication.

- Standardizing requirements to “credentialing” PAs practicing in mental health

Most state department of mental health and insurance companies are used to identifying a credential to establish if a provider is qualified to treat mental health. As noted above many states do not include PAs in their mental health language which results in a barrier to practice. Among PAs, we do not have a clear “Psych credential” that could be conveyed to these agencies. Psychiatric residencies and the Certificate of Additional Qualification (CAQ) in psychiatry are optional pathways that may strengthen a Psych PA’s practice, but in a non-standardized fashion, thus creating confusion among current PAs as well as public of how to become a “Psych PA.” Thus, the following questions need further exploration:

-Is there a need for a mental health credential for “Psych PAs?”

-Consider if mental health certification could be provided by APAP (similar to the Dermatology Diplomate)

-Explore if the CAQ should become a requirement for PAs choosing to practice in Psych.

-Explore if residencies need to be mandatory and if so, how to fund them.

- Removing legislative limitations to practice and insurance restrictions to reimbursement
There is a clear need to advocate for consistent policy across all states to ensure that every state meets the following conditions:
 - Each state and subsequent department of mental health includes PAs as mental health provider
 - PAs may involuntarily hospitalize patients for a short-term psychiatric hold
 - PAs may prescribe controlled substances to all age groups
 - PAs may complete certifications of competency
 - We recommend that a state by state examination is conducted to identify states that need legislative changes.
 - We recommend developing legislative templates from states which identify PAs as mental health providers and circulate to CO chapter leaders.
 - Consider including mental health legislative changes alongside OTP

Above mentioned state policies would help to eliminate insurances resistance to approve PAs as psychiatric practitioners

- Explore the usefulness of adding a psychiatric taxonomy code. Currently physicians and nurse practitioners use specific taxonomy codes for billing every specialty. PAs utilize three: general physician assistant, medicine physician assistant and surgical physician assistant. Including a psychiatric taxonomy code may provide validation to insurance companies needed to bill for mental health service.
- Form a task group of psych PAs with AAPA leadership to meet with insurance representatives to start dialog to reduce reimbursement issues

Sources:

Accreditation Review Commission on Education for the Physician Assistant, Inc. (2019). *Accreditation Standards for Physician Assistant Education* (5th ed.). <http://www.arc-pa.org/wp-content/uploads/2019/11/Standards-5th-Ed-Nov-2019.pdf>

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Addendum:

List of present psychiatric residencies/fellowships:

University of Iowa PA in Psychiatry Fellowship
Regions Hospital Psychiatry Advanced Practice Clinician Fellowship
Atrium Health Post-Graduate Specialty Care Fellowship Program, Psychiatry/Behavioral Health Track
University of Missouri Physician Assistant Psychiatry Fellowship Program
UC Irvine/UC Davis Train New Trainers Primary Care Psychiatry Fellowship
Novant Health Psychiatric Fellowship Program
Pine Rest Physician Assistant Psychiatry Training Program
Denver Health Physician Assistant Behavioral Health Fellowship
Rush University Community Psychiatry Fellowship Program
Michael E. DeBakey/Baylor College of Medicine PA Psychiatry Residency Program
Chillicothe VA Medical Center Physician Assistant Mental Health Residency
Louis A. Johnson VA Medical Center Mental Health Post Graduate Residency
New Mexico VA Health Care System Physician Assistant Post Graduate Residency in Mental Health